

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

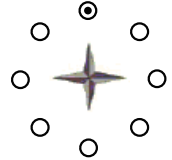
02-18-035102

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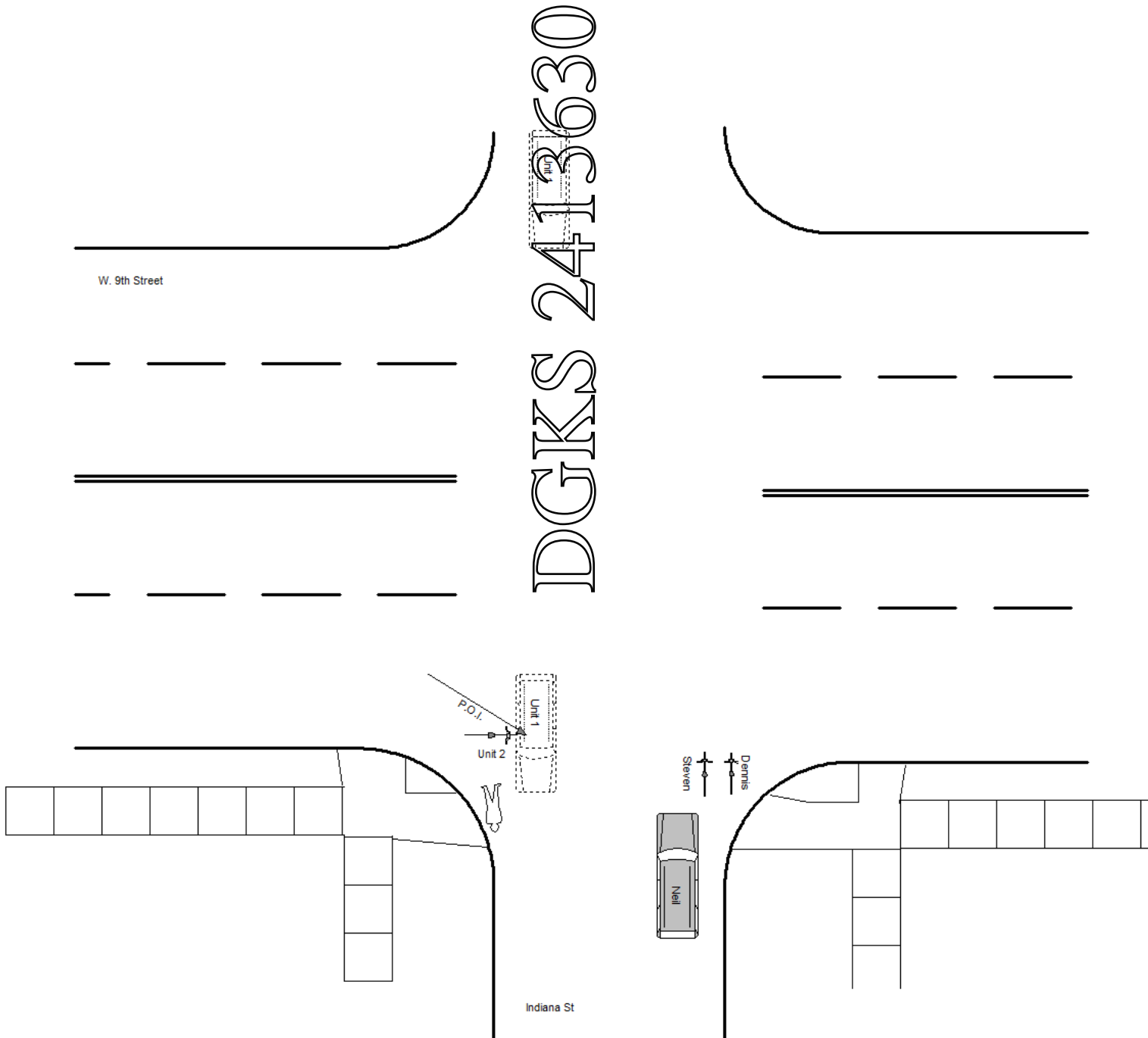
04 ON	ROADWAY NUMBER OF LANES	02 AT	01 ON	ROAD CHARACTER	01 AT	00	SPECIAL JURISDICTION
01 One			01 Straight & Level			00 Normal Jurisdiction (Not Special)	
02 Two			02 Straight on grade/slope			01 National Park Service	
03 Three			03 Straight on hillcrest			02 Military	
04 Four to Six			04 Curved & level			03 Indian Reservation	
05 Seven or more			05 Curved on grade/slope			04 College / University Campus	
88 Other: _____			06 Curved on hillcrest			05 Other Federal property	
99 Unknown			88 Other: _____			88 Other: _____	
			99 Unknown			99 Unknown	

