WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override Primary 0		Agency Crash Num 23-10822			0 0	Investigating Officer/Deputy DEPUTY J. MACASKILL		
N	Crash Date 10/05/2023	Crash Time 06:27 AM			rrived 2 023	Time Arrived 06:47 AM	1		
J1G	Date Notified 10/05/2023	Time Notified 06:28 AM	· ·		nits	Total Injured 00	,		
OB,	On Emergency Hit and Run		Lane Closu	Lane Closure Work Zone		Trailer or	Towed		Reporting Threshold
6TL	Government Active School Zon		hool Zone	School Bus Related NO		Tags			
•	✓ Reportable	Crash Type DT4000 (STANDARD CRASH)		Amended			Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Н

ON 10/5/23 AT APPROXIMATELY 0627, UNIT 2 WAS DRIVING SOUTHBOUND ON CTH H NEAR N DEWEY AVE. UNIT 2 BEGAN ACCELERATING AS THE VEHICLE IN FRONT OF THEM HAD JUST TURNED. AS UNIT 2 WAS GETTING UP TO SPEED, UNIT 2 NOTICED A DEAD DEER IN THE MIDDLE OF THE ROADWAY. UNIT 2 APPLIED THE BRAKES AS TO AVOID HITTING THE DEAD DEER. UNIT 1 WAS BEHIND UNIT 2. UNIT 1 WAS NOT ABLE TO STOP IN TIME AND STRUCK THE REAR DRIVER SIDE OF UNIT 2 WITH THE FRONT PASSENGER SIDE OF UNIT 1. UNIT 2 STATED THE FOG CAUSED HIM TO SEE THE DEER AT THE LAST MINUTE AND UNIT 1 STATED THE FOG CAUSED HIM TO NOTICE UNIT 2 STOPPING AT THE LAST MINUTE. OPERATOR OF UNIT 1 WAS ISSUED A WRITTEN WARNING FOR DRIVING TO CLOSE.

