# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913

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FIX CRASH DIAGRAM.

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2025

Crash Time 06:31 PM

| Location                               |                             |                     |                                     |                         |           |                                     |                           |               |
|----------------------------------------|-----------------------------|---------------------|-------------------------------------|-------------------------|-----------|-------------------------------------|---------------------------|---------------|
| ON STH23 WB                            |                             |                     |                                     | Latitude                |           |                                     | Longitu                   |               |
| 768 FT W<br>OF COMMERCE ST             |                             |                     |                                     | 43.58717                |           |                                     | -89.81                    | 6993084       |
| IN THE TOWN OF D                       | ELTON                       |                     |                                     | X Coordina              |           |                                     | Y Coor                    |               |
| IN SAUK COUNTY                         |                             |                     |                                     | 272585.3                |           |                                     | 48298                     | 79.5          |
|                                        |                             |                     |                                     | Structure 7             |           |                                     |                           |               |
| Crash Scene                            |                             |                     |                                     |                         |           |                                     |                           |               |
| First Harmful Event                    |                             |                     |                                     | First Harm              | ful Event | Location                            |                           |               |
| MOTOR VEH IN TRA                       | NSPORT                      |                     |                                     | ON ROA                  |           |                                     |                           |               |
| Manner of Collision                    |                             |                     |                                     | Light Cond              |           |                                     |                           |               |
| 01 - ANGLE                             | (-)                         |                     |                                     | DARK/LI                 |           |                                     |                           |               |
| Road Surface Condition                 | (8)                         |                     |                                     | Roadway I               | racior(s) |                                     |                           |               |
| DRY                                    |                             |                     |                                     |                         |           |                                     |                           |               |
| Environment Factor(s)                  |                             |                     |                                     |                         |           |                                     |                           |               |
| NONE                                   |                             |                     |                                     | NONE                    |           |                                     |                           |               |
| Weather Condition(s)                   |                             |                     |                                     |                         |           |                                     |                           |               |
| CLEAR                                  |                             |                     |                                     |                         |           |                                     |                           |               |
|                                        |                             |                     |                                     |                         |           |                                     |                           |               |
| Animal Type                            |                             |                     |                                     | Relation T              |           | ay<br>ON ROAD                       |                           |               |
| Crash Classification - Lo              | cation                      |                     |                                     |                         |           | - Jurisdiction                      |                           |               |
| PUBLIC PROPERTY                        |                             |                     |                                     | NO SPECIAL JURISDICTION |           |                                     |                           |               |
| Tribal Land                            |                             |                     |                                     | Access Co               |           |                                     | •                         | Special Study |
|                                        |                             |                     |                                     | NO CON                  | TROL      |                                     |                           |               |
| Within Interchange Area                | Junction Location           |                     | Intersectio                         | n Type                  |           |                                     |                           |               |
| NO                                     | NON-JUNCTION                |                     | NOT AN                              | INTERSE                 | CTION     |                                     |                           |               |
| Unit Summary                           |                             |                     |                                     |                         |           |                                     |                           |               |
| Unit Status                            |                             |                     | erating As Classification Unit Type |                         |           |                                     |                           |               |
| IN TRANSIT                             |                             | D CLASS             | D CLASS                             |                         |           | TRUCK                               |                           |               |
| Vehicle Type                           | 1 DO OD 1 E00)              |                     |                                     |                         |           |                                     | Operating As Endorsements |               |
| CARGO VAN (10,00) Total Occs           | Train/Bus # Recorded        | Total # Cita        | ations Issued                       | ed Total Tra            |           | ailers Total HazMat Types           |                           | zMat Typos    |
| 1 otal Occs                            | Traill/Bus # Recorded       | 0                   | ations issued                       |                         | 0         | illers                              | 0                         | ziviat Types  |
| Insurance?                             | Direction Of Travel         |                     | CrockTire                           | Canadi                  |           | mit                                 | Total Lar                 | nes           |
| YES                                    | WESTBOUND                   |                     | CrashTire<br>Mark                   |                         | 55        | 2                                   |                           |               |
| Most Harmful Event: Co                 | lision With                 | Special Fur         | nction                              |                         | 1         | Emergency Motor Vehicle Use         |                           |               |
| MOTOR VEH IN TRA                       | NSPORT                      | NO SPEC             | CIAL FUNC                           | CTION                   |           | NOT APPLICABLE                      |                           |               |
| Traffic Way                            |                             | Traffic Con         |                                     |                         |           | Traffic Control Inoperative/Missing |                           |               |
| TWO-WAY, NOT DIV                       | IDED                        |                     | NO CONTROL                          |                         |           |                                     | NO                        |               |
| Surface Type                           |                             | Road Curva          |                                     |                         |           |                                     | Road Grade                |               |
| BLACKTOP (BITUM<br>Truck Bus or HazMat | NOUS)                       | STRAIGH             | STRAIGHT                            |                         |           | LEVEL                               |                           |               |
| NO                                     |                             |                     |                                     |                         |           |                                     |                           |               |
| Vehicle                                |                             |                     |                                     |                         |           |                                     |                           |               |
|                                        | License Plate Number LZ3623 |                     | Э                                   | St                      |           | Country of Issuance                 |                           |               |
|                                        |                             |                     |                                     |                         | WI        | UNITED STATES  Model                |                           |               |
| Vehicle Identificati                   |                             | Make                |                                     | Year                    |           |                                     |                           |               |
|                                        | DU40U3                      | FORD<br>Pody Style  |                                     |                         | 2016      | TRANSIT                             |                           |               |
| Color<br>WHI - WHITE                   |                             | Body Style VN - VAN |                                     |                         |           | Bus Use                             |                           |               |
|                                        | ıt                          | 71. 74              | -                                   |                         |           |                                     |                           |               |
| Initial Contact Poir                   |                             |                     |                                     |                         |           |                                     |                           |               |

