



Mark R. Schauf, Chief of Police

BARABOO POLICE DEPARTMENT
101 South Boulevard
Baraboo, WI 53913

Telephone (608) 355-2720



www.cityofbaraboo.com

October 18, 2018

Lydia Ann Kirchstein
3838 Hwy. 78N
Mount Horeb, WI 53572

2018-06609 (BC180544-0)

Dear Lydia:

Enclosed is a citation assigning a date for you to appear in court. The date of appearance and nature of the violation are stated on the citation.

If the citation says your appearance at court is mandatory, you must attend. If the citation says that your appearance is not mandatory, your appearance is optional.

If you have any questions about this notice, please direct them to the officer named on the citation or to me.

Sincerely,

Sergeant M. Lee

ML/lw

Enclosure

You are Notified to Pay or Appear

Appearance Required: ☐

SAUK COUNTY CIRCUIT COURT
515 OAK STREET
BARABOO, WI 53913

Date **OCT-29-2018**

Time **09:45 AM**

OCT 22, 2018

Form No. and Version CT

MV4017 0901

CITATION NO.

BC180544-0

Estimated Points

6

DEPOSIT **\$937.50**

Cash- Card

Court Use

DA N

Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

KIRCHSTEIN, LYDIA ANN

3838 HWY 78 N
MOUNT HOREB WI 53572

Telephone Number

Birth Date

6/26/1966

Sex

F

Race

W

HT

504

WT

115 LBS

Hair

BROWN

Eyes

BROWN

Driver License/Identification Card Number

K623-5216-6726-02

State

WI

Exp. Yr.

2025

License Plate Number

97492D

Plate Type

DIS

State

WI

Exp. Yr.

2018

Vehicle Identification Number

1FTZR15E01PA74034

US DOT No.

Hazmat No.

Vehicle Year

2001

Make

FORD

Type

PK

Color

YEL

OPERATING AS:

DRIVER

Vehicle Class

D

Vehicle Endorsements

Holds CDL

N

CDL Waiver

Adopting State Statute

346.63(1)(B)

Plaintiff

CITY OF BARABOO

Violation Description

OPERATING W/PAC >=0.15 (1ST)

BAC

27

Overweight

Agency Space

2018-06609

Week Day

SUNDAY 09/16/2018

Date

Time

02:45 PM

Actual Speed

Legal

Over

County

SAUK - 56

City/Village/Town

BARABOO - 62, CITY

ON Hwy No. and/or Street Name

14TH ST LOT 707

From/AT Hwy No. and/or Street Name

Estimate Distance

GPS Coordinates

43.480331
-89.730948

Minor Passenger

N

Officer Name

SERGEANT MARK LEE

Officer ID

208

Department

BARABOO POLICE DEPARTMENT

Zone RR - Utility - School - Const Accident Severity

N

N

N

N

Date Citation Served,

10/17/2018

Method

MAILED

INSTRUCTIONS - READ CAREFULLY

COURT APPEARANCE REQUIRED - If your citation is checked 'yes' following 'Appearance Required,' you MUST appear in court. The 'Court Appearance Not Required' instructions do not apply to you.

COURT APPEARANCE NOT REQUIRED - IF YOU WISH TO DISPUTE THE CITATION, you must either appear in court or enter a 'not guilty' plea by mail prior to your court date. Please include a photocopy of your ticket and your correct mailing address OR your correct name and mailing address, citation number, court appearance date listed on the citation, offense, and arresting police agency. These should be mailed to the court address.

Your trial will be before a judge, unless you demand a jury trial in writing within 10 days of the court date on your citation and enclose the proper fee. Make check payable to the Clerk of Court and forward it to the address shown above. Jury demands in Municipal court can only be made for intoxicated driving charges.

If you have a disability and need help in court, please contact the above Clerk of Court's office.

IF YOU DO NOT WISH TO DISPUTE THE CITATION, mail the 'deposit' amount, by your court date, with a photocopy of your citation OR your correct name and address, citation number, court appearance date listed on the citation, offense and arresting police agency. Make check payable to the Clerk of Court and mail it to the court address. You do not need to appear. The court will find you guilty and keep the 'deposit' amount as payment for your citation.

IF YOU DO NOTHING, the court may issue a warrant for your arrest, or may find you guilty and suspend your driver license if you fail to pay your fine.

DEMERIT POINT, SUSPENSION AND REVOCATION INFORMATION
This charge may result in demerit points assessed against you. Accumulating 12 or more points within 12 consecutive months will be cause for suspending your driving privileges. If you have a probationary license, points for the second and subsequent convictions may be doubled. Depending on the circumstances and charge, conviction may result in a suspension or revocation of your driving privileges. Attending Traffic Safety School prior to conviction may be used to reduce points. For more information, contact the DMV.

