

To Mr. Grant Langley,
City Attorney

June 21, 2004

I am writing this letter to appeal the decision against my claim, for my car accident on March 17, 2004 with a DPW Gas truck. My Name is Christopher Semprun and my File No. is 04-V-62, and I am requestin a hearing to dispute the denial of my claim. My contact information:

Christopher Semprun
1200 Fuller-Wiser Ave #1723
Euless, TX 76039

Phone # 972-998-0100

Thank You,

Christopher Semprun

Letter Received: June 6, 2004

CITY OF MILWAUKEE
2004 JUN 29 AM 8:12
RONALD L. LEONARD
CITY CLERK

CITY OF MILWAUKEE
RECEIVED
04 JUN 29 PM 2:28
RONALD L. LEONARD
CITY ATTORNEY

Contact Information

Christopher Michael Semprun

6242 West College Avenue
Greendale, WI 53129

Home: (414) 423-0742

Cell: (972) 998-0100

CITY OF MILWAUKEE
MILWAUKEE
04 APR 23 PM 3:43
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
MILWAUKEE
04 APR 23 PM 3:43
OFFICE OF
CITY ATTORNEY

Christopher Michael Semprun

Circumstances of the Claim and Accident

The accident occurred on March 17, 2004 at approximately 7:30 a.m. on Canal Street. I was traveling Eastbound on a one-way and turned into the crossover to go west. I pulled in the middle of the crossover, stopped and looked around. I saw the parked cars, and pulled up a little, keeping my vehicle behind the parked cars and out of the gas truck's right-of-way. As I was stopped, I looked to the right at the car traveling westbound, knowing I was safe from any vehicles traveling eastbound- because I was still behind the parked car line. While I was looking to the right, I was clipped on the front, passenger side of my vehicle.

I then got out of my vehicle to speak with Mr. Bremer, the driver of the department of public works gas truck. At that time, he said when the accident occurred I was stopped waiting for the vehicles to pass and that he would make sure to tell the officer that.

In the police report, Police Officer Bell did not list the parked cars, or the car traveling West Bound. He admitted in a phone conversation that this was true. This negates the fact that his report states I saw no one and proceeded. It is almost impossible not to see, or even hear, a massive gas truck with seven feet rear dual wheels. Even if I had pulled out, why did Mr. Bremer not slow down or at least sound his horn; he basically plowed through my vehicle without the slightest hesitation. My vehicle's damage indicates that he swerved to the right and clipped the front, right hand side of my vehicle. A study by the Department of Motor Vehicles found that a driver, who looks to the left, will unknowingly swerve right.

Also, if I pulled out into his right-of-way as the report states, then over half of the gas truck would have passed before my eyes, which means that I then proceeded to ram my vehicle into the huge gas truck. No one in his right mind would knowingly ram his vehicle into such a large, dangerous truck.

The enclosed pictures of the area surrounding the accident further support my argument.

When Officer Bell arrived at the scene, he asked me the standard questions. I told him that I did not see the gas truck hit me because I was not in his lane; I was still behind the line of parked cars- which were left out of the police report. I was looking to the right at the car traveling westbound when I was clipped- this car was also left out of the report. In sum, the police report was incomplete and inaccurate.

After receiving a copy of the police report, I contacted officer Bell by phone. At that time, Officer Bell admitted to me that he did not include the parked cars or the car traveling westbound- two huge factors. He also said that he did not write a citation because he felt this area of Canal Street was very dangerous and that no traffic engineer today would ever design a street like that. He told me that, if necessary, he would testify to this. His comments lead me to believe, that perhaps this was not the first accident in this area.

Christopher Michael Sempurno

The damage on my vehicle is on the front, starting almost two-thirds of the way across the middle and continuing along the front passenger side. If I had pulled out and into the gas truck, I would have impact damage starting from the far left driver's side and continuing across the front of the vehicle. My passenger side is seriously damaged; however, the driver's side is almost completely intact with no impact damage; just pulled over from the frame being bent.

The enclosed pictures of my vehicle should aid in your understanding of the damages.

