#### 6TL0FKD6NP 25-04836

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document # Agency Crash Number Investigating Officer/Deputy 25-04836 DEPUTY B. TRAGER				ıty			
N	Crash Date <b>05/19/2025</b>	Crash Time 03:07 PM			Date Arrived Time 05/19/2025 03:2		Arrived 5 PM		
Jb	Date Notified	Time Notified		Total U	nits	_	Total Injured Total Killed		
2	05/19/2025	03:08 PM		02		01	00	Domontino.	
	On Emergency Hit	and Run	✓ Lane Closu	_	☐ Work Zone	<b>✓</b> Trailer	or Towed	Reporting Threshold	
OILUFRDON	Government Property	Active Sc	hool Zone	NO School	Bus Related	Tags			
	<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CRASH	)		Amend	ed	Secondary Crash	
	Description								
	Diagram				<b>\$</b>		DEPARTM	ion By UNTY SHERIFFS IEN  FRAGER, DETECTIVE	
					Not to Scale		VOLZ, RE	CON TEAM	
							Additional Ir PHOTOS,	nformation RECONSTRUCTION	
		01	02	611 611 611 611 611 611 611 611 611 611		Zo <sub>7</sub>			
	01  -	US Hwy	14 between Rd. and Dyke R	ld.					
	✓ I, a sworn law enforceme	nt officer, agre	e that I have no	ot added	any CJIS data in this	s report.			
	ON MAY 19, 2025 AT APPROXIMAT UNIT 1 SIDE SWIPED UNIT 2 BEFO REST ON ITS WHEELS. THE OPEF TO UW HOSPITAL. THE OPERATO! CAME AND REMOVED ALL VEHICL	RE STRIKING THI RATOR OF UNIT 1 R OF UNIT 2 WAS	E DUAL AXLE AND WAS PINNED AND	GOOSE I	NECK TRAILER CAUSING RIOUS INJURIES. THE O	IT TO TURN SID PERATOR WAS	EWAYS AND	OVER TURN COMING TO AND TAKEN VIA MEDFLIGHT	

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Crash Date 05/19/2025

Crash Time 03:07 PM

	ation <b>——</b>										
_	USH14 EB					Latitude Longitude					
599 FT E OF DONALD RD							43.190021553 -90.144358557				
	JONALD RD HE TOWN OF SPRING	C CPEEN				X Coordin	ate		Y Coord	inate	
	AUK COUNTY	3 GREEN				244491.4375 4786717.5					
""	7.01.0001111					Structure Type					
						NO STRUCTURE					
Cras	sh Scene										
First	Harmful Event					First Harm	ıful Event	Location			
MOTOR VEH IN TRANSPORT						ON ROA	DWAY				
Manr	ner of Collision					Light Cond	dition				
06 -	SIDESWIPE/OPPOSI	TE DIRECTION				DAYLIGI	НТ				
Road	Surface Condition(s)					Roadway	Factor(s)				
DRY	•										
Envir	onment Factor(s)										
NON	IE					NONE					
Wea	ther Condition(s)										
CLE	AR										
Anim	аl Туре					Relation T	o Trafficw	/ay			
								ON ROAD			
	h Classification - Location					Crash Classification - Jurisdiction					
_	Land					NO SPECIAL JURISDICTION					
TTIDA	i Land					Access Control Special Study NO CONTROL					
	n Interchange Area	Junction Location			Intersection						
NO		NON-JUNCTION		_		NINTERSECTION					
	ure Type			Reaso	ons for Closi	sure					
	L CLOSURE	T: 1:::11 /D101		1 414/	ENEODO	CMENT T	OW TO	IOK FIDE/FM			
	Initial Lane/Rd Closed 9/2025	Time Initial Lane/Rd Closed 03:17 PM	a	LAVV	ENFURC	CEMENT, TOW TRUCK, FIRE/EMS					
Date	All Lanes Open	Time All Lanes Open		Date S	Scene Clear	The state of the s					
05/1	9/2025	06:57 PM		05/19	/2025	07:07 PM					
	Summary =										
	Status				erating As C	lassification		Unit Type			
	RANSIT		D CI	CLASS				TRUCK			
	cle Type	TRUCK				Operating As Endorsements			ments		
	LITY TRUCK/PICKUP	Train/Bus # Recorded	Total	# Cito	tions Issued		Total Tra	pilore	Total Haz	Mat Types	
10tai	Occs	Traili/Dus # Necolded	0	# Cita	lions issued		0	alicis	0	iviat Types	
	ance?	Direction Of Travel	+			Chandlin		imit	Total Lanes		
YES		EASTBOUND		Pre CrashTire Mark		55		2			
	Harmful Event: Collision		Spec	ial Fun				Emergency	Emergency Motor Vehicle Use		
	OR VEH IN TRANSP		NO :	SPEC	IAL FUNC	TION			NOT APPLICABLE		
Traffi	c Way		Traffi	ic Cont	rol			Traffic Contr	ol Inopera	tive/Missing	
TWC	-WAY, NOT DIVIDED		NO (	CONT	ROL			NO			
Surfa	се Туре		Road	Curva	ture	Road Grade					
BLA	CKTOP (BITUMINOU	S)	STR	AIGH	Т			LEVEL			
	k Bus or HazMat										
NO											
1	/ehicle										
	License Plate Number			е Туре			St	Country of Iss			
	189255A		LTF				WI	UNITED ST	ATES		
_	Vehicle Identification Nur		Mak				Year	Model			
6	1GCDT14X9W82356	5/	CH	ΕV		1998 S TRUCK					