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Location

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	287 OF IN T	CTHH SB FT S N DEWEY AVE THE TOWN OF WINFIEL CAUK COUNTY	_D	Latitude 43.561501768 X Coordinate 259905.70312 Structure Type NO STRUCTU		5	-89.972 Y Coord 482746	2785178 Iinate
	Cra	sh Scene						
		Harmful Event			First Harmful Eve	ent Location		
	MO	TOR VEH IN TRANSPO	ON ROADWA	ON ROADWAY				
	Man	ner of Collision	Light Condition	Light Condition				
		FRONT TO REAR			DAWN			
	Road	d Surface Condition(s)			Roadway Factor	(s)		
	DR۱	DRY						
	Envi	ronment Factor(s)						
	WE	ATHER CONDITIONS,	ANIMAL (S) IN ROADWA	Υ	NONE			
	Wea	ther Condition(s)						
	FOO	3						
	Anim	nal Type			Relation To Traff	icway		
	DEE	**			TRAFFICWAY	,		
	Cras	h Classification - Location			Crash Classificat	ion - Jurisdiction		
		BLIC PROPERTY			NO SPECIAL	JURISDICTIO	N	
	Triba	al Land			Access Control			Special Study
	\\/ith	in Interchange Area	Junction Location	Intere	ection Type	NO CONTROL		
	Within Interchange Area NO NO NON-JUNCTION				NOT AN INTERSECTION			
	llni	t Summary						
		Status	Vehicle Operating	Vehicle Operating As Classification		Unit Type		
	IN TRANSIT			D CL ASS	D CLASS		AUTOMOBILE	
		-		D CLASS		A010III	·	
1.1	Vehi	cle Type		D CLASS			As Endorse	ments
0.1	Vehi PAS	cle Type SSENGER CAR	Train/Rus # Pacorded		augd Latal	Operating	As Endorse	
UI	Vehi PAS Tota	cle Type	Train/Bus # Recorded	Total # Citations Is:			As Endorse	ments Mat Types
UI	Vehi PAS Tota 1	cle Type SSENGER CAR	Train/Bus # Recorded Direction Of Travel	Total # Citations Is:	0	Operating	As Endorse	Mat Types
I.O III	Vehi PAS Tota 1	cle Type SSENGER CAR I Occs rance?		Total # Citations Is: 0 Pre Crash Mark	0	Operating Trailers d Limit	Total Haz O Total Lan 2	Mat Types es
	Vehi PAS Tota 1 Insui YES	cle Type SSENGER CAR I Occs rance? 6 t Harmful Event: Collision W	Direction Of Travel SOUTHBOUND	Total # Citations Is: 0 Pre Crash Mark Special Function	0 Spee 55	Operating Trailers d Limit Emergence	Total Haz O Total Lan 2 cy Motor Veh	es icle Use
	Vehice PAS Total 1 Insurance YES Most	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W	Direction Of Travel SOUTHBOUND	Total # Citations Is: 0 Pre Crash Mark Special Function NO SPECIAL FU	0 Spee 55	Operating Trailers d Limit Emergene NOT AP	Total Haz Total Lan Z Total Lan Cy Motor Veh PLICABLE	es icle Use
	Vehice PAS Total 1 Insure YES Most MO	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W TOR VEH IN TRANSPO	Direction Of Travel SOUTHBOUND	Total # Citations Is: 0 Pre Crash Mark Special Function	0 Spee 55	Operating Trailers In d Limit Emergence NOT AP Traffic Co	Total Haz O Total Lan 2 cy Motor Veh	es icle Use
	Vehice PAS Tota 1 Insur YES Most MO Traff	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W	Direction Of Travel SOUTHBOUND	Total # Citations Is: 0 Pre Crash Mark Special Function NO SPECIAL FU Traffic Control	0 Spee 55	Operating Trailers d Limit Emergene NOT AP	Total Haz 0 Total Lan 2 cy Motor Veh PLICABLE	es icle Use
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	Vehice PAS Tota 1 Insurate YES Most MO Traff TWC Surfa BLA Truc	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W TOR VEH IN TRANSPO ic Way D-WAY, NOT DIVIDED ace Type	Direction Of Travel SOUTHBOUND Jith ORT	Total # Citations Is: O Pre Crash Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature	0 Spee 55	Operating Trailers d Limit Emergene NOT AP Traffic Co NO Road Gra	Total Haz 0 Total Lan 2 cy Motor Veh PLICABLE	es icle Use
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UI ONII OII	Vehi PAS Tota 1 Insur YES Mood Traff TWO Surfa BLA Truc NO	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W TOR VEH IN TRANSPO ic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number ASW5454	Direction Of Travel SOUTHBOUND Jith ORT	Total # Citations Is: 0 Pre Crash Mark Special Function NO SPECIAL FL Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO	OTITITE Speed 55 JINCTION St WI	Operating Trailers Emergent NOT AP Traffic Co NO Road Gra LEVEL Country of UNITED Model	Total Haz 0 Total Lan 2 cy Motor Veh PLICABLE introl Inopera	es icle Use
	Tota 1 Insur YES Most MO Traff TWO Surfa BLA Truc	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W TOR VEH IN TRANSPO ic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number ASW5454 Vehicle Identification Num 4T1BE32K62U055442 Color	Direction Of Travel SOUTHBOUND Jith ORT	Total # Citations Is: 0 Pre Crash Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make TOYOTA Body Style	DBILE St WI Year	Operating Trailers Emergent NOT AP Traffic Co NO Road Gra LEVEL Country of UNITED Model	Total Haz 0 Total Lan 2 cy Motor Veh PLICABLE introl Inopera	es icle Use
	Vehin PASS Total Insurance Most MOO Trafff TWO Surfa BLA Truc NO	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W TOR VEH IN TRANSPO ic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number ASW5454 Vehicle Identification Num 4T1BE32K62U055442 Color BGE - BEIGE	Direction Of Travel SOUTHBOUND Jith ORT	Pre Crash Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make TOYOTA Body Style SD - SEDAN	DBILE St WI Year	Trailers Id Limit Emergene NOT AP Traffic Co NO Road Gra LEVEL Country of UNITED Model CAMRY	Total Haz 0 Total Lan 2 cy Motor Veh PLICABLE introl Inopera	es icle Use
	Vehin PASS Total Insurance Most MOO Trafff TWO Surfa BLA Truc NO	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W TOR VEH IN TRANSPO ic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number ASW5454 Vehicle Identification Num 4T1BE32K62U055442 Color BGE - BEIGE Initial Contact Point	Direction Of Travel SOUTHBOUND Jith ORT	Total # Citations Is: 0 Pre Crash Mark Special Function NO SPECIAL FU Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make TOYOTA Body Style	DBILE St WI Year	Trailers Id Limit Emergene NOT AP Traffic Co NO Road Gra LEVEL Country of UNITED Model CAMRY	Total Haz 0 Total Lan 2 cy Motor Veh PLICABLE introl Inopera	es icle Use
	Vehin PASS Total Insurance Most MOO Trafff TWO Surfa BLA Truc NO	cle Type SSENGER CAR I Occs rance? St Harmful Event: Collision W TOR VEH IN TRANSPO ic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number ASW5454 Vehicle Identification Num 4T1BE32K62U055442 Color BGE - BEIGE	Direction Of Travel SOUTHBOUND Jith ORT	Total # Citations Is: 0 Pre Crash Mark Special Function NO SPECIAL FI Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make TOYOTA Body Style SD - SEDAN Vehicle Damage 01 - RIGHT FR	OTITICE Speed 55 JINCTION St. WI Year 2002 ONT CORNER, 02	Operating Trailers Id Limit Emergence NOT AP Traffic Co NO Road Gra LEVEL Country of UNITED: Model CAMRY Bus Use	Total Haz 0 Total Lan 2 cy Motor Veh PLICABLE introl Inopera	es icle Use itive/Missing 7 8 9 10 11 6 12 12
	Tota 1 Insur YES Most MO Traff TWO Surfa BLA Truc	cle Type SSENGER CAR I Occs rance? Strance? Strance Collision W TOR VEH IN TRANSPO ic Way D-WAY, NOT DIVIDED ace Type ACKTOP (BITUMINOUS k Bus or HazMat Vehicle License Plate Number ASW5454 Vehicle Identification Num 4T1BE32K62U055442 Color BGE - BEIGE Initial Contact Point 01 - RIGHT FRONT CO	Direction Of Travel SOUTHBOUND Jith DRT SOUTHBOUND JOHN 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Total # Citations Is: 0 Pre Crash Mark Special Function NO SPECIAL FI Traffic Control NO CONTROL Road Curvature STRAIGHT Plate Type AUT - AUTOMO Make TOYOTA Body Style SD - SEDAN Vehicle Damage 01 - RIGHT FR	DBILE St WI Year 2002	Operating Trailers Id Limit Emergence NOT AP Traffic Co NO Road Gra LEVEL Country of UNITED: Model CAMRY Bus Use	Total Haz 0 Total Lan 2 cy Motor Veh PLICABLE introl Inopera	es icle Use tive/Missing

