STATE OF WISCONSIN CITY OF LA CROSSE LA CROSSE COUNTY

#### PERSONAL PROPERTY TAX BILL FOR 2013



#### **BILL NO. 17646**

TAX ACCOUNT NUMBER: 17-60213-040 JURISDICTION CODE:

5863

IMPORTANT: Correspondence should refer to tax account number. See enclosed form for important information. Be sure this description covers your property. This description is for tax bill only and may not be a legal description.

c37p41s12259 **ESTATE BUYERS** 309 4TH ST S LA CROSSE, WI 54601-4047 ՈւվիելըՈվիանըելըը հերկարումի իրակի վերկեն հե

309 4TH ST S

#### \*\*\*Our office will be closed on December 24, 25, 31, 2013 and January 1, 2014\*\*\*

| Assessed Value Land Ass'd   | Value Improvements 2,200                                       | Total Assessed Val<br>2,200                           |  | mt. Ratio<br>835                              | Net Assessed Value Rate<br>(Does NOT reflect First Dollar<br>or Lottery Credit) | 0.029909709                            |
|---|--|---|--|---|---|--|
| Est. Fair Mkt. Land Est. Fai  | r Mkt. Improvements<br>2,240                                   | Total Est. Fair Mk<br>2,240                           | MEANS P<br>TAXES CO                              | THIS BOX<br>RIOR YEAR<br>ONTACT<br>TREASURER. | School taxes reduced by school levy tax credit                                  | 3.99                                   |
| Taxing Jurisdiction   | 2012<br>Est, State<br>Allocated T                              | Aids Est  | 2013<br>. State Aids<br>ated Tax Dist.           | 2012<br>Net Tax                               | 2012 vs 2013<br>% Tax Change  | 2013<br>Net Tax                        |
| State of Wisconsin La Crosse County Local Municipality LA CROSSE SCHOOL WTC | 2,049,<br>13,472,<br>28,783,<br>1,067,                         | 269 1<br>450 2  | 2,039,293<br>3,305,549<br>6,959,988<br>1,129,699 | 0.00<br>0.00<br>0.00<br>0.00<br>0.00          | 0.0<br>0.0<br>0.0<br>0.0<br>0.0   | 0.38<br>8.32<br>26.92<br>24.67<br>5.52 |
|   |  | First Dollar Cre<br>Lottery & Gami<br>Net Property Ta | ng Credit  | 0.00<br>0.00<br>0.00<br>0.00                  | 0.0<br>0.0<br>0.0<br>100.0  | 65.81<br>0.00<br>0.00<br>65.81         |
| T<br>R<br>L E<br>O A<br>C S<br>A U<br>L R<br>E<br>R                         | Make Check P LA CRO CITY TREA CITY OF LA 400 LA CRO LA CROSSE, | SSE<br>SURER<br>CROSSE<br>SSE ST                      | OTHER:  Fotal of Net Tax                         | : & Other                                     |   | 65.81                                  |

**BILL NO. 17646** 

TAX ACCOUNT NUMBER 17-60213-040

Use Name & Address Below for Return to Taxpayer.

**ESTATE BUYERS** 309 4TH ST S LA CROSSE, WI 54601-4047 TOTAL DUE FOR FULL PAYMENT

PAY BY JANUARY 31, 2014

65.81

Warning: If not paid by due dates, installment option is lost and the total tax is delinquent subject to interest and if applicable, penalty. (See Enclosed)

> PAY TO CITY TREAS. THE MINIMUM PAYMENTS SHOWN BELOW BY DUE DATES LISTED TO AVOID INTEREST & PENALTY.

| DUE DATES | AMOUNT |
|-----------|--------|
| 1/31/2014 | 65.81  |
|           |        |

Please enclose a copy of bill with your payment. The validated copy will be returned to you.

|        |                              |                           |            |                   | IN                                    | ICIDENT REPOR           | <u> </u>      |                                    |          |                       |                |
|--------|------------------------------|---------------------------|------------|-------------------|---------------------------------------|-------------------------|---------------|------------------------------------|----------|-----------------------|----------------|
|        | AGENCY<br>LaCrosse Pol       | ice Depa                  | rtment     |                   | ORI#:<br>W10320100                    | 11/05/201               | 4 13:21:5     |                                    | 10-14-5  | 55017                 |                |
|        | DATE(S) OF INC               |                           |            | INCIDENT:         | EXCEPTIONAL<br>CLEARANCE              |                         |               | Officer (ID/Nam<br>Officer (ID/Nem |          | FITZGERALD            | , RYAN         |
| 둙      | Start 07/01                  | / 2014                    | Start V    | 0.01              | EXCEPTIONAL                           |                         | Reviewing C   | Officer (ID/Nem                    | (0)      |                       |                |
| ADMI   | End 11/05                    | /2014                     | End 1      | 3:30              | CLEARANCE<br>DATE:                    |                         | Approving C   | Officer (ID/Nam                    | (e)      |                       |                |
| ,      | LOCATION OF IN<br>309 4TH ST |                           | ROSSE      | WI 54601-         |                                       |                         |               |                                    | CLEAR    | CASE STA              | TUS            |
|        | STATUTE<br>UCR CODE          |                           |            |                   | STATUTE DESC<br>UCR CODE DESC         |                         |               |                                    |          | STATU<br>COMPLETED OR |                |
|        | 134.71(3)<br>1(A)90Z         |                           |            | DEALER<br>LICENSE | ALL                                   | OTHER OFFENSE           |               |                                    | c        |                       | · · · -        |
|        | 134.71(4)<br>290Z            | SECON<br>FAIL/L           |            |                   | DEALER ALL                            | OTHER OFFENSE           | S             |                                    | С        | <del>, ,</del>        |                |
|        | 3                            | _                         |            |                   |                                       |                         |               |                                    | <u> </u> |                       |                |
|        |                              | MOTIVATION<br>ENSE 1 - 3) | N          |                   |                                       | (OFFENSE                | =             |                                    |          |                       |                |
| SE     | 1 <u>N</u>                   | ONE                       |            |                   |                                       |                         |               |                                    |          | <del></del>           |                |
| FFENS  | _                            |                           |            |                   | · · · · · · · · · · · · · · · · · · · |                         |               |                                    |          |                       |                |
| H      |                              |                           |            |                   |                                       |                         |               |                                    |          |                       |                |
| 0      | TYPE                         | CRIMINAL                  | ACTIVITY:  |                   |                                       | TYPE WE<br>FORCE IN     |               |                                    |          |                       | AUTOMATIC      |
|        |                              |                           |            |                   |                                       |                         |               | · · · · · ·                        |          |                       | AUTOMATIC      |
|        | _                            |                           |            |                   |                                       |                         |               |                                    |          |                       | AUTOMATIC      |
|        | (For Burglar                 | y Only)                   |            | OD OF ENTRY:      |                                       |                         | R(S) USED:    |                                    |          |                       | <del></del>    |
|        | PREMISES E                   | NTERED                    |            |                   |                                       | COHOL<br>DMPUTER EQUIP  |               | DRUGS                              |          |                       |                |
|        | Method of Ope                | ration:                   |            |                   |                                       | IMPOTER EQUIP           |               |                                    |          |                       |                |
|        | Brief Description            | n of Incident             | •          |                   |                                       |                         | _ <del></del> |                                    |          | CONNECTE              | D TO OFFENSES: |
|        | VICTIM NUMBI                 | ER: 1                     |            | VICTIM NAME:      | SOCIETY                               |                         |               | HOME PI                            |          | 1.90Z                 | _ 6            |
|        | ADDRESS: (S                  | treet, City, St           | ate, Zip)  | 3 VINE ST         | LA CROSSE W                           | VI 54601                |               | DOB                                |          | 2.90Z<br>3.           | 7<br>8         |
|        | TYPE OF VICT                 | 'IM                       | RACE       |                   | SEX:                                  | RESIDENT STATUS:        | ETHNICI       | пу:                                | AGE:     | 4                     | 9              |
| 5      | LEO ACTIVITY                 | <del>,</del> -            | OTHER J    | JR                |                                       |                         | _\            | .                                  |          | 5                     | 10             |
| VICTIM | AGGRAVA                      | TED ASSAL                 | ILT CIRCUI | MSTANCES          | ٦                                     | USTIFIABLE HOMICIDE CIR | CUMSTANC      | E                                  |          | IT INJURIES           | MINOR INJURY   |
| 7      | 2                            |                           |            |                   |                                       |                         |               | <u> </u>                           |          | SCIOUSNESS            | MAJOR INJURY   |
|        | RELATIONS                    | HIP OF VIC                | TIM TO OF  | FENDER 1 - 10     |                                       |                         |               |                                    |          | 4                     |                |
|        | 1                            |                           |            | 2                 |                                       | 3                       |               | <u></u>                            |          |                       |                |

#### INCIDENT REPORT NARRATIVE

|                            |      | <br>                            |
|----------------------------|------|---------------------------------|
| HaCrosea Dalisa Danarimani | E*** | <br>CASE NUMBER:<br>10-14-55017 |
|                            |      |                                 |

