

CITY OF MILWAUKEE

2011 JAN 24 PM 9: 51

1/20/11

I WOULD LIKE TO APPEAL THIS DECISION...

RONALD D. LEONHARDT  
CITY CLERK

ASAP Transportation LLC

13760 BONNIWELL CT.

MEQUON, WI. 53097

OFFICE OF  
CITY ATTORNEY

2011 JAN 25 PM 12: 47

CITY OF MILWAUKEE  
REGISTER

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9H08XQX		Document Override Number	
Agency Accident Number 10200682				Police Number					
4 - Accident Date 07/19/2010		5 - Time of Accident (Military Time) 0910		6 - Total Units 02		7 - Total Injured 03		8 - Total Killed 00	
County MILWAUKEE 10		Municipality MILWAUKEE 57 CITY				Approach/Location INTERSECTION			
14 - On Hwy No.		14 - On Street Name WRIGHT ST W			14 - Bus/Fmt/Rmp		15 - Est. Dist Ft/Mi		15 - Hwy. Dir
16 - Fr/At Hwy No.		16 - From/At Street Name 6TH ST N			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude		13 - Longitude			
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				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 ON-ROADWAY									
114 - Light Condition DAYLIGHT			118 - Road Surface Condition DRY			118 - Weather CLEAR			
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<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		

POLICE #

ACCIDENT # 10200682

GENERAL INFORMATION

2011 JAN 25 PM 12:4  
 OFFICE OF  
 CITY ATTORNEY  
 CITY OF MILWAUKEE  
 RECEIVED

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel WEST		24 - Speed Limit 30		
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle				
23 - Driver License Number C15079263440B		24 - Expiration Year 2015		25 - Daily Accident				
26 - Operator/Pedestrian Last Name CABAN		27 - First Name STEVEN		28 - Middle Initial L		25 - Suffix		
32 - Date Of Birth 09/25/1963		33 - Sex MALE						
26 - Address Street & Number 3730 N 4TH ST						26 - PO Box		
27 - City MILWAUKEE		27 - State WI		27 - Zip Code 53212		28 - Telephone Number (414) 550-6772 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 C - POSSIBLE 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 GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			82 - No. of Citations Issued 0		
64 - 1st Statute No.		84 - 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 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 TRUCK		Vehicle Type UTILITY-TRUCK		22 - Total Occupants 2	
	54 - Wisconsin Plate Number GP688Z		56 - State WI		55 - Vehicle Identification Number 1N6SD1153R6421888	
	50 - Year 1994	51 - Make NISS	52 - Model STANDARD	53 - Body Style PK	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage MODERATE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OWNER	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	48 - Vehicle Owner Last Name CABAN		46 - First Name STEVEN		48 - Middle Initial L	
	46 - Company Name					
	47 - Address Street & Number 3730 N 4TH ST			47 - PO Box		
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53212	49 - Telephone Number (414) 550-6772 EXT.	
	46 - Suffix Date Of Birth 09/25/1963					

Insurance

INS 01	63 - Liability Insurance Company WEST-BEND-MUTUAL-INS-CO		80 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name CABAN		61 - Policy Holder First Name STEVEN		
	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 MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH	24 - Speed Limit 25
38 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver License Number S1245407428200		30 - Sex M	31 - Expiration Year 2013	32 - On Duty Accident	
26 - Operator/Resident Last Name SHEPHELEVICH		25 - First Name MIKHAIL		25 - Middle Initial	25 - Suffix
32 - Date Of Birth 07/22/1974		33 - Sex MALE			

<b>OPERATOR/PEDESTRIAN 02</b>	26 - Address Street & Number 13760 N BONNIVELL CT				28 - PO Box	
	27 - City MEQUON		27 - State WI	27 - Zip Code 53097	28 - Telephone Number (414) 899-9399 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 GOING-STRAIGHT		120 - Traffic Control STOP-SIGN		62 - No. of Citations Issued 1	
	64 - 1st Statute No. 346.57(2)	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors EXCEEDING-SPEED-LIMIT					
	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	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

<b>VEHICLE 02</b>	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 4
	56 - License Plate Number 361ZYE		57 - DRB Type AUT	58 - State WI	59 - Exp Year 2010	63 - Vehicle Identification Number 1FDEE1H73HB27699
	50 - Year 1995	51 - Make FORD	52 - Model ECONOLINE	53 - Body Style VN	54 - Color GRN	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR DRIVER SIDE					
	95 - Extent Of Damage MODERATE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OWNER	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

<b>VEH OWNER 02</b>	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name SHEPSHELEVICH		48 - First Name MIKHAIL		46 - Middle Initial	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 13760 N BONNIVELL CT				47 - PO Box	
	48 - City MEQUON		48 - State WI	48 - Zip Code 53097	49 - Telephone Number (414) 899-9399 EXT.	