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#### 6TL0FKD6NP

25-04836

WISCONSIN MOTOR VEHICLE CRASH REPORT SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

		Color		Body Style		Bus Use				
		GRN - GREEN	PK - PICKUP							
_	쁜	Initial Contact Point  11 - LEFT FRONT CORNER	Vehicle Damage							
	VEHICL	Extent Of Damage	15 - ALL AREAS			6 2 12				
<b>-</b>		DISABLING DAMAGE					5 4 3 2 1			
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLING What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT		/enicle ractors						
		Driver Prior Action Other	١	NOT APPLICABLE						
		Driver Actions								
	щ	FAILED TO KEEP IN DESIGN	NATED LANE							
LNO	걸									
5	VEHICL									
	>									
		Owner Name		Owner Address	_					
2	5	DONALD WEITZEL	9710 TURKEY RI BLACK EARTH,							
	;	Sequence Of Events								
	2	Event MOTOR VEH IN TRANSPOR	Т							
	05	Event								
		Event								
	03	Event								
	9	Event								
_	ı	Policy Holder								
LIND		Insurance Company	20	INDIVIDUAL	1					
		STATE-FARM-CLASSIC-INS	-00	DONALD WEITZEI	_					
		Individual I DRIVER		Citations Issued	Sex					
	_	DONALD WEITZEL		0	MALE					
	DUAL				Race WHITE	Race WHITE				
L N N	₹	Address	Driver License Number							
5	INDIN	9710 TURKEY RD	9710 TURKEY RD							
	=	BLACK EARTH, WI 53515 ,	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Duty Cr	ash	Safety Equipment						
	Sat	fety Equipment								
		Row	Seat Position	SHOULDER & LAF	PBELT					
		01 - FRONT ROW 07 - LEFT Helmet Use		Helmet Compliance						
		Eye Protection	Tint Compliance							
_	Ξ	Injury Seve	rity	Airbag						
2	00		ED SERIOUS INJUR	DEPLOYED-COME	BINATION	I Tanana al/5 1 1 1 1 1				
		-	ection Path <b>OT EJECTED/NOT APPL</b>	ICABLE		Trapped/Extricated TRAPPED/EXTRICATED				
		Medical Transport		EMS Agency Identifier	г	EMS Run #				
		EMS AIR	6000554							

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

Crash Date 05/19/2025

Crash Time 03:07 PM

		Hospital UW HEALTH-AMERICAN CENTER			Date of Death			Time of Death		
		Dist	racted By Source							
		Distracted By UNI	KNOWŃ							
		Distracted By Action UNKNOWN								
	'	Non Motorist Strik	ing Unit#	Location						
		Prior Action								
		Action								
	۲									
⊢	N/									
LNO	INDIVIDUAL									
	IND									
		Action Other								To/From School
		Sus	pected Alcohol U	se	Suspected Drug Use					
		Drug & Alcohol NO			NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	pe			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
7	001	Drug Type								
	0									
		Individual Condition								
		OTHER								
	Unit	Summary								
	Unit	Status			ehicle Operating As Classi	fication		Unit Type		
		TRANSIT cle Type			D CLASS			TRUCK Operating As Endorsements		
05	UTII	LITY TRUCK/PICKUP T								
	Total	otal Occs Train/Bus # Recorded			Total # Citations Issued Total Tra  1		tal Traileı	illers Total HazMat Types  0		lat Types
		ance?	Direction Of Tra	_	FIE CIASITITE		eed Limit	Limit Total Land		5
LNO	YES	Harmful Event: Collision W	WESTBOUNI		Mark 55 Special Function			Emergency N	2 Motor Vehic	le Use
$\supset$	МОТ	TOR VEH IN TRANSPORT			NO SPECIAL FUNCTION			NOT APPLICABLE		
		ic Way			raffic Control			Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED Surface Type				NO CONTROL  Road Curvature			NO Road Grade		
	BLACKTOP (BITUMINOUS)			s	TRAIGHT		LEVEL			
	Truci <b>NO</b>	k Bus or HazMat								
	,	Vehicle								
		License Plate Number			Plate Type St			Country of Issuance		
		EC50042  Vehicle Identification Number	per		LTK Make	WI Yea		UNITED ST	ATES	
05	02	1FDWF37F5YEE28547		1	FORD	200	00 I	F350 SUPE	R	
		Color WHI - WHITE			Body Style			Bus Use		
		VVIII - VVIII E			CB - CAB CHASSIS					

