

6TL0DWMLXT

26-00731

WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override 6TL0DRXHM7		Primary Crash Document #		Agency Crash Number 26-00731		Investigating Officer/Deputy DEPUTY S. ELLICKSON	
Crash Date 01/21/2026		Crash Time 11:47 AM		Date Arrived 01/21/2026		Time Arrived 11:51 AM	
Date Notified 01/21/2026		Time Notified 11:47 AM		Total Units 02		Total Injured 00	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 PRIVATE PROPERTY/PARKING LOT				<input checked="" type="checkbox"/> Amended	
						<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By
Not to Scale		Photos By
<p>Taco Bell Parking Lot</p>		Additional Information NONE

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

UNIT 1 WAS TRAVELING WESTBOUND IN THE PARKING LOT OF TACO BELL. WHILE UNIT 1 WAS WESTBOUND UNIT 2 STARTED BACKING OUT OF THE PARKING STALL WESTBOUND. UNIT 1 STOPPED AND PUT HIS CAR IN REVERSE. WHEN UNIT 2 WAS DONE PULLING OUT AND ABOUT TO MOVE FORWARD (EASTBOUND) UNIT 1 BACKED UP EASTBOUND AND STRUCK UNIT 2. AFTER UNIT 1 STRUCK UNIT 2, UNIT 1 STATED HE THOUGHT HE HIT HIS BRAKES AND ACCIDENTLY HIT THE GAS CAUSING HIM TO BACK INTO UNIT 2 AGAIN AND PUSHING IT EASTBOUND.

FIXING A MINOR MISTAKE

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Location

PARKING LOT CTHBD NB LOT IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.476556927	Longitude -89.769372122
	X Coordinate 276020.59375	Y Coordinate 4817464
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 04 - REAR TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) SNOW, SLUSH		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) SNOW			
Animal Type		Relation To Trafficway NON TRAFFICWAY - PARKING LOT	
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 AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 15	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	01	License Plate Number BCC9164		Plate Type AUT	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number JTMBD33VX76043810		Make TOYT	Year 2007	Model RAV4		
Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
Initial Contact Point 06 - REAR						

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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	06 - REAR	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing BACKING	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions UNSAFE BACKING		
01	01	Owner Name EMMANUEL OLANIYAN (608) 844-9284	Owner Address 200 W HIAWATHA DR # 6107-B WISCONSIN DELLS, WI 53965 , US	
		Sequence Of Events Event MOTOR VEH IN TRANSPORT Event Event Event		
UNIT	INDIVIDUAL	Policy Holder Insurance Company PROGRESSIVE-CLASSIC-INS-CO INDIVIDUAL EMMANUEL OLANIYAN		
		Individual DRIVER EMMANUEL OLANIYAN (608) 844-9284 Citations Issued 0 Sex MALE Date of Birth Race BLACK/AFRICAN AMERICAN Address 200 W HIAWATHA DR # 6107-B WISCONSIN DELLS, WI 53965 , US Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	Safety Equipment On Duty Crash Safety Equipment SHOULDER & LAP BELT		
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
01	001	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

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UNIT INDIVIDUAL 01 001	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED			
	Non Motorist		Striking Unit #	Location
	Prior Action			
	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				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NOT ON ROADWAY	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 15	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way PARKING LOT OR PRIVATE PROPERTY		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

02 02	Vehicle				
	License Plate Number AUB6370		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4S4BTACC2N3266021		Make SUBA	Year 2022	Model OUTBACK
	Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use
	Initial Contact Point 07 - LEFT REAR CORNER				

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UNIT	VEHICLE	Vehicle Damage		
		Extent Of Damage MINOR DAMAGE	07 - LEFT REAR CORNER	
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
		What Driver Was Doing SLOW/STOPPING	Vehicle Factors	
UNIT	VEHICLE	Driver Prior Action Other	NOT APPLICABLE	
		Driver Actions NO CONTRIBUTING ACTION		
		Owner Name JUDITH ZADRA (608) 772-0983	Owner Address 2760 SPRING HILL DR STOUGHTON, WI 53589 , US	
		Sequence Of Events		
UNIT	VEHICLE	Event MOTOR VEH IN TRANSPORT		
		Event		
		Event		
		Event		
UNIT	VEHICLE	Policy Holder		
		Insurance Company STATE-FARM-CLASSIC-INS-CO	INDIVIDUAL MICHAEL ZADRA	
		Individual		
		DRIVER MICHAEL ZADRA (608) 772-0983	Citations Issued 0	Sex MALE
UNIT	INDIVIDUAL	Date of Birth	Race WHITE	
		Address 2760 SPRING HILL DR STOUGHTON, WI 53589 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment		
		On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
UNIT	INDIVIDUAL	Row 01 - FRONT ROW	Seat Position 07 - LEFT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
UNIT	INDIVIDUAL	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

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UNIT	INDIVIDUAL	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED				
		Non Motorist	Striking Unit #	Location		
		Prior Action				
		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
02	002	Drug Type				
		Individual Condition APPEARED NORMAL				
		Individual				
		PASSENGER JUDITH ZADRA (608) 772-0983		Citations Issued 0	Sex FEMALE	
				Date of Birth	Race WHITE	
		Address 2760 SPRING HILL DR STOUGHTON, WI 53589 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES		
		Safety Equipment	On Duty Crash		Safety Equipment SHOULDER & LAP BELT	
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
02	003	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		

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UNIT INDIVIDUAL 02 003	Distracted By Action		
	Non Motorist	Striking Unit #	Location
	Prior Action		
	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		