WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document # Crash Time 07:47 AM Time Notified 07:51 AM		23-12707 De			Investigating Officer/Deputy DEPUTY A. WILCOX Time Arrived 08:34 AM		
ZP	Crash Date 11/26/2023								
X	Date Notified 11/26/2023					Total Injure	Total Injured Total Killed		
6TL0C22XZP	On Emergency Hit	t and Run	Lane Close	ure	☐ Work Zone	☐ Traile	r or Towed	Reporting Threshold	
6TL	Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
•	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amen	ded	Secondary Crash	
	Description ———								
	Diagram 02	100 11	01 01		Not to	scale	Photos By A. WILCOX Additional Info PHOTOS		
	I, a sworn law enforceme ON 11/26/2023, I WAS DISPATCHE TRAVELING E/B WHEN UNIT 2 LOS 1 WAS TRAVELING W/B WHEN UN W/B LANE OF TRAVEL. UNIT 1 OPI INTO THE DITCH ON THE RIGHT S AND ALL OCCUPANTS WERE TRA	D TO THE AREA O ST CONTROL DUE IT 1 OPERATOR A ERATOR TRIED TO SIDE OF THE ROA	DF USH 14 AND BIO E TO THE ROADWA AND PASSENGER S O AVOID UNIT 2 BU D, AND UNIT 2 ENI	G HOLLON NY BEING SAW UNIT JT WAS U DED UP IN	V ROAD IN THE TOWN COVERED IN ICE AND 2 LOSE CONTROL ANI NABLE TO DO SO. UNI	OF SPRING GRE SNOW. UNIT 2 C D START FISHTA T 1 HIT UNIT 2'S	ROSSED THE CE ILING AND SAW PASSENGER SID	ENTERLINE SIDEWAY. UNIT UNIT 2 COME INTO THE DE. UNIT 1 CONTINUED	

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Location

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	ON USH14 WB 327 FT E OF BIG HOLLOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY						Latitude 43.1898 (Latitude 43.189802516		Longitud	de 2 274466	
										Y Coord 478659		
				Structure Type NO STRUCTURE								
(Cras	sh Scene										
Ī	First	Harmful Event					First Harm	nful Event Lo	ocation			
		TOR VEH IN TRANSPO	RT				ON ROA					
		ner of Collision					Light Con					
		ANGLE					DAYLIG					
		Surface Condition(s) F, SNOW, SLUSH, ICE					Roadway	ractor(s)				
-	Envir	ronment Factor(s)										
		ATHER CONDITIONS						URFACE (CONDITION	(WET, IC	CY, SNOW, SLUSH,	
	West	ther Condition(s)					ETC)					
	SNC	` '										
		al Type					Deleties T	- T#:				
	Amm	аттуре						o Trafficway				
-	Cras	h Classification - Location					Crash Cla	ssification	Jurisdiction			
		SLIC PROPERTY					NO SPE	CIAL JURI	ISDICTION			
	Triba	ll Land					Access Co				Special Study	
	Withi	•	Junction Location		Intersecti		•					
	NO		NON-JUNCTION				NINTERSECTION					
		ure Type		Reasons for Clos		CEMENT, TOW TRUCK, FIRE/EMS, WEATHER CONDITIONS						
		L CLOSURE Initial Lane/Rd Closed	Time Initial Lane/Rd Closed									
		6/2023	08:00 AM									
		All Lanes Open	Time All Lanes Open		Date Scene Clear		ared					
		6/2023	08:56 AM		11/26/2023			09:08 AM				
		Summary ===										
		Status				rating As	Classification	Ì	Unit Type TRUCK			
		RANSIT cle Type		DC	D CLASS					Operating As Endorsements		
6		ORT) UTILITY VEHICLE							Operating 7.5	LIIGOIGCI	monts	
•	Total 2	Occs	Train/Bus # Recorded	Tota 0	Total # Citations Issued		ed	Total Traile		ailers Total HazMat Types 0		
		ance?	Direction Of Travel	+	Dro (CrashTi		Canadia		Total Lanes		
_	YES	;	WESTBOUND			Mark		55	3			
		Harmful Event: Collision W			cial Fun	ction IAL FUN	ICTION		Emergency Motor Vehicle Use NOT APPLICABLE			
-	Traffi	ic Way		Traff	fic Conti	ol			Traffic Control Inoperative/Missing NO			
		D-WAY, NOT DIVIDED			CONT							
	Surface Type BLACKTOP (BITUMINOUS) Truck Bus or HazMat				d Curva					Road Grade		
-				KAIGH	<u> </u>			LEVEL				
	NO	C Bus of Flaziviat										
	1	/ehicle										
		License Plate Number			te Type	UT TO	ICK	St	Country of Iss			
		SF8129 Vehicle Identification Num	her	Ma		HT TRU	ick .	WI Year	Model Model	HIES		
2	6	1FTFW1EG5FKD3344			RD			2015	F150			
					1							

