

6TL0CR2KSF  
23-00958

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 23-00958	Investigating Officer/Deputy DEPUTY Z. DRILL	
Crash Date 01/28/2023		Crash Time 11:12 AM	Date Arrived 01/28/2023	Time Arrived 11:29 AM	
Date Notified 01/28/2023		Time Notified 11:14 AM	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

<p>Diagram</p> <p>NOT TO SCALE</p> <p>County Rd DL South of Old Lake Rd</p>	Reconstruction By
	Photos By DEPUTY DRILL
	Additional Information PHOTOS

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

WHILE TRAVELING NORTH ON COUNTY RD DL, DRIVER OF UNIT ONE LOST CONTROL OF THE VEHICLE ON A DOWNHILL RIGHT HAND CURVE DUE TO VERY POOR ROAD CONDITIONS. VEHICLE TRAVELED INTO THE DITCH ON THE OPPOSITE SIDE OF THE ROAD, SLIDING APPROXIMATELY FIFTY FEET THEN HITTING UTILITY POLE HEAD ON. NO INJURIES TO DRIVER OR PASSENGERS IN UNIT ONE. UTILITY POLE CRACKED AND BENT HALF WAY UP POLE. VEHICLE TOWED FROM THE SCENE AFTER ALLIANT ENERGY ARRIVED TO ASSESS THE POLE.

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Location

ON CTHDL NB 853 FT E OF DEVIL'S LAKE STATE PARK RD IN THE TOWN OF BARABOO IN SAUK COUNTY	Latitude 43.431466653	Longitude -89.722107663
	X Coordinate 279679.625	Y Coordinate 4812329.5
	Structure Type	

Crash Scene

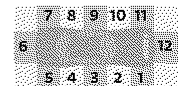
First Harmful Event <b>UTILITY POLE</b>	First Harmful Event Location <b>ROADSIDE</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DARK/UNLIT</b>	
Road Surface Condition(s) <b>SNOW, SLUSH, ICE</b>	Roadway Factor(s)  <b>ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC)</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>		
Weather Condition(s) <b>SNOW</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - NOT ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>4</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input checked="" type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>UTILITY POLE</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>CURVE RIGHT</b>		Road Grade <b>DOWNHILL</b>	
	Truck Bus or HazMat <b>NO</b>				

Vehicle

UNIT VEHICLE 01	License Plate Number <b>CS82290</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>IL</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>1HGCM66555A007505</b>	Make <b>HONDA</b>	Year <b>2005</b>	Model <b>ACCORD</b>
	Color <b>GLD - GOLD</b>	Body Style <b>4D - 4DR</b>		Bus Use
	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage <b>01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			



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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>CRAIGS TOWING</b>	
	What Driver Was Doing <b>NEGOTIATING CURVE</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
01	Owner Name <b>JOSEPH M COZZI</b>		Owner Address <b>21649 ACORN CT KILDEER, IL 60047 , US</b>	
	<b>Sequence Of Events</b>			
01	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event <b>DITCH</b>		
	03	Event <b>UTILITY POLE</b>		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>FARMERS-AUTOMOBILE-INS-ASSOC,-THE</b>		Individual <b>JOSEPH COZZI</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>JOSEPH M COZZI</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth [REDACTED]		Race	
	Address <b>21649 ACORN CT KILDEER, IL 60047 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>	
01	<b>Safety Equipment</b>		On Duty Crash	
	Safety Equipment		<b>SHOULDER &amp; LAP BELT</b>	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
001	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Trapped/Extricated <b>NOT TRAPPED</b>		Medical Transport <b>NOT TRANSPORTED</b>	
	EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		
Time of Death		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
<b>Distracted By</b>		Distracted By Action <b>NOT DISTRACTED</b>		

WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit#	Location			
		Prior Action						
		Action						
		Action Other				To/From School		
<b>01</b>	<b>001</b>	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>			
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results			
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results			
		Drug Type						
		Individual Condition <b>APPEARED NORMAL</b>						
		<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Individual</b>				
				Passenger <b>JANE K VORIS</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
						Date of Birth [REDACTED]	Race	
				Address <b>2033 PRAIRIE ST AURORA, IL 60506 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>		
		<b>01</b>	<b>002</b>	<b>Safety Equipment</b>		On Duty Crash		
				Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>							
Helmet Use				Helmet Compliance				
Eye Protection				Tint Compliance				
<b>Injury</b>				Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>			
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>				
Medical Transport <b>NOT TRANSPORTED</b>			EMS Agency Identifier	EMS Run#				
Hospital			Date of Death	Time of Death				
<b>Distracted By</b>		Distracted By Source						
Distracted By Action								
<b>UNIT</b>	<b>INDIVIDUAL</b>	<b>Non Motorist</b>		Striking Unit#	Location			

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UNIT INDIVIDUAL	Prior Action		
	Action		
	Action Other		To/From School
01 002	<b>Drug &amp; Alcohol</b>	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		
UNIT INDIVIDUAL	<b>Individual</b>		
	Passenger BENJAMIN M LAURX	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race	
	Address 923 HARDIN AVE AURORA, IL 60506 , US	Driver License Number [REDACTED] STATE: ILLINOIS COUNTRY: UNITED STATES	
01 003	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#
Hospital		Date of Death	Time of Death
<b>Distracted By</b>	Distracted By Source		
Distracted By Action			
<b>Non Motorist</b>	Striking Unit#	Location	
Prior Action			

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UNIT INDIVIDUAL	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	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		
	<b>Individual</b>		
	Passenger JONATHAN IOH	Citations Issued 0	Sex MALE
	Date of Birth [REDACTED]	Race	
Address 1254 INVERRARY LN DEERFIELD, IL 60015 , US	Driver License Number STATE: ILLINOIS COUNTRY: UNITED STATES		
UNIT INDIVIDUAL	<b>Safety Equipment</b>	On Duty Crash	Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source	
	Distracted By Action		
UNIT INDIVIDUAL	<b>Non Motorist</b>	Striking Unit #	Location
	Prior Action		

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UNIT INDIVIDUAL    01 004	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	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		

**Property Owner**

PROP OWNER 01	Organization/Company ALLIANT ENERGY	Address 4902 N BILTMORE MADISON, WI 53707 1077, US

**Fixed Objects Struck**

01	Striking Unit	Struck Object	Structure Number	Damage Tag Number
	01	UTILITY POLE		