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

	ш	Initial Contact Point	,	Vehicle Damage					
╘	SL	08 - LEFT SIDE REAR						7 8 9 10 11	
	VEHICLE				LEET OLDE MIDDLE			6 12	
<b>–</b>	Ē	DISABLING DAMAGE			LEFT SIDE MI	DDLE		5 4 3 2 1	
	>	Towed Due To Damage			Vehicle Removed	I Rv			
		TOWED DUE TO DISABLING DAMAGE			Verlide Removed by				
		What Driver Was Doing	JEII (O D		Vehicle Factors				
		GOING STRAIGHT			verilicie i actors				
		Driver Prior Action Other			NOT APPLICA	BI F			
		Driver Frior Action Other							
		Driver Actions							
	Ш	NO CONTRIBUTING AC	CTION						
_									
LNO	2								
5	VEHICL								
	>								
		Owner Name THE HOMESTEADERS	STORE	INC	Owner Addre				
07	02	(608) 647-4100	SIUKE	INC		) CENTER, WI 535	81 US		
0	0	(555) 511 1155			14.01.27442	, o, ooo	o. , oo		
	9	Sequence Of Event	s						
	01	Event MOTOR VEH IN TRANS	SDODT						
	C		JF OIX I						
	02	Event							
	0								
	03	Event							
	0								
	04	Event							
	0								
_		Policy Holder							
Ę		Policy Holder Insurance Company			ORGANIZATIO	DN/COMPANY			
LIND						DN/COMPANY STEADERS STORE	E INC		
LIND		Insurance Company ENCOVA INSURANCE					E INC		
		Insurance Company ENCOVA INSURANCE Trailer/Towed	late Type	Make	THE HOMES	STEADERS STORE			
02 UNIT		Insurance Company ENCOVA INSURANCE Trailer/Towed Trailer Plate # Pl	late Type	Make MAYS		STEADERS STORE	Country of Issuance UNITED STATES		
		Insurance Company ENCOVA INSURANCE Trailer/Towed Trailer Plate # Pl. ER25849 TI	RL	MAYS	THE HOMES	STEADERS STORE	Country of Issuance UNITED STATES		
02		Insurance Company ENCOVA INSURANCE Trailer/Towed Trailer Plate # Pl	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	THE HOMES Sta	STEADERS STORE	Country of Issuance UNITED STATES Address 26425 HWY 14 E		
02		Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # Pl ER25849 TI  Unit Type EQUIPMENT	RL	MAYS ORGANIZATION/COMP	THE HOMES Sta	STEADERS STORE	Country of Issuance UNITED STATES Address	VI 53581 , US	
		Insurance Company ENCOVA INSURANCE Trailer/Towed Trailer Plate # Pl ER25849 TI Unit Type	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	THE HOMES Sta	STEADERS STORE	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
02	TRAILER	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Number 4C8GS27204A005694	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	THE HOMES Sta	STEADERS STORE	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
02	TRAILER	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Numbe 4C8GS27204A005694	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	Sta W ANY RS STORE INC	ate I	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
02	TRAILER	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Numbe 4C8GS27204A005694  Individual  DRIVER	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	Sta W ANY RS STORE INC	ate I Sex	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
02	TRAILER/	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Numbe 4C8GS27204A005694	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	THE HOMES  Sta W  ANY RS STORE INC	ate I Sex MALE	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
UNIT 02	TRAILER/	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Numbe 4C8GS27204A005694  Individual  DRIVER	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	Sta W ANY RS STORE INC	ate I Sex	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
UNIT 02	TRAILER/	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Number 4C8GS27204A005694  Individual  DRIVER JUSTIN HADLEY	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	ANY RS STORE INC  Citations Issue 0  Date of Birth	d Sex MALE Race WHITE	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
02	TRAILER/	Insurance Company ENCOVA INSURANCE Trailer/Towed Trailer Plate # Pl ER25849 TI Unit Type EQUIPMENT Vehicle Identification Numbe 4C8GS27204A005694 Individual DRIVER JUSTIN HADLEY Address	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	THE HOMES  Sta W  ANY RS STORE INC	d Sex MALE Race WHITE	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
UNIT 02	TRAILER	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Number 4C8GS27204A005694  Individual  DRIVER JUSTIN HADLEY	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	ANY RS STORE INC  Citations Issue 0  Date of Birth  Driver License	d Sex MALE Race WHITE	Country of Issuance UNITED STATES Address 26425 HWY 14 E	VI 53581 , US	
UNIT 02	TRAILER/	Insurance Company ENCOVA INSURANCE Trailer/Towed Trailer Plate # Pl ER25849 TI Unit Type EQUIPMENT Vehicle Identification Numbe 4C8GS27204A005694 Individual DRIVER JUSTIN HADLEY  Address 104 E HARRISON ST	RL	MAYS ORGANIZATION/COMP. THE HOMESTEADER	ANY RS STORE INC  Citations Issue 0  Date of Birth  Driver License	d Sex MALE Race WHITE	Country of Issuance UNITED STATES Address 26425 HWY 14 E RICHLAND CENTER, V	VI 53581 , US	
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UNIT 02	INDIVIDUAL TRAILER/	Insurance Company ENCOVA INSURANCE Trailer/Towed Trailer Plate # ER25849 Unit Type EQUIPMENT Vehicle Identification Number 4C8GS27204A005694 Individual DRIVER JUSTIN HADLEY  Address 104 E HARRISON ST VIOLA, WI 54664 , US	er Duty Crash	MAYS ORGANIZATION/COMP THE HOMESTEADER (608) 647-4100	ANY RS STORE INC  Citations Issue 0  Date of Birth  Driver License STATE: WIS	d Sex MALE Race WHITE Number CONSIN COUNTR	Country of Issuance UNITED STATES Address 26425 HWY 14 E RICHLAND CENTER, V	VI 53581 , US	
UNIT 02	INDIVIDUAL TRAILER/	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Numbe 4C8GS27204A005694  Individual  DRIVER JUSTIN HADLEY  Address 104 E HARRISON ST VIOLA, WI 54664 , US  Fety Equipment  Row	er Outy Crash	MAYS ORGANIZATION/COMP THE HOMESTEADER (608) 647-4100	ANY RS STORE INC  Citations Issue 0  Date of Birth  Driver License STATE: WIS	d Sex MALE Race WHITE Number CONSIN COUNTR	Country of Issuance UNITED STATES Address 26425 HWY 14 E RICHLAND CENTER, V	VI 53581 , US	
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UNIT 02	INDIVIDUAL TRAILER/	Insurance Company ENCOVA INSURANCE  Trailer/Towed  Trailer Plate # ER25849  Unit Type EQUIPMENT  Vehicle Identification Numbe 4C8GS27204A005694  Individual  DRIVER JUSTIN HADLEY  Address 104 E HARRISON ST VIOLA, WI 54664 , US  Fety Equipment  Row	er Outy Crash	MAYS ORGANIZATION/COMP THE HOMESTEADER (608) 647-4100	ANY RS STORE INC  Citations Issue 0  Date of Birth  Driver License STATE: WIS	d Sex MALE Race WHITE  Number  CONSIN COUNTR  ent  & LAP BELT	Country of Issuance UNITED STATES Address 26425 HWY 14 E RICHLAND CENTER, V	VI 53581 , US	
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Form DT4000