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I		Color		Body Style		Bus Use						
		SIL - SILVER (ALUMINUM	PK - PICKUP									
L	ш	Initial Contact Point	Vehicle Damage									
	긄	12 - FRONT	7 8			7 8 9 10 11						
IN S	Ĭ	Extent Of Damage	01 - RIGHT FRONT C		FT FRONT	6 By 12						
>	VEHICL	DISABLING DAMAGE		CORNER, 12 - FRONT 5 4 3 2			5 4 3 2 1					
	>	Towed Due To Damage		Vehicle Removed By	/ahicle Removed By							
		TOWED DUE TO DISABLE	NG DAMAGE									
		What Driver Was Doing		Vehicle Factors								
		GOING STRAIGHT		Vernoie i detero								
		Driver Prior Action Other		NOT APPLICABLE								
		Briver i nor Acadin Galer										
1		Driver Actions										
	ш	NO CONTRIBUTING ACT	ON									
⊢	VEHICLE											
FN	¥											
>	Ē											
	>											
		Owner Name		Owner Address								
		DAVID ALBERTS		10847 DIAMOND	CIR							
2	2	(608) 279-5452		BLUE MOUNDS, V	NI 53517 , US							
-												
		C										
	;	Sequence Of Events										
	2	Event MOTOR VEH IN TRANSPO	ORT									
	02	Event DITCH										
	_											
	03	Event										
		French										
	9	Event										
		Dallan Haldan										
⊨	· '	Policy Holder										
I N		Insurance Company STATE-FARM-GENERAL-	INC CO	Individual DAVID ALBERTS								
-			-IN3-CO	DAVID ALDERIS								
		Individual										
		Driver		Citations Issued Sex								
	Ţ	DAVID ALBERTS (608) 279-5452		0	MALE							
	Š	(000) 273-3432		Date of Birth	Race							
I≡	IDIMIDUAL				WHITE							
FIN	≥	Address		Driver License Number								
-	Ĭ	10847 DIAMOND CIR BLUE MOUNDS, WI 53517	7 IIS									
		D202 III 0 0 1 1 5 0 1 1	, , , , ,									
	Sat	On Duty fety Equipment	Crash	Safety Equipment								
	Ou,											
		Row	Seat Position	SHOULDER & LAP	BELT							
		01 - FRONT ROW	07 - LEFT									
		Helmet Use		Helmet Compliance								
		Fire Destantion										
		Eye Protection		Tint Compliance								
		Flat 8	overity.	Airbog								
2	9	Injury Se	BLE INJURY	Airbag DEPLOYED-FRONT								
-	3			DEPLOTED-FRONT		Transad/Eutricet - d						
		NOT EJECTED	Ejection Path	DI ICADI E		Trapped/Extricated						
		Medical Transport	NOT EJECTED/NOT APP			NOT TRAPPED						
		·		EMS Agency Identifier		EMS Run #						
1		EMS GROUND		6000554								

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This report does not include any CJIS data. $\begin{tabular}{ll} 3 & of & 7 \end{tabular}$

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

		Hospital UPLAND HILLS HEALTH			Date of Death		Time of Death				
			d By Source	E (NOT DISTRAC	CTED)						
		Distracted By Action NOT DISTRACTED			<u> </u>						
		Non Motorist Striking U	Jnit#	Location							
		Prior Action									
 		Action									
	Ļ										
<u></u>	INDIVIDUAL										
TIND	DIVI										
	Z										
		Action Other						To/From School			
								Total Total Concor			
	L	Orug & Alcohol	ed Alcohol U	lse	Suspected Drug Use NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results				
				Drug Test Type		Drug Test Results					
2	001	Drug Type									
	٥	Individual Condition									
		Individual Condition NOT OBSERVED									
		ndividual Passenger			Citations Issued	Sex					
	٩L	CHARLES JONES (608) 225-7131			0	MALE					
Ŀ	DO/	(605) 225 7 16 1			Date of Birth	Race WHITE					
FIND	INDIVIDUAL	Address 3022 JONES STREET			Driver License Number						
	2	BLUE MOUNDS, WI 53517 , US									
	Sat	On Duty fety Equipment		Safety Equipment							
		Row	Seat Po		SHOULDER & LAP BELT						
		01 - FRONT ROW Helmet Use	09 - RI	GHT	Helmet Compliance						
		Eye Protection									
					Tint Compliance						
2	005	Injury Se Injury POSSIE	verity BLE INJUF	RY	Airbag DEPLOYED-FRONT						
			Ejection Pa		ICABLE		Trapped/Extricated NOT TRAPPED				
		Medical Transport			EMS Agency Identifier		EMS Run#				
		EMS GROUND Hospital			Date of Death		Time of Death				
		MADISON HOSPITAL									

