Jeffrey A. Pitman

Board Certified Civil Trial Specialist By the National Board of Trial Advocacy Licensed in IA, IL, NM & WI

To:

Howard S. Sicula M. Angela Dentice Richard G. Kalkhoff

Court Commissioner

PKSD

PITMAN, KALKHOFF, SICULA & DENTICE

1110 N. Old World 3rd Street . Suite 320 . Milwaukee, WI 53203 Telephone (414) 212-0000 . Facsimile (414) 212-0004 www.PKSD.com

January 13, 2021

Milwaukee City Clerk

Attn: Claims

200 E. Wells Street, Room 205 Milwaukee, WI 53202-3567

Patrick C. O'Neill Licensed in WI, IL,& NM Rebecca L. Domnitz Benjamin E. Reyes Licensed in WI, IL, & NM Luke D. Mayefske Katherine E. Metzger

PROCESS SERVE TIME () PERSONAL () SUBSTITUTE () CORPORATE

() POSTED!

NOTICE OF INJURY PURSUANT TO SECTION 893.80(1d)(a), WIS STATS., FILED BY ROBERT KOHLHOFF

PLEASE TAKE NOTICE that on January 4, 2021, Robert Kohlhoff, sustained bodily injuries and damage to his vehicle when his 2012 Chrysler Town & Country was struck by a City of Milwaukee Department of Public Works truck driven by Michael W. McGinnis in the intersection of West National Avenue and South 6th Street, Milwaukee, Wisconsin.

The collision was investigated by the Milwaukee Police Department and Transit video verified that while traveling on West National Avenue, Michael W. McGinnis disobeyed a red light by failing to stop for the red traffic signal and then collided with Robert Kohlhoff's vehicle which was traveling on South 6th Street through the intersection on a green light. (See attached Motor Vehicle Crash Report #J9L0L9CHF9 and accident scene/auto damage photographs).

The collision was caused by the negligence of Michael W. McGinnis, a City of Milwaukee employee, in the operation of the truck owned by the City of Milwaukee.

This Notice of Injury is served on the City of Milwaukee on behalf of Robert Kohlhoff, who is an adult resident of Milwaukee, Wisconsin.

Please send a written acknowledgement of this Notice of Injury. The undersigned is the attorney for Robert Kohlhoff and is, therefore, authorized by statute to serve this Notice of Injury on his behalf.

Dated at Milwaukee, Wisconsin this 13th day of January 2021.

SBN: 1019234

howard@PKSD.com

414-212-0000

60:20% IZ, NU1 61 OFFICE OF CITY ATTORNEY

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Document Number Override	Primary Crash Document #	Agenc	y Crash Number	Investigating Office J. KULMANN	cer/Deputy	
F9	Crash Date 01/04/2021	Crash Time 10:43 AM	Date A 01/04		Time Arrived 10:56 AM		
-9CHF	Date Notified 01/04/2021	Time Notified 10:49 AM	Total U	Inits	Total Injured	Total Killed	d
0L9	On Emergency	it and Run Lane Clo	osure	Work Zone	Trailer or 1	Towed	Reporting Threshold
JOLOI	Government Property	Active School Zone	Schoo NO	Bus Related	Tags SUPERVISOR	APPROVI	ED
	☑ Reportable	Crash Type DT4000 (STANDARD CRA	SH)		Amended		Secondary Crash
	Description Diagram				L Par	construction	D
	Street Lamp / Traffic Signal			A N Not Drawr ☐	1 Pho	otos By	
	W, National	Ave. S. 6th St.		——(€[1])		litional Inford	mation
	UNIT 1, WHILE TRAVELING W/B IN AND COLLIDED WITH UNIT 2, WHI POLE, WHICH WAS ON THE N/W/ OCCUR AT 10:43.57 AM AND THE HIS LENDER BUT HE WAS UNABL	ent officer, agree that I have I THE 500 BLOCK OF W. NATIONAL CH WAS TRAVELING N/B, IN THE CORNER OF S. 6TH ST. AND W. N/ W/B TRAFFIC SIGNAL TURNS GRE E TO RECALL THE INSURANCE CO DER AND RIGHT KNEE PAIN AS A I	L AV. FAILE 800 BLOCK ATIONAL AV EEN AT 10:4 OMPANY.	D TO STOP FOR THE RED T OF S. 6TH ST. THE COLLIS V. THE CRASH WAS CAPTUI 14.01 AM. THE DRIVER OF L THE DRIVER OF UNIT 2 WAS	RAFFIC SIGNAL AT ION FORCED UNIT RED ON TRANSIT V INIT 2 STATED HIS TRANSPORTED T	2 INTO THE VIDEO WHICE VEHICLE W O ST. LUKE	STREET LAMP / UTILITY CH SHOWS THE CRASH WAS INSURED THROUGH 'S HOSPITAL BY BELL