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

		Towed Due To Damage	,	Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing		/ehicle Factors				
		GOING STRAIGHT		NOT APPLIC	ARIF			
	Driver Prior Action Other			NOT AFFLICABLE				
		Driver Actions						
	щ	FOLLOWING TOO CLOSE	i.					
≒	걸							
UNIT	VEHICLE							
	>							
		Owner Name		Owner Add	dress			
_		MICHAEL SC	HANKE	N2040 C	OUNTY R			
5	5 (608) 434-3750			LYNDON	STATION	, WI 53944 , US		
	;	Sequence Of Events						
	6	MOTOR VEH IN TRANSPO	ORT					
	05	Event						
	٥	Frank						
	03	Event						
	_	Event						
	4							
_	- 1	Policy Holder						
NN		Insurance Company		Individual		_		
_					MICHAEL SCHANKE			
		Individual						
		Driver MICHAEL SCHANKE		Citations Issued Sex MALE				
	A	(608) 434-3750			Date of Birth Race			
_	INDIVIDUAL					WHITE		
L N	≥	Address N2040 COUNTY ROAD J		Driver License Number				
_	Ĭ	LYNDON STATION, WI 539						
		·						
		On Duty	Crash	Safety Equipment				
	Sat	fety Equipment						
		Row	Seat Position	SHOULDE	R & LAP	BELT		
		01 - FRONT ROW	07 - LEFT	11-11-0	-1:			
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Complia	ince			
7	90	Injury Se	everity PARENT INJURY	Airbag	OVED			
	0	Ejected NO API	Ejection Path	NON DEPI	LOYED		Trapped/Extricated	
		NOT EJECTED	NOT EJECTED/NOT APP	LICABLE			NOT TRAPPED	
		Medical Transport		EMS Agency	/ Identifier		EMS Run #	
		NOT TRANSPORTED						
		Hospital		Date of Deat	th		Time of Death	
		Distracted By	ed By Source	OTED:			1	
		Distracted By Action	PPLICABLE (NOT DISTRA	CIED)				
	NOT DISTRACTED							

