

1XL050LHLD
SP25-00540

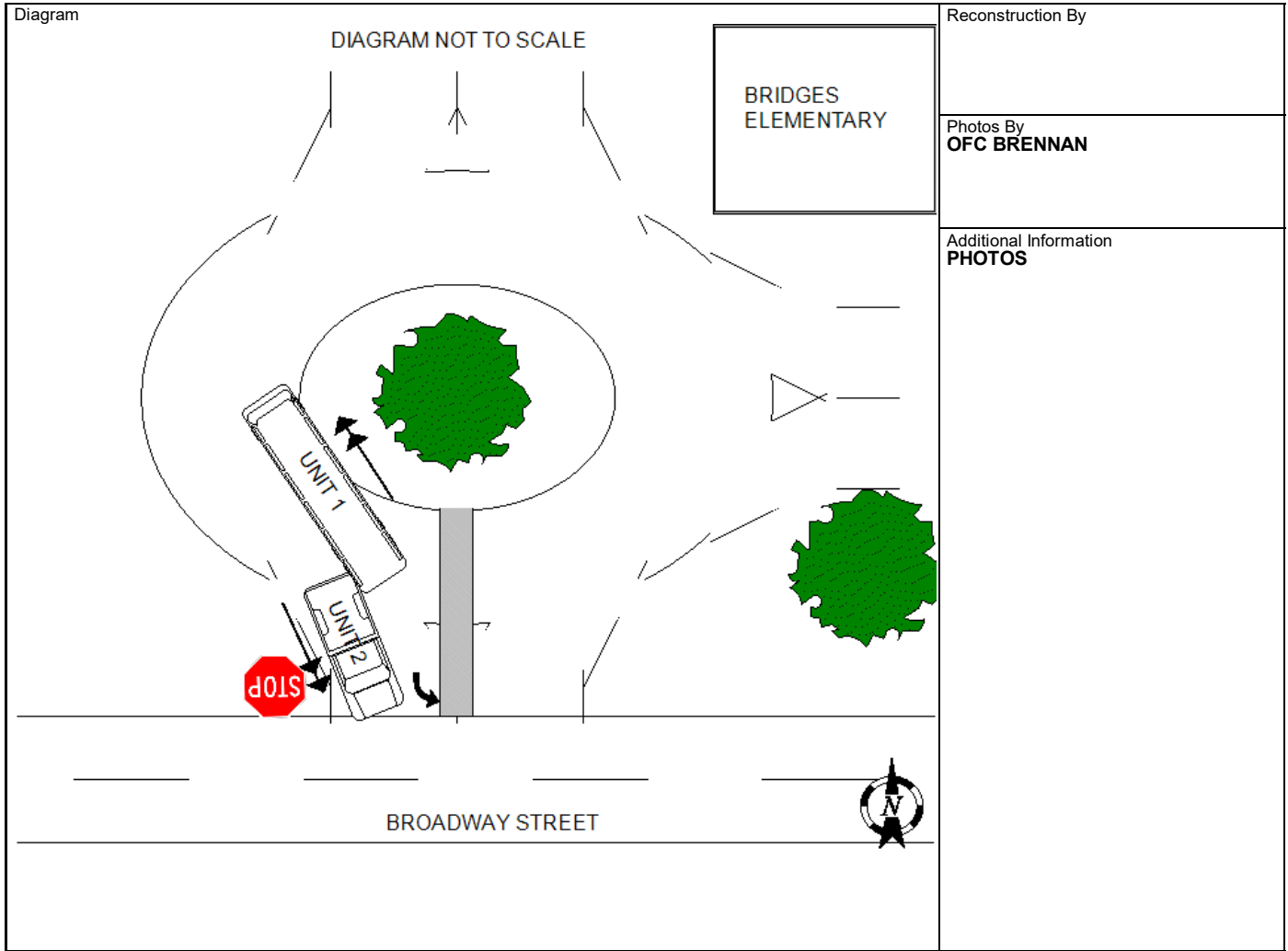
WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK PRAIRIE POLICE DEPARTMENT
640 13TH ST
PRAIRIE DU SAC, WI 53578
(608) 643-2427

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER B. BRENNAN	
Crash Date 04/11/2025		Crash Time 11:00 AM		Date Arrived 04/11/2025		Time Arrived 11:06 AM	
Date Notified 04/11/2025		Time Notified 11:04 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 checked="" 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



