



CITY OF MILWAUKEE
2003 NOV 21 PM 1:20
RONALD D. LEGRAND
CITY CLERK

November 19, 2003

City of Milwaukee
Milwaukee City Clerk
200 E Wells St, Rm 205
Milwaukee, WI 53202

Re: Our Insured: Gilbert & Elaine Kriegl
Our Claim #: HHW 5336255 04 ja
Date of Loss: 08/10/2003
C.I. File #: 03-V-139

To Whom It May Concern:

I am in receipt of your denial to our subrogation claim dated October 21, 2003. I received this letter on November 3, 2003. I am responding to your denial within 21 days of receipt. I wish to appeal your decision, and I am requesting a hearing of this matter.

Please notify me with additional information as it becomes available. I look forward to hearing from you soon.

Sincerely,

Jeana Steffens
Claim Representative
262-338-7295
jsteffens@wbmi.com
Fax: 262-335-7000

CITY OF MILWAUKEE
RECEIVED
03 NOV 24 PM 3:20
OFFICE OF
CITY ATTORNEY

West Bend Mutual
INSURANCE COMPANY • TIME TESTED SINCE 1894

CITY OF MILWAUKEE

October 10, 2003

2003 OCT 14 PM 1:52

RONALD D. LEONHARDT
CITY CLERK

MILWAUKEE CITY CLERK OFFICE
200 E WELLS ST
RM 205
MILWAUKEE, WI 53202

Our Claim #: HHW 5336255 04 JA
Our Insured: GILBERT AND ELAINE KRIEGL

Our Driver: GREGORY KRIEGL
Date of Loss: 08/10/2003

Your Claim or Policy #:
Your Insured: CITY OF MILW POLICE
Your Driver: RICHARD R. JACK
Location: OKLAHOMA AND 20TH ST

Under a policy of insurance carried with us by the above named insured, WEST BEND MUTUAL has paid \$3986.13 for loss and damage as a result of the accident described above. The total damages were \$4236.13. Deductible Amount: \$250.

An investigation indicates this damage was caused as a result of your insured's negligence. Under the terms of our policy, we are subrogated to the extent of our payment to any legal right which our insured has against you, and we hereby claim a lien on any proceeds that may be paid by way of settlement or judgment on said claim. Please submit payment within 30 days.

Sincerely,



JEANA STEFFENS
CLAIM REPRESENTATIVE
262-338-7295
JSTEFFENS@WBML.COM
FAX: 262-335-7000

CITY OF MILWAUKEE
RECEIVED
CITY OF MILWAUKEE
2003 OCT 14 PM 3:15

09/13/2003 at 08:46 AM
10726

5336255JA

WEST BEND
West Bend
P.O. BOX 270684
Milwaukee, WI 53227
(800)236-5010x2948 Fax: (414)427-9502

SUPPLEMENT OF RECORD 1 WITH SUMMARY

Written by: Robert Sparbel # 09/13/2003 08:45 AM
Adjuster:

Insured: GREG KRIEGL
Owner: GREG KRIEGL
Address: 2052 S LAYTON BLVD
MILWAUKEE, WI 53215
Evening: (414)403-4441
Claim #5336255JA
Policy #
Date of Loss: 08/10/2003
Type of Loss: Collision
Point of Impact: 12. Front

Inspect
Location: OTHER

Repair METRO CADILLAC
Facility: 10221 W ARTHUR AVE
WEST ALLIS, WI 53227
Business: (414)327-1400
4 Days to Repair
License #

1997 CADI ELDORADO 8-4.6L-FI 2D BLK Int:
VIN: 1G6EL12Y2VU618137 Lic: Prod Date: Odometer: 84677

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Intermittent Wipers	Auto Level
Climate Control	Elec. Instrumentation	Keyless Entry
Theft Deterrent/Alarm	Tinted Glass	Traction Control
Fog Lamps	Clear Coat Paint	Power Steering
Power Brakes	Power Windows	Power Locks
Power Driver Seat	Power Passenger Seat	Power Antenna
Power Mirrors	Power Trunk/Tailgate	AM Radio
FM Radio	Stereo	Cassette
Search/Seek	Anti-Lock Brakes (4)	Driver Air Bag
Passenger Air Bag	4 Wheel Disc Brakes	Cloth Seats
Bucket Seats	Recline/Lounge Seats	Automatic Transmission
Overdrive	Aluminum/Alloy Wheels	

