

6TL0DDT5JV  
20-12934

Wisconsin Motor Vehicle  
Crash Report

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

6TL0DDT5JV

|  |                                      |   |  |   |  |  |  |
|--|--------------------------------------|---|--|---|--|--|--|
| Document Number Override<br>6TL09XQZ22         |                                      | Primary Crash Document #                    |  | Agency Crash Number<br>20-12934             |  | Investigating Officer/Deputy<br>DEPUTY I. GALVAN |  |
| Crash Date<br>11/08/2020                       |                                      | Crash Time<br>12:54 AM                      |  | Date Arrived<br>11/08/2020                  |  | Time Arrived<br>01:10 AM                         |  |
| Date Notified<br>11/08/2020                    |                                      | Time Notified<br>12:56 AM                   |  | Total Units<br>01                           |  | Total Injured<br>00                              | Total Killed<br>01                           |
| <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<br>NO                    |  | Tags   |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>DT4000 (STANDARD CRASH)       |  | <input checked="" type="checkbox"/> Amended |  | <input type="checkbox"/> Secondary Crash         |  |

|  |  |                                   |                                |
|--|--|-----------------------------------|--------------------------------|
| <b>Location</b>  |  |                                   |                                |
| ON E8472 CTHC EB<br>0.58 MI S<br>OF PINE HOLLOW RD<br>(FIRE E8472) |  | Latitude<br>43.34408429           | Longitude<br>-89.9010634       |
| IN THE TOWN OF HONEY CREEK<br>IN SAUK COUNTY                       |  | X Coordinate<br>264856.875        | Y Coordinate<br>4803114        |
|  |  | Override <input type="checkbox"/> | Tribal Land                    |
|  |  | Lat/Long Source<br>TLT/ILT        | Access Control                 |
|  |  | On Roadway Link ID#<br>4563009    | On Roadway Link Offset<br>3059 |
|  |  |                                   | Structure Type<br>FIRE         |

|   |  |
|---|--|
| <b>Crash Scene</b>  |  |
| First Harmful Event<br>OVERTURN/ROLLOVER                        | First Harmful Event Location<br>SHOULDER RIGHT                 |
| Manner of Collision<br>00 - NO COLLISION W/VEHICLE IN TRANSPORT | Light Condition<br>DARK/UNLIT                                  |
| Road Surface Condition(s)<br>DRY                                | Environment Factor(s)<br>NONE                                  |
| Roadway Factor(s)<br>NONE                                       | Weather Condition(s)<br>CLEAR                                  |
| Animal Type   | Relation To Trafficway<br>TRAFFICWAY - ON ROAD                 |
| Crash Classification - Location<br>PUBLIC PROPERTY              | Crash Classification - Jurisdiction<br>NO SPECIAL JURISDICTION |
| Tribal Land   | Access Control<br>NO CONTROL                                   |
|   | Special Study  |
| Within Interchange Area<br>NO                                   | Junction Location<br>NON-JUNCTION                              |
|   | Intersection Type<br>NOT AN INTERSECTION                       |

|                     |   |  |  |   |
|---------------------|---|--|--|---|
| <b>Unit Summary</b> |   |  |  |   |
| 01<br>UNIT          | Unit Status<br>IN TRANSIT                               | Vehicle Operating As Classification<br>D CLASS | Unit Type<br>TRUCK                           |   |
|                     | Vehicle Type<br>UTILITY TRUCK/PICKUP TRUCK              | Operating As Endorsements                      |  |   |
|                     | Total Occs<br>2   | Train/Bus # Recorded                           | Total # Citations Issued<br>0                | Total Trailers<br>0                           |
|                     | Insurance?<br>NO  | Direction Of Travel<br>EASTBOUND               | <input type="checkbox"/> Pre Crash Tire Mark | Total HazMat Types<br>0                       |
|                     | Most Harmful Event: Collision With<br>OVERTURN/ROLLOVER |  | Special Function<br>NO SPECIAL FUNCTION      | Emergency Motor Vehicle Use<br>NOT APPLICABLE |
|                     | Traffic Way<br>TWO-WAY, NOT DIVIDED                     |  | Traffic Control<br>NO CONTROL                | Traffic Control Inoperative/Missing<br>NO     |
|                     | Surface Type<br>BLACKTOP (BITUMINOUS)                   |  | Road Curvature<br>CURVE LEFT                 | Road Grade<br>LEVEL                           |
|                     | Truck Bus or HazMat<br>NO                               |  |  |   |

