

COMMON COUNCIL AGENDA
June 22, 2026
REEDSBURG CITY HALL COUNCIL CHAMBERS
5:30 PM

DUE TO THE RESTRICTIONS CAUSED BY THE COVID-19 PANDEMIC, SOME VOTING MEMBERS MAY BE PRESENT VIA TELECONFERENCE OR VIDEO CONFERENCE, AS PROVIDED BY THE RECOMMENDATIONS OF THE WISCONSIN DEPARTMENT OF JUSTICE. [HTTPS://WWW.DOJ.STATE.WI.US/NEWS-RELEASES/OFFICE-OPEN-GOVERNMENT-ADVISORY-CORONAVIRUS-DISEASE-2019-COVID-19-AND-OPEN-MEETINGS](https://www.doj.state.wi.us/news-releases/office-open-government-advisory-coronavirus-disease-2019-covid-19-and-open-meetings)

CALL TO ORDER:

ROLL CALL:

PLEDGE OF ALLEGIANCE:

THE COUNCIL WILL RECEIVE INFORMATION ON NON-AGENDA TOPICS BROUGHT BEFORE THE COUNCIL BY MEMBERS OF THE PUBLIC. THE COUNCIL WILL NOT DISCUSS THESE TOPICS, AND WILL NOT TAKE ACTION ON ANY OF THEM AT THIS MEETING.

I. CONSENT AGENDA (ONE MOTION APPROVES ALL ITEMS):

1. Approve Meeting Minutes from June 8, 2026 Common Council Meeting.

II. GENERAL BUSINESS:

1. Approve/Deny: Payment of \$1,688.21 to Progressive Insurance for Property Damage Claim.
2. Approve/Deny: Resolution 4601-26 Commercial Electric & Plumbing Permit Fee Schedule Update.

III. COMMISSION, COMMITTEE, BOARD AND STAFF REPORTS:

1. Utility Commission, Library Board, Plan Commission (any other committees or commissions with reports).

IV. OFFICE OF THE MAYOR:

V. ADJOURN:



The City of Reedsburg does not discriminate on the basis of disability in the admissions or access to, or treatment of or employment in, its programs or activities. Disability-related aids or services, including printed information in alternate formats, to enable persons with disabilities to participate in public meetings and programs are available by calling (608) 524-6404. To be able to meet the needs of a request for a different format contact the City Clerk-Treasurer at 134 S. Locust Street, Reedsburg, WI at least 48 hours prior to the commencement of the meeting so that any necessary arrangements can be made to accommodate each request.

City of Reedsburg
Meeting of the Common Council
June 8, 2026

Present: Mayor Dave Estes, Alderpersons Roy Mares, Sonny Hyde, Jason Schulte, John Deitrich, Phil Peterson, Missy Frenz, Aaron Bauer, Jake Kummer, and Dave Moon.

Absent: None.

Others Present: City Administrator Max Buckner, Finance Director Jacob Crosetto, Public Works Director Steve Zibell, Parks and Recreation Director Matt Scott, Building Inspector/Zoning Administrator Brian Duvalle, and citizens.

Mayor Dave Estes called the regular meeting of the Common Council to order at 5:30 p.m. in the Common Council Chambers.

Approve Consent Agenda: consisting of the Minutes from the May 11 Common Council Meeting; May Monthly Payments Report; May Monthly Building Permit Report; May Monthly Ambulance Report; Mayoral Appointment of Dave Moon to the Alder-at-Large Seat; and Approval of the 2026-2027 Liquor, Beer, Wine, and Cigarette Licenses.

Motion: Bauer, Second: Mares to approve the consent agenda. Motion carried 8-0.