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1	S01	GRILLE				
2	S01	R&I Emblem wreath			0.1	
3	S01	R&I Emblem crest			0.1	
4*	S01	Repl LT Grille assy bracket	1	9.85		
5		FRONT BUMPER				
6		O/H front bumper			2.3	
7	Repl	Impact bar	1	248.23	Incl.	
8	Repl	Bumper cover	1	353.82	Incl.	2.8
9		Add for Clear Coat				1.1

10 Add for fog lamps
11 R&I RT Rub strip

0.6
Incl.

09/13/2003 at 08:46 AM
10726

5336255JA

SUPPLEMENT OF RECORD 1 WITH SUMMARY
1997 CADI ELDORADO 8-4.6L-FI 2D BLK Int:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
12	R&I	LT Rub strip				Incl.	
13	Repl	Bumper cover retainer	20		5.80		
14	Repl	License bracket	1		37.46	0.3	
15#	S01	Repl CHROME GRILLE	1		218.28		
16	S01	Repl RT Energy absorber	1		135.12	0.3	
17	S01	Repl LT Energy absorber	1		135.12	0.3	
18		FRONT LAMPS					
19*	S01	Repl LT Mount panel	1		32.11	0.3	
20*	S01	Repl LT Headlamp assy	1		238.41	0.6	
21		Aim headlamps				0.5	
22*	S01	Repl LT Park/turn lamp	1		55.10	0.3	
23	R&I	RT Fog lamp				Incl.	
24	R&I	LT Fog lamp				Incl.	
25	S01	COOLING					
26*	S01	Rpr Center support				0.5	0.3
27*	S01	Rpr Radiator support				s 2.0	1.3
28*	S01	R&I RT Radiator support reinforcement				0.3	
29*	S01	R&I LT Radiator support reinforcement				0.2	
30		HOOD					
31*	S01	Repl Hood	1		793.20	1.5	3.2
32		Add for Clear Coat					1.3
33		Add for Underside(Complete)					1.6
34#	Repl	CORROSION PROTECTION	1		5.00	0.3	
35#	Repl	FLEX ADDITIVE	1		10.00		
36#		HWR	1		3.00		
N 37#	Rpr	ADJUST LT FENDER				1.0	
N 38#		OPEN MECHANICAL	1				
39#	S01	Repl RAD SUPT CVR	1		15.81		
40	S01	STEERING GEAR & LINKAGE					
41*	S01	Repl P/S cooler	1		87.38	m 0.7 M	
42	S01	FENDER					
43*	S01	Rpr LT Rail assy				s 1.5	0.4
44	S01	Overlap Major Non-Adj. Panel					-0.2
Subtotals ==>					2383.69	13.7	11.8

Line 37 : NO PAINT DAMAGE

Line 38 : INSPECT FOR START PROB AND ADVISE

Parts		2383.69
Body Labor	13.0 hrs @ \$ 44.00/hr	572.00
Paint Labor	11.8 hrs @ \$ 44.00/hr	519.20
Mechanical Labor	0.7 hrs @ \$ 78.00/hr	54.60
Paint Supplies	11.8 hrs @ \$ 24.00/hr	283.20

SUBTOTAL

\$ 3812.69

09/13/2003 at 08:46 AM
10726

5336255JA

SUPPLEMENT OF RECORD 1 WITH SUMMARY
1997 CADI ELDORADO 8-4.6L-FI 2D BLK Int:

Sales Tax	\$ 3812.69 @ 5.6000%	213.51

TOTAL COST OF REPAIRS		\$ 4026.20
ADJUSTMENTS:		
Deductible		250.00

TOTAL ADJUSTMENTS		\$ 250.00
NET COST OF REPAIRS		\$ 3776.20

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR1BB92 Database Date 7/2003 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

Pathways - A product of CCC Information Services Inc.