Crash Date 05/19/2025
Crash Time 03:07 PM

#### 6TL0FKD6NP 25-04836

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Crash Date 05/19/2025

Crash Time 03:07 PM

05	005	Injury	Injury Severity NO APPARENT IN	NJURY	Airbag NON DEPLOYED	LOYED				
		Ejected NOT EJECTED	Ejection Pa		ICADI E		Trapped/Extricated NOT TRAPPED			
		NOT EJECTED NOT EJECTED/NOT APP			EMS Agency Identifier		EMS Run #			
		NOT TRANSPORT	ED		EMS Agency Identiller		EIVIS RUII #	Run #		
		Hospital	LD		Date of Death		Time of Death			
		Ποσριταί			Date of Death					
	,	Distracted By	NOT APPLICABL	E (NOT DISTRA	CTED)					
Distracted By Action NOT DISTRACTED										
	·	Non Motorist	Striking Unit #	Location						
		Prior Action								
		Action								
	<b>1</b> L									
⊨	INDIVIDUAL									
LNO	N									
	IND									
		Action Other						To/From School		
			0 ( ) ( )		10 (15 )					
	L	Orug & Alcohol	Suspected Alcohol U NO	se	Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type	) )		Alcohol Test Results			
		<b>TEST NOT GIVEN</b>								
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results				
02	002	Drug Type								
J	0									
		Individual Condition								
		APPEARED NORM	<b>MAL</b>							
,	Witi	ness <b>———</b>								
	Indiv	idual	· ·		Address			Date of Birth		
6	/eng	VIS SMITH 3) 346-3125			29445 TOWN HALL DI					
WITN	(000	7 3-0-3 123			MUSCODA, WI 53573	, 03				
≥ 🖁										