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



Occupants & Vehicles DRIVER & PASSENGER INFORMATION Investigating Officer / Badge No. Local Case No. Page of
DOT Form 850B Rev. 1-2009 (record pedestrians on supplemental form 854) Corder, L 0121 02-18-035102 3 / 9

Unit # VIOLATIONS CHARGED CITATION# TU# VIOLATIONS CHARGED CITATION#
01 08-1528 MC07162

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)
D1 30 P2 00

Unit # DRIVER Last Name Middle Name DRIVER ADDRESS (Number, Street, Suffix, etc.) Personal Phone Number Gender SE Used Inj Severity Transp Unit
Seat Type DRIVER First Name Date of Birth City State Zip Work Phone Number Age Eject/Trap Eject Path Extrication
TU 01 KOHNLE MN 528 N WILMA WAY New address? Personal (913) 904-4673 F S N
ST 01 KENDALL DOB 07/19/1992 LAWRENCE KS 66049 Work 25 N
TU MN New address? Personal
ST DOB Work

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc) TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State Driver's License Number DL Class Driving for Employer? CDL# DL State Driver's License Number DL Class Driving for Employer? CDL#
KS K02826024 C

01 DR LICENSE COMPLY RESTRICT COMPLY COMMERCIAL ENDORSEMENTS DR LICENSE COMPLY RESTRICT COMPLY COMMERCIAL ENDORSEMENTS
00 Not licensed Restrictions? N 1 2 3 4 00 Not licensed Restrictions? 1 2 3 4
01 Valid License Driver's Lic Restrictions Y N Z - None 01 Valid License Driver's Lic Restrictions Y N Z - None
02 Suspended 1 2 3 4 T - Double/Triple Trailer 02 Suspended 1 2 3 4 T - Double/Triple Trailer
03 Revoked 1 2 3 4 P - Passenger Vehicle 03 Revoked 1 2 3 4 P - Passenger Vehicle
04 Expired 2 3 4 N - Tank Vehicle 04 Expired 2 3 4 N - Tank Vehicle
05 Cancl'd or Denied 3 4 H - Placarded Haz. Material 05 Cancl'd or Denied 3 4 H - Placarded Haz. Material
06 Disqualified 4 X - Combination Tank/HazMat 06 Disqualified 4 X - Combination Tank/HazMat
07 Restricted 99 Unknown S - School Bus 07 Restricted 99 Unknown S - School Bus
99 Unknown U - Unknown 99 Unknown U - Unknown

SUBSTANCE USE (mark all that apply) SUBSTANCE USE (mark all that apply) SUBSTANCE USE (mark all that apply) SUBSTANCE USE (mark all that apply)
AP - Alcohol ingested AC - Alcohol contributed DP - Illegal drugs ingested DC - Illegal drugs contributed MP - Medication ingested MC - Medication contributed
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METHOD OF DETERMINATION (mark all that apply) IMPAIRMENT TEST (mark all that apply) METHOD OF DETERMINATION (mark all that apply) IMPAIRMENT TEST (mark all that apply)
ALCOHOL DRUGS NG - No Test given TR - Test Refused (Alcohol/Drug) 00 No evidence of impairment 01 Evidential Test (Breath,Blood,etc) 02 Preliminary Breath Test PBT 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) 05 Observed (Odor, staggering, slurred speech, etc) 06 Other (e.g. saliva test)
ALCOHOL DRUGS NG - No Test given TR - Test Refused (Alcohol/Drug) 00 No evidence of impairment 01 Evidential Test (Breath,Blood,etc) 02 Preliminary Breath Test PBT 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) 05 Observed (Odor, staggering, slurred speech, etc) 06 Other (e.g. saliva test)

