

NOTICE OF MEETING

LAW COMMITTEE

January 6, 2026 - 4:15 PM

Sheboygan County Detention Center
2923 S 31st St
Sheboygan, WI 53081

Remote Access: meet.google.com/vqh-mwtk-jzs
Phone: 1 662-618-2380
PIN: 133 399 820#

Members of the Committee may be appearing remotely. Persons wanting to observe the meeting may come to the Detention Center or listen remotely.

Agenda

- Call to order
- Pledge of Allegiance
- Certification of Compliance with Open Meeting Law
- Approval of Minutes
- Correspondences/Communications
 - Civil Rights Correspondence

Human Resources Director, Dave Loomis

- Discussion of the creation of the Circuit Court Department

Medical Examiner

- Consideration of changes to Medical Examiner fees listed in Chapter 96

Sheriff

- Consideration of paying the attached invoices with MEG Unit State Drug Forfeiture funds
- Consideration of contract with Orange Cross Ambulance to provide 911 service to areas within Sheboygan County
- Receive 2026 Orange Cross Ambulance Rate Sheet
- Consideration of Town/Village Contracts for 2026
- Consideration of approving vouchers

- Consideration of attendance of members at other meetings or functions
- Discuss next meeting date: February 3, 2026
- Tour of the Detention Center facility
- Adjourn

Prepared by:

Jodi LeMahieu

Recording Secretary

Gerald Jorgensen

Committee Chairman

Note: persons with disabilities needing assistance to attend or participate are asked to call 459-3895 prior to the meeting so that accommodations may be arranged.

A majority of the members of the County Board of Supervisors or of any of its committees may be present at this meeting to listen, observe and participate. If a majority of any such body is present, their presence constitutes a "meeting" under the Open Meeting Law as interpreted in State ex rel. Badke v. Greendale Village Board, 173 Wis. 2d 553 (1993), even though the visiting body will take no action at this meeting.

SHEBOYGAN COUNTY LAW COMMITTEE MINUTES

Law Enforcement Center
525 North 6th Street
Sheboygan, WI 53081

November 4, 2025

Called to Order: 4:15 PM

Adjourned: 4:50 PM

MEMBERS PRESENT: **In Person:** Suzanne Speltz, Gerald Jorgensen, Paul Gruber, Charlette Nennig, Wendy Schobert

MEMBERS ABSENT: None

ALSO PRESENT: Matt Spence, Jason Liermann, Eric Militello, Staci Schluechtermann, Mike Smith

Call to Order

Chairman Jorgensen called the meeting to order.

Pledge of Allegiance

All in attendance recited the Pledge of Allegiance.

Certification of Compliance with Open Meeting Law

The meeting notice was posted on November 3, 2025 at 10:55 a.m. in compliance with the open meeting law.

Approval of Minutes

Motion by Nennig, second by Gruber, to approve the minutes from the previous meeting. Motion carried unanimously.

Correspondences/Communications

There were no correspondences/communications.

Sheriff

Sheriff Spence provided updates on department staffing.

Motion by Nennig, second by Schobert, to approve the Union Pacific Railroad Police Department request from the Communications Council. Motion carried unanimously.

Motion by Speltz, second by Gruber, to approve the Sheboygan Fire Department request from Communications Council. Motion carried unanimously.

The Committee received input from two individuals concerning encryption. Mike Smith and Staci Schluechtermann both addressed the Committee regarding their specific concerns about the issue.

Sheriff Spence provided an overview of the Quarterly Variance Report.

Vouchers

Motion by Schobert, second by Speltz, to approve the vouchers. Motion carried unanimously.

Approval of Attendance at Other Meetings or Functions

There were no requests for approval of attendance at other meetings or functions.

Discuss next meeting date

The next Law Committee meeting is scheduled for December 2, 2025 @ 4:15 pm.

Adjournment

Motion by Gruber, second by Schobert, to adjourn. Motion carried unanimously.

Jodi LeMahieu
Recording Secretary

Wendy Schobert
Committee Secretary

My name is Tanawah Downing. I'm a Civil Rights Advocate and I need to provide public notice to Sheboygan County. This is in accordance with the USCS rules of civil procedures, as well as Rule 17 and Rule 20 of the United States Supreme Court.

The Constitution of the United States has the overarching requirements that every state must follow. States cannot enact their own alternative legislation substituted for the guarantees of the Constitution of the United States. That would mean that the state laws are more powerful than the Constitution. That is unlawful.

Clause 1 of Amendment 5 states, "no person shall be held to answer for a capital or otherwise infamous crime unless on presentment or indictment by a grand jury". However, the state of Wisconsin has enacted its own alternative legislation that permits prosecuting attorneys and police officers to charge by way of information, as opposed to indictment. That is unconstitutional.

An emolument violation is when you pay a public official to break the law. The Constitution has two areas that enforces this.

- Article I, Section 10 says "no state shall create any law that shall impair the obligation of contracts". Police officers, prosecutors, judges are all under a contract—a contract to perform based on the oath or affirmation that they took to support and defend the Constitution. Contract parameters are defined within the Constitution of the United States and when a state enacts an inferior law that directs their agents to disobey the Constitution of the United States—that is a violation of Article I, Section 10.
- The 14th Amendment is the other place that you'll find the reinforcement of this issue, and that is where it states that "no state shall create or enforce any law that shall abridge the privileges or immunities of United States citizens".

The privileges and immunities of United States citizens are at a minimum, those enumerated within the Bill of Rights, the first 10 amendments. Unfortunately, the state of Wisconsin has enacted a law in its inferior constitution that permits public officials, judges, law enforcement officers—whom you all pay—to violate the Constitution of the United States. As a result, there is an inordinate amount of people currently imprisoned in the state of Wisconsin, illegally and unconstitutionally.

Tanawah Downing is litigating this issue at the United States Supreme Court. I'm here to notify you that if you continue to pay public officials to break the law, criminal sanctions can come from that. Officials must be made aware that paying people to disobey the law is an emolument violation. It is illegal. It is unconstitutional. It is a crime.

I'm asking you honorable individuals to please take a look at Clause 1 of Amendment 5, confirm what I'm saying to be true, and then direct your public officials to act in lawful, constitutional manner consistent with the obligations that are codified in the Constitution of the United States of America. I have a notice that I would like to put on the record. Thank you so much. God bless.



TANAWAH DOWNING

CIVIL RIGHTS LITIGATOR & ADVOCATE

Subject: Notice of Constitutional Non-Conformance and Action Item request

Honorable Commissioner or Councilman,

I'm writing to you today to inform you of a situation that is of the utmost urgency and asking that you immediately take action to investigate the non-conformance of Constitutional obligations that I have outlined below. Be advised that this dispute has been submitted to the United States Supreme Court and Article III has been invoked by a United States Citizen demanding that the Court fulfill the obligation of Original Jurisdiction, as codified within the United States Constitution. As a Constitutional obligation, when Article III is invoked, because a State is named a Party, the obligation is not discretionary and non-delegatable and must be performed. Failure to do so would be a breach of Constitutional obligation resulting in a public wronging. Unfortunately, the Clerk of Court is obstructing the administration of Justice by refusing to docket the case, which is of course a crime and intentional refusal to enforce the body of laws governing this nation, by an agent obligated to do so as a result of the Oath or Affirmation taken upon entry into their Office. I will be addressing these criminal acts in the very near future, however, the intent of this letter is to bring to your attention a different matter and to give you and your office sufficient time to consider the issue so that you can be adequately prepared when it is brought forward to the public domain.

As an Advocate for the People, I hereby submit this Action Item request to you to immediately take action to address these direct, willful deprivation of rights secured by and enumerated in, the Constitution for the United States of America, by states subjected to the jurisdiction thereof.

Let me be clear, I am not trying to change the laws, rather I am pointing out what the laws state and that the ways in which they are being enforced directly contradict with what is specified. Therefore, I am not trying to change the laws, I am asking that we enforce them. If the laws state that something will be done, in a certain way, then we must follow that way. Laws do not change arbitrarily, that is tyranny. Constitutionalism demands that the laws evolve only through suffrage therefore, it is up to the People to decide whether or not the Constitution applies to them and not a judge or a State. If in the opinion of the People of the United States, any of the provisions or guarantees of the United States Constitution be in any particular way wrong, then let it be corrected by an amendment in the way in which the Constitution so designates. Until, if and when that time comes, every single United States Citizen is entitled to every single right secured by and enumerated in the

United States Constitution, regardless of where they choose to reside within the jurisdictional United States of America.

NOTICE OF CONSTITUTIONAL NON- CONFORMANCE

Currently, there are more than 700,000 people across the United States who are imprisoned on direct, facial Constitutional violations, because their judgements derive from direct breaches in Constitutional obligations by numerous states that are acting in direct, willful defiance of the procedures and processes codified within the United States Constitution for the adjudication of crimes. Unfortunately, any judgement rendered as a result of a breach of Constitutional obligation is unconstitutional because such judgements are tainted by the illegality of the way in which they were obtained. No judgement can be Constitutional if they derive from an unconstitutional act.

Clause 1 of Amendment 5 to the United States Constitution states, "No person shall be held to answer for a capital or otherwise infamous crime unless on presentment or indictment by a Grand Jury." That is clear, no person can be arrested and held to answer for a capital or infamous crime unless upon a presentment or indictment by a grand jury. Title 18 USC §4083 defines an infamous crime as, "Any crime punishable by more than 1 year imprisonment in a penitentiary."

There are 13 states that outright do not conduct a Grand Jury proceeding at all, including the State of Washington. These states are choosing to charge persons for infamous crimes by information and not by indictment, as Constitutionally required, however, according to Title 18 USC §§555, "Information can only be used for other than infamous crimes." As a result, millions of United States Citizens have been deprived of Due Process and are now unlawfully imprisoned because the states failed to adhere to the procedures and processes required for the adjudication of crimes, resulting in judgements that are void and completely without force or effect under Civil Rule 60.

This systemic failure of the Justice System to adhere to the agreed upon code of conduct established by the majority goes far beyond those 13 states that are acting in direct, willful defiance of the Constitution because most other states permit the Prosecuting Attorney to charge by Indictment or Information, as required by law, such as the State of Oklahoma or the State of Florida. Unfortunately, states do not have the power to substitute their own alternative legislation for the provisions and guarantees of the United States Constitution and if they do, then the "Judges in every state are bound thereby anything in the Constitution." According to the Rules of Civil Procedure, "Rules must not conflict with statutes, nor impair the rights of the party's involved in the dispute, thus a court has no power to create a rule which would constitute a waiver of a Constitutional right." Or as stated by the United States Supreme Court in the case *Miranda v. Arizona*, "Where rights secured by the Constitution are involved, there can be no legislation created nor rule made which would abrogate them." Furthermore, sedition is defined as, "The speaking or writing of words, such as law established, to cause disaffection to the Constitution in order to procure its alteration in any way other than lawful manner." Our Constitution is a rigid Constitution that can only be altered in accordance with the Special Amending Procedures found within Article V. Any attempt to alter it in any other manner, such as by legislation enacted by a State, would be an act of sedition by a body of men attempting to procure its alteration in any way other than lawful manner. There is only one way to change the Constitution and that is through an authentic act of the People and until that happens, the Constitution is wholly with force and effect on all persons individually and collectively.

When a Prosecuting Attorney chooses to rely upon a state statute to deprive a person of a right secured by and enumerated in the Constitution for the United States of America, that act is a crime called Deprivation of Rights under Color of Law (Title 18 USC §242) and when a state judge chooses to hold a person over for trial without

having the proper charging instrument, as Constitutionally required, that judge has entered into a Conspiracy to Deprive of Rights (Title 18 USC §241) and when that judge then orders law enforcement to perform an arrest on that individual without the correct charging instrument, as Constitutionally required, those performing the arrest are complicit in the criminal conspiracy and the crime of kidnapping has occurred, which if the crime of Deprivation of Rights under Color of Law occurs in conjunction with a kidnapping, the penalty is death, as prescribed by law. This is a very serious matter that happens in every single state across the nation, every single day effecting millions of United States Citizens and it is imperative that the Legislative Branch immediately take action to correct the criminal acts of those enforcing and administering the laws of our nation unlawfully.

In light of the evidence raised, as well as the supporting evidence that I can provide, upon request for the deprivation of Constitutional rights for millions of United States Citizens, I again implore you and appeal to your honorable nature to immediately initiate a public investigation of these criminal acts to ensure that those tasked with administering and enforcing those laws of this nation are doing it in compliance with the authority with which they are invested by law and when it is determined that there was an abuse of delegated authority, that any and all liberties be immediately restored to all effected party's without delay or obstruction. Any person who pays any public official to act unlawfully, are subject to criminal sanctions, which carry a possible punishment of death, as prescribed by law. I would advise this commission to immediately cease any further payment, benefits, or programs which permit any public official to act contrary to the Supreme Law of the Land.

While it is not the duty of a servant to question the motives of his superior, if he has reason to believe that his acts are unjust, he should obey his conscience and refuse to comply. Ultimately, the servant of a tyrant cannot take refuge in the excuse that he was just "following orders". Therefore, in the wise words of President Abraham Lincoln, "I do suppose that it will be much safer for all, both in private and public station to abide by and conform to, all those acts which stand un-repealed, than to violate any of them trusting to find impunity in their absolute immunity." Absolute immunity only covers civil liability and not criminal liability, so any deprivation of Constitutional rights under the authority of an inferior law or ruling is a crime that no public official can avoid liability for violating and the punishment, as required by law, is one which none of them want to be enforced.

I am available for discussion, should this governmental body desire my professional guidance in further understanding or addressing this matter, as I am currently actively engaged in bringing this matter to the attention of the public and preparing to present this debate to the United States Supreme Court. Your timely response to this matter is in the best interests of your constituents and this nation.

Respectfully and Peacefully
a Servant of Justice,

Tanawah M. Downing
Chief Legal Strategist
The We Shall be Free Tour

(843) 834-8964 cell
(771) 215-6455 secure
tanawahdowning@gmail.com
www.tanawah.com



TANAWAH DOWNING

CIVIL RIGHTS LITIGATOR & ADVOCATE

Introducing the We Shall be Free Tour: Embrace Equality and Empowerment.

Justice is not just a product; it's a movement. With a focus on equality, this exceptional series of events empowers individuals to stand up for what is right. By promoting fairness and inclusiveness, the We Shall be Free Tour fosters a society where everyone's voice is heard and respected.

Many along the way are able to experience the greatness of the Tour as it breaks down barriers and continues to pave the way for a better world. The Tour notified media of its intent to hold 37 press conferences at 37 state capitals and numerous major cities over its length, leading up to the presentation of oral arguments to the United States Supreme Court for what will be the most significant civil rights decision in American history, effecting every single Citizen of the United States of America. Join the movement and be a catalyst for change. Together, let's create a world where freedom truly knows no bounds.

If you are interested in joining or learning more about the tour, please contact:

Tanawah M. Downing, Advocate, Sui Juris

Chief Legal Strategist

We Shall be Free Tour

(843) 834-8964 cell

tanawahdowning@gmail.com

www.tanawah.com

www.facebook.com/tanawah.downing.5

www.tiktok.com/tanawahdowning

www.rumble.com/weshallbefreeus

www.YouTube.com/tanawahdowning



Sheboygan County
Human Resources Department
508 New York Avenue, Room 336
Sheboygan WI 53081-4126

To: Law Committee

From: Human Resources Director, Dave Loomis

Date: January 2, 2026

RE: Establishment of the Circuit Court Department

Recognizing that the Court Commissioner, Register in Probate and the Judicial Assistants are all employees of the County who serve at the pleasure of the Circuit Judges, and that there are certain inefficiencies in our current organizational structure, we propose the establishment of the Circuit Court Department.

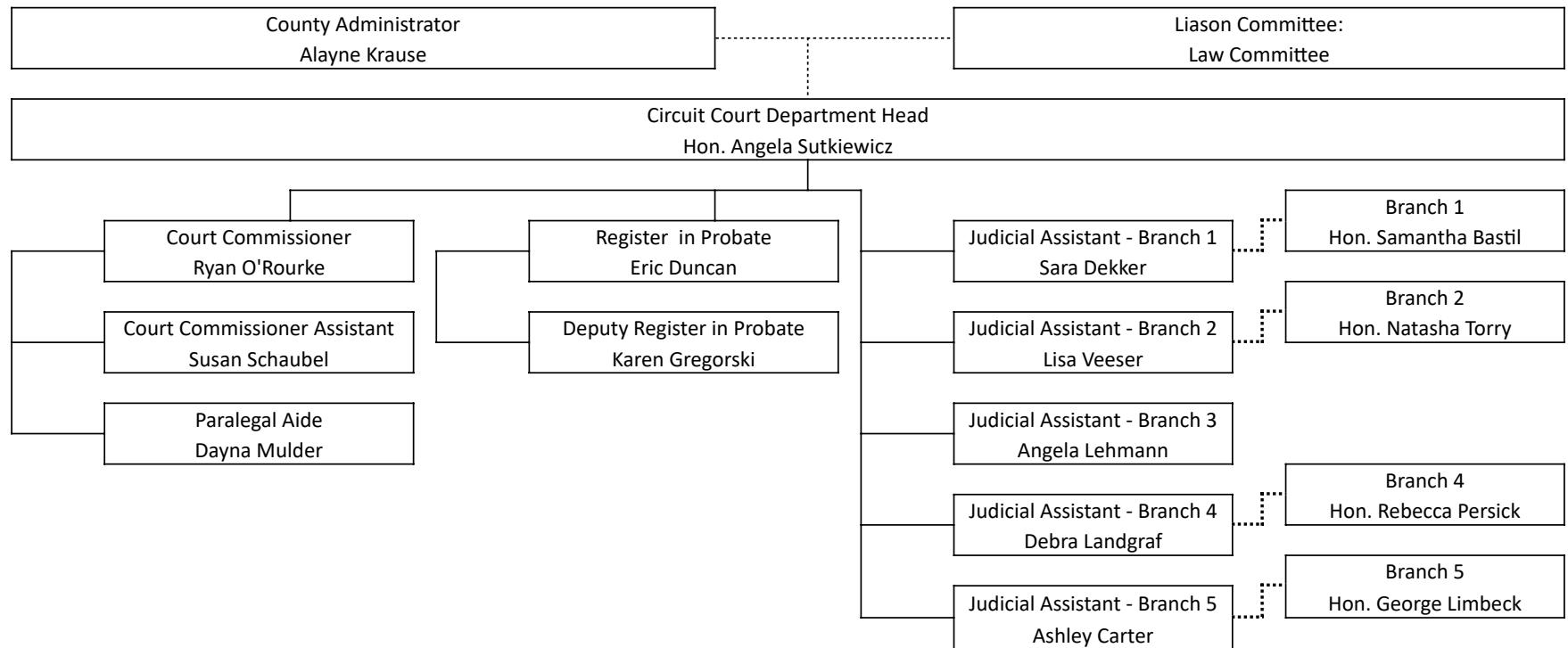
The Circuit Court Department will bring together under one umbrella all Sheboygan County employees who serve at the pleasure of the Circuit Court Judges. This will help provide consistency in leadership and communication to these individuals.

We would propose that this newly formed department is provided budgetary oversight and supervision by the longest tenured judge who will act as the Circuit Court Department Head, currently Judge Angela Sutkiewicz. The Circuit Court Department Head will provide supervision and support to the Court Commissioner, Register in Probate and Judicial Assistants. The Circuit Court Department Head will work closely with the other Circuit Court Judges to resolve issues and concerns as they arise, as well as to ensure that each Circuit Court Judge completes the annual performance reviews for their assigned Judicial Assistant, and shall collect feedback from the other Circuit Court Judges to be incorporated into the annual performance reviews of the Court Commissioner and the Register in Probate.

The Department Head may delegate a member of the Circuit Court Department to attend department head meetings, assist in budget development, and otherwise provide administrative support.

With the establishment of this department we expect to streamline communication between Sheboygan County leadership and the Circuit Court Judges, enable the Circuit Courts to operate more efficiently to meet the needs of the courts collectively as well as individually, and enable the Court Commissioner and the Register in Probate to focus their time and attention to matters of the Courts.

Please see attached for a visual representation of the proposed structure.





Sheboygan County Medical Examiner

615 North 6th Street B4
Sheboygan, WI. 53081-6492
(920) 459-3945

Dec 17, 2025

Honorable Members of the Sheboygan County Law Committee

I am requesting that the fees for the Medical Examiner be changed as follows to be effective February 1st, 2026.

96.10 CERTIFICATIONS OF DEATH. A change in fees from One Hundred Twenty-One (\$121.00) to **One Hundred Twenty-Four and 51/100 (\$124.51).**

96.11 CREMATION PERMITS. A change in fees from One Hundred Eighty-One and 50/100 (\$181.50) to **One Hundred Eighty-Six and 76/100 (\$186.76).**

96.12 DISINTERNMENT FEE. A change in fees from One Hundred three and 80/100 (\$103.80) to **One hundred-six and 50/100 (\$106.50).**

96.14 TRANSPORT CHARGES. A change in fees from Two Hundred Forty-Three and 50/100 (\$203.50) to **Two Hundred-Fifty and 56/100 (\$250.56).**

This change in fees for the Medical Examiners office falls within the limit as established by Wisconsin State Statute and meets the needs of the 2026 budget year.

Respectfully submitted,

Desarae Rohde
Medical Examiner

**Invoice****36433****Ensurity Mobile Corp.**

1645 Palm Beach Lakes Blvd. Suite 1200
West Palm Beach, FL 33401
support@ensuritymobile.com

Invoice Date: 12 AUG 2025
Total Due: 1,995.00
Ensurity Order: 11423
Purchase Order:

Bill To

Sheboygan County MEG
1315 N 23rd Street
Sheboygan, WI 53081
USA
Attn Chris Stephens
9209462929
christopher.stephen@sheboyganwi.gov

Monitoring from
01 AUG 2025 to 31 JUL 2026

Ensurity V3 E-Pursuit Tracker (Standard) @375 x 3
Software @250 x3
Rugged Case @40 x 3

Line	Store	Device Info	Qty	Unit Price	Monitoring	Shipping	Sub Total	Taxes	Total
1	MEG Unit Sheboygan Co. Meg Unit 1315 N 23rd St Sheboygan WI 53081 USA	Alarm Id: 0 Serial No: 1356518 Model: E-Pursuit V3 Type: Primary	1.0	415.00	250.00	0.00	665.00	0.00	665.00
2	MEG Unit Sheboygan Co. Meg Unit 1315 N 23rd St Sheboygan WI 53081 USA	Alarm Id: 0 Serial No: 1356566 Model: E-Pursuit V3 Type: Primary	1.0	415.00	250.00	0.00	665.00	0.00	665.00
3	MEG Unit Sheboygan Co. Meg Unit 1315 N 23rd St Sheboygan WI 53081 USA	Alarm Id: 0 Serial No: 1355270 Model: E-Pursuit V3 Type: Primary	1.0	415.00	250.00	0.00	665.00	0.00	665.00

INVOICE SUMMARY

Extended Price	Monitoring	Shipping	Sub Total	Taxes	Total Due
1,245.00	750.00	0.00	1,995	0.00	1,995.00

Depot Auto Service & Towing, Inc.

1131 Pennsylvania Ave
Sheboygan, WI. 53081
Phone: 920-452-1811 Fax: 920-452-6261

INVOICE

84588

226067
844165

Make Your Car Great Again!

INVOICE

Print Date: 09/11/2025

Work Completed: 09/11/2025

Sheboygan County Sheriff Dept

525 N 6th
Sheboygan, WI 53081
Fax: 920-459-4305 Cellular: 920-980-8222
Cust ID : 12070

2020 Chevrolet - Equinox LT - 1.5L, In-Line4 (91CI) VIN(V)

Lic # : 456VTS - WI

Odometer In : 59,735

Unit # : 61 MEC

Odometer Out :

VIN # : 3GNAXUEV0 LS589647

Part Description / Number	Qty	Sale	Extd	Labor / Description	Extd
PUMP,VACUUM 25204337	1.00	147.92	147.92	CEL Codes P0014 , 0017 , P0556	67.50
CAMSHAFT,EXHAUST 12675774	1.00	147.96	147.96	Found vacuum pump seized and damage exhaust cam relocator wheel.	
GASKET,CAMSHAFT COVER 12636177	1.00	13.61	13.61	Reduce power light Key fab shows inop	0.00
GASKET,CAMSHAFT COVER 12636384	1.00	7.70	7.70	Remote start inop because of CEL	
Zerex G-05 engine coolant AFC	0.50	24.00	12.00	Brake assist inop Vac pump seized damaged cam	0.00
Oil filter OF101	1.00	6.95	6.95	TIMING CHAIN - Remove & Replace - 1.5L Eng - Replace exhaust cam and guides and tensioner. Clear codes	1620.00
Synthetic oil 0w 20	5.30	7.95	42.14	Fluid Capacity: Engine Oil - Volume: 5.30 QTS. (5.01L) - API - SAE 0W-20; 1.5L Eng,4WD - w/Filter - (Note: Use only engine oil licensed to the dexos1 specification, or equivalent, of the proper SAE viscosity grade. ACDelco dexos1 Synthetic Blend is recommended.)	
GUIDE,TIMING CHAIN 12669182	1.00	20.01	20.01	Change engine oil (synthetic), oil filter, and lube chassis	25.00
TENSIONER,TIMING CHAIN 12636527	1.00	91.87	91.87		
CHAIN,CAMSHAFT TIMING 12672278	1.00	122.23	122.23	Changed engine oil, replaced engine oil filter with new filter, and lubed suspension and steering components (if equipped).	
SHOE,TIMING CHAIN TENSIONER 12636526	1.00	25.50	25.50	Checked fluid levels and added new fluids as needed. Checked and adjusted tire pressure. Performed courtesy inspection on vehicle and recommended any additional services as needed.	
GUIDE,TIMING CHAIN 12656077	1.00	21.34	21.34	Reset oil change reminder (if available)	0.00
GM Genuine Parts Vacuum Pump O-Ring 12668429	1.00	10.17	10.17	***Win up to a \$100 gift card! Tell us how we did at: www.MyAutoCareSurvey.com 1177014	
Shop Supplies			30.00	***Depot Auto is now hiring full-time and part-time technicians and tow truck operators for all shifts. Great compensation package! Call or stop in for details.***	
Environmental Fee					13.39
[Recommendations]					
TPMS light on					
\$ 2,425.29					
OK to Pay Jut#103					
M. Ronsch					
1013.532320					
Vendor #29423 PO #2727714 CO #190 G/L Date: Sept					

Depot Auto Service & Towing, Inc.

1131 Pennsylvania Ave
Sheboygan, WI 53081
Phone: 920-452-1811 Fax: 920-452-6261

INVOICE

84588

226067
844165

Make Your Car Great Again!

