



Amy Loudenbeck

REPRESENTING WISCONSIN'S 31ST ASSEMBLY DISTRICT

Testimony of Rep. Amy Loudenbeck Senate Bill 332 Senate Committee on Judiciary and Public Safety January 7, 2016

Thank you to the Committee Chair and to my colleagues in the Assembly for the opportunity to provide testimony on Senate Bill 332 relating to the use of child safety restraint systems in motor vehicles.

Vehicle crashes are the leading cause of death for children in our country.¹ According to a new study from the Centers for Disease Control and Prevention (CDC), proper car seat, booster seat, and seat belt use among children prevents injuries, decreases deaths, and reduces hospital charges. The study also shows that parents often transition children to a new car seat too soon, which results in children less protected in a crash and the cost of injury increases.²

Safety and medical experts including the American Academy of Pediatrics, American Automobile Association, and the National Highway Traffic Safety Administration recommend that infants are safest riding in a rear-facing car seat until the age of two or until they have outgrown the height and weight requirements of their car seat. A 2007 study in the journal *Injury Prevention* found that children under age 2 are 75-percent less likely to die or to be severely injured in a crash if they are rear-facing.³ This is because an infant's spine and ligaments will allow for a spinal column to elongate up to two full inches, but the spinal cord ruptures if stretched more than 1/4 inch.⁴

A rear-facing car seat has a harness, and in a crash, cradles and moves with the child to reduce the stress to the child's fragile neck and spinal cord.⁵ Findings published by BMJ Injury Prevention compared injury statistics for 15-years of crashes, and researchers found "the odds of severe injury for forward-facing infants under 12 months of age were 1.79 times higher than for rear-facing infants; for children 12 to 23 months old, the odds were 5.32 times higher."⁶

Our bill brings state law up to date with the most recent car seat safety guidelines for infants which will help parents make the best decisions when it comes to their children's safety.

Finally, it is very important to note our bill does not create a new law or create a new penalty, it simply modifies current law to reflect evidence-based best practices.

Colleagues, thank you for your time today and for allowing me to share information about this important proposal.

¹ <http://www.cdc.gov/vitalsigns/childpassengersafety/index.html>

² http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6408a1.htm?s_cid=ss6408a1_w

³ <http://injuryprevention.bmj.com/content/13/6/398.abstract?sid=b7ad0621-5201-44bc-a30f-0688c6787f25>

⁴ http://www.carseatsite.com/rear-face_article.htm

⁵ <http://www.nhtsa.gov/ChildSafety/Guidance>

⁶ <http://pediatrics.aappublications.org/content/121/3/619.full>



**Testimony of Rep. Chris Taylor
Senate Bill 332**

January 7, 2016

Chairman Wanggaard and Members of the Judiciary and Public Safety Committee:

Thank you for holding a public hearing on Senate Bill 332 and for the opportunity to testify in favor of legislation which, in my opinion, is one of the most important before the Legislature this session. This bill will save infants' lives.

Currently, Wisconsin's state laws are in direct conflict with what is recommended by safety experts and medical professionals. Both the American Academy of Pediatrics (AAP) and the National Highway Traffic Safety Administration (NHTSA) recommend infants remain rear-facing until at least age two or until they outgrow their car seat while our state statutes say that children should be rear-facing until age one.

One of the most common questions I receive about this legislation is why does this bill target age, instead of height and weight? The simple answer: height and weight does not equal muscle and skeletal strength. In fact, for young children, their muscles and bones tend to develop the same regardless of their weight or height. As a result, the research shows that, regardless of how much a very young child weighs or how tall they are, a child under the age of two simply does not have the skeletal strength, the neck strength, or the bone strength to survive a serious crash when forward-facing.

As the mother of two young sons, I am all too familiar with the confusion parents confront when determining if their child is ready to be forward-facing in their car seat. Parents want to do the right thing, but when the information conflicts, it is harder to figure out what the right thing is. This bill is just a simple, easy way to clear up the conflict and make sure parents have the best information in keeping their infant as safe as possible when traveling in a vehicle.

This legislation is supported by AAA, Children's Hospital of Wisconsin, Children's Health Alliance of Wisconsin, Columbia St. Mary's, Ministry Health Care, Professional Fire Fighters of Wisconsin, Safe Kids Madison, Safe Kids Southeast Wisconsin, Safe Kids Wisconsin, Safe Kids Wood County, Stevens Point Child Safety Center Inc, Theda Care System & Trauma Center at Theda Clark, Wisconsin Chapter of the American Academy of Pediatrics, Wisconsin Child Passenger Safety Association, Wisconsin Professional Police Association, Wisconsin Medical Society and UW-Health – American Family Children's Hospital.