Insurance

<b>INS 02</b>	63 - Liability Insurance Company <b>NATIONAL-CONTINENTAL-INS-CO</b>		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name <b>SHEPSHELEVICH</b>		61 - Policy Holder First Name <b>MIKHAIL</b>	
	61 - Policy Holder Company			

**School Bus**

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

**Occupant**

<b>OCCUPANT 01</b>	<input type="checkbox"/> Address Same As Operator					
	65 - Unit No <b>01</b>	66 - Occupant Last Name <b>HAMILTON</b>		66 - First Name <b>STEPHEN</b>	66 - Middle Initial <b>A</b>	
	68 - Address Street & Number <b>6656 N 42ND ST</b>			68 - PO Box		
	68 - City <b>MILWAUKEE</b>			68 - State <b>WI</b>	68 - Zip Code <b>53209</b>	
	67 - Date of Birth <b>06/25/1965</b>			69 - Sex <b>MALE</b>		
	71 - Seat Position <b>FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)</b>			72 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>		
	70 - Injury Severity <b>B - NON-INCAPACITATING INJURY</b>		73 - Airbag <b>NON-DEPLOYED</b>	75 - Ejected <b>NOT-EJECTED</b>	77 <input checked="" type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated <b>NOT-TRAPPED</b>		78 - Agency Space			

**Occupant**

<b>OCCUPANT 02</b>	<input type="checkbox"/> Address Same As Operator					
	65 - Unit No <b>02</b>	66 - Occupant Last Name <b>LETSER</b>		66 - First Name <b>MARIYA</b>	66 - Middle Initial	
	68 - Address Street & Number <b>1700 E RIVER PARK CT</b>			68 - PO Box		
	68 - City <b>SHOREWOOD</b>			68 - State <b>WI</b>	68 - Zip Code <b>53211</b>	
	67 - Date of Birth <b>02/16/1931</b>			69 - Sex <b>FEMALE</b>		
	71 - Seat Position <b>FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)</b>			72 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>		
	70 - Injury Severity <b>N - NO APPARENT INJURY</b>		73 - Airbag <b>NON-DEPLOYED</b>	75 - Ejected <b>NOT-EJECTED</b>	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated <b>NOT-TRAPPED</b>		78 - Agency Space			

**Occupant**

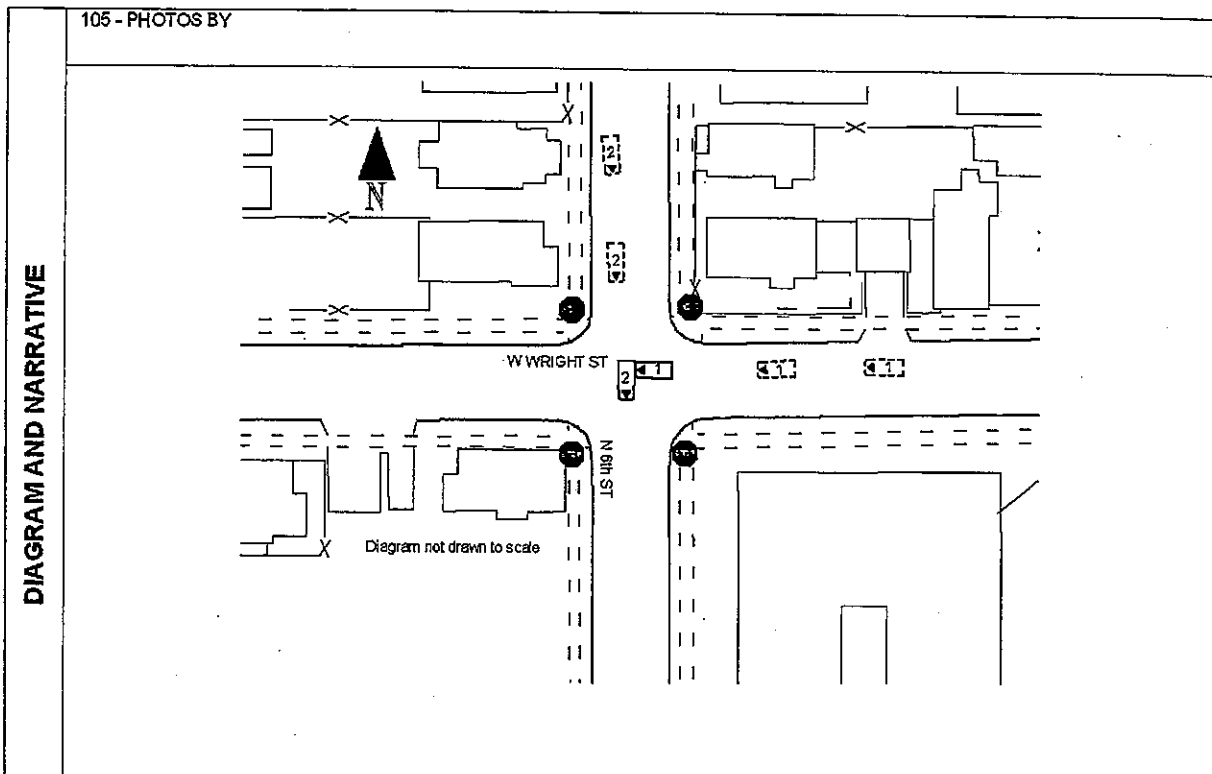
<b>OCCUPANT 03</b>	<input type="checkbox"/> Address Same As Operator					
	65 - Unit No <b>02</b>	66 - Occupant Last Name <b>JAMISON</b>		66 - First Name <b>HATTIE</b>	66 - Middle Initial	
	68 - Address Street & Number <b>2531 N 6TH ST</b>			68 - PO Box		
	68 - City <b>MILWAUKEE</b>			68 - State <b>WI</b>	68 - Zip Code <b>53206</b>	
	67 - Date of Birth <b>05/03/1921</b>			69 - Sex <b>FEMALE</b>		
	71 - Seat Position <b>SECOND-SEAT-RIGHT</b>			72 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>		
	70 - Injury Severity <b>N - NO APPARENT INJURY</b>		73 - Airbag <b>NOT APPLICABLE</b>	75 - Ejected <b>NOT-EJECTED</b>	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated		78 - Agency Space			

