

A meeting of the City of Evansville Public Safety will be held on the date and time stated below. Requests for persons with disabilities who need assistance to participate in this meeting should be made by calling City Hall at (608) 882-2266 with as much notice as possible. Copies of the packet and agenda are available at:

[www.evansvillewi.gov/city\\_government/public\\_agendas\\_minutes/public\\_safety.php](http://www.evansvillewi.gov/city_government/public_agendas_minutes/public_safety.php)

**Public Safety Committee**  
Regular Meeting  
Wednesday, December 4, 2024, 6:00 p.m.  
City Hall, 31 S. Madison Street, Evansville, WI

**AGENDA**

1. Call to Order.
2. Roll Call.
3. Motion to approve the Agenda.
4. Motion to approve November 7, 2024, Public Safety regular meeting minutes.
5. Citizen appearances other than agenda items listed.
6. Old Business.
7. New Business.
  - A. **Discussion with possible motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department unless otherwise noted).*
    - 1) Sarah Olivia Hunt
  - B. **Motion to recommend to the Common Council approval of the Original Alcohol Beverage License applications for a Class "B" Beer/ "Class B" Liquor License** for: (background check recommendations provided by Chief Reese, unless otherwise noted)
    - 1) **Totally Elegant, LLC, Johnnie Mae Washinton, Agent**, 326 East Bluff, Madison WI 53704, d/b/a Totally Elegant, LLC, 7 E. Main Street, Suite 1, Evansville, WI 53536.
  - C. **Discussion and possible motion to approve the City of Evansville Election Day Emergency Response Plan.**
8. Evansville Police Department Report.
9. Evansville Emergency Medical Services Report.
10. Meeting Reminder: Next regular meeting scheduled for Wednesday, January 8, 2025, at 6:00 p.m.
11. Adjourn.

*Erika Stuart, Chairperson*

*Please turn off all cell phones while the meeting is in session. Thank you.*



**Public Safety Committee**  
 Regular Meeting  
 Wednesday, November 6, 2024, 5:30 p.m.  
 City Hall, 31 S. Madison Street, Evansville, WI

**MINUTES**

1. **Call to Order.** *Stuart called the meeting to order at 5:30 p.m.*
2. **Roll Call.**

**Members**

<b><u>Members</u></b>	<b><u>Present/Absent</u></b>	<b><u>Others Present</u></b>
Aldersperson Erika Stuart, Chair	P	Christopher Jones, Lt.
Aldersperson Gene Lewis	P/late	Carolyn Kleisch, EMS Chief
Aldersperson Joe Geoffrion	P	Jolene Klitzman, Deputy Clerk
		Paula Delgado, Officer
		Eyan Johnson, Officer
		Morgan Katzenmeyer, EMS Asst. Chief
		Andrew Gibbs, Citizen

3. **Motion to approve the Agenda.** *by Stuart, seconded by Geoffrion, Motion carried 2-0.*
4. **Motion to approve the October 2, 2024, Public Safety regular meeting minutes.** *by Stuart, seconded by Geoffrion, Motion carried 2-0.*
5. **Citizen appearances other than agenda items listed.** *N/A*
6. **Old Business.** *N/A*
7. **New Business.**
  - A. **Discussion with possible motion to approve the Operator's License Application(s)** for: *(Non-recommended by Evansville Police Department unless otherwise noted).* *by Stuart, seconded by Geoffrion, Motion carried 2-0.*
    - 1) Andrew Clark Gibbs
  - B. **Discussion with possible motion to approve the Operator's License Application(s)** for: *(recommended by Evansville Police Department unless otherwise noted).* *by Stuart, seconded by Geoffrion, Motion carried 2-0.*
    - 1) Elijah Adam Brandenburg
    - 2) Kayli Grace Evans
  - C. **Motion to approve the Long-Term Street Closure Application for:**  
Evansville Chamber of Commerce Old Fashion Christmas on November 22<sup>nd</sup> from 5 p.m. to 8 p.m. and November 23<sup>rd</sup> from 9:45 a.m. to 12:30 p.m. *by Stuart, seconded by Geoffrion, Motion carried 2-0.*
  - D. **Discussion and possible motion to approve the City of Evansville Election Day Emergency Response Plan.**  
*Tabled until next month's meeting as the report was not received in time. by Stuart, seconded by Geoffrion, Motion carried 2-0.*