Christopher Michael Sampson

Enclosed Documents

Claimant contact information 1

Circumstances of the claim 2

Negligence claim 4

Braeger Ford estimate 5

Towing receipt 8

Police report 9

My diagram of the accident. 12

Photographs of the damaged vehicle. 13

Photographs of the area surrounding the accident with explanatory notes on the back . 17

Michael Senger
307-228-8815
1010 W. 10th St.
Cheyenne, WY 82001

Christopher Michael Senger

The City's Negligence

Duty: The City, and its agents, have a legal obligation to exercise reasonable care to avoid the risk of harming persons and property. Therefore, Mr. Bremer, acting as an agent of the City, had a legal obligation to exercise reasonable care to avoid hitting my vehicle.

Breach of Duty: Mr. Bremer's conduct, in light of the foreseeable risks created by his conduct, was unreasonable under the circumstances. The general standard is how a reasonably prudent person under the same or similar circumstances would have acted; however, in a situation where the defendant knows, or should know, more than the reasonably prudent person, the standard rises to that of how a reasonably prudent agent of the City would have acted in the same or similar circumstances.

To analyze the situation using this standard, we must weigh the burden of the safer feasible alternative against the probability of an accident and the potential damages in that accident. The burden of the safer feasible alternative in this case is slight. Mr. Bremer simply needed to exercise more care in his driving by being aware of his surroundings especially in such a dangerous area. The cost of this alternative is next to nothing and the potential for preventing accidents great. Mr. Bremer's careless driving created a high probability of an accident with an even higher possibility for damage. A large gas truck is much more likely to cause severe damage than an ordinary vehicle.

Causation: A causal connection exists between Mr. Bremer's unreasonable conduct and the damage to my vehicle. But for his negligence, the accident would not have occurred and my vehicle would have sustained no damage.

Scope of Liability: This claim satisfies both the direct consequences test and the foreseeable consequences test for determining the scope of liability. The damages sustained in the accident are a direct result from a breach of duty and are thus recoverable under the direct consequences test.

Mr. Bremer's conduct was, at minimum, a substantial factor in bringing about the harm, there is no rule or policy that should relieve Mr. Bremer or the City from liability, and a person of ordinary intelligence and prudence could have reasonably foreseen or anticipated the accident; therefore, the damages are also recoverable under the foreseeable consequences test.

Damages: The value of the vehicle is included under the legally recognized losses incurred by the plaintiff. The Kelley Blue Book value of the vehicle is \$3,400 and Braeger Ford estimated the damages to be \$6,233.70. The plaintiff seeks compensation for his vehicle in the amount of \$3,400, compensation for towing the vehicle in the amount of \$99 and any other relief deemed appropriate.

All of the elements for negligence are clearly present in this case. The interests of justice require a finding of negligence against the city and an award of damages to compensate

Christopher Michael Sampson

for that negligence.

Christopher Michael Simpson

(4A)

BRAEGER FORD BODY SHOP
 3804 SOUTH 27TH STREET
 MILWAUKEE, WI 53221
 OFFICE: 414-281-6100 FAX: 414-281-1415
 FEDERAL ID # 39-1868407

CD LOG NO 10841-1 DATE 04/19/04

SHOP: BRAEGER FORD BODY SHOP INSP DATE: 03/17/04
 ADDRESS: 3804 SOUTH 27TH STREET CONTACT: WALLY ZIESEMER
 CITY STATE: MILWAUKEE, WI PHONE 1: (414)281-6100 EXT 233
 ZIP: 53221- FAX: (414)281-1415

OWNER: SEMPRUN, CHRIS HOME PHONE: (414)423-0742
 ADDRESS: 6242 W COLLEGE
 CITY STATE: GREENDALE, WI
 ZIP: 53129-

POINT OF IMPACT: 3 TYPE OF LOSS: /UNK

LIC#: STATE: WI VIN: 1FMDU34X9RUE06830
 BODY COLOR: BROWN MILEAGE: 136,784
 CONDITION: GOOD ACCTNG CTL#:

DRIVEABLE: NO VEH. INSP#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT
EU=REPLACE SALVAGE	EP=REPLACE PXN	PC=PXN RECONDITIONED
PM=PXN REMAN/REBUILT	TE=PARTL REPL PRICE	ET=PARTL REPL LABOR
IT=PARTIAL REPAIR	I=REPAIR	L=REFINISH
BR=BLEND REFINISH	TT=TWO-TONE	CG=CHIPGUARD
SB=SUBLET	N=ADDITIONAL LABOR	RI=R&I ASSEMBLY
P=CHECK	AA=APPEAR ALLOWANCE	RP=RELATED PRIOR
UP=UNRELATED PRIOR		

1994 FORD EXPLORER EDDIE BAUER 4DOOR WAGON 6CYL GASOLINE 4.0
 CODE: P8423A/D OPTNS A/24SPFETXBOI

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES	TWO-STAGE - INTERIOR SURFACES
4-WHEEL DRIVE	ELEC REMOTE CONTROL MIRRORS
POWER DOOR LOCKS	POWER WINDOWS
LUGGAGE RACK	HEATED BACK GLASS
PRIVACY GLASS	REAR WIPER
TILT STEERING WHEEL	

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
N	0973		HEADLAMPS AIM	ADDNL LABOR OPERA				0.5	1
EU	0611		SECT, FRT INR & OTR	SALVAGE PART	1,250.00*			37.3	1
L	0611	13	SECT, FRT INR & OTR	REFINISH				16.9	4
N	0977		A/C EVACUATE & RECHARG	ADDNL LABOR OPERA				1.4	2
TE	0112	02	STRIPE ASSEMBLY	PART/PARTIAL REPL	65.82			1.0	*1

5

1994 FORD EXPLORER EDDIE BAUER 4DOOR WAGON
 CD LOG NO 10841-1

RI 0342	W/STRIP,BELT OUTER L/F	R&I ASSEMBLY		0.2	1
RI 0343	W/STRIP,BELT OUTER R/F	R&I ASSEMBLY		0.2	1
RI 0265 01	HANDLE,FRONT DOOR O LT	R&I ASSEMBLY		0.2	1
RI 0266 01	HANDLE,FRONT DOOR O RT	R&I ASSEMBLY		0.2	1
TT M02	TWO TONE PAINT	TWO TONE		3.0	*4
I M14	CORROSION PROTECTION	SUBLET REPAIR	10.00*	0.5	*4
L M15	COLOR TINT	REFINISH		0.5	*4
L M16	COLOR BLEND	REFINISH		4.0	*4
N M17	COVER CAR EXTERIOR	ADDNL LABOR OPERA	3.00*	INC	*4
I M18	SET-UP & MEASURE	REPAIR		2.0	*3
I M19	REALIGN CONTROL POINTS	REPAIR		3.0	*3
EC M20	ANTI-FREEZE-COOLANT	ECONOMY PART	15.00*		1
EC M21	REFRIGERANT	ECONOMY PART	23.00*		1
I M40	FRAME SIDESWAY, F.	REPAIR		9.0	*3
SB M60	HAZARD. WSTE. REM.	SUBLET REPAIR	5.00*		1
SB	FRONT END ALIGNMENT	SUBLET REPAIR	69.95*		1*

21 ITEMS

MC MESSAGE(S)

- 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
- 02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO
- 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS		65.82
OTHER PARTS		1,291.00
PAINT MATERIAL		647.40
PARTS & MATERIAL TOTAL		2,004.22
TAX ON PARTS & MATERIAL @	5.600%	112.24

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	46.00	39.1	0.5	1,821.60
2-MECH/ELEC	78.00		1.4	109.20
3-FRAME	46.00		14.0	644.00
4-REFINISH	46.00	24.4	0.5	1,145.40
5-PAINT MATERIAL	26.00			
LABOR TOTAL				3,720.20
TAX ON LABOR	@		5.600%	208.33
SUBLET REPAIRS				84.95
TAX ON SUBLET	@		5.600%	4.76
TOWING				93.75
TAX ON TOWING	@		5.600%	5.25
STORAGE				

GROSS TOTAL 6,233.70

NET TOTAL 6,233.70

ADP SHOPLINK U4325 ES CD LOG 10841-1 DATE 04/19/04 05:31:01PM R6.35 CD 03/04

HOST LOG

(C) 1998 - 2004 ADP CLAIMS SOLUTIONS GROUP, INC.



