

6TL0FB002R

25-08179

# 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>25-08179</b>		Investigating Officer/Deputy <b>DEPUTY W. NEUBAUER</b>	
Crash Date <b>08/05/2025</b>		Crash Time <b>11:00 AM</b>		Date Arrived		Time Arrived	
Date Notified <b>08/05/2025</b>		Time Notified <b>11:05 AM</b>		Total Units <b>01</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>NON-DOMESTICATED ANIMAL W/ NO INJURY</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

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

## Location

<b>ON STH33 EB</b> <b>0.26 MI W</b> <b>OF CTHX EB</b> <b>IN THE TOWN OF GREENFIELD</b> <b>IN SAUK COUNTY</b>	Latitude <b>43.479183687</b>	Longitude <b>-89.645090729</b>
	X Coordinate <b>286081.8125</b>	Y Coordinate <b>4817428.5</b>
	Structure Type	

## Crash Scene

First Harmful Event <b>NON DOMESTICATED ANIMAL (ALIVE)</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition	
Road Surface Condition(s)	Roadway Factor(s)	
Environment Factor(s)		
Weather Condition(s)		
Animal Type <b>DEER</b>	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control	Special Study

## Unit Summary

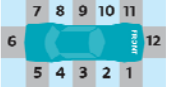
01 UNIT	Unit Status <b>IN TRANSIT</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>UTILITY TRUCK/PICKUP TRUCK</b>				Operating As Endorsements	
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	Most Harmful Event: Collision With <b>NON DOMESTICATED ANIMAL (ALIVE)</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing	
	Surface Type		Road Curvature		Road Grade	

NO

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		Truck Bus or HazMat							
01	UNIT	01	VEHICLE	<b>Vehicle</b>					
				License Plate Number <b>88300V3</b>		Plate Type <b>LTK</b>	St <b>CA</b>	Country of Issuance <b>UNITED STATES</b>	
				Vehicle Identification Number <b>1C6RR6LG8RS128892</b>		Make <b>RAM</b>	Year <b>2024</b>	Model <b>4C</b>	
				Color <b>WHI - WHITE</b>		Body Style <b>PK - PICKUP</b>		Bus Use	
				Initial Contact Point <b>12 - FRONT</b>		Vehicle Damage <b>10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT</b>			
				Extent Of Damage <b>FUNCTIONAL DAMAGE</b>					
				Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>			
				What Driver Was Doing		Vehicle Factors			
				Driver Prior Action Other					
				Driver Actions <b>NO CONTRIBUTING ACTION</b>					
01	UNIT	01	VEHICLE	Owner Name		Owner Address			
01	UNIT	01	<b>Policy Holder</b>						
			Insurance Company <b>COUNTRY-PREFERRED-INSURANCE-CO</b>		INDIVIDUAL <b>LOU JENKINSON</b>				
01	UNIT	001	INDIVIDUAL	<b>Individual</b>					
				DRIVER <b>LOU ANN JENKINSON (630) 379-8933</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>		
						Date of Birth	Race <b>WHITE</b>		
				Address <b>28634 W EDGEWOOD AVE CARY, IL 60013 , US</b>		Driver License Number <b>STATE: ILLINOIS COUNTRY: UNITED STATES</b>			
01	UNIT	001	001	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
				Row		Seat Position		<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	
				Ejected		Ejection Path		Trapped/Extricated	
				Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
				Hospital		Date of Death		Time of Death	

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UNIT  INDIVIDUAL          01 001	<b><i>Distracted By</i></b>		Distracted By Source	
	Distracted By Action			
	<b><i>Non Motorist</i></b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			
	To/From School			
	<b><i>Drug &amp; Alcohol</i></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>				