

Police Report 7122782

Michael & Diane Adamczyk
5359 S. 23rd Street, Milwaukee, WI 53221

June 22, 2006

City Clerk
ATTN: CLAIMS
200 E. Wells Street
Room 205
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
2006 JUN 23 AM 11:23
RONALD D. LEONHARDT
CITY CLERK

Regarding: Accident involving City Vehicle Number #24125 on January 21st, 2006

We are appealing the decision of the City and ask for a hearing regarding the above.
Michael and Diane Adamczyk will represent on behalf of James Adamczyk.

Regards,



Michael & Diane Adamczyk

CITY OF MILWAUKEE
RECEIVED
2006 JUN 23 PM 3:03
OFFICE OF
CITY ATTORNEY

**Michael & Diane Adamczyk
5359 S. 23rd Street, Milwaukee, WI 53221**

CITY OF MILWAUKEE
2006 APR 21 AM 11:40
RONALD D. LEONHARDT
CITY CLERK

April 20, 2006

City Clerk
ATTN: CLAIMS
200 E. Wells Street
Room 205
Milwaukee, WI 53202-3567

Regarding: Accident involving City Vehicle Number #24125 on January 21st, 2006

We are filing a claim against the City of Milwaukee regarding the accident that took place with an employee of the City. A copy of the Police Report #7122782 is attached. Attached also are the estimate for repair and a copy of the blue book value.

Vehicles involved in accident and drivers:

Jesse M. Delgadillo
City of Milwaukee Employee
2142 W. Canal Street
Milwaukee, WI 53233
414-286-5561
Vehicle: 1993 GMC Jimmy Truck

James Adamczyk
Son of Michael and Diane Adamczyk
5359 S. 23rd Street
Milwaukee, WI 53221
414-282-8771
Vehicle: 1990 Toyota Corolla Deluxe
Sedan 4 Door

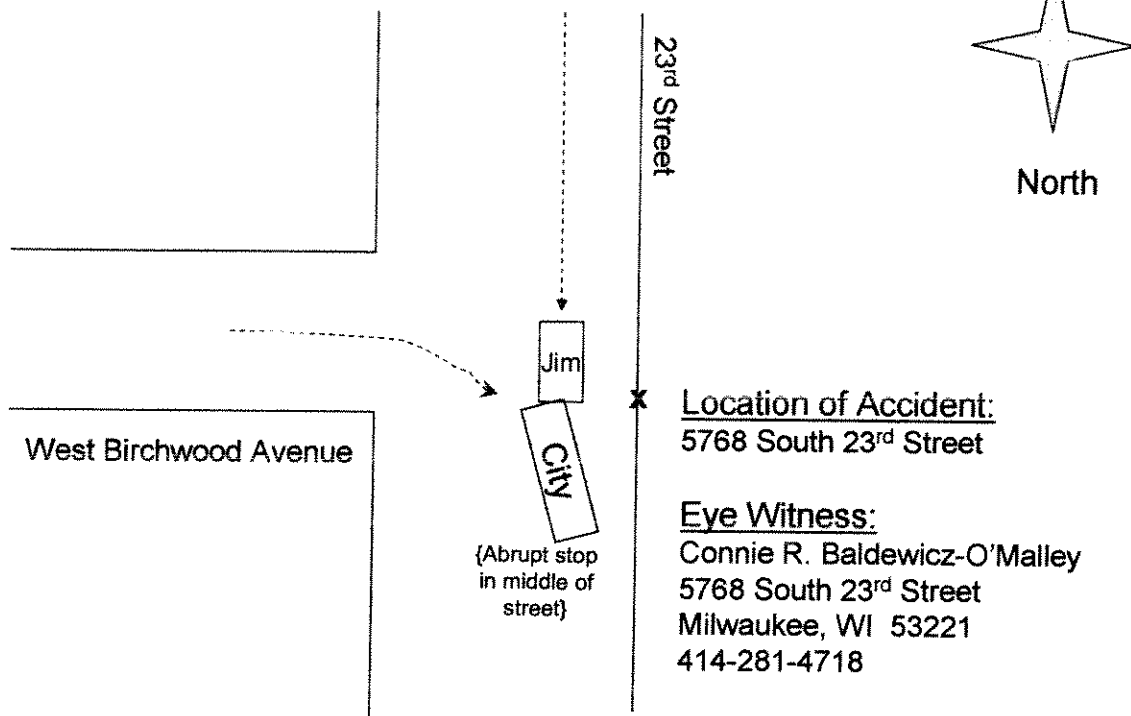
Contact Information:

