

6TL09XQZ22
20-12934

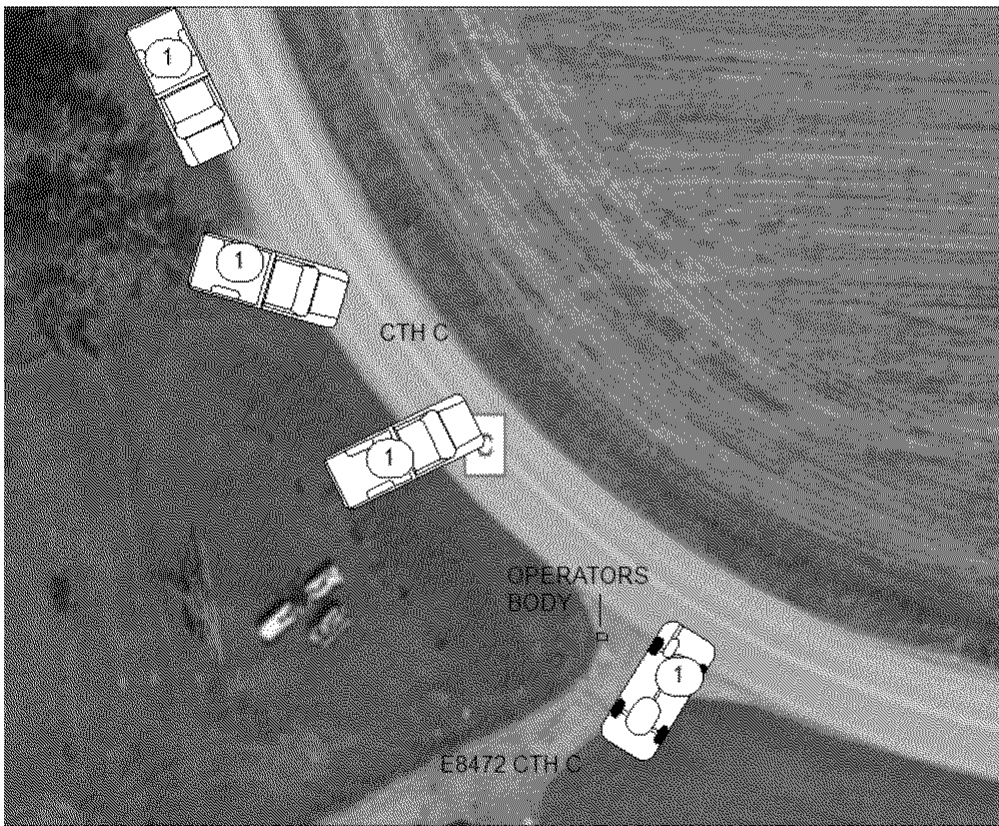
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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 20-12934	Investigating Officer/Deputy DEPUTY I. GALVAN	
Crash Date 11/08/2020		Crash Time 12:54 AM	Date Arrived 11/08/2020	Time Arrived 01:10 AM	
Date Notified 11/08/2020		Time Notified 12:56 AM	Total Units 01	Total Injured 01	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 	Reconstruction By
	Photos By DEPUTY JESSE KIRKENG AND SEREGANT SCOTT STEINHORST
	Additional Information PHOTOS, OTHER DOCUMENTS

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

UNIT 1 WAS TRAVELING EASTBOUND ON CTH C NEAR E8472 CTH. UNIT 1 WAS ATTEMPTING TO NEGOTIATE CURVE AND LOST CONTROL. UNIT 1 WAS ON ITS SIDE AS IT WENT THROUGH DRIVEWAYS AND THEN ROLLED CAUSING THE OPERATOR TO BE EJECTED. UNIT 1 LANDED ON ITS DRIVER SIDE. UNIT 1 FRONT WAS FACING NORTH. THE TOP OF UNIT 1 WAS FACING WEST. THE OPERATOR WAS TRANSPORTED BY AMBULANCE TO SAUK PRAIRIE HOSPITAL. UNIT 1 OCCUPANTS WERE BOTH INTOXICATED. UNIT 1 WAS REMOVED BY EVERTT'S TOWING. IT SHOULD BE NOTED, THE OPERATOR OF UNIT 1 HAS A ALIAS OF LUIS OMAR MONTANEZ PEREZ. HE WAS POSITIVELY IDENTIFIED AS FLAVIO OLIVARES CABRERA.

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Location

ON E8472 CTHC EB 0.58 MI S OF PINE HOLLOW RD (FIRE E8472) IN THE TOWN OF HONEY CREEK IN SAUK COUNTY	Latitude 43.344084291	Longitude -89.901063415
	X Coordinate 264856.875	Y Coordinate 4803114
	Structure Type FIRE	

Crash Scene

First Harmful Event OVERTURN/ROLLOVER	First Harmful Event Location SHOULDER RIGHT	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) DRY	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 TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2
	Most Harmful Event: Collision With OVERTURN/ROLLOVER	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 CURVE LEFT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT 01 VEHICLE 01	License Plate Number RN5898	Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2FTZX1720WCA85584	Make FORD	Year 1998	Model F150	
	Color MAR - MAROON (BURGUNDY)	Body Style 2D - 2DR		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage			
	Extent Of Damage DISABLING DAMAGE	15 - ALL AREAS			

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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By EVERETTS TOWING	
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions EXCEED SPEED LIMIT, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER			
01 01	Owner Name FLAVIO OLIVARES CABRERA (608) 370-3394		Owner Address S7559 USH 12 LT H16 NORTH FREEDOM, WI 53951 , US	
	Sequence Of Events			
01 02 03 04	Event OVERTURN/ROLLOVER			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Driver FLAVIO OLIVARES CABRERA (608) 370-3394		Citations Issued 0	Sex MALE
	Address S7559 USH 12 LT H16 NORTH FREEDOM, WI 53951 , US		Date of Birth [REDACTED]	Race HISPANIC
	On Duty Crash		Driver License Number	
	Safety Equipment		Safety Equipment	
01 001	Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity SUSPECTED SERIOUS INJUR	Airbag NON DEPLOYED
Ejected TOTALLY EJECTED		Ejection Path THROUGH SIDE WINDOW		Trapped/Extricated NOT TRAPPED
Medical Transport EMS GROUND		EMS Agency Identifier 6000555	EMS Run# 20111211	
Hospital SAUK PRAIRIE HOSP		Date of Death	Time of Death	
Distracted By		Distracted By Source UNKNOWN		
Distracted By Action		UNKNOWN		
Non Motorist		Striking Unit#	Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other	To/From School	
01	001	Drug & Alcohol		
		Suspected Alcohol Use YES	Suspected Drug Use NO	
		Alcohol Test Given TEST GIVEN	Alcohol Test Type BLOOD	
		Alcohol Test Results PENDING		
		Drug Test Given TEST NOT GIVEN	Drug Test Type	
		Drug Test Results		
		Drug Type		
		Individual Condition		
		UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL		
		Individual		
UNIT	INDIVIDUAL	Passenger ISRAEL OLIVARES HERNANDEZ (608) 370-0800	Citations Issued 0	Sex MALE
			Date of Birth [REDACTED]	Race HISPANIC
		Address S7559 USH 12 LT I16 NORTH FREEDOM, WI 53951 , US	Driver License Number	
		Safety Equipment		
01	002	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 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		
Distracted By		Distracted By Source		
Distracted By Action				
Non Motorist		Striking Unit #	Location	
Prior Action				

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UNIT INDIVIDUAL	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			
	01 002			