WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Document Number Override	Primary Crash E	sh Document# Agency Crash Number 22-03117			Investigating Officer/Deputy DEPUTY B. STODDARD			
Crash Date 04/05/2022	Crash Time 03:06 PM			Date Arrived 04/05/2022		Time Arrived 03:16 PM		
04/05/2022 Date Notified 04/05/2022 On Emergency Government Property	Time Notified 03:06 PM	Time Notified 03:06 PM		Total Units 02 Ire Work Zone		Total Kille	ed .	
On Emergency	Hit and Run					or Towed	Reporting Threshold	
Government Property								
▼ Reportable	Crash Type DT4000 (STA	NDARD CRASH		Amend	led Secondary Crash			
Diagram						Reconstruction	n By	
						Photos By B STODDAR		
**						B STODDAR	RD	
		i I		OSS		Additional Info	rmation TOS	
		[20]	(J)	[]U1	77-21 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1			
			<i>\mathcal{P}</i>	Connie	Rd			
		U2						
	Linn/	STH 33						
				Not to Scale				
i, a sworn law enforce	ment officer, agre	ee that I have no	ot added	I any CJIS data in this	report.			
UNIT 2 WAS WESTBOUND ON SEE UNIT 2. UNIT 1 CRASHED		WAS SOUTHBOUN	D ON CO	NNIE RD TURNING LEFT/E	EAST ONTO LIN	N/STH 33. UNIT	T 1 OPERATOR DID NOT	