Mike Adamczyk
Work: 414-773-2640

Diane Adamczyk
Cell: 414-350-3251

Home: 414-282-8771
Address: 5359 S. 23rd Street, Milwaukee, WI 53221

Diagram of accident:



Detailed description of accident:

On January 21st, 2006, our son, Jim Adamczyk, was driving north on 23rd Street toward home. At the corner of West Birchwood Avenue Jim saw the City truck stopped at the corner. The City truck proceeded to pull out in front of Jim to make the turn. The City truck then speed up and then made an abrupt *STOP* in the *middle* of the street and Jim hit the back end of the City truck. There was no indication why the City truck made the abrupt stop.

The City driver got out of his vehicle and started saying that it was Jim's fault. Jim said it was his fault when he made the abrupt stop. The City driver then went back into his truck and then came out and said that he was hurt from the accident. The City driver called his boss before he called the Police. The City driver then put on his emergency lights on the truck. The eye witness, Connie R. Baldewicz- O'Malley, at 5768 South 23rd Street, came up and said that she had called the Police.

The City driver let Jim use his cell phone to call his father, Mike Adamczyk. Mike was at the accident site within minutes of the call. Mike arrived before the Police Officer. The Officer arrived and came by Jim first and asked if he was okay and Jim told him that he was okay. The Officer then asked Jim what happened and Jim told him. The Officer said that there were no skid marks on the asphalt street and stated that he knew Jim was not speeding. The Officer then went and spoke with the eye witness, Connie R. Baldewicz-O'Malley, and asked her what happened. She told the Officer that the

accident was not this young man's fault that the truck stopped right in front of him. The Officer agreed that it was not Jim's fault. The Officer issued citations to the City driver.

The City driver training instructor, Peter Joneth, came up to Mike and gave him his card and told him how to make a claim. The Sergeant of the Officer arrived and approved everything.

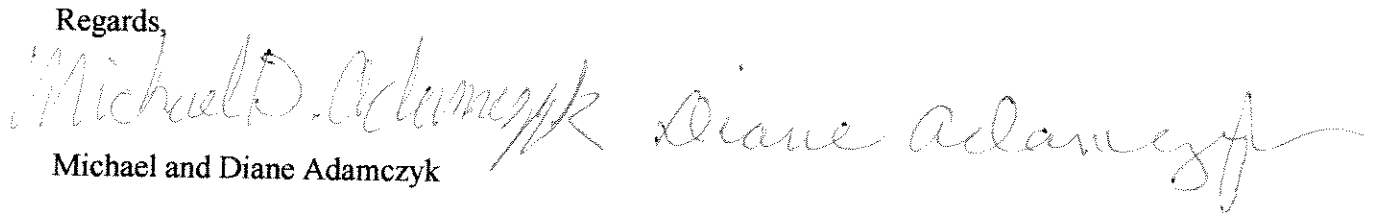
The City driver was okay and resumed working. No ambulance was called regarding his statement that he was hurt. On March 3, 2006, we received a letter from the City employee's lawyer (letter attached) trying to get money for being hurt. We sent the letter to our insurance agency to handle the matter and were told not to worry. We were told that the City driver has done this before.

Our vehicle was barely drivable but Mike drove it home which was just a few blocks away. Our vehicle repairs are extensive. I have an estimate attached of the cost of repairs. I have also included the Blue Book value of the vehicle.

We would like to get the vehicle repaired which is our first choice since the vehicle ran so well and would have lasted many more years.

If you have any questions, please feel free to call us.

Regards,

Handwritten signatures of Michael and Diane Adamczyk in cursive script.

