# Wisconsin Motor Vehicle Crash Report

	Document Number Override 6TL09XQZ22	Primary Crash I	Document #	"	ency Cra	ish Number		Investigating Office DEPUTY I. GAI		ty		
	Crash Date	Crash Time		Date Arrived				Time Arrived				144.
3	11/08/2020	12:54 AM			/08/202	20		01:10 AM				
DT5	Date Notified 11/08/2020	Time Notified 12:56 AM		Tot	tal Units			Total Injured	Total Ki	illed		
		1	· .	1							R	eporting
9	On Emergency Hit	and Run	Lane C	Closure		Work Zoi	10	Trailer or T	owed		<b>1</b> 7	hreshold
	Government Property	Active Sc	hool Zone	NC NC		Related		Tags		·	, Th	
	<b>✓</b> Reportable	Crash Type DT4000 (STA	NDARD CR	ASH)				<b>✓</b> Amended	777. 777. 74	L	7 -	condary Crash
Ì	Location	terrosanio de america	ni asari asari asari an	eješanoskaan	v.s.00000000	vijasti savati savati i	07.003,000.000	200000 Page 100000	Vigorosia			
	ON E8472 CTHC EB 0.58 MI S	•		Latitude 43.3440	18429	Longitude -89.90106		/LongSource T/ILT	A	ccess C	ontrol	-
1	OF PINE HOLLOW RD (FIRE E8472)			X Coordia 264856	inate	Y Coordina 4803114	te On	Roadway Link ID#	Ÿ	л Road\ 059	way Link	c Offset
	IN THE TOWN OF HONEY CR	EEK		Override		Tribal Land			S	tructure IRE	Туре	
į.	Crash Scene			) (9)(12000000000000000000000000000000000000	Vilonyida (15)				91000000000	tendilikasest	wasifata ya	
	First Harmful Event					ent Location	.42 .42					
	OVERTURN/ROLLOVER  Manner of Collision  00 - NO COLLISION W/VEHICLE IN TRANSPORT  Road Surface Condition(s)				SHOULDER RIGHT Light Condition							
					Lengths Wife, 1997							
					Environment Factor(s)							
	DRY	NONE										
	Roadway Factor(s)				Weather Condition(s)							
	NONE			CLEAR		¥						
	Animal Type			Relation TRAFF		icway - ON ROAI	)					
	Crash Classification - Location PUBLIC PROPERTY			3.47		ion - Jurisdict JURISDICT						
	Tribal Land			Access (	Control			al Study			•	
	Within Interchange Area Jur	nction Location	ra e recer	110 00		ersection Type	<u></u>					
	NO NO	JUNCTION			NC	T AN INTE	RSECTIO	N				
	Unit Summary	eliganos aprovingo la movembro el	ro National Programme in State & Mali	own a side of desire	antana ja Tea	A Lord Association of the Control of						
	Unit Status IN TRANSIT		hicle Operatin CLASS	g As Clas	sification	) 	Unit Type TRUCK					
2	Vehicle Type UTILITY TRUCK/PICKUP TRI	UCK					Operating	As Endorsements				
	Total Occs Train/Bus # Re	ecorded To	tal # Citations	Issued		Total Trailer  0	'S	Total HazMat Ty 0	pes			
Ė	Insurance? Direction Of Tr NO EASTBOUN		Pre Cra			Speed Limit		Total Lanes 2				
UNIT	Most Harmful Event: Collision With OVERTURN/ROLLOVER	Sc	ecial Function O SPECIAL	FUNCTI	ION		Emergend NOT AP	y Motor Vehicle Us PLICABLE	se			
	Traffic Way TWO-WAY, NOT DIVIDED		affic Control O CONTRO	L.			Traffic Control Inoperative/Missing NO					
	Surface Type BLACKTOP (BITUMINOUS)	Ro	oad Curvature		-	<u>,</u>	Road Gra	de			-	-
01	Truck Bus or HazMat							· · · · · ·		-		