INVOICE

Print Date: 09/11/2025

Work Completed: 09/11/2025

Sheboygan County Sheriff Dept

525 N 6th
Sheboygan, WI 53081
Fax: 920-459-4305 Cellular: 920-980-8222
Cust ID: 12070

2020 Chevrolet - Equinox LT - 1.5L, In-Line4 (91CI) VIN(V)

Lic #: 456VTS - WI

Odometer In: 59,735

Unit #:

Odometer Out:

VIN #: 3GNAXUEV0 LS589647

Part Description / Number	Qty	Sale	Extd	Labor / Description	Extd

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repairs _____
2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____
3. I do not want an estimate. _____

Payment will be made by Cash Check Credit Credit Card

[Payments -]

Labor:	1,712.50
Parts:	699.40
Sublet:	0.00
Sub:	2,411.90
Tax:	0.00
HazMat:	13.39
Total:	2,425.29
Bal Due:	\$2,425.29

[Technicians : R, Matt 002]

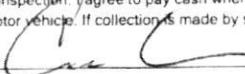
Do you want the replaced parts you are entitled to? Yes No

Motor vehicle repair practices are regulated by chapter ATCP
132 Wis. Adm. Code, administered by the Bureau of Consumer
Protection, Wisconsin Dept. of Agriculture, Trade and
Consumer Protection, P.O. Box 8911, Madison, Wisconsin
53708-8911

This vehicle received without face to face contact.

Shop Representative _____

Having authority to do so I hereby order the above products and services, parts, and labor and grant permission to you and/or your employees to operate the vehicle described for the purpose of testing and/or inspection. I agree to pay cash when the work is completed or to pay on the other terms satisfactory to you. Until paid in full, the amount owing on this work shall constitute a lien on the motor vehicle. If collection is made by suit or otherwise, I agree to pay storage and collection and reasonable attorney's fees.

Customer Sign:  194

Date: 9-11-25

Visit us on the web: <https://www.depotautosvc.com/>

Written By: L. Josh

Page 2 of 2

Copyright (c) 2025 Mitchell Repair Information Company, LLC InvHrsWI GM101421



Sheboygan Motor Company LLC
3400 S Business Dr. Sheboygan, WI 53081, US
<https://www.sheboygangm.com>
Ph: (800) 459-6840

**Parts Invoice
305698**

Wed Sep 10 2025 11:06 AM
Charge Amount: \$67.60
Status: Closed

149193 - SHEBOYGAN COUNTY
SHERIFFS DEPARTMEN
(000) 459 - 3897
NO@NO.COM
Tax Exempt No: 1

Billing Address
525 N 6TH ST
SHEBOYGAN, WI
United States of America ,
53081

Shipping Address
525 N 6TH ST
SHEBOYGAN, WI
USA, 53081

Sale Type : Retail (Charge)
Counter Person Name :
STEVE FOERSTER
Payment Method(s) Used :
Charge Customer
Customer PO No : mag 61

S. No.	Part	Sale Qty	Ordered	Filled	Group	Bins	Total Price	Selling Price
1	13540604 - SENSOR	1	0	1	05890	052F	\$67.60	\$67.60

TPMS

Comments

vin# 3GNAXUEV0LS589647

Vendor #20454
PO #
CO #190
G/L Date: Sept
1013.532320

M. Rorrell

Disclaimer of Warranty :

THE DEALER IS NOT A PARTY TO ANY MANUFACTURER'S WARRANTY ON PARTS OR SERVICES CONTAINED HEREIN. THE DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO ANY PARTS, LABOR, OR DIAGNOSTIC SERVICES FURNISHED UNDER THIS ORDER.

Terms and Conditions :

100% DOWN PAYMENT ON ALL SPECIAL ORDER PARTS.

NO REFUNDS WITHOUT THIS INVOICE. 20% HANDLING CHARGE ON STOCKING PARTS RETURNED. NO RETURNS ON ELECTRICAL OR SPECIAL ORDER ITEMS. NO RETURNS AFTER 10 DAYS PARTS RETURN POLICY. NO CREDIT IS GIVEN IF THE PACKAGE IS SOILED, DAMAGED, OR DEFACED IN ANY MANNER.

61 MCG

to Pay
JL#103

CCL 194

9-10-25





400009076
NAPA Auto Parts - SP076
3619 Washington Ave
RefBy Verby
Sheboygan, WI 53081
(920) 803-6272

Invoice Number 489537 Page: 1/1
Invoice Date: 09/04/2025 13:47
eInvoice# SP 00076489537

3897
SHEBOYGAN COUNTY SHERIFFS DEPT
625 N 6TH STREET
SHEBOYGAN, WI 53081-0000

Employee: 9051, Codey
Sales Rep: 19, ZACH
Accounting Day: 4
Tax Exemption:

Attention:
PO#: 61
Delivery:
Terms: net 30

Part Number	Line	Description	Quantity	Price	Net	Total
		2020 Chevrolet Equinox 1.5 L 91 CID L4 DOHC 16 Valve				
18882000	NB	NAPA Premium Front Brake Rotor	2.00	145.19	51.0000	102.00 T
IG9144X	PSG	NAPA SilentGUARD Front Disc Brake	1.00	90.30	44.9900	44.99 T
18881999	NB	NAPA Premium Rear Brake Rotor	2.00	118.00	51.0000	102.00 T
		Qty: 1 from: 400009078 - ETA: 09/04/2025 04:00 PM				
IG9085X	PSG	NAPA SilentGUARD Rear Disc Brake	1.00	90.30	44.9900	44.99 T

MEG

61

Vendor#
PO#
CO#
G/L Date:

Part
to #107
of Ju

CC

194

9-4-25

ALL GOODS RETURNED MUST BE ACCCOMPANIED BY THIS INVOICE

Tender Type:	Amount:	Subtotal	293.98
Charge Sale	293.98	TAX EXEMPT 0.0000%	0.00
Total			293.98

Customer Signature

REF BY: A VER BY: A
REMIT TO: PO BOX 409043
ATLANTA, GA 30384-9043

AGREEMENT FOR PROVISION OF AMBULANCE SERVICES FOR PORTIONS OF SHEBOYGAN COUNTY

This AGREEMENT is entered into this _____ day of January, 2026 (the "Effective Date") by and between Sheboygan County ("COUNTY") and Orange Cross Ambulance, Inc. ("CONTRACTOR") (each, a "Party," and collectively, the "Parties").

The COUNTY, by and/or through its Law Committee ("Law Committee"), will act pursuant to Section 59.54(1), Wisconsin Statutes, as the controlling political body of this AGREEMENT.

INTRODUCTORY RECITALS

WHEREAS, COUNTY desires to maintain and assure the availability of prompt, efficient, and effective emergency and non-emergency ambulance services (collectively hereinafter referred to as "Ambulance Services") to parts of Sheboygan County as will be more specifically set forth in Section II.A., below, on behalf of certain Municipalities that have agreed to have COUNTY act on their behalf in negotiating this AGREEMENT as reflected on Exhibit D;

WHEREAS, CONTRACTOR desires to provide Ambulance Services as required in the designated service area described in Section II.A, below;

WHEREAS, COUNTY desires to have CONTRACTOR provide, and CONTRACTOR agrees to provide through its licensed and qualified paramedics, emergency medical technicians, and other qualified professionals appropriate Ambulance Services as needed and agreed upon the Parties in accordance with the terms and conditions of this Agreement.

AGREEMENT

In consideration of the above and the mutual promises herein set forth, the Parties hereby agree as follows:

I. Term

- A. This AGREEMENT is effective as of the Effective Date and shall remain in effect (unless and until terminated in accordance with the terms hereof) for a period of two (2) years following the Effective Date of this AGREEMENT (the "Initial Term"). The Parties shall review this agreement prior to the end of the then-current term and, if mutually agreed upon by the Parties, extend the term of the Agreement for an additional one (1) year period each (each, a "Renewal Term"). The "Term" of this Agreement shall mean the Initial Term and all Renewal Terms, unless sooner terminated pursuant to this Agreement.
- B. All such extensions after the Initial Term shall be documented in writing and signed by the Parties prior to the expiration of the then-current term. In the event

the Parties fail to appropriately document an extension, and CONTRACTOR continues to provide Ambulance Services hereunder, the Term of this Agreement shall be deemed to be automatically extended on a day-to-day basis until terminated by either Party upon three hundred sixty five (365) days prior written notice if the termination is without cause, or if the termination is with cause, then as provided by the applicable termination provision of this Agreement.

II. Furnishing of Services

A. CONTRACTOR hereby agrees to furnish for the sick and injured in the areas designated in the Map of Sheboygan County attached as Exhibit C, which may be amended in the Sheboygan County Emergency Medical Services Plan (collectively hereinafter referred to as the "Service Area").

1. "Emergency" being defined as a sudden and urgent occasion for action or a non-prearranged event which requires an immediate response for one or more persons requiring immediate medical attention and/or transportation. This is an event that participating professionals would recognize as a(n) Alpha-Level Response, Bravo-Level Response, Charlie-Level Response, Delta-Level Response, or Echo-Level Response. For purposes of this Agreement, the following definitions are assigned to the terms used above:
 - a. Alpha-Level Response refers to a low-priority incident.
 - b. Bravo-Level Response refers to a mid-priority condition.
 - c. Charlie-level response: Indicate a potentially life-threatening conditions.
 - d. Delta-level response: indicates a life-threatening emergency.
 - e. Echo-level response: indicates an immediately life-threatening emergency.
2. "Non-emergency" being defined as a non-life-threatening event which requires a response for one or more persons requiring medical attention and/or transportation.
3. For purposes of 911 emergency medical responses within the County, the County and the Contractor acknowledge and agree that the County's operational expectation is for a paramedic-level response to all calls triaged under the County's Emergency Medical Dispatch (EMD) system as Charlie, Delta, or Echo determinants.

The parties further agree that Alpha and Bravo determinant calls may be responded to by Advanced Emergency Medical Technician (AEMT)-level or higher units, consistent with the County's EMD protocols and Wisconsin Administrative Code DHS 110 governing tiered EMS deployment. The Contractor shall, at all times, ensure compliance with DHS 110 and related provisions governing the appropriate dispatch and response of tiered-level EMS resources.

The Contractor shall retain the ability, through direct internal request or via established mutual aid procedures, to initiate or request a paramedic-level intercept when the patient's clinical condition, mechanism of injury, or presentation warrants advanced life support (ALS) intervention beyond the scope of the initially assigned AEMT-level unit.

Notwithstanding anything herein the contrary, CONTRACTOR may amend the level of response in accordance with its providers' professional medical judgment.

4. Interfacility transfer requests involving time-critical conditions for which definitive care is unavailable locally shall be recognized as 911-equivalent emergencies. Such conditions include, but are not limited to, multi-system trauma, STEMI, intracranial hemorrhage, and large vessel occlusion stroke. The Parties acknowledge that failure to respond to these requests with the urgency of a 911 call may result in comparable risk to life or limb.
- B. CONTRACTOR shall possess, maintain, and provide such vehicles, equipment, facilities, and supplies; and shall hire, train, and provide such personnel as are necessary to respond on a twenty-four (24) hour per day, seven (7) day per week basis to requests for Ambulance Services in the Service area.
- C. CONTRACTOR further agrees that such Ambulance Services will be provided pursuant to the provisions of Section 59.54(1), Wisconsin Statutes, operating in accordance with Chapter 256, Wisconsin Statutes, Chapters DHS 110, 118, Trans 309 of the Wisconsin Administrative Code, or any acts amendatory thereto, and the Sheboygan County Emergency Medical Services Plan in effect at the time of service.
- D. CONTRACTOR further agrees that it will act as a backup emergency ambulance service in any area of Sheboygan County outside of the Service Area whenever another ambulance service is temporarily unavailable for emergency service and it is requested to do so by the Sheboygan County Sheriff's Department, provided

that such backup emergency ambulance service does not interfere with the ability of CONTRACTOR to fulfill its duties under this AGREEMENT. When providing countywide back-up, CONTRACTOR may request mutual aid in accordance with approved mutual-aid agreements to avoid degradation of Service Area coverage.

E. CONTRACTOR shall adhere to the following operational standards whenever providing Ambulance Services under this AGREEMENT:

1. CONTRACTOR shall staff each in-service ambulance in accordance with **DHS 110** scope and staffing rules for the licensed level of care provided.
2. COUNTY requires that inside heated storage shall be provided at all locations for all ambulances utilized in the provision of Ambulance Services under this AGREEMENT, including all "ON CALL" ambulances.
 - a. **Turnout/En-route:** For life-threatening "Emergency" incidents, the responding ambulance must be enroute within **two (2) minutes** of dispatch;
 - b. **Response time performance:** Using industry standard "fractile" reporting, total response time (dispatch to on-scene) shall meet **90th percentile ≤ 25 minutes** across the Service Area, with exception codes for bona fide impediments (weather, train blockages, scene hazards, road closures, callbacks, or incidents outside paved access).
 - c. Total response time to any location in COUNTY'S Service Area shall not exceed twenty-five (25) minutes. Any incident involving a response time of over twenty-five (25) minutes in COUNTY'S Service Area shall require an incident report as set forth in Section XIV.A.4 of this AGREEMENT.
 - d. CONTRACTOR shall maintain medical control and operate under standing orders/protocols approved by its Medical Director and consistent with **ch. 256** and **DHS 110**.
 - e. CONTRACTOR shall provide telephone access suitable for receiving incoming emergency calls without delay or interruption at its sites of operations.
 - f. CONTRACTOR shall maintain redundant communications with the County PSAP and hospitals as specified in Section IV and the **Sheboygan County EMS Plan**.
 - g. The services herein required shall comply with the requirements of this AGREEMENT and the contract documents referred to herein.

F. SHEBOYGAN COUNTY AMBULANCE STATION LOCATIONS*

- a. Station 1 – 3100 Superior Ave, Sheboygan, WI 53081

- b. Station 2 – 1919 Ashland Ave, Sheboygan, WI 53081
- c. Station 3 – 375 Buffalo Ave, Sheboygan Falls, WI
- d. Station 4 – 604 S Milwaukee St., Plymouth, WI
- e. Station 5 – 20 S 11th Street, Oostburg, WI

2. *It may be in the best interest of the community, CONTRACTOR, and the citizens we serve to relocate one or all stations based on factors such as: call volumes, population trends, hospital location, etc. CONTRACTOR will advise COUNTY of any such relocation.

III. Vehicles and Equipment

- A. During the term of this AGREEMENT, CONTRACTOR shall possess, maintain, and provide the minimum number of ambulance vehicles sufficient for the provision of the Ambulance Services under this AGREEMENT and pursuant to applicable federal, state, and local laws and regulations (including, but not limited to, any applicable waivers and COUNTY policies and procedures).
 1. Other use of said ambulance vehicles shall not impede CONTRACTOR'S ability to meet the operational standard of COUNTY under Section II, above.
 2. CONTRACTOR shall equip, maintain, and operate its vehicles in accordance with the laws of the State of Wisconsin and the rules and regulations of the Wisconsin Department of Health Services and Wisconsin Department of Transportation.
 3. All vehicles shall be subject to inspection by COUNTY upon reasonable written notice to CONTRACTOR, provided that such written notice is given to CONTRACTOR at least seven (7) business days prior to the inspection date.
- B. CONTRACTOR shall be responsible for all vehicle maintenance and repair. This shall include all repairs, preventive maintenance, parts replacement, labor, and other actions necessary to keep the vehicles in safe and efficient operating condition.
- C. CONTRACTOR shall provide all emergency medical equipment and supplies necessary to perform the provisions of this AGREEMENT. The equipment and supplies shall be current in nature and maintained in accordance with standard medical practices and the laws of the State of Wisconsin and rules and regulations of the Wisconsin Department of Health Services and the Wisconsin Department of Transportation.
- D. COUNTY agrees to request of the municipalities set forth on Exhibit D to respond with a rescue vehicle equipped at a minimum with extrication equipment set forth in Trans 309, Wisconsin Administrative Code to emergency incidents involving

entrapment, confined entity, or high rise rescue and all motor vehicle injury accidents within the Service Area limits upon CONTRACTOR'S request, where CONTRACTOR'S ambulance vehicle responding to such incident is not equipped with extrication equipment as required in Wisconsin Administrative Code Trans 309.25, or any amendments thereto.

IV. Communications

A. CONTRACTOR shall possess, maintain, and provide such communications equipment, facilities, and supplies as are deemed necessary by COUNTY for dispatch of CONTRACTOR'S ambulances. In addition, thereto, CONTRACTOR shall provide and maintain the following:

1. Necessary communications equipment in each ambulance so as to be capable of transmitting and receiving on the COUNTY'S designated sheriff radio frequency.
2. Multichannel radio communication capabilities enabling communications with: First Responders on Sheboygan County Fire frequency; Sheboygan County Sheriff's Department on Fire frequency; and the two (2) Sheboygan County hospitals on frequencies 155.340 and 155.400 using the appropriate private line tone codes for each hospital.
3. COUNTY RADIO EQUIPMENT. CONTRACTOR shall use in the provision of Ambulance Services the radio equipment which has been provided to it by COUNTY as described on Exhibit A, as attached and incorporated hereto. CONTRACTOR shall maintain and keep such equipment in good repair and shall be responsible for any damage or losses to such equipment, ordinary wear and tear excepted. Upon termination or expiration of this AGREEMENT, CONTRACTOR shall promptly return the equipment to COUNTY.

B. All such equipment shall meet all applicable national and state standards.

V. Quality Assurance Plan

A. CONTRACTOR shall develop and implement a quality assurance plan to monitor and evaluate quality and appropriateness of care to enhance and ensure delivery of high-quality care.

1. The plan should delineate objectives, authority, responsibility, and communications between ambulance and physicians/hospital staff. Provisions for due process and corrective measures for substandard care should be outlined.
2. CONTRACTOR shall provide a copy of its quality assurance plan to COUNTY.

B. The Sheboygan County Emergency Medical Services Council ("EMS Council") shall meet as needed to review and discuss with CONTRACTOR its plan referred to in Section V.

VI. Local Medical Director

A. CONTRACTOR shall have a medical director who shall be a physician with a current practice in Sheboygan County.

1. The medical director's minimum involvement with CONTRACTOR'S service shall be a monthly medical quality control review.
2. CONTRACTOR shall provide COUNTY with a description of its medical quality control review procedures and submit a signed letter from its medical director confirming his/her involvement with CONTRACTOR'S Ambulance Service to COUNTY.
3. The above medical director shall meet with the EMS Council to assist with the resolution of patient care/quality control issues at COUNTY'S request.

VII. Status as Independent Contractor

A. CONTRACTOR is, and shall at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required of it by the terms of this AGREEMENT. Nothing herein contained shall be construed as creating the relationship of employer and employee or principal and agent between COUNTY and CONTRACTOR or any of CONTRACTOR'S agents, officers, or employees. CONTRACTOR assumes exclusively the responsibility for the acts of its employees as they relate to the services to be provided during the course and scope of their employment. CONTRACTOR, its agents, officers, and employees shall not be entitled to any rights or privileges of COUNTY employees and shall not be considered in any manner to be COUNTY employees. No representations contrary to any of the above shall be made either directly or indirectly.

VIII. Delegation and Assignment

A. CONTRACTOR may not delegate, assign, or transfer for other than loan collateral purposes, rights or obligations hereunder, either in whole or in part, without prior written consent of COUNTY which shall not be unreasonably withheld; provided that, this Section VIII does not prohibit CONTRACTOR from entering into and fulfilling obligations under mutual aid agreements with other EMS providers. Any attempted assignment or delegation of this Section VIII shall be void, except as provided herein.

IX. Licenses and Laws

- A. CONTRACTOR shall, prior to providing any Ambulance Services under this AGREEMENT and throughout its term, obtain and continue in force all licenses, permits, approvals, authorizations, waivers, and exemptions necessary for the provision of Ambulance Services hereunder and required by the laws and regulations of the United States, the State of Wisconsin, the County of Sheboygan, the City of Sheboygan, and all other governmental agencies.
 1. The CONTRACTOR shall notify COUNTY within seventy-two (72) hours, in writing, of its inability to obtain or maintain any of the requirements in Section IX.A., above.
 2. The CONTRACTOR shall notify COUNTY within seventy-two (72) hours, in writing, of a refusal or denial of any application for requirement in Section IX.A, above.
 3. CONTRACTOR shall, if permitted by law, continue to provide Ambulance Services during the pendency of any appeal or reapplication for any such refused or denied applications.
- B. CONTRACTOR shall be subject to and comply with all applicable laws, rules, regulations, or ordinances of the United States, the State of Wisconsin, and the County of Sheboygan (including the Sheboygan County Emergency Medical Services Plan, attached hereto as **Exhibit B**) as they now exist or may be hereafter amended.

Indemnification

Each Party is responsible for all acts and omissions of itself and its employees and agents and neither Party agrees to indemnify the other Party for those acts or omissions; provided, however, that this provision shall not constitute a waiver by any Party of any right to indemnification, contribution, subrogation or other remedy that such Party may have by operation of law or in equity.

Insurance

CONTRACTOR shall obtain and maintain, at its sole cost and expense, professional, automotive, and comprehensive general liability insurance coverage consistent with industry accepted coverage limits, and any such minimum amounts as may be required for participation in the Wisconsin Injured Patients and Families Compensation Fund, and as may otherwise be required by applicable law. CONTRACTOR shall furnish COUNTY with satisfactory evidence of any insurance coverage required under this Agreement upon request and shall notify COUNTY at least thirty (30) days prior to any material change in or termination of any insurance coverage required under this Agreement.

Provision of Other Services

CONTRACTOR may respond to non-emergency ambulance service calls which are beyond the scope of this AGREEMENT with the same equipment necessary for this AGREEMENT so long as such operations do not interfere with the Ambulance Services required under this AGREEMENT. CONTRACTOR may establish and adjust its rates for non-emergency ambulance transfers. Further, nothing in this AGREEMENT precludes CONTRACTOR from providing emergency ambulance services outside the Service Area, provided, however, that such services do not impede its ability to meet the operational commitments under this AGREEMENT.

Additional Services

- A. Upon COUNTY'S request, CONTRACTOR shall have a communications meeting with Telecommunications Center personnel to facilitate and enhance the efficiency and effectiveness of the Ambulance Services provided under this AGREEMENT.
- B. To the extent permitted by law, CONTRACTOR shall notify COUNTY and/or affected COUNTY personnel immediately of any incident to which COUNTY personnel responded where CONTRACTOR becomes aware that a person provided Ambulance Services under this AGREEMENT is/was found to be infected with a contagious disease, in particular HIV or Hepatitis-B.
- C. CONTRACTOR agrees, at no cost to COUNTY to participate in COUNTY training exercises involving disaster preparedness, hazardous materials mitigation, or disaster training as required pursuant to applicable state and local law, and to the extent that such involvement by CONTRACTOR does not impede its ability to meet the operational commitments under this AGREEMENT.

Reporting Requirements

- A. In order to determine and document the quality and quantity of Ambulance Services to be provided hereunder, CONTRACTOR agrees to keep and/or provide the Law Committee, and EMS Council, at such intervals or at such times as may be requested, its reports of services listed hereunder.
 1. As applicable, CONTRACTOR shall keep a complete record of ambulance service on an approved form as required by the State of Wisconsin.
 2. Upon request, CONTRACTOR shall provide COUNTY with response time reports for COUNTY service areas.

3. Upon request, CONTRACTOR shall provide COUNTY incident reports for incidents involving a response time of over twenty-five (25) minutes.
4. COUNTY may request reasonable additional reports of a nonproprietary nature of CONTRACTOR as COUNTY deems necessary from time to time for provision of Ambulance Services in the Service Area. COUNTY will be specific as to the information requested and allow thirty (30) days for CONTRACTOR to respond and COUNTY agrees to keep such reports confidential to the extent permitted by law.

Federal Health Care Programs; Nondiscrimination; HIPAA; Compliance

- A. As applicable under the terms of this Agreement, each Party hereby represents and warrants that neither it nor any of its employees and/or contractors providing services to patients has been convicted of any criminal offense related to health care, nor been debarred, excluded, or otherwise ineligible for participation in any federal government health care program, including Medicare and Medicaid (collectively, "Federal Health Care Programs"). As applicable under the terms of this Agreement, each Party hereby agrees to immediately notify the other Party of any threatened, proposed, or actual conviction or exclusion from any Federal Health Care Program. In the event that a Party, its employees and/or contractors is convicted of any criminal offense related to health care or is excluded from participation in any Federal Health Care Program during the Term, or if at any time after the Effective Date of this Agreement it is determined that a Party is in breach of this provision, this Agreement, shall, as of the effective date of such conviction, exclusion, or breach, automatically terminate without penalty or costs except those incurred prior to the date of termination.
- B. Neither Party shall differentiate or discriminate in the provision of medical services on the basis of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, medical condition, medical history, genetics, evidence of insurability, or claims history, in violation of any applicable state, federal, or local law or regulation, or other rules or policies, including, without limitation, the Age Discrimination Act of 1975, the Americans with Disabilities Act, and all regulations issued pursuant thereto and as may be amended from time to time. The Parties shall be in full compliance with Section 504 of the Rehabilitation Act of 1973, Titles VI and VII of the 1964 Civil Rights Act, and all regulations issued pursuant thereto and as may be amended from time to time.

- C. In the course of the Agreement, a Party, its employees, consultants or vendors may come in contact with the other Party's confidential patient information. Such information is confidential and protected by state and federal laws. In acknowledgement of the confidential nature of patient information, each Party agrees that it shall only, and shall ensure that their employees, consultants or vendors only, access, use or disclose the other Party's confidential patient information and PHI in compliance with applicable state or federal, laws, including but not limited to, privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. § 1320d et seq.), as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, and all rules and regulations promulgated thereunder (collectively, "HIP AA").
- D. It is the intention of the Parties to fully comply with all applicable laws and regulations in performing the respective duties and responsibilities under this Agreement. Each Party at its own cost and expense shall perform any act which may be required of it by law or regulation. The Parties believe that this Agreement complies with all relevant laws and regulations, specifically including, but not limited to, the Medicare-Medicaid Anti-Fraud and Abuse Amendments of 1977, the Anti-Kickback Statute, and the statutes commonly known as the Stark Law.