INT

THIS IS AN INVESTIGATIVE BUREAU REPORT TO BE CLEARED

SEE LCPD REPORTS 14-49075 AND 14-49074 FOR ADDITIONAL INFORMATION

#### INVESTIGATION

ON 10/16/2014, I MADE CONTACT WITH BRUCE OSTRANDER AT ESTATE BUYERS, LOCATED ON 4TH STREET, IN THE CITY OF LA CROSSE. THE PURPOSE OF MY CONTACT WAS TO DETERMINE IF HE WAS ABLE TO RECOVER ANY JEWELRY SOLD TO HIM IN THE PAST MONTH BY CHRISTOPHER JOHNSON. I HAD MADE CONTACT WITH BRUCE EARLIER IN THE WEEK REQUESTING HIM TO CHECK HIS RECORDS. BRUCE SAID HE HAD LOOKED THROUGH ALL OF HIS PAPERWORK AND HE DID NOT FIND ANY RECORD OF ANY PURCHASES FROM CHRISTOPHER JOHNSON. OSTRANDER WAS FOUND TO BE IN VIOLATION OF THE FOLLOWING ORDINANCES:

-EXPIRED SECONDHAND JEWELRY LICENSE
-EXPIRED SECONDHAND ARTICLE LICENSE

OSTRANDER WAS UNABLE TO PRODUCE ANY PAPERWORK PERTAINING TO PURCHASES HE MADE AS A SECOND HAND ARTICLE AND JEWELRY DEALER. HE ALSO COULD NOT PROVIDE A LIST OF PEOPLE HE MADE PURCHASES FROM BOTH OF THESE ARE REQUIREMENTS BY STATE LAW AND MUNICIPAL ORDINANCE.

#### PREVIOUS INVESTIGATION

IT SHOULD BE NOTED, ON 10/15/2014, CHRISTOPHER JOHNSON CAME TO LCPD AND WAS INTERVIEWED BY OFFICER DEYO. DURING THAT INTERVIEW, CHRISTOPHER ADMITTED TO PASSING SEVERAL CHECKS TO BUSINESSES IN THE DOWNTOWN AREA IN ORDER TO PURCHASE MERCHANDISE. THESE CHECKS WERE WRITTEN ON A CLOSED ACCOUNT AND JOHNSON WAS SUBSEQUENTLY CHARGED WITH ISSUING WORTHLESS CHECKS. JOHNSON ADMITTED TO DOING THIS AND THEN ADVISED THAT HE RESOLD MOST OF THE ITEMS PURCHASED TO SECOND HAND SHOPS IN LA CROSSE. WE WERE ABLE TO RECOVER MERCHANDISE HE SOLD TO THE SEQUEL, AND TO PAWN AMERICA. ALL OF THE JEWELRY HE PURCHASED WAS SOLD TO ESTATE BUYERS; HOWEVER IT APPEARS THAT NO PAPERWORK WAS DONE IN ACCORDANCE WITH STATE STATUTES AND THE JEWELRY WAS NOT HELD THE MANDATORY 30 DAYS.

BRUCE WAS NOT ABLE TO PROVIDE ANY PAPERWORK FOR REVIEW, SPECIFICALLY A WEEKLY LIST OF ALL ITEMS PURCHASED. BRUCE HAS BEEN FOUND TO BE OPERATING WITH A SECOND HAND LICENSE WHICH EXPIRED ON 06-50-14. THIS IS IN VIOLATION OF CITY ORDINANCE 20.29(A). WHEN I PROVIDED HIM A LIST OF JEWELRY THAT JOHNSON ADMITTED TO SELLING TO ESTATE BUYERS, OSTRANDER THOUGHT HE REMEMBERED PURCHASING ONE OF THE MEN'S RINGS BUT HE WAS NOT SURE.

OSTRANDER ADVISED THAT HE ALREADY DISMANTLED THE RING AND SOLD IT FOR SCRAP BECAUSE THE PURCHASE WAS MORE THAN 14 DAYS AGO. I ADVISED OSTRANDER, BY STATE STATUTE THAT HE WAS REQUIRED TO HOLD ALL ITEMS FOR 30 DAYS OR MORE, AND HE ASKED WHEN THE LAW CHANGED. IT IS APPARENT THAT OSTRANDER IS NOT FAMILIAR WITH THE STATE STATUTES AND THE REGULATIONS CONCERNING A SECOND HAND SHOP IN THE CITY OF LA CROSSE OR HE IS BLATANTLY IGNORING THEM.

OSTRANDER ADMITTED TO OPERATING HIS SHOP SINCE JUNE 30TH 2014 AND WAS UNDER THE IMPRESSION THAT HE HAD A CURRENT LICENSE. WHEN QUESTIONED ABOUT SPECIFIC ITEMS HE MAY HAVE PURCHASED OSTRANDER OFFERED THE EXCUSE THAT HE CANT REMEMBER EVERYTHING HE PURCHASES DUE TO THE NUMBER OF ITEMS BE PURCHASES.

#### MUNICIPAL CITATIONS

| FITZGERALD, RYAN | 2542 | 11/05/2014 13:30:11 |
|------------------|------|---------------------|
| OFFICER          | 10   | DATE                |
|                  |      |                     |

## INCIDENT REPORT

|  |                    | NARRATIVE                           |  |
|--|--------------------|-------------------------------------|--|
| GENCYNAME:<br>aCrosse Police Department  | ORI#:<br>W10320100 | REPORT DATE:<br>11/05/2014 13:21:54 | CASE NUMBER:<br>10-14-55017                            |
| FTER DISCUSSING THIS INCIDE<br>HOULD BE ISSUED CITATIONS                         |                    |                                     | 'AS DECIDED THAT OSTRANDER                             |
| OPERATING WITHOUT SECOND<br>OPERATING WITHOUT SECOND                             | HAND JEWELRY LICEN | ise                                 |  |
| HESE CITATIONS WERE DELIVE<br>ITATIONS AND ADVISED ME HI<br>ENEWING HIS LICENSE. |                    |                                     | RS. OSTRANDER ACCEPTED THE<br>AND IS IN THE PROCESS OF |
| COPY OF THIS REPORT HAS BE<br>S OSTRANDER'S LICENSE IS UP                        |                    | IE CITY ATTORNEYS OFFIC             | E AND THE CITY CLERKS OFFICE,                          |
| ND OF REPORT.  |                    |                                     |  |
| NVESTIGATOR RYAN FITZGERA  | ATD                |                                     |  |
|  |                    |                                     |  |
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|  |                    |                                     |  |
|  | <del></del>        |                                     |  |
| OFFICER  | ID                 | DATE                                |  |

Renewal:

License Fee:

Receipt #:

#### APPLICATION FOR

#### PAWNBROKER, SECONDHAND ARTICLE DEALER, SECONDHAND JEWELRY DEALER AND MALL/FLEA MARKET LICENSE

| Pawnbroker \$210.00  (Bond required) |  | ondhand #13<br>icle _x_<br>.50 | Secondhand<br>Jewelry<br>\$30.00 | Mall/Flea Market \$165.00 (2 yrs) |
|--------------------------------------|--|--------------------------------|----------------------------------|-----------------------------------|
|--------------------------------------|--|--------------------------------|----------------------------------|-----------------------------------|

Real/Legal name of Applicant:

OSTRANDER, BRUCE A

Business name & address: ESTATE BUYERS OF LA CROSSE La Crosse business address:

(If different from address at left)

309 4TE ST S

Ę

LA CROSSE WI 54601

DUPLICATE DEFEETO

8684 57.50

Business telephone number: 608-785-2274 405 CITY CLERK/LICEMSES PG306420436 001 130812 E/12/13 2:20PE PAID

Owner's name & address: BRUCE A OSTRANDER

408 9TH ST S

LA CROSSE WI 54601

Owner's telephone number: 608-498-1285

Manager's name & address:

BRUCE ALAN OS TRANDER

408 9<sup>TH</sup> ST S

LA CROSSE WI 54601

Manager's telephone number:

608-498-1285

Building owner's name & address:

BRUCE A OSTRANDER

408 9TH ST S

LA CROSSE WI 54601

Building owner's telephone number: 608-498-1285

License Period: 9-13-13 to 6-30-14

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of ss. 134.71, 943.34, 948.62 or 948.63, Wis. Statutes.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application.