- 8. Evansville Police Department Report.** *All sworn staff completed Taser 10 certification training. Officer Delgado showed how to use the new taser to committee. Officers assisted Janesville PD with VP Harris visit to Rock County. Backgrounds are being conducted on 3 candidates. Once job offer has been made contingent on the Police Commission meeting, Possibility of 3 openings. Chief Reese was awarded a grant to purchase two new portable radios. Thank you to the Evansville Fund!*
- 9. Evansville Emergency Medical Services Report.** *100% of the EMS responses were at the AEMT level. Staff attended the Fire District Spaghetti dinner, Homecoming parade & Football game and attended the Job Fair hosted by Creekside Place. Zoll Cardiac Monitors had their Preventative Maintenance done for the year. Chief Kleisch also mentioned the possibility of talking about closing Main Street for a few hours on Halloween as traffic is very busy.*
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, December 4, 2024, at 6:00 p.m.**
- 11. Adjourn.** *Stuart adjourned the meeting at 6:00 p.m.*

*Erika Stuart, Chairperson*



# APPLICATION FOR OPERATOR'S LICENSE

7A

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00     Renewal Operator's License: \$35.00     Provisional License: \$15.00

**NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.**

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial, if you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at <https://www.wicourts.gov/casesearch.htm>. (CCAP may not provide comprehensive list of all arrests/convictions).

1. LEGAL NAME: First Sarah Middle Olivia Last Hunt DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: Evansville STATE: WI ZIP: 53536 GENDER: Male  Female

Driver's License No.: \_\_\_\_\_ Issuing State: WI

HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Prior Street Address if Above Address is Less Than 5 Years	State	Zip	From	To

### ARREST AND CONVICTION RECORD (Anywhere within the United States of America)

2. Have you ever been cited and/or convicted of a felony? Yes  No

3. Have you ever been cited and/or convicted of a misdemeanor? Yes  No

4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:

Question	Yes	No
a) Any underage alcohol violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Operating a motor vehicle while intoxicated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Selling or furnishing alcoholic beverages to underage person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Permitting underage person on licensed premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Allowing persons on licensed premises after closing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Any alcohol related violation other than a, b, c, d, and e?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Fighting, disorderly conduct, assault, or battery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Resisting arrest, interfering with a police officer or obstructing an officer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.

TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE	MONTH/YEAR	CITY	STATE
<u>THC para w/ speeding ticket</u>			

Within the last two (2) years, did you have and/or complete one of the following:

<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Sarah Hunt Email: \_\_\_\_\_

Printed Name: Sarah Hunt Date: 11/11/24

### FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Police Department Recommendation and Comments: <u>3/29/22 THC</u>	Paid To: <u>City of Evansville</u>	Public Safety Committee: Approved: _____ Denied: _____	Paid To: _____ Date: _____
Approved: <u>[Signature]</u>	Denied: _____	Receipt #: <u>1.15775</u>	15.00
Police Chief's Signature	Date: <u>11/13/24</u>	Receipt: 1.157775	35.00
	Date: <u>Nov 11, 2024</u>	SARAH HUNT	Nov 11, 2024 1:44 PM



Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Evansville
License Period	24 - June 35

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_
- "Class A" Liquor ..... \$ \_\_\_\_\_
- "Class A" Liquor (cider only) \$ \_\_\_\_\_
- "Class C" Liquor (wine only) \$ \_\_\_\_\_
- Class "B" Beer ..... \$ 1.00
- "Class B" Liquor ..... \$ 500.
- Reserve "Class B" Liquor \$ \_\_\_\_\_

Fees	
License Fees	\$ 600
Background Check Fee	\$ 7
Publication Fee	\$ 100
<b>Total Fees</b>	<b>\$ 707.00</b>