Michael and Diane Adamczyk

Attachments:

- Police Report
- Car Estimate
- Blue Book Value
- Lawyer Letter

Wisconsin Motor Vehicle Accident Report

Document Number Override

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 |
|----------------------------|-----|------|
| <input type="radio"/> Jan | 2 | 06 |
| <input type="radio"/> Feb | | |
| <input type="radio"/> Mar | | |
| <input type="radio"/> Apr | | |
| <input type="radio"/> May | | |
| <input type="radio"/> June | | |
| <input type="radio"/> July | | |
| <input type="radio"/> Aug | | |
| <input type="radio"/> Sept | | |
| <input type="radio"/> Oct | | |
| <input type="radio"/> Nov | | |
| <input type="radio"/> Dec | | |

Time of Accident (Military Time)

| HOUR | MIN. |
|------|------|
| 1 | 20 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |

Total Number

| UNITS | INJURED | KILLED |
|-------|---------|--------|
| 0 | 2 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

Hit & Run Unit #

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

Sheet No. Of

10

ACCIDENT LOCATION

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

LATITUDE (GPS) Degrees: 12 Minutes: Seconds: LONGITUDE (GPS) Degrees: 13 Minutes: Seconds:

ON Hwy No. and / Street Name: SOUTH 23RD STREET Estimated 100.00 FT. FROM/AT Hwy No. and / Street Name: WEST BIRCHWOOD AVENUE

House # Fire # Other Utility # Railroad # Agency Space

Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)

Operator Name: ADAMCZYK JAMES M. DELGADILLO JESSE M.

Address: 5359 S. 23RD STREET 2142 W. CANAL STREET

City & State: MILWA WI 53221 MILWA WI 53233

Phone Number: 282-8771 286-5561

Driver's License Number: A352-4538-4202-02 W 423-4335-1086-04 WI

State Exp. Year: WI 31 08 WI 31 10

Date of Birth: 06-02-89 03-06-51

Sex: M F

Operating as Classified: EMT/First Responder Fire Fighter

Class (Mark Only One): A B C

Endorse (Mark All That Apply): H P T

Severity SEAT SAFETY AIRBAG EJECTED

Position Equipment Deployed Non Deployed Not Applicable Unknown

Not Ejected Not Ejected Not Ejected Unknown

TRAPPED/ EXTRICATED Medical Transport

Vehicle Owner Same Last Name: ADAMCZYK DINNIE J. CITY OF MILWAUKEE

Street Address: 5359 S 23RD STREET 2142 W. CANAL STREET

City & State: MILWA WI 53221 MILWA WI 53233

Phone Number: 282-8771 286-5561

Year of Vehicle Make Model Body Style Color

1990 TOYOTA CAROLLA 4DR WHI 1993 GMC DIMMY TRK YEL

Vehicle ID Number License Plate Number

1J2AE917A1L3349043 179-AGW 1GKCT18W0P0524086 7384

Policy Holder's Name: JAMES M ADAMCZYK CITY OF MILWAUKEE

Liability Insurance Company: PANO C SELF INSURED

Occupant Unit Number: 101

Name: JAMES M ADAMCZYK

Address: 5359 S 23RD STREET MILWA WI 53221

Address Same as Operator: No

Medical Transport Agency Space

EMS Number

Police No. 61
Please Do Not Write In This Microfilm Space
Date: JAN 21 2006
Location: 5768 S 23RD ST
Accident No. 7622 782



| | | | | | | | | | |
|---|--|---|---|---|-------------------|--|---------------|------------------|---|
| 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 <input type="radio"/> Yes <input type="radio"/> 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 | Agency Space | | | |

| | | | | | | | | | |
|---|--|---|---|---|-------------------|--|---------------|------------------|---|
| 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 <input type="radio"/> Yes <input type="radio"/> 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 | Agency Space | | | |

Type of Accident

07 First Harmful Event 80
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 |
|---------------------------------------|---------------------------------------|

88 Driver Factors (Or Pedestrians)

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

89 Presence

- ① Neither Alcohol nor Drugs Present
- ② Yes—Alcohol Present
- ③ Yes—Drugs Present
- ④ Yes—Alcohol & Drugs Present
- ⑤ Unknown

90 Alcohol

AC Value AC Value

- ① Test Not Given
- ② Test Refused
- ③ Test Given, Alcohol Unknown
- ④ Test Given, No Alcohol Reported

91 Drugs

- ① Test Not Given
- ② Test Refused
- ③ Test Given, Drugs Unknown
- ④ Test Given, No Drugs Reported
- ⑤ Drugs Reported (Specify Below)
- ⑥ Marijuana
- ⑦ Cocaine
- ⑧ Opiates
- ⑨ Amphetamines
- ⑩ PCP
- ⑪ Other Drug Medication
- ⑫ Type Unknown

Unit

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

92 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

93

- 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

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

94 Darken Numbered Area(s) of Vehicle Damage

95 Extent of Damage

- ① None
- ② Very Minor
- ③ Minor
- ④ Severe
- ⑤ Very Severe
- ⑥ Unknown
- ⑦ Moderate