GENERAL BUSINESS

1. Approve/Deny: 1st Reading and Set for Public Hearing on July 27, 2026 - Resolution No. 4600-26 Partial Discontinuance of Public Way - Booster Blvd.
 - a. **Motion: Peterson, Second: Hyde to approve setting the public hearing on Res. 4600-26 for July 27, 2026, as presented. Motion carried 9-0.**
2. Approve/Deny: Webb Fund Grant Request - Westside Elementary/Reedsburg School District - Playground Equipment Replacement.
 - a. **Motion: Peterson, Second: Schulte to approve the Webb Fund Request for \$60,000 as presented. Motion carried 9-0.**

RECOMMENDATIONS FROM BOARDS, COMMITTEES AND COMMISSIONS:

1. Recommendation from Plan Commission - Approve/Deny: Resolution No. 4598-26 CSM Lot 1 of E6391 Bass Rd. (042-0767-00000).
 - a. **Motion: Deitrich, Second: Hyde to approve Res. 4598-26 as presented. Motion carried 9-0.**
2. Recommendation from Plan Commission - Approve/Deny: Ordinance No. 1986-26 - Rezoning Lot 1 at E6391 Bass Rd. (042-0767-00000) from Agricultural to Government for a New Town of Winfield Town Hall.
 - a. **Motion: Hyde, Second: Mares to approve Ordinance 1986-26 2026 as presented. Motion carried 9-0.**
3. Recommendation from Plan Commission - Approve/Deny: Resolution No. 4599-26 - Final Plat - My Home Estates Phase III (276-1379-00000).
 - a. **Motion: Mares, Second: Schulte to approve Res. 4599-26 and the Final Plat as presented. Motion carried 9-0.**
4. Recommendation from Public Works - Approve/Deny: Resolution No. 4601-26 Compliance Maintenance Annual Report - Wastewater Treatment Plant.
 - a. **Motion: Peterson, Second: Deitrich to approve Res. 4601-26 as presented. Motion carried 9-0.**
5. Recommendation from Public Works - Approve/Deny: 1st Reading and Set for Public Hearing on July 12, 2026 - Ordinance No. 1987-26 Changing Stop Signs on S. Viking Dr. and Commercial Avenue to All Way Stop.
 - a. **Motion: Deitrich, Second: Moon to approve setting the public hearing on Ordinance 1987-26 for July 12, 2026, as presented. Motion carried 9-0.**

**Motion: Deitrich, Second: Hyde to enter Closed Session per section 19.85(1)(e) of the Wisconsin Statutes Related to Potential Floor Improvements to the Reedsburg Fieldhouse.
Motion carried 9-0. Time: 6:09 p.m.**

Motion: Peterson, Second: Moon to exit Closed Session.

Motion carried 9-0. Time: 6:32 p.m.

Motion: Peterson, Second: Mares to grant permission to bid out the floor improvement project for the Reedsburg Fieldhouse.

Motion carried 9-0. Time: 6:32 p.m.

Motion: Mares, Second: Frenz to adjourn.

Motion carried 9-0. The meeting adjourned at 6:32 p.m.

Respectfully submitted,

Jacob Crosetto

Finance Director/City Clerk-Treasurer



Payment Address Document Address
24344 Network Place P.O. Box 94639
Chicago, IL 60673-1243 Cleveland, Ohio 44101-9908
Phone: (877)818-0139
Fax: (888) 781-6947

5/13/2026 11:50:00 AM
Certified Mail 9489 0090 0027 6568 2038 80 Return Receipt Requested

CITY OF REEDSBURG
OFFICE OF THE CITY CLERK
134 S. LOCUST STREET
REEDSBURG, WI 53959

Your Client: BRIAN DUVALLE
Your Claim Number: N/A
Our Insured: ALYSCIA SOTO
Our Claim Number: ALYSCIA SOTO
Amount Subject to Reimbursement: \$1,688.21
Amount of Insured's Deductible: \$850.00

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: 1500 E MAIN ST, 53959 REEDSBURG, WI USA
Date and Time of Loss: 03/10/2026, 10:45 AM CT

Description of Loss: OUR INSURED WAS TRAVELING ON 1500 E MAIN ST, IN REEDSBURG, WI WHEN A CITY OF REEDSBURG VEHICLE, WITH PLATE #: 95907 OPERATED BY BRIAN DUVALLE, FAILED TO MAINTAIN PROPER LOOKOUT, AND YIELD THE RIGHT OF WAY, ATTEMPTED TO MAKE AN IMPROPER LANE CHANGE AND STRUCK OUR INSURED'S VEHICLE. WE ARE SEEKING REIMBURSEMENT FOR OUR INSURED'S VEHICLE DAMAGES.

