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**bosshard | parke** Ltd.

August 30, 2016

TO: MAYOR KABAT, THE CITY OF LACROSSE COMMON COUNCIL AND  
JUDICIARY AND ADMINISTRATION COMMITTEE

RE: Application for a Conditional Use Permit for 1419 Cass Street, LaCrosse, Wisconsin ("the Castle property").

Dear Mayor Kabat and Council Persons:

I represent Robert A. and Diane C. Reinhart and their trust, who own the property located at 1415 Cass Street, which is to the west of the property that is the subject of this application.

Mr. and Mrs. Reinhart have spoken with the proposed operators/new owners of the Bed and Breakfast, but continue to have questions and concerns regarding the application, mostly because of matters that are outside of the new owners' control but more within the City's control. Their continuing concerns are as follows:

1. Alley Parking. The Reinharts are opposed to any alley parking for customers of the Bed and Breakfast. When a previous owner used alley parking, it caused significant traffic and numerous problems result. The alley is already used residentially by the owners along the alley and for additional uses relating to garbage pickup, recycling pick up, and service technicians for the various residential homes. It cannot sustain any increased use. This request is in line with the new owners' publically stated intent, but the Reinharts would like a specific restriction that documents this prohibition to use the alley commercially. The Reinharts do not oppose the continued residential use of the alley by the new owners and their vehicle.
2. Fencing between the properties. The fence requirement as proposed by the planning department needs to be improved with greater clarity. When the Reinharts built their house in the early 1990's, the City of LaCrosse required them to bring in significant fill and raise the lot. As a result, the Castle property sits lower than the Reinhart property by more than a foot, which is significant. The Reinharts would need the new owners of the Castle to go through the necessary city approval processes to allow for a 15 foot fence between the lots. The current fence needs to be significantly taller to be effective for the purposes that the City Planning Department have identified.

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3. Sign restriction. The Reinharts would like a specific restriction stating that there shall be no neon signs on the exterior of the Castle property. This is again in line with the new owners stated intent, but the Reinharts would like this incorporated as a restriction.
4. CUP specific to these LLC Owners. The CUP application is specific to a certain limited liability company, which are easily sold. The Reinharts would like a restriction that makes the CUP specific to these individual owners, and indicate that if the limited liability company is sold or transferred outside of these individuals, then the CUP is terminated.
5. The Driveway of the Castle. The Reinharts continue to be concerned with the safety of the driveway with the added traffic. These owners cannot provide for a 15 foot clear field of vision without moving the driveway, because their property line is at the driveway's edge and they do not control the 15 feet in one direction. There has been a previous incident involving a bicycle/vehicle collision and that driveway. Please see attached police report.

In the event that the City decides that this proposed use is in the best interests of this neighborhood, then Robert A. and Diane C. Reinhart respectfully request that the above concerns be addressed with appropriate specific restrictions by the City.

Sincerely,

**BOSSHARD | PARKE Ltd.**



Darla A. Krzoska

[dkrzoska@bosshardparkelaw.com](mailto:dkrzoska@bosshardparkelaw.com)

DAK/sgb

Encl.

14-35617  
 POLICE #  
 7-26-14  
 ACCIDENT # 10-14-35617

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9KPW2XC		Document Override Number	
Agency Accident Number 10-14-35617					Police Number				
4 - Accident Date 07/26/2014		5 - Time of Accident (Military Time) 1452		6 - Total Units 02		7 - Total Injured 01		8 - Total Killed 00	
1 - County LA CROSSE - 32		2 - Municipality LA CROSSE - 64-CITY		3 - Accident Location NON-INTERSECTION					
14 - On Hwy No.		14 - On Street Name CASS ST			14 - Bus/Frn/Rmp		15 - Est. Dist 75	F/MI F	15 - Hwy. Dir EAST
16 - Fr/At Hwy No.		16 - From/At Street Name 14TH ST S			16 - Business/Frontage/Ramp				
17 - Structure Type HOUSE #		17 - Structure Number 1419		12 - Latitude		13 - Longitude			
80 - First Harmful Event PEDACYCLE				93 - Manner of Collision ANGLE					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway OFF-ROADWAY-LOCATION-UNKNOWN									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLOUDY			
9 <input type="checkbox"/> Hit and Run	9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire	9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed			
9 <input type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone		9 <input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel EAST		24 - Speed Limit 25	
36 - Operating as Classified O CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
21 - Driver's License Number		30 - State WI	31 - Expiration Year 2018	24 - Dir Of Inv Accident			
25 - Operator/Pedestrian Last Name KARL			25 - First Name BRIGBT		26 - Middle Initial A	25 - Suffix	
32 - Date Of Birth		33 - Sex FEMALE					
26 - Address Street & Number 1100 26TH ST S						26 - PO Box	
27 - City LA CROSSE			27 - State WI	27 - Zip Code 54601		28 - Telephone Number (608) 792-0471 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment HELMET-USED			
38 - Injury Severity B - NON-INCAPACITATING INJURY		41 - Airbag NOT APPLICABLE		42 - Ejected NOT-APPLICABLE		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-APPLICABLE		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			62 - No. of Citatlions Issued 0	
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
122 - Driver Factors INATTENTIVE-DRIVING							
88 - Driver or Pedestrian Cond APPEARED NORMAL			89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT				
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN		

OPERATOR/PEDESTRIAN 01

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type BICYCLE	Vehicle Type BICYCLE	22 - Total Occupants 1			
	50 - License Plate Number	57 - Plate Type	58 - Brand	49 - Exp Year	53 - Vehicle Identification Number	
	50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color PNK	100 - Skldmarks to Impact (Ft)
	94 - Vehicle Damage FRONT					
	95 - Extent Of Damage MINOR	96 <input type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By			
123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name	46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name				
	47 - Address Street & Number 1100 26TH ST S			47 - PO Box	
	48 - City LA CROSSE	48 - State WI	48 - Zip Code 54601	49 - Telephone Number (608) 792-0471 EXT.	