Vehicle Towed Due to Damage Y N

Vehicle Removed By: DRIVER

Unit

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

94 Darken Numbered Area(s) of Vehicle Damage

95 Extent of Damage

- ① None
- ② Very Minor
- ③ Minor
- ④ Severe
- ⑤ Very Severe
- ⑥ Unknown
- ⑦ Moderate

Vehicle Towed Due to Damage Y N

Vehicle Removed By: DRIVER

82 Fixed Object Struck

| | | | |
|--------|--------|--------|--------|
| Unit # | Unit # | Unit # | Unit # |
|--------|--------|--------|--------|

PROPERTY OWNER Last First M.I.

ADDRESS Street & Number

City & State ZIP Phone Number ()

84 Govt. Damage Tag #

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

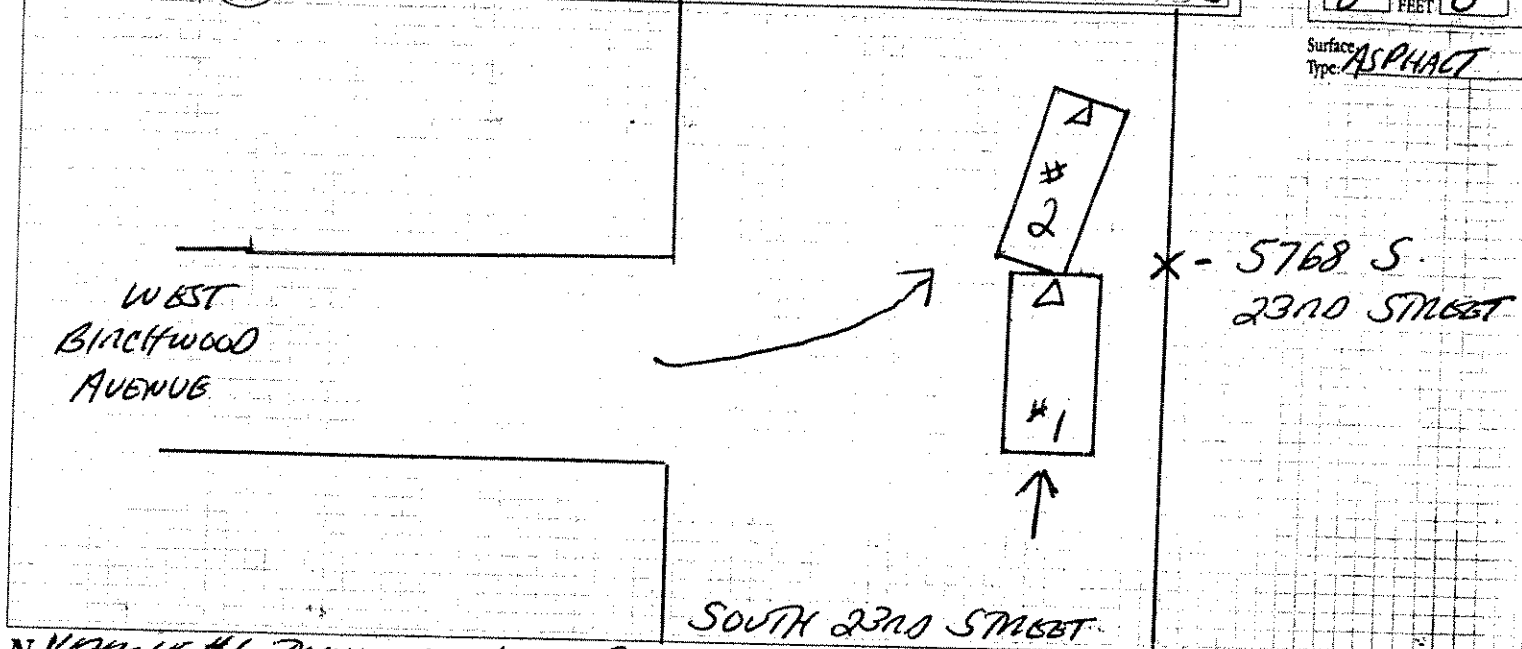


Pictorial Representation of Narrative

Supplemental Reports 101 (Y) ● Witness Statements 102 (Y) ● Measurements Taken 103 (Y) ●

Skidmarks to Impact
Unit 1: 0 FEET Unit 2: 0

Surface Type: ASPHALT



VEHICLE #1 TRAVELING NORTH ON S. 23RD ST. COLLIDED WITH VEHICLE #2 MAKING LEFT TURN FROM W. BLACKWOOD AVE ONTO S. 23RD ST. AT 5768 S. 23RD ST.

