

CITY OF MILWAUKEE  
02 NOV 26 PM 1:28

NOTICE OF INJURY

RONALD D. LEONHARDT  
CITY CLERK

TO: CITY OF MILWAUKEE  
City of Milwaukee Department of Public Works

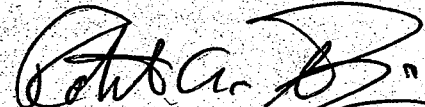
NOTICE IS HEREBY GIVEN to the City of Milwaukee, a municipal corporation organized under the laws of the State of Wisconsin, and the City of Milwaukee Department of Public Works, that claimant, Linda A. Burt, of 3048 North 47<sup>th</sup> Street, Milwaukee, Wisconsin, whose telephone number is 1-414-365-2653 sustained damages as follows:

On August 26, 2002, at approximately 8:53 A.M., was traveling in a northerly direction on North Sherman Boulevard crossing West Burleigh Street. At the intersection of North Sherman Boulevard and West Burleigh Street there was road construction being done, as a part of this road construction there was a wet concrete in the roadway and her vehicle fell in to the wet concrete left in the construction zone. The injuries sustained in this accident were due to the negligence of the City of Milwaukee, its agents, servants and employees, and the City of Milwaukee Department of Public Works, due to a highway neglect.

Please be advised that claimant has retained Eisenberg, Weigel, Carlson, Blau, & Clemens, S.C., and they have an attorney lien right as prescribed by the Statutes of the State of Wisconsin, and by means of a written contract signed by claimant.

This is a Notice of Injury pursuant to Section 893.80(1)(a), of the Wisconsin Statutes. A claim pursuant to Section 893.80(1)(b), of the Wisconsin Statutes will be presented to the appropriate clerk at a later date.

Dated this 26th day of November 2002



Linda A. Burt, Claimant  
By: Robert Figg, Attorney  
State Bar No. 1014923

EISENBERG, WEIGEL, CARLSON,  
BLAU, & CLEMENS, S.C.  
Attorneys for Claimant  
2228 West Wells Street  
Milwaukee, Wisconsin 53233  
Phone: (414) 342-1000

CITY OF MILWAUKEE  
RECEIVED  
02 NOV 26 PM 3:04  
CITY ATTORNEY

**A CLAIM AGAINST THE CITY OF MILWAUKEE,**

**Pursuant to Wisconsin Statutes, Section 893.80(1)(b)**

CITY OF MILWAUKEE

JAN 21 PM 1:08

RONALD D. LEONHARDT  
CITY CLERK

Re: Claimant: Linda Burt  
Claimant's Address: 3048 North 47<sup>th</sup> Street  
Milwaukee, WI 53210

**CLAIM**

Past Medical Expenses: \$1,873.00

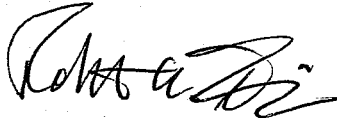
Sethi Medical Services for medical and physical therapy treatment from August 27, through October 24, 2002.

Past Pain and Suffering: 5,000.00

**TOTAL CLAIM \$6,873.00**

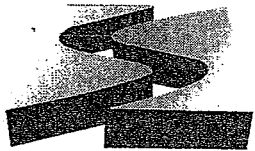
Dated at Milwaukee, Wisconsin this 16<sup>th</sup> day of January, 2003.

EISENBERG, WEIGEL, CARLSON,  
BLAU & CLEMENS, S.C.



By: Robert A. Figg  
Attorneys for the Claimant

CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY  
JAN 21 PM 3:41



**SETHI**  
Medical Services

Sethi Medical Clinic  
1218 W. Kilbourn Ave  
Suite 124  
Milwaukee, WI 53233  
(414) 291-2626  
Fax (414) 291-2630

Indo Chinese Family  
Medical Center  
3510 W. Burnham  
Milwaukee, WI 53215  
(414) 643-6454  
Fax (414) 643-1211

Community Family  
Medical Center  
5434 W. Capitol Drive  
Milwaukee, WI 53216  
(414) 444-5444  
Fax (414) 444-5661

Health First  
Medical Center  
1308 W. Lincoln Ave.  
Milwaukee, WI 53215  
(414) 645-7499  
Fax (414) 645-6130

Urban Family  
Medical Center  
2350 W. Villard Ave.  
Ste #300  
Milwaukee, WI 53209  
(414) 466-5620  
Fax (414) 466-5689

