

**20-10216**

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

Document Number Override		Primary Crash Document #		Agency Crash Number <b>20-10216</b>		Investigating Officer/Deputy <b>DEPUTY H. VOLZ</b>	
Crash Date <b>08/18/2020</b>		Crash Time <b>01:22 PM</b>		Date Arrived <b>08/18/2020</b>		Time Arrived <b>01:40 PM</b>	
Date Notified <b>08/18/2020</b>		Time Notified <b>01:26 PM</b>		Total Units <b>01</b>		Total Injured <b>01</b>	Total Killed <b>00</b>
<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 <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

<b>ON FARBER RD</b> <b>137 FT N</b> <b>OF CTHV SB</b> <b>IN THE TOWN OF WINFIELD</b> <b>IN SAUK COUNTY</b>	Latitude	Longitude	Lat/LongSource	Access Control
	<b>43.58384530</b>	<b>-90.0489624</b>	<b>TLT/ILT</b>	
	X Coordinate	Y Coordinate	On Roadway Link ID#	On Roadway Link Offset
	<b>253844.125</b>	<b>4830170.5</b>	<b>5025489</b>	<b>137</b>
Override <input type="checkbox"/>	Tribal Land			Structure Type <b>NO STRUCTURE</b>

First Harmful Event <b>EMBANKMENT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s)  <b>DRY</b>		Environment Factor(s)  <b>NONE</b>	
Roadway Factor(s)  <b>NONE</b>		Weather Condition(s)  <b>CLEAR</b>	
Animal Type		Relation To Trafficway <b>TRAFFICWAY - 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>INTERSECTION</b>	Intersection Type <b>Y-INTERSECTION</b>	

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	
UNIT	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>UNKNOWN</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>45</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>EMBANKMENT</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>	
01	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>					

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# Wisconsin Motor Vehicle Crash Report

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UNIT 01 INDIVIDUAL	Role <b>DRIVER</b>		Citations Issued <b>0</b>		<input type="checkbox"/> Use Driver Address		Individual Type <b>INDIVIDUAL</b>	
	Last Name <b>MEDINA</b>		First Name <b>CHRISTOPHER</b>			Middle Initial <b>M</b>		Suffix
	Street Address <b>814 ACADEMY ST</b>		Street Address 2			PO Box		
	City <b>ELROY</b>		State <b>WI</b>		Zip Code <b>53929</b>		Country of Residence <b>UNITED STATES</b>	
	DOB	Sex <b>M</b>	Race <b>W</b>	Hair <b>BROWN</b>	Eyes <b>UNKNOWN</b>	Height <b>510</b>	Weight <b>180</b>	Phone Number <b>(608) 462-3340 EXT.</b>
	Driver's License Number		State <b>WI</b>		License Jurisdiction <b>STATE</b>		Country of Issuance <b>UNITED STATES</b>	
	License Type <b>NON-CDL DRIVER'S LICENSE</b>		License Status <b>VALID LICENSE</b>				DL Expire Year <b>2027</b>	
	<b>Equipment</b>	On Duty Accident		Safety Equipment				
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>		<b>NONE USED - VEHICLE OCCUPANT</b>				
	Helmet Use		Helmet Compliance					
Eye Protection		Tint Compliance						
UNIT 01 INDIVIDUAL	<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>		Airbag <b>DEPLOYED-COMBINATION</b>				
	Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICA</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>Non Motorist</b>	Striking Unit #		Location		To/From School		
	Prior Action		Action					
	Distracted By Action <b>NOT DISTRACTED</b>							
	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		Action Other					
	<b>Drug &amp; Alcoh</b>	Individual Condition <b>APPEARED NORMAL</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								
UNIT INDIVIDUAL	License Plate Number <b>ACP7930</b>		Plate Type <b>AUT - AUTOMOBILE</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>		
	Vehicle Identification Number <b>1N4BA41E78C810443</b>				Year <b>2008</b>	Make <b>NISSAN</b>		
	Model <b>MAXIMA</b>		Body Style <b>4D - 4DR</b>			Color <b>RED - RED</b>		
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>							