09/13/2003 at 08:46 AM
10726

5336255JA

SUPPLEMENT OF RECORD 1 WITH SUMMARY
1997 CADI ELDORADO 8-4.6L-FI 2D BLK Int:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
----- CHANGED ITEMS -----							
11#	Repl	CHROME GRILLE	1		-216.12		
15#	S01 Repl	CHROME GRILLE	1		218.28		
13	Repl	LT Headlamp assy	1		-235.59	-0.6	
20*	S01 Repl	LT Headlamp assy	1		238.41	0.6	
15	Repl	LT Park/turn lamp	1		-54.55	-0.3	
22*	S01 Repl	LT Park/turn lamp	1		55.10	0.3	
19	Repl	Hood	1		-783.80	-1.5	-3.2
31*	S01 Repl	Hood	1		793.20	1.5	3.2
----- ADDED ITEMS -----							
1	S01	GRILLE					
2	S01 R&I	Emblem wreath				0.1	
3	S01 R&I	Emblem crest				0.1	
4*	S01 Repl	LT Grille assy bracket	1		9.85		
16	S01 Repl	RT Energy absorber	1		135.12	0.3	
17	S01 Repl	LT Energy absorber	1		135.12	0.3	
19*	S01 Repl	LT Mount panel	1		32.11	0.3	
25	S01	COOLING					
26*	S01 Rpr	Center support				0.5	0.3
27*	S01 Rpr	Radiator support				s 2.0	1.3
28*	S01 R&I	RT Radiator support reinforcem				0.3	
29*	S01 R&I	LT Radiator support reinforcem				0.2	
39#	S01 Repl	RAD SUPT CVR	1		15.81		
40	S01	STEERING GEAR & LINKAGE					
41*	S01 Repl	P/S cooler	1		87.38	m 0.7	M
42	S01	FENDER					
43*	S01 Rpr	LT Rail assy				s 1.5	0.4
44	S01	Overlap Major Non-Adj. Panel					-0.2
Subtotals ==>					430.32	6.3	1.8

Parts		430.32
Body Labor	5.6 hrs @ \$ 44.00/hr	246.40
Paint Labor	1.8 hrs @ \$ 44.00/hr	79.20
Mechanical Labor	0.7 hrs @ \$ 78.00/hr	54.60
Paint Supplies	1.8 hrs @ \$ 24.00/hr	43.20

SUBTOTAL		\$ 853.72
Sales Tax	\$ 853.72 @ 5.6000%	47.81

TOTAL SUPPLEMENT AMOUNT		\$ 901.53

NET COST OF SUPPLEMENT		\$ 901.53

09/13/2003 at 08:46 AM
10726

5336255JA

SUPPLEMENT OF RECORD 1 WITH SUMMARY
1997 CADI ELDORADO 8-4.6L-FI 2D BLK Int:

Estimate 3124.67 Robert Sparbel
Supplement S1 901.53 Robert Sparbel

Workfile Total \$ 4026.20

TOTAL ADJUSTMENTS \$ 250.00
NET COST OF REPAIRS \$ 3776.20

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR1BB92 Database Date 7/2003 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

Pathways - A product of CCC Information Services Inc.

claim #5336255

SELIG EXECUTIVE LEASING
2510 S 108TH ST.
MILWAUKEE WI 53227

Driver :
GREGORY KRIEGL
2050 S LAYTON BL
MILW., WI 53215

WEST BEND MUTUAL
ATTN: ACCT'S PAYABLE
320 E KILBOURN AVE
SUITE 600, PLAZA 2
MILW., WI 53202

Policy #
Claim # 5336255JA
Date of Loss
Statement Date 09/15/2003
Insured

Bill To Code : 1259
Agreement Number: 75779
Adjuster :

VEHICLE NUMBER	VEHICLE TYPE	DATE RENTED	DATE RETURNED
820-3	03 BUICK LE SABRE	09/08/2003	09/15/2003

Statement of Charges :

Rental Period : 7 day(s) - Rate Type : DAILY

Rate Period : Month(s) at 0 per month
Weeks(s) at 0 per week
Weekend at 0 per weekend
7 Day(s) at 28.4 per Day

Rate Charge	:	198.80	Add'l Charges	:	0.00
MI/KM Charge	:	0.00	Surcharges	:	0.00
Damage Waiver	:	0.00	Credits	:	0.00
Pers. Accident Ins.	:	0.00	Sub-Total	:	198.80
Additional Driver	:	0.00			
EXEC PARK	:	0.00	Local Tax	:	0.00
SEATS OUT1	:	0.00	Sales Tax	:	11.13
SEAT OUT 2	:	0.00			
SEAT OUT 3	:	0.00	Total Charges	:	209.93
N/A	:	0.00			
Fuel Charge	:	0.00			

Company Authorized: 209.93
Company Payments: 0.00
=====
Net Due From Company: 209.93
FED ID# 391270522

Please Make Check Payable To and Remit To : NET DUE UPON RECEIPT

SELIG EXECUTIVE LEASING
2510 S 108TH ST.
MILWAUKEE, WI 53227
Phone 327-2100 Fax 327-0154 Loc 100

Please Pay
This Amount 209.93



CLAIMSDESKTOP
First State Mutual Insurance Company

POLICY: HHW 5336255 04
INSURED: GILBERT T KRIEGL & ELAINE J
CLAIM STATUS: OPEN

LOSS DATE: 8/10/2003 **OCC:** 001
ADJUSTER: JEANA STEFFENS
ADJUSTER PHONE: (262) 338-729



LOSS DESCRIPTION

IV WAS AT A STOP LIGHT, AND WAS HIT BY ANOTHER VEHICLE THAT WAS INVOLVED IN ACCIDENT WITH ANOTHER VEH THAT CAUSED IT TO HIT IV.