35th Street Clinic  
950 N. 35th Street  
Milwaukee, WI 53208  
(414) 431-1235  
Fax (414) 431-1238

76th Street Clinic  
7635 W. Oklahoma Ave.  
Suite 204  
Milwaukee, WI 53219  
(414) 541-1111  
Fax (414) 541-1240

November 18, 2002

Eisenberg, Weigel, Carlson,  
Blau, Clemens, S.C.  
Attorneys at Law  
2228 W. Wells Street  
Milwaukee, WI 53233-1919

RE: Linda Burt  
DOA: 8/26/02

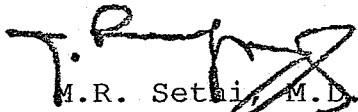
Dear Ms. Voloshin,

Attached are copies of the medical records pertaining to the above named patient\date of accident, a medical bill along with a certification letter.

From the description of the attached initial accident examination and the sequence of events which follow, it is my opinion that I can say with a reasonable degree of medical certainty, that the accident was the direct cause of this patient's injuries.

I hope this meets your requirements and if I can be of any further assistance, please call me.

Sincerely,

  
M.R. Sethi, M.D.  
MRS\ss  
Enclosure

**SETHI MEDICAL SERVICES**  
1218 W. Kilbourn Avenue  
Suite 124  
Milwaukee, WI 53233  
Phone (414) 291-2626  
Fax (414) 291-2630

**RE: Linda Burt**  
**DOA: 8/26/02**

INITIAL EXAMINATION \$ 210.00

(99205)

Date of service: 8/27/02

OFFICE VISITS \$ 320.00

(99214) 4 @ \$80

Date of service: 9/24/02, 10/3/02, 10/16/02,  
10/24/02

PHYSICAL THERAPY \$ 648.00

(97010) Hot packs 24 @ \$15

(97039) Vibration massages 9 @ \$22

(97014) Electrical stimulation 3 @ \$30

Date of service: 8/30/02, 9/4/02, 9/24/02,  
9/26/02, 9/30/02, 10/1/02, 10/3/02, 10/8/02,  
10/16/02, 10/18/02, 10/22/02, 10/24/02

X-RAY \$ 695.00

(73030) - Right & Left shoulders \$230

(72050) - Cervical spine \$175

(72070) - Thoracic spine \$115

(72110) - Lumbar spine \$175

Date of service: 8/27/02

**BALANCE** **\$1873.00**

PLEASE CALL FOR VERIFICATION BEFORE SUBMITTING PAYMENT

**SETHI MEDICAL SERVICES**  
1218 W. Kilbourn Avenue  
Suite 124  
Milwaukee, WI 53233  
Phone (414) 291-2626  
Fax (414) 291-2630

Patient: Linda Burt  
DOB: 6/12/56  
DOA: 8/26/02

**\*\* MEDICAL RECORDS CERTIFICATION \*\***

I, Susan C. Stoetzel, custodian of the medical records of Sethi Medical Services, do hereby certify that the annexed photographic copies of the medical records and billing of Linda Burt, covering the period 8/27/02 through 10/24/02, have been compared with the original medical records on file with Sethi Medical Services, and the annexed copies are, to the best of my knowledge, a complete legible and accurate duplicate of the records from this facility.

Sincerely,

Susan C. Stoetzel

HISTORY AND PHYSICAL

RE: Linda Burt  
DOB: 06/12/56  
DOA: 08/26/02  
DOV: 08/27/02

HISTORY OF PRESENT ILLNESS: This is a 46-year-old female who was involved in a motor vehicle accident on 08/26/02. She reports that she was driving and, while trying to make a turn from Burleigh Street and Sherman she went into the cement block. She had not lost control of her car. She suffered severe jerking and jolting injury to both the shoulders, as well as neck and back area and is in considerable pain. There was apparently a substantial impact. The patient denies any headache, and did not seek any medical attention at that time.

PAST MEDICAL HISTORY: Unremarkable.

PAST SURGICAL HISTORY: Unremarkable.

FAMILY HISTORY: Unknown, as far as the father is concerned but the mother has diabetes.

CURRENT MEDICATION: None.

ALLERGY: Codeine and penicillin.

PERSONAL HISTORY: She smokes moderately, ~~does not drink alcohol.~~ She works in a childcare.

