

6TL096J8WZ  
18-05962

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

6TL096J8WZ

Document Number Override		Primary Crash Document #	Agency Crash Number <b>18-05962</b>	Investigating Officer/Deputy <b>DEPUTY J. SOLCHENBERGER</b>	
Crash Date <b>06/08/2018</b>		Crash Time <b>07:50 AM</b>	Date Arrived <b>06/08/2018</b>	Time Arrived <b>08:08 AM</b>	
Date Notified <b>06/08/2018</b>		Time Notified <b>07:51 AM</b>	Total Units <b>03</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input checked="" type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>	Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input checked="" type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS ENTERING US 12 AND DID NOT SEE UNIT 2 IN LANE 2. UNTIL 1 ATTEMPTED TO CHANGE INTO LANE 2 WHEN IT STRUCK THE TRAILER OF UNIT 2. AFTER IMPACT UNIT 1 HIT THE EAST SIDE BARRIER AND STRUCK UNIT 2 AGAIN AND CAME TO REST ON THE SHOULDER OF THE ROAD. UNIT 2 LOST CONTROL OF THE SEMI DUE TO IMPACT CAUSING IT TO ENTER LANE 3 CAUSING IT TO STRUCK UNIT 3 ON THE DRIVER SIDE. ALL VEHICLE PULLED TO THE SHOULDER OF THE ROAD.

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Location

ON MOON RD (1) 16 FT E OF USH12 WB IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude <b>43.561287152</b>	Longitude <b>-89.778229906</b>
	X Coordinate <b>275618.625</b>	Y Coordinate <b>4826898.5</b>
	Structure Type <b>NO STRUCTURE</b>	

Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>05--SIDESWIPE/SAME DIRECTION</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>ENTRANCE RAMP-RELATED</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER VAN</b>	Operating As Endorsements			
	Total Occs <b>3</b>	Train/Bus # Injured	Total # Citations Issued <b>1</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>3</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY MEDIAN W/BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

01 UNIT	<b>Vehicle</b>			
	License Plate Number <b>849MRT</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>5TDZA23CX4S158774</b>	Make <b>TOYOTA</b>	Year <b>2004</b>	Model <b>SIENNA CE/</b>
	Color <b>BLU - BLUE</b>	Body Style <b>VN - VAN</b>		Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>9--LEFT SIDE MIDDLE</b>	Vehicle Damage <b>ALL AREAS</b>		
Extent Of Damage <b>DISABLING DAMAGE</b>				

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UNIT	VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>MIKES TOWING</b>	
		What Driver Was Doing <b>CHANGING LANES</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>		
01	01	Driver Distractions <b>NOT DISTRACTED</b>		
		Owner Name <b>ROBERT KAPPEL (608) 402-3160</b>	Owner Address <b>333 3RD ST BARABOO, WI 53913 , US</b>	
<b>Sequence Of Events</b>				
UNIT	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
		Event		
		Event		
		Event		
UNIT	04	<b>Policy Holder</b>		
		Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	Individual <b>ROBERT KAPPEL</b>	
UNIT	INDIVIDUAL	<b>Individual</b>		
		Driver <b>NOAH CHARLES KAPPEL (608) 402-3160</b>	Citations Issued <b>1</b>	Sex <b>MALE</b>
			Date of Birth [REDACTED]	Race <b>WHITE</b>
		Address <b>333 3RD ST BARABOO, WI 53913 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01	001	<b>Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>

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UNIT	INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #		
		Hospital		Date of Death	Time of Death		
		<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School
		Action					
		Action Other					
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
UNIT	INDIVIDUAL	<b>Individual</b>					
		Passenger <b>SCHAAF MATTHEW VANDER (608) 963-9828</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>828 IROQUOIS CIR BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>		
				Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
		<b>Equipment</b>		On Duty Crash	Safety Equipment		
		Seat Position <b>2--FRONT SEAT-MIDDLE</b>		<b>SHOULDER &amp; LAP BELT</b>			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>DEPLOYED-FRONT</b>		
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>		
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #				
Hospital		Date of Death	Time of Death				
<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT 01	INDIVIDUAL	Action						
		Action Other						
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>			
			Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results			
		Drug Type						
		Individual Condition <b>APPEARED NORMAL</b>						
		UNIT 01	INDIVIDUAL	<b>Individual</b>				
				Passenger <b>EDWARDS AIDAN CARLSON (608) 477-0306</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
				Address <b>220 8TH ST BARABOO, WI 53913 , US</b>		Date of Birth [REDACTED]	Race <b>WHITE</b>	
				Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
<b>Equipment</b>	On Duty Crash			Safety Equipment				
	Seat Position <b>5--SECOND SEAT-MIDDLE</b>			<b>SHOULDER &amp; LAP BELT</b>				
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>			Airbag <b>NON DEPLOYED</b>				
	Ejected <b>NOT EJECTED</b>			Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>			
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #				
	Hospital		Date of Death	Time of Death				
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	To/From School		

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UNIT	INDIVIDUAL	Action				
		Action Other				
	01	003	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
			Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results	
			Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
			Drug Type			
			Individual Condition <b>APPEARED NORMAL</b>			
	01	<b>Violations</b>				
		UTC Number <b>AI387608</b>	Issue To? <b>001</b>	Statute Number <b>346.34(1)(a)3</b>	Seq Num <b>001</b>	Description <b>DEVIATING FROM LANE OF TRAFFIC</b>

