

090683

ME-4

Equip No. <u>27049</u>	<input checked="" type="checkbox"/> Investigative <input type="checkbox"/> Fleet Accident <input type="checkbox"/> Equipment Damage Only <input type="checkbox"/> Vandalism or Theft	Claim No
Mileage/Hours		Operator's Dept. <u>ST Maint.</u>
Ro No		Operator's License No <u>R 520 2245 9457 06</u>
Rept No		

1a Name-Address City Operator <u>Raul Ramos 2348 S. 33rd St.</u>	1d Supervisor & Phone <u>X 3422 B. Zwen</u>
2a Date-Time of Accident <u>06-15-09 8:30 AM</u>	2b Location of Accident <u>6089 N. 42nd St</u>
2c. <input type="checkbox"/> YES <input type="checkbox"/> NO	

3. Description of Accident: A witness Angelina Pridc saw a city vehicle backing on N. 42nd street and hit a vehicle parked at curb. Vehicle was legally parked. (over).

4a. City Vehicle <u>1999 CMC</u>	Description	VIN <u>1GdJKG18XF290290</u>	License No <u>MW 54545</u>
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4b. Damage Description <u>NONE</u>				
5a. Occupants of City Vehicle <u>Same as above</u>	Name	Address	Injury <u>NONE</u>	Phone <u>334 6295</u>
5b. Passenger <u>NONE</u>	Name	Address	Injury <u>N/A</u>	Phone

6a. Unit No <u>2</u>	6b. Description <u>1997 TOYT CUMRY</u>	6c. License No <u>W5 F1672T</u>	6d. Ins Co <u>AAA</u>
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4b. Damage Description <u>Damag on left Rear Quarter Panel</u>	(OUB.2)
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7. Owner <u>SABINA F CHILDS 7100 N Presido Dr.</u>	Name	Address	Injury <u>NONE</u>	Phone <u>217-9745</u>
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8a. Driver <u>N/A</u>	Name	Address	Injury	Phone
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8b. Passenger	Name	Address	Injury	Phone
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8c. Passenger	Name	Address	Injury	Phone
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9a. Unit No	9b. Description	9c. License No	9d. Ins Co
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4b. Damage Description

7. Owner	Name	Address	Injury	Phone
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8a. Driver	Name	Address	Injury	Phone
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8b. Passenger	Name	Address	Injury	Phone
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8c. Passenger	Name	Address	Injury	Phone
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12a. Witness <u>UNIT #1 JASON BHOEK 9133 W. Custer St.</u>	Name	Address	Phone <u>759 3046</u>
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12b. Witness <u>Wilbur Williams 5064 N. 26th St</u>	Name	Address	Phone <u>444 8247</u>
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SAFETY EQUIPMENT

1=Shoulder Belt 5=Helmet
 2=Lap Belt 6=Eye Protect
 3=Child Res 7=Helmet & Eye
 4=Air Bag 8=None

ENTER ONE NUMBER FOR EACH OCCUPANT PER UNIT

UNIT 1			UNIT 2		
1	2	3	1	2	3
4	5	6	4	5	6
Other 7			Other 7		

CYCLE OR

MANNER OF COLLISION

1 Head On	2 Rear End	3 Side Swipe Same	4 Side Swipe Opposite
5 Off Rd Left	6 Off Rd Right	7 Angle	8 Left Turn
9 Other			

4

DRIVER CONDITION (OR PEDESTRIAN)

UNIT 1	UNIT 1	UNIT 1
UNIT 2	UNIT 2	UNIT 2

1 Had been drinking
 2 Use of drugs
 3 Physical disability
 4 Other

DRIVER FACTOR (OR PEDESTRIAN)

UNIT 1	UNIT 2
1	N/A

1 Appeared normal
 2 Reduced alertness
 3 Ability impaired

City of Milwaukee - Department of Public Works Fleet Accident Report

09-V-155
09-V-139

1. Basic Report Information	Location of Accident <input style="width: 100%;" type="text" value="6089 N. 42 STREET"/>	Accident Type <input style="width: 100%;" type="text" value="Investigative"/>
Date of Accident <input style="width: 100%;" type="text" value="6/15/2009"/>	Time <input style="width: 100%;" type="text" value="8:30"/>	