Location

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Crash Time 03:06 PM

•	ON CONNIE RD 25 FT N OF LINN ST/ STH33 WB		Latitude 43.47487001				384378	
	IN THE VILLAGE OF WEST	T BARABOO		X Coordin 276461.5			Y Coord 48172	
	IN SAUN COUNT			Structure 1	Туре			
	Crash Scene							
	FirstHarmfulEvent MOTOR VEH IN TRANSPO	PRT		First Harm	nful Event L	ocation		
	Manner of Collision			Light Con-				
	01 - ANGLE			DAYLIGI				
	Road Surface Condition(s)			Roadway	Factor(s)			
	DRY							
	Environment Factor(s)							
	NONE			NONE				
	Weather Condition(s)							
	CLOUDY							
	AnimalType			1	o Trafficwa CWAY - O	•		
	Crash Classification - Location PUBLIC PROPERTY			1	ssification - CIAL JUR	- Jurisdiction		
	Tribal Land			Access C				Special Study
		Junction Location		tion Type RSECTION				
	Unit Summary							
	Unit Status		Vehicle Operating As	Classification		UnitType		
	Unit Status IN TRANSIT		Vehicle Operating As D CLASS	Classification		AUTOMO		aments
 	Unit Status	E		Classification		1		ements
<u> </u>	Unit Status IN TRANSIT Vehicle Type	E Train/Bus#Recorded			TotalTrai	AUTOMO Operating A	s Endorse	ements zMat Types
- -	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs		D CLASS Total# Citations Issue	ed	Total Trai	AUTOMO Operating A	s Endorse Total Ha:	zMat Types
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs 1 Insurance?	Train/Bus#Recorded Direction Of Travel SOUTHBOUND	Total#Citations Issue 0 Pre CrashTi	ed re	Total Trai O Speed Lir	AUTOMO Operating A	Total Ha: 0 Total Lar 4	zMat Types nes hicle Use
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs I Insurance? YES Most Harmful Event: Collision W	Train/Bus#Recorded Direction Of Travel SOUTHBOUND	Total#Citations Issue 0 Pre CrashTi Mark Special Function	ed re	Total Trai O Speed Lir	AUTOMO Operating A lers mit Emergency NOT APP	Total Ha: 0 Total Lar 4 Motor Vel	zMat Types nes hicle Use
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way	Train/Bus#Recorded Direction Of Travel SOUTHBOUND	Total # Citations Issue 0 Pre CrashTi Mark Special Function NO SPECIAL FUN Traffic Control	ed re	Total Trai O Speed Lir	AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont	Total Ha: 0 Total Lar 4 Motor Vel LICABLE	zMat Types nes hicle Use
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type	Train/Bus#Recorded Direction Of Travel SOUTHBOUND	Total # Citations Issue 0 Pre CrashTi Mark Special Function NO SPECIAL FUN Traffic Control STOP SIGN Road Curvature	ed re	Total Trai O Speed Lir	AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade	Total Ha: 0 Total Lar 4 Motor Vel LICABLE	zMat Types nes hicle Use
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLE Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type CONCRETE Truck Bus or HazMat	Train/Bus#Recorded Direction Of Travel SOUTHBOUND	Total # Citations Issue 0 Pre CrashTi Mark Special Function NO SPECIAL FUN Traffic Control STOP SIGN Road Curvature	ed re	Total Trai O Speed Lir	AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade	Total Ha: 0 Total Lar 4 Motor Vel LICABLE	zMat Types nes hicle Use
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type CONCRETE Truck Bus or HazMat NO	Train/Bus#Recorded Direction Of Travel SOUTHBOUND	Total # Citations Issue 0 Pre CrashTi Mark Special Function NO SPECIAL FUN Traffic Control STOP SIGN Road Curvature	ed re ICTION	Total Trai O Speed Lir	AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade	Total Ha: 0 Total Lar 4 Motor Vel LiCABLE trol Inopera	zMat Types nes hicle Use
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type CONCRETE Truck Bus or HazMat NO Vehicle License Plate Number Q104885 Vehicle Identification Num	Train/Bus#Recorded Direction Of Travel SOUTHBOUND Vith ORT	Total # Citations Issue 0 Pre CrashTi Mark Special Function NO SPECIAL FUN Traffic Control STOP SIGN Road Curvature STRAIGHT Plate Type AUT - AUTOMOE Make	ed re ICTION	Total Trai 0 Speed Lir 25 St IL Year	AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of is UNITED S	Total Ha: 0 Total Lar 4 Motor Vel LiCABLE trol Inopera	zMat Types nes hicle Use
1.0 III0 0.1	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type CONCRETE Truck Bus or HazMat NO Vehicle License Plate Number Q104885 Vehicle Identification Num JTMBK32V185069842	Train/Bus#Recorded Direction Of Travel SOUTHBOUND Vith ORT	Total# Citations Issue 0 Pre CrashTi Mark Special Function NO SPECIAL FUN Traffic Control STOP SIGN Road Curvature STRAIGHT Plate Type AUT - AUTOMOE Make TOYOTA	ed re ICTION	Total Trai 0 Speed Lir 25 St	AUTOMO Operating A lers mit Emergency NOT APP Traffic Conf NO Road Grade LEVEL Country of Is UNITED ST Model RAV4	Total Ha: 0 Total Lar 4 Motor Vel LiCABLE trol Inopera	zMat Types nes hicle Use
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type CONCRETE Truck Bus or HazMat NO Vehicle License Plate Number Q104885 Vehicle Identification Num JTMBK32V185069842 Color SIL - SILVER (ALUMIN	Train/Bus#Recorded Direction Of Travel SOUTHBOUND Vith PRT	Total# Citations Issue 0 Pre CrashTi Mark Special Function NO SPECIAL FUN Traffic Control STOP SIGN Road Curvature STRAIGHT Plate Type AUT - AUTOMOE Make TOYOTA Body Style UT - SPORT UTIL	re ICTION	Total Trai 0 Speed Lir 25 St IL Year 2008	AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of is UNITED S	Total Ha: 0 Total Lar 4 Motor Vel LiCABLE trol Inopera	zMat Types nes hicle Use
	Unit Status IN TRANSIT Vehicle Type (SPORT) UTILITY VEHICLI Total Occs 1 Insurance? YES Most Harmful Event: Collision W MOTOR VEH IN TRANSPO Traffic Way TWO-WAY, NOT DIVIDED Surface Type CONCRETE Truck Bus or HazMat NO Vehicle License Plate Number Q104885 Vehicle Identification Num JTMBK32V185069842 Color	Train/Bus#Recorded Direction Of Travel SOUTHBOUND With RT There Provided NUM)	Total# Citations Issue 0 Pre CrashTi Mark Special Function NO SPECIAL FUN Traffic Control STOP SIGN Road Curvature STRAIGHT Plate Type AUT - AUTOMOE Make TOYOTA Body Style	ed re ICTION BILE LITY VEHIC	Total Trai 0 Speed Lir 25 St IL Year 2008	AUTOMO Operating A lers mit Emergency NOT APP Traffic Cont NO Road Grade LEVEL Country of Is UNITED ST Model RAV4 Bus Use	Total Ha: 0 Total Lar 4 Motor Vel LiCABLE trol Inopera	zMat Types nes hicle Use