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UNIT VEHICLE	01	Vehicle Damage			
	01	Extent Of Damage <b>DISABLING DAMAGE</b>			
		15 - ALL AREAS			
		Towed Due To Damage <b>NOT TOWED</b>			
		Vehicle Factors			
		Vehicle Removed By <b>OPERATOR</b>			
		NOT APPLICABLE			
		What Driver Was Doing <b>GOING STRAIGHT</b>	Driver Prior Action Other	Bus Use	
		Driver Actions <b>FAILURE TO CONTROL</b>			
		<input type="checkbox"/> Vehicle Owner Same As Operator		<input type="checkbox"/> Use Operator Address	
	Organization Type <b>INDIVIDUAL</b>	Company Name			
	Last Name <b>MURRY</b>	First Name <b>SHAUN</b>	Middle <b>R</b>	Suffix	Date of Birth
	Street Address <b>N10677A 17TH AVE</b>	Street Address2	PO Box		
	City <b>NECEDAH</b>	St <b>WI</b>	Zip Code <b>54646</b>	Country of Residence <b>UNITED STATES</b>	
	Telephone Number <b>(608) 515-5542 EXT.</b>				
	01	Event <b>DOMESTICATED ANIMAL - ALIVE</b>			
	02	Event <b>EMBANKMENT</b>			
	03	Event			
	04	Event			

## Property Owner

PROP OWNER 01	Organization/Company <b>TOWNSHIP OF WINFIELD</b> <b>(608) 524-6654</b>	Address <b>E6274 BASS RD</b> <b>REEDSBURG, WI 53959 , US</b>
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## Fixed Objects Struck

01	Striking Unit <b>01</b>	Struck Object <b>EMBANKMENT</b>	Structure Number	Damage Tag Number <b>337822</b>
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## Description

Diagram

Reconstruction By

Photos By  
**DEPUTY H VOLZ**

Additional Information

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## Narrative

UNIT 1 WAS TRAVELING SB ON FARBER ROAD. UNIT 1 OPERATOR STATED THAT A DEER RAN OUT IN FRONT OF HIM. HE BELIEVED HE WAS TRAVELING ABOUT 50 MPH. HE STATED HE HIT THE BREAKS AND SWERVED TO MISS THE DEER. THE VEHICLE BEGAN TO SLIDE. HE CROSSED THE CENTER OF THE ROADWAY AND ENTERED THE EAST SIDE EMBANKMENT STRIKING THE CULVERT AND SLIDING ON THE DRIVERS SIDE OF THE VEHICLE BEFORE COMING TO REST.

## Signature

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

## Law Enforcement Agency

Agency Space 20-10216				
Officer Rank <b>DEP</b>	Officer Last Name <b>VOLZ</b>	Officer First Name <b>HANNAH</b>	Officer Middle Name <b>M</b>	Suffix
DOT Officer ID <b>9137</b>		DNR Officer ID	Officer Badge Number <b>9137</b>	
Officer EMail				
Local Agency Number	Law Enforcement Agency Jurisdiction <b>SAUK</b>		Law Enforcement Agency type <b>COUNTY SHERIFF</b>	
Law Enforcement Agency Name <b>SAUK COUNTY SHERIFFS DEPTMEN</b>			TAS Agency Name <b>SAUK COUNTY SHERIFF</b>	
Law Enforcement Agency Street Address <b>1300 LANGE COURT</b>			Law Enforcement Agency Street Address2	
Law Enforcement Agency City		LEA State	Law Enforcement Agency Zip Code	

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<b>BARABOO</b>	<b>WI</b>	<b>53913</b>	
Law Enforcement Agency Phone Number <b>(608) 356-4895 EXT.</b>	ORI Number <b>WI0570000</b>	BFUNC Agency <b>5600</b>	TraCS Agency Number <b>205</b>

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