CLAIMANTS

001 - GILBERT T KRIEGL & ELAINE/JA

LOSS ITEM DETAIL

CLAIMANT NUMBER	001	MAJOR PERIL	COLLISION
CLAIMANT NAME	GILBERT T KRIEGL & ELAINE/JA	RESERVE CATEGORY	COMPANY RESERVE/BLDG
		CAUSE OF LOSS	COLLISION

PAYMENT HISTORY

TRANS DATE	TRANS TYPE	PAYEE	DRAFT #	AMOUNT
09/03/2003	PP	GILBERT T KRIEGL & ELAINE J	0001943117	\$2,874.67
09/15/2003	PP	GILBERT T KRIEGL & ELAINE J	0001955361	\$901.53
10/01/2003	FP	SELIG EXECUTIVE LEASING INC	0001966662	\$209.93

TOTAL PAYMENTS = \$3,986.13



ACCIDENT IN THE LINE OF DUTY

6330348

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:

Reportable Accident:

County	40
MUN/TWP	57

Accident Date		
MONTH	DAY	YEAR
10	03	1993

Time of Accident (Military Time)		
TH	HR	MIN
1	92	1

Total Number		
STATE	COUNTY	TOTAL
03	00	00

- 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

12

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 Estimated FROM/AT Hwy No. and Street Name

W Oklahoma Ave S. 20th St

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)
1	1	1	S	1	1	1	S

OPERATOR Last Name First M.I. OPERATOR Last Name First M.I.

Wase Aaron M. Jack Richard R.

ADDRESS Street & Number ADDRESS Street & Number

2936 S. 16th St 749 W State St

City & State ZIP Phone Number City & State ZIP Phone Number

Milwaukee WI 53215 384-7732 Milwaukee WI 53233 933-4444

Driver's License Number State Exp. Year Driver's License Number State Exp. Year

W600-0138-5310-00 WI 04 J200-7566-5169-03 WI 08

Date of Birth Sex Operating Class Endorse Date of Birth Sex Operating Class Endorse

08-30-85 F Operating AS Mark 11/05/09-65 F Operating AS Mark 11/05/09-65

On Duty Accident On Duty Accident

CMV Y CMV Y

SEAT SAFETY AIRBAG EJECTED SEAT SAFETY AIRBAG EJECTED

Position Equipment 1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown

TRAPPED/ EXTRICATED TRAPPED/ EXTRICATED

Vehicle Owner Last Name First M.I. Vehicle Owner Last Name First M.I.

Street Address Street Address

749 W State St Milwaukee Police Dept

Year of Vehicle Make Model Body Style Color Year of Vehicle Make Model Body Style Color

83 Buick Regal 4dr Gr Year of Vehicle Make Model Body Style Color

02 Ford Exp 4dr Whi

Vehicle ID Number License Plate Number Policy Holder's Name Liability Insurance Company

164AJ69A1DH804021 204FSY None 346.19(1)

Vehicle ID Number License Plate Number Policy Holder's Name Liability Insurance Company

1FMZ478E522C3T316 C522 Self Insured

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG

ADDRESS Street & Number City & State ZIP

Address Same as Operator EJECTED TRAPPED/ EXTRICATED Agency Space EMS Number

None 1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown

None 1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown

None 1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown

None 1 Deployed 2 Not Deployed 3 Not Applicable 4 Unknown

MY4000 1296 IAD, CA, EA, EB 8-15-03 Jc

6330348 AUG 10 2003 Woklahoma, Act 520

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG		
	ADDRESS	Street & Number		City & State		ZIP	X A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown		
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Fully 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

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG		
	ADDRESS	Street & Number		City & State		ZIP	X A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown		
Address Same as Operator	EJECTED	1 Not Applicable 2 Not Ejected		3 Fully 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

Type of Accident

01 First Harmful Event

Most Harmful Event

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

(select one per vehicle)

