

25-11464

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

Document Number Override		Primary Crash Document #		Agency Crash Number 25-11464		Investigating Officer/Deputy DEPUTY J. MACASKILL	
Crash Date 11/03/2025		Crash Time 05:10 PM		Date Arrived		Time Arrived	
Date Notified 11/03/2025		Time Notified 05:14 PM		Total Units 01		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 NON-DOMESTICATED ANIMAL W/ NO INJURY			☐ Amended		☐ Secondary Crash

Location

Crash Scene

Unit Summary

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.

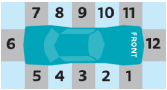
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Crash Date **11/03/2025**
Crash Time **05:10 PM**

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WISCONSIN MOTOR VEHICLE
CRASH REPORTSAUK COUNTY SHERIFFS DEPARTMENT
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		Truck Bus or HazMat							
01	UNIT	01	VEHICLE	Vehicle					
				License Plate Number AYR9858		Plate Type AUT	St WI	Country of Issuance UNITED STATES	
				Vehicle Identification Number JA4AZ3A31LZ040294		Make MIT	Year 2020	Model OUTLANDER	
				Color GRY - GRAY		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
				Initial Contact Point 12 - FRONT		Vehicle Damage 01 - RIGHT FRONT CORNER, 11 - LEFT FRONT CORNER, 12 - FRONT			
				Extent Of Damage FUNCTIONAL DAMAGE					
				Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
				What Driver Was Doing		Vehicle Factors			
				Driver Prior Action Other					
				Driver Actions NO CONTRIBUTING ACTION					
01	UNIT	01	VEHICLE	Owner Name		Owner Address			
01	UNIT	01	INDIVIDUAL	Policy Holder					
				Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP		INDIVIDUAL YANICA MIHAYLOVA			
01	UNIT	001	INDIVIDUAL	DRIVER YANICA MIHAYLOVA (920) 896-1107		Citations Issued 0	Sex FEMALE		
						Date of Birth	Race WHITE		
				Address 441 FRANKLIN ST REEDSBURG, WI 53959 , US		Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES			
01	UNIT	001	INDIVIDUAL	Safety Equipment		On Duty Crash		Safety Equipment	
				Row		Seat Position		SHOULDER & LAP BELT	
				Helmet Use		Helmet Compliance			
				Eye Protection		Tint Compliance			
				Injury		Injury Severity NO APPARENT INJURY		Airbag	
				Ejected		Ejection Path		Trapped/Extricated	
				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	
	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				