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|--|--|--|---|--|--|----------------------|----------------------|--|
| UNIT<br>INDIVIDUAL<br>01                                       | Role<br><b>DRIVER</b>  |  | Citations Issued<br>0                       | <input type="checkbox"/> Use Driver Address            | Individual Type<br><b>INDIVIDUAL</b>         |                      |                      |  |
|  | Last Name<br><b>OLIVARES CABRERA</b>   |  | First Name<br><b>FLAVIO</b>                 |  | Middle Initial                               | Suffix               |                      |  |
|  | Street Address<br><b>S7559 USH 12 LT I16</b>                                     |  | Street Address 2                            |  | PO Box                                       |                      |                      |  |
|  | City<br><b>NORTH FREEDOM</b>   |  | State<br><b>WI</b>                          | Zip Code<br><b>53951</b>                               | Country of Residence<br><b>UNITED STATES</b> |                      |                      |  |
|  | DOB<br>[REDACTED]  | Sex<br><b>M</b>                        | Race<br><b>H</b>                            | Hair<br><b>BROWN</b>                                   | Eyes<br><b>BROWN</b>                         | Height<br><b>508</b> | Weight<br><b>168</b> | Phone Number<br><b>(608) 370-3394 EXT.</b> |
|  | Driver's License Number  |  | State                                       | License Jurisdiction<br><b>NOT LICENSED</b>            | Country of Issuance                          |                      |                      |  |
|  | License Type<br><b>NON-CDL DRIVER'S LICENSE</b>                                  |  | License Status<br><b>NOT LICENSED</b>       |  | DL Expire Year                               |                      |                      |  |
|  | <b>Equipment</b>   | On Duty Accident                       |   | Safety Equipment                                       |  |                      |                      |  |
|  | Row<br><b>01 - FRONT ROW</b>   | Seat Position<br><b>07 - LEFT</b>      |   | <b>NONE USED - VEHICLE OCCUPANT</b>                    |  |                      |                      |  |
|  | Helmet Use   |  | Helmet Compliance                           |  |  |                      |                      |  |
|  | Eye Protection   |  | Tint Compliance                             |  |  |                      |                      |  |
|  | <b>Injury</b>  | Injury Severity<br><b>FATAL INJURY</b> |   | Airbag<br><b>NON DEPLOYED</b>                          |  |                      |                      |  |
|  | Ejected<br><b>TOTALLY EJECTED</b>  |  | Ejection Path<br><b>THROUGH SIDE WINDOW</b> |  | Trapped/Extricated<br><b>NOT TRAPPED</b>     |                      |                      |  |
|  | Medical Transport<br><b>EMS GROUND</b>   |  | EMS Agency Identifier<br><b>6000555</b>     |  | EMS Run #<br><b>20111211</b>                 |                      |                      |  |
| Hospital<br><b>UNIVERSITY OF WI HOSPITALS &amp; CLINICS AU</b> |  | Date of Death<br><b>11/10/2020</b>     |   | Time of Death<br><b>18:45</b>                          |  |                      |                      |  |
| <b>Non Motorist</b>  | Striking Unit #  |  | Location                                    |  | To/From School                               |                      |                      |  |
| Prior Action   |  | Action                                 |   |  |  |                      |                      |  |
| Distracted By Action<br><b>UNKNOWN</b>                         |  | Action                                 |   |  |  |                      |                      |  |
| Distracted By Source<br><b>UNKNOWN</b>                         |  | Action Other                           |   |  |  |                      |                      |  |
| <b>Drug &amp; Alcoh</b>  | Individual Condition<br><b>UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL</b> |  |   |  |  |                      |                      |  |
| Suspected Alcohol Use<br><b>YES</b>                            |  | Suspected Drug Use<br><b>NO</b>        |   |  |  |                      |                      |  |
| Alcohol Test Given<br><b>TEST GIVEN</b>                        | Alcohol Test Type<br><b>BLOOD</b>  |  | Alcohol Test Results<br><b>PENDING</b>      |  |  |                      |                      |  |
| Drug Test Given<br><b>TEST NOT GIVEN</b>                       | Drug Test Type   |  | Drug Test Results                           |  |  |                      |                      |  |
| Drug Type  |  |  |   |  |  |                      |                      |  |
| UNIT<br>INDIVIDUAL<br>02                                       | Role<br><b>PASSENGER</b>   |  | Citations Issued<br>0                       | <input checked="" type="checkbox"/> Use Driver Address | Individual Type<br><b>INDIVIDUAL</b>         |                      |                      |  |
|  | Last Name<br><b>OLIVARES HERNANDEZ</b>   |  | First Name<br><b>ISRAEL</b>                 |  | Middle Initial                               | Suffix               |                      |  |
|  | Street Address<br><b>S7559 USH 12 LT I16</b>                                     |  | Street Address 2                            |  | PO Box                                       |                      |                      |  |
|  | City<br><b>NORTH FREEDOM</b>   |  | State<br><b>WI</b>                          | Zip Code<br><b>53951</b>                               | Country of Residence<br><b>UNITED STATES</b> |                      |                      |  |