(Signature of Applicant and Date)

THE ATTACHED PERSONAL DATA SHEET MUST BE COMPLETED

License #: 7 4 13 9-12-13 Granted: OFFICE USE ONLY

14-55017

## PERSONAL DATA SHEET (PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

| Nime of Nonegan/Bar | cson-in Charge: OSTRANDER, I   | BRUCE ALAN                      |
|---------------------|--|---------------------------------|
| Mama or handariles  | (LAST, FIRST & F   | ULL MIDDLE NAME)                |
| Höme Address:       | 408 9TH ST S, LA CROSSE WI 54601 (STREET ADDRESS, CITY, STATE & ZIP) |                                 |
| Date of Birth:      | Home Phone: 608-498-12   | 285 Daytime Phone: 608-785-2274 |
| Violations: NON     | В  |                                 |
| Name of Officer:    | (LAST, FIRST & FULL MIDDLE NAME)                                     |                                 |
| Home Address:       | ī.   |                                 |
|                     |  | Daytime Phone:                  |
| giolations:         | <del> </del>   |                                 |
| Name of Officer:    | (LAST, PIRST & FULL MIDDLE NAME)                                     |                                 |
| Home Address:       | (STREET ADDRESS, CITY, STATE & ZIP)                                  |                                 |
| Date of Birth:      | - Home Phone:  | Daytime Phone:                  |
| Violations:         | -  |                                 |
| Name of Officer:    | (LAST, FIRST & FULL MIDDLE NAME)                                     |                                 |
| Home Address:       | (STREET ADDRESS, CITY, STATE & 219)                                  |                                 |
| Date of Birth:      | Home Phone:  | Daytime Phone:                  |
| lations:            | <u> </u>   |                                 |
| Name of Officer:    | (LAST, FIRST & FULL MIDDLE NAME)                                     |                                 |
| Home Address:       | (STREET ADDRESS, CITY, STATE & ZIP)                                  |                                 |
|                     | Home Phone:  |                                 |
| Violations:         |  |                                 |

Crosse, Wisconsin, has, upon application duly made, granted and authorized the ESTATE of La Crosse, County of La to Wisconsin State Statutes BRUCE . A DBA O OSTRANDER, city issuance of the license(s) indicated below. the of Whereas, the local governing body BUYERS OF LA CROSSE as and/or local Ordinances;

appropriate fee for the scessary for obtaining Statutes and/or local whereas, the said applie license(s) indicated Ordinances, and has such Ticense(s); TO JUNE 30, 2014 are 309 4TH ST The following licensers) hereby issued to sail

secondhand Jewelry Dealer [8134"71(3)]

Teri Lehrke, City Clerk

3

Munis Invoice #: 200009 Munis Customer #: 115239

JULY 1, 2013 TO JUNE 30, 2014 LicPeriod: Renewal: Original:

2ndPubPd: lstPubPd: FEIN: WI SP#:

2ND JD/A Code: CM: 9-12-13 LLC: CORP: IND: X PRTN:

OSTRANDER, BRUCE A Name/Lics-Lists:

(608) 785-2274 Business Phone #: ESTATE BUYERS OF LA CROSSE Trade Name:

Agent Name: New Agent:

309 4TH ST S Prm Addr:

Prm Descrip:

#### Add'l Descrip:

ESTATE BUYERS OF LA CROSSE NoticeMailName: ATTN BRUCE A OSTRANDER NoticeMailPrsn:

LA CROSSE WI 54601 NoticeMailCtySt: 309 4TH ST S NoticeMailAddr:

ESTATE BUYERS OF LA CROSSE LicMailName: ATTN BRUCE A OSTRANDER

LicMailPerson:

LA CROSSE WI 54601 LicMailCtySt: LicMailAddr: 309 4TH ST S

New Cabaret:

ME BG M/FM NA-D OC SEOC NA-C CIG IC SD ΑL WB BLB BB AB RR WH DH MHP PAWN TH JD 2ND JD X 2ND AD X R RVM R P-US R PF R RC

Secondhand Article Dealer [\$134.71(3)] License 1: Licl#: 7.

[§134.71(4)] Secondhand Jewelry Dealer Lic2#: 13. License 2:

Lic3#: License 3:

Lic4#: License 4: License 5: Lic5#:

License 6: Lic6#:

Contact Phone #:

Comments:

More Comments:

New:

Renewal: X

License Fee: \$57.50

Receipt #: |20617

#### APPLICATION FOR

PAWNBROKER, SECONDHAND ARTICLE DEALER,

|   | LER AND MALL/FLEA MARKET<br>CENSE                                 |                    |
|---|---|--------------------|
| Pawnbroker Secondhand Article \$210.00 \$27.50 (Bond required)  | Secondhand Mall/Fleat Jewelry Market \$30.00 \$165.00             |                    |
| Real/Legal name of Applicant:   |   |                    |
| Estate Buyers of LaCrossell 309 4Th STS 54601  Lacrossel WI 54601  Business telephone number: 608 -  Owner's name & address: Bruce Co 408 9Th | 785-2274<br>95-4-40ler<br>97.5.<br>è NE 54601                     |                    |
| Manager's name & address:   | CITY OF LA CROSSE, WI<br>General Billing - 120617 - 2014          |                    |
| 5ame  | 001147-0113 Amber W. 10/13/201<br>117305 - ESTATE BUYERS OF LA CR | 4 U1:27PN<br>:0SSE |
| Manager's telephone number:  Same  Building owner's name & address:  Same   | Payment Amount:   | 57:.50             |
| Building owner's telephone number:  Same License Period:  |   |                    |
| I understand that this license m<br>misrepresentation or false statemen<br>any violation of ss. 134.71, 943.34,                               | it contained in the application                                   | . 01 101           |
| Under penalty of law, I swear thapplication is true and correct to inform the clerk within ten (10) supplied in this application.             | the best of MA Knowreade  | ormation           |
| THE ATTACHED PERSONAL D   | ATA SHEET MUST BE COMPLETED                                       |                    |
| OFFICE USE ONLY Granted:  | License #:  |                    |

14.2241

New:

License Fee: \$57.50

Renewal: X

Receipt #: [20617

#### APPLICATION FOR

PAWNBROKER, SECONDHAND ARTICLE DEALER

| SECONDHAND JEWELRY DEALER A   |                                  |   |
|---|----------------------------------|---|
| LICENSE   | ND FRIID, EDDA FE                |   |
|   | Secondhand<br>Jewelry<br>\$30.00 | Mall/Flea<br>Market<br>\$165.00 (2 yrs) |
| Real/Legal name of Applicant:   |                                  |   |
| Estate Buyers of La Crosselle differences   |                                  | ss:                                     |
| Business telephone number: $608 - 785$  | -2219                            |   |
| Business telephone number: 608 - 785  Owner's name & address: Bruce O.5tra  408 974 97.  Lacrosse w  Owner's telephone number: 608 - 498 - 128                      | nder<br>5.<br>E 54601            |   |
| Owner's telephone number:   | 5                                | *                                       |
| Manager's name & address:  5 awe  | Meneral Billing ~ 1              | 20617 - 2014<br>. 10/13/2014 01:27PM    |
| Manager's telephone number:  5 a mc  Building owner's name & address:  5 a mc   | Payment Amount:                  | <b>57</b> •50                           |
| Building owner's telephone number:  |                                  |   |
| License Period:   |                                  |   |
| I understand that this license may be misrepresentation or false statement contany violation of ss. 134.71, 943.34, 948.6   | tained in the ap                 | bircacron or ro-                        |
| Under penalty of law, I swear that the application is true and correct to the beinform the clerk within ten (10) days of supplied in this application.  (Signature) | ACT OT MY KILDWIE                | the information                         |
| THE ATTACHED PERSONAL DATA SE   |                                  |   |
|   |                                  |   |

License #: \_\_\_\_\_ OFFICE USE ONLY Granted:

14-55017

## PERSONAL DATA SHEET (PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

| Name of Manager/Pe | erson in Charge: Oftrander 1  | Bruce Alan                   |
|--------------------|---|------------------------------|
| Home Address:      | (LAST, FIRST & FULL MIDDE<br>HOS 974 57 5 - La Cross-e<br>(STREET ADDRESS, CITY, STATE & ZIP) |                              |
| Date of Birth:     | Home Phone: 608 498125  | 74Daytime Phone: 608 7852274 |
| Violations:        | none  |                              |
| Name of Officer:   | (LAST, FIRST & FULL MIDDLE NAME)  |                              |
| Home Address:      | (STREET ADDRESS, CITY, STATE & ZIP)   |                              |
|                    | Home Phone:   | Daytime Phone:               |
| Violations:        |   |                              |
| Name of Officer:   | (LAST, FIRST & FULL MIDDLE NAME)  |                              |
|                    | (STREET ADDRESS, CITY, STATE & ZIP)   |                              |
| Date of Birth: _   | Home Phone:   | Daytime Phone:               |
| Violations:        |   |                              |
| Name of Officer:   | (LAST, FIRST & FULL MIDDLE NAME)  |                              |
| Home Address:      | (STREET ADDRESS, CITY, STATE & ZIP)   |                              |
| Date of Birth: _   | Home Phone:   | Daytime Phone:               |
| Violations:        |   |                              |
| Name of Officer:   | (LAST, FIRST & PULL MIDDLE NAME)  |                              |
| Home Address:      |   |                              |
| Date of Birth:     | Home Phone:   | Daytime Phone:               |
| Violations:        |   |                              |

shall contain the time and place of hearing and a statement of the acts upon which the hearing will be based.

(Code 1980, § 20.21(K))

Secs. 10-794—10-824. Reserved.

#### ARTICLE XVII. PAWNBROKERS AND SECONDHAND ARTICLES, FLEA MARKETS AND JEWELRY DEALERS

#### Sec. 10-825. State law adopted.

The provisions of Wis. Stat. § 134.71, relating to pawnbrokers, secondhand article and jewelry dealers and secondhand article dealer mall or flea market, exclusive of the license period and application deadline, are hereby adopted and made a part of this article by reference. A violation of any such provision shall be a violation of this article.