Collision With Object Not Fixed

1	Motor Vehicle in Transport	2
2	Parked Motor Vehicle	3
3	Deer	4
4	Pedalcycle	5
5	Pedestrian	6
6	Railway Train	7
7	Other Animal	8
8	Motor Vehicle in Transport In Other Roadway	9
9	Other Object (Not fixed)	10

Collision With Fixed Object

10	Traffic Sign Post	19
11	Traffic Signal	20
12	Utility Pole	21
13	Light Support	22
14	Other Post	23
15	Tree	24
16	Mailbox	25
17	Guardrail Face	26
18	Guardrail End	27
19	Median Barrier	28
20	Bridge Parapet End	29
21	Bridge Pier/Abut.	30
22	Impact Attenuator	31
23	Medical Sign Post	32
24	Bridge/Rail	33
25	Curb	34
26	Ditch	35
27	Other Fixed Object	36
28	Embankment	37
29	Fence	38
30	Other Fixed Object	39
31	Unknown	40

Non-Collision

32	Overturn	41
33	Fire Explosion	42
34	Immersion	43
35	Jackknif	44
36	Other Non-Collision	45

Driver Condition

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

Driver Factors (Or Pedestrians)

1	Appeared Normal	2
2	Reduced Alertness	3
3	Ability Impaired	4
4	Not Observed	5

Presence

Neither Alcohol nor Drugs Present

6	Yes—Alcohol Present	7
7	Yes—Drugs Present	8
8	Yes—Alcohol & Drugs Present	9
9	Unknown	10

Alcohol

AC Value: M Value:

11	Test Not Given	12
12	Test Refused	13
13	Test Given, alcohol Unknown	14
14	Test Given, No Alcohol Reported	15

Drugs

15	Test Not Given	16
16	Test Refused	17
17	Test Given, Drugs Unknown	18
18	Test Given, No Drugs Reported	19
19	Drugs Reported (Specify Below)	20
20	Marijuana	21
21	Cocaine	22
22	Opiates	23
23	Amphetamines	24
24	PCP	25
25	Other Drug Medication	26
26	Type Unknown	27

Pedestrian

Unit # 2 3 4 5 6 7 8 9 10

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darning 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

Darken Numbered Area(s) of Vehicle Damage

0 None
10 Undercarriage
11 Total (Damage to all areas)
12 Other
13 Unknown

Extent of Damage

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

Vehicle Towed Due to Damage: Vehicle Removed By: Parked on curb

Darken Numbered Area(s) of Vehicle Damage

0 None
10 Undercarriage
11 Total (Damage to all areas)
12 Other
13 Unknown

Extent of Damage

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

Vehicle Towed Due to Damage: Vehicle Removed By: City of Milwaukee Towing

Fixed Object Struck	PROPERTY Last	First	M.I.
Unit #	OWNER		
Unit #	ADDRESS	Street & Number	
Govt. Damage Tag #	City & State	ZIP	Phone Number

AUG 13 2003

6330349

Wisconsin Motor Vehicle Accident Report

Document Number Override
6330348

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Marks
Incorrect Marks

Reportable Accident

County: **40** MUN/TWP: **57**

Accident Date

MO	DA	YEAR
Jan	1	00
Feb	2	01
Mar	3	02
Apr	4	03
May	5	04
Jun	6	05
Jul	7	06
Aug	8	07
Sep	9	08
Oct	0	09
Nov	1	10
Dec	2	11

Time of Accident (Military Time)

HR	MS
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number

0	1	2	3	4	5	6	7	8	9
0	3	0	0	0	0	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

Sheet No. **22**

ACCIDENT LOCATION

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

LATITUDE (GPS)

ON **W Oklahoma Ave**

LONGITUDE (GPS)

FROM **S. 20th St.**

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)
1	2	3	4	5	6	7	8

OPERATOR Last Name: **Kriegel Gregory L.**
 ADDRESS: **2052 S. Layton Blvd**
 City & State: **Milwaukee WI 53215**
 Driver's License Number: **K624-2935-5292-06 WI 05**

On Duty Accident: Police EMT/First Responder Fire Fighter Other
 Class: **Operating**
 Endorse: **None**

SEAT SAFETY AIRBAG EJECTED
 Position Equipment Deployed Not Deployed Not Applicable Unknown

TRAPPED/EXTRICATED: Not Applicable Not Reported Trapped Not Extricated Medical Transport

Vehicle Owner: **Kriegel Elaine J.**
 Street Address: **2052 S. Layton Blvd**
 City & State: **Milwaukee WI 53215**