350  
457.00  
Final Dec 31st

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Johnnie Mae Washington			
2. Business Trade Name or DBA Totally Elegant LLC Event + Party Dec.			
3. FEIN 92-0247359		4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 09/15/2022	8. Wisconsin DFI Registration Number
9. Premises Address 7 East Maine Street #1			
10. City Evansville		11. State WI	12. Zip Code 53536
13. County Rock	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:		15. Aldermanic District
16. Premises Phone 446-0424 <del>608-289-5122</del>		17. Premises Email J.Washington66@gmail.com Sparrowworth@egmatt.com	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 7 East Maine St #1 Lower level Alcohol will be stored in Storage Room in lower level. will only be served in rental space.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes  No  
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

al da ulizim

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . .  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . .  Yes  No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity <u>Totally Elegant LLC</u>	4b. Business Entity FEIN <u>92-0247359</u>
---	---

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.


Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
<u>Washington</u>	<u>Johnnie</u>	<u>Sole Proprietor</u>	<u>608-446-0424</u>

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <u>Washington</u>	First Name <u>Johnnie</u>	M.I. <u>M.</u>
Title <u>Sole Proprietor</u>	Email <u>J.washington66@gmail.com</u>	Phone <u>608-446-0424</u>
Signature 		Date <u>10-14-2024</u>

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <u>11-6-24</u>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable) <u>NA</u>	



Form  
**AB-100**

# Alcohol Beverage Individual Questionnaire

Date  
10-14-24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>Totally Elegant</i>	<i>Johnnie M. Washington</i>
2. Business Trade Name or DBA <i>Totally Elegant LLC Event + Party Dec.</i>	
3. Entity Type (check one)	
<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name <i>Washington</i>	2. First Name <i>Johnnie</i>	3. M.I. <i>M</i>	
4. Relationship to Business (Title) <i>Sole Proprietor</i>	5. Email <i>J.Washington66@yahoo.com</i>	6. Phone <i>608-446-0424</i>	
7. Home Address <i>326 East Bluff</i>			
8. City <i>Madison</i>	9. State <i>WI</i>	10. Zip Code <i>53704</i>	11. Date of Birth <i>10/25/66</i>
12. Drivers License/State ID Number <i>W252-4336-6885-06</i>		13. Drivers License/State ID State of Issuance <i>Madison, WI</i>	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years <i>32+</i></td> <td style="width: 50%;">Months</td> </tr> </table>	Years <i>32+</i>	Months
Years <i>32+</i>	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <i>326 East Bluff</i>	City <i>Madison, WI</i>	State <i>WI</i>	Zip Code <i>53704</i>		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <i>ILL</i>	County <i>Cook</i>	State <i>ILL</i>	County		
State <i>WI</i>	County <i>DANE</i>	State <i>WI</i>	County		

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 10-14-2024
--	--------------------

Form AB-101

# Alcohol Beverage Appointment of Agent

Date 10-15-2024

**Agent Type** (check one)

Original (no fee)       Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Johnnie M. Washington

2. Business Trade Name or DBA  
Totally Elegant

3. Entity Type (check one)  
 Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)  
 Municipal Retail License       State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

**Part B: Agent Information**

1. Last Name: Washington      2. First Name: Johnnie      3. M.I.: M.

4. Email: J.Washington66@yahoo.com      5. Phone: 608 446 0424

6. Home Address: 326 East Bluff

7. City: Madison      8. State: WI      9. Zip Code: 53704      10. Age: 57

11. Drivers License/State ID Number: W252-4336-6885-06      12. Drivers License/State ID State of Issuance: Wisconsin

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes     No  
Submit proof of completion.


2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? .....  Yes     No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes     No  
See instructions for exceptions.

Continued →

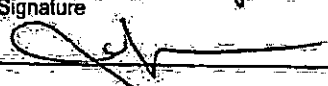
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Washington		First Name Johnnie		M.I. M.
Title Sole Proprietor	Email J.Washington66@yahoo.com		Phone 608-446-0429	
Signature 			Date 10-14-2024	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Washington		First Name Johnnie		M.I. M.
Signature 			Date 10-14-2024	



December 4<sup>th</sup> 2024

Evansville Police Department

Public Safety Report

- **Training:**

Ofc. Tway trained City Hall staff on active shooter training  
PD staff gets the month of December off for training

- **Community Outreach:**

Lt. Jones and Chief Reese accepted a grant for some new portable radios from the Evansville Fund