76 - Trapped/Extricated <b>NOT-TRAPPED</b>	78 - Agency Space
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**Occupant**

<b>OCCUPANT 04</b>	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name <b>ALLEN</b>	68 - First Name <b>LINDA</b>	66 - Middle Initial <b>M</b>	66 - Suffix
	68 - Address Street & Number 2434 N 40TH ST		68 - PO Box		
	68 - City <b>MILWAUKEE</b>		68 - State <b>WI</b>	68 - Zip Code <b>53216</b>	
	67 - Date of Birth 03/29/1952		69 - Sex <b>FEMALE</b>		
	71 - Seat Position <b>SECOND-SEAT-LEFT-SIDE-(MC/BIKE PASSENGER, TRAIN BREAKMA</b>		72 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>		
	70 - Injury Severity <b>B - NON-INCAPACITATING INJURY</b>	73 - Airbag <b>NON-DEPLOYED</b>	75 - Ejected <b>NOT-EJECTED</b>	77 <input checked="" type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated <b>NOT-TRAPPED</b>	78 - Agency Space			

**Diagram and Narrative**



UNIT # 1 WAS TRAVELING W/B IN THE 500 BLOCK OF W. WRIGHT ST, WHEN UNIT # 2 PROCEEDED THROUGH THE INTERSECTION, S/B ON N. 6TH ST, AT A HIGH RATE OF SPEED. THIS CAUSED UNIT # 1 TO COLLIDE WITH UNIT # 2.

THIS SUPPLEMENTAL REPORT IS BEING WRITTEN BY P.O. KIM LASTRILLA ASSIGNED TO DISTRICT 5. DAY SHIFT. ON MONDAY, JULY 19, 2010 AT 9:25AM, I, P.O. LASTRILLA RESPONDED TO AN ACCIDENT AT N. 6TH ST AND W. WRIGHT ST.

I SPOKE WITH THE DRIVER OF UNIT # 1, STEVEN L CABAN, WHO STATED HE WAS TRAVELING W/B ON W. WRIGHT ST, WHEN HE OBSERVED A GREEN VAN (UNIT #2) TRAVELING S/B ON N. 6TH ST, AT A HIGH RATE OF SPEED. CABAN STATED THE VAN THEN DID NOT STOP AT THE STOP SIGN AT W. WRIGHT ST, AND THEN PROCEEDED INTO THE INTERSECTION. CABAN STATED HE WAS UNABLE TO STOP IN TIME AND COLLIDED WITH THE DRIVERS SIDE OF THE VAN. CABAN FURTHER STATED HE IS HAVING PAIN TO HIS WRIST, LEGS AND BACK.

CABAN TOOK HIMSELF TO THE HOSPITAL FOR TREATMENT. HE WAS ADMITTED TO COLUMBIA HOSPITAL BY DR. WYATT JAFFE. HE WAS TREATED AND RELEASED FOR HIS INJURIES.

THE FRONT SEAT PASSENGER IN UNIT # 1, STEPHEN A HAMILTON, WAS CONVEYED BY BELL # 454 TO COLUMBIA HOSPITAL AND WAS TREATED FOR SWELLING TO HIS RIGHT KNEE. HE WAS TREATED BY DR. JAFFE WYATT AND

PK2009

RELEASED.