Please make your draft payable to Progressive Universal Insurance Company as subrogee of "ALYSCIA SOTO", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. Thank you for your anticipated, prompt attention to this matter.


Progressive Subrogation
Progressive Universal Insurance Company

Tel. 877-818-0139
Fax. 888-781-6947
GovernmentStatus@email.progressive.com

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Progressive Universal Insurance Company	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 300 North Commons Blvd	
	6 City, state, and ZIP code Mayfield Village, OH 44143	
7 List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
3	6	-	3	7	8	9	7	8	7

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Date 1/14/26

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Progressive Universal Insurance Co

Estimate ID
26-806883516-01
Original
Claim Number
26-806883516-01

Owner
ALYSCIA SOTO

Insured
ALYSCIA SOTO

Appraiser
MATTHEW MCCLUSKEY (PEG)
(440) 910-7485 (Work)
photo_estimate_support@progressive.com

Underwriter
Progressive Universal Insurance Co

Progressive Universal Insurance Co

Claim Number 26-806883516-01	Adjuster MARITZA SOTO DELEON (608) 286-3675 (Work)	Deductible \$850.00 - Not Waived	Reported Date 03/10/2026
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Loss Date
03/10/2026

2012 Ram 1500 Pickup ST 4 Door Quad Cab 140" WB 6 Foot Bed 5.7L 8 Cyl Gas Injected Base 4WD

Exterior Color SILVER	License WI-VW2203	VIN 1C6RD7FT4CS334683	Drivable Yes
Odometer 139924	Mitchell Service Code 911142		

Options	4WD or AWD	Air Conditioning	Alum/Alloy Wheels	AM-FM Stereo
Anti-Lock Brake Sys. (ABS)	Automatic Headlights	Auxiliary Input	CD Player	Driver-Front Air Bag
Electronic Stability Control	First Row Split Bench Seat	Fog Lights	Heated Mirror	Left-Curtain Air Bag
MP3 Player	Passenger-Front Air Bag	Power Remote Mirror	Power Steering	Power Windows
Rear Bench Seat	Second Row Side Airbag With Head Protection	Side Airbags	Tilt Steering Wheel	Tire Pressure Monitoring System
Traction Control/Electronic	Vinyl Seat			

ALYSCIA SOTO | 2012 Ram 1500 Pickup ST

Parts Profile
LAX WI All Part Types

Parts Profile Version
3.0

Line #	Description	LABOR			PART				
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
Front Bumper									
1	100476 Frt Bumper Cover Assy	Overhaul	Body	3.0#	Existing				
2	103633 Frt Bumper Cover	Repair	Body	1.0*#	Existing				

Committed On
3/12/2026
12:10 PM

Version
Mitchell Estimating 25.5
OEM MAR_26_V

Mitchell Cloud Estimating™
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All Rights Reserved