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Prior Action Action							
INDIVIDUAL							
UNIVIDAI							
D NIN NIN NIN NIN NIN NIN NIN NIN NIN NI							
E							
Action Other To/	To/From School						
Suspected Alcohol Use Suspected Drug Use							
Drug & Alcohol NO NO Alcohol Test Given Alcohol Test Type Alcohol Test Results							
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results							
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Type Drug Test Results							
Drug Type							
Individual Condition							
APPEARED NORMAL							
Unit Summary Unit Status Vehicle Operating As Classification Unit Type							
IN TRANSIT D CLASS AUTOMOBILE							
Vehicle Type Operating As Endorsements PASSENGER CAR	nts						
Total Occs Train/Bus # Recorded Total # Citations Issued Total Trailers Total HazMat T Total Trailers Total Trailers Total HazMat T Total Trailers Total Trailers Total Trailers Total HazMat T Total Trailers Total Trailers Total HazMat T Total Trailers Total HazMat T Total Trailers Total Trailers Total HazMat T Total Trailers Total HazMat T Total Trailers Total Trailers Total HazMat T Total Trailers Total HazMat T Total Trailers Total Trailers Total Trailers Total Trailers Total HazMat T Total Trailers Total Tra	Total HazMat Types 0						
Insurance? Direction Of Travel Pre CrashTire Speed Limit Total Lanes YES SOUTHBOUND Mark 55 2							
YES SOUTHBOUND	Use						
Traffic Way Traffic Control Traffic Control Inoperative/M	Traffic Control Inoperative/Missing						
TWO-WAY, NOT DIVIDED NO CONTROL NO Surface Type Road Curvature Road Grade							
BLACKTOP (BITUMINOUS) STRAIGHT LEVEL							
Truck Bus or HazMat NO							
Vehicle							
License Plate Number AJV3491 Plate Type St Country of Issuance AUT - AUTOMOBILE WI UNITED STATES							
Vehicle Identification Number Make Year Model							
S JN8AE2KP9D9064345 NISSAN 2013 QUEST	_						
SIL - SILVER (ALUMINUM) VN - VAN							
Initial Contact Point Vehicle Damage	7 8 9 10 11						
	6 Roy 12						
	5 4 3 2 1						
Towed Due To Damage Vehicle Removed By NOT TOWED OPERATOR							

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		What Driver Was Doing		V	ehicle Factors				
		SLOW/STOPPING							
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions	ON						
_	VEHICLE	NO CONTRIBUTING ACTI	ON						
PNN	=C								
5	픕								
	>								
		Owner Name			Owner Address				
۱ . ا	~	PATRICK MESSA			W3191 FERN AVE				
05	02	(608) 566-7321			MONTELLO, WI 5	3949 , US			
	Sequence Of Events								
	10	Event MOTOR VEH IN TRANSPO	ORT						
	•		,,,,						
	02	Event							
	_	Event							
	03								
	04	Event							
l⊨∣		Policy Holder							
N N		Insurance Company			Individual				
-		INTEGRITY-INS-CO PATRICK I							
		Individual							
		Driver PATRICK MESSA (608) 566-7321			Citations Issued Sex				
	A			0 MALE Date of Birth Race					
ᆫ	D			WHITE					
FIN	INDIMIDUAL	Address		Driver License Number	!				
-		W3191 FERN AVE MONTELLO, WI 53949 , US							
	=	MONTELLO, WI 53949 , US							
		On Duty Crash		Cofeh Equipment					
	Saf	ety Equipment	Clasii		Safety Equipment				
		Row Seat Position		SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LE						
		Helmet Use			Helmet Compliance				
		Eye Protection			Tint Compliance				
_	7	Injury Se	Injury Severity			Airbag			
05	002		PARENT II	NJURY	NON DEPLOYED				
		Ejected	Ejection Pa	th	<u> </u>		Trapped/Extricated		
			NOT EJE	CTED/NOT APPL			NOT TRAPPED		
		Medical Transport			EMS Agency Identifier		EMS Run #		
		NOT TRANSPORTED Hospital			Date of Death		Time of Death		
		Поѕрітаї			Date of Death		Time of Death		
		Distracte	d By Source)	!		 		
		Distracted By NOT AF	PPLICABL	E (NOT DISTRAC	CTED)				
		Distracted By Action NOT DISTRACTED							
		Striking Unit # Location							
		Non Motorist							

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ı		F=					
		Prior Action					
		Action					
	4						
<u> </u>	Ş						
LNN	₽						
5	\geq						
	INDIVIDUAL						
	=						
ł		Action Other					To/From School
ł		Suspected Alcohol	Use	Suspected Drug Use			
	L	Drug & Alcohol No		NO			
İ		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
İ		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3	
		TEST NOT GIVEN					
8	002	Drug Type	•				
•	8						
1							
		Individual Condition					
		APPEARED NORMAL					
		ALL EARLS HORMAL					
1							