

6TL0F3SSL3  
26-01742

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 <b>26-01742</b>	Investigating Officer/Deputy <b>DEPUTY A. KING</b>	
Crash Date <b>02/19/2026</b>		Crash Time <b>04:00 PM</b>	Date Arrived <b>04/10/2026</b>	Time Arrived <b>04:11 PM</b>	
Date Notified <b>02/19/2026</b>		Time Notified <b>04:01 PM</b>	Total Units <b>02</b>	Total Injured <b>00</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>PRIVATE PROPERTY/PARKING LOT</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

U2 WAS BACKING OUT OF A PARKING STALL AT ALDI'S GROCERY STORE WHEN U1 WAS ALSO BACKING OUT OF AN ADJACENT STALL. WHILE U1 WAS BACKING THE OPERATOR ADMITTED TO SEEING U2 AND ALSO ADMITTED DUE TO THE BRAKE AND GAS PEDAL BEING CLOSE TO EACHOTHER, HE HIT THE PEDAL INSTEAD OF STOPPING RESULTING IN THE REAR OF U1 STRIKING THE RIGHT REAR SIDE OF U2. OCCUPANTS OF BOTH VEHICLE'S DENIED ANY INJURIES AND BOTH VEHICLES WERE REMOVED BY THE OPERATORS.

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## Location

PARKING LOT CTHBD NB LOT IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude <b>43.47570463</b>	Longitude <b>-89.768315026</b>
	X Coordinate <b>276102.9375</b>	Y Coordinate <b>4817366.5</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>IN PARKING LANE OR ZONE</b>	
Manner of Collision <b>05 - REAR TO SIDE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</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>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements			
	Total Occs <b>3</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NOT ON ROADWAY</b>	<input type="checkbox"/> <b>Pre CrashTire Mark</b>	Speed Limit <b>N/A</b>	Total Lanes <b>0</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>BCU4447</b>	Plate Type <b>AUT</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>KM8SC13EX4U576525</b>	Make <b>HYUN</b>	Year <b>2004</b>	Model <b>SANTA FE</b>
		Color <b>BLK - BLACK</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>06 - REAR</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>06 - REAR</b>		



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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>BACKING</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNSAFE BACKING</b>			
01	01	Owner Name <b>JORDAN MATHIS (608) 415-7746</b>		Owner Address <b>111 S EAST ST LA VALLE, WI 53941 , US</b>
		<b>Sequence Of Events</b>		
UNIT INDIVIDUAL	01	Event <b>MOTOR VEH IN TRANSPORT</b>		
	02	Event		
	03	Event		
	04	Event		
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>		INDIVIDUAL <b>JASON MATHIS</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	DRIVER <b>JORDAN MATHIS (608) 415-7746</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>111 S EAST ST LA VALLE, WI 53941 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01	001	<b>Safety Equipment</b> On Duty Crash		Safety Equipment
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>				
Distracted By Action <b>NOT DISTRACTED</b>				

WISCONSIN MOTOR VEHICLE CRASH REPORT

UNIT	INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
		Prior Action				
		Action				
01	001	Action Other		To/From School		
		<b>Drug &amp; Alcohol</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				
		Individual Condition <b>APPEARED NORMAL</b>				
		<b>Individual</b>				
		PASSENGER <b>BRIA RYCKMAN</b> <b>(608) 717-6412</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
		Address <b>247 S LOCUST ST</b> <b>REEDSBURG, WI 53959 , US</b>		Date of Birth	Race <b>WHITE</b>	
		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>				
01	002	<b>Safety Equipment</b>		On Duty Crash		
		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>				
		Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>			
		Helmet Use		Helmet Compliance		
		Eye Protection		Tint Compliance		
		<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>		Distracted By Source		
Distracted By Action						
<b>Non Motorist</b>		Striking Unit #	Location			