(Code 1980, § 20.29(A))

#### Sec. 10-826. License.

- (a) Required.
- (1) No person, firm or company shall operate as a pawnbroker, secondhand article dealer, secondhand jewelry dealer for secondhand article dealer mail or flea market within the City unless duly licensed to do so by the Common Council.
  - A person who operates as a secondhand article dealer on premises or land owned by a person, firm or company with a secondhand dealer mall or flea market license does not need to obtain a secondhand article dealer's license.
  - Subsection (a)(1)a of this section shall not apply to secondhand article dealers and secondhand jewelry dealers if the dealer is licensed in another municipality within the State of Wisconsin, unless subsection (a)(2) of this section applies.
- (2) No person, firm or company shall operate as a secondhand article dealer or secondhand jewelry dealer and have a principal place of business within the City unless duly licensed to do so by the Common Council.

- (b) Application. Persons, firms or businesses required to be licensed under this article shall make application for the license with the City Clerk's Office on the appropriate form. All applications for a license under this section shall be filed at least 15 days prior to the granting thereof.
- (c) Fee. The fee to be paid for a license under this section shall be as established by resolution.
  - (d) Period.
  - Each license for a pawnbroker, secondhand article dealer or secondhand jewelry dealer is valid from July 1 until the following June 30.
  - Each license for a secondhand article dealer mall or flea market is valid for two years from July 1 until June 30 of the second year following the issuance thereof.

(Code 1980, § 20.29(B)—(D))

Cross reference—Persons indebted to City not to be issued permit, license or lease, § 2-292.

| N 1322868 WISCONSIN  | UNIFORM MUNICIPAL Juvenile                          | Deposit Permitted Cash            | (For Court Use Only)   |
|--|---|-----------------------------------|--|
| You Are Notified To Appear Is this a mandatory appearance?  yes no (Read the reverse side of this citation for court information.) | Defendant Name - Last  OSTRAVAN Bru  Street Address | First                             | A ESTATE BUYOU State Zip Code  |
| Date   | 408 92 8 S. L                                       |                                   | Mas 1  |
| Time   | Driver License Number or Other I.D. (specify)       | State                             | Exp. Yr.   |
| A CLOSSE Municipal Court   | Date of Birth Sex Race                              | Height Weight                     | Hair Eyes  |
| 400 LA COURTE  | 5 MW  | 508 105 1                         | Bro HAZ  |
| LA CROSE VI STON   | License Plate Number Plate Type                     | State                             | Exp. Yr.   |
| Plaintiff: Village Town  | Defendant Violated:                                 | Adopting<br>State                 | •  |
| OF: A CADIE  Description of Violation  | Ordinance No. 20.29A                                | Statute No.                       |  |
| OPERATE WITHOUT L  | ICENSE - SECONDHAND STE                             | NERL                              | Section 39   |
| Week Day   Month - Day - Year   Time   | DAM At: 304, 4 5                                    | Name & Address of Parent/Guardian | Aegal Custodian (if minor defendant  |
|  | PM County: LA Cristie                               | ĺ                                 |  |
| Citation Served: Personally Mailed to det  Left with person residing at defendant's residence: N                                   | endant's last known address                         |                                   | 5.80   |
| Print Officer Name   | Department I.D. No. Date Citation                   | 1 // . \                          | of Parent/Guardian/Legal Custodian   |
| TIRGERAND LAC  | KOSE PO 7372 1105.                                  |                                   | 495-1285   |
| MC-2005, 10/01   |   | COURT                             | COPY   |
|  |   |                                   |  |
|  |   |                                   |  |
|  |   |                                   |  |
|  |   | 0 1                               |  |
|  |   | Court Officer                     | Date of Disposition PLEA: Guilty No C Other Disposition:   |
|  |   | offic Offic                       | Disp   |
|  |   | pont er                           | ositic   |
|  |   |                                   | osition No Contest sition:   |
|  | , i   |                                   | ntest  |
|  |   |                                   | □ AG   |
|  |   | 8                                 | No.  |
|  | .   | $\mathcal{U}$                     | ENCY RECORD FINDING: Guilty Default Not Guilty Not Guilty  |
|  |   |                                   | Z   Y  |
|  |   | Comments                          | RECORIFINDING:   Guilty   Defaulty   Not Guilty   Not Gui |
|  |   | ımen                              | INDING<br>Guilty<br>Dot Gu   |
|  |   | 1 1                               | CORL DING: Builty Default Vot Guilty   |
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|  |   |                                   |  |
|  |   |                                   | Dismissed<br>Forfeiture  |
|  |   |                                   | nisse  |
|  |   |                                   | 90   |
|  |   |                                   |  |
|  |   |                                   | 1' 1   |

| WISCONSIN  | UNIFORM MUNICIPAL                             | *Deposit Permitted   | (For Court Use only)  |
|--|---|--|---|
| N 1322869 COURT CITA   | TION AND COMPLAINT Juvenile                   | \$376 Cash   |   |
| You Are Notified To Appear   | Defendant Name - Last                         | First  | MI North  |
| Is this a mandatory appearance? yes Ino  | OSTRANSER BRUX                                | EA DEA   | ESTATE BUYEY  |
| (Read the reverse side of this citation for court information.)  | Street Address                                | Post Office  | State Zip Code  |
| Date 11-12-14  | 405 9 55 J. LACI                              | WHE IN 54601   |   |
| Time/ F30 SAM PM   | Driver License Number or Other I.D. (specify) | State -  | Exp. Yr.  |
| LA CLOSE Municipal Court   | Date of Birth Sex Race                        | Height Weight  | Hair Eyes   |
| 400 la Custo for   | AW  | 508 185  | Blo HAZ   |
| 1A Crosse W/ 54601   | License Plate Number Plate Type               | State  | Exp. Yr.  |
| Plaintiff: City/ Village Town  | Defendant Violated:                           | Adopting<br>State  |   |
| OF: LA CLOSE   | Ordinance No. 20.29A                          | Statute No.  |   |
| Description of Violation   | 30 % - Car garage and                         | the distance of the  |   |
| Week Day   Month - Day - Year   Time   | THE - Selond HAM ARTK                         | Name & Address of Parent/Guardian  | Alegal Custodian (if minor defendant)                       |
| Woo 1105-14 1721   | AM At: SOG 42 Jo-J.  BPM County: 44 CASE      |  |   |
| Citation Served: Personally Mailed to def  | endant's last known address                   | 1  |   |
| Print Officer Name   |   | Tolophone Number   | of Parent/Guardian/Legal Custodian                          |
| Philit Onicer yaine  | Department I.D. No. Date Citat                | 5-14 (Cory)  | 498-1785  |
| MC-2000, 10/01   | MILE T. 2. 2592 100                           | COURT  | COPY  |
|  |   |  |   |
| Marian in the second se |   |  |   |
|  |   | The state of the s | AND ADDRESS A 15  |
|  |   |  | 11  |
|  |   | In CO  | Date of PLEA: Guilte Other                                  |
|  |   | Court Officer<br>Incident Repor  | Date of Disposition  PLEA:  Guilly No C  Other Disposition: |
|  |   | t Re   | Disj Disj   |
|  |   | port   | ositi vo  |
|  |   |  | on: Co  |
|  |   |  | sition  |
|  | 1   |  | S   D   |
|  |   | Po D   | AGE   |
|  |   |  | Note  |
|  |   |  | NCY RECORD FINDING: Guilty Not Guilty Not Guilty            |
|  |   | 100 m  |   |
|  |   | Comments   | RECOF<br>FINDING:<br>Guilty<br>Defa<br>Not Guilt            |
|  |   | l & l me   | Guilty   Not Gu   |
|  |   | nts and  | RECORU FINDING: Guilty Default Not Guilty                   |
|  |   |  | Y E S   |
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|  |   |  | orfe  |
|  |   |  | Dismissed Forfeiture  |
|  |   |  | , a   |
|  |   |  |   |
|  |   |  |   |



CUSTOMER NUMBER 115239

INVOICE DATE 05/30/2013 INVOICE NUMBER 106068

POLICE CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE WI 54601

> OSTRANDER, BRUCE A DBA ESTATE BUYERS OF LA CROSSE 309 4TH ST S LA CROSSE, WI 54601

FOR/LOCATION BUSINESS ALARM PERMIT 7/01/2013 TO 6/30/2014

DESCRIPTION

ORIG BILL

ADJUSTED

AMOUNT PAID

DUE

850 POLICE ALARM PERMIT RENEWAL 1.00 @ 12.00 PER EACH QTY

12.00 .00

.00

12.00

11061 - 12/4/13

785 2274 10-6

4/8 Spoke w/ Bruce he will come in + take come of this bill.