Unit # PASSENGER Last Name Middle Name PASSENGER ADDRESS (Number, Street, Sfx, etc.) Personal Phone Number Gender SE Used Inj Severity Transp Unit
Seat Type PASSENGER First Name Date of Birth City State Zip Work Phone Number Age Eject/Trap Eject Path Extrication
TU MN New address? Personal
ST DOB Work
TU MN New address? Personal
ST DOB Work
TU MN New address? Personal
ST DOB Work
TU MN New address? Personal
ST DOB Work

Transport Unit EMS Time Notified Injured taken by: Transport Unit EMS Time Notified Injured taken by:
EMS Arrived EMS Time@Hosp Injured taken to: EMS Arrived EMS Time@Hosp Injured taken to:

THIS INFORMATION IS RESTRICTED AS TO USE AND DISSEMINATION. CIVIL AND CRIMINAL PENALTIES EXIST FOR MISUSE.
DOUGLAS COUNTY KANSAS LAW ENFORCEMENT CENTER (785) 832-7501 111 E 11TH ST, LAWRENCE, KS 66044

ISSUED BY Digital Imaging I-KPD-A FOR Crash Accident ON Thu 07 Jun 2018 09:00:03 GMT. LOG NUMBER DGKS2413630 Case: 02-18-035102 Agent Doc:00001

Occupants & Vehicles

850B Continued

VEHICLE# 01
(01, 03, N3, X3, etc)

SPECIAL DATA

VEHICLE#
(02, 04, N2, X4, etc)

SPECIAL DATA

Local Case No.
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OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name	
KOHLE		KENDALL		CLAIRE	
OWNER ADDRESS (Number, Street)		New address? <input type="checkbox"/>		Personal Phone	
528 N WILMA WAY				(913) 904-4673	
CITY		ST	ZIP	Work Phone	
LAWRENCE		KS	66049		
COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
WHI	2016	HOND	CRV	SP	KS
LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs	
253JRZ	JO	2018	DRIVER		
VEHICLE IDENTIFICATION NUMBER			Dir of Travel	# Occupants	
5J6RM4H79GL108687			S	1	

Insurance Company		Policy Number	
CINCINNATI INSURANCE CO		A010688009	
SPECIAL CONDITIONS FOR TRAFFIC UNITS		Odometer	
1 Hit & Run		7 Towed away due to damage	
2 Non-Contact		3 Stolen	
4 Legally Parked		5 Pursued by LE	
6 Driverless		99 Unknown	

06 VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GCVWR over 10,000 lbs)	
01 Automobile		10 Single heavy truck >10,000 lbs	
02 Motorcycle		11 Truck & trailer(s)	
03 Motor scooter or Moped		12 Tractor-trailer(s)	
04 Van		13 Cross country bus	
05 Pickup truck <10,001 lbs		14 School bus	
06 Sport utility veh - SUV		15 Transit (city) bus	
07 Camper or RV		16 Other bus	
08 Farm machinery		25 Train	
09 All-terrain vehicle - ATV		88 Other:	

01 VEHICLE USE		02 VEHICLE DAMAGE	
01 No special use		00 None	
02 Taxi / Limo		01 Damage (minor)	
03 School bus		02 Functional	
04 Other bus		03 Disabling	
05 Military		99 Unknown	

DAMAGE LOCATION AREA		01 VEH. MANU. BEFORE UNSTAB. SIT	
First Impact 03 Major Impact 03		01 Straight/ following road	
12B 12C 13 6A 6B		11 Stopped awaiting turn	
11 10 9B 9A 8 7		12 Stopped in traf	
14 Undercarriage		13 Illegally parked	
15 Windshield		14 Disabled in roadway	
16 Other windows		15 Slowing or stopping	
17 Entire vehicle damaged		16 Negotiating a curve	
88 Other:		88 Other:	
Trailer: Present / Damaged		99 Unknown	