Ambulance Rates, Billings, and Collections

- A. CONTRACTOR agrees to establish a reasonable schedule of rates to be charged to users for Ambulance Services rendered pursuant to this AGREEMENT. CONTRACTOR further agrees to provide written notice to COUNTY of any rate increases prior to the effective date.
- B. CONTRACTOR shall be responsible for billing and collection of all charges made for Ambulance Services rendered pursuant to this AGREEMENT. COUNTY shall not assist in collection of any user fees and shall not be responsible nor in any way reimburse CONTRACTOR for non-collectible fees or charges.
- C. CONTRACTOR agrees to provide Ambulance Services for persons in law enforcement custody under Chapter 51, Wisconsin Statutes, in the Service Area upon request of law enforcement officers. The County acknowledges and agrees that, in circumstances where an individual encountered by Emergency Medical Services (EMS) personnel presents a material or imminent risk of physical harm to such personnel, law enforcement assistance shall be provided upon the request of EMS. In addition, in any instance where a patient has been placed in physical restraints or handcuffs by law enforcement, and such restraints cannot be removed by EMS personnel, the County agrees that a law enforcement officer shall accompany the patient within the ambulance during transport. The presence of the officer shall

ensure that the patient may be safely unrestrained if, in the professional judgment of EMS personnel, removal of such restraints becomes necessary for medical reasons or in the event of a vehicular accident.

D. CONTRACTOR agrees to provide standby emergency ambulance services upon request of COUNTY at the scene of incidents involving the high potential of injury to civilians and/or COUNTY public safety personnel.

X. Default/Termination

A. CONTRACTOR agrees that noncompliance with any of the terms, requirements, and conditions of this AGREEMENT or a determination of illegal acts while providing Ambulance Services may result in the following actions being imposed upon CONTRACTOR:

1. Subrogation to COUNTY of any and all rights to recover for damages incurred by COUNTY resulting from noncompliance or illegal services.
2. Termination of the AGREEMENT.

B. COUNTY may, without any advance notice, terminate this AGREEMENT with CONTRACTOR if any of the following occur:

1. CONTRACTOR ceases to be in compliance with State of Wisconsin laws and administrative codes relative to the provision of Ambulance Services.
2. Suspension, revocation, termination, surrender, or lapse of CONTRACTOR'S certification by the State of Wisconsin Department of Health and Social Services as an ambulance service provider.
3. Initiation of any proceedings by or against CONTRACTOR under Chapter 7, U.S. Bankruptcy Code (Title 11, U.S.C.).
4. Voluntary written admission of insolvency or financial inability of CONTRACTOR to continue provision of Ambulance Services.

C. CONTRACTOR may, within thirty (30) days' advance notice, terminate this AGREEMENT with COUNTY if either of the following events occur:

1. Initiation of any proceedings by or against CONTRACTOR under Chapter 7, U.S. Bankruptcy Code (Title 11, U.S.C.).
2. Voluntary written admission of insolvency or financial inability of CONTRACTOR to continue provision of Ambulance Services.

D. COUNTY may terminate this AGREEMENT with cause which is defined as a default or material breach by CONTRACTOR hereunder, upon at least thirty (30) days' written notice to CONTRACTOR, unless such default or material breach has been corrected during said period.

E. CONTRACTOR may terminate this AGREEMENT with cause which is defined as a default or material breach by COUNTY hereunder, upon at least thirty (30) days'

written notice to COUNTY, unless such default or material breach has been corrected during said period.

- F. CONTRACTOR may terminate this AGREEMENT without cause upon at least sixty (60) days' written notice in the event the Service Area is altered resulting in (a) a reduction of five thousand (5,000) or more residents from the current population served, or (b) the withdrawal of any individual municipality or political subdivision with a population of five thousand (5,000) or more residents. Such reduction shall constitute a material change in the financial assumptions underlying this AGREEMENT. Upon notice of such change, the PARTIES shall enter into good-faith negotiations to amend this AGREEMENT, including potential subsidization if appropriate, to reflect the revised Service Area. The PARTIES shall have sixty (60) days from the date of such notice to negotiate and execute a written amendment. If no amendment is executed within such sixty (60)-day period, CONTRACTOR may proceed with termination pursuant to this Section, and nothing herein shall obligate either PARTY to agree to revised terms.
- G. Waiver of any noncompliance or default shall not be deemed a waiver of any subsequent noncompliance or default. Waiver or breach of any provision of this AGREEMENT shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of this AGREEMENT unless stated to be such in writing by COUNTY and attached to the original AGREEMENT.
- H. The determination of the validity of alleged noncompliance, inadequate, improper, or illegal provision of ambulance services, the decision to terminate and/or penalties to be imposed upon. CONTRACTOR shall be within the discretion of the Law Committee. COUNTY shall give seventy-two (72) hours' advance written notice to CONTRACTOR prior to any Law Committee meeting at which a hearing will be conducted to hear any complaint against CONTRACTOR relative to termination of the AGREEMENT, noncompliance of AGREEMENT provisions, or inadequate, improper, or illegal provision of Ambulance Services by CONTRACTOR. CONTRACTOR has a right to attend said meeting and respond to the allegations being considered by the Law Committee.
- I. COUNTY shall abide by the terms of this AGREEMENT and remain Parties through its entire term except as provided under Section XVII of this AGREEMENT.
- J. This AGREEMENT may be terminated for any or no reason by CONTRACTOR, on not less than ninety (90) days' prior notice to COUNTY.

XI. Notices

- A. All notices, correspondence, reports, and/or statements authorized or required by this AGREEMENT shall be addressed as follows:

1. COUNTY:

Sheboygan County Sheriff's Department
Attention: Inspector
525 North Sixth Street
Sheboygan, Wisconsin 53081

2. CONTRACTOR

Orange Cross Ambulance, Inc.
1919 Ashland Avenue
Sheboygan, Wisconsin 53081

B. Unless otherwise specified herein, and then only to the extent inconsistent with this paragraph, all notices shall be written and deemed effective when deposited in the U.S. Mail, Certified Mail, postage prepaid, return receipt requested, and addressed to the Parties listed above.

XII. Choice of Destination

A. CONTRACTOR agrees that nothing contained herein shall prevent patients from choosing which emergency medical facility they wish to be transported to within reasonable proximity to the emergency scene. If a choice of medical facility is not timely specified by the patient or someone legally entitled to choose for the patient, CONTRACTOR'S responding staff shall decide the patient's destination. Such decisions shall utilize training and experience of the staff and be based upon the totality of the then existing circumstances.

XIII. Contract Documents

A. This AGREEMENT shall also include the following documents, which are hereby incorporated by reference as though fully set forth herein:

1. Municipalities that have agreed to have COUNTY act on their behalf in negotiating this AGREEMENT (Exhibit D).
2. The Sheboygan County Emergency Medical Services Plan dated February 2025 which may be amended from time to time (Exhibit B).
3. The Map of Sheboygan County taken from the Emergency Medical Services Plan which may be amended from time to time (Exhibit C).
4. County Radio Equipment (Exhibit A)

B. In the event of any conflict between this AGREEMENT and the contract documents referred to in Section XX.A. 1 through 4 above, such conflict shall be

resolved by trying to harmonize both documents, and if that fails then the provisions of this Agreement will control.

XIV. Consideration for Provision of Service

A. In consideration for CONTRACTOR'S assurances of availability and its provision of Ambulance Services described in this AGREEMENT, COUNTY agrees to provide dispatch of CONTRACTOR'S Ambulance Services to emergency and non-emergency incidents in the designated Service Area. COUNTY further agrees not to enter into or create an ambulance service for the purpose of providing emergency medical services for the areas designated in Exhibit C during the duration of this Agreement or support any efforts on the part of any participating municipality set forth in Exhibit D to enter into other arrangements for ambulance services.

To evidence their agreement hereto, the Parties have signed the herein AGREEMENT on the dates after their signatures to wit:

AMBULANCE CONTRACTOR

Orange Cross Ambulance, Inc.

Executive Director

Dated: _____

COUNTY

Sheboygan County

By Its Law Committee

Chairman

Vice Chairman

Secretary

Member

Dated: _____

Exhibit A

Radio Equipment

6030001,481CRM9741,OCA CMD E PORT
6030002,481CRM9742,OCA CMD F PORT
6030003,481CRM9743,OCA CMD G PORT
6030004,481CRM9744,OCA CMD H PORT
6030005,481CRM9745,OCA 3056B PORT
6030006,481CRM9746,OCA 3051A PORT
6030007,481CRM9747,OCA 3051B PORT
6030008,481CRM9748,OCA CMD A PORT
6030009,481CRM9749,OCA 3051C PORT
6030010,481CRM9750,OCA CMD B PORT
6030012,481CRM9752,OCA 3055A PORT
6030013,481CRM9753,OCA 3001A PORT
6030014,481CRM9754,OCA 3051D PORT
6030015,481CRM9755,OCA CMD C PORT
6030016,481CRM9756,OCA CMD D PORT
6030017,481CRM9757,OCA 3052A PORT
6030018,481CRM9758,OCA 3052B PORT
6030019,481CRM9759,OCA 3052C PORT
6030021,481CRMC317,OCA 3052D PORT
6030022,481CRMC318,OCA 3053A PORT
6030023,481CRMC319,OCA 3053B PORT
6030024,481CRMC320,OCA 3053C PORT
6030025,481CRMC321,OCA 3053D PORT
6030026,481CRMC322,OCA 3054A PORT
6030027,481CRMC323,OCA 3054B PORT
6030028,481CRMC324,OCA 3054C PORT
6030029,481CRMC325,OCA 3054D PORT
6030031,481CRMC327,OCA 3050A PORT
6030032,481CRMC328,OCA 3050B PORT
6030033,481CRMC329,OCA 3050C PORT
6030034,481CRMC330,OCA 3050D PORT
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6030037,481CRMC333,OCA 3055C PORT
6030038,481CRMC334,OCA 3055D PORT
6030039,481CRMC335,OCA 3056A PORT
6030040,481CRMC336,OCA DISP A PORT
6030041,481CRM9740,OCA DISP B PORT
6030500,527CRM3882,OCA INTERCEPT 1
6030501,527CRM3883,OCA MED 6
6030502,527CRM3884,OCA MED 11
6030503,527CRM3885,OCA MED 1
6030504,527CRM3886,OCA MED 2
6030505,527CRM3887,OCA MED 3

OCA RADIO LIST 12-22-2025 P2

6030506,527CRM3888,OCA MED 5
6030507,527CRM3889,OCA MED 9
6030508,527CRM3895,OCA MED 7
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6030514,527CRM3864,OCA MED 10
6030515,681CZR2577,OCA MED 8
6030516,527CRM3681,OCA MED 12
6030900,471CRM1554,OCA INTERCEPT 2
6030901,471CRM1555,OCA DISPATCH

Exhibit B

Sheboygan County EMS Plan

SHEBOYGAN COUNTY

EMERGENCY MEDICAL SERVICES PLAN

DATE ADOPTED BY E.M.S. COUNCIL

Revised February 2025

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EMS PLAN

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SHEBOYGAN COUNTY EMS COUNCIL

MISSION STATEMENT

The Sheboygan County EMS Council's Mission is to provide a forum for a group of well informed individuals from all areas of Emergency Services including Emergency Medical Responders, Fire Departments, Ambulance Services, Government Officials, Legal, and Health Professionals to oversee the EMS system in Sheboygan County. The Council serves as an advisory committee to the Sheboygan County Board of Supervisors' Law Committee to keep it informed of changes in emergency services and the present and future needs of EMS.

The Council acts in the best interest of the County to address issues of concern or questions from the public. The Council will provide information, education and training as to the operations of the EMS system in Sheboygan County.

The Council strives to provide the highest level of Emergency Medical Services to the citizens and visitors of the Sheboygan County area.

EMERGENCY MEDICAL SERVICES PLAN FOR SHEBOYGAN COUNTY

GENERAL CONCEPT

The concept adopted by the Sheboygan County Emergency Medical Services Council is a network of various levels of support located throughout the County of Sheboygan, each level complimenting the other.

This continuum of support is composed of Emergency Medical Responders, Ambulance Services, and emergency care at the hospitals.

All of these segments will be addressed in this plan. A combination of quality care, cost effectiveness, realism and goal setting will be the governing factors throughout.

I. EMERGENCY MEDICAL RESPONDERS

A. There are two levels of Emergency Medical Responders in Sheboygan County.

1. The first level are individuals throughout the County, many of whom are trained in First-Aid, CPR, AED (Automatic External Defibrillator). They are involved in many walks of life and could, if necessary, react in situations where a victim has stopped breathing or, as a passerby, render support at an emergency. This group of people responds as individuals with or without an allegiance to any particular group (e.g., general public). They provide a valuable asset to a community's emergency medical resources. Efforts are continuing to respond to the growing demands for CPR training in our County, so that the number of individuals possessing this skill may be increased.

2. The second level of Emergency Medical Responder support at present consists of some law enforcement personnel, fire department personnel, and volunteer organizations who are certified Emergency Medical Responders. People at this level of Emergency Medical Responder participate as part of a group and have allegiance to particular organizations. Individuals at this level shall be trained through a designated Emergency Medical Responder Training Course and shall be licensed for operation by the State of Wisconsin. These individuals shall adhere to the guidelines under the Sheboygan County Emergency Medical Services Council Standard for Emergency Medical Responder Units.

B. State Licensed Emergency Medical Responder Units

1. Adell Fire Department Emergency Medical Responder Unit
2. Aldrich LLC Emergency Medical Responder Unit
3. Cascade Fire Department Emergency Medical Responder Unit
4. Cedar Grove Fire Department Emergency Medical Responder Unit
5. Howards Grove Fire Department Emergency Medical Responder Unit
6. Glenbeulah Fire Department Emergency Medical Responder Unit
7. City of Sheboygan Falls Fire Dept. Emergency Medical Responder Unit

8. City of Sheboygan Fire Department
9. St. Cloud Emergency Medical Responders
10. Town of Scott Emergency Medical Responders
11. Town of Sheboygan Fire Department Emergency Medical Responder Unit
12. Town of Sheboygan Falls Fire Dept. Emergency Medical Responder Unit
13. Village of Elkhart Lake Emergency Medical Responder Unit
14. Kohler Police Department/Village of Kohler
15. Town of Wilson Fire Department Emergency Medical Responders
16. Oostburg Fire Department Emergency Medical Responders

C. Sheboygan County Emergency Medical Services Council Standards for Emergency Medical Responder Groups

1. Overall Objective. Medical Emergency Medical Responders are the foundation of the EMS system by providing immediate care to the victims of trauma and illnesses. Emergency Medical Responders in rural communities can dramatically decrease response time and give stability to an emergency scene. It is critical that the Emergency Medical Responders be proficient in providing basic life support and in taking the necessary action to minimize the patient's discomfort and prevent further complications.
2. Identification. Individuals participating in this level of care shall be identified and dispatched as Emergency Medical Responders.
3. Role. The Emergency Medical Responders should respond only upon request of the emergency dispatchers. In doing so, they may arrive at the scene before the responding ambulance service. The skills and equipment of Emergency Medical Responders enable the initiation of basic life support techniques and patient stabilization. Emergency Medical Responders also gather appropriate patient history information and performs a physical examination on the patient(s). Base line vital signs are also obtained and recorded for the responding ambulance crews. Emergency Medical Responders should only lift and move patients prior to ambulance arrival when absolutely necessary, and shall do so without causing additional injury. Emergency Medical Responders shall make themselves available to assist responding ambulance personnel.
4. Skill Level. The Emergency Medical Responders shall be trained and certified in emergency medical care as set forth by the State of Wisconsin Department of Transportation Emergency Medical Responder Course. Typically, as the first on-scene, the Emergency Medical Responders must be knowledgeable about basic principles of emergency medical care and must know what should, as well as what should not, be done. Their primary function is to stabilize a patient's condition until the responding ambulance service arrives.
5. Responsibility At Emergency Scene. It is recognized that the responsibilities of the Emergency Medical Responders at an emergency scene may be numerous, depending on the situation. The Emergency Medical Responders may need to perform the following activities:

- Administer basic emergency medical care;
- Request the dispatcher to summon additional resources, such as fire department units, electric power company units, heavy-duty rescue units, aeromedical transport, etc.;
- Move victims;
- Solicit and direct help of bystanders;
- Relay additional information from relatives and bystanders to responding ambulance service;
- Complete Emergency Medical Responder Report Forms;
- Assist ambulance personnel in patient care, including but not limited to CPR, extrication, and driving the ambulance.

6. Recommended Equipment. See Appendix D for Equipment List.

7. Policies: Emergency Medical Responders.

a. Certified Emergency Medical Responders shall complete the State of Wisconsin Department of Transportation Emergency Medical Responder Training Course prior to being recognized by the Sheboygan County EMS Council.

b. Emergency Medical Responder Units desiring to become recognized by the Sheboygan County EMS Council will present their plan of operation to the Council.

- Contact the EMS Council Secretary to place the proposal on the next meeting agenda. The proposal will include scheduling method, mode of transportation, equipment available and identification.
- The proposal will be reviewed by the Plans and Goals Subcommittee.
- The Plans and Goals subcommittee will present the proposal at the next EMS Council meeting.
- The EMS Council will conduct an oral or written ballot. The vote will constitute a recommendation to the Law Committee.
- Upon Law Committee approval of the Emergency Medical Responder Unit's Operational Plan, any subsequent future changes shall be reviewed in the same procedural manner.

c. The Emergency Medical Responder Units shall maintain a report for each emergency call to which it has responded.

d. Emergency Medical Responder Units shall have some affiliation with a transporting EMS agency.

e. Boundary lines for Emergency Medical Responder Units will be defined and established by the Sheboygan County EMS Council. (See Appendix A).

f. Emergency Medical Responder Units shall schedule and respond with the

designated number of personnel to a call, preferably two, but possibly more, if needed.

- g. Emergency Medical Responder Units shall be dispatched by the appropriate Public Safety Answering Point (PSAP) on Sheboygan County Fire frequency, Sheboygan City Fire frequency, in-house paging or character generator.
- h. The activity of one service may necessitate temporary geographical extension of another service.
- i. Radio communications between Emergency Medical Responder Units and ambulances shall be on the EMS Talk Groups.
- j. Any time an Emergency Medical Responder Unit is dispatched for a medical call, an ambulance or paramedic intercept unit will also be dispatched.
(Exception: Lift Assist/Citizen assist calls: Emergency Medical Responders may cancel the responding ambulance if they have established independent responsibility for citizen/lift assist call in their area.)
- k. It is not considered to be within the role of the Emergency Medical Responder Unit to divert (call off) an ambulance once it has been dispatched, unless the call is later determined to be non-medical in nature or the medical call is cancelled. The ambulance crew will determine whether to respond in the emergency or non-emergency mode based upon the information received through dispatch and/or Emergency Medical Responders on-scene.
- l. Emergency Medical Responders that are certified to a higher level of care, (e.g. paramedic) may use their advanced skills if they work for and have liability coverage from the responding ambulance service.

II. **AMBULANCE SERVICES**

A. Ambulance Transportation is provided by six (6) services in Sheboygan County and surrounding areas.

1. Orange Cross Ambulance, Incorporated. Orange Cross Ambulance (OCA) is a combination part-time/full time BLS and ALS service which operates multiple transport vehicles and up to two paramedic intercept units. The County of Sheboygan contract with OCA for specific ambulance services, primarily 911 response. Orange Cross will also provide non-emergency transport and interfacility transfers.
2. City of Sheboygan Fire Department Ambulance. The City of Sheboygan Fire Department Ambulance is a full-time career-oriented paramedic service which operates multiple transport vehicles, ALS/BLS first response engine companies, and provides non-emergent and emergent hospital to hospital transport services.
3. Random Lake Fire Department. Random Lake has one full-time member along with volunteer support EMS Organization with AEMTs which provides emergency medical responders and operates multiple transport vehicles. Sheboygan County contracts with them for specific ambulance services.

4. Kiel Ambulance Service. Kiel is a part-time EMS Organization with BLS and ALS which operates multiple transport vehicles. They are an adjunct of Kiel Fire Department. They do not contract with Sheboygan County.
5. Mt. Calvary Ambulance Service. Mt. Calvary is a volunteer EMS Organization which operates one transport vehicle. Sheboygan County has designated a portion of the Town of Russell and Town of Greenbush for specific ambulance services.
6. Plymouth Fire Department. Plymouth Fire Department is a volunteer EMS Organization with AEMTs which provides emergency medical responders and operates one transport vehicle. Sheboygan County has designated them as the primary EMS provider for the Sheboygan County Hazardous Materials Team and MABAS Division 113 Dive Team. They do not contract with Sheboygan County. Plymouth Fire Department Ambulance may provide mutual aid as needed within Sheboygan County.

B. Policies: Ambulance Services

1. Dispatch. Ambulances shall be dispatched according to the service response area as described under transportation services and boundaries found in Appendix B as well as the protocols set forth by Emergency Medical Dispatch (EMD). The activity of one service may necessitate temporary geographical extension of another service.
2. Response Time.
 - a. Response times should be reflected in the individual ambulance service contracts, and are subject to review as circumstances dictate. E.g, weather, construction, etc.
 - b. Response time is defined as the interval between the Public Safety Answering Point (PSAP) dispatching the service and the time the responding agency calls on-scene.
3. Destination. The medical needs, specialty needs and the patient's preference shall be the primary indicators as to the destination.
4. Time Reporting. Ambulance services dispatched by a Public Safety Answering Point (PSAP) shall promptly and accurately report the following times via radio to the appropriate PSAP:
 - a. The time en route.
 - b. The time arrived at scene.
 - c. The time leaving the scene.
 - d. Time arrived at medical facility.

If radio traffic prohibits the ambulance service from providing the PSAP with any given times, the PSAP should be contacted as soon as possible and advised of the time in question.

C. Policies: Participating Ambulance Services and Emergency Medical Responders

All participating EMS providers will operate in accordance to Wisconsin State Statute and Administrative Code, and within the scope of their agency's operational plan.

D. ALS Intercepts

1. Any ambulance which has determined that they will be transporting a patient who could benefit from paramedic level services can request an intercept from Orange Cross, Sheboygan Fire Department, or Kiel Fire Department. Similar considerations exist for services in Washington and Ozaukee Counties. Likewise, the Medical Control Physicians at any of the hospitals may order an incoming ambulance to be intercepted by a paramedic unit as part of the overall treatment plan for the patient being transported to their facility. Such determinations should be made at the interest of providing the best possible care for the critically ill or injured patient.
2. When it has been determined that a paramedic intercept is desired by an incoming ambulance or the hospital medical control physician, the paramedic service shall be contacted as early as possible via radio contact with the Sheboygan Sheriff 911 dispatcher.
3. Information regarding the patient's condition should be provided along with the planned route of travel to the respective hospital. If the intercept is not planned to occur in transit, the exact address of the ambulance call should be specified.
4. The ambulance which is to be intercepted should utilize the dispatch assigned EMS channel for all communications with the paramedic unit. Use the appropriate hospital channel or cell phone to communicate with the Medical Control Physician.
5. Once the paramedic unit is en route, both ambulances should communicate with each other and decide the exact location where they will meet and the appropriate route.
6. When the ambulances have reached the rendezvous location, there are two methods of executing the paramedic intercept procedure:
 - a. Paramedic personnel shall board the incoming ambulance and transfer over all necessary advanced life support supplies and equipment from their paramedic ambulance vehicle. The paramedic personnel will remain with the intercepted ambulance for the remainder of the trip to the hospital. This procedure also requires that one person from the intercepted ambulance crew drive the unused paramedic ambulance vehicle to the hospital behind the transporting ambulance in the non-emergency mode. Communications will need to be carried out on the dispatch-assigned EMS channel or cell phone.

- b. The paramedic unit may transport patient, if transfer of a patient from the scene by the first ambulance has not begun.
- 7. requires an automatic paramedic co-dispatch for all Charlie, Delta, and Echo calls in areas serviced by BLS agencies.

III. COMMUNICATIONS

Sheboygan County has a combined dispatch center servicing all municipalities. Emergency Medical Dispatch (EMD) will be used to process all EMS calls, in accordance with policies established by the Sheboygan Sheriff's Office. Three committees have been established, the Quality Improvement Unit, the Dispatch Review Committee and the Dispatch Steering Committee. These committees will be responsible for continually reviewing the EMD program.

The Dispatchers have been trained in emergency medical dispatching. This facilitates the dispatching of appropriate medical services. It also allows dispatchers to provide instructions to bystanders/patients until Emergency Medical Responders or an Ambulance arrives (eg. CPR, open airways, direct pressure).

IV. MEDICAL FACILITIES

A. HSHS St. Nicholas Hospital

- 1. 24-Hour In-House Emergency Medicine Board Eligible or Emergency Medicine Certified M.D. coverage, with the addition of Physician Assistants and Nurse Practitioners to assist the physicians.
- 2. 24-Hour R.N. Coverage – ACLS Trained; PALS Trained; TNCC Trained.
- 3. Capable of receiving all levels of emergency cases.
- 4. Intermediate Haz-Mat Preparedness Level.
- 5. Designated as Level 4 Trauma Center.
- 6. Designated as a Primary Stroke Center.

B. Aurora Medical Center – Sheboygan County

1. 24-Hour In-House Emergency Medicine Board Eligible or Emergency Medicine Certified M.D. coverage, with the addition of Physician Assistants and Nurse Practitioners to assist the physicians.
2. 24-Hour R.N. Coverage – ACLS Trained; PALS Trained; TNCC Trained.
3. Capable of receiving all levels of emergency cases.
4. Intermediate Haz-Mat Preparedness Level.
5. Designated as Level 4 Trauma Center.
6. Designated as a Primary Stroke Center.

C. Aurora Medical Center – Sheboygan County and St. Nicholas Hospital medical facilities have agreed to participate in all levels of EMS Training according to State of Wisconsin approved EMT Levels Training and Operational Plans.

D. The hospitals assure that the emergency department physicians from their respective medical staff will be available for direct radio voice communications with EMS personnel in the field on a 24-hour a day basis.

The hospitals in Sheboygan County will assume some degree of medical control based on the following guidelines:

1. Patient choice determines the destination of transport, whenever possible. Therefore, the EMS Unit will first seek medical control from the destination hospital of choice.
2. If, at any time, it is not possible to establish direct voice contact with the medical control physician at any of the hospitals (e.g., the in-house ED physician is occupied on a resuscitation elsewhere within the hospital), the EMS Unit will seek medical control from another hospital and will transport to the original destination, or to a hospital per the patient's wishes. If this contact is not possible, the patient will be transported to the hospital under whose medical control the orders were given.
3. If a patient requiring EMS skills is going to be transported to an out-of-county hospital (i.e., St. Mary's in Mequon, Aurora in Grafton, St. Joseph's in West Bend, or St. Agnes in Fond du Lac), the necessary medical control should be obtained from the destination facility.
4. All of Sheboygan County's Medical Facilities have the capability to land helicopter ambulances.

V.

PROTOCOL – DISPATCH OF HELICOPTER AMBULANCES

A. Aero medical helicopter transportation should be considered when emergency care personnel have evaluated the individual's circumstances and have found that:

1. The time needed to transport a patient by ground to an appropriate facility proposes a threat to the patient's survival and recovery.
2. Extrication and rescue or weather and traffic conditions would seriously delay the patient's access to advanced life support.
3. Critical Care personnel and equipment are needed to adequately care for the patient (i.e., compromised airway, severe hemorrhagic shock).