Printed On
3/12/2026
12:10 PM

Profile
Southwest WI ALL PART TYPES
Profile Version
17.0

Page 1 of 6

Line #		Description	LABOR		Total Units	Type	PART			
			Operation	Type			Number	Qty	Total Price	Tax
3	AUTO	Frt Bumper Cover	Refinish Only	Refinish	1.7* C	Existing				
4	900501	Modified Refinish With Full Clear Coat								
Front Lamps										
5	100471	R Frnt Combination Lamp	Remove / Install	Body	INC#	Existing				
6	103240	R Frt Combination Lamp	Remove / Replace	Body*	0.3#	Aftermarket Certified	A34-1127R-AC/A	1	\$128.69	Yes
7	AUTO	Headlamps	Check / Adjust	Body	0.4					
Front Fender										
8	100738	R Fender Panel	Repair	Body*	2.5*#	Existing				
9	AUTO	R Fender Outside	Refinish Only	Refinish	2.2 C					
10	100742	R Fender Liner	Remove / Install	Body	0.3r	Existing				
11	103656	R Fender Splash Guard	Remove / Install	Body	0.4	Existing				
12	100748	R Fender Adhesive Nameplate	Remove / Install	Body	0.2r	Existing				
13	935003	R Fender Adhesive Nameplate - clean & re-tape	Additional Labor	Body	0.4*					
14	102444	Fender Antenna Mast	Remove / Install	Body	0.1r	Existing				
Cab										
15	103780	R Running Board Assy	Remove / Install	Body	0.5	Existing				
Additional Costs & Materials										
16	AUTO	Paint/Materials	Additional Cost						\$286.00	Yes
17	AUTO	Hazardous Waste Disposal	Additional Cost						\$3.00*	Yes
Additional Operations										
18	931127	Pre Repair Scan	Additional Operation	Mechanical*	0.5*				\$0.00	
19	931128	Post Repair Scan	Additional Operation	Mechanical*	0.5*				\$0.00	
20	AUTO	Clear Coat	Additional Operation	Refinish	1.3				\$0.00	

* Judgment Item
 T Included in Two Tone Calculation
 # Labor Note Applies
 d Discontinued by Manufacturer
 C Included in Clear Coat Calculation
 A Included in Clear Coat and Two Tone Calculation
 r CEG R&R Time Used for this Labor Operation
 [] Verify the part number and price before ordering

Parts Vendors

HeadlightsDepot
 2201 N Andrews Ave Ste 105
 Pompano Beach FL 33069
 (855) 544-4875 (Work)

Line	Part #	Total Price
6	A34-1127R-AC/A	\$128.69

Supplier Notes: Part sourced from SurePart (powered by PartsTrader). CAPA Certified Part.

Disclaimer: This estimate has been prepared based on the use of one or more replacement parts supplied by a source other than the manufacturer of your motor vehicle. Warranties applicable to these replacement parts are provided by the manufacturer or distributor of the replacement parts rather than by the manufacturer of your motor vehicle.

Estimate Totals

Labor	Units	Rate	Sublet	Add'l Amount	Totals
Body Labor	9.1	\$75.00			\$682.50
Refinish Labor	5.2	\$75.00			\$390.00
Mechanical Labor	1.0	\$110.00			\$110.00
Total Labor	15.3				\$1,182.50
				Taxable	\$1,182.50
				Tax 5.5000%	\$65.04
				Non-Taxable	\$0.00
				Pre-Tax Discount 0.00%	\$0.00
				Labor Total	\$1,247.54
Parts	Amount				Totals
Taxable Parts	\$128.69				\$128.69
				Parts Adjustments	\$0.00
				Tax 5.5000%	\$7.08
				Non-Taxable	\$0.00
				Pre-Tax Discount 0.00%	\$0.00
				Parts Total	\$135.77
Costs	Amount				Totals
Paint Materials	\$286.00				\$286.00
Shop Materials	\$0.00				\$0.00
Other Additional Costs	\$3.00				\$3.00
				Taxable	\$289.00
				Tax 5.5000%	\$15.90
				Non-Taxable	\$0.00
				Pre-Tax Discount 0.00%	\$0.00
				Costs Total	\$304.90
Gross Totals	Amount				
Gross Total	\$1,688.21				\$1,688.21

Estimate Totals

Taxable	\$1,600.19
Tax	\$88.02
Non-Taxable	\$0.00
Pre-Tax Discount 0.00%	\$0.00
Gross Total	\$1,688.21

Adjustments	Amount	
Deductible	-\$850.00	-\$850.00
Total Customer Responsibility		-\$850.00

Net Estimate Total **\$838.21**

This estimate has been prepared based on the use of one or more replacement parts supplied by a source other than the manufacturer of your motor vehicle. Warranties applicable to these replacement parts are provided by the manufacturer or distributor of the replacement parts rather than by the manufacturer of your motor vehicle.