We have strong bipartisan support for Senate Bill 332. I really hope that we can pass this bill to help save children's lives and keep infants as safe as possible.

Testimony of Bethany Olson In support of SB 332

My name is Bethany Olson and I am here to support the bill being proposed by Representative Taylor. This bill would require children under two years of age to remain rear facing. I am a mother who has experienced first hand how this saved my daughter's life.

I always wanted to be a mom. It took years of infertility before I was blessed with a boy, then a girl. I did my best to protect them-including implementing car seat safety. I bought the best car seats for side impact crashes, had my car seats installed by a certified car seat technician, and I made the decision to not follow the law in regards to placing my children forward facing. After much research I instead followed the American Academy of Pediatrics recommendations. They state children should remain rear facing at the minimum till they are two years of age. The reason for this is children under two have weak neck muscles and underdeveloped spines. In a car accident their spines can stretch up to two inches. It only takes one fourth of an inch to sever their spinal cord from their skull. This is called internal decapitation and almost always results in death. Rear facing children till at least two years of age is 500% safer.

In protecting my children I never thought anything would happen it was simply a precautionary. On May 23rd, 2014 my children and I were going to the store. A truck hauling four cattle failed to stop at a stop sign and t-boned my car at highway speeds. The impact was mostly centered where my 14 month old daughter was sitting secure in her car seat rear facing. Everyone on scene said all of us should not have lived, especially my children. They also told me had my daughter been forward facing she would have been killed. **NOT FOLLOWING THE LAW SAVED HER LIFE.** I didn't bury my children that day and now I get to watch them grow up.

Representative Taylor is right when she said, "updating this law in accordance with industry standards will help ensure our children are as safe as possible when they're on the road with us." Laws are put into place to protect but they are currently failing to protect our children. No child should die from their car seat being installed incorrectly, not being correctly restrained in their car seat, **OR FACING THE WRONG WAY.**

Thank you for introducing this bill. I convey my wholehearted support for its passage to the relevant legislative committees. I appreciate your time and effort and strongly urge others to support this bill. Thank you.

TO: Senate Committee on Judiciary and Public Safety
FROM: Libbe Slavin, Safe Kids Wisconsin Coordinator, Children's Hospital of Wisconsin
DATE: Thursday, January 7, 2016
RE: Support for SB 332 – Child Safety Restraint

Good afternoon Chairman Wanggaard and members of the committee. Thank you for allowing me this opportunity to share testimony today on our support of SB 332, which updates the current infant car seat law standards. My name is Libbe Slavin and I am the Safe Kids Wisconsin Coordinator at Children's Hospital of Wisconsin.

Safe Kids Wisconsin is led by Children's Hospital of Wisconsin to achieve our common goal of keeping Wisconsin kids safe by preventing unintentional injuries. Safe Kids is an international network of injury prevention coalitions focusing on unintentional injury prevention for kids 0-19 years of age. Around the world, a child dies from an unintentional injury every 30 seconds. As the lead agency for Safe Kids, Children's Hospital joins me today in submitting testimony in support of SB 332.

This bill expands the requirements for a child in a rear-facing car seat from one to two years old.

The American Academy of Pediatrics (AAP) recommends children less than 2 years old stay in a rear-facing system until they reach the maximum height and weight for their car seat. However, Wisconsin allows children over 1 year old and over 20 lbs. to be in a forward-facing system, this lets much younger children to be in the less-safe, forward-facing seats. Wisconsin's current child passenger safety requirements are outdated. According to the American Academy of Pediatrics, a 2007 study found that children under age 2 are 75 percent less likely to die or be severely injured in a crash if they are riding in a rear-facing car seat.

Researchers have reported one to two year olds are five times safer while riding in a rear-facing car seat compared to a forward-facing car seat. Rear-facing seating is safest for children because they do a better job of cradling the child's developing head, neck, and spine to absorb the forces in a crash, rather than the head being thrust about.

Despite this evidence-based policy change recommendation of the American Academy of Pediatrics, parents continue to prematurely put their kids in car seats in a forward facing position. Parents reach out to our Safe Kids coalitions, as the community resource for child passenger safety, on a regular basis asking the question of what is the law for car seats. Making this simple focused update to the law as it relates to infants will help to change parents' behaviors, reduce severity of injuries, and save lives.