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22-03117

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		Towed Due To Damage TOWED DUE TO DISABLE	NO DAMAGE	Vehicle Removed By MIKES TOWING			
		What Driver Was Doing	NG DAWAGE	Vehicle Factors			
		LEFT TURN					
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions					
_	4	FAILED TO YIELD RIGHT	-OF-WAY				
¥	VEHICL						
-	VE						
		OwnerName		Owner Address			
_	9	IZABELLA TERESA STAN (708) 990-6717	KIEWICZ	175 SWEETBRIA	R DR .S, WI 53965 , US		
2	0	(100) 990-0111		WISCONSIN DELI	.s, wi 55965 , US		
		 Seguence:0):Events		l			********************
	10	Event MOTOR VEH IN TRANSPO					
		Event					
	8	E Porte					
	63	Event					
		Event					
	75						
l⊑							
IND		Insurance Company FARMERS-INS-CO-INC		Individual IZABELLA STANKI	EWICZ		
		Individual					
(A)		[ADMINISTRATION OF THE PROPERTY	Citations Issued Sex			mein/mein/mein/mein/me
		Driver	KIEWICZ				
	ML	Driver IZABELLA TERESA STAN (708) 990-6717	KIEWICZ	0	Sex FEMALE Race		
E	IDUAL	IZABELLA TERESA STAN	KIEWICZ	O Date of Birth	FEMALE Race WHITE		
TINO	DIVIDUAL	IZABELLA TERESA STAN	KIEWICZ	0	FEMALE Race WHITE		
TINO	INDIVIDUAL	IZABELLA TERESA STAN (708) 990-6717 Address		O Date of Birth	FEMALE Race WHITE	ED STATES	
TINO	INDIVIDUAL	IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5	3965 , US	Date of Birth Driver License Number STATE: WISCONSII	FEMALE Race WHITE	ED STATES	
UNIT		IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR	3965 , US	Date of Birth Driver License Number	FEMALE Race WHITE	ED STATES	
TINO		IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 Cety Equipment Row	3965 , US Crash Seat Position	Date of Birth Driver License Number STATE: WISCONSII	FEMALE Race WHITE N COUNTRY: UNIT	ED STATES	
TINO		IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 Fety Equipment Row 01 - FRONT ROW	3965 , US Crash	Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP	FEMALE Race WHITE N COUNTRY: UNIT	ED STATES	
TINO		IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 Ety Equipment Row 01 - FRONT ROW Helmet Use	3965 , US Crash Seat Position	Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP Helmet Compliance	FEMALE Race WHITE N COUNTRY: UNIT	ED STATES	
TINO		IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 Fety Equipment Row 01 - FRONT ROW	3965 , US Crash Seat Position	Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP	FEMALE Race WHITE N COUNTRY: UNIT	ED STATES	
	Sal	IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	3965 , US Crash Seat Position 07 - LEFT	Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	FEMALE Race WHITE N COUNTRY: UNIT	ED STATES	
		IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 WISCONSIN DELLS, WI 5 On Duty On Duty On Duty Helmet Use Eye Protection Injury NO AP	Seat Position 07 - LEFT	Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	FEMALE Race WHITE N COUNTRY: UNIT		
	Sal	IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 Ety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	3965 , US Crash Seat Position 07 - LEFT	Date of Birth Driver License Number STATE: WISCONSH Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE N COUNTRY: UNIT	ED STATES Frapped/Extricated NOT TRAPPED	
	Sal	IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 WISCONSIN DELLS, WI 5 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se NO AP Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	Date of Birth Driver License Number STATE: WISCONSH Safety Equipment SHOULDER & LAP Heimet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE N COUNTRY: UNIT	₹rapped/Extricated	
	Sal	Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED	Seat Position 07 - LEFT everity PARENT INJURY Ejection Path	Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier	FEMALE Race WHITE N COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run#	
	Sal	IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 On Duty Of Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se INTURY NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	3965 , US Crash Seat Position 07 - LEFT everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED	FEMALE Race WHITE N COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED	
	Sal	IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 WISCONSIN DELLS, WI 5 Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	3965 , US Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	FEMALE Race WHITE N COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run#	
	Sal	IZABELLA TERESA STAN (708) 990-6717 Address 175 SWEETBRIAR DR WISCONSIN DELLS, WI 5 On Duty Of Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Se INTURY NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	3965 , US Crash Seat Position 07 - LEFT Everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Date of Birth Driver License Number STATE: WISCONSII Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	FEMALE Race WHITE N COUNTRY: UNIT	Trapped/Extricated NOT TRAPPED EMS Run#	