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)	
1 25 2 3 4	
The exact sequence is unknown	
NON-COLLISION	
01 Ran off road right	
02 Ran off road left	
03 Crossed centerline	
04 Overturn/Rollover	
05 Crossed median	
06 Fell/Jumped from veh	
07 Thrown or falling object	
08 Cargo loss or shift	
09 Equipment failure (tire, brakes, etc.)	
10 Downhill runaway	
11 Trailer swing	
12 Separation of units	
13 Jackknife	
14 Fire	
15 Explosion	
16 Immersion in water	
88 Other event:	
99 Unknown non-coll.	
COLLISION WITH	
21 Pedestrian	
22 Motor veh in-transport	
23 Legally Parked Vehicle	
24 Train	
25 Pedal cycle (bike, etc)	
26 Animal	
27 Fixed Object	
28 Other moveable object	
99 Unknown object	

OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name	
OWNER ADDRESS (Number, Street)		New address? <input type="checkbox"/>		Personal Phone	
CITY		ST	ZIP	Work Phone	
COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs	
VEHICLE IDENTIFICATION NUMBER			Dir of Travel	# Occupants	
Insurance Company		Policy Number			
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DOUGLAS COUNTY KANSAS LAW ENFORCEMENT CENTER. (785) 832-7501, 1111 E 11TH ST, LAWRENCE, KS 66044

ISSUED BY Digital Imaging LKPD A FOR Group, Accident ON Thu, 07 Jun 2018 09:00:03 GMT. LOG NUMBER DGKS 2413630 Case: 02-18-035102 Accident Doc000001

On Tuesday June 5, 2018 at about 1221 hours I, Officer L. Corder #0121, was dispatched to the intersection of 9th and Indiana St for a Car vs Bicycle traffic crash. I am member of the Lawrence Police Department Accident Investigation Unit. I have received extensive training in the area of advanced accident investigation and reconstruction. This included 80 hours of training at the Kansas City Missouri Regional Police Academy, 120 hours of accident reconstruction from the Lawrence Police Department, 80 hours of training in Traffic Crash Reconstruction from IPTM, 36 hours from University of Central Missouri in Pedestrian Crash Reconstruction, 40 hours from IPTM of the Investigation of Motorcycle Crashes, 40 hours of Forensic Mapping from McKinzie and Associates and 36 hours of Faro 3D crime scene Mapping from Faro International.

I responded from 15th and Delaware and arrived at about 1224 hours. Lawrence Fire and Medical were just arriving and started treatment on the injured bicyclist who was later identified as Stanley Weir. I identified the other driver involved who was later interviewed by Officer Haig. I observed a white SUV stopped in the northbound lanes of Indiana just south of the intersection. I located the driver Neil Trottier. Neil provided me with his personal information.

Neil Trottier
2001 W 6th St APT A1
Lawrence KS 66044
(814) 769-1731

Neil stated that he had been stopped at the stop sign to go north. He said that he saw the bicyclist eastbound on Indiana in the street. He said that the white SUV made a right turn onto Indiana and the bicyclist struck it. Neil stated that he had not moved his car after the crash. He said that he got out of his vehicle and rendered aid to the bicyclist. Neil's vehicle is in several photos taken of the scene where it was found upon my arrival.

I then began documenting the crash scene. I took 51 photos of the scene which included where the bicyclist was still laying injured. I documented the damage on the side of the white Honda CRV. I noted a clean tire imprint on the lower edge of the passenger door. This corresponded with the clean patch on the front tire of Stanley's bicycle and shows the initial impact with the vehicle. There were marks on the back edge of the front passenger door and the back passenger door that had black scuff on them. These marks lined up with the lower handle bar end from the bicycle. There was a large dent on the lower portion of the back passenger door that lined up with the pedal of the bicycle and would have been from Stanley's leg. There were several marks of skin left by Stanley on the vehicle. There was one large round dent above the rear side window on the roof that corresponded with Stanley's head.

In the street I found the rear red lens of a light from Stanley's bike. Just to the east of it I found the AA battery from the light. Stanley's bicycle had been moved by a citizen prior to my arrival. I found that Stanley's bicycle was in the largest chain ring and in the 3 sprocket from the smallest on the rear derailleur. The front chain ring was a 52 tooth and the rear gear was a 16 tooth. The tire size was marked as a 700 X 23C which is 700CM and 23MM wide. I was not able to locate any roadway tire evidence at the scene.