B. Rapid transport to a Level 1 or 2 Trauma Center shall be considered when indicators of possible serious injury exist as stated in "*Guidelines for Trauma Definition*" found in Appendix C.

C. Any emergency care personnel at the scene of an incident may request an aero medical transport service by the following procedure:

1. Emergency care personnel will contact the appropriate dispatch center and communicate the need for aero medical transport. Basic information regarding the nature of illness or injury and the desired aero medical transport service should be given to the dispatcher.
2. The appropriate dispatch center will contact the requested aero medical transport service and will relay all pertinent information regarding the incident, particularly the specific geographical location.
3. The responding ambulance(s) will also be made aware of the request and preliminary patient information.
4. When time allows, the closest hospital should also be notified of the situation, in the event that ground transportation will be required.
5. The helicopter will confirm that they are en route to the scene. As the helicopter gets closer, it can contact EMS personnel on the ground for more specific information regarding patient condition, landing zone, and other logistical communications.
6. Prior to the field cancellation of aero medical services, hospital medical control shall be consulted.
7. Mobile phone App (Flight for Life) - The Helicopter Activation function (prior registration and approval required) instantly alerts Flight for Life of your location and request for Flight for Life aircraft. Simply tapping the Send Alert button allows you to send a text message to Flight for Life that includes your GPS coordinates, name, organization, and hospital or dispatch center. The agency requesting flight via the App is still required to notify dispatch.

VI. OUT-OF-COUNTY SERVICES

A. Three transporting services are located outside the borders of Sheboygan County. These transporting services should be requested only as a back-up unit when an existing service within Sheboygan County is not available or in the event of a disaster.

1. Campbellsport Ambulance Service (AEMT): Campbellsport Volunteer Ambulance is located approximately Eight (8) miles west of southwestern Sheboygan County. Because of the distance involved, the Campbellsport Ambulance should be requested only as a back-up unit. The Campbellsport Ambulance Service could be used as a back-up for the Random Lake Fire Department, or Orange Cross Ambulance. This transporting service should be utilized only when the above ambulance services are not available or in the event of a disaster.
2. Fredonia Fire Department Ambulance Service (Paramedic): The Fredonia Fire Department Ambulance Services is located five miles south of the Sheboygan County line. As such, it is positioned for fast access via STH 57 to a portion of southern Sheboygan County. The Fredonia Fire Department Ambulance Service should be considered as a back-up service when Random Lake is not available or in the event of a disaster.
3. Manitowoc Fire Department: Manitowoc Fire Department is a Paramedic Level Service located north of Sheboygan County in the City of Manitowoc. Manitowoc Fire Department can be considered as a back-up service when Orange Cross Ambulance or the City of Sheboygan is not available or in the event of a disaster.

Note: Kiel Ambulance Service and Mt. Calvary Ambulance Service are included in Section III. Transportation/Ambulance Services.

B. Sheboygan Co. EMS Policy Regarding Out-Of-County Services

1. The Sheboygan County EMS Council must continue to give their support to Sheboygan County's EMS System and support services. Services within the County should be utilized as primary providers.

The exception to this policy is when the fastest means of transportation is required and the geographic location is such that an out-of-country service would provide this.

2. This policy includes the assumption that all existing services provide quality medical care. Any allegations regarding cooperation, attitude, procedures at the scene, or general quality of care, should be brought to the Council as a separate issue.

VII. SUMMARY

The EMS System should be viewed as a continuum with each element complementing the others for the patient's benefit. Only when all elements in the EMS System understand their capabilities and limitations and cooperate in an effective and responsible manner, will each patient receive the optimal care from the system, starting at the emergency scene and continuing through to hospital discharge.

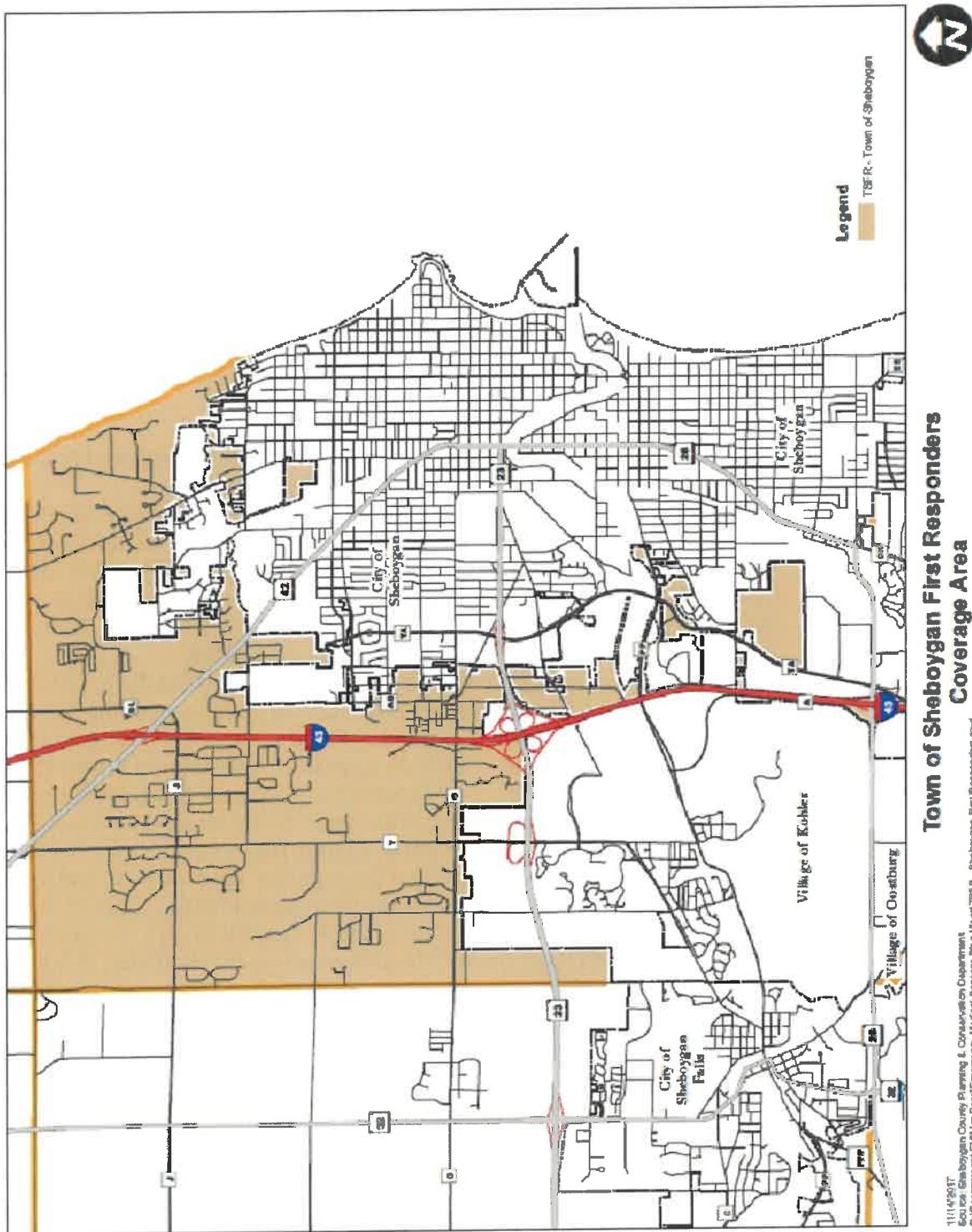
APPENDIX A

EMERGENCY MEDICAL RESPONDER UNITS AND BOUNDARIES

**TOWN OF SHEBOYGAN
FIRE DEPARTMENT**

RESPONSE AREA: Town of Sheboygan

BOUNDARIES: Corporate Limits of the Town of Sheboygan

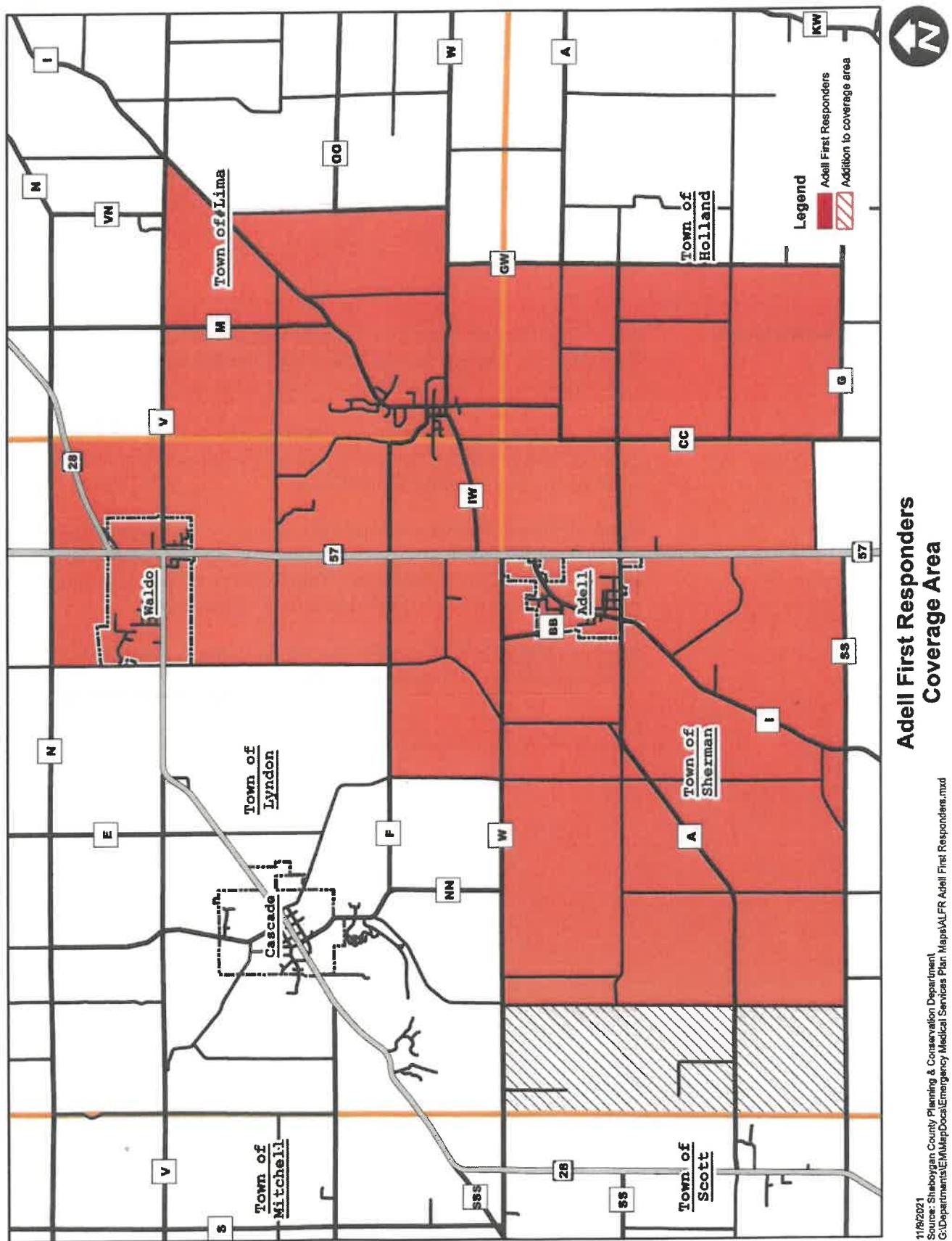


ADELL FIRE DEPARTMENT
EMERGENCY MEDICAL RESPONDER UNIT

RESPONSE AREA: Village of Adell
Hingham
Village of Waldo

PORTIONS: Town of Sherman
Town of Lyndon
Town of Lima
Town of Holland

BOUNDARIES: North – South side of County Road N from Blueberry Lane east to the Lima Town Line.
West – South on the east side of Blueberry Lane from County Road N to County Road F. Then west on County Road F covering the south side of the road to Bates Road. Then south on Bates Road covering the east side of the road to County Road W. Then west on County Road W covering the south side of the Road to the Town of Scott Line. Then south along the Town of Scott line to County Road SS.
East – From County Road N to County Road V along the Town of Lima line. The east on County Road V covering the south side of the road to County Road I. Then south on County Road I covering the west side of the road to Leynse Road. South on Leynse Road covering the west side of the road to County Road W. County Road W west covering the north side of the road to County Road GW. Then South on County Road GW covering the west side of the road to County Road G.
South – North side of County Road SS from the Town of Scott line to Highway 57. Then North on Highway 57 to Knuth Road. East on Knuth Road covering the north side of the road to County Road CC. Then south on County Road CC to County Road G covering the east side of the road. The east on G covering the north side of the rod to County Road GW.



**CASCADE FIRE DEPARTMENT
EMERGENCY MEDICAL RESPONDER UNIT**

RESPONSE AREA: Village of Cascade
Parnell
Town of Mitchell

PORTIONS: Town of Lyndon
Town of Greenbush

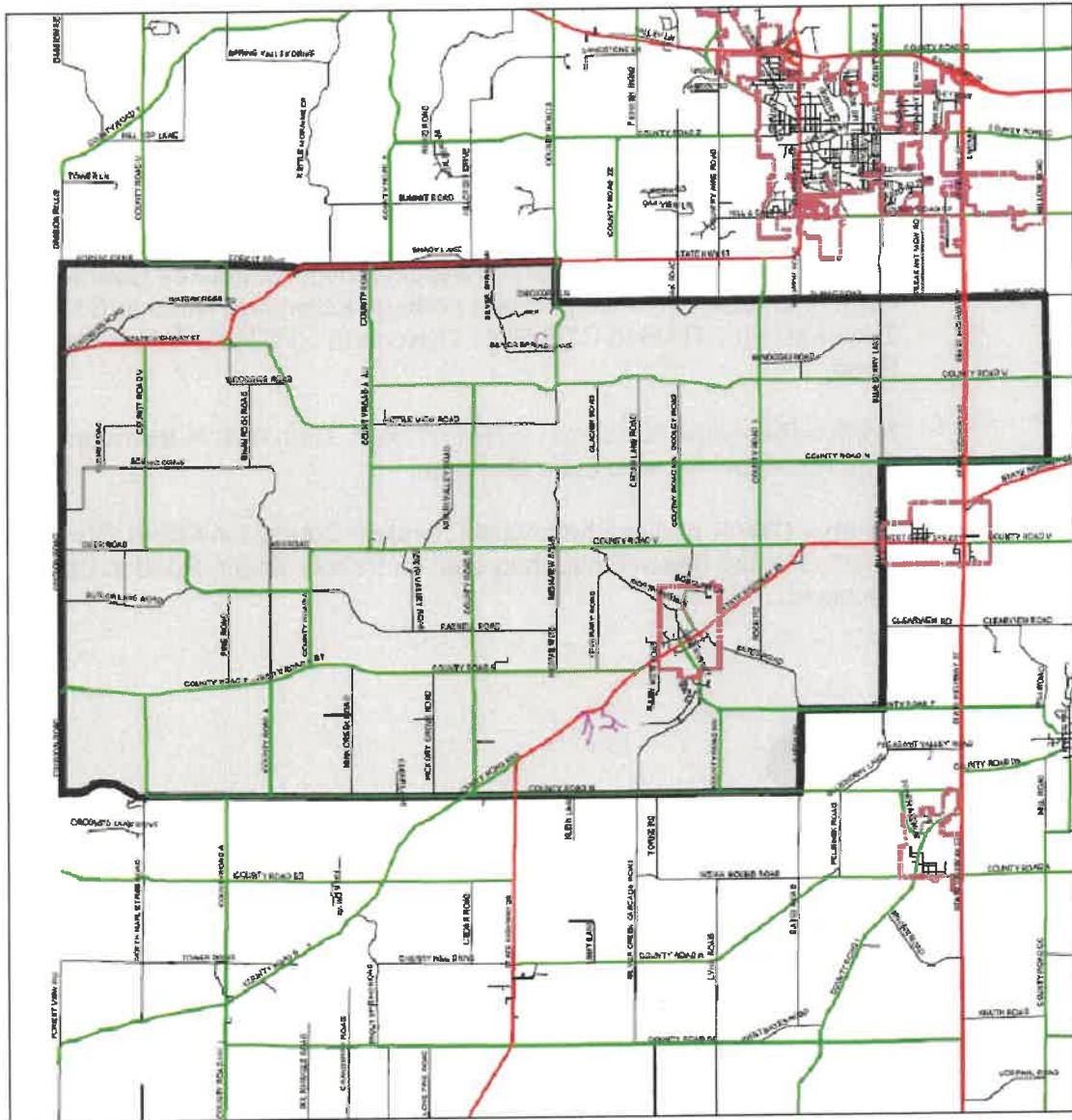
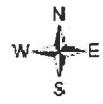
BOUNDARIES: East – The Lyndon Town Line from Sumac Road south to CTH N. Then west on CTH N to Blueberry Lane. Then south on Blueberry Lane to CTH F. Then west on CTH F to Bates Road. Then south on Bates Road to W.

West – Division Road and/or the Sheboygan/Fond du Lac County Line from CTH W/Division Road (west) north to Scenic Drive and continuing north in a straight line to Forest Drive.

North – Sumac Road from Willow Road west to its end and continuing west in a straight line to CTH S. Then north on CTH S to STH 67. Then west on STH 67 to Forest Drive. Then west on Forest Drive to Division Road and/or the Sheboygan/Fond du Lac County Line.

South – CTH W from Bates Road west to Division Road and/or Sheboygan/Fond du Lac County Line.

**SHEBOYGAN COUNTY
CASCADE FIRE DEPARTMENT
FIRST RESPONDER UNIT**



CEDAR GROVE FIRE DEPARTMENT
EMERGENCY MEDICAL RESPONDER UNIT

RESPONSE AREA: Village of Cedar Grove

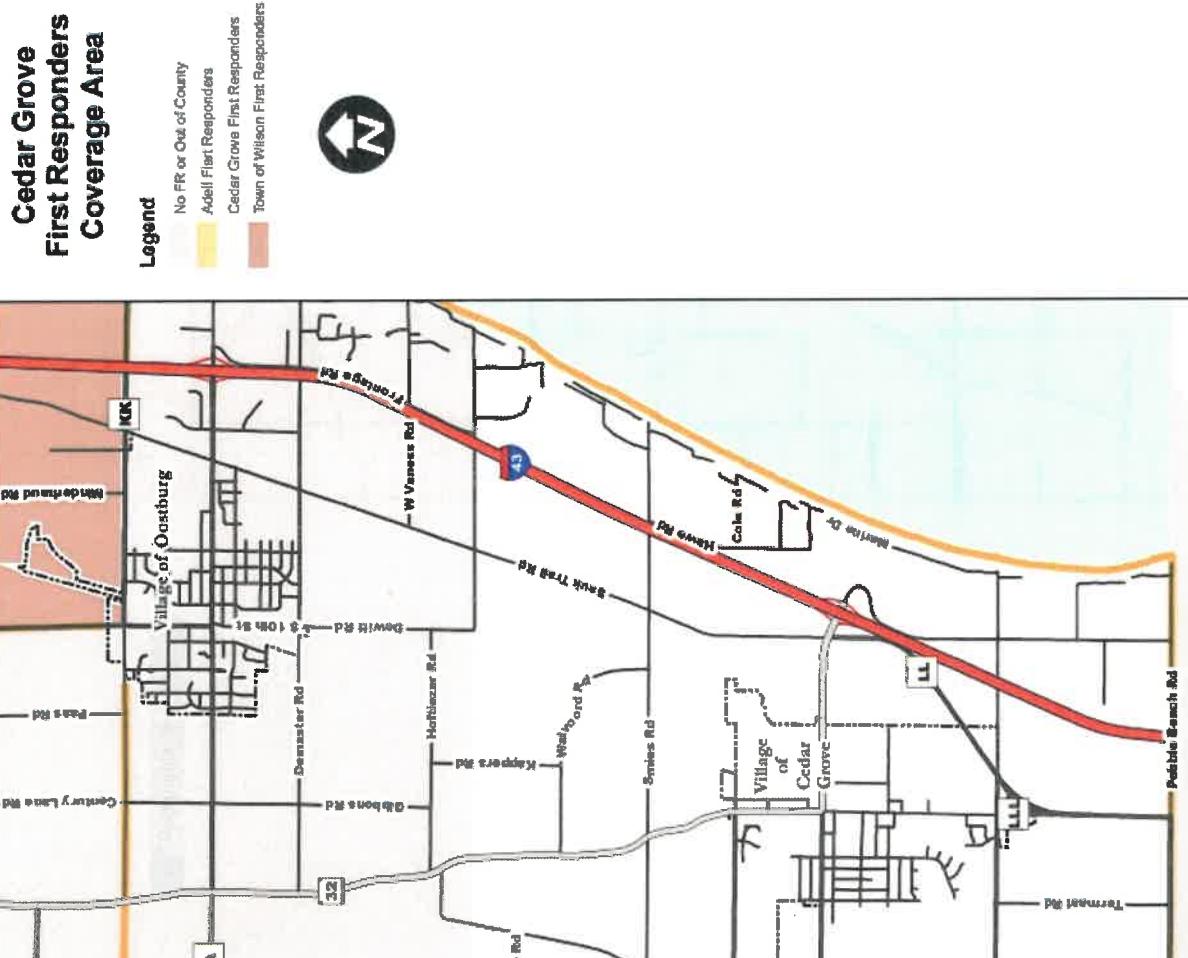
PORTION: Town of Holland

BOUNDRARIES: East – Lake Michigan from Pebble Beach Road and the Sheboygan/Ozaukee County Line north to the straight east line extension of Risseeuw Road.

West – CTH B from CTH K and/or the Sheboygan/Ozaukee County Line north onto Knepprath Road. Then north on Knepprath Road to CTH G. Then east on CTH G to CTH GW. Then north on CTH GW to Risseeuw Road.

North – Risseeuw Road from CTH GW east. Then east in a straight line from Risseeuw Road to Lake Michigan.

South – CTH K and/or Sheboygan/Ozaukee County Line from CTH B east to Pebble Beach Road then east on Pebble Beach Road to Lake Michigan.



**HOWARDS GROVE FIRE DEPARTMENT
EMERGENCY MEDICAL RESPONDER UNIT**

RESPONSE AREA: Ada
Franklin
Village of Howards Grove
Town of Hermann
Town of Mosel

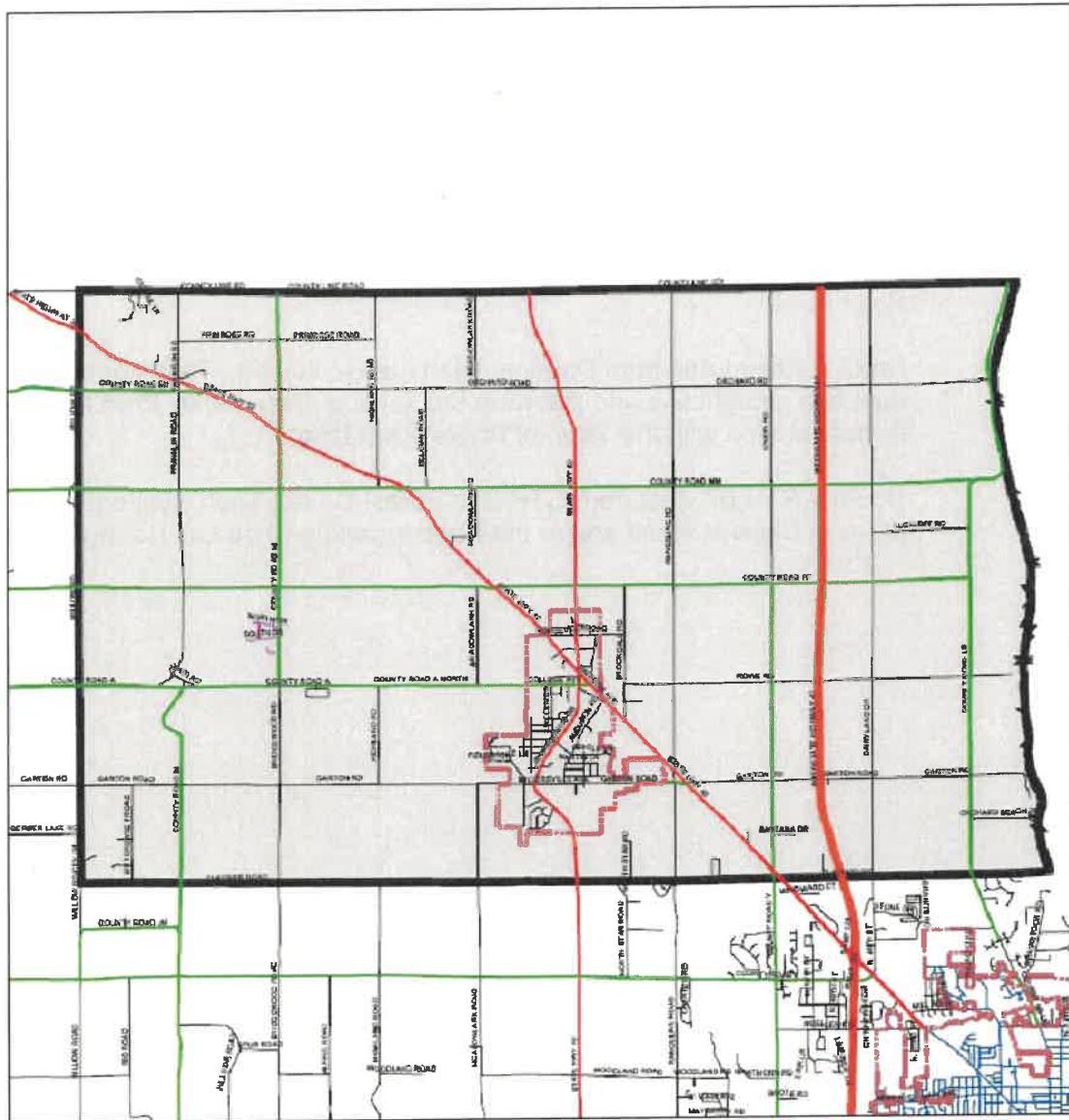
BOUNDARIES: East – Lake Michigan from the County Line south to Playbird Road.

West – Willow Road from County Line Road or Sheboygan/Manitowoc County Line south to the west straight line extension of Playbird Road from Bittersweet Road.

North – County Line Road and/or Sheboygan/Manitowoc County Line from Willow Road east to Lake Michigan.

South – Playbird Road from Lake Michigan west to Bittersweet Road and continuing west in a straight line to Willow Road.

