# WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	e Primary Crash	Document#	Agency Crash Number 23-00958		Investigating Officer/Deputy  DEPUTY Z. DRILL			
Crash Date 01/28/2023	Crash Time 11:12 AM	<b>I</b>		rived 2023	Time Arrived 11:29 AM			
Date Notified 01/28/2023	Time Notified 11:14 AM		Total U	nits	Total Injured 00	Total Kille	ed	
On Emergency	Hit and Run	Lane Clo	sure	☐ Work Zone	Trailer or	Towed	Reporting  Threshold	
Government Property	Active S	chool Zone	School NO	Bus Related	Tags		•	
Reportable	Crash Type DT4000 (ST	ANDARD CRAS	SH)		Amended		Secondary Crash	
Description   Diagram	•				,	constructio	•	
Control of the contro	County Rd DE South of Old Lake Rd				Ac	etotos By EPUTY DR Iditional Info		

FROM THE SCENE AFTER ALLIANT ENERGY ARRIVED TO ASSESS THE POLE.

Location ON CTHDL NB

## **WISCONSIN MOTOR VEHICLE CRASH REPORT**

Latitude

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

Crash Time 11:12 AM

Longitude

			43.4314	00003		-89.722107663	
	OF DEVIL'S LAKE STATE PARK RD IN THE TOWN OF BARABOO					Y Coordinate	
IN THE TOWN OF BA	RABOU		279679	.625		4812329.5	
			Structure	Structure Type			
Crash Scene							
First Harmful Event			Firet Han	mful Event	ocation		
UTILITY POLE			ROADS				
Manner of Collision			Light Cor	ndition			
00 - NO COLLISION V	VEHICLE IN TRANSPORT		DARK/L				
Road Surface Condition(s	)		Roadwa	y Factor(s)			
SNOW, SLUSH, ICE							
Environment Factor(s)							
WEATHER CONDITION	NS		ROAD S	SURFACE	CONDITION	I (WET, ICY, SNOW, SLUSH,	
Weather Condition(s)							
SNOW							
Animal Type			<b>I</b>	To Trafficw	-		
Crash Classification - Loc	ation				NOT ON ROA	AD	
PUBLIC PROPERTY	au011				RISDICTION		
Tribal Land			Access 0	Control		Special Study	
		1.	NO COI	NTROL			
Within Interchange Area NO	Junction Location NON-JUNCTION	<b>I</b>	Intersection Type  NOT AN INTERSEC				
Jnit Summary							
Unit Status		Vehicle Opera	iting As Classificatio	n	UnitType		
IN TRANSIT		D CLASS	-		AUTOMO	BILE	
Vehicle Type PASSENGER CAR		<u> </u>			Operating /	As Endorsements	
Total Occs	Train/Bus#Recorded	Total#Citation	ns Issued	TotalTra	ailers	Total HazMat Types	
4		0		0		0	
	Discretion Of Traccal	Bro Cr	ashTire	Speed Lin		TotalLanes	
Insurance?	Direction Of Travel		aute				
YES	NORTHBOUND	✓ M	ark on	23	Emergenc	2 v Motor Vehicle Use	
	NORTHBOUND	Special Function		120		2 y Motor Vehicle Use <b>LICABLE</b>	
YES Most Harmful Event: Colli UT!LITY POLE Traffic Way	NORTHBOUND ion With	Special Function	on L FUNCTION		NOT APP	y Motor Vehicle Use	
YES MostHarmful Event: Colli UTILITY POLE Traffic Way TWO-WAY, NOT DIVII	NORTHBOUND ion With	Special Function NO SPECIAL Traffic Control NO CONTRO	on L FUNCTION		Traffic Con	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing	
YES Most Harmful Event: Collib UT!LITY POLE Traffic Way TWO-WAY, NOT DIVII Surface Type	NORTHBOUND Dion With	Special Function NO SPECIAL  Traffic Control NO CONTRO  Road Curvatus	on L FUNCTION DL		Traffic Con NO Road Grad	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing	
YES MostHarmful Event: Colli UTILITY POLE Traffic Way TWO-WAY, NOT DIVII	NORTHBOUND Dion With	Special Function NO SPECIAL Traffic Control NO CONTRO	on L FUNCTION DL		Traffic Con	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing	
YES Most Harmful Event: Collimate International Traffic Way TWO-WAY, NOT DIVITURE Surface Type BLACKTOP (BITUMIN	NORTHBOUND Dion With	Special Function NO SPECIAL  Traffic Control NO CONTRO  Road Curvatus	on L FUNCTION DL		Traffic Con NO Road Grad	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing	