REVIEW OF SYSTEMS: Denies any shortness of breath, hemoptysis or cough. Denies chest pain, palpitation, dyspnea on exertion. Denies any nausea, vomiting, diarrhea or constipation. Denies any hematochezia or melena or any hematemesis. Denies any speech or swallowing problems or headache. Denies any hematuria or dysuria, any frequency, urgency or hesitancy.

PHYSICAL EXAMINATION:

GENERAL: Patient appears to be normally developed without any dysmorphic features and is in no apparent distress. HEENT: Normocephalic. PERRLA, EOMI, non-icteric. Conjunctivae pink. No nasal deformity. Ears: Clear. Oropharynx: Clear. Tongue is pink and moist and is in the midline.

VITAL SIGNS: Stable.

NECK: Considerable tenderness over the posterior cervical region with some spasm of the paravertebral muscles.

CHEST: Chest is symmetrical and expands equally on both sides. There are no abnormal areas of tenderness on palpation. Lungs: Clear to auscultation bilaterally without any evidence of wheezing or rhonchi or crepitation. There is no use of accessory muscle of respiration.

HEART: S1, S2 normal without any evidence of murmur. Regular rate and rhythm. Area of cardiac dullness is within normal limits.

ABDOMEN: Soft. Nontender. Bowel sounds are positive. Liver and spleen are not palpable. No masses are palpable. There is no guarding rebound or rigidity.

RECTAL: Deferred.

EXTREMITIES: There is reduced range of motion as well as severe tenderness over both shoulder areas.

NEUROLOGICAL: Patient is alert and oriented x 3. Mental status appears to be within normal limits. Cranial Nerves II-XII are normal. Motor examination revealed normal strength in all extremities. Sensory examination is intact to all modalities. Finger-to-nose and heel-to-shin testing is well preserved. Gait appears to be normal without any evidence of ataxia.

BACK: There is significant tenderness over the lower lumbar area. Lateral rotation of the lumbar spine is restricted to about 70% of the normal range of motion. Forward bending and straight leg raise is barely possible.

A:

1. Acute lumbar strain.
2. Cervical strain.
3. Possible thoracic strain.
4. Bilateral shoulder pain.

P: The patient is being sent for an x-rays of the C, T and L spine as well as bilateral shoulder area. If the x-ray is negative she will be started on physical therapy with hot and cold packs, ultrasound and electric stimulation.

M. A. Razzaq, M.D.  
MAR/fai/aye  
352306.vox

*AR*

cc: Christine

LINDA BURT - 9/24/02

DOB - 6/12/56

**S:** Patient presented today to the clinic complaining of pain in the back, neck and bilateral shoulders. PT has provided minimal relief.

**O:** Patient still has moderate tenderness over the paraspinal muscles of the cervical and lumbosacral spine with decreased ROM. Also has quite a bit of pain and tenderness of her bilateral shoulders.

**A:** Patient was advised to continue with PT and will be reevaluated in one week.

M.A. Razzaq, M.D.\ss



LINDA BURT - 10/3/02 DOB - 6/12/56

**S:** Patient presented today. She is complaining of pain in the neck, back and both shoulders. PT has provided her with minimal relief.

**O:** Patient has moderate tenderness over the paraspinal muscles of the lumbosacral and cervical spine along with moderate tenderness of both shoulders.

**A:** Patient was advised to continue with PT and will be reevaluated in one week.

M.Z. Nwilati, M.D.\ss

Downtown Clinic

FOLLOW-UP VISIT

RE: Linda Burt  
DOB: 06/12/56  
DDA: 08/26/02  
DOV: 10/16/02

S: This patient returns today for a follow up. She reports about 40% improvement in her accident-related injuries. She still has some pain in the lower back as well as neck area and both shoulder areas. It seems physical therapy is helping her.

O: Vital sign: Stable.

HEENT: PERRLA. EOMI. Oropharynx: Clear. Ears: Clear bilaterally. Neck: Minimal tenderness is noted over the posterior cervical area. LUNGS: Clear to auscultation. HEART: S1, S2. RRR. Abdomen: Soft, nontender, no hepatosplenomegaly. Bowel sounds in all quadrants. EXTREMITIES: No edema, clubbing or cyanosis. NEURO: Grossly intact. Back: The tenderness over the lower lumbar area seems to have improved from last clinic visit. Lateral rotation at the lumbar spine continues to be restricted to about 70% of the normal range of motion however.