1994 FORD EXPLORER EDDIE BAUER 4DOOR WAGON
GD LOG NO 10841-1

3.3 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.

7

4230742

140479



CHRIS SEMPRUM

INVOICE

MILWAUKEE, WI
HOME: 414-423-0742 BUS:

DUPLICATE 1
PAGE 1

3804 SOUTH 27th STREET
MILWAUKEE, WISCONSIN 53221
PHONE (414) 281-6100
www.braeger.com

SERVICE ADVISOR: 9262 WALLY ZIESEMER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
BROWN	94	FORD EXPLORER 4DR	1FMDU34X9RUE06830		136784/136784	T2265	
DEL DATE	IN SERVICE DATE	WARR. EXP.	PROMISED	PO NO.	P&A CODE	PAYMENT	INV. DATE
01JAN1994			19:00 17MAR04		01763-2	CASH	22MAR2004

DATE VEHICLE RECEIVED	CUSTOMER NOTIFIED DATE	OPTIONS:
17MAR04	22MAR04	DLR:01763 ENG:4.0 Liter_EFI

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	REPAIR AS PER ESTIMATE						
	RAP REPAIR AS PER ESTIMATE						
	999 CBT0					0.00	0.00
	SUBL CHI TOWING #37984						
	PO#11884						
	CBT0					93.75	93.75
PARTS:	0.00	LABOR:	0.00	OTHER:	93.75	TOTAL LINE A:	93.75

B	REFINISH AS PER ESTIMATE						
	REF REFINISH AS PER ESTIMATE						
	999 CPT0					0.00	0.00
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE B:	0.00

Are you COMPLETELY SATISFIED with Braeger ?

You may receive a survey for Ford Motor Co. regarding this service visit. If you can answer it COMPLETELY SATISFIED with your OVERALL SERVICE EXPERIENCE please send it in. If not call us A.S.A.P. before you send it in

DISCLAIMER OF WARRANTIES The dealer is not a party to any Manufacturer's warranty on parts or service contained herein. THE DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO ANY PARTS, LABOR OR DIAGNOSTIC SERVICES FURNISHED UNDER THIS ORDER.	WE SERVICE FORD, LINCOLN AND MERCURY CARS AND TRUCKS.		DESCRIPTION	TOTALS
	SERVICE DEPT. HOURS MONDAY - THURSDAY 7:00 am - 9:00 pm FRIDAY 7:00 am - 6:00 pm SATURDAY 8:00 am - 5:00pm	SERVICE DEPT. HOURS MONDAY - THURSDAY 7:30 am - 9:00 pm FRIDAY 7:30 am - 6:00 pm SATURDAY 8:00 am - 5:00pm	LABOR AMOUNT	0.00
			PARTS AMOUNT	0.00
			GAS, OIL, LUBE	0.00
			SUBLET AMOUNT	93.75
			MISC. CHARGES	0.00
			TOTAL CHARGES	93.75
			LESS INSURANCE	0.00
			SALES TAX	5.25
			PLEASE PAY THIS AMOUNT	99.00
	SERVING MILWAUKEE MOTORISTS SINCE 1923 <small>"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."</small>			

CUSTOMER SIGNATURE

CUSTOMER COPY

7294659

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
 Yes No

County	40
MUN/TWP	57

Accident Date		
MONTH	DAY	YEAR
Jan		
Feb	17	04
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)	
HOUR	MIN
07	18
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number		
UNITS INJURED	KILLED	
0200	00	
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

Hit & Run Yes No

Government Property Yes No

Fire (Narrative) Yes No

Photos Taken (Narrative) Yes No

Trailer or Towed (Narrative) Yes No

Truck or Bus (Last Page) Yes No

Load Spillage Yes No

Construction Zone Yes No

Names Exchanged Yes No

Unit #

Sheet No.	Of
1	2

ACCIDENT LOCATION

Public Highway, Intersection Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

LATITUDE (GPS) Degrees: ON Hwy No. and Street Name: **W CANAL ST.** Estimated **400.** **LONGITUDE (GPS)** Degrees: FROM/AT Hwy No. and Street Name: **12TH ST**