INVOICE TOTAL DUE

12.00

PLEASE M. . MAIL TO: 400 LA CROSSE ST

ASURER OF LA CROSSE TREASURER



## Invoice

| Invoice Date | Invoice No. |
|--------------|-------------|
| 05/19/2014   | 116597      |
| Customer     | Number      |
| 115          | 239         |
| Invoice T    | otal Due    |
| \$           | 12.00       |

FOR/LOCATION BUSINESS ALARM PERMIT 7/01/2014 TO 6/30/2015

OSTRANDER, BRUCE A
DBA ESTATE BUYERS OF LA CROSSE
309 4TH ST S
LA CROSSE, WI 54601

| Description  | Orig Bill | Adjusted | Paid | Amount Due |  |
|--|-----------|----------|------|------------|--|
| 850 POLICE ALARM PERMIT RENEWAL<br>QTY 1.00 @ 12.00 PER EACH | 12.00     | .00      | .00  | 12.00      |  |

SECOND NOTICE - 9/24/14

INVOICE TOTAL DUE \$

12.00

PLEASE MAKE CHECKS PAYABLE TO:

CITY TREASURER

MAIL TO: CITY OF LA CROSSE TREASURER

400 LA CROSSE ST

LA CROSSE, WI 54601

| Agency Name: LaCtosse Police Department    10/11/2014 17:14:25   |                           | •‡                                      |                |                    |              |             |        |          |        |                |               |                 | _           |       |              |           |    |
|--|---------------------------|---|----------------|--------------------|--------------|-------------|--------|----------|--------|----------------|---------------|-----------------|-------------|-------|--------------|-----------|----|
| LaCrosse Police Department  10/11/2014 17:14:25  TAKEN INTO CUSTODY    Place of Arrest 309 4TH ST S LA CROSSE  | A                         | gency ORI:<br>VI0320100                 |                |                    |              |             |        | Court    | Date   |                |               |                 |             |       |              |           |    |
| Booking Officer:    Data/Time Booked:   Arresting/Holding Officer   2492 PLENCE, CODY M  | A                         | gency Name:<br>.aCrosse Police          | Departm        | ent                |              |             |        | :25      |        |                |               | o cu            | STODY       |       |              |           |    |
| Booking Officer:    Date/Time Booked:  |                           |   | CROSS          | ———<br>SE          |              |             |        |          | D      | isposition (Un | der 18        | )               | Multi       | ple C | learance     | V         | n  |
| Name (Last, ring Made)  JOHNSON CHRISTOPHER L  Scars/Marks/Tattoos:    Ethnicity   Address   City   State   Zip   Horne Phone:   | 1                         |   | ·•             |                    | Date/        | Time Booked | J:     |          | !_     |                | olding<br>PLE | Officer<br>NGE, | CODY        | M     |              |           |    |
| Scara/Marks Tattoos:    Ethnicity   Address   City   State   Zip   Home Phone:   3104 BLAKELEY AVE 10 EAU CLAIRE   715-797-1640  | N                         | lame (Last, First, Midd<br>OHNSON CHRIS | ile)<br>STOPHE | R L                |              | DOB         | Ag     | e        |        | 1              |               |                 |             |       |              | '         |    |
| SSN:   | s                         | Scars/Marks Tattoos:                    |                | - · <del>-</del> · |              | ı           | icity  |          |        |                | -             |                 | •           |       | 1            |           |    |
| DIANE FORSTER  Doctor's Name:  Phone:  If Armed, Type of Weapon: 01 UNARMED  Occupation: 10 UNKNOWN OR NOT STATED UNKNOWN  UGR: 943.24(2) Charge: WORTHLESS CHECKS  UCR: Charge:  UCR: Charge:  F/M Statute:  Charge:  F/M Statute:  Release Date/Time Releasing Officer Agency Released To:  Bond Release Info:  Bond Amount  INT  SQUAD 34 MV WORKING  SEE INCIDENT REPORT FOR NARRATIVE | s                         | SSN:                                    |                |                    |              | μν          | OL#/S  |          |        |                |               |                 |             |       |              |           |    |
| Occupation: 10 UNKNOWN OR NOT STATED UNKNOWN  UCR: 943.24(2) Charge: WORTHLESS CHECKS F/M FELONY Statute: ISSUE OF WORTHLESS CHECKS  UCR: Charge: F/M Statute:  UCR: Charge: F/M Statute:  Release Date/Time Releasing Officer Agency Released To: Bond Release Info: Bond Amount:  INT  SQUAD 34 MV WORKING  SEE INCIDENT REPORT FOR NARRATIVE  |                           |   | ₹              |                    |              |             | SBI#/  | SBI Stat | te: WI |                |               |                 |             |       |              |           |    |
| Occupation: 10 UNKNOWN OR NOT STATED UNKNOWN  UCR: 943.24(2) Charge: WORTHLESS CHECKS F/M FELONY Statute: ISSUE OF WORTHLESS CHECKS  UCR: Charge: F/M Statute:  UCR: Charge: F/M Statute:  Release Date/Time Releasing Officer Agency Released To: Bond Release Info: Bond Amount  INT  SQUAD 34 MV WORKING  SEE INCIDENT REPORT FOR NARRATIVE   | F                         | Doctor's Name:                          |                |                    |              |             | Phone: |          |        |                |               |                 |             |       | <del>1</del> |           |    |
| UCR: Charge: F/M Statute:  UCR: Charge: F/M Statute:  Release Date/Time Releasing Officer Agency Released To: Bond Release Info: Bond Amount  INT  SQUAD 34 MV WORKING  SEE INCIDENT REPORT FOR NARRATIVE  |                           | Occupation:<br>10 UNI                   | KNOWN          | OR N               | OT S         | STATED      |        |          |        |                |               |                 |             |       |              |           |    |
| INT SQUAD 34 MV WORKING SEE INCIDENT REPORT FOR NARRATIVE  | Ī                         |   |                |                    | THLE         | SS CHEC     | KS     |          |        |                |               |                 | SUE OF      | wo    | RTHL         | ESS CHEC  | KS |
| INT SQUAD 34 MV WORKING SEE INCIDENT REPORT FOR NARRATIVE  | UCR: Charge: F/M Statute: |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
| INT SQUAD 34 MV WORKING SEE INCIDENT REPORT FOR NARRATIVE  | L                         |   | Charge.        |                    | laa Offi     |             | ه ا    | nency F  |        |                |               | Bond            | Release Inf | fo:   |              | Bond Amou | nt |
| SQUAD 34 MV WORKING SEE INCIDENT REPORT FOR NARRATIVE  | Ľ                         | Release Date/Time                       |                | Rolous             | ing Oil      |             |        |          |        |                |               |                 |             |       |              |           |    |
| SEE INCIDENT REPORT FOR NARRATIVE  | ١                         |   | いつむどか          | .TC                |              |             |        |          |        |                |               |                 |             |       |              |           |    |
|  | 1                         |   |                |                    | <b>GG</b> AT | ATIVE       |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           | SEE INCIDENT F                          | ŒPORT.         | roki               | NUTCH.       | 7211AT      |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
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|  | :                         |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           |   |                |                    |              |             | •      |          |        |                |               |                 |             |       |              |           |    |
|  |                           | •                                       |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |
|  |                           |   |                |                    |              |             |        |          |        |                |               |                 |             |       |              |           |    |

INCIDENT REPORT

|                | AGENCY<br>aCrosse   | Police Dep                             | artment         |                | ORI#:<br>W10320100                |             | REPORT DATE<br>10/02/201 | 4 21:27   |                                    | 10-14-   | 49074   |   |
|----------------|---------------------|--|-----------------|----------------|-----------------------------------|-------------|--------------------------|-----------|------------------------------------|----------|---|---|
|                | DATE(S) OF          |  |                 | OF INCIDENT:   | EXCEPTIONAL CLEARANCE             |             |                          |           | Officer (ID/Nar<br>Officer (ID/Nar |          | ) SWIETER, F                                      | RYAN E                                  |
| 3              |                     | 11/2014<br>11/2014                     |                 | 17:05<br>17:30 | EXCEPTIONAL<br>CLEARANCE<br>DATE: | ·····       |                          |           | Officer (ID/Nar<br>Officer (ID/Nar |          |   |   |
|                | OCATION OF          |  | CROSSE          | WI 54601-      | <del>.</del>                      |             |                          |           |                                    | PENDI    | CASE S'   | TATUS                                   |
|                | STATUTE<br>UCR CODE |  |                 |                | STATUTE DESC<br>UCR CODE DES      |             |                          |           |                                    |          | STAT<br>COMPLETED OF                              |   |
|                | 943.24(1<br>190A    | ) ISSUE<br>(<=\$25                     |                 | ORTHLESS C     | HECKS WO                          | RTHLES      | CHECKS                   |           |                                    | c        |   |   |
| ŀ              | 2                   | <u> </u>                               |                 |                |                                   |             |                          |           |                                    |          |   |   |
|                | 3                   |  |                 |                |                                   |             |                          | ·         |                                    |          |   |   |
|                | (0                  | AS MOTIVATION<br>FFENSE 1 - 3)<br>NONE |                 |                |                                   |             | (OFFENSE                 | -         |                                    |          |   | ı                                       |
|                | ·                   |  |                 |                |                                   |             |                          |           |                                    |          |   |   |
|                |                     |  |                 |                |                                   |             |                          |           |                                    |          |   |   |
| 5              |                     | PE CRIMINAL                            |                 |                |                                   | <del></del> | TYPE WEA                 | VOLVED    |                                    |          |   | N//AUTOMATIC                            |
|                | 2                   |  | <del></del>     |                | -                                 |             |                          |           |                                    |          |   | -                                       |
|                |                     | ary Only)<br>ER OF                     | METI            | HOD OF ENTRY:  |                                   | COHOL       | OFFENDE                  | R(S) USED |                                    |          |   |   |
| ľ              | Method of O         | peration:                              |                 |                |                                   | OMPOTENE    | 2011                     |           |                                    |          |   |   |
|                | Brief Doscrip       | tion of Inciden                        | t               |                |                                   |             |                          |           | <u> </u>                           |          |   |   |
|                | VICTIM NUM          | BER: 1                                 |                 | VICTIM NAME:   | CRESENT JEW                       |             |                          |           | HOME PI                            | HONE     | 1.90 A  | ED TO OFFENSES:                         |
|                |                     | (Street, City, S                       | tate, Zp)       | 29 MAIN STI    | REET LACROS                       | SE WI 5     | 4601-                    |           | DOB                                |          | 2<br>3.   | 7<br>8.                                 |
|                | TYPE OF VI          |  | RACE<br>OTHER J | IIR            | SEX:                              | RESIDENT    | STATUS:                  | ETHNIC    | CITY:                              | AGE:     | 4.  | 9.                                      |
| Ξ              |                     |  |                 |                |                                   |             |                          | .         |                                    |          | 5.  | 10.                                     |
| <br> <br> <br> | 12                  | /ATED ASSAL                            | JLT CIRCUI      | MSTANCES       |                                   | USTIFIABLE  | HOMICIDE CIR             | CUMSTANG  | \ [                                | - SEVERE | INJURY TO BONES IT INJURIES LACERATION SCIOUSNESS | MINOR INJURY MAJOR INJURY LOSS OF TEETH |
|                | RELATION            | ISHIP OF VIC                           | TIM TO OFF      | FENDER 1 - 10: |                                   | 3           |                          |           | 4                                  |          | 5   |   |