PHOTOS TAKEN BY CITY OF MILWAUKEE D.P.W. SUPERVISOR RICHARD POLLACK

WITNESSES STATED VEHICLE #2 FAILED TO YIELD RIGHT OF WAY TO VEHICLE #1.

Photos By: 105

What Drivers Were Doing

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

WITNESS NAME: BALDWIN O'MALLEY First: CONNIE M.I. R.
 ADDRESS: 5768 S. 23RD ST. Date of Birth: 03-20-52
 City & State: MILWAUKEE WIS 53221 Phone Number: (414) 281-4718

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

Daylight
 Dark - Not Lighted
 Dark - Lighted
 Dawn
 Dusk
 Unknown

TRAFFIC WAY 115

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 116

Dry
 Wet
 Snow/Slush
 Ice
 Sand, Mud, Dirt, Oil
 Other
 Unknown

WEATHER 118

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 117

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
 Gore (Area between Ramp & Highway)
 Unknown

Traffic Control

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

Officer's Opinion of Possible Contributing Circumstances

Document Number Override
121

Driver Factors

| Unit Number | Unit Number |
|--------------------------------|--------------------------------|
| 1 2 3 4 5 6 7 8 9 10 N/A | 1 2 3 4 5 6 7 8 9 10 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 2 3 4 5 6 7 8 9 10 N/A | 1 2 3 4 5 6 7 8 9 10 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 2 3 4 5 6 7 8 9 10 N/A | 1 2 3 4 5 6 7 8 9 10 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 125 <u>FRANLEY</u> | First <u>AL</u> | M.I. <u>E</u> |
| Law Enforcement Agency Address <u>799 W STATE STREET</u> | | |
| City & State <u>MILWAUKEE WI</u> | | ZIP <u>53233</u> |
| Phone Number <u>(414) 935-7263</u> | | |
| Agency # <u>61</u> | Enforcement Agency <u>MILWAUKEE PD</u> | Officer ID # <u>002656</u> |

| Date Notified | | | Time Notified (Military Time) | | Time Arrived (Military Time) | | Date of Report | | |
|---------------|-----|------|-------------------------------|------|------------------------------|------|----------------|-----|------|
| MONTH | DAY | YEAR | HOUR | MIN. | HOUR | MIN. | MONTH | DAY | YEAR |
| Jan | 21 | 06 | 13 | 25 | 14 | 30 | Jan | 21 | 06 |
| Feb | | | | | | | Feb | | |
| Mar | | | | | | | Mar | | |
| Apr | | | | | | | Apr | | |
| May | | | | | | | May | | |
| June | | | | | | | June | | |
| July | | | | | | | July | | |
| Aug | | | | | | | Aug | | |
| Sept | | | | | | | Sept | | |
| Oct | | | | | | | Oct | | |
| Nov | | | | | | | Nov | | |
| Dec | | | | | | | Dec | | |

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...* 136

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 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) 138

Carrier Name: 139

Carrier Identification Numbers

US DOT: 140 LC

ICC MC: 141 IC

Carrier Address: 142

Source: Vehicle Side 143
 Shipping Papers
 Trip Manifest
 Driver
 Log Book

Vehicle Information

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

Vehicle Configuration

1 Bus 2 Single unit truck + 3 axles 3 Truck/Tractor 4 Tractor/Trailers 5 Unknown Heavy Truck

6 Single unit truck, 2 axles, 6 tires 7 Truck/Trailer 8 Tractor/Semi-Trailer 9 Tractor/Triples 10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE (Mark a box of one or more events in the order that they occurred)

1 Ran off Road 2 Collision Involving Motor Vehicle in Transp.
 3 Jackknife 4 Collision Involving Parked Motor Vehicle
 5 Overturn (Rollover) 6 Collision Involving Train
 7 Downhill Runaway 8 Collision Involving Pedalcycle
 9 Cargo Loss or Shift 10 Collision Involving Animal
 11 Explosion or Fire 12 Collision Involving Fixed Object
 13 Separation of Units 14 Collision Involving Other Object
 15 Collision Involving Pedestrian 16 Other