I responded to Stormont Vail Hospital where Stanley was transported for treatment. After he was stabilized I made contact with him. Stanley advised that he really didn't remember what happened. Stanley did not know where the crash occurred and said he just remembered being in pain. In speaking with him He did say that he was heading home to 1706 Vermont. He said that he had been at The Merc, 901 Iowa. He said that he had not been wearing a helmet that day. He stated that he did not know where he was but that he usually rides in the street and not the sidewalk.

On Wednesday, June 6, 2018, after I reviewed the supplemental reports of the witness statements I contacted Zachary Nicolay by telephone. Zachary stated that prior to the impact he had been east bound on 9th street. He said that he believes he passed the bicyclist somewhere around Emery Rd as it was at the crest of the hill. He said that at that time he was in the marked bicycle lane on the street. He said that just prior to the crash he had turned right on Indiana and parked his motorcycle just south of the gas station on the street. He had just put down his kick stand when the crash occurred. He said that he did not see the crash. He did add that the bicyclist was moving quickly when he passed it but he checked his mirror before turning right and did not see him.

I contacted Steve Duncan by telephone. Steve said that he was on his bicycle in the street on Indiana. He believes he was to the left of his friend Kenneth Gates who was also on a bicycle. I asked him if he was next to the white SUV that was stopped northbound with them. Steve said that he was not aware of any vehicle in the lane with them. He said that he was watching traffic and caught the crash out of the corner of his eye. I asked him if he saw the bicyclist prior to the crash. He said that he did not. He believed the bicyclist was on the sidewalk due to where he was laying in the road after the crash.

I contacted Neil Trottier by telephone. Neil confirmed that he was directly behind Steven and Kenneth. He said that he had been stopped about a minute and was anticipating them going across. He said he looked to the right knowing the bikes were going and then looked to the left just in time to see the collision. He stated again that the white SUV was making a right turn and thought now the bicyclist must have been on the sidewalk or she would have been right next to him when she turned, and wouldn't have hit him. I asked Neil if he saw either vehicle prior to the collision. He stated that "all I saw was the collision"

I reviewed the in car video from Unit D5 which Officer Bardwell was driving. Officer Bardwell was the first officer at the scene. At approximately 1:43 into the video as she is approaching the intersection from the east you can see a person in a yellowish tan shirt bend down and pick up the bicycle. The bicycle is almost completely in the outside east bound lane of 9th. This is consistent with Dennis Gates statement that he did not want it struck by an eastbound vehicle.

A calculation of Stanley's possible speed was done based on the chain position of his bicycle from the scene. His cadence is unknown and there was no computer found on the bicycle. A range of speeds for this combination is listed in this table.

	cadence at speed (mph)																													
gear		mph	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34								
52 x 16	cad		59	63	67	71	75	79	83	86	90	94	98	102	106	110	114	118	122	126	130	134								

My training along with the experience gained from investigating over 1,500 motor vehicle crashes has led me to the conclusion that Stanley was eastbound on Indiana Street in the outside lane of traffic when Kendall Kohnle driving her 2016 Honda CRV failed to yield to him after stopping at the stop sign for 9th street.

End of report.

DGKS 2413630

ISSUED BY Digital Imaging LKPD A FOR Group, Accident ON Thu, 07 Jun 2018 09:00:03 GMT. LOG NUMBER DGKS 2413630. Case: 02-18-035102 Accident Doc00001

Passengers & Pedestrians KDOT Form 854 Rev. 1-2009			LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT			Investigating Officer / Badge No. Corder, L 0121		Local Case No. 02-18-035102		Page of /
Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extraction
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
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ST		DOB				Work				<input type="checkbox"/>
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ST		DOB				Work				<input type="checkbox"/>
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TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
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ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB								