WISCONSIN UNIFORM CITATION

NOTICE OF INTENT TO SUSPEND OPERATING PRIVILEGE
Wisconsin Department of Transportation
MV3519 3/2011

NOTICE DATE
10/17/2018

IN THE MATTER OF THE SUSPENSION OF:

Driver Name
KIRCHSTEIN, LYDIA ANN

Driver License No.
K623-5216-6726-02

State of Issuance
WI

Birth Date
06/26/1966

Sex
FEMALE

Address
3838 HWY 78 N

City, State Zip Code
MOUNT HOREB WI 53572

Date of Violation
09/16/2018

Time of Violation
02:45 PM

Police Number
2013-06609

CITATION NUMBER
BC180544 - 0

STATUTE NUMBER
346.63(1)(B)

County Where Violation Occurred
SAUK - 56

Operating Commercial Motor Vehicle at Time of Violation
NO

Transporting Hazardous Materials

This Notice (MV3519) Issued
MAILED

MV3530 Issued
YES

Criminal Complaint Issued
NO

BARABOO POLICE DEPARTMENT

5662

(Arresting Agency)

(Agency Code)

SERGEANT MARK LEE

208

(Officer)

(Badge Number)

On the above date you submitted to chemical testing administered in accordance with s.343.305 Wis. Stats. The test result indicated a prohibited alcohol concentration or a detectable amount of restricted controlled substance. Your operating privilege will be administratively suspended for six months. You have a right to obtain administrative and judicial review of the suspension under the provisions of s.343.305(8) Wis. Stats.

Thirty (30) days from the Notice Date listed in the box above your operating privilege will be suspended and a formal Order of Suspension will be mailed to you by the Department of Transportation.

Within 10 days after this notification or within 13 days if this notice was mailed to you, you may request, in writing, that the suspension be reviewed. If such a request is made a review shall be held within 30 days of this notice. You may present evidence and you may be represented by counsel at the review.

Arresting
Agency
Submit to:

DMV Driver Services
Wisconsin Dept. of Transportation
PO Box 7930
Madison, WI 53707-7930

Date DOT Received

ADMINISTRATIVE REVIEW REQUEST
Wisconsin Department of Transportation
MV3530 2/2008

IMPORTANT NOTICE - RESPOND WITHIN TEN (10) DAYS

REQUESTING AN ADMINISTRATIVE REVIEW IS OPTIONAL

- This form, (MV3530) SHOULD NOT be completed if you DO NOT want a review.
 - If you DO NOT request a review within ten (10) days you have waived your right to a review.
 - This IS NOT a review to get an occupational license.
- If you choose to request an administrative review of the loss of your operating privileges:
1. Fill in the information below and mail this form (MV3530) to the DMV address shown below.
 2. Your request for a review must be postmarked within ten (10) days of the notice date on the "Notice of Intent To Suspend..." or within 13 days if the notice was mailed to you.

THE ADMINISTRATIVE REVIEW IS LIMITED TO THE FOLLOWING ISSUES

1. The correct identity of the person.
2. Whether the person was informed of the options regarding tests under s.343.305 Wis. Stats.
3. Whether the person had a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood at the time of the offense.
4. Whether one or more of the tests were administered in accordance with s.343.305 Wis. Stats.
5. Whether each of the test results indicates the person had a prohibited alcohol concentration or a detectable amount of a restricted controlled substance in his or her blood.
6. Whether probable cause existed for the arrest.
7. Whether the person was driving or operating a commercial motor vehicle when the offense allegedly occurred.
8. Whether the person had a valid prescription for methamphetamine or one of its metabolic precursors or gamma-hydroxybutric acid or delta-9-tetrahydrocannabinol.

GENERAL REVIEW INFORMATION

1. If you request a review, you will be notified of the time and location of the review.
2. The review will be held within 30 days of the notice date on the "Notice of Intent To Suspend..." form MV3519.

3. Types of Reviews:

Telephone Review — You will be instructed to call a DMV office in Madison or another location at a specific time and date. The hearing examiner will take testimony and discuss exhibits with witnesses, including you or your attorney, by telephone.

Written Review — You or your attorney may submit written arguments with this request. Written arguments must address one or more of the above issues only. The hearing examiner deciding the matter may be in Madison or at any DMV location. Written reviews are restricted to a review of the paperwork submitted by the police agency in connection with the arrest and written arguments about that evidence submitted by you or your attorney.

In-Person Review — You or your attorney will be instructed to appear in person at a DMV location. You may subpoena witnesses and examine witnesses in-person before a hearing examiner.

REVIEW REQUEST

I request a (check one)
TELEPHONE **WRITTEN** **IN-PERSON**
administrative review of the suspension of my operating privileges resulting from an arrest for operation of a motor vehicle with a prohibited alcohol concentration or a detectable amount of a restricted controlled substance. If I have requested a telephone or written review, I hereby waive my right to subpoena or confront witnesses at the hearing and consent to the hearing being conducted at a location other than the nearest DMV office to the county where the violation occurred.

Name - Last, First, Middle Initial		
Birth Date	Sex	Daytime Area Code - Telephone Number
Driver License Number		State of Issuance
Citation Number BC180544-0	Arresting Agency Name BARABOO POLICE DEPARTMENT	
Date of Violation 09/16/2018	County of Violation SAUK - 56	Notice Date 10/17/2018

See page 2 of form for all attorney and address information.

