

1407 N 21 ST  
Milwaukee, WI 53205  
March 29, 2003

Milwaukee City Clerk  
200 East Wells RM 205  
Milwaukee, WI 53202

To Whom It May Concern:

I would like to request a hearing to appeal the decision made the city of Milwaukee.  
My current decision based upon said event and the overall negligence by a city employee  
on 1/9/03. Furthermore I would like to thank the city of Milwaukee for allowing me to  
speak upon said event.

Very truly yours,

Sedrick Green

MILWAUKEE CITY CLERK  
200 EAST WELLS ROOM 205  
MILWAUKEE, WISCONSIN 53202  
TELEPHONE 414-272-3000  
FAX 414-272-3007

CITY OF MILWAUKEE  
2003 APR - 4 PM 3: 50  
RONALD D. LEONHARDT  
CITY CLERK

CITY OF MILWAUKEE  
RECEIVED  
'03 APR - 7 PM 3: 05  
OFFICE OF  
CITY ATTORNEY

To City Clerk please see  
details of accident report. Claim  
in the amount of \$ 501.39 I can be  
reached at day time phone (414) 540-0208 ext  
Also to leave a voice mail

Arthur Chung 1407 N 21st #4 53205  
414 540-0208

CITY OF MILWAUKEE  
RECEIVED

03 FEB 14 PM 3:25

CITY OF  
MILWAUKEE  
CITY ATTORNEY

CITY OF MILWAUKEE  
03 FEB 14 PM 12:41  
RONALD D. LEONHARDT  
CITY CLERK

AUTO COLLISION SPECIALISTS  
 8280 NORTH TEUTONIA AVENUE  
 BROWN DEER, WI 53209  
 OFFICE: (414) 355-1900 FAX: (414) 355-1500

CD LOG NO 3424-1      DATE 02/10/03

SHOP: AUTO COLLISION SPECIALISTS	INSP DATE: 02/10/03
ADDRESS: 8280 N. TEUTONIA AVE.	CONTACT: BOB RASMUSSEN
CITY STATE: BROWN DEER, WI	PHONE 1: (414) 355-1900
ZIP: 53209-	FAX: (414) 355-1500

OWNER: GREEN, SEDRICK      HOME PHONE: (414) 540-0208

LIC#:                                      STATE:                                      VIN:  
 BODY COLOR:                                      MILEAGE:  
 CONDITION:                                      ACCTNG CTL#:

*=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 CHEVROLET CAVALIER RS 4DOOR SEDAN 4CYL GASOLINE 2.2  
 CODE: U2334B/D OPTNS D/24HJNO

OPTIONS:  
 TWO-STAGE - EXTERIOR SURFACES      TWO-STAGE - INTERIOR SURFACES  
 TINTED GLASS      POWER DOOR LOCKS  
 AIR CONDITIONING      AUTOMATIC TRANS

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
I	0209		PNL, FRONT DOOR OUTE LT REPAIR					6.0	*1
L	0209	13	PNL, FRONT DOOR OUTE LT REFINISH					3.1	4

2 ITEMS

MC MESSAGE(S)

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

PAINT MATERIAL	74.40
PARTS TOTAL	74.40
TAX ON PARTS & MATERIAL @	5.600%      4.17
LABOR	
1-SHEET METAL	264.00

1994 CHEVROLET CAVALIER RS 4DOOR SEDAN  
CD LOG NO 3424-1

2-MECH/ELEC	65.00		
3-FRAME	44.00		
4-REFINISH	44.00	3.1	136.40
5-PAINT MATERIAL	24.00		
LABOR TOTAL			400.40
TAX ON LABOR		5.600%	22.42
SUBLET REPAIRS			
TOWING			
STORAGE			

---

GROSS TOTAL 501.39

NET TOTAL 501.39

ADP SHOPLINK U1661 ES CD LOG 3424-1 DATE 02/10/03 11:44:25AM R6.3 CD 01/03

HOST LOG

(C) 1998 - 2002 ADP CLAIMS SOLUTIONS GROUP, INC.

