

6TL0BGSFHZ  
22-11562

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 22-11562		Investigating Officer/Deputy DEPUTY D. KROLIKOWSKI	
Crash Date 11/18/2022		Crash Time 08:22 AM		Date Arrived 11/18/2022		Time Arrived 08:49 AM	
Date Notified 11/18/2022		Time Notified 08:22 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.

UNIT 2, A SCHOOL BUS, HAD STOPPED AT THE STOP SIGN ON MIRROR LAKE RD NORTH OF HIGHWAY 33. UNIT 1 WAS ON MIRROR LAKE RD, SOUTHBOUND, APPROACHING UNIT 2 & WAS UNABLE TO STOP DUE TO SNOW SLUSH & ICE ON THE ROAD. UNIT 1'S FRONT RIGHT STRUCK THE REAR LEFT OF UNIT 2 AS A RESULT.



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By	
	What Driver Was Doing <b>SLOW/STOPPING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>SPEED TOO FAST/COND</b>			
01 01	Owner Name <b>KATHERINE M SCHOENHARD (608) 642-0905</b>		Owner Address <b>S3090 BUCKHORN RD REEDSBURG, WI 53959 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>ERIE-INS-CO</b>		Individual <b>KATHERINE SCHOENHARD</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>KATHERINE M SCHOENHARD (608) 642-0905</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>S3090 BUCKHORN RD REEDSBURG, WI 53959 , US</b>		Date of Birth [REDACTED]	Race
	Driver License Number [REDACTED]		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		
Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Distracted By Action <b>NOT DISTRACTED</b>		

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CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit#	Location		
		Prior Action					
		Action					
		Action Other			To/From School		
<b>01</b>	<b>001</b>	<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>					
		<b>Individual</b>					
		Passenger <b>LILA M SCHOENHARD</b> (608) 642-0905			Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>S3090 BUCKHORN RD</b> <b>REEDSBURG, WI 53959 , US</b>			Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Driver License Number			Safety Equipment		
		<b>SHOULDER &amp; LAP BELT</b>			Safety Equipment		
<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</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 APPLICABLE</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>Distracted By</b>					
		Distracted By Source					
Distracted By Action							
<b>Non Motorist</b>		Striking Unit#	Location				

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action	
		Action	
		Action Other	To/From School
01	002	<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>
		<b>Individual</b>	
		Passenger <b>CAROLINE M SCHOENHARD</b> (608) 642-0905	Citations Issued <b>0</b>
	Sex <b>FEMALE</b>		
	Date of Birth [REDACTED]		
	Race <b>WHITE</b>		
Address <b>S3090 BUCKHORN RD</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number		
UNIT	INDIVIDUAL	<b>Safety Equipment</b>	
		On Duty Crash	Safety Equipment
			<b>SHOULDER &amp; LAP BELT</b>
		Row <b>02 - SECOND ROW</b>	Seat Position <b>07 - LEFT</b>
		Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
01	003	<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 APPLICABLE</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>Distracted By</b>	
		Distracted By Source	
Distracted By Action			
<b>Non Motorist</b>			
Striking Unit #	Location		
Prior Action			

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CRASH REPORT

UNIT	INDIVIDUAL	Action			
		Action Other		To/From School	
		<b>Drug &amp; Alcohol</b>	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			
		<b>Individual</b>			
		Passenger SAWYER J SCHOENHARD (608) 642-0905	Citations Issued 0	Sex MALE	
			Date of Birth [REDACTED]	Race WHITE	
UNIT	INDIVIDUAL	Address S3090 BUCKHORN RD REEDSBURG, WI 53959 , US	Driver License Number		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment	
		Row 02 - SECOND ROW	Seat Position 08 - MIDDLE	SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	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	
		<b>Distracted By</b>	Distracted By Source		
Distracted By Action					
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<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		
01 004	Individual Condition <b>APPEARED NORMAL</b>		

**Unit Summary**

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>C CLASS</b>	Unit Type <b>BUS</b>		
	Vehicle Type <b>SCHOOL BUS</b>	Operating As Endorsements <b>S - SCHOOL BUS</b>			
	Total Occs <b>1</b>	Train/Bus # Recorded <b>1</b>	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>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>45</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>VEHICLE USED AS SCHOOL BUS</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>STOP SIGN</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

**Vehicle**

UNIT VEHICLE 02 02	License Plate Number <b>23650B</b>	Plate Type <b>BUS - BUS</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1BAKJCEA3JF341958</b>	Make <b>BLUE BIRD BODY CO</b>	Year <b>2018</b>	Model <b>SCHOOL BUS</b>
	Color <b>YEL - YELLOW</b>	Body Style <b>BU - BUS</b>	Bus Use <b>SCHOOL</b>	
	Initial Contact Point <b>07 - LEFT REAR CORNER</b>	Vehicle Damage <b>07 - LEFT REAR CORNER</b>		
	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By		
	What Driver Was Doing <b>STOP IN TRAFFIC</b>	Vehicle Factors		
	Driver Prior Action Other	<b>NOT APPLICABLE</b>		

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UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Owner Name <b>LAMERS BUS LINES INC (920) 496-3600</b>	Owner Address <b>2407 S POINT RD GREEN BAY, WI 54313 , US</b>
UNIT 02	<b>Sequence Of Events</b>	
	Event <b>MOTOR VEH IN TRANSPORT</b>	
	Event	
	Event	
UNIT 04	<b>Policy Holder</b>	
	Insurance Company <b>LAMERS BUS LINES</b>	Organization/Company <b>LAMERS BUS LINES INC</b>
UNIT INDIVIDUAL	<b>Individual</b>	
	Driver <b>BENJAMIN CHARLES GREENWOOD (608) 356-7232</b>	Citations Issued <b>0</b>
	Date of Birth <b>[REDACTED]</b>	Sex <b>MALE</b>
UNIT 02	Address <b>E10934 PINE ACRES DR BARABOO, WI 53913 , US</b>	Driver License Number <b>[REDACTED]</b> STATE: WISCONSIN COUNTRY: UNITED STATES
	<b>Safety Equipment</b>	On Duty Crash Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
UNIT 02	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
	Helmet Use	Helmet Compliance
UNIT 005	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
UNIT 005	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
UNIT 005	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
UNIT 005	EMS Run #	
	Hospital	Date of Death
UNIT 005	Time of Death	
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>
UNIT 005	Distracted By Action <b>NOT DISTRACTED</b>	
	<b>Non Motorist</b>	Striking Unit # Location
UNIT 005	Prior Action	



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UNIT INDIVIDUAL	Action			
	Action Other		To/From School	
	<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>			
	02 005			