

6TL0F3SSG9  
24-01521


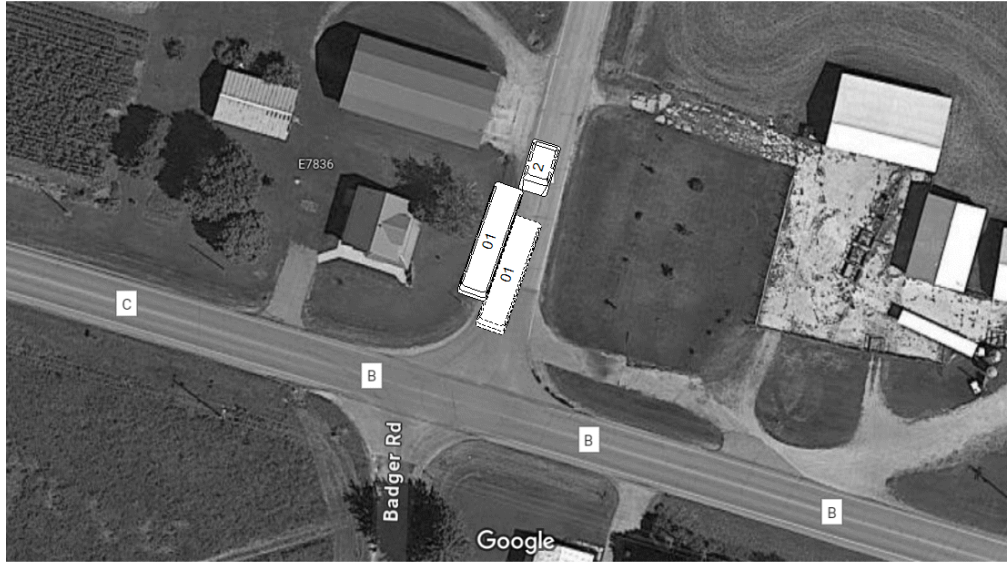
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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 <b>24-01521</b>	Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>02/12/2024</b>		Crash Time <b>07:34 AM</b>	Date Arrived <b>02/12/2024</b>	Time Arrived <b>07:41 AM</b>	
Date Notified <b>02/12/2024</b>		Time Notified <b>07:35 AM</b>	Total Units <b>02</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>YES, SCHOOL BUS DIREC</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By
<p>Not to scale</p> 		Photos By
		Additional Information <b>PHOTOS</b>

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

UNIT 1 WAS STOPPED AT THE STOP SIGN AND UNIT 2 WAS STOPPED BEHIND. OPERATOR OF 1 STATED HE WAS BACKING UP TO TURN AROUND WHEN HE STRUCK UNIT 2. OPERATOR STATED U2 WAS IN HIS BLIND SPOT AND DID NOT SEE THE VEHICLE IN THE MIRRORS. OPERATOR OF UNIT 1 STATED NO ONE ON THE BUS WAS INJURED. OPERATOR OF U1 PROVIDED A MANIFEST OF THE STUDENTS ON BOARD WHICH WAS ADDED TO THE CASE. OPERATOR OF U2 SAID NO ONE WAS INJURED. U1 WAS REMOVED FROM THE SCENE BY OPERATOR AND U2 WAS REMOVED BY EVERETT'S TOWING.

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Location

Table with location details: ON CTHC SB, 203 FT N, OF CTHB SB, IN THE TOWN OF TROY, IN SAUK COUNTY. Includes Latitude (43.254556874), Longitude (-89.929816389), X Coordinate (262177.21875), Y Coordinate (4793252), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (04 - REAR TO REAR), Road Surface Condition(s) (DRY), Environment Factor(s) (NONE), Weather Condition(s) (CLEAR), Animal Type, Crash Classification - Location (PUBLIC PROPERTY), and Intersection Type (NOT AN INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Operating As Classification (C CLASS), Unit Type (BUS), Vehicle Type (SCHOOL BUS), Total Occs (15), Direction Of Travel (SOUTHBOUND), Most Harmful Event (MOTOR VEH IN TRANSPORT), and Traffic Way (TWO-WAY, NOT DIVIDED).

Table with vehicle details: License Plate Number (24976B), Vehicle Identification Number (1BAKGCBA7KF354572), Color (YEL - YELLOW), Initial Contact Point (06 - REAR), and Extent Of Damage (MINOR DAMAGE). Includes a diagram of a school bus with damage markers.