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

-----  
THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

# ACCIDENT IN THE LINE OF DUTY 8071875

Document Number Override

## Wisconsin Motor Vehicle Accident Report

Police No.

Please Do Not Write In This Microfiling Space

Accident No. 8071875

JAN 09 2003

Location 731 N. W. St.

**INSTRUCTIONS**

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

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

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

Accident Date

MONTH	DAY	YEAR
Jan	09	03
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)

Hour: **16** Min: **10**

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
02	00	00
1 1	1 1	1 1
2 2	2 2	2 2
3 3	3 3	3 3
4 4	4 4	4 4
5 5	5 5	5 5
6 6	6 6	6 6
7 7	7 7	7 7
8 8	8 8	8 8
9 9	9 9	9 9

Hit & Run  Y  Unit #

Government Property  Y

Fire (Narrative)  Y

Photos Taken (Narrative)  Y

Trailer or Towed (Narrative)  Y

Truck or Bus (Last Page)  Y

Load Spillage  Y

Construction Zone  Y

Names Exchanged  Y

Sheet No. Of

11

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. W. St.** Estimated **50.00** FT.  MI.  FROM/AT Hwy No. and Street Name: **W. Wisconsin Ave.**

House #  Fire #  Other  **731 N. W. St.** Agency Space  Special Study

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 3 4	2 3 4	0 2 3 4 5 6	N S E

Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.
0	ALLEN, Christopher R.			0	GREEN, Sedrick M.		
1 5	ADDRESS Street & Number			1 5	ADDRESS Street & Number		
2	749 W State St			2	1407 N 21st #4		
3	City & State	ZIP	Phone Number (414)	3	City & State	ZIP	Phone Number (414)
4	Milw, WI 53233	53233	935-7212	4	Milw, WI 53205	53205	540-0208
5	Driver's License Number	State	Exp. Year	5	Driver's License Number	State	Exp. Year
6	A450-1166-7291-04	WI	06	6	6650-7938-1122-01	WI	10

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)
08-11-67	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> Police	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> H	04-02-81	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> Police	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> H

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
K	1	1	<input checked="" type="checkbox"/> Deployed	<input checked="" type="checkbox"/> Not Ejected	K	1	1	<input checked="" type="checkbox"/> Deployed	<input checked="" type="checkbox"/> Not Ejected

TRAPPED/EXTRICATED  Not Trapped  Trapped/Not Extricated  Trapped/Extricated  Unknown  Medical Transport

Vehicle Owner Same  Last Name: **City of Milwaukee** M.I.

Street Address: **749 W State St**

City & State: **Milw, WI 53233** ZIP: **53233** Phone Number: **935-7212**

Year of Vehicle: **2000** Make: **Ford** Model: **CRW** Body Style: **4DR** Color: **WHI**

Vehicle ID Number: **2FAFP71W0YX103049**

License Plate Number: **2608** Plate Type: **MONI** State: **WI** Exp. Year: **-**

Policy Holder's Name: **Self** Citation: **1**

Liability Insurance Company: **Self** Stat. #: **04**

Occupant Unit Number: **1** NAME Last: **ALLEN** First: **Christopher** M.I.: **R** Sex: **M**

ADDRESS Street & Number: **749 W State St** City & State: **Milw, WI** ZIP: **53233**

Address Same as Operator  Yes  No

EJECTED  Not Applicable  Partially Ejected  Totally Ejected  Unknown

TRAPPED/EXTRICATED  Not Trapped  Trapped/Not Extricated  Trapped/Extricated  Unknown  Medical Transport  Agency Space

MV4000 899 EMS Number

IAD, CA, GA, EB 1-14-03 JK

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I.	Date of Birth	Sex M F	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 <input type="radio"/> No <input type="radio"/>	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			

### Type of Accident

01 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
---------------------------------------	---------------------------------------

(select one per vehicle)