Minutes: **1201** Seconds: **60**

Unit Number 2 3 4 5 6 7 8 9 10

Unit Type 1 2 3 4 5 6 7

Total Number of Occupants 0 1 2 3 4 5 6 Other

Direction of Travel (Before the Accident) W E S

OPERATOR Last Name: **SEMPRUN** First: **CHRISTOPHER** M.I.: **M**

ADDRESS Street & Number: **6242 W COLLEGE AVE**

City & State: **GREENDALE WI 53129** Phone Number (VIN): **423-0742**

Driver's License Number: **01920805** State: **TX** Exp. Year: **06**

OPERATOR Last Name: **PREMER** First: **ROGER** M.I.: **D**

ADDRESS Street & Number: **1807 W GOLDCASTLE AV**

City & State: **MILWAUKEE WI 53221** Phone Number (VIN): **8686-7245-4056-08**

Driver's License Number: **8686-7245-4056-08** State: **WI** Exp. Year: **08**

Date of Birth: **11/2/1975** Sex: M F

Operating as Classified: CMV A B C

Class (Mark Only One): A B C

Endorse (Mark All That Apply): H P T N S F

Date of Birth: **2/16/1954** Sex: M F

Operating as Classified: CMV A B C

Class (Mark Only One): A B C

Endorse (Mark All That Apply): H P T N S F

SEVERITY: A B C

SEAT Position: 1 2 3 4

SAFETY Equipment: 1 2 3 4

AIRBAG: 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown

EJECTED: 1 Not Applicable 2 Not Ejected 3 Totally Ejected

SEVERITY: A B C

SEAT Position: 1 2 3 4

SAFETY Equipment: 1 2 3 4

AIRBAG: 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown

EJECTED: 1 Not Applicable 2 Not Ejected 3 Totally Ejected

TRAPPED/EXTRICATED: 1 Not Applicable 2 Not Trapped 3 Trapped Extricated 4 Trapped Not Extricated

Medical Transport: Yes No

Vehicle Owner Name: **CITY OF MILWAUKEE MUNICIPAL CORP** M.I.: **M.I.**

Street Address: **841 N BROADWAY**

City & State: **MILWAUKEE WI 53202** Phone Number (VIN): **886**

TRAPPED/EXTRICATED: 1 Not Applicable 2 Not Trapped 3 Trapped Extricated 4 Trapped Not Extricated

Medical Transport: Yes No

Vehicle Owner Name: **SELF-INSURED** M.I.: **M.I.**

Street Address: **7202 WELDON SPRING RD ST CHARLES MO 65054**

City & State: **MILWAUKEE WI 53202** Phone Number (VIN): **886**

Year of Vehicle: **1994** Make: **FORD** Model: **EXP** Body Style: **SW** Color: **BRD**

Vehicle ID Number: **1FMDU34X9RUE06830**

License Plate Number: **N17WHZ** Plate Type: **ALT** State: **TX** Exp. Year: **04**

Policy Holder's Name: **SITTON BARBARA** M.I.: **M.I.** Date of Birth: **12/29/1951** Sex: F

Year of Vehicle: **1990** Make: **INTL** Model: **TAK** Body Style: **TAK** Color: **YEL**

Vehicle ID Number: **1HTSD27R4LH288040**

License Plate Number: **17102** Plate Type: **MUN** State: **WI** Exp. Year: **Non**

Policy Holder's Name: **SELF-INSURED** M.I.: **M.I.** Date of Birth: **12/29/1951** Sex: F

Liability Insurance Company: **ALLSTATE** Stat. #: **1 2 3**

Occupant Unit Number: **3** Name: **SITTON BARBARA** M.I.: **M.I.** Date of Birth: **12/29/1951** Sex: F

SEVERITY: A B C

SEAT Position: 3 1 2 4

SAFETY Equipment: 1 2 3 4

AIRBAG: 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown

EJECTED: 1 Not Applicable 2 Not Ejected 3 Totally Ejected

Medical Transport: Yes No

Agency Space: Yes No

EMS Number: **740**

Please Do Not Write In This Microfilm Space

MAR 17 2004

1 601 W Canal St

Wisconsin Motor Vehicle Accident Report Supplement

Document Number Override 7294659	
Sheet No. Of	
2	2

Occupant and Fixed Object Struck Supplement

INSTRUCTIONS: This supplement may be used to list additional occupant and fixed object struck information associated with an accident. Enter the original accident report document number in the "Document Number Override" box, enter the correct page number in the "Sheet No. Of" box. Then, follow the instructions for fields 65-78 (occupants) and/or fields 82-87 (fixed objects struck), as appropriate, in the Law Enforcement Officer's Instruction Manual.