I SPOKE WITH THE DRIVER OF UNIT #2, MIKHAIL SHEPSHELEVICH, WHO STATED HE JUST PICKED UP A PASSENGER MID-BLOCK AND STARTED TO TRAVEL S/B ON N. 6TH ST. WHEN A BLACK PICK UP TRUCK COLLIDED WITH HIS VEHICLE. AS SOON AS HE ENTERED THE INTERSECTION, MIKHAIL STATED ONCE HE STOPPED, HE NOTICED SOMEBODY HAD TURNED THE STOP SIGN AND HE DIDNT SEE IT. MIKHAIL FURTHER STATED HE WAS DRIVING VERY SLOW, BECAUSE HE JUST PICKED SOMEBODY UP.

THE REAR PASSENGER IN UNIT #2, LINDA M. ALLEN, WAS INJURED IN THE ACCIDENT. SHE WAS CONVEYED BY BELL# 457 TO MT. SINAI HOSPITAL. SHE WAS TREATED BY DR. AMGAD ASMC FOR NECK AND BACK PAIN. SHE WAS TREATED AND RELEASED FOR HER INJURIES.

I THEN SPOKE WITH A WITNESS TO THE ACCIDENT, ADRIANE GRIFFIN, WHO STATED SHE WAS WALKING TO THE BUILDING, AT 2460 N 6TH ST, AND SHE OBSERVED THE GREEN VAN (UNIT # 2) TRAVELING ABOUT 45-50 MPH, S/B ON N. 6TH ST. GRIFFIN STATED THE VAN DID NOT STOP AT THE STOP SIGN ON W. WRIGHT ST AND DROVE DIRECTLY IN FRONT OF THE BLACK PICK UP TRUCK (UNIT #1). GRIFFIN STATED THE BLACK PICK UP TRUCK THEN COLLIDED WITH THE GREEN VAN. GRIFFIN STATED IT APPEARED THE BLACK PICK UP TRUCK WAS TRAVELING THE SPEED LIMIT, IF NOT SLOWER.

I DID OBSERVE THE STOP SIGN ON N. 6TH ST AND IT WAS TURNED IN A DIRECTION THAT PEOPLE WHO WERE TRAVELING S/B ON N. 6TH ST, WOULD NOT HAVE SEEN IT.

**Witness**

<b>WITNESS 01</b>	107 - Witness Last Name <b>GRIFFIN</b>	107 - First Name <b>ADRIANE</b>	107 - Middle Initial	
	108 - Address Street & Number <b>4138 N 12TH ST</b>		108 - PO Box	109 - Date of Birth <b>11/9/1955</b>
	110 - City <b>MILWAUKEE</b>	State <b>WI</b>	110 - Zip Code <b>53206</b>	111 - Telephone Number <b>(414) 372-3770 EXT.</b>

**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>LASTRILLA</b>	125 - First Name <b>KIM</b>	125 - Middle Initial <b>M</b>	131 - Officer ID <b>11315</b>
	129 - Law Enforcement Agency No. <b>006</b>	130 - Law Enforcement Agency Name <b>MILWAUKEE POLICE DEPARTMENT</b>		
	126 - Law Enforcement Agency Address Street & Number <b>749 WEST STATE STREET</b>			
	127 - City <b>MILWAUKEE</b>	127 - State <b>WI</b>	127 - Zip Code <b>53233</b>	128 - Telephone Number <b>(414) 933-4444 EXT.</b>
	132 - Date Notified <b>07/19/2010</b>	133 - Time Notified (Military Time) <b>0925</b>	134 - Time Arrived (Military Time) <b>0928</b>	135 - Date Of Report <b>07/19/2010</b>
	Agency Accident Number <b>102000682</b>	Police Number	19 - Special Study	
	18 - Agency Space			

**PROGRESSIVE®**

September 7, 2010

City Clerk  
ATTN: CLAIMS  
200 E Wells St Room 205  
Milwaukee WI 53202-3567

RE: Our Insured: ASAP Transportation LLC  
Our Claim Number: 10-4230847  
Date of Loss: 07-19-10

To Whom It May Concern:

This letter is you advise you that on the July 19, 2010 an accident occurred at the intersection of West Wright and N 6<sup>th</sup> Street. It was observed that the stop sign on N 6<sup>th</sup> Street was turned in a direction that people who were traveling south bound on N 6<sup>th</sup> street would not have seen it.

Sincerely,

***Donna M Forte***

Donna M. Forte  
Claims Representative

PO Box 89401  
Cleveland OH 44101  
#800-678-2624 X7238344  
FAX #888-226-7234  
email: donna\_forte@progressive.com

411 E. MILWAUKEE  
2010 SEP 13 AM 9:43  
RONALD D. LINDSEY  
CITY CLERK