**SHEBOYGAN COUNTY
HOWARDS GROVE FIRE DEPARTMENT
FIRST RESPONDER UNIT**



**GLENBEULAH FIRE DEPARTMENT
EMERGENCY MEDICAL RESPONDER UNIT**

RESPONSE AREA: Village of Glenbeulah

PORTIONS: Town of Greenbush

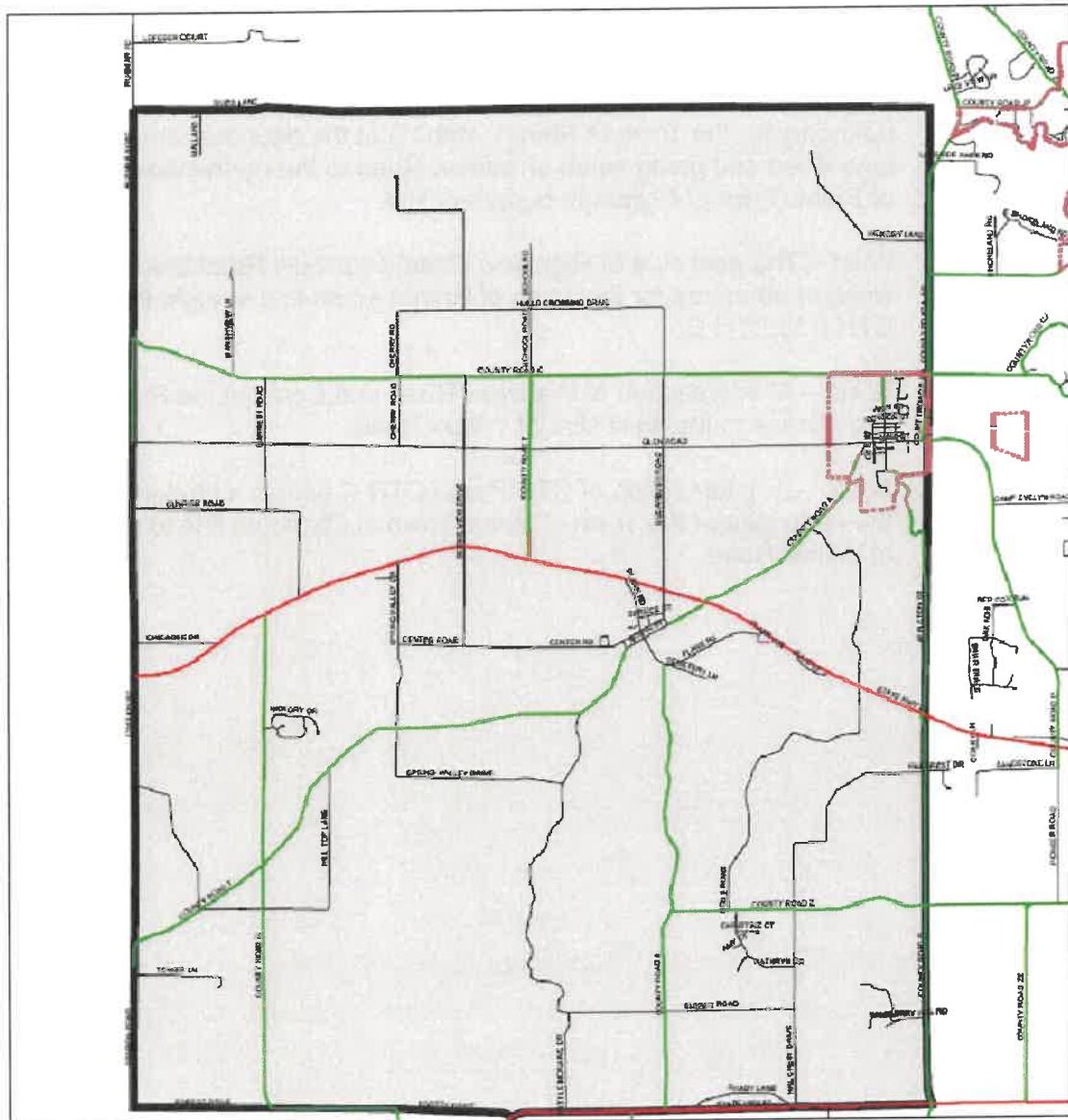
BOUNDARIES: East – at intersection of Town of Greenbush Town Line and Town of Rhine Town Line south along CTH P in a straight line to STH 67.

West – Division Road and/or the Sheboygan/Fond du Lac County Line from Forest Drive north to CTH C and continuing north in a straight line to River Lane.

North – River Lane from Division Road east to its end. Then continuing east in a straight line and following the Town of Greenbush Town Line to its intersection with the Town of Rhine Town Line.

South – STH 67 west from CTH S to Forest Drive. Then west on Forest Drive to Division Road and/or the Sheboygan/Fond du Lac County Line.

**SHEBOYGAN COUNTY
GLENBEULAH FIRE DEPARTMENT
FIRST RESPONDER UNIT**



**VILLAGE OF ELKHART LAKE
EMERGENCY MEDICAL RESPONDER UNIT**

RESPONSE AREA: Village of Elkhart Lake
Town of Rhine

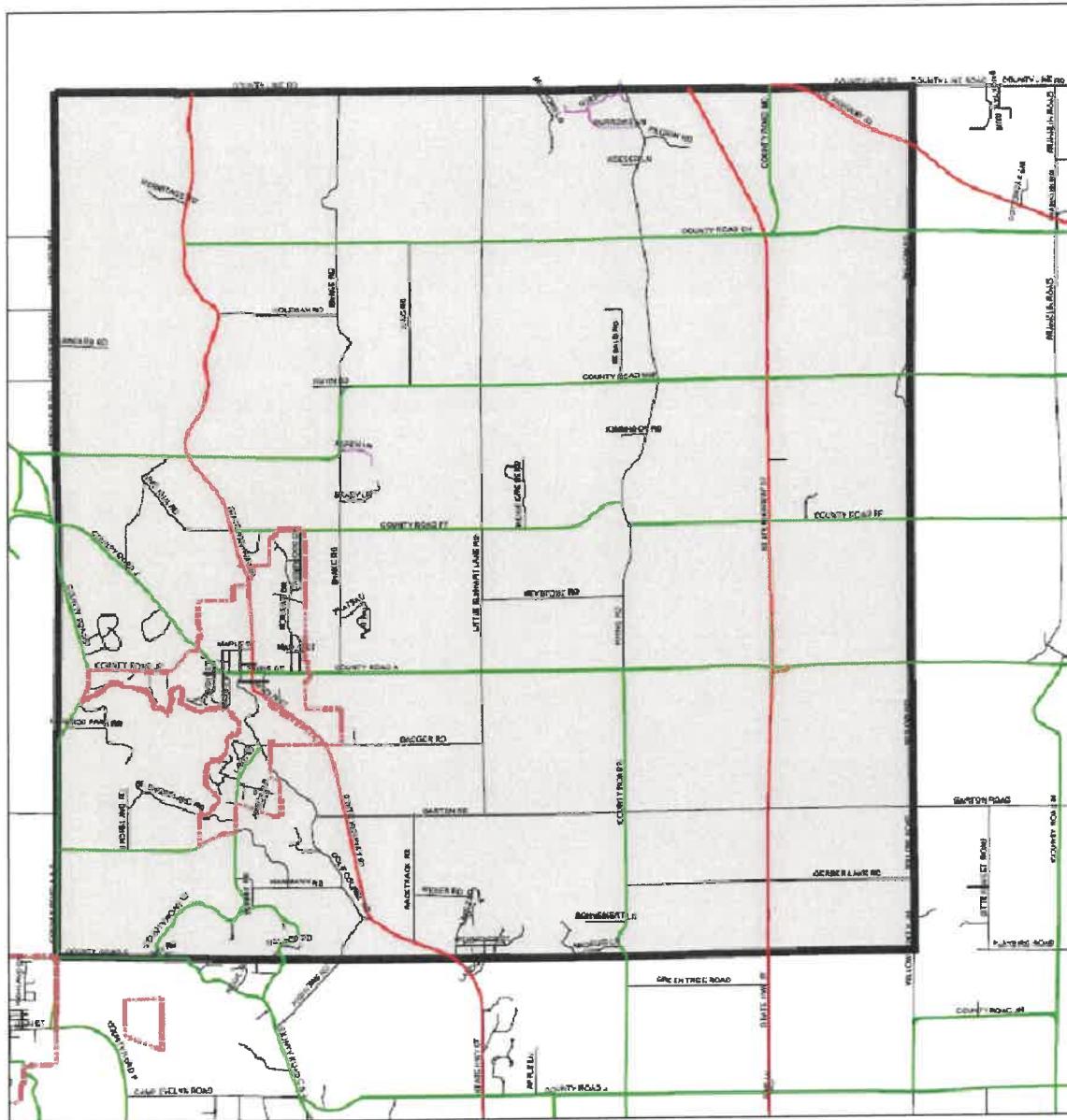
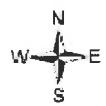
BOUNDARIES: East – The west side of Willow Road (Willow Road being the eastern boundary for the Town of Rhine), starting at the boundary line of County Line Road and going south on Willow Road to the north side of the Town of Rhine/Town of Plymouth boundary line.

West – The east side of Highview Road (Highview Road being the western boundary for the Town of Rhine) south in a straight line along CTH P to CTH C.

North – At intersection of Highview Road and County Line Road east in a straight line to the west side of Willow Road.

South – At intersection of CTH P and CTH C east in a straight line along the north side of the Town of Rhine/Town of Plymouth line to the west side of Willow Road.

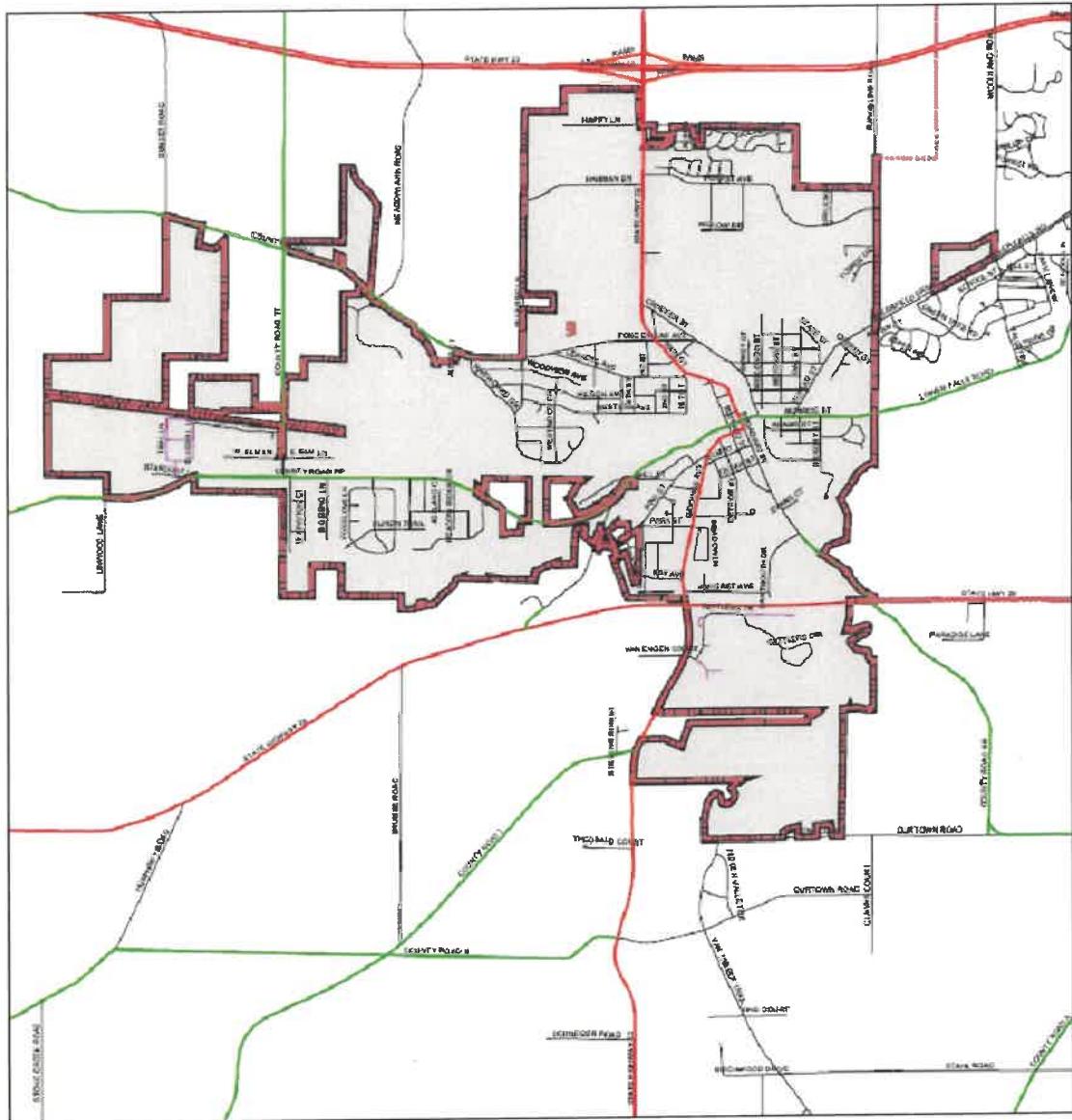
**SHEBOYGAN COUNTY
ELKHART LAKE
FIRST RESPONDER UNIT**



**CITY OF SHEBOYGAN FALLS FIRE DEPARTMENT
EMERGENCY MEDICAL RESPONDER UNIT**

BOUNDARIES: Corporate City Limits of Sheboygan Falls
(Operations are governed by and fall under the authority of the City of Sheboygan Falls Council)

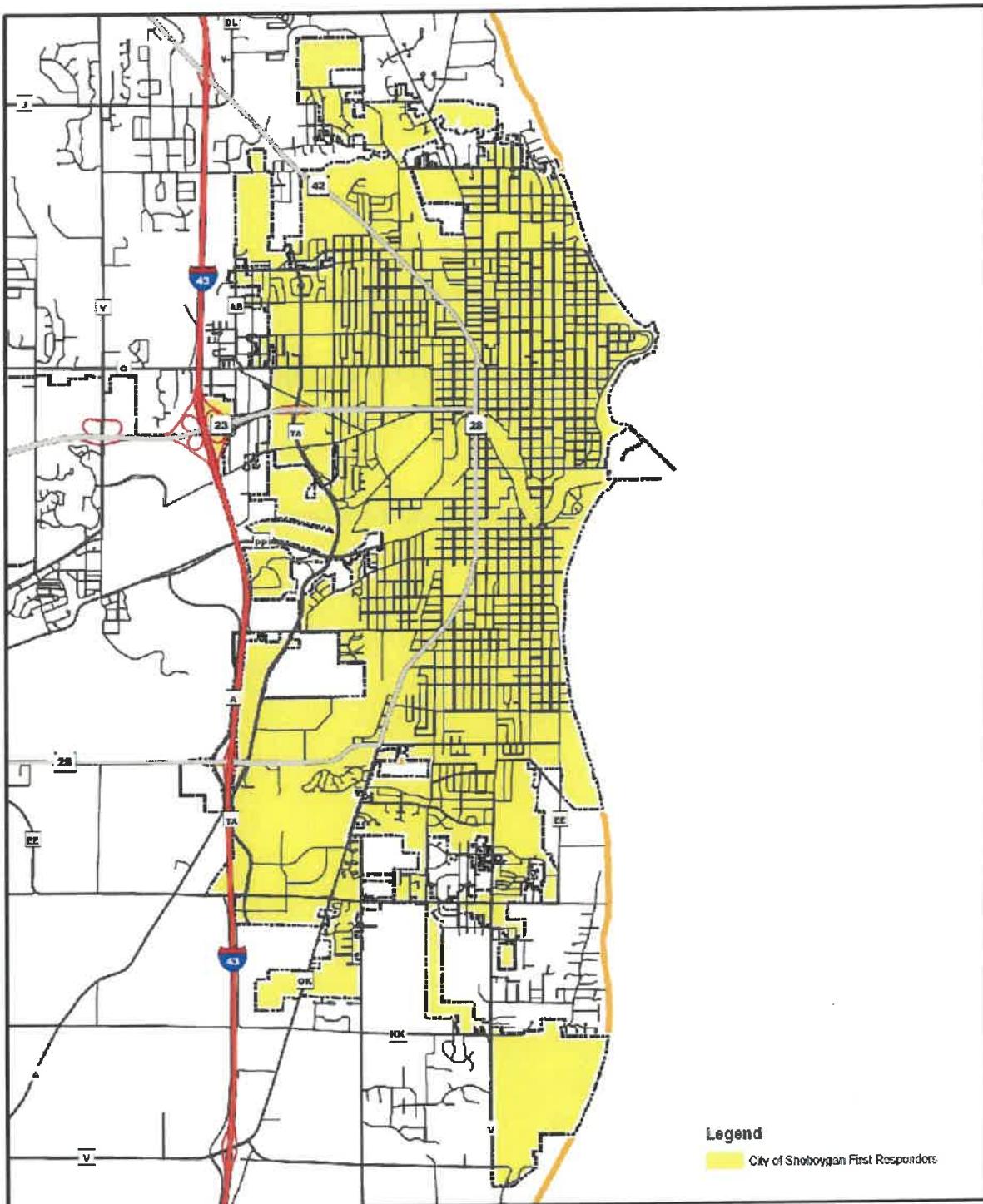
CITY OF SHEBOYGAN FALLS FIRE DEPARTMENT FIRST RESPONDER UNIT



**CITY OF SHEBOYGAN
FIRE DEPARTMENT**

BOUNDARIES: Corporate City Limits of Sheboygan

(Operations are governed by and fall under the authority of the City of Sheboygan Common Council)



**City of Sheboygan First Responders
Coverage Area**



TOWN OF SCOTT
EMERGENCY MEDICAL RESPONDER UNIT

RESPONSE AREA: Town of Scott

BOUNDARIES: East – An imaginary line running the eastern boundary of the Town of Scott.

West – An imaginary line running the western boundary of the Town of Scott.

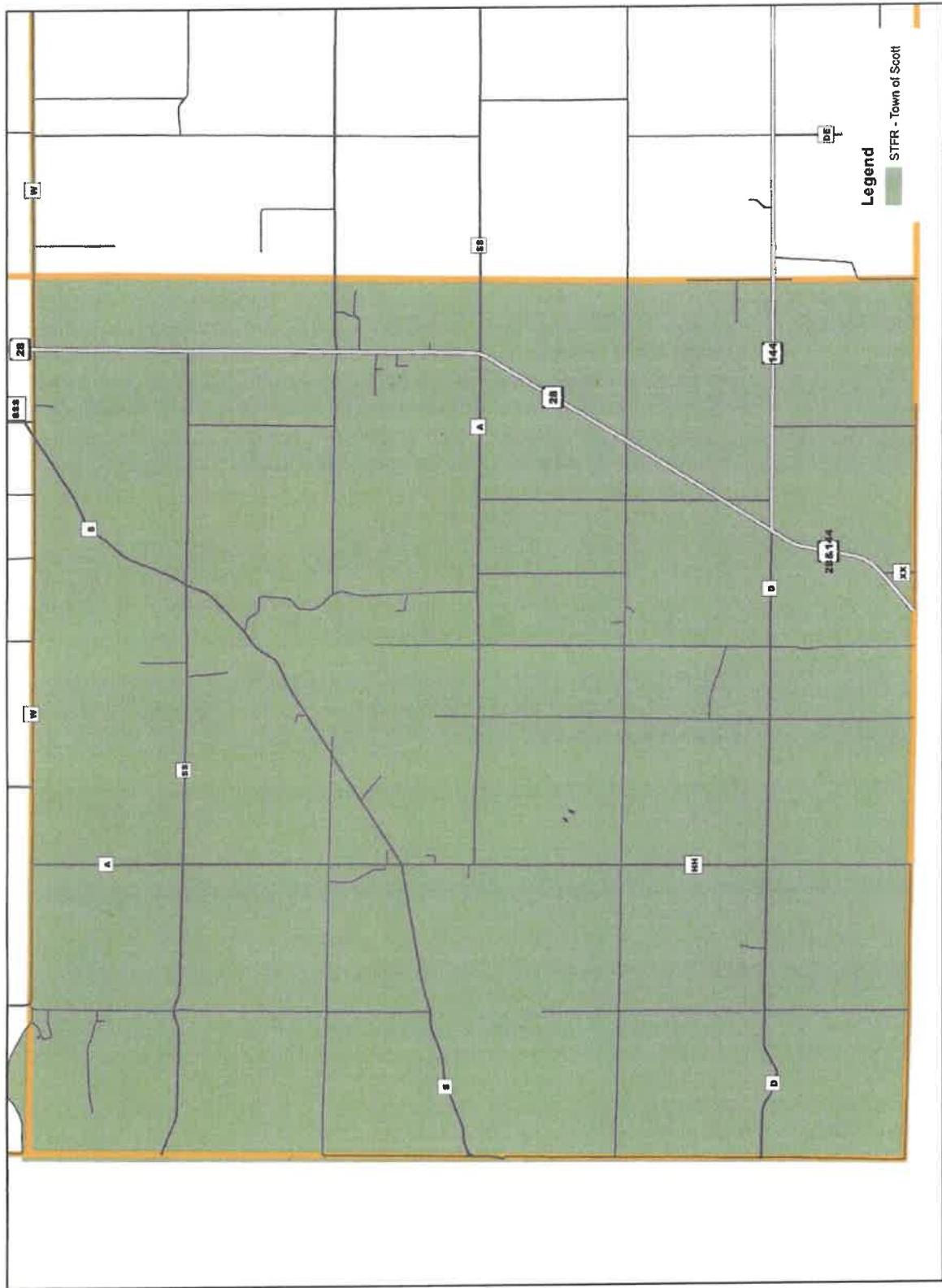
North – County Road W.

South – An imaginary line running the southern boundary of the Town of Scott.



Town of Scott First Responders Coverage Area

11/16/2018
Source: Sheboygan County Planning & Conservation Department
G:\Departments\EM\Map Docs\Emergency Medical Services Plan\Maps\STFR - Scott First Responders.mxd



**

TOWN OF SHEBOYGAN FALLS FIRE DEPARTMENT
EMERGENCY MEDICAL RESPONDER UNIT

RESPONSE AREA: Johnsonville
Town of Sheboygan Falls

PORTION: Town of Lima
Town of Wilson

BOUNDARIES: East – Van Treeck Trail from CTH V north and continuing in a straight line north along the Lima Town Line and Claver Street, west side of the road, to Ourtown Road then east to Broadway Road (CTH EE) then north to STH 28. STH 28 east from Broadway Road to the last residence east of Paradise Lane. Valley Court and Paradise Lane both sides of the road. The northerly extension to Rangeline Road (excluding the City of Sheboygan Falls and excluding the Village of Kohler). Then north on Rangeline Road to Playbird Road.

West – The Lima Town Line from CTH V north to Willow Road. Then north on Willow Road to Road to the westerly extension of Playbird Road, Playbird Road from Bittersweet Road.

North – Playbird Road west from Rangeline Road and continuing in a straight line west from Bittersweet Road to its intersection with section with Willow Road.

South – CTH V west from Van Treeck Trail to the Lima Town Line.

**VILLAGE OF KOHLER
POLICE DEPARTMENT**

RESPONSE AREA: Village of Kohler

BOUNDARIES: Corporate limits of the Village of Kohler

(Operations are governed by and fall under the authority of the Village of Kohler Board)

**ALDRICH LLC
EMERGENCY MEDICAL RESPONDERS**

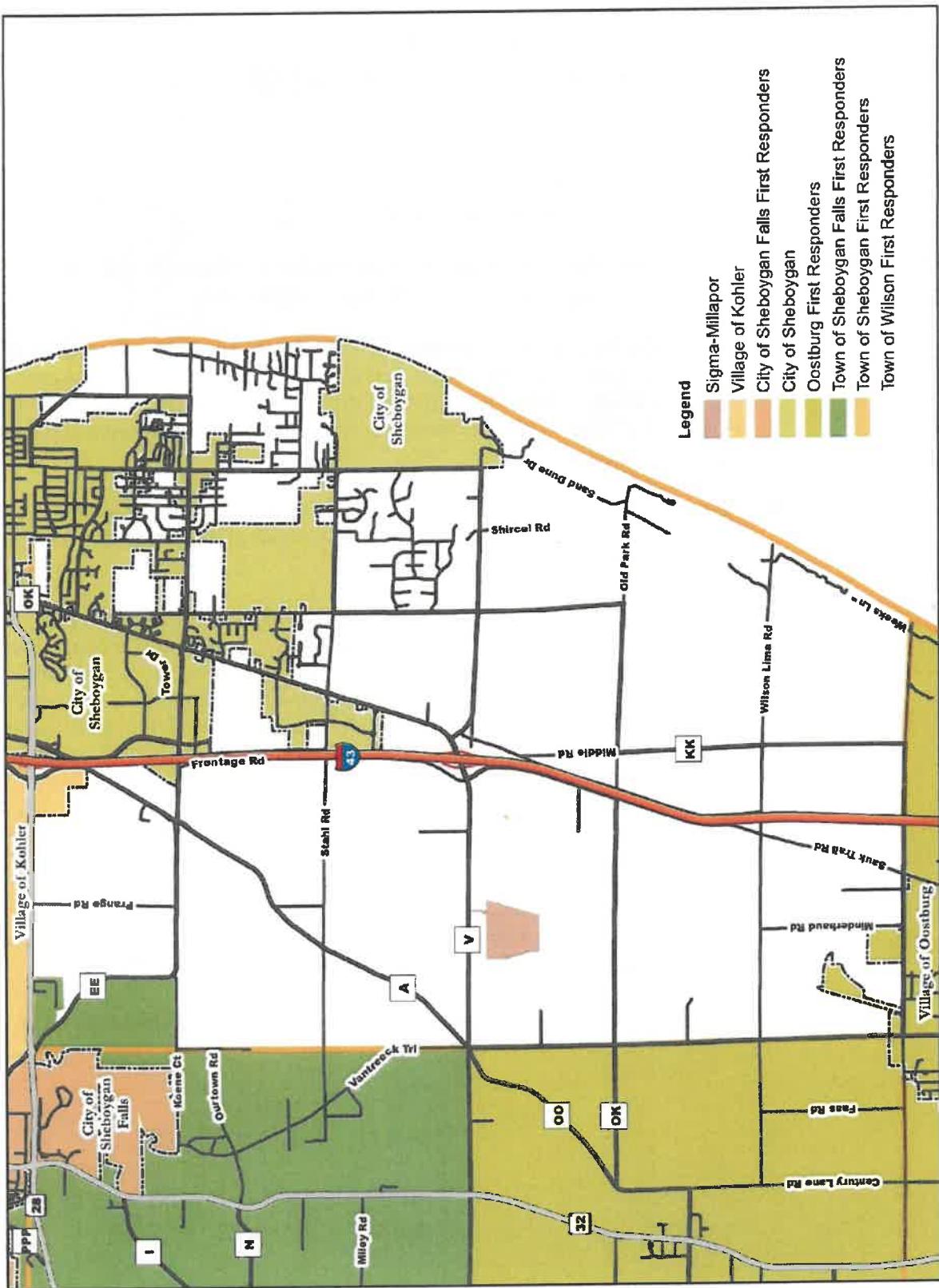
RESPONSE AREA: MILLIPORE Sigma Chemical Facilities

BOUNDARIES: MILLIPORE Sigma Facilities

TOWN OF WILSON
EMERGENCY MEDICAL RESPONDERS

RESPONSE AREA: Portion of the Town of Wilson

BOUNDARIES: The entire Town of Wilson with the exception of fenced area of MILLIPORE Sigma Chemical and the northwest corner of the Township north of Ourtown Road and west of Broadway Road.