We hope you will support this essential legislation aimed at protecting our children. Placing a child in a rear-facing car seat until the age of two will significantly reduce the risk of injury.

On a final note, as you know the Assembly Transportation committee recently adopted Assembly Substitute Amendment 1 to Assembly Bill 400, which is the Assembly companion bill to Senate Bill 332. Among other things, the substitute amendment would narrow the intent of the bill so that children under the age of 2 would be in a rear facing car seat and

that children from 2 to 4 years of age would be restrained in a forward facing system regardless of weight. Please know we are supportive of Assembly Substitute Amendment 1 to Assembly Bill 400 and would support a Senate version of the Substitute Amendment should the authors and committee members choose to act in this manner.

Chairman Wanggaard and committee members, I thank you again for the opportunity to submit testimony on behalf of Children's Hospital Wisconsin and Safe Kids Wisconsin. If you have any questions please feel free to contact me at LSlavin@chw.org or 715-843-1890.



American Family
Children's Hospital

TO: Senate Committee on Judiciary and Public Safety

FROM: Nicole Vesely, Safe Kids Madison Area Coordinator, American Family Children's Hospital

DATE: Thursday, January 7, 2016

RE: Support for ~~AB 400~~ – Child Safety Restraint
SB 332

Good morning. My name is Nicole Vesely and I am the Safe Kids Madison Area Coalition Coordinator at the American Family Children's Hospital. I have also been a Child Passenger Safety (CPS) Technician for almost 10 years, as well as a CPS instructor for the last 4 years.

The American Family Children's Hospital and Safe Kids Madison Area Coalition support ~~Assembly Bill 400~~ *SB 332*, which would update Wisconsin's infant seat safety laws to the current best and safest practice policy of the American Academy of Pediatrics (AAP). The AAP advises parents to keep their toddlers in rear-facing car seats until age 2 or until they reach the maximum height and weight for their seat. Research has found that children are safer in rear-facing car seats. A 2007 study in the journal Injury Prevention showed that children under age 2 are 75 percent less likely to die or be severely injured in a crash if they are riding rear-facing.

Infants' head are proportionally large for their bodies and injury to their head and early developing spine are more likely to occur if they are not properly restrained. In a crash, the head of a child who is forward-facing will thrust toward the front of the vehicle, with the potential to cause severe injury to their spine; when in a rear-facing seat, the entire child restraint back will cradle the child and protect their vulnerable head, neck and spine.

Child restraints have evolved to accommodate a child rear-facing longer to keep children safest. Thus, most families would not be required to buy an additional child restraint with this new law, but would be able to continue using their current seat to keep their child rear-facing until age 2.

While many parents have concern about the child's legs, the fit of the seat actually is determined by the child's weight and where their head and shoulders fall within the seat. When families visit a local car seat check, certified CPS technicians can help the families with the recline and placement of the seat to ensure comfortable fit for the child, while still keeping them rear-facing. Here in the Madison Area, our local Safe Kids Coalition offers a car seat check weekly, helping 20-25 families each week with their car seat installation. This is not unique to our area either, as car seat events are held throughout the state. The resources are in place to help parents, but updating the current law would help change parents' behaviors, reducing severity of injuries, and saving lives.

On behalf of myself, Safe Kids Madison Area, and the American Family Children's Hospital, I thank you again for the opportunity to submit testimony showing our support of ~~AB 400~~ *SB 332*. We truly hope you will support this critical legislation to help keep our youngest, most vulnerable citizens safe. If you have any questions or concerns, please feel free to contact me at NVesely@uwhealth.org or (608) 235-2102.



January 7, 2016

To Whom It May Concern:

According to the Center for Disease Control (CDC), motor vehicle injuries are the leading cause of death among children in the United States. In 2007, as a result of research, both the Center for Disease Control and the American Academy of Pediatrics changed their recommendation to keep children rear-facing until the age of two. As emergency nurses, we are all too familiar with the potential for injury to children and toddlers involved in motor vehicle accidents and the devastating effects. We have seen firsthand children who may have had better outcomes had they been restrained in a rear-facing seat.

"Anna" was a 14 month old that was properly restrained forward-facing, according to current law, in a well-made car seat. The car was struck by a large vehicle. Although Anna did not sustain any visible injuries, she was unresponsive. There was no damage to the car seat. Unfortunately, Anna suffered a severe head injury and was placed on life support until her family made the heart wrenching decision to withdraw care. The nurse caring for Anna cannot help but wonder if her outcome would have been different had she been rear-facing. If she were rear-facing, her head would not have thrust forward upon impact and would have stayed cradled in the head rest, where it is protected.