A:

1. Acute lumbar strain.
2. Cervical strain.
3. Thoracic strain.
4. Bilateral shoulder pain.

P: The patient has shown improvement and reports 40% improvement in her symptoms. I will continue physical therapy as it is helping her and I advised her to follow up regularly.

M. A. Razzak, M.D.  
MAR/muz/soh  
363531.vox

cc: Christine

*ASZ*

LINDA BURT - 10/24/02      DOB - 6/12/56

**S:** Patient presented today to the clinic. Patient feels better with no complaints. Patient reports significant improvement.

**O:** Physical examination did reflect that the patient is close to baseline.

**A\P:** We will release the patient from our care. Patient should feel free to return if any of the symptoms reoccur or for any other problems.

M.Z. Nwilati, M.D.\ss



EXAMINATION: LUMBAR SPINE

Views of the lumbar spine revealed the lumbar bodies and disc spaces to be satisfactorily developed and preserved without evidence of fracture.

IMPRESSION: Normal lumbar spine.

Edward H. Aprahamian, D.O.  
EA\aye



PROGRESS NOTES

NAME Linda Burt

DOB: 6-12-56 SEX Female

DATE

TREATMENT NOTES

- 8/30/02 Patient received hotpacks to lumb./cerv. areas ESTIM
- 9/4/02 Patient received hotpacks to lumb./cerv. areas ESTIM
- 9/24/02 Patient received hotpacks to cerv./should. areas vibrat. massage
- 9/26/02 Patient received hotpacks to lumb./cerv. areas vibrational massage
- 9/30/02 Patient received hotpacks to lumb./cerv. areas vibrational massage
- 10/1/02 Patient received hotpacks to should./lumb. areas vibrational massage
- 10/3/02 Patient received hotpacks to lumb./should. areas vibrational massage
- 10/8/02 Patient received hotpacks to should./lumb. areas vibrational massage
- 10/16/02 Patient received hotpacks to cerv./lumb. areas vibrational massage
- 10/18/02 Patient received hotpacks to should./cerv. areas vibrational massage

PROGRESS NOTES

NAME Linda Burt DOB: 6-12-56 SEX Female

DATE \_\_\_\_\_ TREATMENT NOTES \_\_\_\_\_

10/22/02 Patient received hotpacks to cerv./shoulders areas ESTIM

10/24/02 Patient received hotpacks to cerv./shoulders areas vibrational massage

\_\_\_\_\_  
Patient received hotpacks to \_\_\_\_\_ areas \_\_\_\_\_

\_\_\_\_\_  
Patient received hotpacks to \_\_\_\_\_ areas \_\_\_\_\_

\_\_\_\_\_  
Patient received hotpacks to \_\_\_\_\_ areas \_\_\_\_\_

\_\_\_\_\_  
Patient received hotpacks to \_\_\_\_\_ areas \_\_\_\_\_

\_\_\_\_\_  
Patient received hotpacks to \_\_\_\_\_ areas \_\_\_\_\_

\_\_\_\_\_  
Patient received hotpacks to \_\_\_\_\_ areas \_\_\_\_\_

\_\_\_\_\_  
Patient received hotpacks to \_\_\_\_\_ areas \_\_\_\_\_

\_\_\_\_\_  
Patient received hotpacks to \_\_\_\_\_ areas \_\_\_\_\_

7173687

Document Number Override

# Wisconsin Motor Vehicle Accident Report

**INSTRUCTIONS**  
Please use a Black Ink Pen or #2 Pencil.  
Mark Areas as shown:  
Correct Mark  
Incorrect Marks

County  
40

MUN/TWP  
57

Accident Date  
MONTH DAY YEAR  
26 02

Time of Accident (Military Time)  
HOUR MIN  
08 53

Total Number  
UNITS INJURED KILLED  
0 1 0 0 0 0

Hit & Run  
Government Property  
Fire (Narrative)  
Photos Taken (Narrative)  
Trailer or Towed (Narrative)  
Truck or Bus (Last Page)  
Load Spillage  
Construction Zone  
Names Exchanged

Unit #  
Sheet No. Of  
1 1

ACCIDENT LOCATION  
Public Highway, Intersection/Related  
Public Highway, Non-Intersection  
Parking Lot  
Private Property or Road