**Town of Wilson First Responders
Coverage Area**

11/16/2023
Source: Sheboygan County Planning & Conservation Department
Map: DNR/EMAP/DOA/EMERGENCY Medical Services Plan Maps/TWFR - Wilson First Responders.mxd
City/Department: EMAP/DOA/EMERGENCY Medical Services Plan Maps/TWFR

**ST. CLOUD
EMERGENCY MEDICAL RESPONDERS**

RESPONSE AREA PORTIONS: Town of Russell
Town of Greenbush

BOUNDARIES: Description of area contracted for by the Town of Russell and Town of Greenbush request (includes both sides of the road).

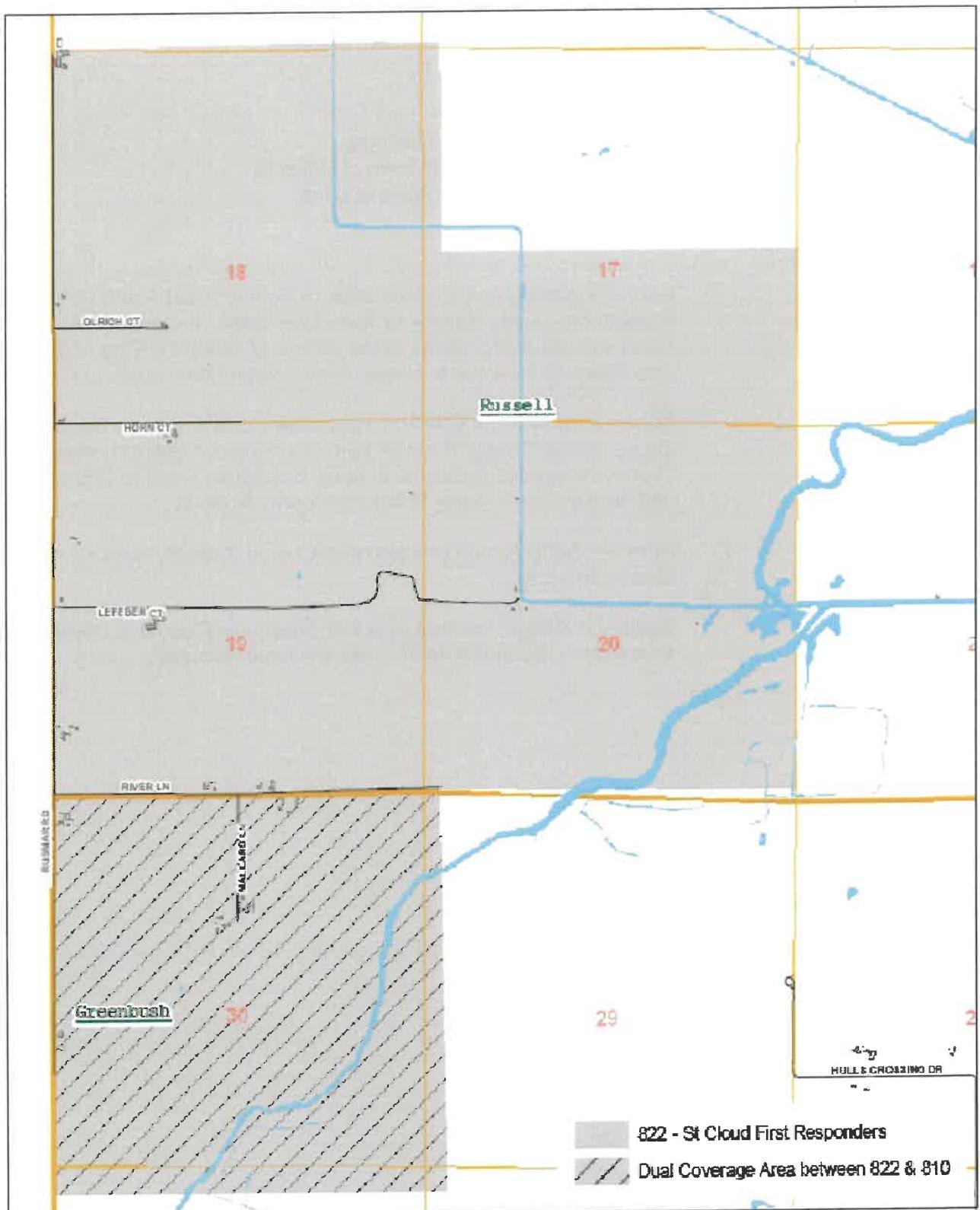
East – An imaginary line created by the straight line extension south from the dead-end of Hunters Court to the point of intersection to the north with the straight line extension from the end of Hulls Crossing Road and the point of intersection to the south with the straight line extension east of River Lane.

West – Rusmar Road (Division Road) from N7700 Rusmar Road north to its end in Sheboygan County where it veers west into Fond du Lac County (N8900).

North – An imaginary line created by the straight line extension east from the north end of Rusmar Road in Sheboygan County (at the point where it veers west into Fond du Lac County) to its intersection with the point created by the imaginary straight line extension north from the dead-end of River Lane (east end); thence south approximately 2900' and thence east to an imaginary line created by the straight line extension south from the dead-end of Hunters Court.

South – An imaginary line created by the straight line extension east from the point located at N7700 Rusmar Road to its point of intersection created by the imaginary extension in a straight line south from the dead-end of River Lane (east end). Thence north to the dead-end of River Lane, and thence east to an imaginary line created by the straight line extension north from the dead-end of Hulls Crossing Road.

Dispatched by Fond du Lac County. Glenbeulah Emergency Medical Responders also cover this area.



822 - St Cloud 1st Responder Coverage Area
Sheboygan County WI

1" = 1,800'



Source: Sheboygan County
O:Departments/EM/MapDocs/Emergency Medical Services/Plan Maps/822 St Cloud Responder

OOSTBURG EMERGENCY MEDICAL RESPONDERS

RESPONSE AREA PORTIONS: Village of Oostburg
Portions of Town of Holland
Portion of Town of Lima

BOUNDARIES:

East – Beginning at the intersection of County Road A and County Road V, south on County Road A to Town Line Road. It then follows Town Line Road, including all portions of the Village of Oostburg lying north of Town Line Road, to the Lake Michigan shoreline and then south to Dewitt Road.

West – County Road GW from Risseeuw Road to County Road W and then it follows County Road W from County Road GW to Leynse Road. This western edge then runs to north on Leynse Road to County Road I, and northeast on County Road I to County Road V.

North – County Road I (angled) and County Road V from Leynse Road to County Road A.

South – A straight line that runs with Risseeuw Road and Dewitt Road from County Road GW to the Lake Michigan shoreline.



APPENDIX B

TRANSPORTATION SERVICES AND BOUNDARIES

ORANGE CROSS AMBULANCE
1919 Ashland Avenue
Sheboygan, WI 53081

RESPONSE AREA: City of Plymouth
City of Sheboygan Falls
Village of Cascade
Village of Cedar Grove
Village of Elkhart Lake
Village of Glenbeulah
Village of Howards Grove
Village of Kohler
Village of Waldo
Village of Oostburg
Town of Herman
Town of Mitchell
Town of Mosel
Town of Plymouth
Town of Sheboygan
Town of Wilson

PORTIONS: Town of Greenbush
Town of Holland
Town of Lima
Town of Lyndon
Town of Rhine
Town of Russell
Town of Sheboygan Falls

BOUNDARIES: East – Lake Michigan from Sheboygan/Manitowoc County Line south (up to but not including) to CTH V.

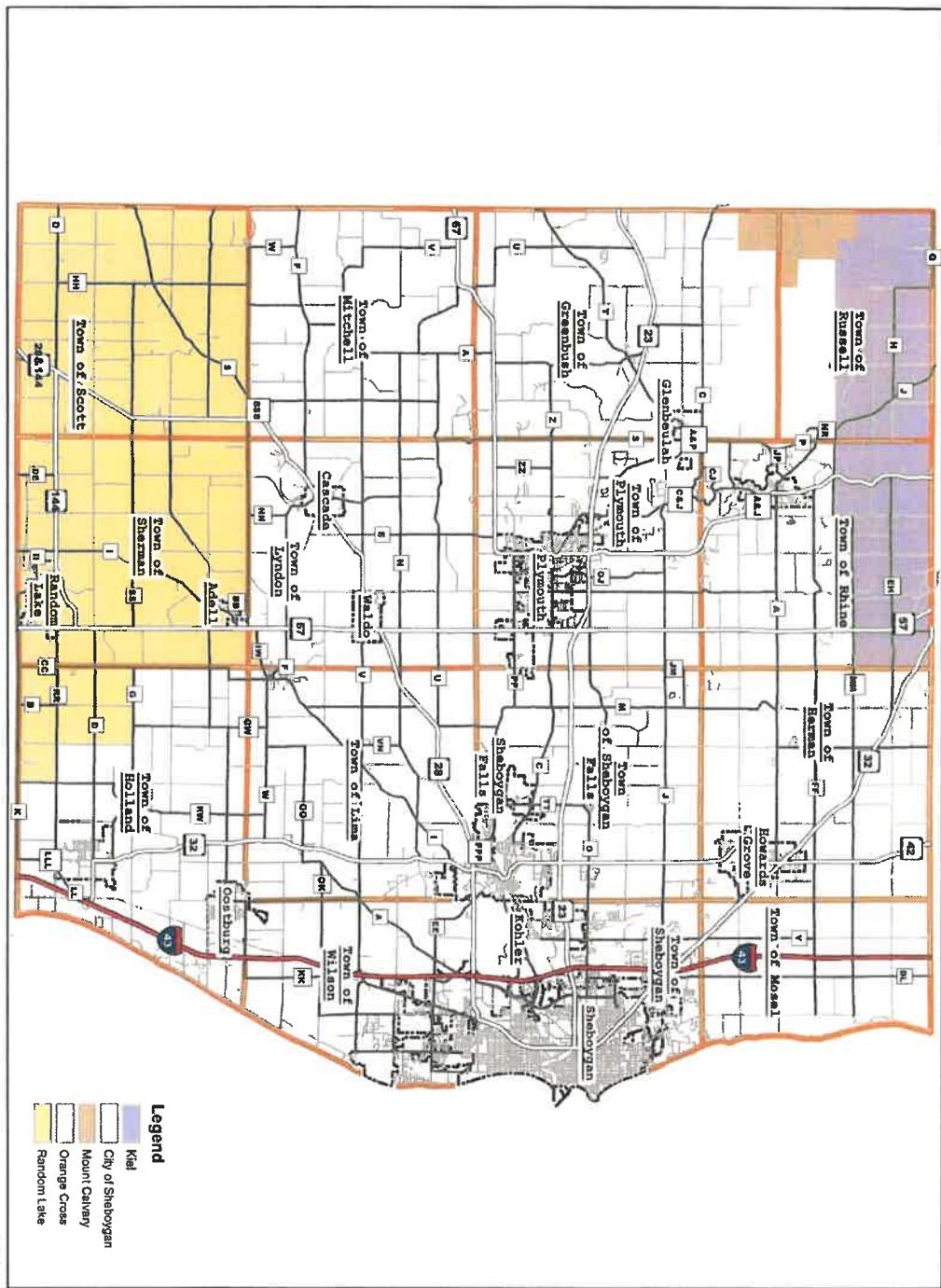
West – Division Road and/or the Sheboygan/Fond du Lac County Line from CTH W/Division Road (west) north and continuing in a straight line north to a point located at N7700 Rusmar Road.

North – County Line Road and/or Sheboygan/Manitowoc County Line from Lake Michigan west Willow Road. Then south on Willow Road (including both sides) to CTH MM. Then west from Willow Road along CTH MM (up to but not including) to Snake Road. Then south on Snake Road (up to but not including) to CTH MM. Then west on CTH MM (up to but not including) and continuing west in a straight line to the point of intersection between the easterly extension of the northerly end of Rusmar Road and the northerly extension of the dead-end of River Lane. Then south in a straight line from that point of intersection to the point of intersection with the easterly straight line extension from N7700 Rusmar Road. Then west along the straight line extension from 7700 Rusmar Road to the Sheboygan/Fond du Lac County Line.

South – Sheboygan/Fond du Lac County Line east along Division Road (up to but not including) to CTH W. Then east along CTH W to STH 57. Then continue east with a straight line extension to Mill Road. Then south on Mill Road/CTH CC to CTH G. Then east on CTH G to Six Mile Road. Then south on Six Mile Road to CTH RR. Then east on CTH RR to CTH KW. Then south on CTH KW to CTH K. Then east on CTH K to CTH LL. Then continue east on Pebble Beach Road and continuing in an easterly direction to Lake Michigan.

Note: This area does not include the City of Sheboygan. This area also excludes area serviced by Mount Calvary Ambulance. See description for Mount Calvary Ambulance Service boundaries in Town of Russell and Town of Greenbush contained in Appendix B.

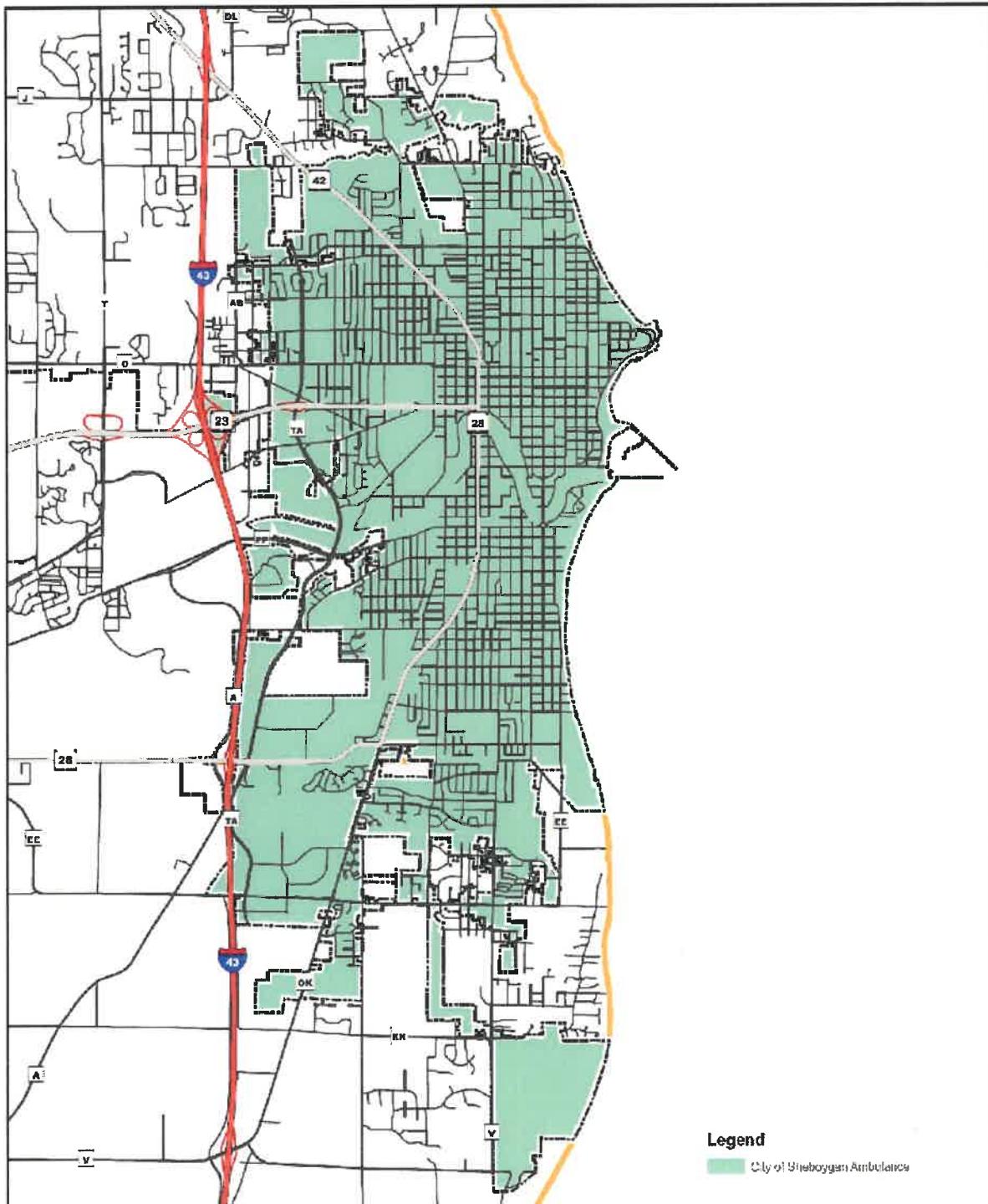
Orange Cross Ambulance Coverage Area



CITY OF SHEBOYGAN FIRE DEPARTMENT

BOUNDARIES: Corporate City Limits of Sheboygan

(Operations are governed by and fall under the authority of the City of Sheboygan Common Council)



**City of Sheboygan Ambulance
Coverage Area**



RANDOM LAKE FIRE DEPARTMENT AMBULANCE SERVICE
Post Office Box 0076
Sheboygan, WI 53082-0076

RESPONSE AREA: Village of Adell
Village of Random Lake
Town of Scott
Town of Sherman

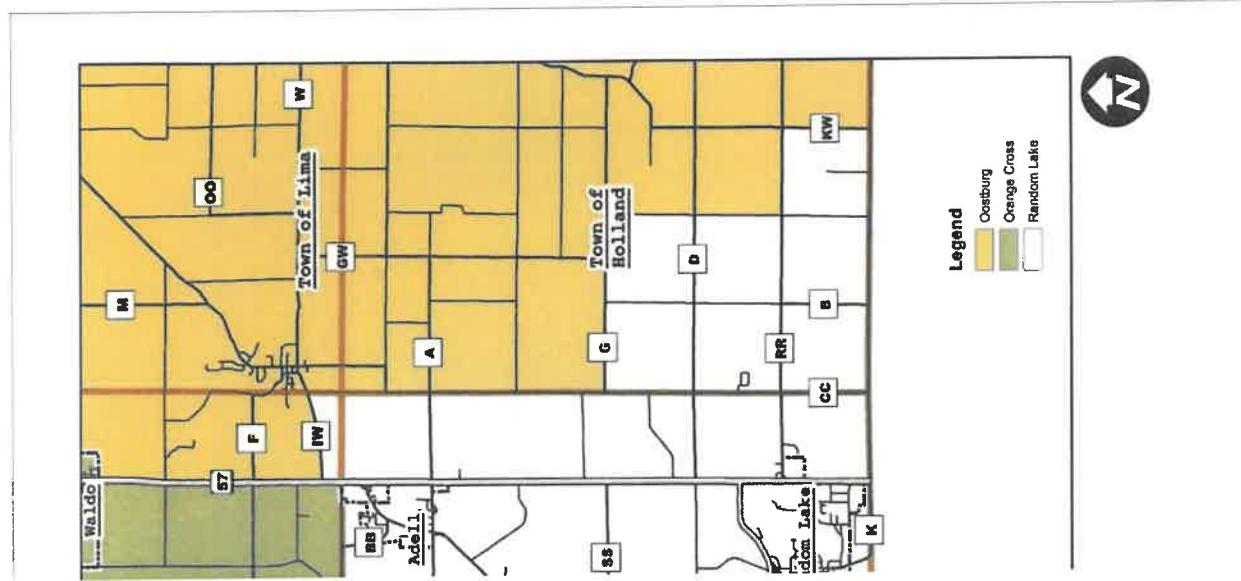
PARTS: Town of Holland
Town of Lyndon

BOUNDARIES: East -- CTH KW (up to but not including) north to CTH RR (up to but not including). Then west on CTH RR (up to but not including) to Six Mile Road. Then north on Six Mile Road (including both sides) to CTH G. Then west on CTH G (including both sides) to Mill Road. Then north on Mill Road (including both sides) to CTH IW.

West – Division Road (including both sides) from Valley View Drive north and continuing in a straight line north to Division Road and Division Road (east).

North – CTH IW (including both sides) west from Hingham Mill Road to STH 57. Then south on STH 57 (but not including Hwy 57) to CTH W. Then west on CTH W (including both sides) to Division Road. Then west on Division Road (including both sides) to Division Road and/or Sheboygan/Fond du Lac County Line.

South – Valley View Drive (including both sides) and/or Sheboygan/Washington County Line from Division Road east in a straight line to Town Line Road (including both sides) continuing in a straight line east CTH K and/or Sheboygan/Ozaukee County Line. Then east on CTH K including both sides to CTH KW (up to but not including).



KIEL AMBULANCE SERVICE

RESPONSE AREA PORTION: Town of Russell
Town of Rhine

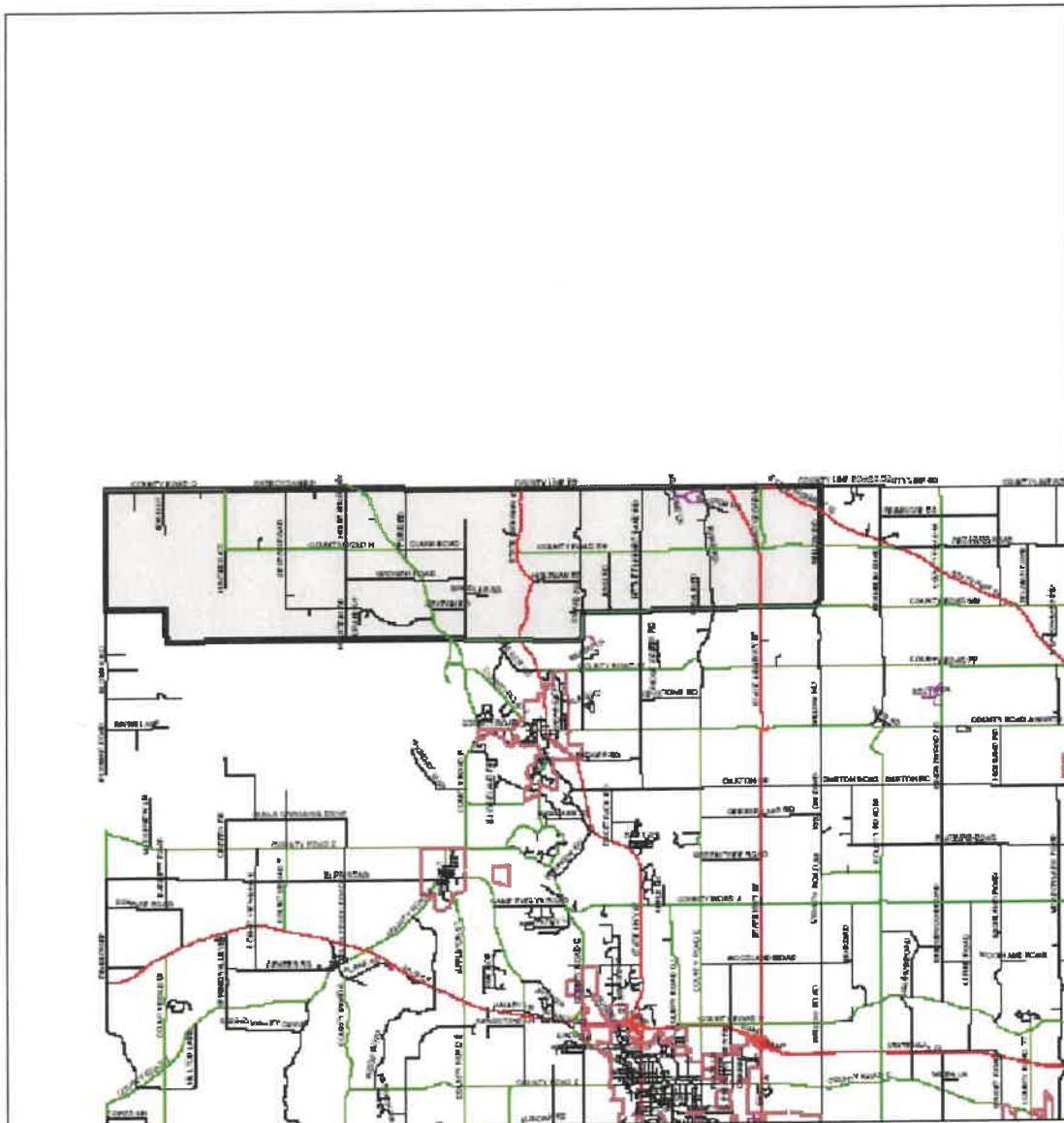
BOUNDARIES: East -- Willow Road (up to but not including) south from County Line Road to CTH MM.

West -- Division Road (just north of Olrich Court where the westerly extension of CTH MM would intersect) north and continuing north in a straight line to CTH Q and/or Sheboygan/Calumet County line.

North -- County Line Road west from Willow Road and continuing west in a straight line to the Sheboygan/Calumet County line.

South -- CTH MM (including both sides) west from Willow Road to Snake Road. Then south on Snake Road (including both sides) to CTH MM. Then west on CTH MM (including both sides) and continuing west in a straight line to Division Road and/or the Sheboygan/Fond du Lac County line.

SHEBOYGAN COUNTY KIEL AMBULANCE SERVICE



PLYMOUTH FIRE DEPARTMENT

BOUNDARIES: Plymouth Fire Department Ambulance Service may provide mutual aid anywhere within Sheboygan County upon request.