All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep.

This is a damage assessment only - Not an authorization to repair-based on damage visible or certain at the time it was written.

If frame or unibody repair is included on this estimate, the amount shown includes time or allowance for measuring before, during and after those repairs.

The owner of the vehicle may select the repair facility of his/her choice.

To ensure proper and prompt payment for additional damage discovered during the course of repairs, contact Progressive for supplement handling procedures.

Progressive honors the prevailing labor market rate in your area for your property. If you choose a shop that charges in excess of the prevailing labor market rates, you will be responsible for the difference.

Lifetime guarantee for sheet metal and plastic body parts

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation.

After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

This guarantee does not cover normal wear and tear or damage caused by improper maintenance, neglect, abuse or subsequent accident. This guarantee is limited to arranging for the selection of repair parts that will return your vehicle to its pre-loss condition. Accordingly, Progressive will not be liable for any indirect, incidental or consequential damages that result from the installation or use of these parts.

Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.

A/M Certified: This refers to a new, certified non-original equipment manufacturer replacement part.

A/M: This refers to a new, non-original equipment manufacturer replacement part.

Recycled: This refers to a used OEM part.

Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.

OE Discount: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

Recovered OE - This refers to parts removed from a new vehicle for various reasons.

Progressive's Lifetime Guarantee does not cover repairs you request the shop to make that are not related to this accident, including but not exclusive to unrelated prior damage and pre-existing damage.

Repair shop's authorized representative's signature indicating agreement on cost to return the vehicle to pre-loss condition including tow/storage charges:

Shop Signature: _____ Est. completion Date: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or file a claim containing a false or deceptive statement is guilty of

insurance fraud.

Disclaimer: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Estimate Event Log

Job Created 3/11/2026 01:03 PM
Estimate Started 3/12/2026 08:10 AM
Estimate Printed 3/12/2026 12:10 PM
Estimate Committed 3/12/2026 12:10 PM
Estimate Version 0
Estimate Retrieval ID 10010569269

Claim Payment Detail (26-806883516)

Payment Information

Disbursement Number: 508706363	Total Amount: \$838.21
Digital Payment #: 19252732	Invoice Number: 158620924
Pay to the Order of: ALYSCIA SOTO	
Digital Payment Notification Method: Email: MAMALEASHA@YAHOO.COM	
	Phone Number: (608) 495-9379
In Payment Of: Progressive Invoice Number: 158620924	

