



PEMBERTON
PERSONAL INJURY LAW FIRM

OFFICE OF CITY ATTORNEY
27 JUN '23 AM 08:55

June 23, 2023

City of Milwaukee | City Hall
Attn: Insurance Claims
200 E. Wells Street, Room 205
Milwaukee, WI 53233

Re: Our Client: Quilla Chambers
Date of Incident: 06/07/2023

~~CITY OF MILWAUKEE
2023 JUN 25 AM 10:31
CITY CLERK'S OFFICE~~

To Whom It May Concern:

We have been retained by Quilla Chambers to represent her in a claim for personal injuries she suffered as a result of an automobile accident caused by a City of Milwaukee Fire Department vehicle that you own. Therefore, we are seeking recovery from your insurance company.

Please provide us with your insurance carrier, including its correct address and telephone number, within five (5) days from receipt of this letter so that we may put it on notice of Ms. Chambers's claim.

Please understand, if you fail to notify your insurance company in a timely manner, it may deny your claim and then you would be personally responsible financially. Then we would have to pursue a lawsuit against you directly as opposed to working with your insurance company to settle this matter. Please understand this will not go away if you ignore it.

If we do not hear from you or your insurance carrier in a timely manner, we will be forced to take action. We are hopeful this can be avoided.

Sincerely,

PEMBERTON PERSONAL INJURY LAW FIRM


BY: Rhyan Lindley
(Reply to Baraboo Office)

~~CITY OF MILWAUKEE
2023 JUN 26 PM 3:40
CITY CLERK'S OFFICE~~

RL:EB

315 Broadway St., Suite 100
Baraboo, WI 53913

5609 Medical Circle Bldg.
Madison, WI 53719

PHONE: (608) 448-6242
FAX: (608) 200-7514

J9L1TDXVQP
231581121

WISCONSIN MOTOR VEHICLE
CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

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Document Number Override		Primary Crash Document #		Agency Crash Number DISTRICT THREE		Investigating Officer/Deputy N. ORNELAS	
Crash Date 06/07/2023		Crash Time 04:28 PM		Date Arrived 06/07/2023		Time Arrived 04:28 PM	
Date Notified 06/07/2023		Time Notified 04:28 PM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold		
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags SUPERVISOR APPROVED	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By
		Photos By
		Additional Information NONE
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.		
UNIT 1 TRAVELING WESTBOUND ON W NORTH AVE CROSSING N 50TH STREET STRUCK UNIT 2 WHO WAS TRAVELING NORTHBOUND ON N HI MOUNT BLVD CROSSING W NORTH AVE.		

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Location

INTERSECTION ON W NORTH AVE AT N 50TH ST IN THE CITY OF MILWAUKEE IN MILWAUKEE COUNTY	Latitude 43.060640665	Longitude -87.976115596
	X Coordinate 420516.4375	Y Coordinate 4768011
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study 1
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT		
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

Vehicle

UNIT	VEHICLE	License Plate Number 927VGM	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number JN8AT2MV2HW024293	Make NISSAN	Year 2017	Model ROGUE
		Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage		
		Extent Of Damage FUNCTIONAL DAMAGE	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER		



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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
01 01	Driver Actions UNKNOWN			
	Owner Name QUILLA JEAN CHAMBERS (414) 238-8751		Owner Address 2455 N 44TH ST MILWAUKEE, WI 53210 , US	
Sequence Of Events				
01	Event MOTOR VEH IN TRANSPORT			
02	Event			
03	Event			
04	Event			
Individual				
UNIT INDIVIDUAL	Driver QUILLA JEAN CHAMBERS (414) 238-8751		Citations Issued 0	Sex FEMALE
	Date of Birth 07/09/1993		Race BLACK/AFRICAN AMERICAN	
	Address 2455 N 44TH ST MILWAUKEE, WI 53210 , US		Driver License Number C5167109374906 STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment				
On Duty Crash		Safety Equipment		
01	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance		
Eye Protection		Tint Compliance		
001	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				
Non Motorist		Striking Unit #	Location	

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UNIT	INDIVIDUAL	Prior Action		
		Action		
		Action Other	To/From School	
	01	001	Drug & Alcohol	
			Suspected Alcohol Use NO	Suspected Drug Use NO
			Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
			Alcohol Test Results	
			Drug Test Given TEST NOT GIVEN	Drug Test Type
	Drug Test Results			
	Drug Type			
Individual Condition APPEARED NORMAL				

Unit Summary

UNIT	02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
		Vehicle Type PASSENGER VAN	Operating As Endorsements			
		Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
		Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 25	Total Lanes 2
		Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT	
		Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO		
		Surface Type CONCRETE	Road Curvature STRAIGHT	Road Grade LEVEL		
		Truck Bus or HazMat NO				

UNIT	VEHICLE	Vehicle			
		License Plate Number 33804	Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1GTDM19X74B508343	Make GENERAL MOTORS COR	Year 2004	Model SAFARI
		Color WHI - WHITE	Body Style VN - VAN	Bus Use	
		Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 03 - RIGHT SIDE MIDDLE		
		Extent Of Damage MINOR DAMAGE			
		Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
		What Driver Was Doing GOING STRAIGHT			

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		Vehicle Factors	
Driver Prior Action Other		NOT APPLICABLE	
UNIT VEHICLE	Driver Actions UNKNOWN		
	Owner Name CITY OF MILWAUKEE FIRE DEPT (414) 286-8948		Owner Address 711 W WELLS ST MILWAUKEE, WI 53233 , US
02	02		
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
	04	Event	
Policy Holder			
Insurance Company CITY OF MILWAUKEE		Organization/Company CITY OF MILWAUKEE FIRE DEPT	
Individual			
UNIT INDIVIDUAL	Driver MICHAEL THOMAS SCHROEDER (414) 286-8948		Citations Issued 0
			Sex MALE
		Date of Birth 10/18/1989	Race WHITE
Address 711 W WELLS ST MILWAUKEE, WI 53233 , US		Driver License Number S6365588937802 STATE: WISCONSIN COUNTRY: UNITED STATES	
Safety Equipment		On Duty Crash	Safety Equipment
Row 01 - FRONT ROW		Seat Position 07 - LEFT	SHOULDER & LAP BELT
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
02	002	Injury	Injury Severity NO APPARENT INJURY
		Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	Location

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UNIT 02	Prior Action		
	Action		
	Action Other		To/From School
	Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		