#### Collision With Object Not Fixed

① Motor Vehicle in Transport	② Parked Motor Vehicle	③ Deer	④ Pedalcycle	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 Curb	㉘ Embankment	㉙ Fence	㉚ Other Fixed Object	㉛ Unknown
---------------------	------------------	----------------	----------------------	--------------	--------	-----------	------------------	-----------------	------------------	----------------------	---------------------	---------------------	----------------------	---------------	-----------	---------	--------	--------------	---------	----------------------	-----------

#### Non-Collision

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

### 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	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 Opiates	㉒ Amphetamines	㉓ PCP	㉔ Other Drug Medication Type Unknown	㉕
------------------	----------------	-----------------------------	---------------------------------	----------------------------------	-------------	-----------	-----------	----------------	-------	--------------------------------------	---

### Unit #

② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

#### Pedestrian

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

② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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

① None	⑩ Undercarriage	⑪ Total (Damage to All Areas)	⑫ Other	⑬ Unknown
--------	-----------------	-------------------------------	---------	-----------

#### Extent of Damage

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

Vehicle Towed Due to Damage: Y  N

Vehicle Removed By: Operator

### Unit #

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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

① None	⑩ Undercarriage	⑪ Total (Damage to All Areas)	⑫ Other	⑬ Unknown
--------	-----------------	-------------------------------	---------	-----------

#### Extent of Damage

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

Vehicle Towed Due to Damage: Y  N

Vehicle Removed By: Owner

### Fixed Object Struck

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

Govt. Damage Tag # 83

PROPERTY OWNER 84	Last First M.I.
ADDRESS Street & Number 85	
City & State 86	ZIP Phone Number ( ) 87

INCIDENT INFORMATION	INCIDENT		DATE OF INCIDENT/ACCIDENT	
	PDO ACCIDENT		01-09-03	
	VICTIM		LOCATION OF INCIDENT/ACCIDENT	DIST. #
	731 N 6TH			1
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #
				VALUE

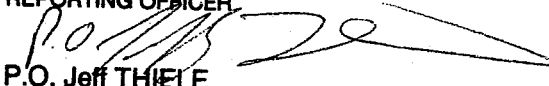
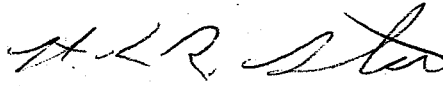
This report written by P.O. Jeff THIELE, #1 early.  
 On Thursday, January 03, 2003, at 4:34 p.m. sqd-10e (P.O.'S THIELE and RUEGE) were dispatched to investigate a squad accident at 731 N. 6th.

Upon arrival, I observed a Teal chevrolet cavalier on the sidewalk out of traffic, and a marked squad (#292) with its red and blue lights activated partially blocking the west alley. Neither driver appeared to have any injuries and upon asking both parties, both stated they were not injured. I noticed minor paint transfer as the only damage to the squad and a minor dent to the driver's side door of unit 2.

I located a witness to the accident who was the garage attendant at 731 N. 6th. The witness identified himself with a Wisconsin picture ID as Sacramento M. DELGADILLO (h/m 10-14-56) of 1720 S. 29th, #106, Phone #384-7415. DELGADILLO stated to me that he observed the officer make a traffic stop and watched the officer get back into his squad car and with the red and blue lights still activated, slowly back his squad car up. He states he also observed unit 2 come across 6th street and attempt to make it past the squad car into the alley. DELGADILLO states that the driver of unit 2 came to a stop for a second while the squad was still backing up, then watched unit 2 attempt to continue into the alley when the squad car struck unit 2. DELGADILLO states he doesn't believe there was another car in front of unit 2 that would cause it to stop and block traffic before making it safely into the alley.