Lt. Jones and Chief Reese worked Old Fashioned Christmas during the horse drawn carriage rides

- **Calls for service:**            November 2023: 796    November 2024: 750

- **Police Commission/Staffing:**

Interviews are being conducted on applicants to fill the vacancy left by Ofc. Anderson

Sgt. Reilly comes back to work January 12<sup>th</sup> after his leave, congrats to him and his wife on their new born baby boy

Tyler Hanson is starting on December 12<sup>th</sup> as our newest patrol officer. He is filling the vacancy of Ofc. Laufenberg

- **Accreditation:**

Policy review is being conducted

- **Notable calls – Lt. Jones:**

75 Traffic Stops, 11 citations issues. 1 written warning

Officer Anderson and Officer Delgado investigated a suicide

Officer Delgado investigated a traffic accident with injury, vehicle vs light pole

Officer Schmidt and Det. Sgt. Rittenhouse investigated a head-on traffic accident with injuries

- **Admin update:**

Lt. Jones is working on next years vacation schedule and next years patrol schedule

Chief Reese and Lt. Jones have been working with GenCom and our squad supplier on equipment

# CAD Incidents By Type

Agency: EVPD

Printed: 11/26/2024 7:38:46 AM

Covering Incidents From: 11/01/2023 00:00:00 To: 11/30/2023 00:00:00

Incident Type Description	# of Incidents	Incident Type Code
911 ABANDONED OR HANGUP OR OPEN LINE	4	911
ALARM	2	ALARM
ALCOHOL VIOLATION	1	ALC
ANIMAL COMPLAINT	6	ANM
ASSIST CITIZEN	30	ACIT
ASSIST FIRE OR EMS	19	FAST
ASSIST OTHER JURISDICTION	30	OJUR
BATTERY	1	BAT
BUSINESS CHECK	49	BCK
CHILD OFFENSE	1	CHILD
CIVIL DISPUTE	9	CD
DEATH INVESTIGATION	2	DOA
DISORDERLY CONDUCT	4	DC
DISTURBANCE	5	DIST
ESCORT/TRANSPORT	2	ESCORT
FAMILY PROBLEM	6	FAM
FIREWORKS COMPLAINT	1	BOOM
FOLLOWUP	54	FOL
FOOT PATROL	30	FOOT
FRAUD/FORGERY	1	FRD
HARASSMENT	1	HAR
HAZARDOUS CONDITION	3	HAZC
KID PROBLEM	1	KID
LOUD NOISE	3	LOUD
MENTAL SUBJECT	11	1096
OPERATING WHILE INTOXICATED	1	OWI
ORDINANCE VIOLATION	4	ORD
OUT WITH SUBJECT	1	OVS
OVERDOSE	1	POD
PARKING COMPLAINT	3	PARK
PHONE MESSAGE FOR OFFICER	1	PHONE
PROPERTY	7	PROPERTY
PUBLIC WORKS/UTILITY	1	PWU

SCHOOL PATROL	30	SCHOOL
SECURITY CHECK	287	SECK
SEX OFFENSE	2	SEX
SPECIAL ASSIGNMENT	15	SPAS
STALLED VEHICLE	2	STALLD
SUBJECT DOWN	1	DOWN
SUSPICIOUS	11	SUSP
THEFT	6	THFT
THREAT	1	THREAT
TRAFFIC ACCIDENT	7	TA
TRAFFIC COMPLAINT	3	TC
TRAFFIC STOP	93	T
TRUANCY	9	TRU
VANDALISM	4	VAND
VEHICLE UNLOCK	2	UNLK
WARRANT SERVICE	1	WAR
WELFARE CHECK	27	WELF
<b>Number of CAD Complaints During Period</b>	<b>796</b>	





City of Evansville EMS  
 11 W. Church St.  
 Evansville, WI 53536  
 (608) 882-2269  
 Chief Carolyn Kleisch  
 Public Safety Meeting  
 Dec 4th<sup>th</sup>, 2024