MOUNT CALVARY AMBULANCE SERVICE

RESPONSE AREA PORTIONS: Town of Russell
Town of Greenbush

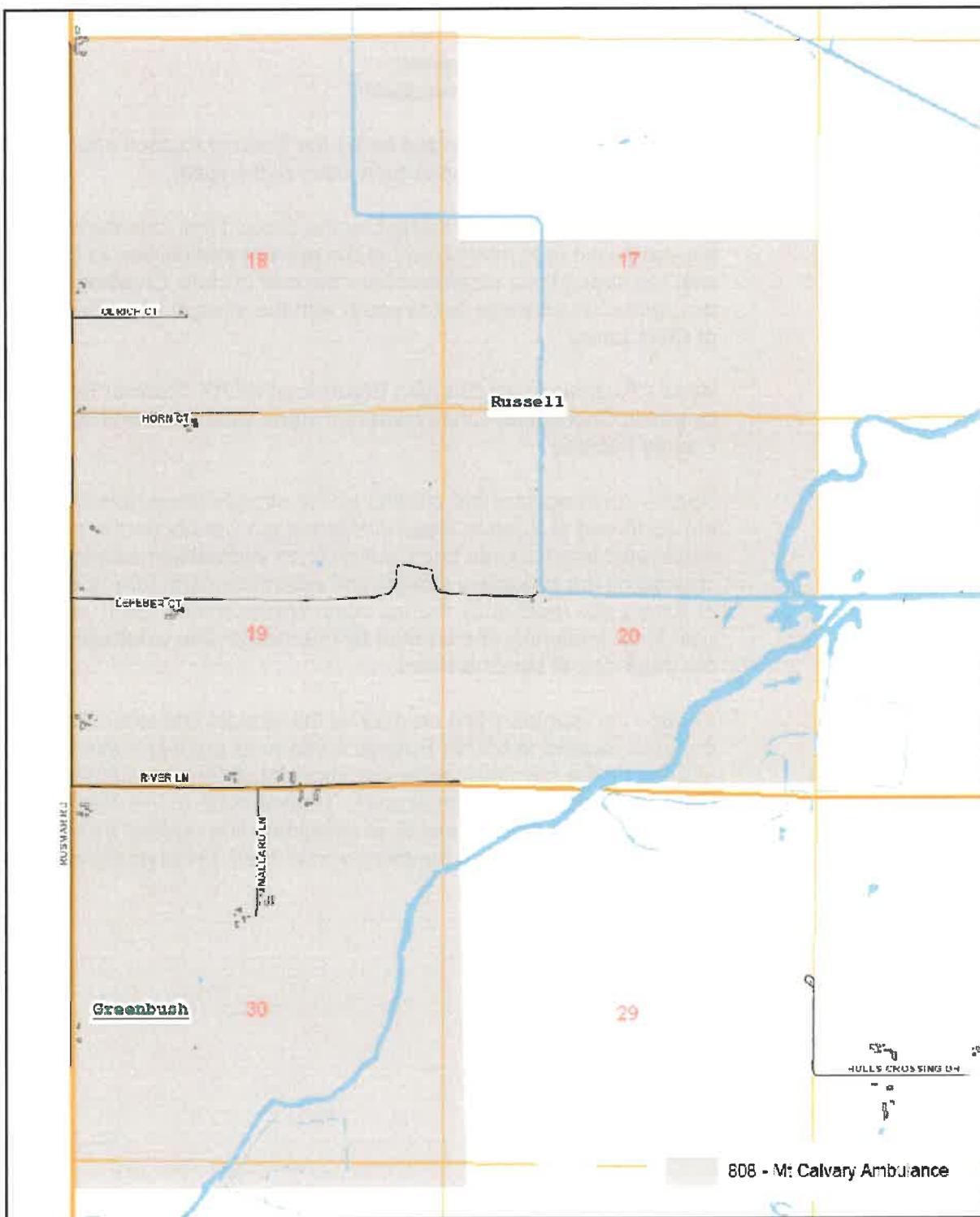
BOUNDARIES: Description of area contracted for by the Town of Russell and Town of Greenbush request (includes both sides of the road).

East – An imaginary line created by the straight line extension south from the dead-end of Hunters Court to the point of intersection to the north with the straight line extension from the end of Hulls Crossing Road and the point of intersection to the south with the straight line extension east of River Lane.

West – Rusmar Road (Division Road) from N7700 Rusmar Road north to its end in Sheboygan County where it veers west into Fond du Lac County (N8900).

North – An imaginary line created by the straight line extension east from the north end of Rusmar Road in Sheboygan County (at the point where it veers west into Fond du Lac County) to its intersection with the point created by the imaginary straight line extension north from the dead-end of River Lane (east end); thence south approximately 2900' and thence east to an imaginary line created by the straight line extension south from the dead-end of Hunters Court.

South – An imaginary line created by the straight line extension east from the point located at N7700 Rusmar Road to its point of intersection created by the imaginary extension in a straight line south from the dead-end of River Lane (east end). Thence north to the dead-end of River Lane, and thence east to an imaginary line created by the straight line extension north from the dead-end of Hulls Crossing Road.



808 - Mt Calvary Ambulance Coverage Area
Sheboygan County WI

1 " = 1,800'



Source: Sheboygan County
 G1Departments\G1MapDocs\Emergency Medical Services Plan Maps\CCG Mt Calvary Ambulance

APPENDIX C

GUIDELINES

FOR

TRAUMA DEFINITION

Recommendations
from the
Southeastern Regional Trauma Council
2012

National Guideline for the Field Triage of Injured Patients

RED CRITERIA

High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none">Penetrating injuries to head, neck, torso, and proximal extremitiesSkull deformity, suspected skull fractureSuspected spinal injury with new motor or sensory lossChest wall instability, deformity, or suspected flail chestSuspected pelvic fractureSuspected fracture of two or more proximal long bonesCrushed, degloved, mangled, or pulseless extremityAmputation proximal to wrist or ankleActive bleeding requiring a tourniquet or wound packing with continuous pressure	<p>All Patients</p> <ul style="list-style-type: none">Unable to follow commands (motor GCS < 6)RR < 10 or > 29 breaths/minRespiratory distress or need for respiratory supportRoom-air pulse oximetry < 90% <p>Age 0–9 years</p> <ul style="list-style-type: none">SBP < 70mm Hg + (2 x age in years) <p>Age 10–64 years</p> <ul style="list-style-type: none">SBP < 90 mmHg orHR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none">SBP < 110 mmHg orHR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
<ul style="list-style-type: none">High-Risk Auto Crash<ul style="list-style-type: none">Partial or complete ejectionSignificant intrusion (including roof)<ul style="list-style-type: none">>12 inches occupant site OR>18 inches any site ORNeed for extrication for entrapped patientDeath in passenger compartmentChild (age 0–9 years) unrestrained or in unsecured child safety seatVehicle telemetry data consistent with severe injuryRider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.)Pedestrian/bicycle rider thrown, run over, or with significant impactFall from height > 10 feet (all ages)	<p>Consider risk factors, including:</p> <ul style="list-style-type: none">Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impactAnticoagulant useSuspicion of child abuseSpecial, high-resource healthcare needsPregnancy > 20 weeksBurns in conjunction with traumaChildren should be triaged preferentially to pediatric capable centers <p>If concerned, take to a trauma center</p>

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)

APPENDIX D

REQUIRED EQUIPMENT

All Emergency Medical Responder Units should carry the following minimum equipment

Sheboygan County EMR minimum equipment list for units	
Airway and Ventilation	
Portable Suction - Manual or Electric	1
Large bore ridged suction tip	1
Large bore flexible suction tip	1
Portable Oxygen System with Flow Regulator (25 LPM)	1
Cylinder Wrench	1
Adult Nasal Cannula	2
Pediatric Nasal Cannula	1
Adult non-rebreather (NRB) mask	2
Blob Mask	1
Pediatric non-rebreather (NRB) mask	1
Bag Valuue Mask with oxygen tubing to connect	
Child (per AHA Standards)	1
Non-Visual Airway Devices (one or the other)	
King and approriate sizes	1 set
Igel and approrate sizes	1 set
Orophargaeal airway - complete set (5 pc minimum)	1 set
Nasalpharyngeal Airway - complete set (5 pc minimum)	1 set
Bite Sticks	1
Monitoring and Assessment	
Blood Pressure cuffs - XL, Adult, and Child	1 set
Stethoscope	1
Penlights	1
AED with Pads - Adult and Peds	1
Glucometer kit (optional)	1
Pulse Oximeter for Adult and Pediatric (Band aid type for LifePack)	1
EKG Accusition equipment with cables for same (optional)	1
Immobilization Equipment	
Rigid Cervical Collars - (Each size or adjustable)	1 set
Padded Extremity Splints (carboard, wire, air, SAMS)	
Wound Management	
Sterile Burn Sheets	1
Sterile "10 x 30" Mutlti-Trauma Dressings	1
Sterile "4 x 4" guaze	6
Sterile "5 x9" dressings	1

Sterile occlusive dressings, 3" x 8" or larger (Expired AED Pads)	1
Band-Aids - Various sizes	10
Adhesive Tape - assorted sizes and types	2-3 rolls
Self-adhering guaze dressings - Kling or equivent 3 " min.	2-3 rolls
Triangular Bandages	2
Commercial Arterial Tourniquet - (CAT, MAT, ect)	1
Heavy Duty Bandage or Trauma Scissors	1
Steril Water for irrigation (500 ml)	1
Sheboygan County EMR minimum equipment list for units	
Infection Control	
NIOSH N-95 or N-100 face mask	1
Surgical Mask	1
Protective Eyewear - Full glasses, goggles, or face shield	1
Protective Gowns or Coveralls	1
Protective Shoe Covers	1
Disposable exam gloves meeting NFPA 1999 (Various sizes)	1
Portable sharps containers	1
Biohazard trash bags	1
Disinfectant waterless hand cleanser	1
OB Equipment	
OB Kit	1
Aluminum Warming blanket	1
Blankets (optional)	
Medications if Medical Direction Approved	
Narcan (intranasal) (Optional)	
Oral Glucose	45 mg
Epinephrine 1:1000 (EpiPen Jr or Adult, or draw up) (optional)	
Miscellaneous	
Flashlight	1
Cold Packs	2
Hot Packs	2
Triage Tags as approved by Sheboygan County (SALT)	25
Safety	
Current DOT Emergency Response Guidebook (Paper or Electronic)	1
High Visibility Clothing (vest)	1

Clothing Identfing Unit	1
Spring Loaded Window Punch	1
Revised 8/16/2023	
Approved by SCEMSA	

**--The Sheboygan County EMS Council recognizes this list
 Represents only minimum equipment requirements. Many
 Emergency Medical Responder Units will carry additional equipment.**

APPENDIX E

TRANSFER DIRECTLY TO AEROMEDICAL CREW ON HOSPITAL LANDING PAD

**TRANSFER DIRECTLY TO AEROMEDICAL CREW
ON
HOSPITAL LANDING PAD**

This Letter of Agreement will constitute the basis of a standard operating protocol for Sheboygan County Transport Agency to transfer patients to the care of a helicopter medical crew for the purpose of transport to a tertiary center for higher level of care.

Based on previous investigation, this is acceptable medical care and is not an EMTALA violation. This action is considered an extension of the prehospital scene care.

The Protocol:

1. The facility will be advised of the incoming patient, even if expected to be a direct transfer on the helipad;
2. The medical control physician may provide consultation, as usual, without the patient being considered as coming to the hospital;
3. When the helicopter landing is not imminent, such as if the helicopter has not initiated final approach, the EMS providers may bring the patient into the Emergency Department for evaluation and further care;
4. Any treatment by hospital personnel beyond Security Officers at the helipad will constitute medical treatment and the patient will be registered in the Emergency Department;
5. At any time, the EMS or helicopter personnel determine that the patient requires further stabilization, such as a definitive airway, vascular access or chest tube decompression, the patient will be brought into the Emergency Department and treated as a registered patient. The transfer will then be facilitated according to EMTALA requirements.

ORANGE CROSS AMBULANCE

By: _____
Dan Althaus

RANDOM LAKE FIRE DEPT. AMBULANCE

By: _____
Pat Depies

SHEBOYGAN FIRE DEPT. AMBULANCE

By: _____
Mike Lubbert

PLYMOUTH FIRE DEPT. AMBULANCE

By: _____
Ryan Pafford

KIEL AMBULANCE

By: _____
Richard Isley

EMS COUNCIL CHAIR

By: _____
Suzanne Martens, M.D.

"If as part of the EMS protocol, EMS activates helicopter evacuation of an individual with a potential EMC (emergency medical condition), the hospital that has the helipad does not have an EMTALA obligation if they are not the recipient hospital, **unless a request** is made by EMS personnel, the individual, or a legally responsible person acting on the individual's behalf for the examination or treatment of an EMC."

From EMTALA Deskbook 2011; MEDLAW.com; A.C. Frew, Editor

APPENDIX F

MULTI / MASS CASUALTY PLAN

APPENDIX F

SHEBOYGAN COUNTY EMERGENCY MEDICAL SERVICES



MULTI / MASS CASUALTY INCIDENT PLAN

April 2025

LETTER OF PROMULGATION

To All Agencies and Readers:

Sheboygan County Emergency Medical Services have prepared this Multi / Mass Casualty Incident (MCI) Plan. The purpose of this plan is to provide consistent definitions, clear direction, common terminology, and solid organizational structure to emergency medical responses within Sheboygan County during an MCI. This plan does not replace Sheboygan County's EMS plan, Annex H, or Annex T for emergency medical services. Rather, it provides the procedures necessary to ensure an effective and coordinated response to an incident involving mass casualties in Sheboygan County. The Sheboygan County EMS plan, Annex H, and Annex T provide the policies under which this plan operates.

This plan will be reviewed and updated as needed to reflect changes in policies, technology or operational procedures that affect the emergency response capabilities of the EMS agencies in the Sheboygan County area.

The Sheboygan County Emergency Medical Services welcomes your comments and suggestions for improving this plan. Please direct your comments and suggestions in writing to Sheboygan County Emergency Management, 525 N 6th Street, Sheboygan, WI 53081 or via e-mail to: steve.steinhardt@SheboyganCounty.com.

Sheboygan EMS Association
MCI committee

Steve Steinhardt	Tom Bahr
Daniel Althaus	Mike Lubbert
Tom Hass	Dr. Suzanne Martens
Nick Broetzman	

MULTI / MASS CASUALTY INCIDENT PLAN

I. INTRODUCTION

- A.** Sheboygan County has developed an emergency medical services (EMS) plan and supplemented the basic plan with an Annex H for emergency medical responses during multi / mass casualty incidents and Annex T for emergency medical responses during acts of terrorism. This plan and the annexes direct local emergency medical services to develop internal plans or suggested operating procedures on how emergency medical responses would be provided in the event of a major incident within Sheboygan County.

The Emergency Medical Services of Sheboygan County have recognized this requirement and in the 1990's began developing local procedures that would be understood by all the agencies responding to a larger scale incident. From that starting point, this joint services plan was developed.

During the later part of 2005 the Emergency Medical Services dissolved into an organization that now includes all Medical Emergency Medical Responders and Ambulance Services. The new organization is referred to as "Sheboygan County Emergency Medical Services Association". With the start of this new association, the MCI plan was updated to include Medical Emergency Medical Responders.

- B.** Sheboygan County is fortunate to be served by medical Emergency Medical Responder groups, ambulance services, ambulance services along its borders, and two hospitals.
- C.** When the plan was first developed, mutual aid agreements between the various EMS agencies within the County existed but no formal agreements between all agencies have been developed.
- D.** At the time of the writing of the original document, a Mutual Aid Box Alarm System (MABAS) was being considered for Sheboygan County.
- E.** In 2010 MABAS went live in Sheboygan County. All EMS agencies residing in Sheboygan County are member of Division 113.

II. PURPOSE AND OBJECTIVES

A. Purpose

This plan establishes a standard structure or guideline for the operation of multiple EMS agencies at a multi-patient / mass casualty incident.

B. Objectives

1. This plan may be applied to any multi-patient or mass casualty incident regardless of the number of patients or incident size.
2. For purposes of clarification, this document will provide the reader with an overview of how an incident could be organized when put together at the Unit leader level. The writers of this plan assume that the reader understands the Incident Command structure and its ability to grow into the need for additional management components involving groups, divisions, or branches.
3. The procedures outlined in this plan shall be integrated into the framework of the National Incident Management System and the agencies using this plan may build upon the components presented in this plan.
4. The plan will give direction to EMS agencies and others involved in a multi / mass casualty incident in a manner that is consistent and compatible with local plans and protocols.
5. The plan will improve multiple EMS agency coordination through increased knowledge and consistent terminology.
6. MABAS Life Safety Box Cards will be used in mass casualty incidents specific to the area served.

III. PLAN PARTICIPANTS

- A. All ambulance services, medical Emergency Medical Responder units and hospitals serving all or portions of the county as listed in Sheboygan County EMS Plan.**

IV. DEFINITIONS

A. Multiple Victim Incidents

Local emergency medical services modify their triage, treatment, and transportation procedures to handle the number of casualties. Local medical facilities require advanced notice to prepare for multiple patients.

B. Mass Casualty Incident

Local emergency medical services (including mutual aid) are available and adequate for triage, pre-hospital treatment / stabilization, and transportation. Local medical facilities are adequate and appropriate for further diagnosis and treatment.

C. Major Medical Incident

Involves a large number of casualties and requires a regional emergency medical response for adequate mitigation of the incident.

D. Disaster

A disaster is any natural or man-made event, civil disturbance or hostile attack, or any other hazardous occurrence of unusual or severe effect, threatening or causing injury to multiple individuals. A disaster exceeds / overwhelms the available regional resources and requires assistance from state or federal sources. The Emergency Medical Services of Sheboygan County may operate in an “operational disaster mode” prior to any formal declaration of a disaster by local officials.

E. Catastrophe

Local and regional resources are concentrated on self-survival. State or federal assistance required for mitigation.

V. NATIONAL INCIDENT MANAGEMENT SYSTEM

- A.** The National Incident Management System (NIMS) is the first federal mandate that standardizes the approach to incident management and response. Developed by the Department of Homeland Security and released in March 2004, it establishes a uniform set of processes and procedures that emergency responders at all levels will use to conduct response operations.
- B.** Annex H of the Sheboygan County Emergency Medical Services Plan identifies an integrated management system as the means for ensuring central control and inter-agency coordination at an MCI. The use of an incident management system helps ensure that every event will have unity of command, span of control and chain of command.
- C.** **While this plan does not supplant or dictate local department operations, it assures that all agencies working at an incident follow consistent procedures.** The more a system can be used on routine operations, the easier it will be to use on complex MCI's.
- D.** The roles and responsibilities of the various positions within the NIMS are described in detail in Appendix A and B.
- E.** The Emergency Medical Services triage supplement and operational worksheets at an MCI event can be found in Appendix C and D.

VI. IMPLEMENTING THE MASS CASUALTY INCIDENT PLAN

A. First Unit on the Scene

Regardless of the location, nature or extent of the incident, the first arriving emergency response agency with medical responsibility for the call shall:

1. Establish Incident Command or report to the Command Post.
2. If he/she is reporting to a Command Post the writer of this document is assuming that he/she will be assigned the role of an EMS Group Supervisor

until the position is transferred or the incident is stabilized and the position is terminated.

- (i) The duties of the EMS Group Supervisor shall be:
 1. Rapidly survey the scene to identify any hazards or safety concerns.
 2. Request additional resources based upon the approximate number of patients involved in the incident.
 3. Appoint a Triage Unit Leader and initiate triage. Triage will be initiated early in an incident, especially when the number of patients and / or the severity of their injuries exceed the capabilities of the on scene personnel to provide effective treatment and transportation.
 4. To establish the Treatment and Transportation units from the initial arriving resources if necessary.
3. Off-duty medically trained personnel who happen to be in the area and respond to the incident first should try to accomplish as many of the above tasks as safety possible. Once a dispatched agency has arrived on-scene, the off-duty person shall report to the arriving agency what tasks have been accomplished and then wait for further direction from the Incident Commander.

B. *Criteria for Requesting a MABAS Box Card and Implementing the Mass Casualty Incident Plan*

This Mass Casualty Incident Plan will be implemented when the following circumstances occur:

1. An emergency that meets the definition of an MCI has occurred or appears imminent. (see page 2, Section IV definitions)
2. The requesting jurisdiction or agency anticipates that all of its available resources are needed to ensure quality pre-hospital patient care. The intent of the Mass Casualty Incident Plan at this point is to insure that no one agency or department uses all of it's available resources to handle a call and leave it's response territory uncovered and dependant upon mutual aid from another area.

C. *Procedures for Requesting a MABAS Box Card and Implementing the Sheboygan County Emergency Medical Service Mass Casualty Incident Plan*

1. When it is determined by the first arriving resources of the affected jurisdiction that additional EMS assistance is required, they shall:
 - i. Report this request to the transport agency of jurisdiction.
 - ii. The transport agency will request the appropriate MABAS Card from the communication center and advise them of the level of mutual aid necessary.
 - iii. When a MABAS Box is requested, local hospitals should be advised of the expanding or escalating incident by the transport agency of jurisdiction.

D. *Identification of Functional Areas and Personnel*

1. Any one or all of the following functional areas may be set up to accomplish the management of the incident.
 - a. Group Supervisor
 - b. Triage Area
 - c. Treatment Area
 - d. Transport area
 - e. Staging Area
2. All emergency medical responders on the scene of the multi / mass casualty incident, including EMS personnel, should wear identification designating their jurisdiction/agency. The Incident Commander, Group Supervisors and Unit Leaders should be identified by reflective vests.

3. In Sheboygan County the various agencies responding to EMS calls are staffed by volunteers, paid on-call and full time personnel. The current capabilities of these agencies to account for personnel at the scene of an incident vary.

E. Standing Orders for EMS Operations

1. When communications with area hospitals and medical control cannot be obtained or when there is an unavoidable delay in the transport of a patient to a medical facility, standing orders for EMS operations may be used.
2. These standing orders will allow ALS and BLS units providing mutual aid outside of their jurisdiction to administer all drugs and perform all procedures as contained in their own jurisdictional written protocols.

F. Use of Helicopters

1. Helicopter support may be a valuable and effective resource in providing timely patient care and transportation, depending on weather conditions, the location of the incident and other factors.
2. When patient needs determine that conditions exist for the use of air evacuation services:
 - i. Report this request to the Command Post.
 - ii. Request the appropriate resources from the communication center.
3. An appropriate landing site will be identified and cleared. The local fire department or designee in whose jurisdiction the incident is occurring will assume responsibility for clearing and holding the landing area.
4. After landing, helicopter medical crews will be directed to activities or positions to best support the incident.

VII. TRIAGE / TREATMENT / TRANSPORTATION / STAGING PROCEDURES

The primary objective of the triage and treatment areas is to evaluate, treat and transport patients in an orderly and expedient manner.

A. Triage Area

The purpose of triage is to determine the location, number, and condition of patients and whether treatment should be performed before or after patients are moved from their original location. Triage is also responsible to ensure that patient triage is done in accordance with standard operating procedures using the SALT method and provide the Incident Commander with a "Triage Report" when triage is completed.

1. The EMS Group Supervisor shall assign one or more medically trained personnel to the task of triage. On extremely large incidents the triaging may be subdivided into smaller areas as more resources arrive.
2. When conducting triage, patients should be divided into five categories, Red, Yellow, Green, Gray, and Black. Color-coded triage tags, ribbons, or other tracking systems may be used. The four categories include:
 - a. Red - First priority in patient care, these are victims in critical condition whose survival depends upon immediate care. Treatment of the Red victims should begin as soon as possible.
 - b. Yellow - Victims that need urgent medical attention and are likely to survive if simple care is given as soon as possible.
 - c. Green - Victims who require only simple care or observation. Even though victims in this category may appear uninjured and emotionally stable, it is recommended that they be evacuated to a medical facility for evaluation by a physician.
 - d. Gray – Victim whose injuries make them unlikely to survive and/or extensive or complicated care is needed within minutes.
 - e. Black - These victims are deceased.

3. Once the initial triage is complete, a triage report should be given to the EMS Group Supervisor or Treatment Officer depending upon the scale of the incident. The report may sound something like: "Triage is complete. We have 9 total patients: 2 Reds, 3 Yellows, and 4 greens." A triage report signifies that triage has been completed. It also provides essential information regarding decisions that the EMS Group Supervisor will make in determining the need for additional resources or to scale back the response.
4. After the initial triage report is completed, the EMS Group Supervisor or Treatment Officer may ask them to continue working with triage or assign them to another task.

B. Treatment Area

The purpose of the treatment area is to first determine whether patient treatment will occur "in place" or in a designated treatment area. Generally, a centralized treatment area is preferred, as patient care and site operations are substantially enhanced.

If a treatment area is designated, the Treatment Unit Leader may decide to treat patients in a common area. However, if the incident is large enough the Treatment Unit Leader may designate separate treatment areas. The treatment area is responsible for providing definitive advanced and basic life support stabilization and the continuing care of patients until they can be transported. The treatment area will determine priorities for patients to be transported to medical facilities and will coordinate transportation with the Transportation Unit Leader.

1. The EMS Group Supervisor will decide if a treatment area is needed. If so, a Treatment Unit Leader will be designated. He or she will be responsible for:
 - a. Re-evaluating the patient's condition.
 - b. Directing EMS personnel to deliver definitive care such as medications, IV, etc.
 - c. Notifying the EMS Group Supervisor of a need for more personnel, medical supplies or equipment.

- d. Coordinate patient disposition to the transportation unit.
- e. Coordinating the actions of physicians and/or other medical personnel.

Transportation Area

The purpose of the Transportation Area is to obtain all modes of transportation needed to take patients to the hospital. The Transportation Unit Leader should determine where the patient loading area will be. He / she is also responsible to determine hospital availability, coordinate patient allocation with the treatment unit and supervise the movement of patients from the treatment area to the ambulance loading area or helicopter landing zone.

The transportation area should determine hospital destination and notify hospitals of patients being transported. In essence, the Transportation Unit Leader is the only person talking with the hospitals after the initial report if given notifying the hospitals of the incident. However, ambulances leaving the scene shall continue to communicate their en-route and arrival information with their respective dispatch center as they would during normal operations. Transportation is also responsible for removing patient tracking slips from the triage tags prior to transport, notify the EMS Group Supervisor when all "Red" patients have been transported (a quality assurance benchmark) and maintain an accounting of all patients transported.

C. Staging Area

When additional resources are requested at a multi / mass casualty event a staging area should be set-up. Setting-up this area will facilitate an incremental approach to the incident and provide predictable resources. Once in staging, resources can be directed to appropriate locations thus avoiding unnecessary congestion near the impacted area. The Incident Commander shall:

1. Appoint a Staging Area Manager.
2. Determine an appropriate location for the staging area and the best route of travel to the designated location.
3. Announce the Staging Area location to the Communications Center.
 - a. The Communications Center should then relay this information to all incoming agencies.

All arriving agencies responding to the incident shall report to the Staging Area. This area should be a sufficient distance from the event to keep the scene clear of congestion but maintain easy access. The Staging Area Manager shall release resources from the staging area when requested.