I also spoke with the driver of unit 2 Sedrick M.D. GREEN (b/m 04-02-81) of 1407 N. 21st, phone # 540-0208. GREEN states he was travelling n/b on N. 6th after turning from W. Wisconsin Ave. GREEN states that he put on his blinker and tried to make a left turn behind the squad car. GREEN stated that the squad car was stationary and not moving when he started to pull into the alley behind it. GREEN stated that there were no other cars in front of him, only one behind him. GREEN states that the squad car started to back up at him and he had time to "lay on his horn" to warn the squad car backing, but couldn't provide a reason why he didn't just continue into the alley. GREEN stated that's when the squad bumped into him. I asked GREEN if there were any questions before i released him and he asked how to go about getting his car fixed since he didn't think he was at fault. Upon explaining to him that he would have to make a claim with the City of Milwaukee, GREEN stated "No, I mean I am not here to sue anybody, I just want to get my car fixed without having to go through all of this. Can't he just pay me for the damage?" I explained to him that he had to go through proper channels if he wanted his ca fixed.

I also spoke with Christopher R. ALLEN, who was the driver of unit 1. ALLEN states that when he made his traffic stop, he stopped his squad car in such a way as to block 1/2 of the alley. Upon finishing his traffic stop, he needed to back up to clear the car he just stopped, so he checked all of his mirrors and over both shoulder's and proceeded to back up. ALLEN stated he used no acceleration and just let the natural speed of the transmission back him up until he felt the impact. ALLEN states he backed up maybe three to four (3 to 4) feet before the impact. ALLEN states the driver of unit 2 got out of his car and looked at his damage, then got back in his car to move it. ALLEN states he had conversation with GREEN who stated he was trying to pull in to go to work. GREEN also told ALLEN that he started work at 4p.m. The accident occurred at approximately 4:10 p.m. ALLEN states that where I saw the car upon my arrival was approximatley where the accident occurred. The squad was blocking almost 3/4 of the alley making it difficult for a vehicle to safely pass into the alley. GREEN stated he had no insurance.

REPORTING OFFICER  P.O. Jeff THIELE	Payroll 61593 Loc Code 12	SUPERVISORS SIGNATURE 
---	------------------------------	---

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

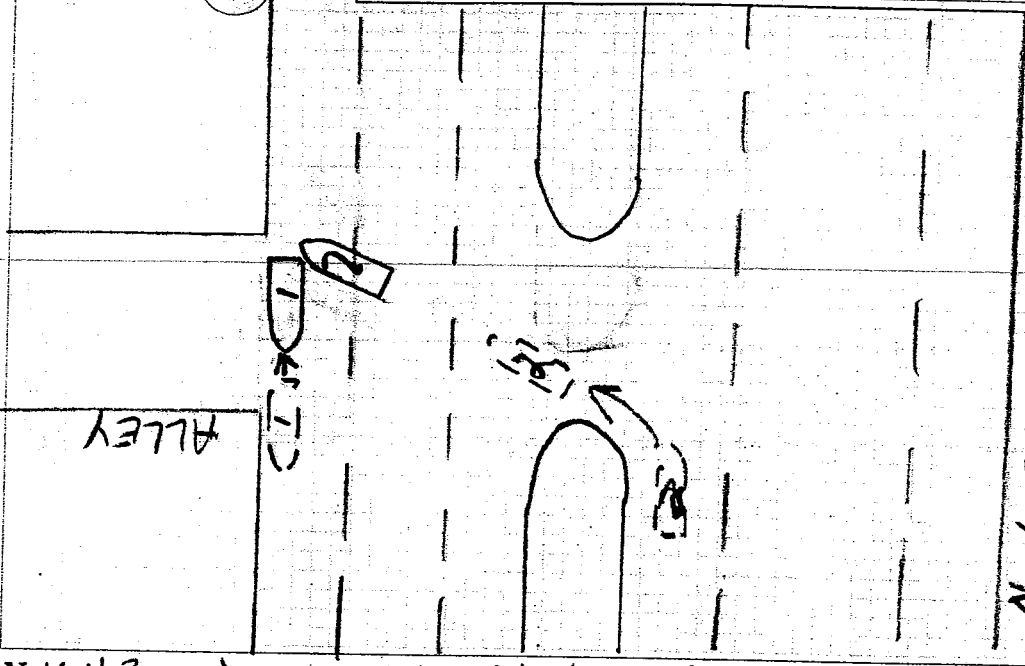


# Pictorial Representation of Narrative

Supplemental Reports 101    Witness Statements 102    Measurements Taken 103

Skidmarks to Impact  
Unit 1 100 Unit 2  
[ ] FEET [ ]