YES Most Harmful Event: Colling UTILITY POLE Traffic Way TWO-WAY, NOT DIVII Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO Vehicle	NORTHBOUND Sion With  DED  OUS)	Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur CURVE RIGI	on L FUNCTION DL		NOT APP Traffic Cor NO Road Grad DOWNHII	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing le LL	
YES  Most Harmful Event: Colling UTILITY POLE  Traffic Way TWO-WAY, NOT DIVII Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO  Vehicle  License Plate Number	NORTHBOUND Sion With  DED  OUS)	Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur CURVE RIGI	on L FUNCTION DL re HT	St	NOT APP Traffic Cor NO Road Grad DOWNHII	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing le LL	
Most Harmful Event: Collination UTILITY POLE Traffic Way TWO-WAY, NOT DIVII Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO  Vehicle License Plate Numb CS82290	NORTHBOUND  Join With  DED  OUS)	Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur CURVE RIGI	on L FUNCTION DL re HT	St   IL	NOT APP Traffic Cor NO Road Grad DOWNHII	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing le LL	
Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Most Harmful Harm	NORTHBOUND  Sion With  DED  OUS)	Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur CURVE RIGI  Plate Type AUT - AUT of Make	on L FUNCTION DL re HT	St IL Year	NOT APP Traffic Cor NO Road Grad DOWNHII  Country of I: UNITED S Model	y Motor Vehicle Use *LICABLE strol Inoperative/Missing le LL	
Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful	NORTHBOUND  Sion With  DED  OUS)	Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur CURVE RIGI  Plate Type AUT - AUTO Make HONDA	on L FUNCTION DL re HT	St   IL	Traffic Cor NO Road Grad DOWNHII	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing le LL	
Most Harmful Event: Collis UTILITY POLE Traffic Way TWO-WAY, NOT DIVII Surface Type BLACKTOP (BITUMIN Truck Bus or HazMat NO  Vehicle License Plate Numb CS82290 Vehicle Identificatio	NORTHBOUND  Sion With  DED  OUS)	Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur CURVE RIGI  Plate Type AUT - AUTO Make	on L FUNCTION DL re HT	St IL Year	NOT APP Traffic Cor NO Road Grad DOWNHII  Country of I: UNITED S Model	y Motor Vehicle Use *LICABLE strol Inoperative/Missing le LL	
Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event Harmful E	NORTHBOUND  Sion With  DED  OUS)	Special Function NO SPECIAL Traffic Control NO CONTRO Road Curvatur CURVE RIGI  Plate Type AUT - AUTO Make HONDA Body Style	ON L FUNCTION  DL  TE  HT  OMOBILE	St IL Year	Traffic Cor NO Road Grad DOWNHII	y Motor Vehicle Use 'LICABLE utrol Inoperative/Missing ie LL ssuance TATES	
Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event Harmful E	NORTHBOUND  Sion With  DED  OUS)	Plate Type AUT - AUT C Make HONDA Body Style 4D - 4DR Vehicle Dame	ON L FUNCTION  DL  TE  HT  OMOBILE	St IL Year 2005	NOT APP Traffic Cor NO Road Grad DOWNHII  Country of I: UNITED S Model ACCORD Bus Use	y Motor Vehicle Use 'LICABLE strol Inoperative/Missing ie LL SSUANCE TATES	
Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event: Collinative Most Harmful Event Harmful E	NORTHBOUND Sion With  DED  OUS)  er  n Number 07505	Plate Type AUT - AUT C Make HONDA Body Style 4D - 4DR Vehicle Dame	ON L FUNCTION  DL  TE  HT  OMOBILE	St IL Year 2005	NOT APP Traffic Cor NO Road Grad DOWNHII  Country of I: UNITED S Model ACCORD Bus Use	y Motor Vehicle Use 'LICABLE utrol Inoperative/Missing ie LL ssuance TATES	