**Unit Summary**

UNIT	02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>A CLASS</b>		Unit Type <b>TRUCK</b>	
		Vehicle Type <b>TRUCK TRACTOR (SEMI ATTACHED)</b>			Operating As Endorsements	
		Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>65</b>	Total Lanes <b>3</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY MEDIAN W/BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
		Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				

UNIT	02	<b>Vehicle</b>			
		License Plate Number <b>56275X</b>	Plate Type <b>APO - APPORTIONED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1XPHD49X2DD182182</b>	Make <b>PETERBILT MOTORS CO</b>	Year <b>2013</b>	Model <b>SEMI</b>
		Color <b>WHI - WHITE</b>	Body Style <b>DS - TRACTOR-TRUCK DIESEL</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>UNDERCARRIAGE</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>UNDERCARRIAGE</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>PLATTS WRECKER</b>		

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UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Driver Distractions <b>NOT DISTRACTED</b>		
02	02	Owner Name <b>PREMIER TRANSPORT LLC (608) 437-5561</b>	Owner Address <b>501 W MAIN ST MOUNT HOREB, WI 53572 , US</b>
<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	02	Event	
03	03	Event	
04	04	Event	
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>CHS INSURANCE</b>	Organization/Company <b>PREMIER TRANSPORT LLC</b>	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>FREDERICK E KURT (608) 437-5561</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>
	Address <b>1010 BRISTOL DR WAUNAKEE, WI 53597 , US</b>	Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
02 004	<b>Equipment</b>	On Duty Crash	Safety Equipment
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #

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UNIT	INDIVIDUAL	Hospital	Date of Death	Time of Death		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				
		UNIT	TRUCK BUS	<b>Carrier</b>		
<input type="checkbox"/> Use Vehicle Owner Same as Carrier	Source <b>DRIVER</b>					
Name <b>PREMIER TRANSPORT LLC USDOT# 1169093</b>	Address <b>501 W MAIN ST MOUNT HOREB, WI 53572 , US</b>					
GWR <b>MORE THAN 26,000 LB</b>	Vehicle Configuration <b>TRUCK TRACTOR/SEMI-TRAILER</b>			Cargo Body Type <b>GRAIN/CHIPS/GRAVEL</b>		
US DOT # <b>1169093</b>	Carrier Type <b>INTERSTATE CARRIER</b>			Permitted Load <b>NOT APPLICABLE</b>		
<input type="checkbox"/> OS/OW Load	WI Permit Number			<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present
Measured Height	Measured Length			Measured Width	Measured Weight	
<b>02 004</b>						
<b>02 01</b>						

**Unit Summary**

UNIT	03	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
		Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
		Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
		Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>65</b>	Total Lanes <b>3</b>
		Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
		Traffic Way <b>DIVIDED HWY MEDIAN W/BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
		Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	



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		Truck Bus or HazMat <b>NO</b>	
03	UNIT	<b>Vehicle</b>	
		License Plate Number <b>HEWSR</b>	Plate Type <b>AUT - AUTOMOBILE</b>
		Vehicle Identification Number <b>2C3CDXGJ3GH194722</b>	Make <b>DODGE</b>
		Color <b>PLE - PURPLE</b>	Year <b>2016</b>
		Initial Contact Point <b>7--LEFT REAR CORNER</b>	Country of Issuance <b>UNITED STATES</b>
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	Model <b>CHARGER</b>
		Towed Due To Damage <b>TOWED BUT NOT DUE TO DISABLING DAMAG</b>	Body Style <b>SD - SEDAN</b>
		What Driver Was Doing <b>GOING STRAIGHT</b>	Bus Use <b>NOT A BUS</b>
		Driver Prior Action Other	Vehicle Damage <b>7--LEFT REAR CORNER, 8--LEFT SIDE REAR, 9--LEFT SIDE MIDDLE, 10--LEFT SIDE FRONT</b>
		Driver Actions <b>NO CONTRIBUTING ACTION</b>	Vehicle Removed By <b>CRAIGS TOWING</b>
Driver Distractions <b>NOT DISTRACTED</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
Owner Name <b>WENDEE LOU FOLLENDORF (608) 963-1597</b>	Owner Address <b>1460 WATER ST PO BOX/97 BARABOO, WI 53913 , US</b>		
<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>		
02	Event		
03	Event		
04	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>AMERICAN-FAMILY-INS-CO</b>	Individual <b>WENDEE FOLLENDORF</b>	
IT	INDUAL	<b>Individual</b>	
		Driver <b>WENDEE LOU FOLLENDORF (608) 963-1597</b>	Citations Issued <b>0</b>
		Date of Birth <b>[REDACTED]</b>	Sex <b>FEMALE</b>
			Race <b>WHITE</b>

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UN	INDIV	Address <b>1460 WATER ST PO BOX/97 BARABOO, WI 53913 , US</b>		Driver License Number [REDACTED] <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>					
		<b>Equipment</b>		On Duty Crash		Safety Equipment			
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		<b>SHOULDER &amp; LAP BELT</b>					
		Helmet Use		Helmet Compliance					
		Eye Protection		Tint Compliance					
		03	005	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>	
				Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
				Hospital		Date of Death		Time of Death	
				<b>Non Motorist</b>		Striking Unit #	Prior Action	Location	
UNIT	INDIVIDUAL	Action							
		Action Other							
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>			
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results			
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results			
		03	005	Drug Type					
				Individual Condition <b>APPEARED NORMAL</b>					