# INCIDENT REPORT PERSONS INVOLVED

| AGENCY<br>aCrosse Police Department                     |                   |              |             |             | REPORT DATE:<br>10/02/2014 21:27:50 |                         |          |                                   | CASE NUMBER:<br>10-14-49074 |                 |          |               |  |
|---|-------------------|--------------|-------------|-------------|-------------------------------------|-------------------------|----------|-----------------------------------|-----------------------------|-----------------|----------|---------------|--|
| NVOLVEMENT: SUSPECT                                     | <u>.</u> <u> </u> |              |             |             |                                     |                         |          |                                   |                             |                 |          |               |  |
| JOHNSON, CHRISTOPHER L                                  | -                 |              |             |             |                                     |                         |          | DOB                               |                             | AGE             |          |               |  |
| ADDRESS:<br>1104 BLAKELEY AVE 10                        |                   |              |             |             |                                     |                         |          | SOCIAL SE                         | CURITY N                    | JMBEF           | ₹<br>    |               |  |
| CITY:<br>EAU CLAIRE                                     |                   |              |             | TATE:<br>W1 |                                     | ZIP:<br>54701           |          | HOME PHO<br>715-797-              |                             | ER              |          |               |  |
| EMPLOYER:<br>UNKNOWN                                    |                   | OCCUP        | ATION:      | UNKN        | own c                               | R NOT                   |          | WORK PHO                          | ONE NUMB                    |                 |          |               |  |
| DRIVERS LICENSE NUMBER/STATE/CLASS:                     | ,                 | RACE:<br>W   |             | SEX:        |                                     | неі <b>днт</b> :<br>600 |          | WEIGHT:<br>210                    |                             | ETHNICITY:<br>N |          |               |  |
| HAIR: BRO COLOR: LENGTH:                                | STYLE:            |              | EYE CO      | LOR:        | FAR                                 | EXION:                  | FACIA    | L HAIR:                           | BUILD:<br>2                 |                 | TEETH:   | SPEECH/VOICE: |  |
| CLOTHING:   |                   |              |             | •           |                                     |                         | _ \      |                                   | <u> </u>                    |                 |          |               |  |
|   |                   |              |             |             | Т                                   |                         |          | 1                                 |                             |                 |          |               |  |
|   |                   |              |             |             |                                     |                         |          |                                   |                             |                 |          |               |  |
| INVOLVEMENT: COMPLAINANT NAME: MCILVAINE, SHIRLEY LLYNI | VE.               |              |             |             |                                     |                         |          | DOB                               |                             | AGE             | <u> </u> |               |  |
| ADDRESS:<br>1920 MADISON ST                             |                   |              |             |             |                                     |                         |          | SOCIAL S                          | ECURITY N                   | NUMBE           | R        |               |  |
| CITY:<br>LA CROSSE                                      |                   | STATE:<br>WI |             |             | ZIP:<br>54601-                      |                         |          | HOME PHONE NUMBER<br>608-796-1672 |                             |                 |          |               |  |
| EMPLOYER:<br>CRESCENT JEWELERS                          |                   | occu         | PATION:     | OWNE        | R                                   |                         |          | WORK PI                           | IONE NUM                    | BER             |          |               |  |
| DRIVERS LICENSE NUMBER/STATE/CLASS                      | <del></del>       | RACE:        | <del></del> | SEX:        |                                     | HEIGHT:                 | <u> </u> | WEIGHT:                           |                             | ETI             | HNICITY: |               |  |
| HAIR:   |                   | <u> </u>     | EYE CO      | DLOR:       | COMP                                | LEXION:                 | FAC      | AL HAIR:                          | BUILD:                      |                 | TÉETH:   | SPEECHVOICE   |  |
| COLOR: LENGTH:  | STYLE:            |              |             |             |                                     |                         |          |                                   |                             |                 | <u> </u> |               |  |
| CLOTHING:   |                   | . <u>.</u>   |             |             |                                     |                         |          |                                   |                             |                 |          |               |  |
|   |                   |              |             |             | Ì                                   |                         |          |                                   |                             |                 |          |               |  |
|   |                   |              | •           | <u> </u>    |                                     |                         |          |                                   |                             | -               |          |               |  |
|   |                   |              |             |             |                                     |                         |          |                                   |                             |                 |          |               |  |
|   |                   |              | _           |             |                                     |                         |          |                                   |                             |                 |          |               |  |

#### INCIDENT REPORT **NARRATIVE**

| •  |  |                                     |                             |  |  |  |  |  |  |
|--|--|-------------------------------------|-----------------------------|--|--|--|--|--|--|
| AGENCY NAME:<br>LaCrosse Police Department |  | REPORT DATE:<br>10/02/2014 21:27:50 | CASE NUMBER:<br>10-14-49074 |  |  |  |  |  |  |
|  |  | <del></del>                         |                             |  |  |  |  |  |  |

INT

SOUAD #26 M/V OPERATIONAL/NOT ACTIVATED

#### SUMMARY:

ON 10/2/214 AT 4:00 PM, I WAS DISPATCHED TO CRESENT JEWELERS AT 426 MAIN STREET FOR A FRAUD COMPLAINT. WHEN I ARRIVED ON SCENE I SPOKE WITH SHIRLEY MCILVAINE, SHIRLEY ADVISED THAT CHRISTOPHER JOHNSON WROTE A CHECK ON A CLOSED ACCOUNT IN THE AMOUNT OF \$2,100. AT THIS TIME I HAVE NO MADE CONTACT WITH CHRISTOPHER JOHNSON.

#### INTHAL CALL:

ON 10/2/214 AT 4:00 PM, I WAS DISPATCHED TO CRESENT JEWELERS AT 426 MAIN STREET FOR A FRAUD COMPLAINT. WHEN I ARRIVED ON SCENE I MADE CONTACT WITH SHIRLEY MCILVAINE.

#### CONTACT WITH SHIRLEY:

SHIRLEY ADVISED THAT ON 9/11/2014 CHRISTOPHER JOHNSON CAME INTO CRESENT JEWELERS AND WROTE A CHECK IN THE AMOUNT OF \$2,100. AT THE TIME SHIRLEY DID NOT KNOW THE CHECK WAS WRITTEN OUT OF A CLOSED ACCOUNT. SHIRLEY STATED THAT CHRISTOPHER CAME INTO THE STORE AND WAS LOOKING FOR A PRESENT THAT HE COULD GIVE HIS FATHER FOR HIS 90TH BIRTHDAY.

SHIRLEY ADVISED THAT CHRISTOPHER ALSO WANTED TO GET SOMETHING FOR HIS MOTHER, CHRISTOPHER PICKED OUT A RING FOR HIS FATHER AND A BRACELET FOR THIS MOTHER. ACCORDING TO SHIRLEY, CHRISTOPHER CALLED HIS SISTER AND MADE SURE THAT HE COULD AFFORD THE BRACELET AND THE RING. CHRISTOPHER PICKED OUT THE RING AND THE BRACELET THAT HE WANTED. THE RING IS A 14K YELLOW GOLD 7MM WEDDING BAND WITH A BRUSHED FINISH AND BRIGHT FINISHED ROLLED EDGES. SHIRLEY ALSO STATED THAT THE RING HAS WOVEN WHITE GOLD PATTERN ON THE INSIDE. SHIRLEY DESCRIBED THE BRACELET AS A 14K TWO TONE WHITE AND YELLOW GOLD WOVEN LINK CHAIN BRACELET. THE BRACELET IS 7 INCHES IN LENGTH.

