

6TL0BJ1GLW
22-02200

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override		Primary Crash Document#		Agency Crash Number 22-02200		Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 03/09/2022		Crash Time 07:30 AM		Date Arrived 03/09/2022		Time Arrived 07:33 AM	
Date Notified 03/09/2022		Time Notified 07:31 AM		Total Units 02		Total Injured 00	Total Killed 00
<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 type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related YES, SCHOOL BUS DIREC		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
		Photos By	
		Additional Information NONE	

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

ON 3/9/22 AT APPROXIMATELY 0730, UNIT 1 AND UNIT 2 WERE BOTH STOPPED AT THE STOP SIGN LOCATED ON CONNIE RD AND LINN ST. UNIT 1 WAS TURNING EASTBOUND WHILE UNIT 2 WAS TURNING WESTBOUND. BOTH IN THEIR OWN TURN LANES. WHEN UNIT 1 TURNED LEFT, THE BACK END OF UNIT 1 STRUCK THE FRONT DRIVER SIDE QUARTER PANEL OF UNIT 2.

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Location

ON CONNIE RD 69 FT N OF LINN ST/ STH33 EB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.474991378	Longitude -89.763840786
	X Coordinate 276462.1875	Y Coordinate 4817275
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type T-INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification C CLASS		Unit Type BUS		
	Vehicle Type SCHOOL BUS	Operating As Endorsements S - SCHOOL BUS				
	Total Occs 1	Train/Bus # Recorded 1	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function VEHICLE USED AS SCHOOL BUS	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat VEHICLE DESIGNED TO CARRY 9 OR MORE PPL, INCLUDING DRIVER					

Vehicle

01 UNIT VEHICLE	01	License Plate Number 23673B	Plate Type BUS - BUS	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1BAKJCEA0JF341951	Make BLUE BIRD BODY CO	Year 2018	Model SCHOOL BUS
		Color YEL - YELLOW	Body Style BU - BUS	Bus Use SCHOOL	
		Initial Contact Point 05 - RIGHT REAR CORNER	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	05 - RIGHT REAR CORNER		

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing LEFT TURN		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions OTHER CONTRIBUTING ACTION				
01	Owner Name LAMERS BUS LINES INC (608) 448-4851		Owner Address 2407 S POINT RD GREEN BAY, WI 54313 , US		
	Sequence Of Events				
01	01	Event LEFT TURN			
	02	Event MOTOR VEH IN TRANSPORT			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company SELF INSURED		Organization/Company LAMERS BUS LINES INC		
UNIT INDIVIDUAL	Individual				
	Driver SANDRA LYNN PRETSCH (608) 448-4851		Citations Issued 0	Sex FEMALE	
	Address 904 MOORE ST # 449 BARABOO, WI 53913 , US		Date of Birth [REDACTED]	Race WHITE	
	Driver License Number [REDACTED]		STATE: WISCONSIN COUNTRY: UNITED STATES		
01	002	Safety Equipment		On Duty Crash	
		Safety Equipment SHOULDER & LAP BELT			
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance		
	Helmet Use		Tint Compliance		
	Eye Protection		Airbag NON DEPLOYED		
	Injury		Injury Severity NO APPARENT INJURY	Trapped/Extricated NOT TRAPPED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
Hospital		Date of Death	Time of Death		
Distraction By		Distraction By Source NOT APPLICABLE (NOT DISTRACTED)			
Distraction By Action NOT DISTRACTED					

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Form containing sections: Non Motorist, Drug & Alcohol, Carrier, and various data fields for unit status, tests, and vehicle details.

Unit Summary

Summary table with columns for Unit Status, Vehicle Operating As Classification, Unit Type, and various incident details.

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Truck Bus or HazMat NO
Vehicle
License Plate Number K00ZIES
Plate Type LTK - LIGHT TRUCK
St WI
Country of Issuance UNITED STATES
Vehicle Identification Number 1GCSKREA6AZ294302
Make CHEVROLET
Year 2010
Model SLV
Color RED - RED
Body Style PK - PICKUP
Bus Use
Initial Contact Point 10 - LEFT SIDE FRONT
Vehicle Damage 10 - LEFT SIDE FRONT
Extent Of Damage MINOR DAMAGE
Towed Due To Damage NOT TOWED
Vehicle Removed By OPERATOR
What Driver Was Doing STOP IN TRAFFIC
Vehicle Factors
Driver Prior Action Other NOT APPLICABLE
Driver Actions NO CONTRIBUTING ACTION
Owner Name DENISE KATHERINE SCHREINER
Owner Address 208 BADGER DR BARABOO, WI 53913 , US
Sequence Of Events
Event MOTOR VEH IN TRANSPORT
Event
Event
Event
Policy Holder
Insurance Company ERIE-INS-CO
Individual DENISE SCHREINER
Individual
Driver DENISE KATHERINE SCHREINER
Citations Issued 0
Sex FEMALE
Date of Birth
Race WHITE
Address 208 BADGER DR BARABOO, WI 53913 , US
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES
Safety Equipment
On Duty Crash
Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW
Seat Position 07 - LEFT
Helmet Use
Helmet Compliance

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02 001	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
	Hospital		Date of Death	Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
UNIT INDIVIDUAL	Action Other		To/From School		
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition		APPEARED NORMAL		
	02 001				