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNSAFE BACKING, LOOKED BUT DID NOT SEE</b>			
01 01	Owner Name <b>LAMERS BUS LINES INC</b>		Owner Address <b>2407 S. POINT RD GREEN BAY, WI 54313 , 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>NEW-YORK-MARINE-AND-GENERAL-INSURANC</b>		Organization/Company <b>LAMERS BUS LINES INC</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>WESLEY POWERS</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>420 LYNN AVE BARABOO, WI 53913 , US</b>		Date of Birth	Race <b>WHITE</b>
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		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>					
	<b>UNIT</b>	<b>01</b>	<b>001</b>	<b>Carrier</b>		
<input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>				Source <b>DRIVER</b>		
Name <b>LAMERS BUS LINES INC USDOT# 0100115</b>		Address <b>2407 S. POINT RD GREEN BAY, WI 54313 , US</b>				
GVWR <b>10,001-26,000 LBS</b>		Vehicle Configuration <b>BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCLU</b>		Cargo Body Type <b>BUS (SEATS FOR MORE THAN 15 OCCUPAN</b>		
US DOT # <b>0100115</b>		Carrier Type <b>INTRASTATE CARRIER</b>		Permitted Load <b>NOT APPLICABLE</b>		
<input type="checkbox"/> <b>OS/OW Load</b>		WI Permit Number		<input type="checkbox"/> <b>Permitted Vehicle On Permitted Route</b>		
				<input type="checkbox"/> <b>Escort Vehicle Required By Permit</b>		
<b>UNIT</b>	<b>01</b>	<b>001</b>	<input type="checkbox"/> <b>Escort Vehicle Present</b>			
			Measured Height	Measured Length	Measured Width	Measured Weight

### Unit Summary

<b>UNIT</b>	<b>02</b>	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>			
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>				Operating As Endorsements			
		Total Occs <b>2</b>		Train/Bus # Recorded		Total # Citations Issued <b>0</b>		Total Trailers <b>0</b>	
	Insurance? <b>YES</b>		Direction Of Travel <b>SOUTHBOUND</b>		<input type="checkbox"/> <b>Pre Crash Tire Mark</b>		Speed Limit <b>55</b>		
	Total HazMat Types <b>0</b>		Total Lanes <b>2</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>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>UPHILL</b>				

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Truck Bus or HazMat <b>NO</b>				
<b>Vehicle</b>				
02 UNIT VEHICLE	License Plate Number <b>ATC5913</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1FMCU9H91DUA05176</b>	Make <b>FORD</b>	Year <b>2013</b>	Model <b>ESCAPE</b>
	Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>EVERETTS TOWING</b>		
	What Driver Was Doing <b>SLOW/STOPPING</b>	Vehicle Factors <b>NOT APPLICABLE</b>		
Driver Prior Action Other				
02 UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
	Owner Name <b>CHRISTINE NEUMANN</b>	Owner Address <b>S10503 COUNTY ROAD C SPRING GREEN, WI 53588 , US</b>		
<b>Sequence Of Events</b>				
01 02 03 04 UNIT	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
<b>Policy Holder</b>				
Insurance Company <b>WISCONSIN-MUTUAL-INS-CO</b>		Individual <b>CHRISTINE NEUMANN</b>		
<b>Individual</b>				
01 02 UNIT INDIVIDUAL	Driver <b>AUDREY ANDING</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Date of Birth	Race <b>WHITE</b>	
	Address <b>S10503 COUNTY ROAD C SPRING GREEN, WI 53588 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
<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 Use		Helmet Compliance		

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02	002	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 <b>NOT APPLICABLE (NOT DISTRACTED)</b>					
			Distracted By Action <b>NOT DISTRACTED</b>					
		<b>Non Motorist</b>	Striking Unit #		Location			
			Prior Action					
		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>								
UNIT	INDIVIDUAL			<b>Individual</b>				
				Passenger <b>HALLEY ANDING</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
						Date of Birth	Race <b>WHITE</b>	
		Address <b>S10503 COUNTY ROAD C SPRING GREEN, WI 53588 , US</b>		Driver License Number				
<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					

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02	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					
		Action					
		UNIT	INDIVIDUAL	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	003						