Reviewed Summary

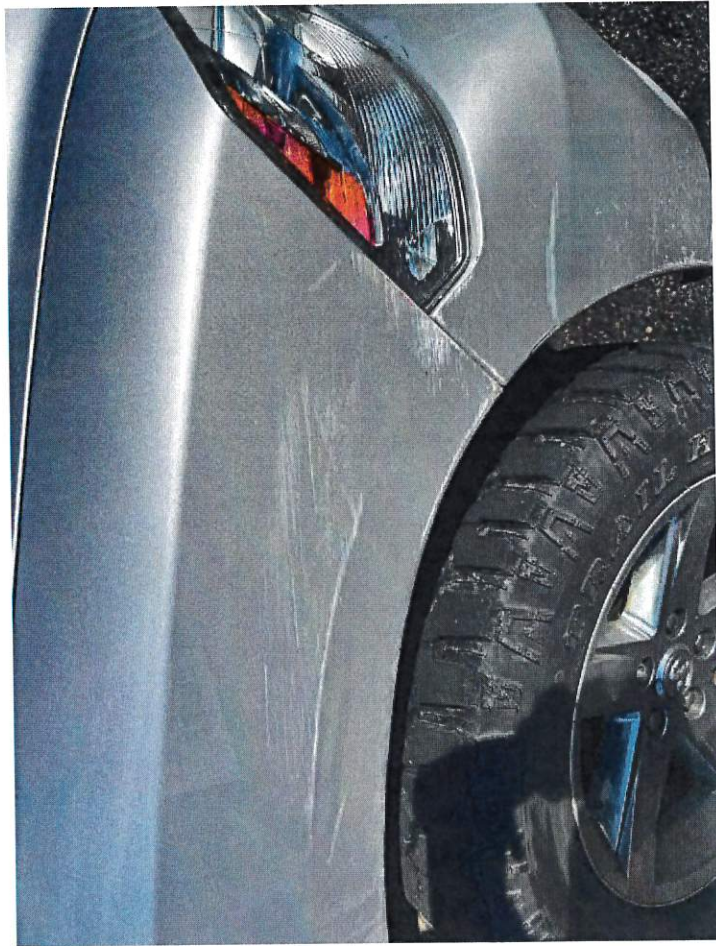
Issuing Rep: A093126	Approved By:
Issue Date: 03-12-26	Review Date:
Last Updated Rep: A093126	Reviewed By:

Bank Information

Type: Loss	Bank Code: DGT
Stop Reason:	Cleared: 03-20-26
Stop Date:	

Exposure Detail: COLL

Party Name: SOTO, ALYSCIA	Amount Paid: \$838.21
Property Description: 12 DODGE RAM 1500	Deductible Taken: \$850.00
Payment Type: FINAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00









9PL0FKD6P6
R26-01771

WISCONSIN MOTOR VEHICLE CRASH REPORT

REEDSBURG POLICE DEPARTMENT
200 SOUTH PARK STREET
REEDSBURG, WI 53959
(608) 524-2376

9PL0FKD6P6

Document Number Override		Primary Crash Document #		Agency Crash Number R26-01771		Investigating Officer/Deputy BRYCE BEAUCHAINE	
Crash Date 03/10/2026		Crash Time 10:46 AM		Date Arrived 03/10/2026		Time Arrived 10:53 AM	
Date Notified 03/10/2026		Time Notified 10:46 AM		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

<p>Diagram</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Not drawn to scale.</p> </div>	<p>Reconstruction By</p> <hr/> <p>Photos By BEAUCHAINE 161</p> <hr/> <p>Additional Information PHOTOS</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

I WAS DISPATCHED TO A TWO UNIT CRASH. I ARRIVED ON SCENE AND NO ONE WAS INJURED AND EVERYONE WORE A SEAT BELT. I ASKED UNIT 1 OPERATOR WHAT HAPPENED. UNIT 1 OPERATOR STATED HE WAS DRIVING EASTBOUND IN THE 1300 BLOCK OF E MAIN ST IN THE FURTHEST LANE FROM CENTER. UNIT 1 OPERATOR STATED HE WAS GOING TO TURN INTO THE CLOSEST LANE OF CENTER AND DID NOT SEE UNIT 2, BEFORE STRIKING UNIT 2. UNIT 1 OPERATOR STATED THE OTHER UNIT WAS IN THE BLIND SPOT. I ASKED UNIT 2 OPERATOR WHAT HAPPENED AND SHE STATED SHE WAS DRIVING EASTBOUND ON E MAIN ST IN THE 1300 BLOCK OF E MAIN ST IN THE CLOSEST LANE TO CENTER. UNIT 2 OPERATOR STATED SHE WAS DRIVING STRAIGHT WHEN UNIT 1 STRUCK UNIT 2. ALL OPERATORS ISSUED CRASH PAPERWORK. NOTHING FURTHER.