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|--|--------------------------------------|---|---------------------------------------|--|---------------------------------------|----------------------------------|--------------------------------------|-------------------------------------|--|
| UNIT<br>INDIVIDUAL                                 | DOB                                  | Sex<br>M                                | Race<br>H                             | Hair<br>BALD                             | Eyes<br>BROWN                         | Height<br>508                    | Weight<br>200                        | Phone Number<br>(608) 370-0800 EXT. |  |
|  | Driver's License Number              |   |                                       | State                                    | License Jurisdiction<br>NOT LICENSIED |                                  | Country of Issuance                  |                                     |  |
|  | License Type                         |   |                                       | License Status<br>NOT LICENSIED          |                                       |                                  | DL Expire Year                       |                                     |  |
|  | <b>Equipment</b>                     |   | On Duty Accident                      |  | Safety Equipment                      |                                  |                                      |                                     |  |
|  | Row<br>01 - FRONT ROW                |   | Seat Position<br>09 - RIGHT           |  | SHOULDER & LAP BELT                   |                                  |                                      |                                     |  |
|  | Helmet Use                           |   |                                       | Helmet Compliance                        |                                       |                                  |                                      |                                     |  |
|  | Eye Protection                       |   |                                       | Tint Compliance                          |                                       |                                  |                                      |                                     |  |
|  | <b>Injury</b>                        |   | Injury Severity<br>NO APPARENT INJURY |  | Airbag<br>NON DEPLOYED                |                                  |                                      |                                     |  |
|  | Ejected<br>NOT EJECTED               |   |                                       | Ejection Path<br>NOT EJECTED/NOT APPLICA |                                       |                                  | Trapped/Extricated<br>NOT TRAPPED    |                                     |  |
|  | Medical Transport<br>NOT TRANSPORTED |   |                                       | 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                               |                                      |   |                                       |  |                                       |                                  |                                      |                                     |  |
| Distracted By Source                               |                                      |   | Action Other                          |  |                                       |                                  |                                      |                                     |  |
| <b>Drug &amp; Alcohol</b>                          |                                      | Individual Condition<br>APPEARED NORMAL |                                       |  |                                       |                                  |                                      |                                     |  |
| Suspected Alcohol Use<br>NO                        |                                      |   | Suspected Drug Use<br>NO              |  |                                       |                                  |                                      |                                     |  |
| Alcohol Test Given<br>TEST NOT GIVEN               |                                      | Alcohol Test Type                       |                                       |  |                                       |                                  | Alcohol Test Results                 |                                     |  |
| Drug Test Given<br>TEST NOT GIVEN                  |                                      | Drug Test Type                          |                                       |  |                                       |                                  | Drug Test Results                    |                                     |  |
| Drug Type  |                                      |   |                                       |  |                                       |                                  |                                      |                                     |  |
| License Plate Number<br>RN5898                     |                                      |   |                                       | Plate Type<br>LTK - LIGHT TRUCK          |                                       | St<br>WI                         | Country of Issuance<br>UNITED STATES |                                     |  |
| Vehicle Identification Number<br>2FTZX1720WCA85584 |                                      |   |                                       |  |                                       | Year<br>1998                     | Make<br>FORD                         |                                     |  |
| Model<br>F150                                      |                                      |   | Body Style<br>2D - 2DR                |  |                                       | Color<br>MAR - MAROON (BURGUNDY) |                                      |                                     |  |
| Initial Contact Point<br>11 - LEFT FRONT CORNER    |                                      |   |                                       |  |                                       |                                  |                                      |                                     |  |