LATITUDE (GPS) Degrees: Minutes: Seconds: LONGITUDE (GPS) Degrees: Minutes: Seconds:

ON Hwy No. and Street Name  
N. SHERMAN BVD  
Estimated 0.0  
FROM/AT Hwy No. and Street Name  
W. BURLEIGH STREET

House # Fire # Other  
Utility # Railroad #  
Agency Space  
Special Study 19

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2 3 4	2 3 4	0 2 3 4 5 6	W E S	1 2 3 4	1 2 3 4	0 1 2 3 4 5 6	W E S

Speed Limit	OPERATOR Last NAME	First	M.I.	Speed Limit	OPERATOR Last NAME	First	M.I.
0 10	BURT	LINDA	A	0 10			
ADDRESS Street & Number	3048 N. 47th St.			ADDRESS Street & Number			
City & State	ZIP	Phone Number		City & State	ZIP	Phone Number	
MILWAUKEE WI 5320		(414)					
Driver's License Number	State	Exp. Year		Driver's License Number	State	Exp. Year	
B630-5215-6712-00	WI	08					

Date of Birth	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)
06-12-56	M	36	A	H P T					

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
K	1	1	1	1	K	1	1	1	1

TRAPPED/ EXTRICATED  
1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown  
Medical Transport

Vehicle Owner Same Last Name First M.I.  
HEMPHILL SHANICE S.

Street Address  
2021 N. 31st.

Year of Vehicle Make Model Body Style Color  
90 CHEV CAV 2DR BW

Vehicle ID Number  
1G1JC14G2LJ265986

License Plate Number  
782-BZF

Occupant Unit Number NAME Last First M.I. Date of Birth Sex SEAT Position SAFETY Equipment AIRBAG  
1 2 3 4 5 6 7 8 9 10

Address Same as Operator  
EJECTED 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown  
TRAPPED/ EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown  
Medical Transport Agency Space  
EMS Number

MV4000 899  
CA 8-78-07-2

Please Do Not Write in This Microfilm Space  
Police No. SEVEN  
7173687  
N. SHERMAN + W. BURLEIGH



Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity (K, N, A, B, C)	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS Street & Number City & State ZIP				① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
Address Same as Operator <input type="checkbox"/> Yes <input type="checkbox"/> No	EJECTED ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport <input type="checkbox"/> Y <input type="checkbox"/> N	Agency Space	

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I. Date of Birth Sex	Severity (K, N, A, B, C)	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS Street & Number City & State ZIP				① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
Address Same as Operator <input type="checkbox"/> Yes <input type="checkbox"/> No	EJECTED ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport <input type="checkbox"/> Y <input type="checkbox"/> N	Agency Space	

### Type of Accident

316 First Harmful Event  
Most Harmful Event

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
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(select one per vehicle)

**Collision With Object Not Fixed**

① Motor Vehicle in Transport	①
② Parked Motor Vehicle	②
③ Deer	③
④ Pedalcycle	④
⑤ Pedestrian	⑤
⑥ Railway Train	⑥
⑦ Other Animal	⑦
⑧ Motor Vehicle in Transport In Other Roadway	⑧
⑨ Other Object (Not Fixed)	⑨

**Collision With Fixed Object**

⑩ Traffic Sign Post	⑩
⑪ Traffic Signal	⑪
⑫ Utility Pole	⑫
⑬ Lum. Light Support	⑬
⑭ Other Post	⑭
⑮ Tree	⑮
⑯ Mailbox	⑯
⑰ Guardrail Face	⑰
⑱ Guardrail End	⑱
⑲ Median Barrier	⑲
⑳ Bridge Parapet End	⑳
㉑ Bridge/Pier/Abut.	㉑
㉒ Impact Attenuator	㉒
㉓ Overhead Sign Post	㉓
㉔ Bridge Rail	㉔
㉕ Culvert	㉕
㉖ Ditch	㉖
㉗ Curb	㉗
㉘ Embankment	㉘
㉙ Fence	㉙
㉚ Other Fixed Object	㉚
㉛ Unknown	㉛

**Non-Collision**

㉜ Overturn	㉜
㉝ Fire/Explosion	㉝
㉞ Immersion	㉞
㉟ Jackknife	㉟
㊱ Other Non-Collision	㊱

### Driver Condition

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
---------------------------------------	---------------------------------------