Occupant Unit Number 65 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex SITTON DARRYL - 11/2/1956 M F	Severity K N A B C	SEAT Position 6	SAFETY Equipment 1	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP 7223 WELDON SPRING RD ST CHARLES MO 63304				
Address Same as Operator Yes 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 Y N	Agency Space	
Occupant Unit Number 66 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 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes 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 Y N	Agency Space	
Occupant Unit Number 67 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 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes 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 Y N	Agency Space	
Occupant Unit Number 68 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 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes 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 Y N	Agency Space	
Occupant Unit Number 69 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 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes 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 Y N	Agency Space	
Occupant Unit Number 70 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 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes 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 Y N	Agency Space	
Occupant Unit Number 71 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 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes 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 Y N	Agency Space	
Occupant Unit Number 72 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 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes 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 Y N	Agency Space	

Pictorial Representation of Narrative

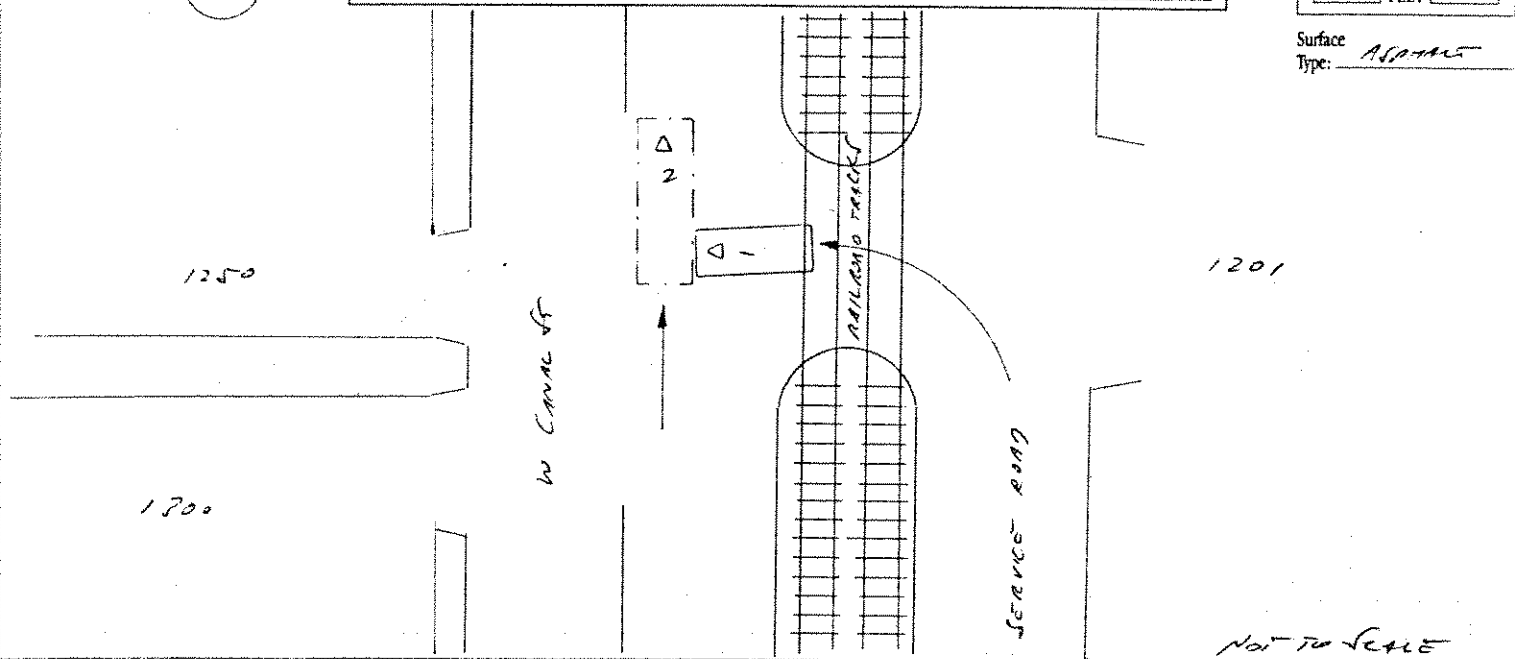
Draw Diagram of Accident & Indicate North with an arrow in the circle.



Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 Unit 2
O FEET O

Surface Type: ASPHALT



NARRATIVE
UNIT 2, A DIESEL FUEL PUMPING TRUCK, WAS EASTBOUND ON CANAL ST. UNIT 1, WAS EASTBOUND ON SERVICE ROAD PARALLEL TO CANAL ST. MADE A LEFT TURN AND STOPPED AT CANAL. LAWYER ONE COMING AND PROCEEDED WITH A LEFT TURN ONTO CANAL, STRIKING RIGHT REAR WHEEL OF UNIT 2.

Photos By: 115

What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input type="checkbox"/> 6
<input type="checkbox"/> 8	<input type="checkbox"/> 7
<input type="checkbox"/> 9	<input type="checkbox"/> 8
<input type="checkbox"/> 10	<input type="checkbox"/> 9
<input type="checkbox"/> 11	<input type="checkbox"/> 10
<input type="checkbox"/> 12	<input type="checkbox"/> 11
<input type="checkbox"/> 13	<input type="checkbox"/> 12
<input type="checkbox"/> 14	<input type="checkbox"/> 13
<input type="checkbox"/> 15	<input type="checkbox"/> 14
<input type="checkbox"/> 16	<input type="checkbox"/> 15
<input type="checkbox"/> 17	<input type="checkbox"/> 16
<input type="checkbox"/> 18	<input type="checkbox"/> 17
<input type="checkbox"/> 19	<input type="checkbox"/> 18

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

- 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
- On Ramp
- Unknown

Traffic Control

Unit Number	Unit Number
<input type="checkbox"/> 2	<input type="checkbox"/> 1
<input type="checkbox"/> 3	<input type="checkbox"/> 2
<input type="checkbox"/> 4	<input type="checkbox"/> 3
<input type="checkbox"/> 5	<input type="checkbox"/> 4
<input type="checkbox"/> 6	<input type="checkbox"/> 5
<input type="checkbox"/> 7	<input type="checkbox"/> 6
<input type="checkbox"/> 8	<input type="checkbox"/> 7
<input type="checkbox"/> 9	<input type="checkbox"/> 8
<input type="checkbox"/> 10	<input type="checkbox"/> 9
<input type="checkbox"/> 11	<input type="checkbox"/> 10
<input type="checkbox"/> 12	<input type="checkbox"/> 11

Unit's Semipalm →
(My Diagram of Accident)

CAVAL ST

CAR
TRAVELING
WEST ←

(21)

UNIT 1

TRAVELING
EAST →

UNIT 1 CAME
OVER TOO CLOSE
TO CROSSOVER

PACKED CARS
GAVE EXTRA SPACE
TO JUDGE TRAFFIC

THIS LINE IS ACTUALLY
PHYSICALLY THERE

CARS CAN PARK
UP TO THIS LINE

STOPPED IN
CROSSOVER, THEN
PULLED UP A
LITTLE, SAW GAS
TRUCK (EASTBOUND)
AND THEN WAS WATCHING
CAR (WESTBOUND) WHEN I WAS
CLIPPED BY REAR TIRES