Year of Vehicle: **97** Make: **Cadillac** Model: **Eldorado** Body Style: **2Dr** Color: **Blk**

License Plate Number: **WJK216** Plate Type: **Act** State: **WI** Exp. Year: **04**

Policy Holder's Name: **West Bend Mutual**
 Liability Insurance Company: **West Bend Mutual**

Occupant Unit Number: **1**
 NAME: **Kriegel Elaine J.**
 ADDRESS: **2052 S. Layton Blvd**
 City & State: **Milwaukee WI 53215**

Address Same as Operator:
 EJECTED: Not Applicable Not Reported Unknown
 TRAPPED/EXTRICATED: Not Applicable Not Reported Unknown
 Agency Space: **Oklahoma**
 EMS Number: **MV4000 1296**

6330348
520th Ave 10-2013

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP	K N A B C	Y N	Y N	1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator	EJECTED		TRAPPED/EXTRICATED		Medical Transport		Agency Space		
Yes	1 Not Applicable 2 Not Ejected		3 Fully Ejected 4 Partially Ejected 5 Unknown		1 Not Applicable 2 Not Trapped		3 Trapped Extricated 4 Trapped Not Extricated 5 Unknown		

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP	K N A B C	Y N	Y N	1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator	EJECTED		TRAPPED/EXTRICATED		Medical Transport		Agency Space		
Yes	1 Not Applicable 2 Not Ejected		3 Fully Ejected 4 Partially Ejected 5 Unknown		1 Not Applicable 2 Not Trapped		3 Trapped Extricated 4 Trapped Not Extricated 5 Unknown		

Type of Accident

0 1 First Harmful Event

Most Harmful Event

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

(select one per vehicle)

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

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

- Non-Collision**
- 32 Overturn
 - 33 Fire Explosion
 - 34 Immersion
 - 35 Knife
 - 36 Other Non-Collision

Driver Condition

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

- Driver Factors (Of Pedestrians)**
- 1 Appeared Normal
 - 2 Reduced Alertness
 - 3 Ability Impaired
 - 4 Not Observed

- Presence**
- 5 Neither Alcohol nor Drugs Present
 - 6 Yes—Alcohol Present
 - 7 Yes—Drugs Present
 - 8 Yes—Alcohol & Drugs Present
 - 9 Unknown

Alcohol

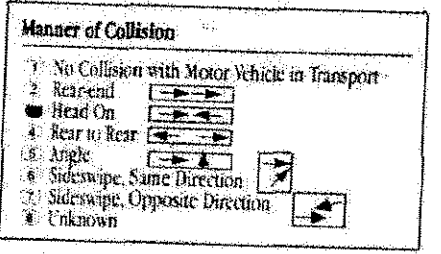
AC Value: AC Value:

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

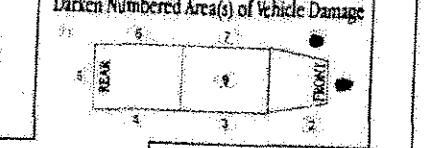
- Drugs**
- 14 Test Not Given
 - 15 Test Refused
 - 16 Test Given, Drugs Unknown
 - 17 Test Given, No Drugs Reported
 - 18 Drugs Reported (Specify Below)
 - 19 Marijuana
 - 20 Cocaine
 - 21 Opium
 - 22 Amphetamines
 - 23 PCP
 - 24 Other Drug Medication
 - 25 Type Unknown

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 |



Unit # 1 2 3 4 5 6 7 8 9 10

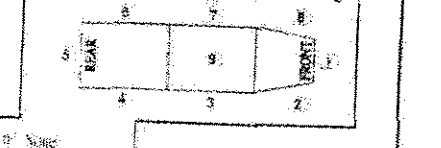


- 9 None
 - 10 Undercarriage
 - 11 Total (Damage to all Areas)
 - 12 Other
 - 13 Unknown
- Extent of Damage**
- 0 None
 - 1 Very Minor
 - 2 Minor
 - 3 Moderate
 - 4 Severe
 - 5 Very Severe
 - 6 Unknown

Vehicle Towed Due to Damage:

Vehicle Removed By: Operator

Unit # 1 2 3 4 5 6 7 8 9 10



- 9 None
 - 10 Undercarriage
 - 11 Total (Damage to all Areas)
 - 12 Other
 - 13 Unknown
- Extent of Damage**
- 0 None
 - 1 Very Minor
 - 2 Minor
 - 3 Moderate
 - 4 Severe
 - 5 Very Severe
 - 6 Unknown

Vehicle Towed Due to Damage:

Vehicle Removed By:

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

Govt. Damage Tag #

PROPERTY OWNER

Last First M.I. ADDRESS Street & Number City & State ZIP Phone Number

AUG 13 2003

Draw Diagram of Accident & Indicate North with an arrow in the circle.



Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impart
 Line 1 Line 2
 FEET

Surface Type: _____

See Page One

N
A
R
R
A
T
I
V
E

See Page One

Photos By: _____

What Drivers Were Doing

Unit Number		Unit Number	
1	2	3	4
5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

WITNESS Last First M.I.
 NAME
 ADDRESS Street & Number Date of Birth
 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
- Sleet, Hail (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
- Gore (Area between Ramp & Highway)
- On Ramp to Unknown

Traffic Control

Unit Number		Unit Number	
1	2	3	4
5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

6330349

Document Number Override

6330348

Officer's Opinion of Possible Contributing Circumstances

Driver Factors	
Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
1 Exceeding Speed Limit	11
2 Speed too Fast Condition	12
3 Fail to Yield Right of Way	13
4 Inattentive Driving	14
5 Following too Close	15
6 Improper Turn	16
7 Left of Center	17
8 Disregarded Traffic Control	18
9 Improper Overtaking	19
10 Unsafe Backing	20
11 Failure to have Control	21
12 Driver Condition	22
13 Physically Disabled	23
14 Other	24

Vehicle Factors	
Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
1 Brake System	11
2 Tires	12
3 Steering System	13
4 Turn Signals	14
5 Head Lamps	15
6 Stop Lamps	16
7 Tail Lamps	17
8 Disabled in Prior Accident	18
9 Other Disabled	19
10 Mirrors	20
11 Suspension System	21
12 Other	22

Highway Factors	
Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A
1 Snow, Ice or Wet	11
2 Narrow shoulder	12
3 Low Shoulder	13
4 Soft Shoulder	14
5 Loose Gravel	15
6 Rough Pavement	16
7 Debris from Prior Accident	17
8 Other Debris	18
9 Sign Obscured or Missing	19
10 Narrow Bridge	20
11 Construction Zone	21
12 Visibility Obscured	22
13 Other	23

OFFICER INFORMATION

Last: Beaver First: Scott A M.I. _____
 Law Enforcement Agency Address: 749 W State St
 City & State: Milwaukee WI 53233
 Phone Number: (414) 933-4444
 Agency #: 19 Enforcement Agency: Milwaukee PD Officer ID #: 52973

Date Notified: MONTH: 1 DAY: 00 YEAR: 03
 Time Notified (Military Time): HOUR: 19 MIN: 27
 Time Arrived (Military Time): HOUR: 19 MIN: 23
 Date of Report: MONTH: 10 DAY: 03 YEAR: 03

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...
 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 requiring 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

• Hazardous Material Class Numbers (1-2 digit):
 • 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: ICD:
 ICC MC: PC:
 Source: Vehicle Side Shipping Papers, Trip Manifest, Driver Log Book
 Carrier Name: Carrier Address:

Vehicle Information

Vehicle Configuration: Single unit truck (1 axle) Tank/Trailer Tank/Tractor Tank/Tractor/Trailer Tank/Tractor/Trailer/Trailer Tank/Tractor/Trailer/Trailer/Trailer Tank/Tractor/Trailer/Trailer/Trailer/Trailer
 Gross Vehicle Weight Rating: LBS Total # of Axles:
 Cargo Body Type: Box Conical Mount Flatbed Tank Trailer Tank/Trailer Tank/Tractor Tank/Tractor/Trailer Tank/Tractor/Trailer/Trailer Tank/Tractor/Trailer/Trailer/Trailer Tank/Tractor/Trailer/Trailer/Trailer/Trailer
 SEQUENCE OF EVENTS FOR THIS VEHICLE:
 1 2 3 4 Run off Road
 1 2 3 4 Jackknife
 1 2 3 4 Overtake (Rollover)
 1 2 3 4 Downhill Runaway
 1 2 3 4 Cargo Lose or Shift
 1 2 3 4 Explosion or Fire
 1 2 3 4 Separation of Units
 1 2 3 4 Collision involving pedestrian
 1 2 3 4 Collision involving motor vehicle in transp.
 1 2 3 4 Collision involving parked motor vehicle
 1 2 3 4 Collision involving train
 1 2 3 4 Collision involving pedalcycle
 1 2 3 4 Collision involving animal
 1 2 3 4 Collision involving fixed object
 1 2 3 4 Collision involving other object
 1 2 3 4 Other

AUG 13 2003

Printed in U.S.A. GS03 321 GS03 Mark (filled) by GCS 8803710-2

Draw Diagram of Accident & Indicate North with an arrow in the circle.

