

6TL0CX0QF4
25-06679

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		Investigating Officer/Deputy DEPUTY K. MCCARTY	
Crash Date 06/30/2025		Crash Time 06:23 PM		Date Arrived 06/30/2025		Time Arrived 06:57 PM	
Date Notified 06/30/2025		Time Notified 06:25 PM		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 DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash		

Description

Diagram not to scale 	Reconstruction By Photos By Additional Information NONE
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☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 AND UNIT 2 WERE BOTH STATIONARY ON USH 12 EASTBOUND AT THE INTERSECTION OF CTH PF. UNIT 2 WAS IN FRONT OF UNIT 1. THE LIGHT TURNED FROM RED TO GREEN AND BOTH VEHICLES STARTED TO ACCELERATE. UNIT 1 ACCELERATED FASTER THAN UNIT 2 AND ENDED UP STRIKING UNIT 2 IN THE REAR CAUSING LIGHT DAMAGE. BOTH VEHICLES WERE DRIVEABLE AND REMOVED THEMSELVES FROM THE ROADWAY AND PARKED AT A NEARBY GAS STATION. DRIVER OF UNIT 1 WAS LATER ARRESTED FOR OWI 2. NO INJURIES.

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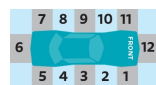
Location

ON USH12 EB 107 FT N OF CTHPF EB IN THE TOWN OF PRAIRIE DU SAC IN SAUK COUNTY	Latitude 43.293352632	Longitude -89.759124279
	X Coordinate 276175.875	Y Coordinate 4797089
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control FULL CONTROL	Special Study
Within Interchange Area YES	Junction Location INTERSECTION	Intersection Type FOUR-WAY 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 2	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 0	Total HazMat Types 0	
	Insurance? NO	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 DIVIDED HWY MEDIAN W/BARRIER		Traffic Control TRAFFIC SIGNAL	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 AUK3409	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FA6P0HD4G5135451		Make FORD	Year 2016	Model FUSION		
Color GRY - GRAY		Body Style SD - SEDAN		Bus Use		
Initial Contact Point 12 - FRONT		Vehicle Damage				
Extent Of Damage FUNCTIONAL DAMAGE		12 - FRONT				

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UNIT	01	VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By			
			What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
			Driver Prior Action Other		NOT APPLICABLE			
			Driver Actions FOLLOWING TOO CLOSE, FAILURE TO CONTROL					
UNIT	01	01	Owner Name PRESTON CROWLEY-LEE		Owner Address 1001 GILBERT RD #21 MADISON, WI 53719 , US			
			Sequence Of Events					
			Event MOTOR VEH IN TRANSPORT					
			Event MOTOR VEH IN TRANSPORT					
UNIT	01	02	Event					
			Event					
			Event					
			Event					
UNIT	01	03	Individual					
			DRIVER PRESTON CROWLEY-LEE		Citations Issued 2	Sex MALE		
			Address 1001 GILBERT RD #21 MADISON, WI 53719 , US		Date of Birth	Race WHITE		
			Driver License Number					
UNIT	01	04	On Duty Crash		Safety Equipment			
			RESTRAINT USE UNKNOWN					
			Row 01 - FRONT ROW		Seat Position 07 - LEFT			
			Helmet Use		Helmet Compliance			
UNIT	01	001	Eye Protection		Tint Compliance			
			Injury 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 #	
UNIT	01	001	Hospital		Date of Death		Time of Death	
			Distracted By UNKNOWN		Distracted By Source UNKNOWN			
			Distracted By Action UNKNOWN					
			Non Motorist		Striking Unit #		Location	

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UNIT INDIVIDUAL	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use YES	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST GIVEN		Drug Test Type BLOOD	Drug Test Results PENDING	
	Drug Type				
	Individual Condition UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ ALCOHOL				
	Individual				
	PASSENGER TANNER GILLITZER		Citations Issued 0	Sex MALE	
UNIT INDIVIDUAL	Address 35693 SPROSTY HILL RD WAUZEKA, WI 53826 , US		Date of Birth		Race
	Driver License Number				
	Safety Equipment		On Duty Crash		Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	RESTRAINT USE UNKNOWN		
	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		EMS Run #
	Hospital		Date of Death		Time of Death
UNIT INDIVIDUAL	Distracted By				
	Distracted By Source				
	Distracted By Action				
	Non Motorist				
Striking Unit #		Location			
Prior Action					

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
4 of 9

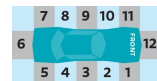
Crash Date **06/30/2025**
Crash Time **06:23 PM**