# 6TL0DDT5JV

20-12934

## Wisconsin Motor Vehicle Crash Report

_		Role DRIVER			Citations Issued 0	www	Use	Driver dress	Individual INDIVID		
5	2	Last Name OLIVARES CABRERA	First Name FLAVIO			Middle Init	Middle Initial Suffix				
		Street Address S7559 USH 12 LT I16	Street Address 2			PO Box					
<b>-</b> -	UAL	City NORTH FREEDOM	State WI	Zip Code 53951		Country of Residence UNITED STATES					
LIND	NDWIDUAL	DOB Sex M		Race H	Hair BROWN	Eyes BRO	WN 50		Weight 168	(608) 3	Number
	Ż	Driver's License Number			State		NOT LICEN		Country of	To the Co.	And de la company of the company of
-	1440 1440	License Type NON-CDL DRIVER'S L	CENSE		License Status NOT LICENSE	Đ		_120.55 101.00 101.00 101.00	DL Expire	Year	f
		<b>Equipment</b> On t	Duty Accid-	ent	Safety Equipment				1000 1000 1000 1000 1000 1000 1000 100		
		Row 01 - FRONT ROW	- 1	eat Position 7 - LEFT	NONE USED -	VEH	ICLE OCCU	PÄNT	TAR. TUR		
	9	Helmet Use		•	Helmet Compliand	ce	200. 5755	- Hrandston	en mar		
		Eye Protection			Tint Compliance	-100			•		
		The state of the s	ry Severity TAL INJU	JRY .	Airbag NON DEPLOY	ED <sub>2</sub>	undi The eff	for for		-	
<b>-</b>	Š	Ejected TOTALLY EJECTED			Ejection Path THROUGH SID	E W	NDOW	Trapped/Ex			
LIND	NDIVIDUAL	MedicaiTransport EMS GROUND			EMS Agency Iden 8000555		save -	EMS Run #	;		. •
	2	Hospital UNIVERSITY OF WI H	OGDITAL	e o ci inice ati	Date of Death	4		Time of Dea			
			king Unit#	.5 & CLINICS AU	11/10/2020 Location	Ÿ		To/FromSc	hool		
		Prior Action		A A	Action			<u> </u>			
	δ	Distracted By Action									
		UNKNOWN  Distracted By Source			Action Other						
		UNKNOWN	vidual Conc	VA. 47				•			
		Drug & Alcoh Indiv	DER THE	INFLUENCE OF M	Suspected Drug t	RUGS Ise	S/ ALCOHOL	-			
_	3	YES Alcohol Test Given		Alcohol Test Type	NO .				Alcohol Te	est Result	-
LNO	INDIVIDUAL	TEST GIVEN 🧳 🔝		BLOOD					PENDIN	G	
	Ž	Drug Test Given A A TEST NOT GIVEN A		Drug Test Type					Drug Test	Results	
		Drug Type									
and the second second		To the control of the									
_		Role PASSENGER			Citations Issued  0			Driver Iress	Individual '		
2	8	Last Name OLIVARES HERNANDE	EZ		First Name ISRAEL				Middle Initi	ial	Suffix
		Street Address S7559 USH 12 LT I16			Street Address 2				PO Box		***************************************
		City NORTH FREEDOM			State WI		Zip Code 53951		Country of UNITED	Residence STATES	ce B

## Wisconsin Motor Vehicle Crash Report

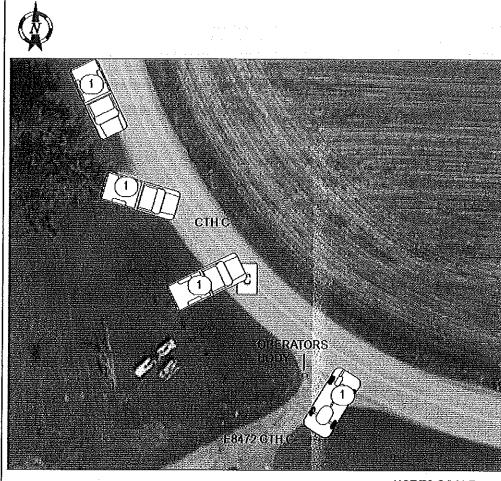
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느	\$	non	Teou	Race		Hair	Eves		Heig	oh!	Meight	Phone Number	
FIND	INDIVIDUAL	DOB	Sex M	H		BALD	Eyes BRO	WN	508		Weight 200	(608) 370-0800 EXT.	
	9	Driver's License Num	iber			State		License .			Country of	Issuance 👙	
-		License Type	***	· · · · · · · · · · · · · · · · · · ·		License Status		NOT LI	CENS	ED	OL Expire	Year	
		License Type				NOT LICENSE	ED :			427		The state of the s	
	5035126 5032511 573251	Equipment	On Duty Ac	cident		Safety Equipmen	nt				Transpage Transpage Transpage Transpage Transpage		
		Row	Š	Seat Position		SHOULDER 8	LAP	BELT	ź				
	8	01 - FRONT ROW	,	09 - RIGHT					1	À			
	02	Helmet Use				Helmet Complian	nce			Yilidas Yilidas Yilidas Timasan	77-96 17-96 17-96		
		Eye Protection			•	Tint Compliance		.47 47 47 .	.a.				
						ALE		Ž A	<i>y</i> *			-	
		Injury	Injury Seve	<sup>nty</sup> .RENT INJURY		Airbag NON DEPLOY	(ED)	Value and A		<i>.</i>		•	
	3	Ejected	i <b>l</b>			Ejection Path	di	eria <sup>N</sup>	ΨŢ	Trapped/E			
LINS	ē	NOT EJECTED  MedicalTransport			NOT EJECTED/NOT APPLICA NOT TR/ EMS Agency Identifier EMS Run				NOT TRA	- management -			
כ	INDIWIDUAL	NOT TRANSPORTED							E-110 11011 2				
9	4	Hospital				Date of Death	Ą			Time of De	ath		
		Non Motorist	Striking Un	it#	rhe.	Location	#¥; *		1	To/FromSo	hool		
	ealesce Distriction Distriction Distriction				4 1	Action							
0.00		Prior Action		4		Action							
-	2	Distracted By Action			TER.		-						
-		Distracted By Source			- A	Action Other				•			
200				Tox Trible,		, 100011 0 210,							
2000000		Drug & Alcoh	Individual C	Condition ED NORMAL									
4	J	Suspected Alcohol U: NO	se 🚜	A To		Suspected Drug NO	Use						
느	diament lines	Alcohol Test Given		Alcohol Test	Туре	<u> </u>		-			Alcohol Te	est Results	
ENIT C	NDIVIDO	TEST NOT GIVEN		entre e entre entre entre entre entre entre entre entre entre entre entr								5	
100	2	Drug Test Given	Ú.	Drug Test Ty	/pe						Drug Test	Results	,
. 1		Drug Type		. <u> </u>									
			:0. 	-									
9			Ţ.										
		License Plate Numbe RN5898	er		-	Plate Type LTK - LIGHT 1	TRUC	к	St WI		untry of Issu		
		Vehicle Identification	Number			LIKALIGHT	T COC	-	Yea			1120	
		2FTZX1720WCA8							199		RD		
		Model				Body Style			<u> </u>	Co			
		F150				2D - 2DR				M/	AR - MARG	OON (BURGUNDY)	
		Initial Contact Point  11 - LEFT FRONT	CORNER										

