

6TL0C22XXT
22-12723

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override		Primary Crash Document#	Agency Crash Number 22-12723	Investigating Officer/Deputy DEPUTY A. WILCOX	
Crash Date 12/20/2022		Crash Time 08:40 PM	Date Arrived 12/20/2022	Time Arrived 09:06 PM	
Date Notified 12/20/2022		Time Notified 08:43 PM	Total Units 01	Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram <p>West St</p> <p>1st Street</p> <p>manhole cover with metal ring</p> <p>Not to scale</p>	Reconstruction By
	Photos By A. WILCOX
	Additional Information PHOTOS

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

ON 12/20/2022, I WAS DISPATCHED TO WEST STREET AND 1ST STREET FOR A TRAFFIC ACCIDENT. UNIT 1 OPERATOR STATED THAT SHE WAS TRAVELING NORTHBOUND ON WEST STREET WHEN SHE DROVE OVER A MANHOLE COVER. THE MANHOLE COVER RING WAS LOOSE FROM THE MANHOLE COVER, AND WHEN UNIT 1 RAN OVER THE MANHOLE COVER, THE RING CAUSED DAMAGE TO UNIT 1 REAR BUMPER. UNIT 1 WAS REMOVED BY UNIT 1 OPERATOR. THE TOWNSHIP WAS NOTIFIED ABOUT THE MANHOLE COVER.

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Location

ON WEST ST 31 FT S OF 1ST ST IN THE VILLAGE OF IRONTON IN SAUK COUNTY	Latitude	Longitude
	43.546057779	-90.142570066
	X Coordinate	Y Coordinate
	246127.59375	4826255.5
Structure Type		NO STRUCTURE

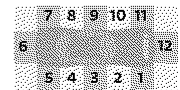
Crash Scene

First Harmful Event OTHER FIXED OBJECT	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/LIGHTED	
Road Surface Condition(s) SNOW	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With OTHER FIXED OBJECT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

UNIT 01 VEHICLE 01	Vehicle			
	License Plate Number AHM7042	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2GNFLGEK5F6267372	Make CHEVROLET	Year 2015	Model EQUINOX
	Color TAN - TAN	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 06 - REAR	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	06 - REAR, 14 - UNDERCARRIAGE		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name ANGELA MARIE BERNDT (608) 415-9680	Owner Address 500 WEST ST LA VALLE, WI 53941 , US		
	Sequence Of Events			
01 02 03 04	Event OTHER FIXED OBJECT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual ANGELA BERNDT		
UNIT INDIVIDUAL	Individual			
	Driver ANGELA MARIE BERNDT (608) 415-9680	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race WHITE	
	Address 500 WEST ST LA VALLE, WI 53941 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location		
		Prior Action					
		Action					
		Action Other				To/From School	
01	001	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results		
		Drug Type					
		Individual Condition APEARED NORMAL, NOT OBSERVED					
		Individual					
		Passenger CHRISTOPHER ALAN CHILDERS (608) 415-7756			Citations Issued 0	Sex MALE	
Address 832 3RD ST REEDSBURG, WI 53959 , US			Date of Birth [REDACTED]	Race WHITE			
Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES							
01	002	Safety Equipment		On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT			
		Helmet Use		Helmet Compliance			
		Eye Protection		Tint Compliance			
		Injury		Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE		
Ejected NOT APPLICABLE		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT APPLICABLE				
Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #			
Hospital			Date of Death	Time of Death			
Distracted By							
Distracted By Source							
Distracted By Action							
Non Motorist		Striking Unit #	Location				

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UNIT INDIVIDUAL 01 002	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		