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

UNIT 1 WAS TRAVELING EASTBOUND ON BROADWAY STREET AND MADE A LEFT (NORTHBOUND) TURN INTO THE EXIT ONLY DRIVEWAY FOR BRIDGES ELEMENTARY RESULTING IN GOING THE WRONG WAY INTO ONCOMING TRAFFIC THAT WAS EXITING BRIDGES. UNIT 2 WAS TRAVELING SOUTHBOUND IN THE EXIT ONLY DRIVEWAY FOR BRIDGES ATTEMPTING TO TURN ONTO BROADWAY STREET. UNIT 1'S DRIVER SIDE REAR CORNER OF THE SCHOOL BUS STRUCK UNIT 2 ON THE DRIVER SIDE REAR QUARTER PANEL/FENDER CAUSING FUNCTIONAL DAMAGE TO BOTH. NO INJURIES. BOTH VEHICLES REMOVED FROM THE SCENE BY THEIR RESPECTIVE DRIVERS.

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Location

PRIVATE PROPERTY BROADWAY ST IN THE VILLAGE OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.289668129	Longitude -89.732035882
	X Coordinate 278360.03125	Y Coordinate 4796607.5
	Structure Type NO STRUCTURE	

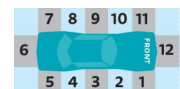
Crash Scene

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 NON TRAFFICWAY - PARKING LOT	
Crash Classification - Location PRIVATE PROPERTY	Crash Classification - Jurisdiction PRIVATE PROPERTY	
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 B CLASS	Unit Type BUS		
	Vehicle Type SCHOOL BUS	Operating As Endorsements S - SCHOOL BUS			
	Total Occs 1	Train/Bus # Recorded 1	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 15	Total Lanes 1
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way ONE-WAY TRAFFIC	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature CURVE RIGHT	Road Grade LEVEL		
	Truck Bus or HazMat VEHICLE DESIGNED TO CARRY 9 OR MORE PPL, INCLUDING DRIVER				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number 24408B	Plate Type BUS	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1BAKJCBA8KF352282	Make BLUB	Year 2019	Model SCHOOL BUS
	Color YEL - YELLOW	Body Style BU - BUS	Bus Use SCHOOL	
	Initial Contact Point 08 - LEFT SIDE REAR	Vehicle Damage 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR		
Extent Of Damage MINOR DAMAGE				



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing OTHER		Vehicle Factors	
	Driver Prior Action Other TRAVELING WRONG WAY DOWN ONE WAY DR		NOT APPLICABLE	
	Driver Actions IMPROPER TURN, WRONG SIDE OR WRONG WAY			
01	01	Owner Name LAMERS BUS COMPANY (608) 572-5275		Owner Address S12430 HWY 23 SPRING GREEN, WI 53588 , US
Sequence Of Events				
01	01	Event MOTOR VEH IN TRANSPORT		
02	02	Event		
03	03	Event		
04	04	Event		
UNIT	Policy Holder			
	Insurance Company NEW-YORK-MARINE-AND-GENERAL-INSURANC		ORGANIZATION/COMPANY LAMERS BUS COMPANY	
UNIT INDIVIDUAL	Individual			
	DRIVER JAMES THOMAS SMITH (608) 419-5314		Citations Issued 1	Sex MALE
	Address 505 GRAND AVE PRAIRIE DU SAC, WI 53578 , US		Date of Birth [REDACTED]	Race WHITE
Address 505 GRAND AVE PRAIRIE DU SAC, WI 53578 , US		er STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag NON DEPLOYED	
Injury		Injury Severity NO APPARENT INJURY		
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		
Medical Transport NOT TRANSPORTED		Trapped/Extricated NOT TRAPPED		
Hospital		EMS Agency Identifier		
Date of Death		EMS Run #		
Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	Non Motorist		Striking Unit #	Location				
	Prior Action							
	Action							
	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							
	Violations							
01	001	UTC Number BG935234	Issue To? 001	Statute Number 346.34(1)(a)2	Description UNSAFE TURN-ENTER DRIVEWAY/PRIVATE RD			
Carrier								
01	01	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER				
01	01	Name LAMERS BUS COMPANY USDOT# 0100115		Address S12430 HWY 23 SPRING GREEN, WI 53588 , US				
UNIT	TRUCK	BUS	GVWR NOT APPLICABLE		Vehicle Configuration BUS(SEATS FOR MORE THAN 15 OCCUPANTS, INCLU			
			US DOT # 0100115		Carrier Type NOT IN COMMERCE/OTHER TRUCK			
			CARGO BODY TYPE BUS (SEATS FOR MORE THAN 15 OCCUPAN		Permitted Load NOT APPLICABLE			
			<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				