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

l		Distr	racted By Source)							
		Distracted By									
		Distracted By Action									
		Non Motorist Strik	ing Unit #	Location							
		Prior Action									
İ		Action									
	INDIVIDUAL										
L N	פ										
5	\leq										
	Z										
		Action Other						To/From School			
		7 touch Curci						To, i Tom Concor			
		Susp Drug & Alachal No.	pected Alcohol U	se	Suspected Drug Use			L			
		Drug & Alcohol No			NO						
		Alcohol Test Given Alcohol Test T				st Results					
		TEST NOT GIVEN Drug Test Given Drug Test Typ		Drug Test Type		Drug Test Resul	ts				
		TEST NOT GIVEN	T GIVEN								
2	002	Drug Type		l							
•	0										
		Individual Condition									
		NOT OBSERVED									
		NOT OBOLICALD									
		t Summary 💳									
		Status			ehicle Operating As Classi	fication	Unit Type				
		RANSIT cle Type		D	CLASS		AUTOMOBILE Operating As Endorsements				
05		SENGER CAR					operating / io Endorsonie				
	Tota	l Occs	Train/Bus # Re	corded To	otal # Citations Issued	Total Tra	ilers	Total HazMat Types			
	1			1		0		0			
		rance?	Direction Of Tra		Pre CrashTire	Speed Li	mit	Total Lanes			
EN S	YES	Harmful Event: Collision Wi	EASTBOUNI	-	Mark pecial Function	55	Emergency	Motor Vehicle Use			
5		TOR VEH IN TRANSPO			O SPECIAL FUNCTIO	N	NOT APPLICABLE				
	Traff	ic Way		T	raffic Control		Traffic Control Inoperative/Missing				
		D-WAY, NOT DIVIDED			O CONTROL		NO				
		ace Type			oad Curvature TRAIGHT		Road Grade LEVEL				
		ACKTOP (BITUMINOUS) k Bus or HazMat)	3	TRAIGHT		LEVEL				
	NO	a Dao or Fiazina									
	1	Vehicle									
		License Plate Number		F	Plate Type St		Country of Is	suance			
		HQA2666			AUT - AUTOMOBILE OH		UNITED STATES				
ام		Vehicle Identification Numb	per		Make	Year	Model				
12	2				CHEVROLET 2015 MALIBU						
05	02						Rus Hea				
Ö	02	Color		E	Body Style 1D - 4DR		Bus Use				
0	02			E	Body Style		Bus Use				