Parents want what is best for their children. They *want* to protect them. By following the law, they are inadvertently putting their child at risk. Most are unaware that the recommendation is to continue using a rear-facing child seat until the age of two, even though most currently available convertible car seats are able to accommodate this recommendation.

The Wisconsin Emergency Nurse Association (ENA) executive board voted unanimously in favor of this bill. We urge you to support Senate Bill 332. We feel strongly that this reduce the incidence of serious injury or death to children between the age of one and two. Thank you for your consideration.

Sincerely,

Brenda Fellenz RN, MSN, CEN
Wisconsin ENA President

Lisa Ebert RN, BSN, CEN
Wisconsin ENA Injury Prevention Chair

Jamie Vranak RN, MSN
Wisconsin ENA Government Affairs Co-chair

Jayne McGrath RN, MS, CCRN, CNS-BC, CEN
Wisconsin ENA Government Affairs Co-chair



ThedaCare™

Written Testimony of Raymond Georgen, M.D.

**Trauma Center Medical Director
ThedaCare Regional Medical Center Neenah
A ThedaCare Hospital
Neenah, Wisconsin**

**Submitted to the Wisconsin Senate Committee on Transportation
The Honorable Van Wanggaard, Chair
Public Hearing of January 7, 2016, 10:00 a.m.**

My name is Dr. Ray Georgen. I am a trauma surgeon and the Trauma Medical Director at ThedaCare Regional Medical Center Neenah. The Trauma Center at ThedaCare Regional Medical Center Neenah is the longest continuously verified Level II trauma center in Northeast Wisconsin. On behalf of myself and our president and CEO, Dr. Dean Gruner, who is a long-time advocate of traumatic injury prevention, I wish to endorse Senate Bill 332, and its efforts to enhance child passenger safety within the state of Wisconsin.

In my 25 years as a trauma surgeon I have seen devastating childhood injuries in our youngest patients that may have been prevented or severity decreased by the appropriate use of rear-facing car seats. The weight of a child's head is disproportionately heavier than the rest of their body. This sets up a physical imbalance that makes children prone to significant head injuries when involved in a motor vehicle crash.

Our dedicated team of Nationally-Certified Wisconsin Child Passenger Safety Technicians - comprised of law enforcement, fire fighters, medical personnel, social service professionals and concerned volunteers have worked diligently to communicate the American Academy of Pediatrics guidelines (released in 2011) recommending that children ride rear-facing until at least age 2. Children are five times less likely to die or be seriously injured in a crash if restrained rear-facing compared to forward facing. We would like to include the legislature on this team advocating for enhanced protection to children riding in vehicles.

According to a AAA survey, more than half of all parents look to state law for guidance on properly restraining their children. Senate Bill 332 offers an opportunity to improve the health and safety of the children of Wisconsin. The protective effects of rear-facing are well documented. In a crash - instead of a child's head being thrown forward and the spine



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suffering a whiplash type injury – it is cradled in the car seat – much as a paramedic’s back board protects the head and spine in transport. Child restraints have evolved to allow parents to keep their children rear-facing longer. Updating the law will help change parent’s behaviors; reduce the severity of injuries, and save lives.

At ThedaCare, we believe prevention is a vaccine against injury. Our dedicated Injury Prevention Coordinator is a Lead Child Passenger Safety Technician Instructor who works closely with many local, regional and state-wide organizations to offer evidence-based injury prevention, train new child passenger safety technicians and re-certify current technicians. We are tightly connected not only in our communities, but throughout the state.

Collaboration or teamwork is the key to so many successful prevention programs. At ThedaCare, we are always looking for ways to improve our care delivery so patients are healthier. This legislation provides a similar opportunity for the state and especially for local child passenger safety teams as we together work to eliminate child death and injury.

Nationally, Wisconsin would join New Jersey, Oklahoma and California who have already committed to optimal child passenger safety protection efforts. The current bill provides a good foundation for this work. It does not need to be remade, only enhanced to further improve our efforts in preventing child deaths in Wisconsin.

Thank you for your willingness to address ways to prevent child death and injury in our state by allowing prevention efforts to flourish. And thank you for your attention to ThedaCare’s support of SB 332.