Cargo Body Type

1 Bus 2 Van Enclosed box 3 Concrete Mixer 4 Auto Transporter

5 Cargo Tank 6 Garbage Refuse 7 Flatbed 8 Other 9 Dump 10 Log Truck

Printed in U.S.A. GS03 Mark Reflex® by NCS M97108-3

5727 27TH STREET
MILWAUKEE, WI 53221
OFFICE: 414-281-3100 FAX: 414-423-2077
FEDERAL ID# 39-1288187

CD LOG NO 15135-1 DATE 02/09/06

SHOP: DON JACOBS TOYOTA INSP DATE: 02/09/06
ADDRESS: 5727 S 27TH ST CONTACT: ADAM LEFEVRE
CITY STATE: MILWAUKEE, WI PHONE 1: (414)281-3100 EXT 163
ZIP: 53221- PHONE 2: (800)572-6490 EXT 163
FAX: (414)423-2077

OWNER: ADAMCZYK, DIANE HOME PHONE: (414)282-8771
ADDRESS: 5359 S 23RD ST
CITY STATE: MILWAUKEE, WI
ZIP: 53221

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

| | | |
|-------------------------|-----------------------|----------------------|
| *=USER-ENTERED VALUE | E=REPLACE OEM | NG=REPLACE NAGS |
| EC=REPLACE ECONOMY | UE=REPLACE OE SURPLUS | UC=RECONDITIONED PRT |
| UM=REMAN/REBUILT PRT | EU=REPLACE SALVAGE | EP=REPLACE PXN |
| OE=REPLACE PXN OE SRPLS | 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 |

VEHICLE NEEDS TEAR DOWN. SUPPLIMENT MAY BE NEEDED.

1990 TOYOTA COROLLA DELUXE 4DOOR SEDAN 4CYL GASOLINE 1.6
CODE: Y1174A/C OPTNS E/24

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES

TWO-STAGE - INTERIOR SURFACES

| OP | GDE | MC | DESCRIPTION | MFG. PART NO. | PRICE | AJ% | B% | HOURS | R |
|----|------|----|-------------------------|-------------------|--------|-----|----|-------|---|
| EU | 0006 | | BUMPER ASSEMBLY, FRONT | SALVAGE PART | 104.00 | +25 | | 0.6 | 1 |
| L | 0006 | | COVER, FRONT BUMPER | REFINISH | | | | 1.5 | 4 |
| E | 0028 | | GRILLE ASSEMBLY | 5310112490 | 82.74 | | | INC | 1 |
| E | 0032 | | FILLER, GRILLE | 5390312040 | 127.55 | | | 1.2 | 1 |
| L | 0032 | 13 | FILLER, GRILLE | REFINISH | | | | 1.4 | 4 |
| E | 0041 | | HEADLAMP ASSY, HALOG LT | 811501A660 | 199.39 | | | INC | 1 |
| E | 0042 | | HEADLAMP ASSY, HALOG RT | 811101A660 | 199.39 | | | INC | 1 |
| N | 0973 | | HEADLAMPS AIM | ADDNL LABOR OPERA | | | | 0.5 | 1 |
| E | 0057 | | LAMP, SIDE MARKER | LT 8162012410 | 68.58 | | | INC | 1 |
| E | 0058 | | LAMP, SIDE MARKER | RT 8161012410 | 68.58 | | | INC | 1 |

1990 TOYOTA COROLLA DELUXE 4DOOR SEDAN
CD LOG NO 15135-1

| | | | | |
|------------------|-------|------|--------|----------|
| 1-SHEET METAL | 48.00 | 28.7 | 0.5 | 1,401.60 |
| 2-MECH/ELEC | 89.00 | 0.8 | | 71.20 |
| 3-FRAME | 56.00 | | | |
| 4-REFINISH | 48.00 | 16.7 | | 801.60 |
| 5-PAINT MATERIAL | 27.00 | | | |
| LABOR TOTAL | | | | 2,274.40 |
| TAX ON LABOR | | @ | 5.600% | 127.37 |
| SUBLET REPAIRS | | | | |
| TOWING | | | | |
| STORAGE | | | | |
| GROSS TOTAL | | | | 6,450.00 |
| NET TOTAL | | | | 6,450.00 |

ADP SHOPLINK U4249 ES CD LOG 15135-1 DATE 02/09/06 09:02:00AM R6.37 CD 01/06
PXN: NO GEOCODE
HOST LOG
(C) 1998 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.