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|--------------|--|--|-----------------------------|--|--|---------------|
| UNIT VEHICLE | 01   | Extent Of Damage<br><b>DISABLING DAMAGE</b>  |                             | Vehicle Damage<br>15 - ALL AREAS                         |  |               |
|              |  | Towed Due To Damage<br><b>TOWED DUE TO DISABLING DAMAGE</b>  |                             | Vehicle Factors  |  |               |
|              |  | Vehicle Removed By<br><b>EVERETTS TOWING</b>   |                             | NOT APPLICABLE   |  |               |
|              |  | What Driver Was Doing<br><b>NEGOTIATING CURVE</b>  |                             | Driver Prior Action Other                                | Bus Use                                      |               |
|              |  | Driver Actions<br><b>EXCEED SPEED LIMIT, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN INATTENTIVE, CARELESS OR ERRATIC MANNER</b> |                             |  |  |               |
|              |  | <input checked="" type="checkbox"/> Vehicle Owner Same As Operator   |                             | <input checked="" type="checkbox"/> Use Operator Address |  |               |
|              |  | Organization Type<br><b>INDIVIDUAL</b>   | Company Name                |  |  |               |
|              |  | Last Name<br><b>OLIVARES CABRERA</b>   | First Name<br><b>FLAVIO</b> | Middle   | Suffix                                       | Date of Birth |
|              |  | Street Address<br><b>S7559 USH 12 LT I16</b>   | Street Address2             | PO Box   |  |               |
|              |  | City<br><b>NORTH FREEDOM</b>   | St<br><b>WI</b>             | Zip Code<br><b>53951</b>                                 | Country of Residence<br><b>UNITED STATES</b> |               |
|              | Telephone Number<br><b>(608) 370-3394 EXT.</b> |  |                             |  |  |               |
|              | 01   | Event<br><b>OVERTURN/ROLLOVER</b>  |                             |  |  |               |
|              | 02   | Event  |                             |  |  |               |
|              | 03   | Event  |                             |  |  |               |
|              | 04   | Event  |                             |  |  |               |