9PL0FKD6P6
R26-01771

WISCONSIN MOTOR VEHICLE
CRASH REPORT

REEDSBURG POLICE DEPARTMENT
200 SOUTH PARK STREET
REEDSBURG, WI 53959
(608) 524-2376

Location

ON MAIN ST/ STH23 EB 510 FT W OF KING ST IN THE CITY OF REEDSBURG IN SAUK COUNTY	Latitude 43.532457518	Longitude -89.988375139
	X Coordinate 258530.515625	Y Coordinate 4824285.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 07 - SIDESWIPE/SAME DIRECTION	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 NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type TRUCK		
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK	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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4	
	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 DOWNHILL		
	Truck Bus or HazMat NO					

Vehicle

UNIT	VEHICLE	License Plate Number 95907	Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES	
		Vehicle Identification Number 3C6JR7AG5HG665893	Make RAM	Year 2017	Model PICKUP	
		Color RED - RED	Body Style PK - PICKUP	Bus Use		
		Initial Contact Point 08 - LEFT SIDE REAR	Vehicle Damage			
		Extent Of Damage MINOR DAMAGE	08 - LEFT SIDE REAR			



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WISCONSIN MOTOR VEHICLE
CRASH REPORT

REEDSBURG POLICE DEPARTMENT
200 SOUTH PARK STREET
REEDSBURG, WI 53959
(608) 524-2376

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing MERGING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
01	Owner Name CITY OF REEDSBURG (608) 524-6404		Owner Address 134 S LOCUST ST PO BOX 490 REEDSBURG, WI 53959 , US	
	Sequence Of Events			
01	01	Event MOTOR VEH IN TRANSPORT		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company CITIES-&-VILLAGES-MUTUAL-INS-CO		GOVERNMENT CITY OF REEDSBURG	
UNIT INDIVIDUAL	Individual			
	DRIVER BRIAN LEE DUVALLE (608) 524-6404		Citations Issued 0	Sex MALE
	Address 633 N GROVE ST REEDSBURG, WI 53959 , US		Date of Birth 01/15/1974	Race WHITE
	Driver License Number D1400727401500		STATE: WISCONSIN COUNTRY: UNITED STATES	
01	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		Airbag NON DEPLOYED	
01	Injury		Injury Severity NO APPARENT INJURY	
	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 Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

REEDSBURG POLICE DEPARTMENT
200 SOUTH PARK STREET
REEDSBURG, WI 53959
(608) 524-2376

UNIT INDIVIDUAL 01 001	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	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type TRUCK	
	Vehicle Type UTILITY TRUCK/PICKUP TRUCK				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 EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4	
	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 DOWNHILL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle				
	License Plate Number VW2203		Plate Type LTK - LIGHT TRUCK	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1C6RD7FT4CS334683		Make DODGE	Year 2012	Model RAM 1500
	Color SIL - SILVER (ALUMINUM)		Body Style PK - PICKUP		Bus Use
	Initial Contact Point 02 - RIGHT SIDE FRONT		Vehicle Damage 02 - RIGHT SIDE FRONT		
	Extent Of Damage MINOR DAMAGE				
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

REEDSBURG POLICE DEPARTMENT
200 SOUTH PARK STREET
REEDSBURG, WI 53959
(608) 524-2376

UNIT VEHICLE	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02	Owner Name ALYSCIA ANNE PALMER (608) 495-9379	Owner Address S2184 HORKAN RD REEDSBURG, WI 53959 , US	
	Sequence Of Events		
02	Event MOTOR VEH IN TRANSPORT		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	INDIVIDUAL LENA DELACRUZ	
UNIT INDIVIDUAL	Individual		
	DRIVER LENA JUSTINE DELACRUZ (608) 495-9440	Citations Issued 0	Sex FEMALE
		Date of Birth 09/17/2004	Race WHITE
	Address 213 S PRESTON AVE # 6 REEDSBURG, WI 53959 , US	Driver License Number D4265300483705 STATE: WISCONSIN COUNTRY: UNITED STATES	
02	Safety Equipment		On Duty Crash
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Safety Equipment SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Airbag
	Injury Severity NO APPARENT INJURY	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 NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action NOT DISTRACTED		
	Non Motorist		Striking Unit #
	Location		