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

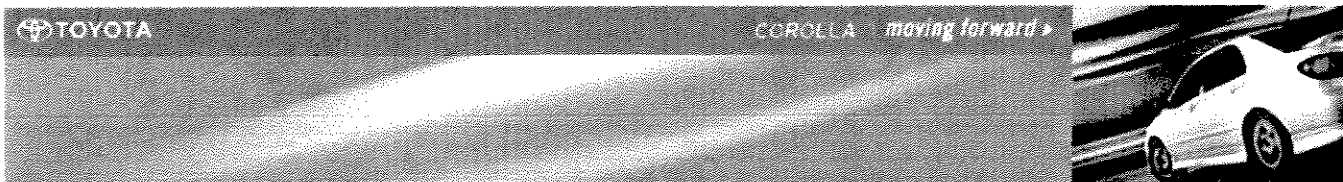
THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER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

OUR SYSTEM WILL RETAIN THIS ESTIMATE FOR 60 DAYS.



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1990 Toyota Corolla Deluxe Sedan 4D

BLUE BOOK® PRIVATE PARTY VALUE



| Condition | Value |
|----------------------------------|----------------|
| ✓ Excellent (Selected) | \$1,780 |
| Good | \$1,520 |
| Fair | \$1,130 |

Vehicle Details

Engine: 4-Cyl. 1.6 Liter
Transmission: Automatic
Drivetrain: FWD
Mileage: 139,135

Selected Standard Equipment

AM/FM Stereo

Selected Optional Equipment

| | | |
|------------------|------------------|------------------|
| Air Conditioning | Power Door Locks | Cassette |
| Power Steering | Tilt Wheel | Sliding Sun Roof |
| Power Windows | Cruise Control | Alloy Wheels |

Blue Book Private Party Value

Private Party Value is what a buyer can expect to pay when buying a used car from a private party. The Private Party Value assumes the vehicle is sold "As Is" and carries no warranty (other than the continuing factory warranty). The final sale price may vary depending on the vehicle's actual condition and local market conditions. This value may also be used to derive Fair Market Value for insurance and vehicle donation purposes.

Vehicle Condition Ratings

✓ **Excellent** (Selected)



\$1,780

"Excellent" condition means that the vehicle looks new, is in excellent mechanical condition and needs no reconditioning. This vehicle has never had any paint or body work and is free of rust. The vehicle has a clean title history and will pass a smog and safety inspection. The engine compartment is clean, with no fluid leaks and is free of any wear or visible defects. The vehicle also has complete and verifiable service

advertisement

advertisement

records. Less than 5% of all used vehicles fall into this category.

Good



\$1,520

"Good" condition means that the vehicle is free of any major defects. This vehicle has a clean title history, the paint, body and interior have only minor (if any) blemishes, and there are no major mechanical problems. There should be little or no rust on this vehicle. The tires match and have substantial tread wear left. A "good" vehicle will need some reconditioning to be sold at retail. Most consumer owned vehicles fall into this category.

Fair



\$1,130

"Fair" condition means that the vehicle has some mechanical or cosmetic defects and needs servicing but is still in reasonable running condition. This vehicle has a clean title history, the paint, body and/or interior need work performed by a professional. The tires may need to be replaced. There may be some repairable rust damage.

Poor



N/A

"Poor" condition means that the vehicle has severe mechanical and/or cosmetic defects and is in poor running condition. The vehicle may have problems that cannot be readily fixed such as a damaged frame or a rusted-through body. A vehicle with a branded title (salvage, flood, etc.) or unsubstantiated mileage is considered "poor." A vehicle in poor condition may require an independent appraisal to determine its value.

* Wisconsin 04/21/2006

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website : www.techmeier.com

Willard P. Techmeier, Esq.*
wtechmeier@techmeier.com

March 3, 2006

James Adamczyk
5359 S. 23rd Street
Milwaukee, WI 53

RE: *Accident of 1/21/06*

Dear Mr. Adamczyk:

Please be advised that I have been retained to represent Jesse Delgadillo in connection with injuries he sustained when your vehicle struck the vehicle he was driving on January 21, 2006. Please refer this letter to your insurance carrier, requesting your carrier to contact me.

Very truly yours,

WILLARD P. TECHMEIER
State Bar No.: 1014112

WPT/ejh

Our Driver's Atty