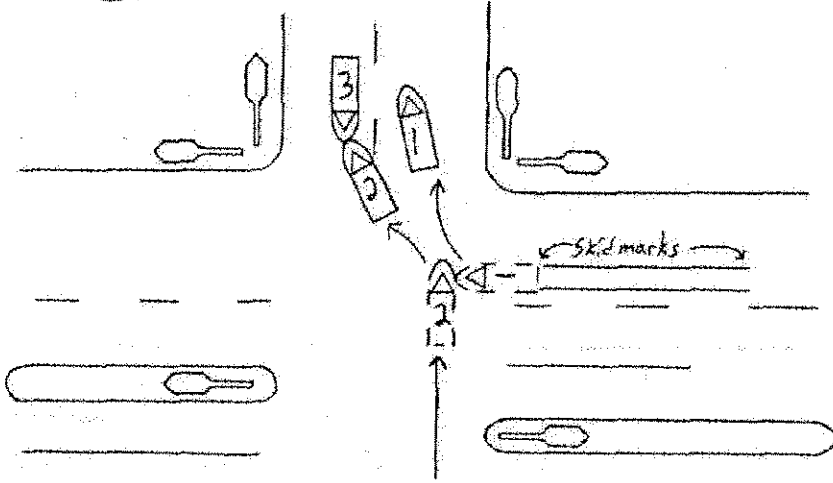


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
 Tra 1: 57 FEET
 Tra 2: 0

Surface Type: Concrete



W Oklahoma Ave

S. 20th St

NARRATIVE

Unit 1, travelling N on W Oklahoma Ave, collided with Unit 2, a City of Milwaukee police squad with red lights and siren activated, travelling N on S. 20th St. This impact caused Unit 2 to travel W and collide with Unit 3, stopped facing N on S. 20th St.

Photos By: MPD Sgt 385 (JP Tech Cole)

What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input checked="" type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17
<input type="checkbox"/> 18	<input type="checkbox"/> 18

- 1. Going Straight
- 2. Making Left Turn
- 3. Making Right Turn
- 4. Slowing or Stopping
- 5. Stopped in Traffic
- 6. Legally Parked
- 7. Violating No Passing Zone
- 8. Illegally Parked
- 9. Parking Maneuver
- 10. Backing Maneuver
- 11. Changing Lanes
- 12. Overtaking on left
- 13. Overtaking on right
- 14. Making U-Turn
- 15. Turning on red
- 16. Merging
- 17. Negotiating Curve
- 18. Other

WITNESS NAME	Last	First	M.I.
ADDRESS	Street & Number	Date of Birth	
CITY & STATE	ZIP	Phone Number	

ACCESS CONTROL

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

ROAD TERRAIN

Part A

- 1. Straight
- 2. Curve

Part B

- 3. Level-Flat
- 4. Hill

LIGHT CONDITION

- 1. Daylight
- 2. Dark-Not Lighted
- 3. Dark-Lighted
- 4. Dawn
- 5. Dusk
- 6. Unknown

TRAFFIC WAY

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

ROAD SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Snow/Slush
- 4. Ice
- 5. Sand, Mud, Dirt, Oil
- 6. Other
- 7. Unknown

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Fog, Smog, Smoke
- 6. Sleet, Hail (Freezing Rain or Drizzle)
- 7. Blowing Sand, Soil, Dirt, Snow
- 8. Severe Crosswinds
- 9. Other
- 10. Unknown

RELATION TO ROADWAY

- 1. On Roadway
- 2. Parking Lot or Private Property
- 3. Shoulder (Other than Shoulder within Median or Gore)
- 4. Median (Other than Median within Gore)
- 5. Outside Shoulder-Left
- 6. Outside Shoulder-Right
- 7. Off Roadway-Location Unknown
- 8. On Ramp to Unknown
- 9. Gore (Area between Ramp & Highway)

Traffic Control

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11

- 1. No Control
- 2. Traffic Signal Operating
- 3. Traffic Signal Flashing
- 4. Stop Sign
- 5. Stop Sign with Flasher Warning
- 6. Warn sign with Flasher Yield Sign
- 7. Traffic Control Person
- 8. Raising Signal
- 9. Other
- 10. Other
- 11. Other