Passengers & Pedestrians 854 continued				PEDESTRIAN INFORMATION				Investigating Officer / Badge No. Corder, L 0121		Local Case No. 02-18-035102		Page of 9 / 9	
Unit # Ped Type	PEDESTRIAN Last Name PEDESTRIAN First Name		Middle Name Date of Birth	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) City State Zip			Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication		
TU 02	WEIL		MN M	1706 VERMONT New address? <input type="checkbox"/>			Personal (705) 749-4518	M	N	D	A		
PT 22	STANLEY		DOB 10/24/1953	LAWRENCE KS 66044			Work	64			<input type="checkbox"/>		
TU			MN	New address? <input type="checkbox"/>			Personal						
PT			DOB				Work				<input type="checkbox"/>		
Transport Unit A	EMS Time Notified 12:21		Injured taken by: LAWRENCE FIRE AND MEDICAL				Transport Unit	EMS Time Notified		Injured taken by:			
EMS Arrived 12:26	EMS Time@Hosp 13:04		Injured taken to: STORMONT VAIL HOSPITAL				EMS Arrived	EMS Time@Hosp		Injured taken to:			
TU# 02	DirTrvl E	DL State KS	Driver's License Number K00286070		Special Data			TU#	DirTrvl	DL State	Driver's License Number		Special Data
03 PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT							PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT						
00 NOT in roadway (driving lanes)							00 NOT in roadway (driving lanes)						
IN or AT INTERSECTION							NOT IN or AT INTERSECTION						
01 In crosswalk or bikeway							11 In crosswalk or bikeway						
02 NOT in crosswalk or bikeway							12 NOT in crosswalk or bikeway						
03 In intersection without a crosswalk or bikeway							13 In area without a crosswalk or bikeway						
88 Other:							99 Unknown						
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)							OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)						
01 Within a work zone							08 Driveway access crosswalk						
02 In median (not shoulder)							09 Dedicated bike lane						
03 On Island							10 Shared-use path or trails						
04 Road shoulder (not ditch or median)							11 Inside building						
05 Roadside (not on shoulder)							12 In legally parked vehicle						
06 Sidewalk							88 Other:						
07 Outside trafficway							99 Unknown						
09 PEDESTRIAN ACTION BEFORE CRASH							PEDESTRIAN ACTION BEFORE CRASH						
01 Walking / cycling to or from school							07 Standing, sitting, or lying						
02 Approaching or leaving bus							08 Playing, running, walking						
03 Approaching or leaving vehicle							09 Cycling						
04 Working (not on vehicle)							10 Entering or crossing						
05 Working on vehicle							88 Other:						
06 Pushing motor vehicle							99 Unknown						
00 PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL							PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL						
00 No pedestrian signal							03 Ped signal malfunction						
01 Obeyed pedestrian signal							04 Not applicable						
02 Disobeyed pedestrian signal							99 Unknown						
SUBSTANCE USE (mark all that apply)							SUBSTANCE USE (mark all that apply)						
<input type="checkbox"/> AP - Alcohol ingested							<input type="checkbox"/> DC - Illegal drugs contributed						
<input type="checkbox"/> AC - Alcohol contributed							<input type="checkbox"/> MP - Medication ingested						
<input type="checkbox"/> DP - Illegal drugs ingested							<input type="checkbox"/> MC - Medication contributed						
METHOD OF DETERMINATION (mark all that apply)							IMPAIRMENT TEST (mark all that apply)						
ALCOHOL							DRUGS						
<input checked="" type="checkbox"/> 00 No evidence of impairment							<input checked="" type="checkbox"/> NG - No Test given						
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)							<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)						
<input type="checkbox"/> 02 Preliminary Breath Test PBT							<input type="checkbox"/> PT - Prelim Positive Test (PBT)						
<input type="checkbox"/> 03 Behavioral							<input type="checkbox"/> TG - Evidentiary Test given						
Tests: HGN, walk-and-turn, one leg stand, etc.							<input type="checkbox"/> RP - Results pending						
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)							<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid						
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)							0. 0.						
<input type="checkbox"/> 06 Other (specify in comments)							<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other						
							0. 0.						
METHOD OF DETERMINATION (mark all that apply)							IMPAIRMENT TEST (mark all that apply)						
ALCOHOL							DRUGS						
<input type="checkbox"/> 00 No evidence of impairment							<input type="checkbox"/> NG - No Test given						
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							0. 0.						
THIS INFORMATION IS RESTRICTED AS TO USE AND DISSEMINATION. CIVIL AND CRIMINAL PENALTIES EXIST FOR MISUSE.													
DOUGLAS COUNTY KANSAS LAW ENFORCEMENT CENTER (785) 832-7501 111 E 11TH ST. LAWRENCE, KS 66044													