**Driver Factors (Or Pedestrians)**

① Appeared Normal	①
② Reduced Alertness	②
③ Ability Impaired	③
④ Not Observed	④

**Presence**

⑤ Neither Alcohol nor Drugs Present

⑥ Yes—Alcohol Present	⑥
⑦ Yes—Drugs Present	⑦
⑧ Yes—Alcohol & Drugs Present	⑧
⑨ Unknown	⑨

**Alcohol**

AC Value:  AC Value:

⑩ Test Not Given	⑩
⑪ Test Refused	⑪
⑫ Test Given, Alcohol Unknown	⑫
⑬ Test Given, No Alcohol Reported	⑬

**Drugs**

⑭ Test Not Given	⑭
⑮ Test Refused	⑮
⑯ Test Given, Drugs Unknown	⑯
⑰ Test Given, No Drugs Reported	⑰
⑱ Drugs Reported (Specify Below)	⑱
⑲ Marijuana	⑲
⑳ Cocaine	⑳
㉑ Opiates	㉑
㉒ Amphetamines	㉒
㉓ PCP	㉓
㉔ Other Drug Medication	㉔
㉕ Type Unknown	㉕

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**Pedestrian**

Location	Action
① In Crosswalk	① Walking not Facing Traffic
② In Roadway	② Disregarded Signal
③ Not in Roadway	③ Darting into Road
④ On Sidewalk	④ Dark Clothing
	⑤ Walking Facing Traffic

### Manner of Collision

① No Collision with Motor Vehicle in Transport

② Rear-end	
③ Head On	
④ Rear to Rear	
⑤ Angle	
⑥ Sideswipe, Same Direction	
⑦ Sideswipe, Opposite Direction	
⑧ Unknown	

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**Darken Numbered Area(s) of Vehicle Damage**

① None

⑩ Undercarriage	④ Severe
⑪ Total (Damage to All Areas)	⑤ Very Severe
⑫ Other	⑥ Unknown
⑬ Unknown	

**Extent of Damage**

① None	④ Severe
② Very Minor	⑤ Very Severe
③ Minor	⑥ Unknown
⑥ Unknown	

Vehicle Towed Due to Damage  Y  N

Vehicle Removed By: DRIVER

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

**Darken Numbered Area(s) of Vehicle Damage**

① None

⑩ Undercarriage	④ Severe
⑪ Total (Damage to All Areas)	⑤ Very Severe
⑫ Other	⑥ Unknown
⑬ Unknown	

**Extent of Damage**

① None	④ Severe
② Very Minor	⑤ Very Severe
③ Minor	⑥ Unknown
⑥ Unknown	

Vehicle Towed Due to Damage  Y  N

Vehicle Removed By:

**Fixed Object Struck**

Unit #	Unit #	Unit #	Unit #
--------	--------	--------	--------

Govt. Damage Tag #

**PROPERTY OWNER** Last First M.I. City of MILWAU- DEPT OF PUBLIC WORKS

**ADDRESS** Street & Number 841 N. BROADWAY

City & State MILWAUKEE, WIS. ZIP 53202 Phone Number 414 286-3426

# Pictorial Representation of Narrative

Draw Diagram of Accident & Indicate North with an arrow in the circle.  
**NOT DRAWN TO SCALE**



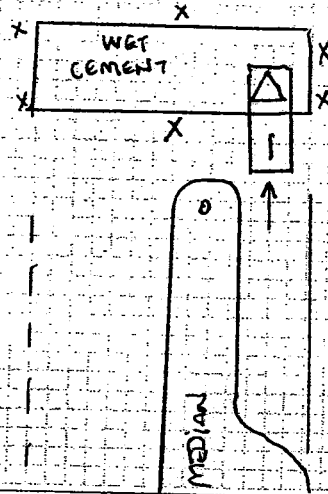
Supplemental Reports  Witness Statements  Measurements Taken

Skidmarks to Impact  
 Unit 1: 100 Unit 2:  
 0 FEET

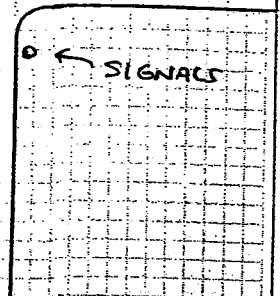
Surface Type:

W. BURLEIGH

STREET



N. SHERMAN



**NARRATIVE**  
 UNIT #1 NORTHBOUND ON N. SHERMAN BLVD  
 DROVE BETWEEN LARGE BARRICADES (X) INTO WET  
 CEMENT. UNIT HAD TO BE PULLED OUT BY  
 TOW TRUCK

Photos By: SAs 7 - SGT BRITTON

### What Drivers Were Doing

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18

WITNESS NAME: **NONE KNOWN**  
 ADDRESS: Street & Number  
 City & State: ZIP  
 Phone Number: ( )

#### ACCESS CONTROL

No Control (Unlimited Access)  
 Full Control (Only Ramp Entry/Exit)  
 Partial Control

#### ROAD TERRAIN

Part A  
 Straight  
 Curve  
 Part B  
 Level/Flat  
 Hill

#### LIGHT CONDITION

Daylight  
 Dark-Not Lighted  
 Dark-Lighted  
 Dawn  
 Dusk  
 Unknown

#### TRAFFIC WAY

Not Physically Divided (2-Way Traffic)  
 Divided Highway, Median Strip, without Traffic Barrier  
 Divided Highway, Median Strip, with Traffic Barrier  
 One-Way Traffic  
 Parking Lot or Private Property

#### ROAD SURFACE CONDITION

Dry  
 Wet  
 Snow/Slush  
 Ice  
 Sand, Mud, Dirt, Oil  
 Other  
 Unknown

#### WEATHER

Clear  
 Cloudy  
 Rain  
 Snow  
 Fog, Smog, Smoke (Freezing Rain or Drizzle)  
 Blowing Sand, Soil, Dirt, Snow  
 Severe Crosswinds  
 Other  
 Unknown

#### RELATION TO ROADWAY

On Roadway  
 Parking Lot or Private Property  
 Shoulder (Other Than Shoulder within Median or Gore)  
 Median (Other Than Median within Gore)  
 Outside Shoulder-Left  
 Outside Shoulder-Right  
 Off Roadway-Location Unknown  
 On Ramp  
 Gore (Area between Ramp & Highway)  
 Unknown

### Traffic Control

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

Officer's Opinion of Possible Contributing Circumstances

Driver Factors section with two columns of Unit Number (1-14) and a list of factors such as Exceeding Speed Limit, Inattentive Driving, etc.

Vehicle Factors section with two columns of Unit Number (1-12) and a list of factors such as Brake System, Steering System, Head Lamps, etc.

Highway Factors section with two columns of Unit Number (1-13) and a list of factors such as Snow, Ice or Wet, Narrow Shoulder, etc.

OFFICER INFORMATION

Officer information fields including Last Name (GIESE, Jeffrey), First Name (J.), M.I. (S.), Law Enforcement Agency Address (749 W. STATE ST.), City & State (MILWAUKEE, WI), ZIP (53233), Phone Number (414) 933-4444, Agency # (I-8 MILWAUKEE P.D.), Enforcement Agency, and Officer ID # (48619).

Date Notified

Date Notified grid with columns for MONTH, DAY, and YEAR, and rows for months from Jan to Dec.

Time Notified (Military Time)

Time Notified grid with columns for HOUR and MIN., and rows for hours from 0 to 9.

Time Arrived (Military Time)

Time Arrived grid with columns for HOUR and MIN., and rows for hours from 0 to 9.

Date of Report

Date of Report grid with columns for MONTH, DAY, and YEAR, and rows for months from Jan to Dec.

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

Truck & Bus Accident Information Part A and Part B. Part A includes questions about hazardous materials placard and bus capacity. Part B includes questions about injuries and towing.

Hazardous Material Information section including Hazardous Material Class Numbers, UN Numbers, placard status, and cargo release status.

Carrier Information section including Interstate Carrier status and Carrier Name.

Carrier Identification Numbers section including US DOT, ICC MC, and Carrier Address.

Vehicle Information section including Vehicle Configuration (Bus, Single unit truck, etc.) and Sequence of Events for this Vehicle (Ran off Road, Collision, etc.).

Cargo Body Type section including options like Bus, Van Enclosed box, Concrete Mixer, Auto Transporter, etc.