#### 6TL0FRKD7S

25-11431

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| LINO     | VEHICLE    | Extent Of Damage FUNCTIONAL DAMAGE                             |                                 | Vehicle Damage  7 8 9 10 11  6 7 8 9 10 11  FRONT  Vehicle Removed By |               |               |  |  |  |
|----------|------------|----------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------|---------------|---------------|--|--|--|
|          |            | Towed Due To Damage  NOT TOWED                                 |                                 | /ehicle Removed By  OPERATOR                                          |               |               |  |  |  |
|          |            | What Driver Was Doing GOING STRAIGHT Driver Prior Action Other |                                 | Vehicle Factors                                                       |               |               |  |  |  |
| UNIT     | VEHICLE    | Driver Actions NO CONTRIBUTING ACTIO                           | DN .                            |                                                                       |               |               |  |  |  |
| 10       | 01         | Owner Name<br>BRIAN VAN COULTER<br>(608) 617-5523              | AN COULTER S4869 PRAIRIEVIEW DR |                                                                       |               |               |  |  |  |
|          | ;          | Sequence Of Events                                             |                                 |                                                                       |               |               |  |  |  |
|          | 2          | Event MOTOR VEH IN TRANSPO                                     | RT                              |                                                                       |               |               |  |  |  |
|          | 05         | Event                                                          |                                 |                                                                       |               |               |  |  |  |
|          | 03         | Event                                                          |                                 |                                                                       |               |               |  |  |  |
|          | 9          | Event                                                          |                                 |                                                                       |               |               |  |  |  |
| <b>-</b> |            | Policy Holder                                                  |                                 |                                                                       |               |               |  |  |  |
| UNIT     |            | Insurance Company RURAL-MUTUAL-INS-CO-(                        | ATTN:-CLAIMS-DEPT)              | INDIVIDUAL BRIAN VAN COULT                                            | ER            |               |  |  |  |
|          | l          | Individual                                                     |                                 |                                                                       |               |               |  |  |  |
|          |            | DRIVER<br>BRIAN VAN COULTER                                    |                                 | Citations Issued Sex MALE                                             |               |               |  |  |  |
|          | MAL        | (608) 617-5523                                                 |                                 | Date of Birth                                                         | Race<br>WHITE |               |  |  |  |
| LINO     | INDIMIDUAL | Address<br>S4869 PRAIRIEVIEW DR<br>REEDSBURG, WI 53959 ,       | us                              | Driver License Number  STATE: WISCONSIN COUNTRY: UNITED STATES        |               |               |  |  |  |
|          | Sat        | Con Duty C<br>fety Equipment                                   | Crash                           | Safety Equipment                                                      |               |               |  |  |  |
|          | Ou.        | Row<br>01 - FRONT ROW                                          | Seat Position 07 - LEFT         | SHOULDER & LAP BELT                                                   |               |               |  |  |  |
|          |            | Helmet Use                                                     | •                               | Helmet Compliance                                                     |               |               |  |  |  |
|          |            | Eye Protection                                                 |                                 | Tint Compliance                                                       |               |               |  |  |  |
| 01       | 00         | Injury Sev                                                     | erity ARENT INJURY              | Airbag NON DEPLOYED                                                   |               |               |  |  |  |
|          |            | Ejected [                                                      | Ejection Path                   | 1                                                                     |               | ed/Extricated |  |  |  |
|          |            | NOT EJECTED  Medical Transport                                 | NOT EJECTED/NOT APPL            | EMS Agency Identifier                                                 | NOT<br>EMS R  | RAPPED        |  |  |  |
|          |            | NOT TRANSPORTED                                                |                                 |                                                                       | LINIO         | 11            |  |  |  |
|          |            | Hospital                                                       |                                 | Date of Death                                                         | Time o        | f Death       |  |  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2025