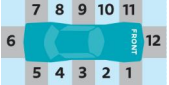
Unit Summary

UNIT	02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK			
		Vehicle Type UTILITY TRUCK/PICKUP TRUCK				Operating As Endorsements			
		Total Occs 3		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	
		Insurance? YES		Direction Of Travel SOUTHBOUND		<input type="checkbox"/> Pre Crash Tire Mark		Speed Limit 15	
		Total HazMat Types 0		Total Lanes 1		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	
						Emergency Motor Vehicle Use NOT APPLICABLE			

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Traffic Way ONE-WAY TRAFFIC		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT	Road Grade LEVEL
Truck Bus or HazMat NO			
Vehicle			
02	License Plate Number NM4693	Plate Type LTK	St WI
	Country of Issuance UNITED STATES	Vehicle Identification Number 1GCUYDED3LZ163934	Make CHEV
02	Year 2020	Model SILVERADO	Color GRY - GRAY
	Body Style PK - PICKUP	Bus Use	Initial Contact Point 08 - LEFT SIDE REAR
UNIT	Extent Of Damage FUNCTIONAL DAMAGE	Vehicle Damage 08 - LEFT SIDE REAR	
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
UNIT	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
	Driver Prior Action Other		
UNIT	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name MARIANA R OCANA PEREZ (260) 442-5114	Owner Address 6556 COUNTY ROAD KP MAZOMANIE, WI 53560 , US	
Sequence Of Events			
UNIT	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
Policy Holder			
UNIT	Insurance Company GEICO-GENERAL-INS-CO	INDIVIDUAL MARIANA OCANA PEREZ	
	Individual		
UNIT	DRIVER MARIANA R OCANA PEREZ (260) 442-5114	Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race HISPANIC
	Address 6556 COUNTY ROAD KP MAZOMANIE, WI 53560 , US	er STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment		On Duty Crash	

Row

Seat Position

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02 002	Safety Equipment		
	01 - FRONT ROW	07 - LEFT	
	CHILD RESTRAINT SYSTEM - FORWARD FACING		
	Helmet Use		
	Helmet Compliance		
	Eye Protection		
	Tint Compliance		
	Injury	Injury Severity NO APPARENT INJURY	
	Airbag NON DEPLOYED		
	Ejected	Ejection Path	Trapped/Extricated
	NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED
	Medical Transport		EMS Agency Identifier
	NOT TRANSPORTED		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			
Action Other		To/From School	
Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
Alcohol Test Given	Alcohol Test Type	Alcohol Test Results	
TEST NOT GIVEN			
Drug Test Given	Drug Test Type	Drug Test Results	
TEST NOT GIVEN			
Drug Type			
Individual Condition			
APPEARED NORMAL			
Individual			
PASSENGER	Citations Issued	Sex	
GIANNA RAMIREZ	0	FEMALE	
	Date of Birth	Race	
	██████████	HISPANIC	
Address		Driver License Number	
6556 COUNTY ROAD KP MAZOMANIE, WI 53560 , US			
Safety Equipment	On Duty Crash		

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02	003	Safety Equipment		CHILD RESTRAINT SYSTEM - REAR FACING			
		Row 02 - SECOND ROW	Seat Position 07 - LEFT				
		Helmet Use		Helmet Compliance			
		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			
		Distracted By Action					
Non Motorist		Striking Unit #	Location				
Prior Action							
02	003	Action					
		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					
		Individual					
		PASSENGER FERNANDO RAMIREZ			Citations Issued 0	Sex MALE	
		Address 6556 COUNTY ROAD KP MAZOMANIE, WI 53560 , US			Date of Birth [REDACTED]	Race HISPANIC	
Driver License Number							
Safety Equipment		On Duty Crash					

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02 004	Row 02 - SECOND ROW		Seat Position 09 - RIGHT	Safety Equipment SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance		
	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		
	Distracted By Action				
	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	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					