Printed in U.S.A. GS03 654321 Mark Reflected by NCS MME7108-3

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

Unit Number	Unit Number
● 2 3 4 5	○ 1 2 3 4 5
● 6 7 8 9 10	○ 6 7 8 9 10
N/A	N/A

1	Exceeding Speed Limit	1
2	Speed Too Fast/Condition	2
3	Fail to Yield Right of Way	3
4	Inattentive Driving	4
5	Following Too Close	5
6	Improper Turn	6
7	Left of Center	7
8	Disregarded Traffic Control	8
9	Improper Overtaking	9
10	Unsafe Backing	10
11	Failure to Have Control	11
12	Driver Condition	12
13	Physically Disabled	13
14	Other	14

### Vehicle Factors

Unit Number	Unit Number
● 2 3 4 5	○ 1 2 3 4 5
● 6 7 8 9 10	○ 6 7 8 9 10
N/A	N/A

1	Brake System	1
2	Tires	2
3	Steering System	3
4	Turn Signals	4
5	Head Lamps	5
6	Stop Lamps	6
7	Tail Lamps	7
8	Disabled in Prior Accident	8
9	Other Disabled	9
10	Mirrors	10
11	Suspension System	11
12	Other	12

### Highway Factors

Unit Number	Unit Number
● 2 3 4 5	○ 1 2 3 4 5
● 6 7 8 9 10	○ 6 7 8 9 10
N/A	N/A

1	Snow, Ice or Wet	1
2	Narrow Shoulder	2
3	Low Shoulder	3
4	Soft Shoulder	4
5	Loose Gravel	5
6	Rough Pavement	6
7	Debris From Prior Accident	7
8	Other Debris	8
9	Sign Obscured or Missing	9
10	Narrow Bridge	10
11	Construction Zone	11
12	Visibility Obscured	12
13	Other	13

### OFFICER INFORMATION

Last **GIESE** First **Jeffery** M.I. **J.**

Law Enforcement Agency Address: **749 W. STATE St.**

City & State: **MILWAUKEE WI, 53233** ZIP

Phone Number: **(414) 933-4444**

Agency # **1-8** Enforcement Agency **MILWAUKEE P.D.** Officer ID # **58619**

### Date Notified

MONTH	DAY	YEAR
Jan		
Feb	26	02
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

### Time Notified (Military Time)

HOUR	MIN.
08	55

### Time Arrived (Military Time)

HOUR	MIN.
08	55

### Date of Report

MONTH	DAY	YEAR
Jan		
Feb	26	02
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

### Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: **Did the accident involve...** 136

Part A

A truck with at least two axles and six tires?  Y  N

A truck with a hazardous materials placard?  Y  N

A bus designed to carry 16 or more persons, including the driver?  Y  N

**STOP!** If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured?  Y  N

Any injured person who required transport for immediate medical treatment?  Y  N

One or more vehicles that had to be towed from the scene as a result of the accident?  Y  N

**STOP!** If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

### Hazardous Material Information

137 • Hazardous Material Class Numbers (1-2digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed?  Y  N

• Hazardous Cargo was Released?  Y  N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

### Carrier Information

Carrier Identification Numbers

US DOT 138  LC

ICC-MC  IC

Carrier Name  140

Carrier Address  142

Source:  Vehicle Side 141  Shipping Papers  Trip Manifest  Driver  Log Book

### Vehicle Information

Gross Vehicle Weight Rating:  145

LBS Total # of Axles:  144

Vehicle Configuration

1 Bus 2 Single unit truck, 2 axles, 6 tires 3 Truck-Trailer 4 Tractor/Trailer 5 Tractor/Tractor 6 Tractor/Doubles 7 Tractor/Triples 8 Log Truck 9 Unknown Heavy Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 146 (Mark a total of one to four events in the order that they occurred.)

1	2	3	4	Ran off Road	1	2	3	4	Collision Involving Motor Vehicle in Transp.
1	2	3	4	Jackknife	1	2	3	4	Collision Involving Parked Motor Vehicle
1	2	3	4	Overturn (Rollover)	1	2	3	4	Collision Involving Train
1	2	3	4	Downhill Runaway	1	2	3	4	Collision Involving Pedalcycle
1	2	3	4	Cargo Loss or Shift	1	2	3	4	Collision Involving Animal
1	2	3	4	Explosion or Fire	1	2	3	4	Collision Involving Fixed Object
1	2	3	4	Separation of Units	1	2	3	4	Collision Involving Other Object
1	2	3	4	Collision Involving Pedestrian	1	2	3	4	Other

Cargo Body Type 147

1 Bus 2 Van Enclosed box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Log Truck