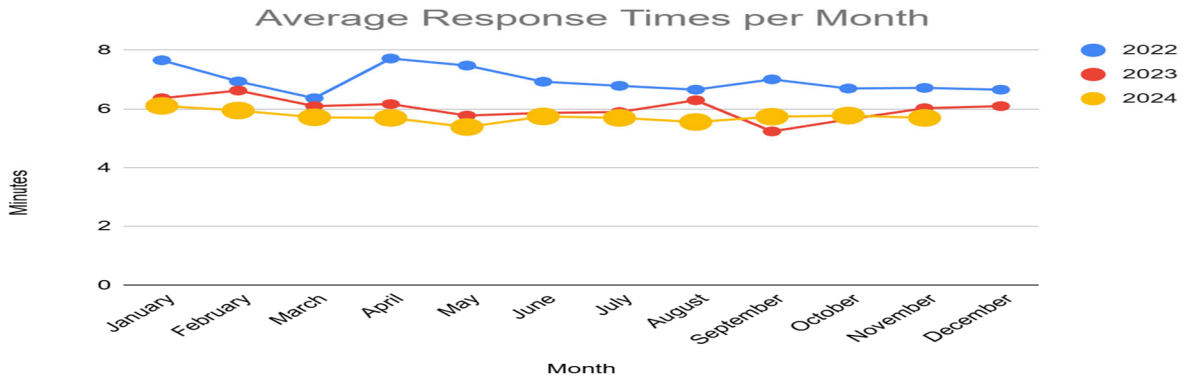
**1. Calls for Service:**

- a. 62 Calls during the month of Nov 2024 (641-50/642-12)
- b. 82 Calls during the month of Nov 2023. (641-81/642-1)
- c. To date call volume 2024- 658
- d. To date call volume 2023- 756

**Updates:**

- 1- EMS training was refresher Hazmat around the house
- 2- 100% of the monthly schedule was covered by at least 1 AEMT on duty,
- 3- 100% of the EMS responses were at the AEMT level.
- 4- EMS crew attended Evansville Olde Fashion Christmas
- 5- Carolyn met over Zoom with Cradle Point Rep. to review and update WIFI stuff in ambulances, (this is not something Computer Know How does for us) They are at “End of Life” at the end of the year.
- 6- Morgan attended Leadership meeting in my absence.
- 7- We have 2 employees out on medical leave, Bill Mentele is an EMR with the Fire Department and has stepped in to fill some open shifts. He has been a great help!
- 8- 641 is back in the shop getting some engine/sensor stuff fixed. It will be going to get the paint repaired in December and will be gone for approximately 2 months, we will be getting a loaner ambulance to use while it is gone.

Avg Unit Notified to Enroute in Minutes	Avg Unit Enroute to Arrived at Scene in Minutes	Avg Unit Arrived on Scene to Left Scene in Minutes	Avg Unit Left Scene to Arrived at Destination in Minutes	Avg Unit Arrived at Destination to Unit Back In Service in Minutes	Number of Runs
5.70	4.29	23.23	26.48	41.35	62



Incident Complaint Reported By Dispatch (eDispatch.01)	Number of Runs	Percent of Total Runs
Falls	9	14.52%
Convulsions/Seizure	8	12.90%
Sick Person	7	11.29%
Breathing Problem	6	9.68%
Chest Pain (Non-Traumatic)	5	8.06%
Back Pain (Non-Traumatic)	3	4.84%
Motor Vehicle Crash	3	4.84%
Unconscious/Fainting/Near-Fainting	3	4.84%
Abdominal Pain/Problems	2	3.23%
Pain	2	3.23%
Bleeding	1	1.61%
Cardiac dysrhythmia	1	1.61%
Chronic Illness/Medical Condition	1	1.61%
Fire	1	1.61%
Headache	1	1.61%
Hypotension / hypertension	1	1.61%
Invalid Assist/Lifting Assist	1	1.61%
Motorcycle Collision	1	1.61%
Overdose/Poisoning/Ingestion	1	1.61%
Pregnancy/Childbirth/Miscarriage	1	1.61%
Stroke/CVA	1	1.61%
Traffic/Transportation Incident/MVA	1	1.61%
Traumatic Injury	1	1.61%
Unknown Problem/Person Down	1	1.61%
<b>Total: 62</b>		<b>Total: 100.00%</b>