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	щ		Vehicle Damage 7 8 9 10 11								
HNS	VEHICLE		01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE								
15	盂	Extent Of Damage	FRON 1, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE								
-	7	DISABLING DAMAGE	Į F	REAR, 05 - RIGHT REAR CORNER							
		Towed Due To Damage		Vehicle Removed By							
l	TOWED DUE TO DISABLING DAMAGE										
		What Driver Was Doing	V	ehicle Factors							
		GOING STRAIGHT		OT ABBU 10 ABU 5							
		Driver Prior Action Other	l N	OT APPLICABLE							
		Driver Actions SPEED TOO FAST/COND, FA	ALL LIDE TO CONTROL S	WEDVED OD AVOID	ED DIJE TO WINI	O STIDDEDV STID	PEACE MOTOR				
l_	VEHICLE	VEHICLE, OBJECT, NON-MO			ED DOE 10 WINL	J, SLIFFERT SUR	KFACE, WOTOK				
ş	≌										
⋽	표										
	>										
		Owner Name		Owner Address							
		THOMAS TUFF		5080 GUNSTON D	R						
02	05	(614) 307-8842		COLUMBUS, OH 4	3232 , US						
		Sequence Of Events									
		Event									
	2	MOTOR VEH IN TRANSPORT	т								
		Event									
	02	CROSS CENTERLINE									
	_	Event									
	03										
	_	Event									
	8										
		Policy Holder									
Ę		Policy Holder		Individual							
TIND		Policy Holder Insurance Company ALLSTATE-INS-CO		Individual THOMAS TUFF							
LIND		Insurance Company ALLSTATE-INS-CO									
TIND		Insurance Company ALLSTATE-INS-CO Individual		THOMAS TUFF	Sex						
TINO		Insurance Company ALLSTATE-INS-CO		THOMAS TUFF Citations Issued	Sex MALE						
TINO		Insurance Company ALLSTATE-INS-CO Individual Driver		THOMAS TUFF Citations Issued 1	Sex MALE Race						
		Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF		THOMAS TUFF Citations Issued	MALE	AN AMERICAN					
		Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF		THOMAS TUFF Citations Issued 1	MALE Race	AN AMERICAN					
UNIT		Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR		THOMAS TUFF Citations Issued 1 Date of Birth	MALE Race	N AMERICAN					
		Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address		THOMAS TUFF Citations Issued 1 Date of Birth	MALE Race	AN AMERICAN					
		Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR		THOMAS TUFF Citations Issued 1 Date of Birth	MALE Race	N AMERICAN					
	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US		THOMAS TUFF Citations Issued 1 Date of Birth	MALE Race	N AMERICAN					
	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232, US		THOMAS TUFF Citations Issued 1 Date of Birth Driver License Number	MALE Race	AN AMERICAN					
	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra	ash Seat Position	THOMAS TUFF Citations Issued 1 Date of Birth Driver License Number	MALE Race BLACK/AFRICA	AN AMERICAN					
	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW	ash	THOMAS TUFF Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	MALE Race BLACK/AFRICA	AN AMERICAN					
	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra	ash Seat Position	THOMAS TUFF Citations Issued 1 Date of Birth Driver License Number Safety Equipment	MALE Race BLACK/AFRICA	AN AMERICAN					
	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW Helmet Use	ash Seat Position	Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance	MALE Race BLACK/AFRICA	AN AMERICAN					
	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW	ash Seat Position	THOMAS TUFF Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP	MALE Race BLACK/AFRICA	AN AMERICAN					
TINO	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW Helmet Use	Seat Position 07 - LEFT	THOMAS TUFF Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	MALE Race BLACK/AFRICA	AN AMERICAN					
TINO	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW Helmet Use Injury Sever	Seat Position 07 - LEFT	THOMAS TUFF Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	MALE Race BLACK/AFRICA	AN AMERICAN					
	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW Helmet Use Injury Injury Sever POSSIBLE	Seat Position 07 - LEFT rity E INJURY	THOMAS TUFF Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance	MALE Race BLACK/AFRICA						
TINO	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Sever POSSIBLE Ejected	Seat Position 07 - LEFT rity E INJURY ection Path	Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE	MALE Race BLACK/AFRICA	Trapped/Extricated					
TINO	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Injury Sever POSSIBLE Ejected NOT EJECTED	Seat Position 07 - LEFT rity E INJURY	Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE	MALE Race BLACK/AFRICA	Trapped/Extricated NOT TRAPPED					
TINO	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Sever POSSIBLE Ejected	Seat Position 07 - LEFT rity E INJURY ection Path	Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE	MALE Race BLACK/AFRICA	Trapped/Extricated					
TINO	INDIVIDUAL	Insurance Company ALLSTATE-INS-CO Individual Driver THOMAS TUFF (614) 307-8842 Address 5080 GUNSTON DR COLUMBUS, OH 43232 , US On Duty Cra Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Injury Sever POSSIBLE Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT rity E INJURY ection Path	Citations Issued 1 Date of Birth Driver License Number Safety Equipment SHOULDER & LAP Helmet Compliance Tint Compliance Airbag DEPLOYED-SIDE ICABLE EMS Agency Identifier	MALE Race BLACK/AFRICA	Trapped/Extricated NOT TRAPPED					

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		Distracted By	Distracted By So	ource ABLE (NOT DISTRAC	CTED)			
		Distracted By Action NOT DISTRACTED						
		Non Motorist	Striking Unit #	Location				
		Prior Action						
		Action						
_	UAL							
L	INDIVIDUAL							
	N N							
		A 5 OH						I = -
		Action Other						To/From School
	ı	Drug & Alcohol	Suspected Alcol NO	nol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type			Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results		
05	003	Drug Type				l		
		Individual Condition						
		NOT OBSERVED						
	,	Violations						
	10	UTC Number BC936602	Issue To?	Statute Number 346.57(3)	Description DRIVING TOO FAST	FOR CONDITIO	NS	
	J	D0330002	556	` '				