### Description

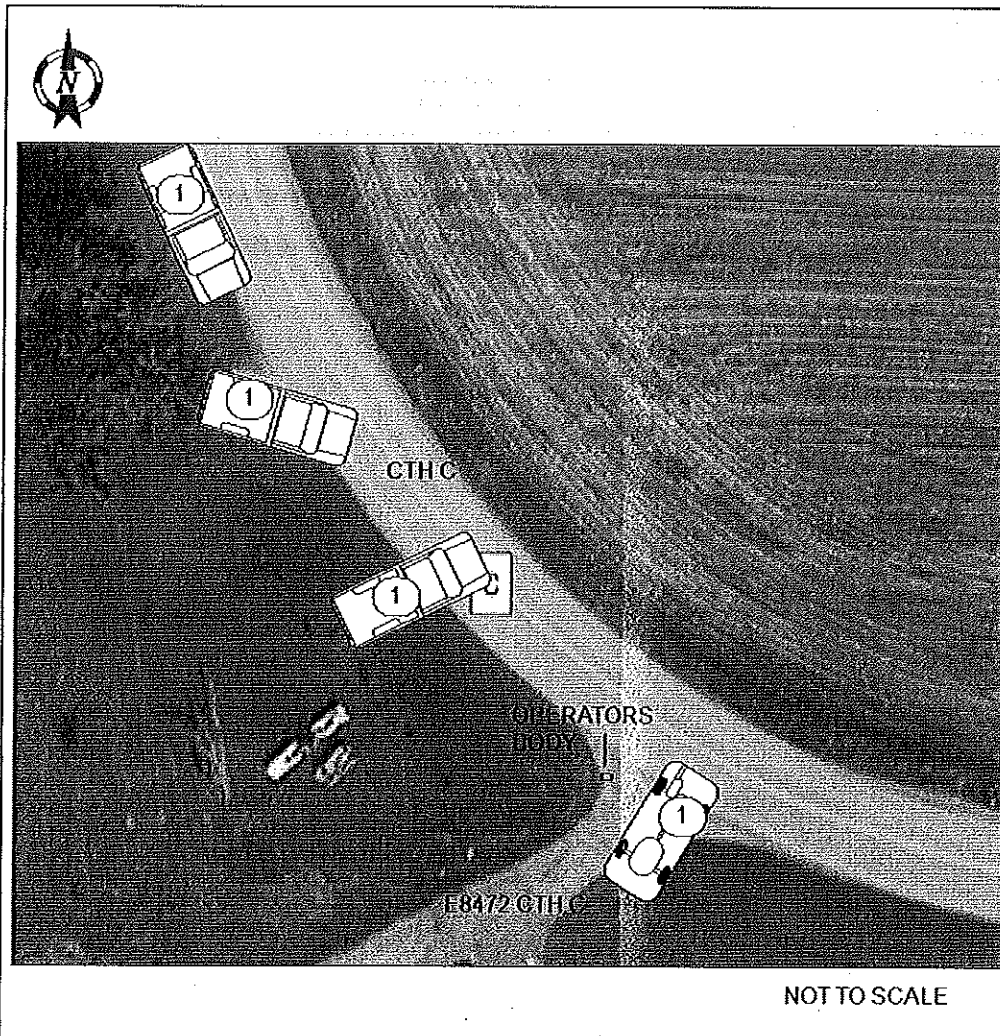
Diagram

Reconstruction By

Photos By  
**DEPUTY JESSE KIRKENG AND  
SEREGANT SCOTT STEINHORST**

Additional Information

Wisconsin Motor Vehicle  
Crash Report



PHOTOS, OTHER DOCUMENTS,  
FATAL CRASH SUPPLEMENT

Narrative

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.

FATAL UPDATE

Signature

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

Law Enforcement Agency

|                        |                             |                             |                              |        |
|------------------------|-----------------------------|-----------------------------|------------------------------|--------|
| Agency Space           |                             |                             |                              |        |
| Officer Rank<br>DEP    | Officer Last Name<br>GALVAN | Officer First Name<br>ISAAC | Officer Middle Name          | Suffix |
| DOT Officer ID<br>9131 |                             | DNR Officer ID              | Officer Badge Number<br>9131 |        |

Officer EMail

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|   |  |                         |  |   |  |   |  |
|---|--|-------------------------|--|---|--|---|--|
| Local Agency Number   |  |                         |  | Law Enforcement Agency Jurisdiction<br>SAUK |  | Law Enforcement Agency type<br>COUNTY SHERIFF |  |
| Law Enforcement Agency Name<br>SAUK COUNTY SHERIFFS DEPARTMEN |  |                         | TAS Agency Name<br>SAUK COUNTY SHERIFF   |   |  |   |  |
| Law Enforcement Agency Street Address<br>1300 LANGE COURT     |  |                         | Law Enforcement Agency Street Address2   |   |  |   |  |
| Law Enforcement Agency City<br>BARABOO                        |  | LEA State<br>WI         | Law Enforcement Agency Zip Code<br>53913 |   |  |   |  |
| Law Enforcement Agency Phone Number<br>(608) 356-4895 EXT.    |  | ORI Number<br>WI0570000 | BFUNC Agency<br>5600                     | TraCS Agency Number<br>205                  |  |   |  |

OFFICE USE ONLY