Crash Time 06:31 PM

|     | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) |                                                  |                             |                   |                                |                                        |                             |                |        |  |
|-----|------------------------------------------------------|--------------------------------------------------|-----------------------------|-------------------|--------------------------------|----------------------------------------|-----------------------------|----------------|--------|--|
|     |                                                      | Distracted By Action NOT DISTRACTED              |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      | Non Motorist Strik                               | king Unit#                  | Location          |                                |                                        |                             |                |        |  |
|     |                                                      | Prior Action                                     |                             | •                 |                                |                                        |                             |                |        |  |
|     |                                                      | Action                                           |                             |                   |                                |                                        |                             |                |        |  |
|     | Ţ                                                    |                                                  |                             |                   |                                |                                        |                             |                |        |  |
| ⊨   | INDIVIDUAL                                           |                                                  |                             |                   |                                |                                        |                             |                |        |  |
| L N | ]VI                                                  |                                                  |                             |                   |                                |                                        |                             |                |        |  |
|     | IND                                                  |                                                  |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      |                                                  |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      | Action Other                                     |                             |                   |                                |                                        |                             | To/From        | School |  |
|     |                                                      | Sus                                              | pected Alcohol U            | Jse               | Suspected Drug Use             |                                        |                             |                |        |  |
|     |                                                      | Drug & Alcohol NO                                |                             |                   | NO                             |                                        |                             |                |        |  |
|     |                                                      | Alcohol Test Given TEST NOT GIVEN Alcohol Test   |                             | Alcohol Test Type | •                              |                                        | Alcohol Tes                 | st Results     |        |  |
|     |                                                      |                                                  |                             | Drug Test Type    |                                | Drug Test Resu                         | ults                        |                |        |  |
| _   | 1                                                    | Drug Type                                        |                             |                   |                                |                                        |                             |                |        |  |
| 6   | 001                                                  |                                                  |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      | Individual Condition                             |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      | APPEARED NORMAL                                  |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      |                                                  |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      | t Summary Status                                 |                             | ΙV                | ehicle Operating As Classit    | fication                               | Unit Type                   |                |        |  |
|     |                                                      | RANSIT                                           |                             |                   | CLASS                          | TRUCK                                  |                             |                |        |  |
| 02  |                                                      | cle Type                                         | DUOK                        | •                 |                                | Operating A                            | Operating As Endorsements   |                |        |  |
|     |                                                      | LITY TRUCK/PICKUP T                              | RUCK<br>Train/Bus # Re      | corded T          | otal # Citations Issued        | Total Tr                               | ailers Total HazMat Types   |                |        |  |
|     | 2                                                    | . 0000                                           |                             |                   | 1                              |                                        |                             | 0              |        |  |
|     | Insur                                                | ance?                                            | Direction Of Tr<br>WESTBOUN | _                 | Pre CrashTire                  | Speed I                                | _imit                       | Total Lanes 2  |        |  |
| L   |                                                      | Harmful Event: Collision W                       |                             | S                 | <b>Mark</b><br>pecial Function | l .                                    | Emergency Motor Vehicle Use |                |        |  |
| _ ر |                                                      | TOR VEH IN TRANSPO                               | RT                          |                   | NO SPECIAL FUNCTION            |                                        |                             | NOT APPLICABLE |        |  |
|     |                                                      | ic Way<br>D-WAY, NOT DIVIDED                     |                             |                   | raffic Control O CONTROL       | Traffic Control Inoperative/Missing NO |                             |                |        |  |
|     |                                                      | ace Type                                         |                             |                   | oad Curvature                  | Road Grade                             |                             |                |        |  |
|     |                                                      | BLACKTOP (BITUMINOUS)                            |                             |                   | STRAIGHT LEVEL                 |                                        |                             |                |        |  |
|     | Truck Bus or HazMat NO                               |                                                  |                             |                   |                                |                                        |                             |                |        |  |
|     | ,                                                    | Vehicle                                          |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      | License Plate Number                             |                             |                   | Plate Type                     | St                                     | Country of Issuance         |                |        |  |
|     |                                                      | TL5001                                           |                             |                   | LTK                            |                                        |                             | JNITED STATES  |        |  |
| 05  | 02                                                   | Vehicle Identification Numb<br>1GCHK29U24E132765 |                             |                   | Make<br>C <b>HEV</b>           | Year <b>2004</b>                       | Model<br>SILVERAL           | no             |        |  |
|     |                                                      | Color                                            | •                           |                   | Body Style                     | 2004                                   | Bus Use                     |                |        |  |
|     |                                                      | BLK - BLACK                                      |                             |                   | PK - PICKUP                    |                                        |                             |                |        |  |
|     |                                                      | Initial Contact Point  08 - LEFT SIDE REAR       |                             |                   |                                |                                        |                             |                |        |  |
|     |                                                      |                                                  |                             |                   |                                |                                        |                             |                |        |  |