Surface Type: Asphalt



N Unit 2 was traveling N. bound in the 700 blk of N. 6 St.  
 A Unit 2 attempted to make a left turn into a alley  
 R between W. Wisconsin and W. Wells. Unit 1 was a marked  
 R Police said conducting a traffic stop with lights  
 A activated. Unit 1 was partially blocking the alley and  
 T began to back up using due regard. Unit 2 failed to  
 I yield to the emergency vehicle and did not stay a  
 V proper distance from same. Unit 1 collided with  
 E the front driver side of Unit 2.

Photos By: 105

### What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> 2	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3
<input type="radio"/> 5	<input type="radio"/> 4
<input type="radio"/> 6	<input type="radio"/> 5
<input type="radio"/> 7	<input type="radio"/> 6
<input type="radio"/> 8	<input type="radio"/> 7
<input type="radio"/> 9	<input type="radio"/> 8
<input type="radio"/> 10	<input type="radio"/> 9
<input type="radio"/> 11	<input type="radio"/> 10
<input type="radio"/> 12	<input type="radio"/> 11
<input type="radio"/> 13	<input type="radio"/> 12
<input type="radio"/> 14	<input type="radio"/> 13
<input type="radio"/> 15	<input type="radio"/> 14
<input type="radio"/> 16	<input type="radio"/> 15
<input type="radio"/> 17	<input type="radio"/> 16
<input type="radio"/> 18	<input type="radio"/> 17
	<input type="radio"/> 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 107 Last DELGADILLO, Sacramento First M M.I.   
 ADDRESS Street & Number 108 1720 S 2931 H 106 Date of Birth 109 10-14-56  
 City & State 110 Milw, WI ZIP 111 53215 Phone Number 112 (414) 384-7415

#### ACCESS CONTROL 112

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

#### ROAD TERRAIN 113

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

#### LIGHT CONDITION 114

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

#### TRAFFIC WAY 115

- 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 116

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

#### WEATHER 117

- 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 118

- 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 Gore (Area between Ramp & Highway)
- 9 On Ramp
- 10 Unknown

### Traffic Control

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

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



# Officer's Opinion of Possible Contributing Circumstances

Document Number Overseide  
127

### Driver Factors

Unit Number	Unit Number
1-10	1-10
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
1-10	1-10
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
1-10	1-10
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 **ROEGE, Thomas D** First **Thomas D** M.I. **D**

Law Enforcement Agency Address  
126: **749 W State St.**

City & State **Milwaukee, WI** ZIP **53233**

Phone Number  
(414) **935-7212**

Agency # **4057** Enforcement Agency **MPD** Officer ID # **59980**

Date Notified: MONTH **09** DAY **03** YEAR **03**

Time Notified (Military Time): HOUR **16** MIN **24**

Time Arrived (Military Time): HOUR **16** MIN **36**

Date of Report: MONTH **09** 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: **Part A** Did the accident involve...  
 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

• Interstate Carrier? **Y N**

Carrier Name **139**

### Carrier Identification Numbers

US DOT **140** IC **141**

ICC MC **142** IC **143**

Carrier Address **144**

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

### Vehicle Information

Vehicle Configuration: **1** Bus, **2** Single unit truck, 2 axles, 6 tires, **3** Single unit truck + 3 axles, **4** Truck/Trailer, **5** Tractor/Tractor, **6** Tractor/Semi-Trailer, **7** Tractor/Doubles, **8** Tractor/Triples, **9** Unknown Heavy Truck, **10** Log Truck

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

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

Gross Vehicle Weight Rating **145** LBS Total # of Axles **144**

### Cargo Body Type

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

JAN 13 2003

Printed in U.S.A. GS03 654321 Mark Reflex® by NCS MMB7108-3