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WISCONSIN MOTOR VEHICLE CRASH REPORT

REEDSBURG POLICE DEPARTMENT
200 SOUTH PARK STREET
REEDSBURG, WI 53959
(608) 524-2376

UNIT INDIVIDUAL 02 002	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		

**REEDSBURG POLICE
DEPARTMENT**

200 S. Park Street
Reedsburg, WI 53959
(608) 524-2376

REPORT INFORMATION

Incident / Accident Report #:

R26-01771

Date of Incident / Accident:

3/10/21

Investigating Officer:

B. Bevilacqua

To obtain a copy of this incident report, please make a written or verbal request to the above address.

The Records Custodian will review the request to determine whether the record can be released and to what extent it must be redacted. **PLEASE ALLOW 10 BUSINESS DAYS TO PROCESS YOUR REQUEST!**

Motor vehicle crash reports are \$2.00, incident reports are \$.25 per page. There are additional charges for photos, CDs, DVDs, etc. Please pick up an Open Records Request at the Police Department or download a copy at: www.reedsburgwi.gov.

Driver 1:

Brian DuValle

Insurance:

CITIFEST VILLAGER MUTUAL

Driver 2:

Insurance

Insurance:

RESOLUTION
Commercial Electric & Plumbing Permit Fee Schedule

FILE NO. 4601-26

WHEREAS, the current fee schedule was last updated in 2021, and

WHEREAS, additional inspections will require additional fees accordingly, and

WHEREAS, the Planning/Building Dept now contracts with new commercial electric and plumbing inspectors, and

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of Reedsburg that the following fees be amended for commercial electric and plumbing building applications:

Plumbing permit fees.

A. Residential and commercial:

- (1) ~~Street to building: \$40.~~
- (2) All ~~other~~ residential plumbing: \$0.10 per square foot/minimum \$50
- (3) All ~~other~~ commercial plumbing: \$0.05 per square foot/minimum \$200.

Electrical permit fees.

Electrical permit fees.

- A. Residential new construction: \$0.10 per square foot/minimum \$50.
- B. Residential single-family remodel:
 - (1) ~~Sixty amp Service: \$90.~~
 - (2) ~~One hundred amp service: \$60.~~
 - (3) ~~Two hundred amp service: \$90.~~
 - (4) ~~Over 200 amp service: \$120.~~
 - (5) All other electrical: \$0.10 per square foot/minimum \$50.
- C. Mobile home underground entrance: \$50.
- D. Commercial single phase (new or remodel):
 - (1) ~~Sixty amp service: \$200.~~
 - (2) ~~One hundred amp service: \$90.~~
 - (3) ~~Two hundred amp service: \$120.~~
 - (4) ~~Four hundred amp service: \$150.~~
 - (5) ~~Over 400 amp Service: \$200.~~
 - (6) All other electrical: \$0.05 per square foot/minimum \$200.
- E. Commercial three-phase (new or remodel):
 - (1) ~~One hundred amp Service: \$250.~~
 - (2) ~~Two hundred amp service: \$150.~~
 - (3) ~~Four hundred amp service: \$250.~~
 - (4) ~~Six hundred amp service: \$500.~~
 - (5) ~~Over 600 amp service: \$700.~~
 - (6) All other electrical: \$0.05 per square foot/minimum \$200.

STATE OF WISCONSIN)
COUNTY OF SAUK)

I hereby certify that the foregoing resolution is a true, correct and complete copy of a resolution duly and regularly passed by the Common Council of the City of Reedsburg on the 22nd day of June 2026, and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 22nd day of June 2026.

Jacob Crosetto
City Clerk