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		_							
		Non Motorist	Striking Unit#	Location					
		Prior Action							
		Action							
	J								
UNIT	3								
5	INDIVIDUAL								
	=								
		Action Other						To/From School	
			Suspected Alcohol U	lee.	Suspected Drug Use				
	I	Drug & Alcohol	NO		NO				
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Resul	ts	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	ds.		
10	100	Drug Type							
		Individual Condition							
		APPEARED NORM	AL						
	l to i	t Summon:							
		t Summary Status		IV	ehicle Operating As Class	ification	UnitType		
		RANSIT			CLASS		AUTOMOBILE		
02		cle Type SENGER CAR					Operating As Endo	rsements	
	Tota	lOccs	Train/Bus#Re	corded To	otal#Citations Issued	Total Trai	ilers Total I	HazMat Types	
	Insu	rance?	Direction Of Tra	avel	Pre CrashTire	Speed Li	mit Total I	Lanes	
UNIT	YES	i t Harmful Event: Collisio	WESTBOUN		_ Mark pecial Function	25	4 Emergency Motor Vehicle Use		
₽	MO.	TOR VEH IN TRANS			O SPECIAL FUNCTIO	N	NOT APPLICABLE		
		fic Way D-WAY, NOT DIVIDE	D	1	affic Control O CONTROL		Traffic Control Inoperative/Missing NO		
		ace Type NCRETE			oad Curvature TRAIGHT		Road Grade LEVEL		
		k Bus or HazMat			rencerr				
		Vehicle							
		License Plate Number		I	Plate Type	St	Country of Issuance		
		NVE356			AUT - AUTOMOBILE	MN	UNITED STATES	,	
02	2	Vehicle Identification N 4T1BK36B56U119			∕lake ΓΟΥΟΤΑ	Year 2006	Model AVALON		
		Color		I	Body Style		Bus Use		
	Ш	WHI - WHITE Initial Contact Point			D - 4DR /ehicle Damage			T	
=	큥	04 - RIGHT SIDE R	EAR		-	NE 04 BIO''	CONTRACTOR	7 8 9 10 11 6 12	
UNIT	VEHICL	Extent Of Damage DISABLING DAMA	GE		03 - RIGHT SIDE MIDE RIGHT REAR CORNE		SIVE KEAK, US	5 4 3 2 1	
		Towed Due To Damag			/ehicle Removed By			1	