Insurance

INS 01	63 - Liability Insurance Company NOT-REQUIRED	60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name
	61 - Policy Holder Company	

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With PEDACYCLE	23 - Dir Of Travel SOUTH	24 - Speed Limit 25
36 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number	30 - State WI	31 - Expiration Year 2014	34 - On Duty Resident
25 - Operator/Pedestrian Last Name	26 - First Name	27 - Middle Initial	28 - Suffix
32 - Date Of Birth	33 - Sex FEMALE		

PK2011

26 - Address Street & Number 1419 CASS ST		27 - State WI	27 - Zip Code 54601	28 - Telephone Number (608) 784-2870 EXT.
29 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)		40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location 92 - Pedestrian Action		
119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control NO-CONTROL		
64 - 1st Statute No.		64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.
64 - 5th Statute No.		62 - No. of Citations Issued 0		
122 - Driver Factors INATTENTIVE-DRIVING		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT		
88 - Driver or Pedestrian Cond APPEARED NORMAL		90 - Alcohol Test TEST NOT GIVEN		
91 - Drugs Reported TEST NOT GIVEN		91 - Drug Test TEST-NOT-GIVEN		
124 - Highway Factors NOT-APPLICABLE				

Vehicle

21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
50 - Year 2012	51 - Make HOND	52 - Model ODYSSEY TO	53 - Body Style VN	54 - Color BRO	100 - Skidmarks to Impact (Ft) 100
55 - License Plate Number ADT		57 - Rate Type WI	58 - State WI	59 - Exp. Year 2018	95 - Vehicle Identification Number 100
94 - Vehicle Damage FRONT PASSENGER SIDE					
95 - Extent Of Damage MINOR		96 - Vehicle Towed Due To Damage <input type="checkbox"/>			
97 - Vehicle Removed By					
123 - Vehicle Factors NOT-APPLICABLE					

VEHICLE 02

Vehicle Owner

45 - <input checked="" type="checkbox"/> Vehicle Owner Same As Operator		46 - Vehicle Owner Last Name [REDACTED]		46 - First Name [REDACTED]	46 - Middle Initial A	46 - Suffix [REDACTED]	46 - Date Of Birth [REDACTED]
48 - Company Name							
47 - Address Street & Number 1419 CASS ST				47 - PO Box			
48 - City LA CROSSE		48 - State WI	48 - Zip Code 54601	49 - Telephone Number (608) 784-2870 EXT.			

VEH OWNER 02

Insurance

INS 02	83 - Liability Insurance Company STATE-FARM		80 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name ██████████	61 - Policy Holder First Name ██████████	
	61 - Policy Holder Company		

**School Bus**

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Diagram and Narrative**

DIAGRAM AND NARRATIVE	<p>105 - PHOTOS BY</p> <div style="text-align: center;"> <p>not to scale</p> <p>sidewalk</p> <p>1400 cass street</p> </div>
	<p>SQUAD 30/MV OPERATIONAL ON THE LISTED DATE AND TIME I WAS DISPATCHED TO THE LISTED LOCATION FOR AN ACCIDENT. WHEN I ARRIVED ON SCENE I ID THE OPERATOR OF U2 VIA WI DL. SHE STATED SHE WAS HEADING DOWN HER DRIVE AND WAS ABOUT TO PULL OUT ONTO CASS STREET WHEN HER VAN WAS STRUCK BY THE BICYCLE ON THE SIDEWALK. SHE STATED SHE WAS UNABLE TO SEE U1 BECAUSE OF THE NEIGHBORS TREE WHICH WAS BLOCKING HER VIEW. THE RIDER OF U1 WAS HEADING E/B ON CASS ON THE SIDEWALK AND STARTED TO SEE THE FRONT OF THE VAN START TO POKE OUT. SHE ATTEMPTED TO STOP BUT WAS UNABLE TO FIND THE BRAKES BEFORE STRIKING THE VAN. THE OPERATOR OF U1 HAD MINOR ABRASIONS. BOTH WERE PROVIDED WITH THE CASE NUMBER FOR INSURANCE PURPOSES.</p>

**Officer Information**

9KPW2XC

PK2011

128 - Officer/Last Name DARLING		125 - First Name DUSTIN	126 - Middle Initial 131 - Officer ID 2222
129 - Law Enforcement Agency No. 3254		130 - Law Enforcement Agency Name LA GROSE POLICE DEPARTMENT	
128 - Law Enforcement Agency Address Street & Number 400 LA GROSE STREET			
127 - City LA GROSE	127 - State WI	127 - Zip Code 54601	128 - Telephone Number (608) 786-5892 EXT.
132 - Date Notified 07/26/2014		133 - Time Notified (Military Time) 1452	134 - Time Arrived (Military Time) 1516
135 - Date Of Report 07/26/2014		19 - Special Study	
10-14-35817		18 - Agency Space	
Agency Accident Number		Police Number	