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23-00958

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Crash Date 01/28/2023

Crash Time 11:12 AM

		Towed Due To Damage	WO DAMA OF	Vehicle Removed By					
		TOWED DUE TO DISABLE What Driver Was Doing	ING DAWAGE	CRAIGS TOWING  Vehicle Factors					
		NEGOTIATING CURVE		Versione Factors					
		Driver Prior Action Other		NOT APPLICABLE					
		Driver Actions							
	щ	NO CONTRIBUTING ACT	ON						
N N	Ö								
5	VEHICL								
	•								
		Owner Name		Owner Address					
2	5	JOSEPH M COZZI		21649 ACORN C KILDEER, IL 600					
		Sequence Of Events		I					
	10	Event MOTOR VEH IN TRANSPO				***************************************			
	02	Event DITCH							
	03	Event UTILITY POLE							
	7	Event							
		Policy Holder							
NS NS		Insurance Company		Individu <b>al</b>					
🗀		FARMERS-AUTOMOBILE	-INS-ASSOC,-THE	JOSEPH COZZI					
1 :									
		Individual							
		ndividual  Driver  JOSEPH M COZZI		Citations Issued	Sex	<u>Kannan manunin manunin manunin manun</u>			
		Driver							
╘		Driver JOSEPH M COZZI		Citations Issued  0  Date of Birth	Sex MALE Race				
UNIT		Driver		Citations Issued  0	Sex MALE Race				
UNIT	INDIVIDUAL	Driver JOSEPH M COZZI  Address		Citations Issued  0  Date of Birth	Sex MALE Race				
TINO		Driver JOSEPH M COZZI Address 21649 ACORN CT KILDEER, IL 60047, US		Citations Issued  Date of Birth  Driver License Numb	Sex MALE Race				
TINO	INDIVIDUAL	Driver JOSEPH M COZZI  Address 21649 ACORN CT	Crash	Citations Issued  Date of Birth  Driver License Numb	Sex MALE Race				
TINO	INDIVIDUAL	Driver JOSEPH M COZZI  Address 21649 ACORN CT KILDEER, IL 60047 , US	Crash	Citations Issued  0  Date of Birth  Driver License Numb  STATE: ILLINOIS	Sex MALE Race				
UNIT	INDIVIDUAL	Driver JOSEPH M COZZI  Address 21649 ACORN CT KILDEER, IL 60047, US  Fety Equipment  Row 01 - FRONT ROW		Citations Issued  Date of Birth  Driver License Numb  STATE: ILLINOIS  Safety Equipment  SHOULDER & LAI	Sex MALE Race				
UNIT	INDIVIDUAL	Driver JOSEPH M COZZI  Address 21649 ACORN CT KILDEER, IL 60047, US  Cety Equipment Row	SeatPosition	Citations Issued  0 Date of Birth  Driver License Numb  STATE: ILLINOIS  Safety Equipment	Sex MALE Race				
TNO	INDIVIDUAL	Driver JOSEPH M COZZI  Address 21649 ACORN CT KILDEER, IL 60047, US  Fety Equipment  Row 01 - FRONT ROW	SeatPosition	Citations Issued  Date of Birth  Driver License Numb  STATE: ILLINOIS  Safety Equipment  SHOULDER & LAI	Sex MALE Race				
	g INDIVIDUAL	Driver JOSEPH M COZZI  Address 21649 ACORN CT KILDEER, IL 60047 , US  On Duty  Fety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection	Seat Position 07 - LEFT	Citations Issued  0 Date of Birth  Driver License Numb  STATE: ILLINOIS  Safety Equipment  SHOULDER & LAI  Helmet Compliance	Sex MALE Race				
	INDIVIDUAL	Address 21649 ACORN CT KILDEER, IL 60047 , US  Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO AP	Seat Position 07 - LEFT  everity  PARENT INJURY	Citations Issued 0 Date of Birth Driver License Numb STATE: ILLINOIS Safety Equipment SHOULDER & LAI Heimet Compliance Tint Compliance	Sex MALE Race	ED STATES			
	g INDIVIDUAL	Address 21649 ACORN CT KILDEER, IL 60047 , US  Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Sc NO AP  Ejected	Seat Position 07 - LEFT  everity  PARENT INJURY  Ejection Path	Citations Issued 0 Date of Birth Driver License Numb STATE: ILLINOIS Safety Equipment SHOULDER & LAN Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race	ED STATES  Trapped/Extricated			
	g INDIVIDUAL	Address 21649 ACORN CT KILDEER, IL 60047 , US  Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO AP	Seat Position 07 - LEFT  everity  PARENT INJURY	Citations Issued 0 Date of Birth Driver License Numb STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race er COUNTRY: UNIT	ED STATES  Trapped/Extricated  NOT TRAPPED			
	g INDIVIDUAL	Driver JOSEPH M COZZI  Address 21649 ACORN CT KILDEER, IL 60047 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury NO AP  Ejected NOT EJECTED	Seat Position 07 - LEFT  everity  PARENT INJURY  Ejection Path	Citations Issued 0 Date of Birth Driver License Numb STATE: ILLINOIS Safety Equipment SHOULDER & LAN Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race er COUNTRY: UNIT	ED STATES  Trapped/Extricated			
	g INDIVIDUAL	Address 21649 ACORN CT KILDEER, IL 60047 , US  Fety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury So NO AP Ejected NOT EJECTED Medical Transport	Seat Position 07 - LEFT  everity  PARENT INJURY  Ejection Path	Citations Issued 0 Date of Birth Driver License Numb STATE: ILLINOIS Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag NON DEPLOYED	Sex MALE Race er COUNTRY: UNIT	ED STATES  Trapped/Extricated  NOT TRAPPED			
	g INDIVIDUAL	Address 21649 ACORN CT KILDEER, IL 60047 , US  Pety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury So NO AP Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	Seat Position 07 - LEFT  everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Citations Issued 0 Date of Birth Driver License Numb STATE: ILLINOIS  Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag NON DEPLOYED  PLICABLE EMS Agency Identifie Date of Death	Sex MALE Race er COUNTRY: UNIT	ED STATES  Trapped/Extricated NOT TRAPPED EMS Run#			
	g INDIVIDUAL	Address 21649 ACORN CT KILDEER, IL 60047 , US  ety Equipment  Row 01 - FRONT ROW  Helmet Use  Eye Protection  Injury Solution  NO AP  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital	Seat Position 07 - LEFT  everity PARENT INJURY Ejection Path NOT EJECTED/NOT AP	Citations Issued 0 Date of Birth Driver License Numb STATE: ILLINOIS  Safety Equipment SHOULDER & LAF Heimet Compliance Tint Compliance Airbag NON DEPLOYED  PLICABLE EMS Agency Identifie Date of Death	Sex MALE Race er COUNTRY: UNIT	ED STATES  Trapped/Extricated NOT TRAPPED EMS Run#			