2. Investigator <input style="width: 100%;" type="text" value="E. Jackson"/>	BFD Pictures <input checked="" type="checkbox"/> # Pictures <input style="width: 100%;" type="text" value="11"/>	Weather <input style="width: 100%;" type="text" value="Clear"/>	Surface <input style="width: 100%;" type="text" value="Dry"/>	3. Police Information Press ENTER if 'YES' MPD Report <input type="checkbox"/> MPD Squad # <input style="width: 100%;" type="text"/> MPD Pictures <input type="checkbox"/>
Investigator's Comments <input style="width: 100%;" type="text" value="A WITNESS (ANGELINE PRIDE) SAW A CITY VEHICLE BACKING ON 43 STREET AND HIT A VEHICLE PARKED AT CURB. VEHICLE WAS LEGALLY PARKED."/>				
Seasonal Type Yes/No Snow <input type="checkbox"/> Leaf <input type="checkbox"/>		Backing <input type="checkbox"/>		Entered By <input style="width: 100%;" type="text" value="G. Ellis"/>

4. Equipment Information				Equipment Motion Press enter if 'YES' Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Turning <input type="checkbox"/>
Equipment # <input style="width: 100%;" type="text" value="27049"/>	Year <input style="width: 100%;" type="text" value="1999"/>	Equipment Manufacturer <input style="width: 100%;" type="text" value="GMC"/>	Equipment Model <input style="width: 100%;" type="text"/>	
License # <input style="width: 100%;" type="text" value="54545"/>	Equipment Vin # <input style="width: 100%;" type="text" value="1GDJK3418XFD90290"/>	Odometer Reading <input style="width: 100%;" type="text"/>		
Damage <input style="width: 100%;" type="text" value="NONE"/>				

5. Unit #1 - Operator Information			Operator's Home Division <input style="width: 100%;" type="text" value="523 - Infra: Streets, Br"/>
Operator's Last Name <input style="width: 100%;" type="text" value="RAMOS"/>	First Name <input style="width: 100%;" type="text" value="RAUL"/>	Call Number <input style="width: 100%;" type="text"/>	Operator's Supervisor <input style="width: 100%;" type="text" value="IWEN"/>
Operators License Number <input style="width: 100%;" type="text" value="R520-7265-9457-06"/>	Operator Wearing Seatbelt <input type="checkbox"/> Press ENTER if 'YES'	Discipline Given <input style="width: 100%;" type="text" value="None"/>	Supervisor's Phone Number <input style="width: 100%;" type="text" value="3422"/>
Description of Operators Injuries <input style="width: 100%;" type="text" value="NONE"/>			
Operator's Description of Accident <input style="width: 100%; height: 40px;" type="text"/>			

6. Unit #1 - Passenger Information		
Passengers Last Name <input style="width: 100%;" type="text"/>	First Name <input style="width: 100%;" type="text"/>	Passenger wearing Seatbelt <input type="checkbox"/> Press ENTER if 'Yes'
Passengers Injuries <input style="width: 100%; height: 20px;" type="text"/>		

City of Milwaukee - Department of Public Works Fleet Accident Report

7. Unit #2 - Operator Information

Operators Last Name	First Name	Operator Wearing Seatbelt <input type="checkbox"/> Press ENTER if 'Yes	Unit #2 Motion Press ENTER if 'YES Parked <input type="checkbox"/> Stopped <input type="checkbox"/> Backing <input type="checkbox"/> Turning <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Operator's Address	City	Zip Code	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Operator's License Number	Phone Number	Description of Operator's Injuries	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	

8. Unit #2 - Vehicle and Owner Information

Year	Make	Model	U2_DAMAGE LEFT REAR QUARTER PANEL
<input style="width: 100%;" type="text" value="1997"/>	<input style="width: 100%;" type="text" value="TOYATO"/>	<input style="width: 100%;" type="text" value="CAMRY"/>	
Insurance Company	License Plate No.		
<input style="width: 100%;" type="text" value="AAA"/>	<input style="width: 100%;" type="text" value="F1672T"/>		

Owner of Unit #2 if different from operator

Owner's Last Name	First Name	Owner's Address	Phone Number
<input style="width: 100%;" type="text" value="CHILDS"/>	<input style="width: 100%;" type="text" value="SABRINA"/>	<input style="width: 100%;" type="text" value="7100 N. PRESIDIO DR"/>	<input style="width: 100%;" type="text" value="217-7745"/>

9. Unit #2 - Passenger Information

Passenger's Last Name	First Name	Description of Passenger's Injury
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Passenger's Address	Passenger's Phone	Passenger Wearing Seatbelt <input type="checkbox"/> Press ENTER if 'Yes
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Additional Passengers should be listed on a separate sheet of paper.