# Wisconsin Motor Vehicle Crash Report

					Vehicle Dan	nage				
5	5	Extent Of Damage DISABLING DAMAGE			15 - ALL A	REAS		•		
		Towed Due To Damage		Vehicle Factors						
	TOWED DUE TO DISABLING DAMAGE		NOT APPLICABLE							
	Vehicle Removed By EVERETTS TOWING			NOT APPL	JUABLE					
		What Driver Was Doing			Driver Prior	Action Other	· · · · · · · · · · · · · · · · · · ·	A PROPERTY AND A STATE OF THE PARTY AND A STAT		
	10125772	NEGOTIATING CURVE						Bus Use		
LIND	VEHICLE	Driver Actions EXCEED SPEED LIMIT, FAILURE TO MANNER	CON	rrol, c	PERATED	MOTOR VEH	IICLE IN INAT	TENTIVE, CARELESS OR ERRATIC		
		✓ Vehicle Owner Same As Operate	o <b>r</b>			<b>V</b> Use Op	erator Addres	SE TO THE RESERVE OF THE PERSON OF THE PERSO		
		Organization Type INDIVIDUAL		any Nama						
		Last Name OLIVARES CABRERA	First N				Middle ™	Suffix Date of Birth		
		Street Address		Address2	2	J.	PO Box			
		S7559 USH 12 LT I16 City	Si	Zip Co	de	25X	Country of Resi	idence		
		NORTH FREEDOM	wi	53951		Action with the second	UNITED STA	ATES		
		Telephone Number (608) 370-3394 EXT.					Tile Tile Tile			
	δ	Event OVERTURN/ROLLOVER	••••		The state of the s	A A A A A A A A A A A A A A A A A A A	And And E			
	02	Event			4					
ĺ	8	Event		4	(Localia Tecno)	The same of the sa				
	8	Event	2000 2000 1000 1000 1000 1000	. 4	y Liv					
i	Des	cription		TOTAL	Andre	vorvojiški testinovi og tos				
	Olag	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon					Reconstruction By		
			÷ ₹					Photos By DEPUTY JESSE KIRKENG AND SEREGANT SCOTT STEINHORST  Additional Information		
								AMPLIANTE BIRTH/GUVI		

### Wisconsin Motor Vehicle Crash Report

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



PHOTOS, OTHER DOCUMENTS, FATAL CRASH SUPPLEMENT

NOT TO SCALE

#### 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 Signature		para di Para di Arabania di Para di Pa			ting transfer when the street was	entrality on the charge and charge and
	aw enforcement office	r, agree th	eat I have not added any	CJIS data in this report.		
Agency Space						
Officer Rank	Officer Last Name		Officer First Name	Officer Middle Name	Suffix	
DEP	GALVAN		ISAAC	} ·		
DOT Officer ID 9131	***************************************	DNR Offic	per ID	Officer Badge Number 9131		
Officer EMail						

# Wisconsin Motor Vehicle Crash Report

Local Agency Number	Law Enforcement Agency Jurisd SAUK	iction	Law Enforcement Agency type COUNTY SHERIFF
Law Enforcement Agency Name SAUK COUNTY SHERIFFS	DEPARTMEN	TAS Agency Name SAUK COUNTY SHE	RIFF
Law Enforcement Agency Street / 1300 LANGE COURT	Address	Law Enforcement Agency	
Law Enforcement Agency City BARABOO	LEA State WI	Law Enforcement 53913	Agency Zip Code
Law Enforcement Agency Phone (608) 356-4895 EXT.	Number ORI Number WI0570000	BFUNC Agency 5600	TraCS Agency Number 205