#### 6TL0FRKD7S

25-11431

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

| LIND      | VEHICLE        | Extent Of Damage MINOR DAMAGE                                  |                         | Vehicle Damage  07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR  6 7 8 9 10 11 6 7 8 9 10 11 5 4 3 2 1 |                |                       |               |  |  |
|-----------|----------------|----------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------|----------------|-----------------------|---------------|--|--|
|           |                | Towed Due To Damage  NOT TOWED                                 |                         | Vehicle Removed By OPERATOR                                                                       |                |                       |               |  |  |
|           |                | What Driver Was Doing OVERTAKE RIGHT Driver Prior Action Other |                         | Vehicle Factors                                                                                   |                |                       |               |  |  |
| LINO      | VEHICLE        | Driver Actions IMPROPER OVERTAKIN                              | G / PASSING RIGHT, OPER | ATED MOTOR VEHIC                                                                                  | CLE IN AGGRESS | IVE/RECKLESS N        | <b>IANNER</b> |  |  |
| 02        | 02             | Owner Name<br>BERTRON PARRISH<br>(608) 963-2924                |                         | Owner Address<br>S3004 N REEDSE<br>BARABOO, WI 53                                                 |                |                       |               |  |  |
|           | ;              | Sequence Of Events                                             |                         |                                                                                                   |                |                       |               |  |  |
|           | 2              | Event<br>MOTOR VEH IN TRANSP                                   | PORT                    |                                                                                                   |                |                       |               |  |  |
|           | 05             | Event                                                          |                         |                                                                                                   |                |                       |               |  |  |
|           | Event          |                                                                |                         |                                                                                                   |                |                       |               |  |  |
|           | 94             | Event                                                          |                         |                                                                                                   |                |                       |               |  |  |
|           |                | L<br>Policy Holder                                             |                         |                                                                                                   |                |                       |               |  |  |
| LIND      |                | Insurance Company                                              |                         | INDIVIDUAL                                                                                        |                |                       |               |  |  |
| $\supset$ |                | WISCONSIN-MUTUAL-IN                                            | S-CO                    | BERTRON PARRIS                                                                                    | Н              |                       |               |  |  |
|           | - 1            | ndividual                                                      |                         |                                                                                                   |                |                       |               |  |  |
|           |                | DRIVER<br>BERTRON PARRISH                                      |                         | Citations Issued                                                                                  | Sex            |                       |               |  |  |
|           | A <sub>L</sub> | (608) 963-2924                                                 |                         | Date of Birth                                                                                     | MALE<br>Race   |                       |               |  |  |
| _         | DIMDUAL        |                                                                |                         |                                                                                                   | WHITE          |                       |               |  |  |
| LIND      | ≥              | Address                                                        | <b>D</b>                | Driver License Number                                                                             |                |                       |               |  |  |
|           | Ĭ              | S3004 N REEDSBURG R<br>BARABOO, WI 53913 , L                   |                         | STATE: WISCONSIN COUNTRY: UNITED STATES                                                           |                |                       |               |  |  |
|           | Sat            | On Dut                                                         | Safety Equipment        |                                                                                                   |                |                       |               |  |  |
|           |                | Row<br>01 - FRONT ROW                                          | Seat Position 07 - LEFT | SHOULDER & LAP                                                                                    | BELT           |                       |               |  |  |
|           |                | Helmet Use                                                     |                         | Helmet Compliance                                                                                 |                |                       |               |  |  |
|           |                | Eye Protection                                                 |                         | Tint Compliance                                                                                   |                |                       |               |  |  |
| 03        | 002            | Injury S                                                       | Severity PPARENT INJURY | Airbag NON DEPLOYED                                                                               |                |                       |               |  |  |
|           |                | Ejected                                                        | Ejection Path           | l                                                                                                 |                | Trapped/Extricated    |               |  |  |
|           |                | NOT EJECTED  Medical Transport                                 | NOT EJECTED/NOT APPL    | LICABLE  EMS Agency Identifier                                                                    |                | NOT TRAPPED EMS Run # |               |  |  |
|           |                | NOT TRANSPORTED                                                |                         | LIVIO Agency Identifier                                                                           |                | LIVIO IXUII #         |               |  |  |
|           |                | Hospital                                                       |                         | Date of Death                                                                                     |                | Time of Death         |               |  |  |