10. Witness's Name **Witness's Address** **Witness's Phone Number**

Picture 1	Picture 2	Picture 3	Picture 4

Drivers Accident Statement Form

Return this form to: Fax # 414-286-8514 ATTN: _____

Name of Driver (Please Print): RAUL RAMOS

Date / Time (Of Accident): 6-15-09 NO ACCIDENT HAPPEN

City Equipment #: 27049

Location (Of Accident): 6089 N. 42ND ST.

Drivers Statement: I WAS HEADING NORTH ON 42ND - FLORIST
MADE A LEFT TURN IN THE ALLEY THEN MADE RIGHT
TURN INTO MIDDLE ALLEY WHERE THE JOB WAS
LOCATED THEN STARTED TO BREAK OUT THE JOB
WAS WITH THE SMALL DUMP TRUCK

908 7201 Raul Ramos

Signature Raul Ramos

Date 6-15-09

Drivers Accident Statement Form

Return this form to: Fax # 414-286-8514 ATTN: _____

Name of Driver (Please Print): Wilbert Williams, JR

Date / Time (Of Accident): 15 June 09 7:30 AM

City Equipment #: 25096

Location (Of Accident): 6097 N. 42

Drivers Statement: We located address to complete job, when we found our location we pulled in the alley to do job assignment.

I was passenger of 25096, neither truck back up and collided into any vehicle.

Jordan Bunker

Signature Wilt Williams

Date 15 June 09

PK2007

POLICE # DISTRICT 4

ACCIDENT # 091660536

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9H0R0SN		Document Override Number	
Agency Accident Number 091660536				Police Number DISTRICT 4					
4 - Accident Date 06/15/2009		5 - Time of Accident (Military Time) 0750		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No. 42ND ST N	14 - On Street Name			14 - Bus/Frnt/Rmp		15 - Est. Dist 100	Ft/Mi F	15 - Hwy. Dir SOUTH	
16 - Fr/At Hwy No.	16 - From/At Street Name KAUL AVE W				16 - Business/Frontage/Ramp				
17 - Structure Type HOUSE #		17 - Structure Number 6089		12 - Latitude			13 - Longitude		
80 - First Harmful Event PARKED MOTOR VEHICLE				93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLEAR			
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 checked="" type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input checked="" 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 PARKED MOTOR VEHICLE		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 R5207265945706		30 - State WI	31 - Expiration Year 2014	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name RAMOS			25 - First Name RAUL		25 - Middle Initial	25 - Suffix	
32 - Date Of Birth 12/17/1959		33 - Sex MALE					
26 - Address Street & Number 2348 S 33 ST						26 - PO Box	
27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53215		28 - Telephone Number (414) 708-7201 EXT.		
39 - 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		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing BACKING-MANEUVER			120 - Traffic Control NO-CONTROL			62 - No. of Citations 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 NOT OBSERVED		89 - Substance Presence UNKNOWN					
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 AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 1
	56 - License Plate Number 54545	57 - Plate Type MUN	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 1GDJK34F8XFD90290	
	50 - Year 1999	51 - Make GMC	52 - Model COMPRESSOR	53 - Body Style 2D	54 - Color YEL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR					
	95 - Extent Of Damage VERY-MINOR	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
	46 - Company Name CITY OF MILWAUKEE					
	47 - Address Street & Number 200 E WELLS ST			47 - PO Box		
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53202	49 - Telephone Number (414) 286-2150 EXT.	

Insurance

INS 01	63 - Liability Insurance Company GOVERNMENT		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 L - LEGALLY PARKED		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel	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	31 - Expiration Year	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name		25 - First Name		25 - Middle Initial	25 - Suffix
32 - Date Of Birth		33 - Sex			

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number				26 - PO Box	
	27 - City		27 - State	27 - Zip Code		28 - Telephone Number
	39 - Seat Position BLANK			40 - Safety Equipment NOT-APPLICABLE-NONMOTORIST		
	38 - Injury Severity		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 LEGALLY-PARKED		120 - Traffic Control NO-CONTROL		62 - No. of Citations 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 NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond		89 - Substance Presence			
	90 - Alcohol Test		90 - Alcohol Content		91 - Drug Test	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR		22 - Total Occupants 0
	56 - License Plate Number F1672T		57 - Plate Type SES	58 - State WI	59 - Exp Year 2010	55 - Vehicle Identification Number 4T1BG22K1VU134722
	50 - Year 1997	51 - Make TOYT	52 - Model CAMRY	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR DRIVER SIDE					
	95 - Extent Of Damage MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By W MONROVIA	
123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name CHILDS		46 - First Name SABRINA		46 - Middle Initial F
	46 - Company Name				
	47 - Address Street & Number 7100 N PERSIDIO DR			47 - PO Box	
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53223	