CHRISTOPHER PAID FOR THE JEWELRY WITH A CHECK IN THE AMOUNT OF \$2,100. SHIRLEY STATED THAT CHRISTOPHER TOLD HER THAT HE WAS LIVING IN EAU CLAIRE WI AND WOULD BE BACK AFTER HIS FATHER'S BIRTHDAY PARTY TO GET THE RING SIZED. SHIRLEY HAS NOT SEEN CHRISTOPHER SINCE THE INCIDENT. SHIRLEY WAS UNABLE TO PROVIDE ANY FURTHER INFORMATION REGARDING THIS INCIDENT.

#### DISPOSITION:

CRESENT JEWELRY WAS UNABLE TO PROVIDE VIDEO SURVEILLANCE SHOWING CHRISTOPHER. AT THIS TIME I WAS UNABLE TO LOCATE CHRISTOPHER. A COPY OF THE CHECK, RECEIPT, AND JEWELRY INFORMATION WAS SUBMITTED WITH THIS REPORT.

| SWIETER, RYAN E | 2420 | 10/02/2014 22:18:20 |
|-----------------|------|---------------------|
| OFFICER         | ID   | DATE                |
|                 |      |                     |

## INCIDENT REPORT

| 1        | AGENCY<br>LaCrosse Police | e Departme          | nt  | .4     | ORI#<br>WI0320100 | REPORT DATE:<br>10/02/2014 21: |             | NUMBER:<br>-49074 |                |
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|          | TYPE PROPERTY<br>LOSS/ETC | DESCRIPTION<br>CODE | QTY |        | DESCRIPT          | ON                             | JUR RECOVER | RED VALUE         | DATE RECOVERED |
|          |                           | MONEY /             |     |        | ACCOUNT CHECK     | FOR \$2,100                    |             | \$2,100.00        |                |
| PROPERTY |                           |                     |     |        |                   |                                |             |                   |                |
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| 의                                       | ATE(S) OF INCIDENT:            | TIME(S) C    | F INCIDENT:     | EXCEPTION             | JAN            | 1                 | Reporting Officer (ID | (ewe             | PLENGE, CODY M                          |
|   | GENCY<br>aCtosse Police Del    | partment     |                 | М103201<br>М103201    | 001            | 3TA0 TRO938<br>10 |                       | 10-14-<br>CV2E N |   |
| بت                                      | AJN35                          |              |                 |                       | IDENT SUP      |                   |                       | 2340             | ·030NI                                  |

## INCIDENT SUPPLEMENT REPORT NARRATIVE

| II aCrosse Police Denartment | T         | , .e., e | CASE NUMBER:<br>10-14-49074 |
|------------------------------|-----------|----------|-----------------------------|
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SUP

CASE NUMBERS 14-50512, 14-49074, 14-49075 ARE ALL RELATED.

SOUAD 34/MV WORKING

#### SUMMARY:

ON OCTOBER 11TH, 2014, AT 5:03 P.M., THE LA CROSSE POLICE DEPARTMENT RECEIVED INFORMATION FROM MICHAEL OSTRANDER THAT CHRISTOPHER L. JOHNSON WOULD BE AT 309 4TH STREET SOUTH - ESTATE BUYERS OF LA CROSSE. THE COMPLAINANT STATED CHRISTOPHER HAD JUST BOUGHT AN APPLE COMPUTER AND WAS GOING TO SELL IT TO THE BUSINESS; BUT THEY WERE NOT GOING TO GIVE HIM MONEY. THE COMPLAINANT ADVISED HE AND HIS DAD HAD BEEN WORKING WITH INVESTIGATOR FITZGERALD. WE WERE ADVISED BY THE COMPLAINANT THAT CHRISTOPHER WAS AT THE BUSINESS. OFFICER SWIETER ARRIVED AT ESTATE BUYERS OF LA CROSSE AND PLACED CHRISTOPHER UNDER ARREST FOR THREE COUNTS OF ISSUING WORTHLESS CHECKS AND A WARRANT OUT OF EAU CLAIRE COUNTY.

#### INFORMATION:

CHRISTOPHER BROUGHT IN AN IMAC COMPUTER WITH HIM INSIDE THE BUSINESS. CHRISTOPHER TOLD OFFICER SWIETER HE BOUGHT THE IMAC AT A STORE IN EAU CLAIRE WISCONSIN; BUT COULD NOT PRODUCE ANY RECEIPT OR TELL HIM WHAT STORE HE BOUGHT IT FROM

EAU CLAIRE POLICE DEPARTMENT HAD A WARRANT FOR CHRISTOPHER FOR RETAIL THEFT AND OBSTRUCTING CHARGES. I CONTACTED THE EAU CLAIRE POLICE DEPARTMENT AND THEY ADVISED THE IMAC CHRISTOPHER BROUGHT WITH HIM WAS NOT ONE OF THE STOLEN ITEMS THEY WERE LOOKING FOR. I RAN THE SERIAL NUMBER THROUGH NOIC AND IT DID NOT COME EACK STOLEN.

AN EVIDENCE SAFE KEEPING TAG WAS FILLED OUT. CSE YANG TOOK POSSESSION OF THE IMAC AND PLACED IT INTO EVIDENCE.

CHRISTOPHER WAS NOT INTERVIEWED IN REFERENCE TO THE OTHER CASES.

#### ARREST:

PER INVESTIGATOR FITZGERALD, I ARRESTED CHRISTOPHER FOR THE FOLLOWING CHARGES.

- 1. REFERENCE CASE NUMBER 10-14-50512 155UE WORTHLESS CHECK STATUTE, FELONY, 943.24(1)
- 2. REFERENCE CASE NUMBER 10-14-49074 ISSUE WORTHLESS CHECK STATUTE, FELONY, 943.24(1)
- 3. REFERENCE CASE NUMBER 10-14-49075 ISSUE WORTHLESS CHECK STATUTE, FELONY, 943.24(1)

ALSO, CHRISTOPHER WAS ARRESTED ON THE WARRANT THROUGH EAU CLAIRE SHERIFF'S DEPARTMENT. THIS WARRANT WAS CONFIRMED THROUGH DISPATCH.

#### DISPOSITION:

CHRISTOPHER WAS PROPERLY HANDCUFFED AND SEARCHED. THE HANDCUFFS WERE SAFETY LOCKED AND CHECKED FOR TIGHTNESS. I PLACED CHRISTOPHER IN THE BACK OF MY SQUAD CAR IN A SEATBELT AND TRANSPORTED HIM TO THE LA CROSSE COUNTY JAIL WHERE HE WAS TRANSFERRED OVER TO THE JAIL STAFF.

| PLENGE, CODY M | 2492 | 10/11/2014 19:25:00 |  |  |
|----------------|------|---------------------|--|--|
| OFFICER        | ID   | DATE                |  |  |
|                |      |                     |  |  |

### INCIDENT SUPPLEMENT REPORT

| AGENCY<br>LaCrosse Poli   | ce Departmer | nt       |              | ORI#: REPORT DATE: WI0320100 10/11/2014 17:08: |                  |              | CASE NUMBER: 10-14-49074 |          |                |
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| TYPE PROPERTY<br>LOSS/ETC | DESCRIPTION  | QTY      | DESCRIPTION  |  |                  | JUR RE       | COVERED                  | VALUE    | DATE RECOVERED |
| Recovered                 | COMPUTE      |          |              | IPUTER APPLE IN                                | 1AC C02N618FF8J4 | LA CRO       | SSE                      |          | 10/11/2014     |
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#### 

429 MAIN STREET LA CROSSE, WI 54601

PH:(608)·784·9275 F:(608)·784·9274 INFO@SINGINGJEWELER.COM

14k two-tone white & yellow gold woven Russian link chain bracelet, soft bangle style.
7" in length with lobster clasp.

Retail value: \$1250



14k yellow gold wedding band. 7mm band with brushed finish and brite finish rolled edges. Woven white gold pattern on inside.

Retail value: \$1295

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| 11 LOXCEIII  | LaCrosse, WI 54601<br>(608) 784-9275 |
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Sales Receipt #16340



## Crescent Jewelers

429 Main Street La Crosse, WI 54601 La Crosse's Largest Diamond Selection since 1937 Facebook com/Crescent Jewelers La Crosse 608 784.9275

BIII To:

Christopher Johnson 3104 Blakely Ave Eau Claire, WI 54701

#### Cashier'

Oty Price Ext Price 1:1,062.50 \$1,062.50 T Item Name D% 15% Bracelet 14k bracelel-russian 1 \$928 02 \$928.02 T chain bracelet. 7" Wed Band Gold 0% 28.34% 7MM 14K Two-lone.

AC11-wv1107 (awaiting

Subtotal: \$1 990 52 5.5 % Tex: + \$109.48 RECEIPT TOTAL: \$2,100.00 Local Sales Tay

Check: \$2,100.00 1052

\$554.48 Total Sales Discounts:

- Items in new condition may be returned within 30

 Sales of custom orders and half price merchandise are not returnable or exchangeable.