To: Wisconsin Senate Committee on Judiciary and Public Safety
From: Michelle Armstrong, Safe Kids and Injury Prevention Coordinator, Aspirus Wausau Hospital
Date: January 7, 2016
Re: Support for SB 332

My name is Michelle Armstrong. I am the Safe Kids and Injury Prevention Coordinator at Aspirus Wausau Hospital. I am writing today on behalf of our local Safe Kids Coalition and Aspirus Wausau Hospital Level II Trauma Center to support Senate Bill 332 and its efforts to expand the child passenger safety law in Wisconsin.

Aspirus Wausau Hospital has been the lead organization of the Safe Kids Wausau Area Coalition for the past 16 years supporting various children's injury prevention efforts in our community. The topic of child passenger safety has been a staple of our coalition's efforts over those years, working with a team of coalition partners to educate families on the best recommendations to keep their children safe while traveling in their vehicle. Of those best recommendations, we have supported and educate families to keep their children rear-facing in a car seat until the age of 2. This recommendation is backed by research and supported by many credible organizations such as the American Academy of Pediatrics.

Studies show children are five times less likely to die or be seriously injured in a crash if restrained rear-facing compared to forward-facing. Car seat manufacturers understand the importance of rear-facing as well, and nearly all rear-facing convertible seats on the store shelves today will accommodate a child to coincide with the recommendation of rear-facing until the age of two. Rather than a parent having to buy an additional seat, they would just be extending the use of their current convertible car seat.

To continually help and support our local families, our Safe Kids Coalition offers two free monthly car seat inspections stations that are held at two different public sites for anyone in our community to attend for help on installing their child's car seat. Our twice a month events are staffed by Nationally Certified Child Passenger Safety Technicians who offer assistance to all families that seek help. In addition to our monthly inspection stations there are also several organizations in our community who offer free car seat checks by appointment. We promote these free services through our local health care clinics, schools and other children's serving organizations to reach as many families as we are able. Car seat check events, fitting stations and certified technicians are available throughout the state as well. We encourage all families who have questions about how their car seat works, how their child fits in it, and how to install, to reach out to their local certified car seat technicians for guidance.

Thank you for supporting the safety of children in Wisconsin and I ask you to support Senate Bill 332 which will help reduce the likelihood of significant injury or death to children on the roadways in Wisconsin.

Date: January 5, 2016

To: Committee on Judiciary and Public Safety

Regarding: Senate Bill 332 Relating to: use of child safety restraint systems in motor vehicles.

Are you familiar with the saying, "my life changed in an instant?" That saying is an understatement for our household. One minute my husband Rob and I were unseasoned parents of two children Kayly (then age 4) and Brett (23 months). Rob worked for the family trucking business and I was a full time mom.

We were on our way to playgroup the day of our crash when everything changed in an instant.

January 15th 1997 was a cold wintery day in Wisconsin. It was snowing, but that is not unusual for our location and it rarely stopped us from going somewhere. Generally we allowed a little extra drive time and took it easy on the slippery streets. On that particular Wednesday, I left a few minutes early, secured Brett in his 3 point forward facing child restraint and buckled Kayly in a lap shoulder seat belt in the back seat. I remember backing out of the garage and going down the driveway, but the rest of the trip escapes my memory.

I was later told that I gave the Sheriff's Deputy a report at the crash site. We were less than 2 miles from our house when I lost control of our 1991 Oldsmobile 4-door sedan on icy roads that were covered with snow. The car started to veer into the other lane and I over-corrected the car. We side impacted with an on-coming pick-up truck. Our baby boy Brett was sitting at the point of impact. The Oldsmobile was crushed and Brett sustained the force of the crash.



In that instant our lives changed forever.... All three of us were injured and hospitalized. Through therapy I was later able to recollect that Brett was transported first by ambulance because he was the most seriously injured. Kayly and I shared an ambulance to the hospital. Both kids were CAT scanned and transported to St Joseph's Children's Hospital in Marshfield WI, because St. Joseph's was better equipped to deal with brain injuries than our local hospital.

It was a miracle Brett survived the crash. He suffered multiple fractures to his skull, traumatic brain injury and asphyxiation. A respirator kept him alive for 16 days, while he laid in a coma. On day 10 he was stable enough to have two broken arms surgically set. Once he started breathing on his own they transferred him from PICU to the pediatric floor. Brett spent 77 days in the hospital rehabilitating.

