



**Ascension
St. Elizabeth
Hospital**

Ascension St. Elizabeth's Hospital
Behavioral Health- Outpatient- Substance Use
1531 S. Madison Street
Appleton, WI 54915
Phone: (920) 738-2257
Fax: (920) 738-2021

7/31/24

RE: Substance Abuse Treatment
Cindy Reed DOB 4/6/68

You were seen in this office on 4/2/24 for an initial assessment regarding your substance use.

It was recommended that you participate in individual sessions. You completed treatment services on 6/28/24.

Please contact this office if you have any questions or concerns.

Sincerely,

Brandi Andrews, CSAC

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the individual to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Ascension Behavioral Health AODA Out Pt
1531 S Madison St
Appleton, WI 54915

920-223-8570
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Ascension NE Wisconsin

DRIVER SAFETY PLAN STATUS REPORT

Wisconsin Department of Transportation
s.343.16, 343.30(1q), or 343.305(10) Wis. Stats.
MV3631 10/2004

General Information

Name (Last, First, MI) REED,CINDY,JOAN		Birth Date 04-06-1968	Sex F	Driver License Number R300-1106-8626-06	State WI
Address 3425 N MARCOS LN		City, State, ZIP Code APPLETON, WI 54911		County of Residence OUTAGAMIE	Area Code - Telephone
Judge	Court Address (Street, City, ZIP Code)			Client Occupation	
Citation Number BI663415-4	Court Case Number 2023CF000277	Non-UTC Number	Most Recent Conviction Date(s) 01-30-2024		

Arrest Information

Arrest Date(s) 03-23-2023/WI	Arrested For				
Blood Alcohol Level .026	<input type="checkbox"/> Controlled Substance and/or Other Impairing Drug:	<input type="checkbox"/> Implied Consent	<input checked="" type="checkbox"/> OWI - Operating While Intoxicated	<input checked="" type="checkbox"/> Repeat Offense	<input type="checkbox"/> OWI - Homicide
	<input type="checkbox"/> OWI - Injury	<input type="checkbox"/> OWI - Great Bodily Harm			
Total Lifetime OWI Arrests: 4					

Referred Information: Court DOT Voluntary

Assessment Finding Information

<input checked="" type="checkbox"/> Alcohol	<input checked="" type="checkbox"/> Other Drug(s)	<input type="checkbox"/> Controlled Substances
Final Diagnosis		

Driver Safety Plan Information - Program Recommendation

<input type="checkbox"/> Group Dynamics	<input type="checkbox"/> Multiple Offender Program	Provider Name
<input checked="" type="checkbox"/> Outpatient Treatment	Regimen and Provider Name ST ELIZABETH HOSPITAL #40870198	
<input type="checkbox"/> Inpatient Treatment	Regimen and Provider Name	
<input type="checkbox"/> Victim Impact Panel		

For any of the 6 choices below, please give provider name and explanation

<input type="checkbox"/> Medical Exam	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Detoxification	<input type="checkbox"/> Residential	<input type="checkbox"/> Day Treatment	<input type="checkbox"/> Other
Provider Name					

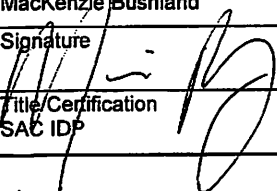
Explanation
Follow all rules and recommendations

Plan Completion Date 07-16-2024	Plan Extended Through - Total Assessment Period Cannot Exceed 16 Months
In Compliance Date(s) Plan Assessment Fee Treatment Fee N/C Report Sent in Error	Non-Compliance Date(s) Assessment Interview Plan Assessment Fee Treatment Fee

(Provide date(s) only for the action(s) being taken for this report filing.)

Description, Prognosis or Comments
Completed

Assessment Facility/Assessor Information

Agency Outagamie County Health and Human Services		Name - Please Print MacKenzie Bushland	
Address 320 S. Walnut Street	Area Code - Telephone 920 832 5270	Signature 	Date 7-16-2024
City, State, ZIP Code Appleton WI 54911		Title/Certification SAC IDP	

Distribution: 1 - Assessment; 2 - Plan Provider; 3 - DOT; 4 - Client

KENDRA KAUL, MSW



3425 N. Marcos In, Appleton WI 54911 . Kkaul@Kendrakaulllc.com . 920-841-6688

September 25nd, 2024

City Of Appleton

Safety and Licensing Committee

100 N Appleton St, Appleton, WI 54911

To the Committee, I am Kendra Kaul, the daughter of Cindy Reed, and I am writing to request your consideration in retaining my mother's employment as a bartender in the City of Appleton. With a bachelor's degree in Criminal Justice and a master's in Social Work, I have experience working with the courts and judges in various counties. Recognizing the gravity of an OWI offense, I can attest to my mother's unwavering responsibility in all aspects of her life. It is important to note that her last OWI offense was 17 years ago, and since then, she has exemplified outstanding citizenship. I kindly seek your grace in allowing Cindy Reed to retain her bartender's license and place of employment.

Thank you for your attention to this matter.

Sincerely,

Kendra Kaul

To Whom it May Concern,

Cindy Reed is a conscientious co worker. She is very willing to help out any individual that is in need. Cindy has a great rapport with the customers she meets each time she works. She is very conscious of her job duties and fulfills them to the fullest.

Cindy has a personable attitude and treats every person she meets with the respect they are deemed.

Thank you for your time,
Crystal Liesch



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-22559 (Rev. 01/2020)

STATE OF WISCONSIN
Wis. Stat. § 134.66(2m)

**EMPLOYEE TRAINING ACKNOWLEDGEMENT
LEGAL RESTRICTION ON TOBACCO SALES TO MINORS**

Use of form: This is a required form. Personally identifiable information on this form is collected to determine compliance with the statutes and will only be used for that purpose.

