

6TL0FB003R

26-08039

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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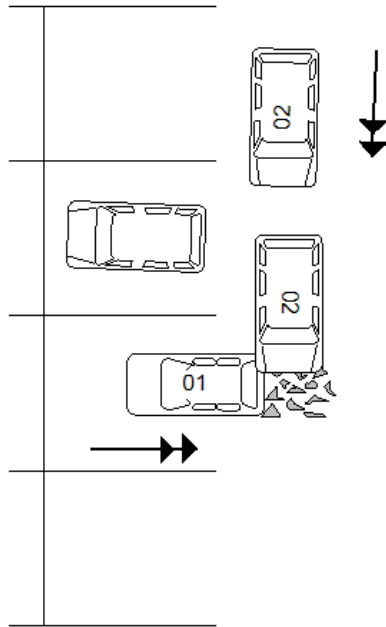
Document Number Override		Primary Crash Document #		Agency Crash Number 26-08039		Investigating Officer/Deputy DEPUTY W. NEUBAUER	
Crash Date 07/26/2026		Crash Time 11:35 AM		Date Arrived 07/26/2026		Time Arrived 11:49 AM	
Date Notified 07/26/2026		Time Notified 11:40 AM		Total Units 02		Total Injured 00	Total Killed 00
☐ On Emergency	☐ Hit and Run	☐ Lane Closure	☐ Work Zone	☐ Trailer or Towed		☐ Reporting Threshold	
☐ Government Property		☐ Active School Zone		School Bus Related NO		Tags	
☒ Reportable		Crash Type PRIVATE PROPERTY/PARKING LOT		☐ Amended		☐ Secondary Crash	

Description

Diagram



NOT TO SCALE



PARKING LOT OF 1850 W. PINE ST AP

Reconstruction By

Photos By

 Additional Information
NONE
☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS BACKING OUT OF A PARKING STALL. UNIT 2 WAS TRAVELING OUT OF THE APT COMPLEX. UNIT 1 LOOKED BUT DID NOT SEE UNIT2 AS SHE WAS BACKING OUT. UNIT 1 STRUCK UNIT 2 REAR TO FRONT/SIDE.

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Location

PRIVATE PROPERTY CTHBD NB IN THE VILLAGE OF WEST BARABOO IN SAUK COUNTY	Latitude 43.492994797	Longitude -89.775324984
	X Coordinate 275600.03125	Y Coordinate 4819305.5
	Structure Type	

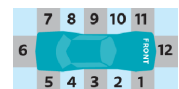
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location IN PARKING LANE OR ZONE	
Manner of Collision 05 - REAR TO SIDE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
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 PASSENGER CAR				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	☐ Pre CrashTire Mark	Speed Limit N/A	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 TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT 01 VEHICLE 01	Vehicle				
	License Plate Number AMJ7831		Plate Type AUT	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number JM1BM1V77E1173170		Make HOND	Year 2014	Model CIVIC
	Color BLK - BLACK		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 05 - RIGHT REAR CORNER		Vehicle Damage		
	Extent Of Damage DISABLING DAMAGE		04 - RIGHT SIDE REAR, 05 - RIGHT REAR CORNER		



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UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By CRAIGS TOWING		
	What Driver Was Doing BACKING		Vehicle Factors NOT APPLICABLE		
	Driver Prior Action Other				
	Driver Actions LOOKED BUT DID NOT SEE				
01	01	Owner Name OLIVIA DECORAH (608) 495-9566		Owner Address W3530 55TH ST MAUSTON, WI 53948 , US	
		Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT			
		Event			
		Event			
		Event			
04	03	Event			
		Event			
		Event			
		Event			
UNIT	Policy Holder				
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		INDIVIDUAL OLIVIA DECORAH		
UNIT	INDIVIDUAL	Individual			
		DRIVER OLIVIA DECORAH (608) 495-9566		Citations Issued 0	Sex FEMALE
		Date of Birth		Race WHITE	
		Address W3530 55TH ST MAUSTON, WI 53948 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
01	001	Safety Equipment		On Duty Crash	
		Shoulder & Lap Belt		Safety Equipment	
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
		Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance			
Injury		Injury Severity NO APPARENT INJURY	Airbag DEPLOYED-CURTAIN		
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 NOT APPLICABLE (NOT DISTRACTED)			
Distracted By Action NOT DISTRACTED					

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UNIT 01 001	INDIVIDUAL	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	VEHICLE 02	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? NO	Direction Of Travel NOT ON ROADWAY	☐ Pre CrashTire Mark	Speed Limit N/A	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 TWO-WAY, NOT DIVIDED		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						
		License Plate Number Z4496N		Plate Type TMP	St WI	Country of Issuance UNITED STATES		
Vehicle Identification Number JTJHW31U282071394		Make LEXS	Year 2008	Model RX				
Color BLU - BLUE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use				
Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 12 - FRONT						
Extent Of Damage MINOR DAMAGE								
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR						

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UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name EMMANUEL OLANIYAN	Owner Address 200 W HIAWATHA DR # 6107 WISCONSIN DELLS, WI 53965 , US	
UNIT 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
UNIT INDIVIDUAL	Individual		
	DRIVER EMMANUEL OLANIYAN	Citations Issued 0	Sex MALE
		Date of Birth	Race
	Address 200 W HIAWATHA DR # 6107 WISCONSIN DELLS, WI 53965 , US	Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT 02	Safety Equipment		On Duty Crash
	Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	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
	Hospital		EMS Run #
Date of Death		Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	
Location			
Prior Action			

UNIT	INDIVIDUAL	Action				
		Action Other			To/From School	
		Suspected Alcohol Use		Suspected Drug Use		
		NO		NO		
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results
		TEST NOT GIVEN				
		Drug Test Given		Drug Test Type		Drug Test Results
		TEST NOT GIVEN				
02	002	Drug Type				
		Individual Condition				
		APPEARED NORMAL				