UNIT 1

-DID NOT PAY ATTENTION
AS HE MADE HIS WAY
OVER, CLIPPED ME AS
I (UNIT 2) WAS STOPPED
WAITING FOR BOTH VEHICLES TO
PASS

7 FT
TIRES

UNIT
2

STOPPED
STOPPED
THEN
PULLED
UP

ONE WAY →

Chris Sempson
414-423-0742
Cell 972-998-0100



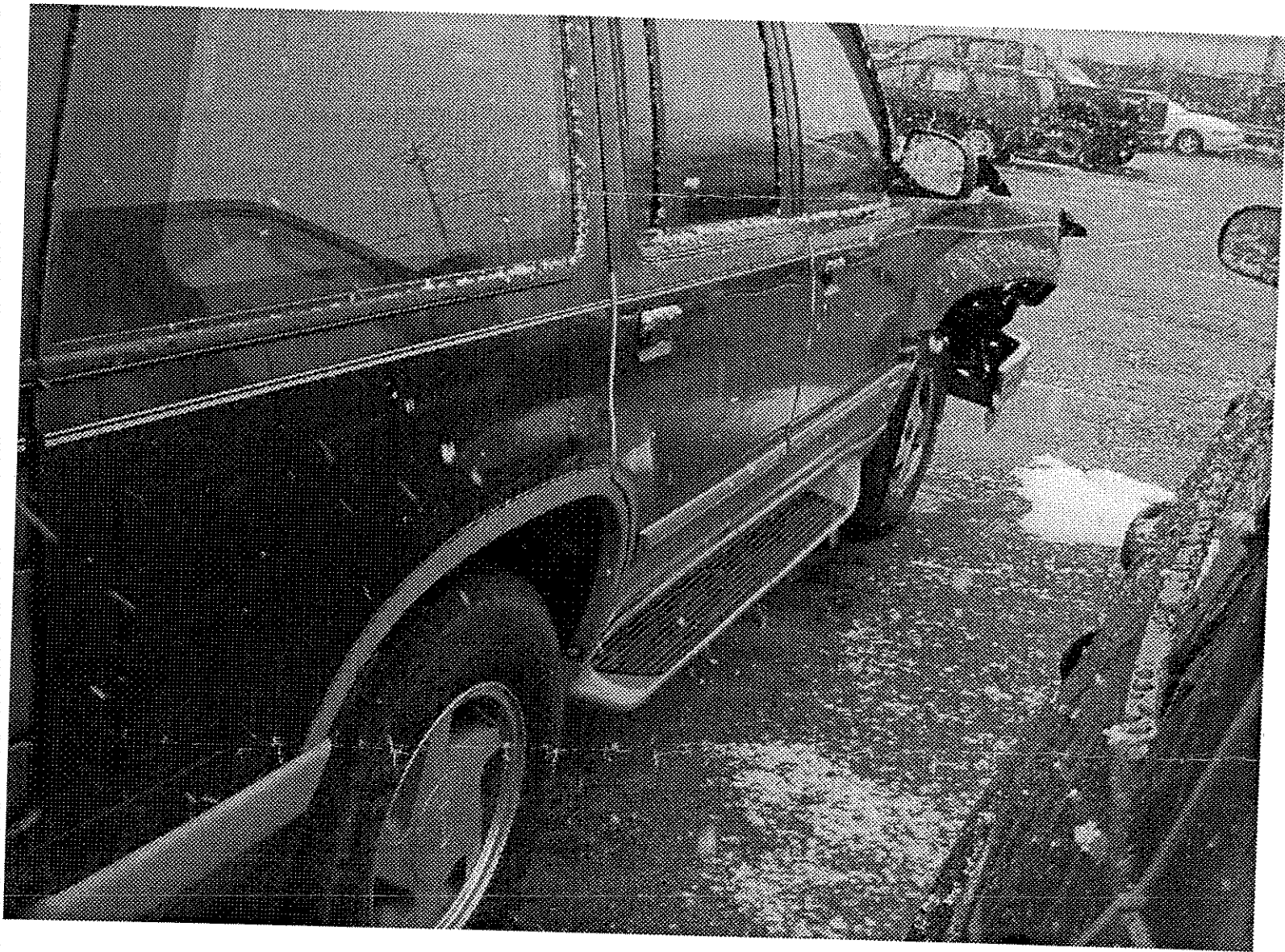
This shows the impact damage 2/3 of the way across the front of my vehicle. The passenger side fender ripped outwards shows my vehicle also being clipped and pulled away from the body.

(B)

(100)



14





This picture shows how there was no impact damage to my drivers side, which would have been hit if I were at fault and pulled out. No damage other than the frame being pulled over by the gas truck clipping my vehicle.