WELLS FARGO BANK N.A. 735 WEST WISCONSIN AVENUE "MILWAUKEE, WI 53201-2057



CRESCENT JEWELRY CO INC 429 MAIN ST 54601-4026 LA CROSSE WI

ITEMS ENCLOSED:

| OF 1 ACCOUNT CHARGED XXXXXX9051  | DATE: 09-16-2014 |
|--|------------------|
| OF 1 ACCOUNT CHARGED XXXXXXV  DUNT HAS BEEN CHARGED FOR THE FOLLOWING ITEM(S) RETURNED UNPAID  REASON FOR NON-PAYMENT SEQUENCE | E # AMOUNT       |
| FOR ACH-BOC RETURNS  RO2 ACCT CLSED  333021  | 2,100.00         |
| HARGES FOR ACH-BOC RETURNS   |                  |

TOTAL CHARGES FOR ACH-BOC RETURNS

2,100.0

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE CALL THE PHONE NUMBER THAT IS LISTED ON YOUR BANK STATEMENT.

This is a LEGAL COPY if your check. You can use if the same way you would use the original check. RETURN REASON-D CLOSED ACCOUNT 2902120EE ht02/91/60 \*922501221\*

002481957756 £122105<u>278</u>3 09/16/2014 CHRISTOPHER L JOHNSON
3104 BLAKELEY AVE APT 10
EAU CLAIRE, WI 54701 DRUER OF-Š 12918804111 ROYAL CREDIT UNION ACCOUNT # 25 BE OE BE # Syntralo J525-1128-4334-08 4-11-2014 man 501 \$ 2180 % DOLLARS

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PAY TO THE ORDER OF WELLS FARGO BANK, N.A. > 075911988 < FOR DEPOSIT ONLY CRESCENT JEWELRY CO. INC. ACCT. #7579629051 1Do not endorse or write below this lin

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\*>122105278<\* 09/16/2014 002481957756

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www.singingjeweler.com PHONE (608) 784-9275





#### **CRESCENT JEWELERS**

LYNNE MOILVAINE

CILVAINE LA CROSSE, WI 54601 facebook.com/crescentjewelerslacrosse

INCIDENT SUPPLEMENT REPORT REPORT DATE: CASE NUMBER: AGENCY ORI#: 11/05/2014 12:11:39 10-14-49074 LaCrosse Police Department WI0320100 Reporting Officer (ID/Name) 2542 FITZGERALD, RYAN DATE(S) OF INCIDENT: TIME(S) OF INCIDENT **EXCEPTIONAL** CLEARANCE Assisting Officer (ID/Name) Start Start Reviewing Officer (ID/Name) EXCEPTIONAL CLEARANCE Approving Officer (ID/Name) End End DATE: **CASE STATUS** LOCATION OF INCIDENT CLEARED STATUS STATUTE DESCRIPTION STATUTE COMPLETED OR ATTEMPTED UCR CODE DESCRIPTION UCR CODE **LOCATION OF OFFENSE BIAS MOTIVATION** (OFFENSE 1 - 3) (OFFENSE 1 - 3) TYPE WEAPON/ FORCE INVOLVED TYPE CRIMINAL ACTIVITY: AUTOMATIC AUTOMATIC AUTOMATIC (For Burglary Only) NUMBER OF METHOD OF ENTRY: OFFENDER(S) USED: **PREMISES ENTERED** \_\_ DRUGS ALCOHOL COMPUTER EQUIP Method of Operation: Brief Description of Incident: CONNECTED TO OFFENSES: HOME PHONE VICTIM NUMBER: 6. VICTIM NAME: D08 ADDRESS: (Street, City, State, Zip) 8. TYPE OF VICTIM SEX: RESIDENT STATUS: ETHNICITY: AGE: LEO ACTIVITY OTHER JUR 10. AGGRAVATED ASSAULT CIRCUMSTANCES JUSTIFIABLE HOMICIDE CIRCUMSTANCE INJURY TYPE BROKEN BONES MONE POSS INT INJURIES MINOR INJURY SEVERE LACERATION MAJOR INJURY UNCONSCIOUSNESS LOSS OF TEETH **RELATIONSHIP OF VICTIM TO OFFENDER 1 - 10:** \_\_\_\_ 3

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## INCIDENT SUPPLEMENT REPORT NARRATIVE

| <u>, , , , , , , , , , , , , , , , , , , </u> |                 |                             |
|---|-----------------|-----------------------------|
| It - Crossa Balica Danarimani                 | pier our series | CASE NUMBER:<br>10-14-49074 |

SUP

THIS IS AN INVESTIGATIVE BUREAU REPORT WITH ADDITIONAL INFORMATION

ON 10/16/2014, I MADE CONTACT WITH BRUCE OSTRANDER AT STATE BUYERS, LOCATED ON 4TH STREET, IN THE CITY OF LA CROSSE. THE PURPOSE OF MY CONTACT WAS TO DETERMINE IF HE WAS ABLE TO RECOVER ANY JEWELRY SOLD TO HIM IN THE PAST MONTH BY CHRISTOPHER JOHNSON. BRUCE SAID HE HAD LOOKED THROUGH ALL OF HIS PAPERWORK AND HE DID NOT FIND ANY RECORD OF ANY PURCHASES FROM CHRISTOPHER JOHNSON. IT SHOULD BE NOTED, ON 10/15/2014, CHRISTOPHER JOHNSON CAME TO LCPD AND WAS INTERVIEWED BY OFFICER DEYO AND INV. DELAP.

DURING THAT INTERVIEW, CHRISTOPHER ADMITTED TO PASSING SEVERAL CHECKS TO BUSINESSES IN THE DOWNTOWN AREA IN ORDER TO PURCHASE MERCHANDISE. THESE CHECKS WERE WRITTEN ON A CLOSED ACCOUNT AND JOHNSON WAS SUBSEQUENTLY CHARGED WITH ISSUING WORTHLESS CHECKS. JOHNSON ADMITTED TO DOING THIS AND THEN ADVISED THAT HE RESOLD MOST OF THE HEMS PURCHASED TO SECOND HAND SHOPS IN LA CROSSE. WE WERE ABLE TO RECOVER MERCHANDISE HE SOLD TO THE SEQUEL, AND TO PAWN AMERICA. ACCORDING TO JOHNSON, ALL OF THE JEWELRY HE PURCHASED WAS SOLD TO ESTATE BUYERS; HOWEVER IT APPEARS THAT NO PAPERWORK WAS DONE IN ACCORDANCE WITH STATE STATUTES AND THE JEWELRY WAS NOT HELD THE MANDATORY 30 DAYS.

BRUCE WAS NOT ABLE TO PROVIDE ANY PAPERIVORK FOR REVIEW, SPECIFICALLY A WEEKLY LIST OF ALL ITEMS PURCHASED. BRUCE HAS BEEN FOUND TO BE OPERATING WITHOUT A SECOND HAND LICENSE, WHICH IS IN VIOLATION OF CITY ORDINANCE. WHEN I PROVIDED A LIST OF JEWELRY THAT JOHNSON ADMITTED TO SELLING TO ESTATE BUYERS, OSTRANDER THOUGHT HE REMEMBERED PURCHASING ONE OF THE MEN'S RINGS BUT HE WAS NOT SURE. OSTRANDER ADVISED THAT HE ALREADY DISMANTLED THE RING AND SOLD IT FOR SCRAP BECAUSE THE PURCHASE WAS MORE THAN 14 DAYS AGO. I ADVISED OSTRANDER, BY STATE STATUTE THAT HE WAS REQUIRED TO HOLD ALL ITEMS FOR 30 DAYS OR MORE, AND HE ASKED WHEN THE LAW CHANGED. IT IS APPARENT THAT OSTRANDER IS NOT FAMILIAR WITH THE STATE STATUTES AND THE REGULATIONS CONCERNING RUNNING A SECOND HAND SHOP IN THE CITY OF LA CROSSE OR HE IS BLATANTLY IGNORING THEM.

OSTRANDER SAID HE WOULD DOUBLE CHECK ALL ITEMS IN HIS SHOP IN AN EFFORT TO RECOVER THE ITEMS HE MAY HAVE PURCHASED FROM CHRISTOPHER JOHNSON. ON 10-17-14 INV. DELAP AND I RETURNED TO ESTATE BUYERS. OSTRANDER SAID HE COULD NOT FIND ANY PAPERWORK SHOWING HE SOLD ANY ITEMS TO CHRISTOPHER JOHNSON.

#### DISPOSITION

IN SHORT, NO JEWELRY WAS RECOVERED AT ESTATE BUYERS OR ANY OTHER BUSINESS. JOHNSON WAS ABLE TO PROVIDE THE LOCATIONS WHERE HE SOLD ALL OF THE ITEMS HE PURCHASED WITH THE BAD CHECKS, THE ONLY ITEMS NOT RECOVERED WERE THE ONES HE SAID HE SOLD TO ESTATE BUYERS. THEREFORE, I AM INCLINED TO BELIEVE THAT ESTATE BUYERS WAS IN POSSESSION OF THESE STOLEN ITEMS BUT HAS EITHER RESOLD THEM OR THEY ARE REFUSING TO TURN THEM OVER. MUNICIPAL CITATIONS WILL BE ISSUED TO ESTATE BUYERS.

END OF REPORT.

INVESTIGATOR RYAN FITZGERALD

| FITZGERALD, RYAN | 2542 | 11/05/2014 12:19:02 |  |  |
|------------------|------|---------------------|--|--|
| OFFICER          | ID   | DATE                |  |  |
|                  |      |                     |  |  |