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22-03117

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		What Driver Was Doing		V	ehicle Factors				
\$150.00p		GOING STRAIGHT			NOT APPLICABLE				
12122220		Driver Prior Action Other		N	OT APPLICABLE				
(22500000		Driver Actions							
2000	щ	NO CONTRIBUTING ACT	ON						
	VEHICLE								
LIN	Ŧ								
(2)(0)(0)	3								
600600		Owner Name			Owner Address				
		THOMAS WILLIAM HUTC	HINGS		968 DEMONT AV	EE			
05	8	(651) 497-9428			MAPLEWOOD, M	IN 55109 , US			
97000									
SSESSO		Sequence Of Events							
incompany of	8	MOTOR VEH IN TRANSPO	ORT						
Media (88)	02	Event							
2000000	9	Form							
150000000000000000000000000000000000000	03	Event							
(1)(1)(1)(1)(1)	4	Event							
Special									
L		Policy Holder Insurance Company			Individual				
5		AUTO-OWNERS-INS-CO			THOMAS HUTCHI	NGS			
70007111		Individual							
Version		Driver THOMAS WILLIAM HUTCHINGS (651) 497-9428		<u>anomanomanomanomanomanom</u>	Citations Issued Sex				
200000	4			0	MALE				
_	INDIVIDUAI				Date of Birth Race WHITE				
LNO	3	Address			Driver License Number				
–	9	968 DEMONT AVE E MAPLEWOOD, MN 55109	110		STATE: MINNESOTA COUNTRY: UNITED STATES				
2000		WAFLEWOOD, WIN 55 108	, 03		OTATE: MIRRIEGO	IA COUNTRY, ON	1125 512125		
GEGENERAL		On Duty	Crash		Safety Equipment				
0,000,000,000	Saf	ety Equipment	Oldell		Safety Equipment				
(2000)		Row	SeatPos	sition	SHOULDER & LAP BELT				
		01 - FRONT ROW	07 - LE	FT					
HEEGENAL OF		HelmetUse			Helmet Compliance				
West State		Eye Protection	ye Protection			Tint Compliance			
e de la companie		Injury Se	augrib:		I Nidona				
02	8	Injury NO AP	PARENT IN	JURY	Airbag NON DEPLOYED				
000000000000000000000000000000000000000		Ejected	Ejection Pat				Trapped/Extricated		
Tiplicon.		NOT EJECTED Medical Transport	MOLEJEC	TED/NOT APPL	EMS Agency Identifier	•	NOT TRAPPED EMS Run#		
3	Medical Transport NOT TRANSPORTED Hospital				Lwo Agency Identilies	ı	Lino Maria		
3				Date of Death		Time of Death			
encer ded 195517					Date of Death		HITTE OF Death		
eeee cassississississis		Hospital	nd Du Carran		Date of Death		rane or Death		
ee-e cassssssssssssssssssssssssssssss		Hospital Distracted By NOT A	ed By Source PPLICABLE	E (NOT DISTRAC			THE OLD AND		
eeee.cassistiitaaayaaaqoysiitiittiitaaaata		Hospital	ed By Source PPLICABLE	E (NOT DISTRAC			THE OLD AND		

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1 3		Pulsu A -41- u					
		Prior Action Prior Action					
		Action					
	4						
l <u>⊨</u> ∜	2						
UNIT	INDIVIDUAL						
⊃ ∣	Ħ						
	Z						
		Action Other					To/From School
		Suspected Alcohol	Use	Suspected Drug Use			
	i	Drug & Alcohol NO		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given	Drug Test Type		Drug Test Results		
		TEST NOT GIVEN					
02	005	Drug Type	•		•		
0	8						
		Individual Condition					
		APPEARED NORMAL					
		AT LAKED HOKWAL					
1							