Insurance

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INS 02	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 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	105 - PHOTOS BY
	<p>6089 N 42 ST N 42ND UNIT 2 NOT DRAWN TO SCALE W MONROVIA WAY</p>
UNIT #1 WAS BACKING IN ROADWAY, 6800 BLOCK OF N 42 ST. UNIT #1 BACKED INTO UNIT #2 WHICH WAS LEGALLY PARKED ON THE ROADWAY 6800 BLOCK OF N 42 ST. WITNESS WAS SITTING ON HER FRONT PORCH AND STATES SHE OBSERVED THE SAME AS ABOVE.	

Witness

WITNESS 01	107 - Witness Last Name PRIDE		107 - First Name ANGELENE		107 - Middle Initial
	108 - Address Street & Number 4214 W MONROVIA WAY			108 - PO Box	109 - Date of Birth 1/12/1958
	110 - City MILWAUKEE		State WI	110 - Zip Code 53209	111 - Telephone Number (414) 466-4328 EXT.

Officer Information

PK2007.

OFFICER INFORMATION	125 - Officer Last Name BECKER		125 - First Name DAVID	125 - Middle Initial	131 - Officer ID 06892	
	129 - Law Enforcement Agency No. 006		130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET					
	127 - City MILWAUKEE		127 - State WI	127 - Zip Code 53233	128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 06/15/2009		133 - Time Notified (Military Time) 0830	134 - Time Arrived (Military Time) 0840	135 - Date Of Report 06/16/2009	
	Agency Accident Number 091660536		Police Number DISTRICT 4	19 - Special Study		
	18 - Agency Space					

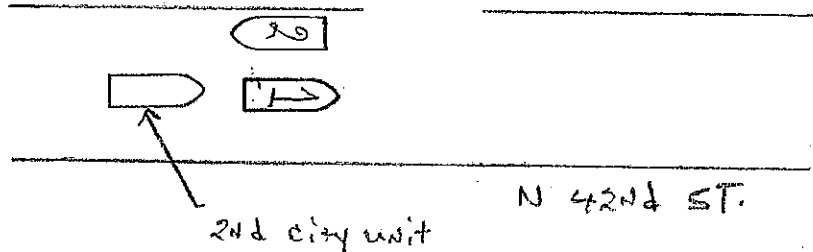
Draw diagram of accident
Indicate north with an arrow in the circle

81 PICTORIAL REPRESENTATION OF NARRATIVE

Skidmarks to Impact
Unit 1 Unit 2
FT FT



Bethland APTS



SECTION D

Narrative: The city unit seen was 27049 driven by Raul Ramos
83 and Ramos said he was working in the area but that he
never hit any vehicle and that when he drove past the
car in question that another city crew saw him and that
they were his witness that he never hit any car.

SEE WITNESSES STATEMENTS

The damage is inconclusive with damages from this type city vehicle

WEATHER CONDITION

- 1. Clear
 - 2. Cloudy
 - 3. Rain
 - 4. Snow or ice
 - 5. Fog or Mist
 - 6. Sleet
- 89

Circle Area Of Vehicle Damage				Circle Area Of Vehicle Damage			
9	10	11	12	9	10	11	12
UNIT 98 1				UNIT 98 2			
Front		Front		Front		Front	
Overturn - 14		Multiple - 15		Undercarriage - 16		Undercarriage - 16	
1 Scratched	2 Dented	3 Structural	4 Driveable	1 Scratched	2 Dented	3 Structural	4 Driveable
99	100	Y/N	100	99	100	Y/N	100
Vehicle Removed By: Driver				Vehicle Removed By: Driver			
101				101			

ROAD CONDITION

- 1. Dry
 - 2. Snow or ice
 - 3. Wet
 - 4. Gravel
 - 5. Slush
 - 6. Muddy
 - 7. Oily
 - 8. Other
- 90

4b. Description Cont'd.

11 Photos

Investigated by *Gair Jackson* Date 06-15-09
 Driver's Signature See attached statements Date _____
 Supervisor's Signature *[Signature]* Date 7/6/09