Mail to: DMV Driver Services, Wisconsin Dept. of Transportation, PO Box 7930, Madison, WI 53707-7930

If you choose to be represented by an attorney, you must complete the following information.

ATTORNEY		
Attorney - Print Name		
Street Address		Area Code - Telephone Number
City	State	ZIP Code

If you request a copy of the file submitted by the arresting agency, you must complete the following information, or your attorney may submit form MV2896 Vehicle/Driver Record Information Request. There is a charge of .15 cents per page. You will be billed when copies are mailed.

Undersigned Driver - Print Name	
<p>I, the undersigned DRIVER, authorize the Wisconsin Department of Transportation, under the Federal Driver's Privacy Protection Act, to release any and all requested information related to this suspension, to my attorney identified above, for the DOT Administrative Review.</p>	
<p>X (Driver's Signature --Only)</p>	(Date--m/d/yyyy)

The willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

CHANGE OF ADDRESS

The Department mails all correspondence to the address on your driving record. If the Department does not have your current address, please provide it below. If you hold a Commercial Driver License (CDL), you must visit a DMV Service Center to update your address. The Department will mail all future correspondence to your updated address.

Street Address		
City	State	ZIP Code



Submitted By: BARABOO POLICE DEPARTMENT [402807]
ATTN: SGT MARK LEE

Report Date:
10/11/2018

BARABOO POLICE DEPARTMENT
101 SOUTH BLVD
BARABOO WI 53913-2941

Subject: Kirchstein, Lydia A
Address: 3838 US HIGHWAY 78 N
MOUNT HOREB WI 53572
DOB: 6/26/1966 **Sex:** Female

Specimen Details

	Collected	Type	Collector
18FX014921	9/16/2018 1610	Blood, Whole	Mark Willer

Date Received: 9/24/2018

Label/Seal: LABELED AND SEALED

Alcohol Analysis Date: 10/10/2018

Subject Number:

Case Number: 2018-06609

	Result	Units
Ethanol	0.274	g/100 mL
Comments: Drug analysis request canceled per submitter.		

Lab Comments

Specimen(s) are retained for six months from the date that testing is reported unless otherwise requested by agency or subject.

ETHANOL ANALYST: Aaron Zane
Aaron Zane, #AP-562

As designee of the Director, I do hereby certify this document to be a true and correct report of the findings of the Wisconsin State Laboratory of Hygiene.

Thomas P. Neuser
Thomas P. Neuser, Advanced Chemist, MT(ASCP)

END OF REPORT



STATE OF WISCONSIN
BLOOD / URINE ANALYSIS
ALCOHOL / OTHER DRUGS
WISCONSIN STATUTE 343.305(3)

A. AGENCY INFORMATION		B. SUBJECT INFORMATION	
Officer: Agency & Address:	SERGEANT MARK LEE BARABOO POLICE DEPARTMENT 101 SOUTH BOULEVARD BARABOO WI 53913	Name: (Last, First, MI) Address:	KIRCHSTEIN, LYDIA ANN 3838 HWY 78 N MOUNT HOREB WI 53572
Agency Telephone:	(608) 355-2720	Date of Birth:	06/26/1966 Sex: FEMALE
C. OFFENSE INFORMATION			

Driver License No: **K623-5216-6726-02** DL Issuing State: **WI** Citation No: **BC180527-4**
Violation Date: **09/16/2018** Violation Time: **03:51 PM** Comments:
Traffic Statute: **346.63(1)(A)** Police Number: **2018-06609**

D. SPECIMEN COLLECTION			
Specimen Type: <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine	Collection Date: <u>09-16-18</u>	Collection Time: <u>4:10</u>	<u>PM</u>
Specimen Collected by: <input type="checkbox"/> Med. Tech. <input type="checkbox"/> R.N. <input type="checkbox"/> P.A. <input type="checkbox"/> Physician <input checked="" type="checkbox"/> Person acting under the direction of a Physician <input type="checkbox"/> Officer			
Name (Print): <u>MARK WELER</u>		Signature: <u>[Signature]</u>	

E. ANALYSIS REQUESTED FOR	
<input type="checkbox"/> Alcohol Only <input type="checkbox"/> Alcohol & THC Only <input type="checkbox"/> Alcohol & Cocaine Only <input checked="" type="checkbox"/> Alcohol and Drug Panel	<input checked="" type="checkbox"/> Cancel Drug Testing If BAC is over: <u>.08</u>
Suspected Drugs: _____ _____ _____	

F. LABORATORY INFORMATION	
Specimen Received By: <u>ANDY BOYES</u>	Date: <u>9-24-18</u>
Specimen Condition / Seal / Label / Comments: Two tubes, labeled and sealed	Time: <u>7:53 AM</u>

G. Analyst verification	
<u>10/9/18 AZ</u>	Date Reported: _____ Analyst Cert. No. _____
Results of Analysis:	

Analyst Signature: _____
Reviewed by: _____
(Name and Title)

Analysis Number 18FX014921