The Staging Area Manager shall ensure that all responding resources are positioned appropriately in the staging area which allows them an easy exit. Drivers assigned to vehicles must be identified and readily available for dispatching to the requested location.

The Staging Area Manager should assume a visible position and he/she should wear a vest that identifies his/her role. All vehicles in the staging area should turn off their emergency lights.

Any responding agencies, organizations, groups, or individuals other than the first and reinforced response must report to Staging for assignments.

VIII. EMERGENCY COMMUNICATIONS

Only essential radio communications should be made during a multi / mass casualty incident.

A. Radio Identification

1. When communicating during a response to a mass casualty incident, all responding units shall identify themselves on the radio with "Department Name - Unit Type - Unit Number".
2. Once a unit is assigned a task, it should identify itself on the appropriate radio talk group. (i.e. "TREATMENT AREA to TRANSPORTATION AREA.") When a task is complete, the unit should report back to the assigning officer that the given task is complete and that the Department Name - Unit Type – Unit Number is available.
3. Units using radio communications should first make sure that the receiving unit is ready to copy before sending a message. The receiving unit should then summarize the receipt of the message or order.

4. In order to provide for maximum safety and clarity of operation, certain key words must be understood to mean the same to all involved:
 - a. Withdraw - In an orderly manner, back out of the area taking all equipment with you as you go.
 - b. Evacuate - Immediately leave area, dropping in place any equipment that would slow down your retreat
 - c. All Clear - It has been determined that the hazard has been eliminated or does not exist.

B. Initial Communication by Responding Agency

When the initial responding agency's communications center determines that an MCI exists or may exist, that communications center will begin mutual aid contacts of other agencies to provide appropriate resources.

C. Use of the Radio System

1. The two-way radio communication system allows EMS field crews to communicate with area hospitals on pre-hospital patient care or to alert the hospitals of in-coming patient situations.
2. The system operates on either the UHF bands reserved by the Federal Communications Commission for medical communications or the 800 megahertz system.
3. Assigning a specific talk group or talk groups for the EMS Group Supervisor, Triage, Treatment, and Transportation units may be necessary.

D. Use of Cellular Phones

1. Depending upon the scope and type of the incident, cellular phones may provide a communications system between dispatchers, the Incident Command, medical personnel on scene, local hospitals, and other organizations.

2. Available cellular phones at the incident scene should be identified to the Incident Commander, in the event that they are needed at specific times.

3. If the incident is one of longer duration, area cellular companies will be asked to provide cellular phones and priority access at the scene of the incident.

IX. REQUESTING ADDITIONAL MEDICAL SUPPLIES

Requests for additional supplies should be directed to area hospitals by the transport agencies involved.

X. PATIENT TRACKING

The color-coded triage tags should be filled out with as much information about the patient as the triage personnel are able to ascertain and complete. A portion of the tag should be retained by the Triage Unit Leader and Transportation Unit Leader. The Transportation Unit Leader will also obtain information indicating the destination hospital to which the patient is being transported. The Transportation Unit Leader will make the retained triage tag portions and transportation log available to the Incident Commander at the scene or others responsible for notifying family members or determining the location of victims.

XI. REVIEW OF MASS CASUALTY INCIDENTS

Within two weeks of an MCI, the Emergency Medical Services involved in the incident should appoint a task force to review the response to the incident. This task force should present its findings to the Sheboygan County EMS Council at its next regularly scheduled meeting and a report on the incident should be placed on file with the Sheboygan County Emergency Management office.

XII. TRAINING AND EXERCISES

The Emergency Medical Services shall review as necessary, determine training needs and schedule appropriate training. At a minimum, the plan should be exercised annually in conjunction with area hospital disaster drills.

APPENDIX A

NATIONAL INCIDENT MANAGEMENT SYSTEM POSITION DESCRIPTIONS

EMS Group Supervisor

- Responsible for overall EMS operations at an incident
- Responsible for appointing all other EMS team members
- Responsible for forwarding all EMS recommendations to the Incident Commander.
- Responsible for formulating and disseminating factual and timely information about the incident to the Incident Command for release to the news media and other appropriate agencies.
- Responsible for the accounting of all EMS personnel at the incident.
- On simple incidents, the EMS Group Supervisor may well serve multiple roles.

Triage Unit Leader

- Responsible for the management of victims where they are found at the incident site.
- Responsible for sorting and moving victims to the treatment area.
- This person shall ensure coordination between extrication teams and patient care personnel to provide appropriate care for entrapped victims.

Treatment Unit Leader

- Responsible for sorting patients at the treatment area to establish priorities for treatment and transport, and for directing coordination with medical professionals mobilized to the scene.
- The treatment area should be headed by an individual who routinely functions in pre-hospital EMS, or a previously identified individual who is designated by position, and participates in pre-hospital mass casualty drills.

Transportation Unit Leader

- Responsible for arranging appropriate transport vehicles (ambulances, helicopters, buses, vans, etc.) for those patients that the Treatment Unit Leader has selected for transport.

Staging Area Manager

- Responsible for the organization of the staging area.
- Responsible for the flow of resources from the staging area to the scene.

APPENDIX B

POSITION CHECKLISTS

EMS GROUP SUPERVISOR

Responsible:

For overall EMS operations at an incident, for appointing all other EMS team members, accounting for all EMS personnel, and forwarding all EMS recommendations to the Incident Commander

Reports to:

Incident Command

Tasks:

- Inform Incident Command of your established position
- Identify yourself as EMS Group Supervisor by wearing a reflective vest
- Perform a medical size-up and relay information to Incident Command
 - Assess the need for decontamination of patients prior to treatment or transport
- Develop an initial strategy for the medical aspects of the incident, including
 - Make initial contact to local hospitals advising them of the incident
 - Determine the location of the staging area from Incident Command
- Order additional medical resources through the Communications Center
- Maintain an accountability log of EMS personnel at the incident

- Appoint a Triage Unit Leader
- Appoint a Treatment Unit Leader
- Appoint a Transport Unit Leader
- Communicate regular updates to Incident Command on EMS operations

TRIAGE UNIT LEADER

Responsible:

For the management of victims where they are found at the incident site, and for sorting and moving victims to the treatment area. The person shall ensure coordination between extrication teams and patient care personnel to provide appropriate care for entrapped victims.

Reports to:

EMS Group Supervisor

Tasks:

- Assume position as Triage Unit Leader and identify yourself by wearing reflective vest
- Observe scene for hazards and take necessary precautions
- Determine the location, number and condition of patients involved in the incident
- Advise EMS Group Supervisor of the approximate number and severity of injuries
- Establish a strategy for triage with the EMS Group Leader, including:
 - Triage patients where they are found

- Coordinate and move patients to the treatment area
- Determine and order any additional personnel, equipment or supplies through the EMS Group Supervisor.
- Assign and control all personnel in the triage area, including:
 - Establish triage teams and define operating zones
 - Make sure that sufficient quantities of triage tags are available
- Provide regular updated progress reports to EMS Group Supervisor
- Advise “All Clear” to EMS Group Supervisor when all patients have been triaged and moved to the treatment sector

TRANSPORTATION UNIT LEADER

Responsible:

For arranging appropriate transport vehicles (ambulances, helicopters, buses, vans, etc.) for those patients that the Treatment Area has selected for transport.

Reports to:

EMS Group Supervisor

Tasks:

- Assume position as Transportation Unit Leader upon assignment by EMS Group Supervisor and identify yourself by wearing reflective vest

- Determine the location for the staging of the transportation of patients
- Determine and order any additional personnel, ambulances, Emergency Medical Responder units, helicopters, buses through EMS Group Supervisor
- Communicate with the appropriate hospital to determine hospital availability and capacities
- Designate a person to track all green triaged patients that are or are not transported
- Coordinate patient removal to loading zones in order of severity to include moving patients to helicopter landing zone sector for transport to distant hospitals
- Maintain accurate records of patients transported
- Provide regular updated progress reports to EMS Group Supervisor
- Advise “All Clear” to EMS Group Supervisor when all patients have been transported

TREATMENT UNIT LEADER

Responsible:

For sorting patients at the treatment area to establish priorities for treatment and transport and for directing coordination with medical professionals mobilized to the scene. The treatment area should be headed by an individual who routinely functions in pre-hospital EMS, or a previously identified individual who is designated by position, and participates in pre-hospital mass casualty drills.

Reports to: EMS Group Supervisor

Tasks:

- Assume position as Treatment Unit Leader upon assignment by EMS Group Supervisor and identify yourself by wearing reflective vest
- Determine the location for the field treatment area and notify EMS Group Supervisor
- Determine and order any additional resources through EMS Group Supervisor
- Construct a formal treatment area to include:
 - Identifiable entrance and exit points
 - Separate red and yellow triaged patients within the treatment area
- Develop a pool of medical supplies within the treatment area
- Designate an area for green triaged patients to be collected and treated outside the formal treatment area
- Locate yourself at the entrance point and perform re-triage as needed on patients arriving from the triage sector

- Perform triage on patients arriving into the treatment area without triage tags
- Assign and control all personnel in the area to ensure appropriate treatment for all patients
- Move patients through the exit point into the transport area in order of severity
- Provide regular updated progress reports to EMS Group Supervisor.
- Advise “All Clear” to EMS Group Supervisor when all patients have been treated and moved to the transport area.

STAGING AREA MANAGER

Responsible:

For the organization and flow of resources into the incident. The Staging Area Manager shall utilize an area near the incident with easy access to and from the scene avoiding the increase of congestion at the scene. The Staging area should be headed by an individual who routinely functions in pre-hospital EMS, or a previously identified individual who is designated by position, and participates in pre-hospital mass casualty drills.

Reports to:

EMS Group Supervisor

Tasks:

- Utilize the appointed staging area
- Coordinate staging activities with law enforcement representatives

- Ensure that all resources are positioned in the Staging area to allow ease of exit
- Identify personnel who are assigned to drive ambulances and assure that they are ready for dispatching to the transportation area
- Assume a visible position
- Identify your position by wearing a reflective vest
- Give regular progress reports to EMS Group Supervisor

APPENDIX C **TRIAGE TAGS SUPPLEMENT**

Triage Tags

SALT Triage is a function which is performed primarily during extrication and treatment of patients. It is simply a system of identifying patient injuries and classifying these patients according to the severity of injuries and their priority needs for treatment and transportation. The most seriously injured patients are classified as Priority 1 (Red), and the very minor injured as Priority 3 (Green). The most visible means of identifying these different patients is by use of a triage tagging system.

Triage tags will be used by the Sheboygan County Emergency Medical Services on all "working" multi-patient incidents. A "working" multiple patient incident is defined as:

- Three or more patients, with one of the patients requiring ALS level treatment.
- Any medical incident involving six or more patients requiring transportation to a hospital.

During large medical emergencies, triage tagging should be completed during the "initial assessment" of all patients, and before the "focused history and physical exam" is initiated. Only correction of ABC's identified in the "initial assessment" should be completed at that

time. More complete patient treatment (splinting, bandaging, etc.) will be done in a treatment area location.

DEFINITIONS

The terms priority and level are sometimes used interchangeably, but a distinction should be made between the terms to avoid confusion, both at the scene and at the hospital.

During triage, patients are assigned a priority to efficiently facilitate treatment and transportation.

PRIORITY TAGGING

Triage priorities should follow the guidelines listed below. Reminders are listed on the back of all triage tags for quick reference.

Priority 1 – ALS (Triage Tag Color = Red)

- A. Patients with unresolved or compromised ABC problems.
- B. Unconscious patients.
- C. Shock.
- D. Major or multiple fractures.
- E. ALS level medical problems (cardiac, diabetes, CVA).

Priority 2 BLS (Triage Tag Color = Yellow)

Non-ambulatory patients not requiring ALS treatment.

Priority 3 (Triage Tag Color = Green)

Ambulatory patients.

Priority 4 (Triage Tag Color = Gray)

Patients where wounds are so severe that death appears reasonably certain, even if paramedic-level treatment were to be administered. Examples may be:

- 1. Massive open skull fractures with brain tissue showing.

2. Third degree burns of 80% or more of the body.
3. Massive crushing injuries to chest, abdomen, and pelvis with very faint vital signs detectable.

Priority 5 (Triage Tag Color = Black)

Priority 5 patients are those persons obviously deceased.

There is a fine line between the obviously mortally-injured (dying) patient and a seriously-injured patient who may survive if paramedic-level treatment is administered. If the medical incident involves only a single patient who appears mortally-injured, enough trained manpower and equipment normally is available to totally commit crews to that patient. However, as the number of seriously injured patients at the medical incident increases, trained manpower and equipment may become extremely limited. Under these circumstances, mortally-injured patients may need to be black-tagged as a Priority 5 with no treatment administered, while available resources concentrate on treating a large number of salvageable patients.

Once tagged, Priority 5 patients should not be moved unless it is necessary to treat other patients. Those that must be moved should be covered and placed in an out-of-the-way location. If possible, mark the position of the body before moving.

TRIAGE TAG LOCATION

Triage tags should be secured preferably to the patient's uninjured ankle or wrist. When securing tags to the wrist, leave the attachment line loose enough so that it can be moved up or down the arm to accommodate an IV line infusion, but tight enough so that it will not slide off the wrist. Do not secure triage tags to belts or clothing.

INVENTORY LEVELS

Ambulances - 50 SALT triage tags

Emergency Medical Responder Units - 50 SALT triage tags

The Law Committee of the Sheboygan County Board of Supervisors has reviewed and approved this document entitled "Sheboygan County Emergency Medical Services Plan", March 2025, revision.

Gerald Jorgensen, Chairman

Date: _____

Paul Gruber, Vice-Chairman

Date: _____,

Wendy Schobert, Secretary

Date: _____,

Charlette Nennig, Member

Date: _____,

Suzanne Speltz, Member

Date: _____

EMERGENCY SERVICE UNITS – SHEBOYGAN COUNTY

Ambulance Services

1. Orange Cross Ambulance Daniel Althaus, Executive Director 1919 Ashland Avenue Sheboygan, WI 53081 dalthaus@orangecross.org	Phone: (920) 694-0344 Fax: (920) 694-0350
2. City of Sheboygan Fire Department Ambulance Mike Lubbert, Assistant Chief 1326 North 25 th Street Sheboygan, WI 53081 Michael.Lubbert@sheboyganwi.gov	Station: (920) 459-3975 Main: (920) 459-3328
3. Random Lake Fire Department Ambulance Pat Depies, Chief 718 Spring Street Random Lake, WI 53075 randomlakechief@gmail.com	Phone: (920) 946-1848
4. Kiel Ambulance Service Richard Isley, Service Director 90 Raider Heights Kiel, WI 53042 Medic0990@msn.com	Phone: (920) 286-0414 Fax: (920) 894-2144
5. Plymouth Fire Department Ambulance Jason McCoy, EMS & Safety Assistant Chief Ryan Pafford, Fire Chief P.O. Box 294 Plymouth, WI 53073 rpaafford@plymouthfd.com	Station: (920) 893-1331

Emergency Medical Responder Units

1. Adell Emergency Medical Responders
Dan Wiersema, Captain
516 Clark Street
Cascade, WI 53011
Station: P.O. Box 242, Adell, WI 53001
caseihman@gmail.com
Phone: (920) 838-4326
2. Cascade Emergency Medical Responders
Kelly Green, Captain
801 Madison Street
Cascade, WI 53011
cascadefirstresponders@gmail.com
Station: (920) 528-8432
3. Cedar Grove Emergency Medical Responders
Kyle Voskuil, Manager
306 S Main Street
Cedar Grove, WI 53013
Kvoskuil22@yahoo.com
4. Glenbeulah Emergency Medical Responders
Adam Multer, EMS Captain
110 N Swift Street
Glenbeulah, WI 53023
amulter@glenbeulahwi.gov
Phone: (920) 838-6390
5. Howards Grove Emergency Medical Responders
Tyler Wuestenhagen
1013 South Wisconsin Drive
Howards Grove, WI 53083
tyler.wuestenhagen@sheboygancounty.com
Station: (920) 565-2121
6. Town of Sheboygan Falls Emergency Medical Responders
Tom Hass
N5480 County Road TT
Sheboygan Falls, WI 53085
medic375@charter.net
Work: (920) 802-1990
Phone: (920) 698-2453
7. City of Sheboygan Fire Department Emergency Medical Responders
Michael Lubbert, Assistant Chief
1326 North 25th Street
Sheboygan, WI 53081
Michael.Lubbert@sheboyganwi.gov
Station: (920) 459-3975
Main: (920) 459-3328

8. Elkhart Lake Emergency Medical Responders
 Michael Meeusen, EMS Service Director
 610 South Lincoln Street
 Elkhart Lake, WI 53020
mmeeusen@elkhartlakewi.gov

9. City of Sheboygan Falls Emergency Medical Responders
 Amanda Myszewski, Captain
 375 Buffalo Street
 Sheboygan Falls, WI 53085
amandamyszewski@gmail.com

10. Town of Sheboygan Emergency Medical Responders
 Mike Brungraber, EMS Captain
 Andrew Perman, EMS Chief
 3911 CTH Y
 Sheboygan, WI
Michael.Brungraber@sheboygancounty.com

11. Town of Scott Emergency Medical Responders
 Theresa Reysen, Service Director
 N1306 Boltonville Rd
 Adell, WI 53001

12. Village of Kohler EMS
 Shawn Splivalo Chief
 319 Highland Drive
 Kohler, WI 53044
ssplivalo@kohlerpolice.com

13. Town of Wilson Emergency Medical Responders
 Shelley Hittman, Service Director
 Pam Schneckloth, Co-Director
 5935 South Business Drive
 Sheboygan, WI 53081
72shelleyh@gmail.com

14. St. Cloud Emergency Medical Responders
 Jeff Horn
 1105 Main Street
 St. Cloud, WI 53079
Jeffhorn80@yahoo.com

15. Millipore Sigma Work: (920) 917-1211
Brenda Blaser
5485 County Road V
Sheboygan Falls WI 53085
Brenda.Blaser@Milliporesigma.com

16. Oostburg FD Emergency Medical Responders Station: (920) 564-3844
Cree TenDolle (920) 698-0868
PO Box 700048
Oostburg, WI 53070
captain@oostburgemr.org

Hospital Emergency Departments

1. Aurora Medical Center Sheboygan County
Craig Schicker, Director ED
3400 Union Ave
Sheboygan, WI 53081
Craig.schicker@ahh.org
Phone: (920) 802-2100
2. HSHS St. Nicholas Hospital
Courtney Loebel, Nursing Manager ED
3100 Superior Avenue
Sheboygan, WI 53081
Courtney.Loebel@hshs.org
Phone: (920) 459-4717

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MEMBER AT LARGE

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Licensed Medical Provider

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Cascade, WI 53011
cascaderec@hotmail.com

VILLAGE GOVERNMENT

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920-860-6334 (w)
Craig.schicker@aurora.org

NURSING REPRESENTATIVE

Michael Meeusen
Elkhart Lake Police Department
40 Pine Street
Elkhart Lake, WI 53020
m meeusen@elkhartlakewi.gov

CITY LAW ENFORCEMENT

Courtney Loebel
3100 Superior Avenue
Sheboygan, WI 53081
Courtney.Loebel@hhs.org

HOSPITAL ADMINISTRATION

Mr. Robert Kulhanek
2422 North 7th Street
Sheboygan, WI 53083
Bob.kulhanek@sbcglobal.net

CONSUMERS INTERESTED BUT NOT INVOLVED
IN PROVISION OF EMS SERVICES

Randy Narbatovics
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Adell, WI 53001
rnarbatovics@gmail.com
TOWN GOVERNMENT

Daniel Peterson
828 Center Avenue
Sheboygan, WI 53081
CITY GOVERNMENT
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Wendy Schobert
2224 South 16th Street
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Dr. Erin McGlynn
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Oostburg, WI 53070
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INDUSTRY

Assistant Chief Mike Lubbert
1326 North 25th Street
Sheboygan, WI 53081
Michael.Lubbert@sheboyganwi.gov
SHEBOYGAN FIRE DEPARTMENT

Tyler Wuestenhagen
1013 South Wisconsin Drive
Howard Grove, WI 53083
tyler.wuestenhagen@howardsgrovefd.com
COUNTY FIRE

Mr. Pat Depies
Random Lake Ambulance Service
N7045 Kay-K Road
Belgium, WI 53004
randomlakechief@gmail.com
RESCUE SERVICES

Daniel Althaus
Orange Cross Ambulance
1919 Ashland Avenue
Sheboygan, WI 53081
dalthaus@orangecross.org
PRIVATE AMBULANCE SERVICES

Thomas Hass
3400 Union Avenue
Sheboygan, WI 53081
thomas.hass@aah.org
EMERGENCY MEDICAL RESPONDERS

Mr. Steve Steinhardt
Sheboygan County Sheriff's Department
525 North 6th Street
Sheboygan, WI 53081
920-459-3360 (w)
steve.steinhardt@SheboyganCounty.com
EMERGENCY MANAGEMENT

Holly Parker
Sheboygan County Sheriff's Department
525 North 6th Street
Sheboygan, WI 53081
holly.parker@SheboyganCounty.com
COUNTY LAW ENFORCEMENT

Exhibit C

Orange Cross Service Map

Orange Cross Ambulance Coverage Area

12/16/2020
Source: Sheboygan County Planning & Conservation Department
G-10 Departmental Map/OCAS - Orange Cross.mxd

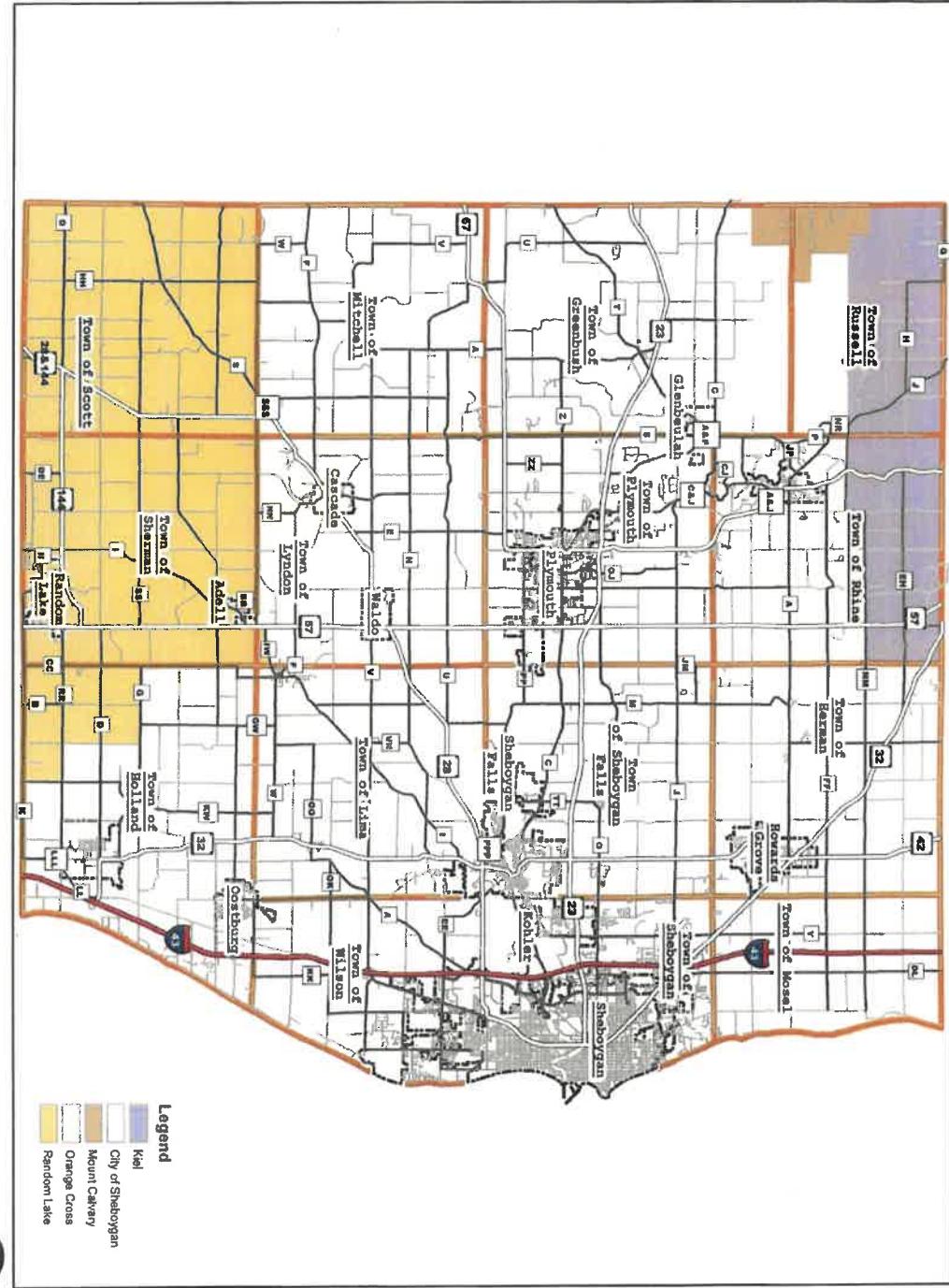


Exhibit D

List of Municipalities Served

Municipalities Serviced by Orange Cross Ambulance for 911 Response

City of Plymouth	City of Sheboygan Falls
Village of Cascade	Village of Cedar Grove
Village of Elkhart Lake	Village of Glenbeulah
Village of Howards Grove	Village of Kohler
Village of Oostburg	Village of Waldo
Town of Herman	Town of Holland
Town of Mitchell	Town of Mosel
Town of Plymouth	Town of Sheboygan
Town of Greenbush	Town of Lima
Town of Lyndon	Town of Rhine
Town of Russell	Town of Sheboygan Falls
Town of Wilson	



Orange Cross Ambulance Inc. Charge Update 2026

Category	2024	2025	2026
BLS Non-Emergency	\$871.98	\$898.14	\$975.00
BLS Emergency	\$1,093.42	\$1,126.23	\$1,200.00
BLS On-Scene	\$300.00	\$300.00	\$300.00
ALS Non-Emergency	\$1,132.59	\$1,177.89	\$1,400.00
ALS (1) Emergency	\$1,487.60	\$1,591.73	\$1,800.00
ALS 2	\$1,900.00	\$1,957.00	\$2,200.00
ALS On-Scene	\$371.32	\$371.32	\$371.32
Specialty Care Transport	\$2,200.00	\$2,332.00	\$2,600.00
Mileage	\$23.50	\$24.68	\$27.00
EKG/IV Supplies	\$41.60	\$42.85	\$44.14
Oxygen	\$70.94	\$73.07	\$75.26
Intercept	\$260.00	\$260.00	\$260.00
Lift Assist	\$80.00	\$80.00	\$80.00