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		Non Motorist	Unit#	Location					
		Prior Action		1					
		Action							
	Ħ								
TIN D	INDIVIDUAL								
_	ğ								
		Action Other						To/From School	
		Suspec	ted Alcohol t	jse	Suspected Drug Use				
		Drug & Alcohol NO Alcohol Test Given		Alcohol Test Type	NO		Alcohol Test Results		
		TEST NOT GIVEN				la			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	•		
2	8	Drug Type							
		Individual Condition							
		APPEARED NORMAL							
		  ndividual							
		Passenger JANE K VORIS	<u> </u>	ненаменопенаменамено	Citations Issued	Sex FEMALE	***************************************	manenanenanenanenanenane	
	M				Date of Birth Race				
Ž	INDIMIDUAL	Address			Driver License Number				
	2	2033 PRAIRIE ST AURORA, IL 60506 , US			STATE: ILLINOIS COUNTRY: UNITED STATES				
		On Duty	Crach		Safaty Equipment				
	Sai	(ety.Equipment	Clasii		Safety Equipment				
		Row 01 - FRONT ROW	Seat Po		SHOULDER & LAP BELT				
		Helmet Use	•		Helmet Compliance				
		Eye Protection			Tint Compliance				
٦	<b>2</b> 5	Injury S Injury NO AP	everity	N II IBV	Airbag				
		Ejected	Ejection Pa	ith	NON DEPLOYED		Trapped/Extricated		
		NOT EJECTED  Medical Transport	MOLEJE	CTED/NOT APP	EMS Agency Identifier		NOT TRAPPED EMS Run#		
		NOT TRANSPORTED Hospital			Date of Death		Time of Death		
		·	. 40						
		Distracted By	ed By Source	<del>-</del>					
		Distracted By Action							
		Non Motorist Striking	Unit#	Location					