## WISCONSIN MOTOR VEHICLE CRASH REPORT

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

|     |             |                                                |                     |                                   |                                         |                    |                      | , ,            |  |  |
|-----|-------------|------------------------------------------------|---------------------|-----------------------------------|-----------------------------------------|--------------------|----------------------|----------------|--|--|
|     |             | Distracted By                                  | Distracted NOT APP  | By Source<br>PLICABLE (NOT DISTRA | ACTED)                                  |                    |                      |                |  |  |
|     |             | Distracted By Action NOT DISTRACTED            | )                   |                                   |                                         |                    |                      |                |  |  |
|     |             | Non Motorist                                   | Striking Un         | it # Location                     |                                         |                    |                      |                |  |  |
|     |             | Prior Action                                   |                     | <b> </b>                          |                                         |                    |                      |                |  |  |
|     |             | Action                                         |                     |                                   |                                         |                    |                      |                |  |  |
|     | <b>IAL</b>  |                                                |                     |                                   |                                         |                    |                      |                |  |  |
| LNO | INDIVIDUAL  |                                                |                     |                                   |                                         |                    |                      |                |  |  |
| _   | INDI        |                                                |                     |                                   |                                         |                    |                      |                |  |  |
|     |             |                                                |                     |                                   |                                         |                    |                      |                |  |  |
|     |             | Action Other                                   |                     |                                   |                                         |                    |                      | To/From School |  |  |
|     | L           | Orug & Alcohol                                 | Suspected <b>NO</b> | Alcohol Use                       | Suspected Drug Use                      |                    |                      | l              |  |  |
|     |             | Alcohol Test Given TEST NOT GIVEN              |                     | Alcohol Test Typ                  | pe                                      |                    | Alcohol Test Results |                |  |  |
|     |             |                                                |                     | Drug Test Type                    |                                         | Drug Test Results  | <u> </u>             |                |  |  |
| 02  | 002         | Drug Type                                      |                     |                                   |                                         |                    |                      |                |  |  |
|     | 0           | Individual Condition                           |                     |                                   |                                         |                    |                      |                |  |  |
|     |             | Individual Condition  APPEARED NORMAL          |                     |                                   |                                         |                    |                      |                |  |  |
|     |             | ndividual                                      |                     |                                   |                                         |                    |                      |                |  |  |
|     |             | PASSENGER                                      |                     |                                   | Citations Issued                        | Sex                |                      |                |  |  |
|     | \L          | DARLENE CHAPIN<br>(608) 963-2924               | N PARRIS            | н                                 | 0                                       | FEMALE             |                      |                |  |  |
| ⊨   | INDIVIDUAL  | (600) 600 202 :                                |                     |                                   | Date of Birth                           | Race<br>WHITE      |                      |                |  |  |
| L   | <u>&gt;</u> | Address                                        |                     |                                   | Driver License Numb                     | er                 |                      |                |  |  |
|     | N           | S3004 N REEDSBURG RD<br>BARABOO, WI 53913 , US |                     |                                   | STATE: WISCONSIN COUNTRY: UNITED STATES |                    |                      |                |  |  |
|     | Sat         | ety Equipment                                  | On Duty Cr          | rash                              | Safety Equipment                        |                    |                      |                |  |  |
|     |             | Row<br>01 - FRONT ROW                          |                     | Seat Position 09 - RIGHT          | SHOULDER & LAP BELT                     |                    |                      |                |  |  |
|     |             | Helmet Use                                     |                     | 100 000000                        | Helmet Compliance                       |                    |                      |                |  |  |
|     |             | Eye Protection                                 |                     |                                   | Tint Compliance                         |                    |                      |                |  |  |
| 05  | 003         | Injury Severity NO APPARENT INJURY             |                     |                                   | Airbag NON DEPLOYED                     |                    |                      |                |  |  |
|     |             | Ejected                                        | Ej                  | ection Path                       |                                         | Trapped/Extricated |                      |                |  |  |
|     |             | NOT EJECTED  Medical Transport                 | N                   | OT EJECTED/NOT APF                |                                         |                    |                      |                |  |  |
|     |             | NOT TRANSPORT                                  | ED                  |                                   | EMS Agency Identifie                    | 51                 | EMS Run #            |                |  |  |
|     |             | Hospital                                       |                     |                                   | Date of Death                           |                    | Time of Death        |                |  |  |
|     |             | Distracted By                                  | Distracted          | By Source                         | •                                       |                    |                      |                |  |  |

# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 11/02/2025

Crash Time 06:31 PM

|      |            | Distracted By Action           |                         |                       |                            |                   |                      |                |
|------|------------|--------------------------------|-------------------------|-----------------------|----------------------------|-------------------|----------------------|----------------|
|      | ,          | Non Motorist                   | Striking Unit #         | Location              |                            |                   |                      |                |
|      |            | Prior Action                   |                         |                       |                            |                   |                      |                |
|      |            | Action                         |                         |                       |                            |                   |                      |                |
|      | JAL        |                                |                         |                       |                            |                   |                      |                |
| UNIT | INDIVIDUAL |                                |                         |                       |                            |                   |                      |                |
| _    | NDI        |                                |                         |                       |                            |                   |                      |                |
|      |            |                                |                         |                       |                            |                   |                      |                |
|      |            | Action Other                   |                         |                       |                            |                   |                      | To/From School |
|      | ļ          |                                | Suspected Alcol         | nol Use               | Suspected Drug Use         |                   |                      |                |
|      | L          | Drug & Alcohol                 | NO                      |                       | NO                         |                   |                      |                |
|      |            | Alcohol Test Given             |                         | Alcohol Test Type     |                            |                   | Alcohol Test Results |                |
|      |            | TEST NOT GIVEN                 |                         | D T 17                |                            |                   |                      |                |
|      |            | Drug Test Given TEST NOT GIVEN |                         | Drug Test Type        |                            | Drug Test Results |                      |                |
| 02   | 003        | Drug Type                      |                         |                       |                            |                   |                      |                |
|      |            | 1 1 10 10                      |                         |                       |                            |                   |                      |                |
|      |            | Individual Condition           |                         |                       |                            |                   |                      |                |
|      |            | APPEARED NORM                  | /IAL                    |                       |                            |                   |                      |                |
|      | ,          | Violations                     |                         |                       |                            |                   |                      |                |
|      | 01         | UTC Number<br>BM653609         | Issue To?<br><b>002</b> | Statute Number 346.08 | Description UNSAFE PASSING | ON RIGHT          |                      |                |