

6TL0F8QXZ8  
25-04034

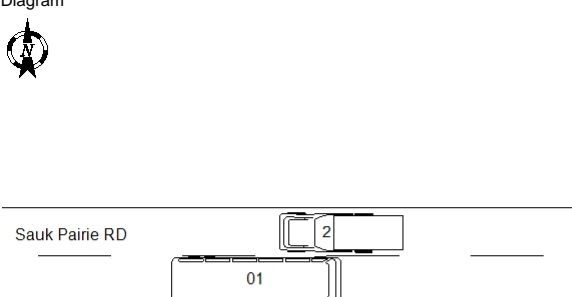
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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>SC25-04034</b>		Investigating Officer/Deputy <b>DEPUTY J. GREENWOOD</b>	
Crash Date <b>04/28/2025</b>		Crash Time <b>07:27 AM</b>		Date Arrived <b>04/28/2025</b>		Time Arrived <b>09:34 AM</b>	
Date Notified <b>04/28/2025</b>		Time Notified <b>09:08 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 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 type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram  <p>Sauk Prairie RD</p> <p>01</p> <p>2</p> <p>Not to scale</p>		Reconstruction By
		Photos By <b>DEPUTY GREENWOOD</b>
		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 EB ON SAUK PRAIRIE RD, AND UNIT 2 WAS WB. WHEN UNITS PASSED EACH OTHER IN THE OPPOSITE DIRECTION THEY STRUCK MIRRORS.

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Location

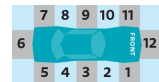
ON SAUK PRAIRIE RD 0.28 MI W OF CHICKADEE LN IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.281775656	Longitude -89.753835215
	X Coordinate 276562.5625	Y Coordinate 4795789
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 06 - SIDESWIPE/OPPOSITE 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 NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	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	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 45	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 NO CONTROL	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					
	UNIT 01 VEHICLE 01	Vehicle				
		License Plate Number 24409B	Plate Type BUS	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1BAKJCBA6KF352281		Make BLUB	Year 2019	Model SCHOOL BUS		
Color YEL - YELLOW		Body Style BU - BUS	Bus Use SCHOOL			
Initial Contact Point 09 - LEFT SIDE MIDDLE		Vehicle Damage 09 - LEFT SIDE MIDDLE				
	Extent Of Damage MINOR DAMAGE					



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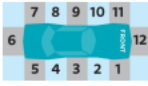
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UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
		Driver Prior Action Other		<b>NOT APPLICABLE</b>	
		Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	01	Owner Name <b>LAMERS</b> (920) 469-3600		Owner Address <b>2407 SOUTH POINT RD</b> <b>GREEN BAY, WI 54313 , US</b>	
		<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	02	Event			
	03	Event			
	04	Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>NEW-YORK-MARINE-AND-GENERAL-INSURANC</b>		ORGANIZATION/COMPANY <b>LAMERS</b>	
UNIT	01	<b>Carrier</b>			
		<input checked="" type="checkbox"/> <b>Use Vehicle Owner Same as Carrier</b>		Source <b>VEHICLE-SIDE</b>	
01	01	Name <b>LAMERS</b> <b>USDOT# 100115</b>		Address <b>2407 SOUTH POINT RD</b> <b>GREEN BAY, WI 54313 , US</b>	
		GVWR		Vehicle Configuration <b>BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCL</b>	
UNIT	BUS	US DOT # <b>100115</b>		Cargo Body Type <b>BUS (SEATS FOR MORE THAN 15 OCCUPAN</b>	
		Carrier Type <b>INTERSTATE CARRIER</b>		Permitted Load	
TRUCK	BUS	<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>
		<input type="checkbox"/> <b>Escort Vehicle Present</b>	Measured Height	Measured Length	Measured Width
<b>Unit Summary</b>					
02	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>B CLASS</b>		Unit Type <b>TRUCK</b>
	Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</b>				Operating As Endorsements
UNIT	Total Occs <b>1</b>		Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>
	Insurance? <b>YES</b>		Direction Of Travel <b>WESTBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>
02	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>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>

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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	VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>PC1005</b>		Plate Type <b>HTK</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
		Vehicle Identification Number <b>1M2AU02C6BM005243</b>		Make <b>MACK</b>	Year <b>2011</b>	Model	
		Color <b>WHI - WHITE</b>		Body Style <b>CB - CAB CHASSIS</b>		Bus Use	
		Initial Contact Point <b>10 - LEFT SIDE FRONT</b>		Vehicle Damage <b>10 - LEFT SIDE FRONT</b>			
		Extent Of Damage <b>MINOR DAMAGE</b>					
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors <b>NOT APPLICABLE</b>			
		Driver Prior Action Other					
		Driver Actions <b>UNKNOWN</b>					
UNIT 02	VEHICLE	Owner Name <b>TOWN &amp; COUNTRY SANITATION</b>		Owner Address <b>104 PARK RD BOSCOBEL, WI 53805 , US</b>			
		<b>Sequence Of Events</b>					
UNIT 01	EVENT	Event <b>MOTOR VEH IN TRANSPORT</b>					
		Event					
		Event					
		Event					
UNIT 02	POLICY HOLDER	Insurance Company <b>ACUITY,-A-MUTUAL-INSURANCE-CO</b>		ORGANIZATION/COMPANY <b>TOWN &amp; COUNTRY SANITATION</b>			
		<b>Individual</b>					
UNIT 01	INDIVIDUAL	DRIVER <b>FRANCISCO RAMIREZ (608) 633-3556</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>		
		Address <b>115 CHICKADEE LN SAUK CITY, WI 53583 , US</b>		Date of Birth	Race <b>HISPANIC</b>		
		Driver License Number					
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>					
Safety Equipment <b>SHOULDER &amp; LAP BELT</b>		On Duty Crash					
Row <b>01 - FRONT ROW</b>		Seat Position <b>09 - RIGHT</b>					

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02	001	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		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
		Distracted By Action <b>NOT DISTRACTED</b>		Striking Unit #		
		Location		Prior Action		
02	001	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>NOT OBSERVED</b>		Carrier		
		<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>VEHICLE-SIDE</b>		
02	002	Name <b>TOWN &amp; COUNTRY SANITATION</b>		Address <b>104 PARK RD BOSCOBEL, WI 53805 , US</b>		
		GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>SINGLE UNIT TRUCK (3 OR MORE AXLES)</b>		
		Cargo Body Type <b>GARBAGE/REFUSE</b>		US DOT #		
		Carrier Type <b>NOT IN COMMERCE/OTHER TRUCK</b>		Permitted Load		
		<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		Crash Date <b>04/28/2025</b>		
		Crash Time <b>07:27 AM</b>				

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
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Crash Date  
Crash Time