My husband Rob would circulate from one room to another trying to comprehend what had happened, how to react and try to be strong for everyone. I remember him sharing a story months after the crash about a very hard day for him. The medical staff tried to prepare him, because they did not think Brett would survive. He would spend many hours at Brett's bedside in PICU and then walk across the hall to visit Kayly. Rob would try to put a smile on his face before visiting Kayly and reassuring her that everything would be all right. I am unable to comprehend how difficult that time was for him and how badly I feel about not being there for him.

I was heavily medicated for pain at a hospital in a different town when Rob had to sign paperwork by himself at the hospital. He had to make the inconceivable decision of whether to keep Brett alive here with us or to let him go with God.

Brett did survive and was discharged from the hospital. Most people may think that this is the end of the story. We all survived and went on our merry way to live happily ever after. The sad reality is that this was just the beginning. Brett was discharged while still in a 'light' Coma. He was stiff as a board and medicated to prevent seizures. We had no idea at that time the level of disability he would experience or how much medical care he would require over the years. Our fun filled days of story time, preschool and playgroups were busier than ever with therapies, doctor appointments and daily care. Brett was rehabilitated 5 days a week with Occupational, Physical and Speech therapy through our county Birth to 3 Program.

Six months after the crash Brett was back in the hospital for a major surgery. The skull fracture that went from ear to ear did not close, because of the normal pulsation of the brain. The Neurologist gave us the bad news that Brett's brain had herniated out of his skull. A plastic surgeon removed a rib bone and the Neurosurgeon used the rib bone to reconstruct the skull bone. Brett was at risk of more brain damage or death.

As the years went by we had to accept that Brett was permanently disabled, non-verbal, and cognitively challenged. Even with rigorous therapy Brett was unable to regain the ability to sit without support, self feed or speak. We had to find alternative ways for him to function in society.

Rob and I had to acclimate ourselves into a world of caring for a person with special needs. Brett relies on a wheelchair and other special needs equipment. The new equipment became an issue in our house. Our house had to be modified to accommodate a wheelchair and to function for his daily care. We lived in a 3 bedroom ranch house with an attached garage. Contractors turned the garage into living space and built a new attached garage.

The old garage space became new living space with a bedroom bathroom suite for Brett that included a universal ceiling track lift to transfer Brett from his bed, shower or wheelchair. As Brett grew and changed things became even more complicated. He developed severe Osteoporosis and his bones became very fragile. He has had many fractures over the years and surgeries to set them.

Another common problem for children with Spastic Quadriplegia is Scoliosis, and more than one surgery was needed to fuse and straighten his spine.

Over the years Brett has had over 20 surgeries, with many long recoveries and complications. Some years he has missed more than 50 days of school while recovering and had to have 'homebound' school. The teacher and therapist would work with him at home.

He attends special education in a public school system and as his parents we participate in

meetings called Individual Education Plan IEP, and a written document is developed to direct Brett's education goals. It includes what he will learn, what supports are needed to assist him in learning, therapy goals and transportation to and from school.

When Brett turned 18 we petitioned the courts to be co-guardian of his medical and financial needs. Brett is transitioning to life after High school. He can stay in the public school setting until age 21. The focus at school is daily living skills and job training.



The crash impacted my life in many ways, even my employment. In 2000 I became Administrator of the Child Passenger Safety Certification Training program for WI. I have spent the last 16 years working in a position that helps educate parents on the correct use of child restraints with the intent of reducing injuries and fatalities to children.

The daily fatality report from the WID~DOT shows how many people are killed in car crashes. The report does not reflect how many people are injured in cars crashes. The number of fatalities has declined significantly over the years because of improved safety features and the use of seat belts and child restraints. Some people assume that if there is an injury from a crash, the individual may need medical care, recover & everything is fine. Unfortunately for many people this is not the case.

Injuries are significant. I want to create an awareness of how injuries can affect not only the individual but the entire family over a lifetime. My hope is that our story will inspire others to use safe practice when riding in vehicles. Parents need to use child restraints on every trip and take the time to learn how to use them correctly by having their seats checked by a Certified CPS technician.

My hope is that our story enlightens people to the realization that life can change in an instant and a car crash can have long lasting effects on your life. Every day my husband and I are reminded of the consequences of the car crash. Every day I wish our son had been in a rear-facing car seat that would have better protected him in the crash.

Please support bill 332 to keep children rear-facing until age 2. It will help the safety of children in Wisconsin and prevent death and injury that will impact their entire life.

Kareen Everman ~ WINS - Child Passenger Safety Training Administrator

Mother/Guardian of Brett Everman

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