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other	To/From School	
01	002	<b>Drug &amp; Alcohol</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		
		Individual Condition <b>APPEARED NORMAL</b>		
UNIT	INDIVIDUAL	<b>Individual</b>		
		PASSENGER <b>KAELA ZAKARYAN</b> <b>(608) 495-7743</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
			Date of Birth	Race <b>WHITE</b>
		Address <b>2701 E MAIN ST # 32</b> <b>REEDSBURG, WI 53959 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
01	003	Row <b>02 - SECOND ROW</b>	Seat Position <b>09 - RIGHT</b>	
		Helmet Use		Helmet Compliance
		Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
		Hospital		EMS Run #
		Date of Death		
		Time of Death		
<b>Distracted By</b>	Distracted By Source			
	Distracted By Action			
	<b>Non Motorist</b>	Striking Unit #	Location	
Prior Action				

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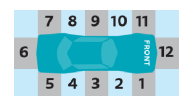
SAUK COUNTY SHERIFFS DEPARTMENT  
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UNIT	INDIVIDUAL	Action					
		Action Other			To/From School		
		<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
		Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
		Drug Type					
		Individual Condition <b>APPEARED NORMAL</b>					
		01	003				

### Unit Summary

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

UNIT	VEHICLE	<b>Vehicle</b>					
		License Plate Number <b>VB6379</b>		Plate Type <b>LTK</b>		St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1GCVKREC2GZ172656</b>		Make <b>CHEV</b>		Year <b>2016</b>	Model <b>SILVERADO</b>
		Color <b>BLU - BLUE</b>		Body Style <b>PK - PICKUP</b>			Bus Use
		Initial Contact Point <b>04 - RIGHT SIDE REAR</b>		Vehicle Damage			
		Extent Of Damage <b>MINOR DAMAGE</b>		<b>04 - RIGHT SIDE REAR</b>			
		Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
		What Driver Was Doing <b>BACKING</b>					



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UNIT VEHICLE	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE
	Driver Actions <b>UNSAFE BACKING</b>	
	Owner Name <b>RAY SMOLINSKI JR</b>	Owner Address <b>1010 COUNTY ROAD K STOP 1 WISCONSIN DELLS, WI 53965 , US</b>
UNIT 02	<b>Sequence Of Events</b>	
	01	Event <b>MOTOR VEH IN TRANSPORT</b>
	02	Event
	03	Event
UNIT 04	<b>Policy Holder</b>	
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>	INDIVIDUAL <b>RAY SMOLINSKI JR</b>
	<b>Individual</b>	
	DRIVER <b>RAY SMOLINSKI JR</b>	Citations Issued <b>0</b> Sex <b>MALE</b>
UNIT INDIVIDUAL	Date of Birth	Race <b>WHITE</b>
	Address <b>1010 COUNTY ROAD K STOP 1 WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
	<b>Safety Equipment</b>	On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
UNIT 02	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>	
	Helmet Use	Helmet Compliance
	Eye Protection	Tint Compliance
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>
UNIT 004	Airbag	<b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
	Trapped/Extricated <b>NOT TRAPPED</b>	
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier
UNIT 004	Hospital	EMS Run #
	Date of Death	Time of Death
	<b>Distracted By</b>	Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>
	Distracted By Action <b>NOT DISTRACTED</b>	
UNIT 004	<b>Non Motorist</b>	Striking Unit #
		Location

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CRASH REPORT

UNIT	INDIVIDUAL	Prior Action			
		Action			
		Action Other	To/From School		
02	004	<b>Drug &amp; Alcohol</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			
		Individual Condition <b>APPEARED NORMAL</b>			
		<b>Individual</b>			
		PASSENGER <b>BEVERLY SIGOURNEY</b> (715) 498-7124	Citations Issued <b>0</b>	Sex <b>FEMALE</b>	
			Date of Birth	Race <b>WHITE</b>	
		Address <b>1010 COUNTY ROAD K # 2</b> <b>WISCONSIN DELLS, WI 53965 , US</b>	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>	
Row <b>01 - FRONT ROW</b>	Seat Position <b>09 - RIGHT</b>				
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
02	005	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</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>Distracted By</b>	Distracted By Source		
		Distracted By Action			
<b>Non Motorist</b>	Striking Unit #	Location			
Prior Action					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

<b>UNIT</b>	<b>INDIVIDUAL</b>				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</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				
	Individual Condition <b>APPEARED NORMAL</b>				
	<b>02</b>	<b>005</b>			