Crash Date 01/28/2023 Crash Time 11:12 AM

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		Prior Action								
		Action								
⊨	NDIVIDUAL									
END.	S									
	2									
		Action Other						To/From School		
		Suspecte	ed Alcohol t	Jse	Suspected Drug Use					
	1	Drug & Alcohol No			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	<u> </u>			
٤	002	Drug Type								
	ō									
		Individual Condition								
		APPEARED NORMAL								
		ndividual								
		Passenger BENJAMIN M LAURX			Citations issued  0	Sex MALE				
	INDIVIDUAL				Date of Birth	Race				
FNO		Address			Driver License Number					
⊃	9	923 HARDIN AVE AURORA, IL 60506 , US			STATE: ILLINOIS COUNTRY: UNITED STATES					
		A5.00.00, 12 00000 , 55								
	Sai	On Duty (	Crash		Safety Equipment					
		Row	SeatPo		SHOULDER & LAP	BELT				
		02 - SECOND ROW HelmetUse	07 - LI	E <b>F</b> T	Helmet Compliance					
		Eye Protection			Tint Compliance					
2	8	Injury Se Injury NO APF	verity PARENT I	NJURY	Airbag NON DEPLOYED					
		Ejected	Ejection Pa	ıth.	Trapped/Extricated					
		NOT EJECTED  Medical Transport	NOT EJE	CTED/NOT APPL	LICABLE EMS Agency Identifier		NOT TRAPPED  EMS Run#			
		NOT TRANSPORTED								
		Hospital			Date of Death		Time of Death			
		Distracted By	d By Sourc	e						
		Distracted By Action								
		Striking U	Jnit#	Location						
		Nan Motorist Prior Action								
I		CHOLACION								

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TINO	INDIVIDUAL	Action								
		Action Other							To/From School	
	ı	Drug & Alcohol	Suspected IO	Alcohol	Use	Suspected Drug Use				
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type			Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results	3		
5	6003	Drug Type			ı		ı			
		Individual Condition								
		APPEARED NORMA	VL							
		ndividual Passenger				Citations Issued	l Sex			
	₹	JONATHAN I OH				0 Date of Birth	MALE Race			
LNN		Adding								
5	INDIVIDUAL	Address 1254 INVERRARY L DEERFIELD, IL 600				STATE: ILLINOIS COUNTRY: UNITED STATES				
	Sai	ety Equipment	On Duty Cr	ash		Safety Equipment				
		Row 02 - SECOND ROW		Seat P		SHOULDER & LAP BELT				
		Helmet Use				Helmet Compliance				
		Eye Protection				TintCompliance				
2	8		njury Seve łO APPA		NJURY	Airbag NON DEPLOYED				
		Ejected NOT EJECTED		ection P	ath CTED/NOT APP	LICABLE		Trapped/Extricated NOT TRAPPED		
		Medical Transport NOT TRANSPORTE	.D			EMS Agency Identifier		EMS Run#		
		Hospital				Date of Death		Time of Death		
		Distracted By	Distracted i	By Sourc	e			•		
		Distracted By Action								
		Non Motorist	Striking Un	it#	Location					
		Prior Action			1					

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l #		A 12						
		Action						
	INDIVIDUAL							
TINO	8							
וֹם	ā							
	Z							
		Action Other						To/From School
		Action Other						10/F10/11/30/100/
			Suspected Alcohol U	se	Suspected Drug Use			
	L	Drug & Alcol	hol No		NO			
		Alcohol Test Give		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIV	/EN	Drug Test Type		Drug Test Results		
	_	Drug Type						
01	004	Drug rype						
		Individual Conditi	on					
		APPEARED NO	ORMAL					
		perty Owne						
01	Orga <b>ALL</b>	nization/Company			Address 4902 N BILTMORE			
					MADISON, WI 53707	1077, US		
PROP OWNER								
	ixe	ed Objects S	truck			enenenenenenen		
	_	Striking Unit	Struck Object			un cun cun cun cult tin tin tin tin tin tin tin tin tin ti	Structure Number E	Damage Tag Number
	5	01	UTILITY POLE					