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UNIT	INDIVIDUAL	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					
		Violations					
		01	UTC Number BJ676238	Issue To? 001	Statute Number 346.63(1)(a)	Description OPERATING WHILE UNDER THE INFLUENCE(2ND)	
		02	UTC Number BJ676239	Issue To? 001	Statute Number 344.62(1)	Description OPERATE MOTOR VEHICLE W/O INSURANCE	
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 3	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
		Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 55	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 DIVIDED HWY MEDIAN W/BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
		Truck Bus or HazMat NO					
		Vehicle					
		02	License Plate Number AYL1048	Plate Type AUT	St WI	Country of Issuance UNITED STATES	
02	Vehicle Identification Number 2T2BK1BA0AC024672	Make LEXS	Year 2010	Model RX 350			
	Color WHI - WHITE	Body Style LL - CARRYALL	Bus Use				
	Initial Contact Point 06 - REAR						



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UNIT	VEHICLE	Vehicle Damage	
		Extent Of Damage FUNCTIONAL DAMAGE	06 - REAR
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
		What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE
UNIT	VEHICLE	Driver Prior Action Other	
		Driver Actions NO CONTRIBUTING ACTION	
02	02	Owner Name ASHLEY DOBBS	Owner Address 2440 TREVOR WAY MADISON, WI 53719 , US
		Sequence Of Events	
01	02	Event MOTOR VEH IN TRANSPORT	
		Event	
		Event	
		Event	
04	03	Event	
		Event	
UNIT	INDIVIDUAL	Policy Holder	
		Insurance Company STATE-FARM-CLASSIC-INS-CO	INDIVIDUAL ASHLEY DOBBS
02	003	Individual	
		DRIVER ASHLEY DOBBS	Citations Issued 0
02	003	Date of Birth	Sex FEMALE
		Address 2440 TREVOR WAY MADISON, WI 53719 , US	Race WHITE
02	003	Driver License Number	
		Safety Equipment	
02	003	On Duty Crash	Safety Equipment SHOULDER & LAP BELT
		Row 01 - FRONT ROW	Seat Position 07 - LEFT
02	003	Helmet Use	Helmet Compliance
		Eye Protection	Tint Compliance
02	003	Injury NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE
02	003	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier
02	003	EMS Run #	
		Hospital	Date of Death
02	003	Time of Death	

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UNIT	INDIVIDUAL	Distracted By <small>Distracted By Source</small> NOT APPLICABLE (NOT DISTRACTED)		
		<small>Distracted By Action</small> NOT DISTRACTED		
		Non Motorist	<small>Striking Unit #</small> <small>Location</small> 	
		<small>Prior Action</small> 		
		<small>Action</small> 		
		<small>Action Other</small> 		
		<small>To/From School</small> 		
		Drug & Alcohol <small>Suspected Alcohol Use</small> NO		
		<small>Suspected Drug Use</small> NO		
		02	003	<small>Alcohol Test Given</small> TEST NOT GIVEN
<small>Drug Test Given</small> TEST NOT GIVEN	<small>Drug Test Type</small> 			<small>Drug Test Results</small>
<small>Drug Type</small> 				
<small>Individual Condition</small> APPEARED NORMAL				
Individual				
<small>PASSENGER</small> ISLA STUDEMANN				<small>Citations Issued</small> 0
<small>Date of Birth</small> 				<small>Sex</small> FEMALE
<small>Race</small> WHITE				
<small>Address</small> 2440 TREVOR WAY MADISON, WI 53719 , US				<small>Driver License Number</small>
02	004			Safety Equipment <small>On Duty Crash</small>
		<small>Row</small> 02 - SECOND ROW	<small>Seat Position</small> 07 - LEFT	
		<small>Helmet Use</small> 		<small>Helmet Compliance</small>
		<small>Eye Protection</small> 		<small>Tint Compliance</small>
		Injury <small>Injury Severity</small> NO APPARENT INJURY		<small>Airbag</small> NON DEPLOYED
		<small>Ejected</small> NOT EJECTED	<small>Ejection Path</small> NOT EJECTED/NOT APPLICABLE	
		<small>Trapped/Extricated</small> NOT TRAPPED		
		<small>Medical Transport</small> NOT TRANSPORTED		<small>EMS Agency Identifier</small>
		<small>EMS Run #</small> 		
		<small>Hospital</small> 		<small>Date of Death</small>
<small>Time of Death</small> 				
Distracted By <small>Distracted By Source</small> 				

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7 of 9

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UNIT 002	INDIVIDUAL	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			
UNIT 005	INDIVIDUAL	Individual			
		PASSENGER ZOE STUDEMANN		Citations Issued 0	
		Date of Birth		Sex FEMALE	
		Address 2440 TREVOR WAY MADISON, WI 53719 , US		Race WHITE	
		Driver License Number			
		Safety Equipment	On Duty Crash	Safety Equipment SHOULDER & LAP BELT	
			Row 02 - SECOND ROW	Seat Position 09 - RIGHT	
		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	EMS Run #		
Hospital		Date of Death	Time of Death		
Distracted By		Distracted By Source			
Distracted By Action					

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8 of 9

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UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
02	005	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				