Instructions: Sign form and retain on premises in personnel file.

Employee - Name (print) Cindy Reed		Driver's License Number
Address	City, State, Zip	
Online	Statewide, WI	
Home Telephone	Date of Birth (Day, Month, Year)	
Store Name Wisconsin Bartending		Store Number (if applicable)
Name - Supervisor		

I acknowledge (Choose one):

- I have successfully completed a responsible beverage server training course at a technical college that conforms to curriculum guidelines specified by the technical college system board or a comparable training course that is approved by the department or the educational approval board. (Wis. Stat. § 125.04)
- I have received training from my employer on compliance with Wis. Stat. § 134.66.

I further acknowledge:

- I understand that federal law prohibits selling tobacco products to any person under the age of 21. Failure to comply with these restrictions may result in a citation.

SIGNATURE - Employee

Date Signed

SIGNATURE - Supervisor

Date Signed





Submitted By: WISCONSIN STATE PATROL-DISTRICT #3 [402960]
ATTN: SGT H GLICK V

Report Date:
4/18/2023

WISCONSIN STATE PATROL-DISTRICT #3
851 S ROLLING MEADOWS DR
FOND DU LAC WI 54937-8200

Subject: Reed, Cindy J
Address: N1478 HIGHGREEN CT
GREENVILLE WI 54942
DOB: 4/6/1968 **Sex:** Female

Specimen Details

	Collected	Type	Collector
23FX005711	3/23/2023 1735	Blood, Whole	Traci Laneve

Date Received: 4/3/2023

Label/Seal: LABELED AND SEALED

Alcohol Analysis Date: 4/14/2023

Subject Number:

Case Number: 000243-2994

	Result	Units
Ethanol	0.026	g/100 mL

Comments:

Additional test results will be reported below when all laboratory analyses have been completed.

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:


Benjamin Mullins, M.S., #AP-570

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.



Kayla Neuman, M.S., D-ABFT-FT, Forensic Scientist Supervisor

END OF REPORT



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(877) 777-5020 www.intoxalock.com

Consumer Safety Technology, LLC. 11035 Aurora Ave, Urbandale, IA 50322

State of Wisconsin
Certificate of Intoxalock Installation

Customer Name: Cindy Reed
Customer Address: 3108 Stonemeadow Way Apt 6 Appleton, WI 54915



ELERT
-Camera, GPS-

County: Winnebago
Customer ID: 1910263 Date of Birth: 4/6/1968
Drivers License #: R3001106862606 Case Number:
Original Install Date:

Original Install

Vehicle: 2011 FORD Focus
Plate # / Color: 551ZJW (WI)
Registered Owner: Cindy Reed
Vin#: 1FAHP3HNOBW161101

Service Center: R&S Auto Artists Inc
945 Edgar Drive
Oneida, WI 54155

Contact Person: Ron Smet
Phone Number: (920) 621-5160
Email Address: msautoa@netnet.net

Handheld Serial Nbr: 1AF2C299 Intoxalock® Model Nbr: I1001A
Camera Serial Nbr: CD102BBE Relay Serial Nbr: 130B51E

Confirmed Date:
Next Calibration Date: 3/26/2024

CUSTOMER COPY

Service Technician:

[Signature]
Signature

RON smet
Print Name

Customer:

[Signature]
Signature

Print Name

Date:

1-26-24

The defendant is guilty as convicted and sentenced as follows:

Ct.	Sent. Date	Sentence	Length	Begin Date	Begin Time	Agency	Comments
1	01-30-2024	Local jail	60 DA				Consecutive to any other sentence. Granted Huber if in compliance with jail regulations. Granted Good Time. Defendant taken into custody immediately to start serving sentence.
1	01-30-2024	Forfeiture / Fine					1 day credit for time served. Forfeiture and costs to be paid within 60 days from sentence date, unless payment plan is approved. Penalty for non-payment shall be entry of civil judgment. Clerk of Courts shall docket without fees. Send payments to: Clerk of Courts, Room 110, 415 Jackson Street, P O Box 2808, Oshkosh WI 54903-2808.
1	01-30-2024	Costs					IID requirement applies to all vehicles which are registered in your name and any vehicles you operate. During your IID requirement period, you may not operate any motor vehicle without an IID installed.
1	01-30-2024	Ignition interlock	24 MO				
1	01-30-2024	DOT License Revoked	24 MO				
1	01-30-2024	Alcohol assessment					

Sentence Concurrent With/Consecutive Information

Ct.	Sentence	Concurrent With/Consecutive To	Comments
1	Local jail	Consecutive	any other sentence

Obligation Detail:

Ct.	Schedule	Amount	Days to Pay	Due Date	Failure to Pay Action	Victim
1	Felony Driving Violations	1569.00	60	04-01-2024	Judgment	
1	Blood Test Cost - State	39.39	60	04-01-2024	Judgment	
1	DNA Analysis Surcharge	250.00	60	04-01-2024	Judgment	

Obligation Summary:

Fine & Forfeiture	Court Costs	Attorney Fees	<input type="checkbox"/> Joint and Several Restitution	Mandatory Victim/Wit. Other Surcharge	5% Rest. Surcharge	DNA Anal. Surcharge	Totals
766.00	687.39			63.00	92.00	250.00	1,858.39

Total Obligations: 1858.39

It is adjudged that 1 days sentence credit are due pursuant to §973.155, Wisconsin Statutes.

It is ordered the Sheriff take the defendant into custody

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL.

DISTRIBUTION:

Court

Ryan Scott Ulrich

CINDY JOAN REED

Adam Joseph Levin, District Attorney

WRU

Jail