#21000611

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Location		CALL TAKE STREAMS	N. N. C. W. Hally Co.	CHARLES THE STATE	Name and Address of the Party o	************************************	
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	IN THE CITY OF MILV				83.71875		476380	
	IN MILWAUKEE COU	NIY			ure Type			
				Struct	ure Type			
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	Manner of Collision				Condition			
	01 - ANGLE				LIGHT			
	Road Surface Condition(s)		The state of the s	way Factor(s)			
	WET	Andready waters, Sci. 19						
	Environment Factor(s)							
	NONE			NON	E			
	Weather Condition(s)							
	CLOUDY							
	Animal Type			The second secon	on To Trafficw	in the second second		
					FFICWAY -			
	Crash Classification - Loca PUBLIC PROPERTY	ation			Classification	- Jurisdiction RISDICTION		
	Tribal Land				s Control	- Inobio inois		Special Study
				NO C	ONTROL			
	Within Interchange Area	Junction Location		Intersection Type				
	NO	INTERSECTION		FOUR-WAY IN	TERSECTIO	ON		
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Vehicle Removed By	
		TOWED DUE TO DISABLING D		CITY OF MILWAUKEE	
188		What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
		Driver Prior Action Other		NOT APPLICABLE	
ana ay		Driver Actions			
_	Ш	DISREGARDED RED LIGHT			
LIND	<u></u>				
>	VEHICLE				
		Owner Name		Owner Address	
10	δ	MILWAUKEE CITY FLEET SER (414) 286-2489	VICES	2142 W CANAL ST MILWAUKEE, WI 53233 , US	
		Sequence Of Events			
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F		Driver MICHAEL W MC GINNIS (414) 559-9905		1 Date of Birth 08/29/1954	MALE
UNIT		Driver MICHAEL W MC GINNIS (414) 559-9905 Address 5005 S 22ND PL		1 Date of Birth 08/29/1954 Driver License Number M2525595430907	MALE Race WHITE
TINO	INDIVIDUAL	Driver MICHAEL W MC GINNIS (414) 559-9905		1 Date of Birth 08/29/1954 Driver License Number	MALE Race WHITE
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	NDIVIDUAL S	Driver MICHAEL W MC GINNIS (414) 559-9905 Address 5005 S 22ND PL MILWAUKEE, WI 53221 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury NO APPARE Ejected NOT EJECTED NOT Medical Transport NOT TRANSPORTED Hospital	eat Position 7 - LEFT ENT INJURY on Path EJECTED/NOT APPL	1 Date of Birth 08/29/1954 Driver License Number M2525595430907 STATE: WISCONSIN COUNTRY: Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier	MALE Race WHITE UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #
	NDIVIDUAL S	Driver MICHAEL W MC GINNIS (414) 559-9905 Address 5005 S 22ND PL MILWAUKEE, WI 53221 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Severity NO APPARE Ejected NOT EJECTED NOT Medical Transport NOT TRANSPORTED	eat Position 7 - LEFT ENT INJURY on Path EJECTED/NOT APPL	1 Date of Birth 08/29/1954 Driver License Number M2525595430907 STATE: WISCONSIN COUNTRY: Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier	MALE Race WHITE UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #
	NDIVIDUAL S	Driver MICHAEL W MC GINNIS (414) 559-9905 Address 5005 S 22ND PL MILWAUKEE, WI 53221 , US Fety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Injury NO APPARE Ejected NOT EJECTED NOT Medical Transport NOT TRANSPORTED Hospital	eat Position 7 - LEFT ENT INJURY on Path EJECTED/NOT APPL	1 Date of Birth 08/29/1954 Driver License Number M2525595430907 STATE: WISCONSIN COUNTRY: Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED ICABLE EMS Agency Identifier	MALE Race WHITE UNITED STATES Trapped/Extricated NOT TRAPPED EMS Run #

WISCONSIN MOTOR VEHICLE CRASH REPORT

	網接	Non Motorist	triking Unit #	Location							
		Prior Action									
Held		Phot Action									
		Action									
	Z										
UNIT	8										
5	INDIVIDUAL										
	Z										
		Action Other									To/From School
1 4											Ton form outloor
			uspected Alc	cohol Use		cted Drug Use		***********			<u> </u>
		2.1000年度2000年度2000年度	<u> </u>	10.11=	NO						
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test	Гуре				Alcohol Te	st Results	
		Drug Test Given		Drug Test Ty	ре		Drug Test	t Results	1		
		TEST NOT GIVEN									
2	8	Drug Type									
		Individual Condition									
		APPEARED NORMA	L								
		www.www.	emanus siesa b	AND				007372.00			
		Violations UTC Number Is	sue To?	Statute Number	SIDA BUSINESS			組織器		ANNIE PRO	
	5		01	346.37(1)(c)1	OPER OPER	RATOR VIOLA	TE RED T	RAFFI	CLIGHT		
		Carrier								1021112 T 23	
		☐ Use Veh	icle Owne	r Same as Carrier	Contract Contract of	Source	G-140CH-SIME	HARMEN	The Particular of	331044170314032	AND ANY PROPERTY OF THE PARTY OF THE PARTY.
		Name Use Veh		Touris as ourner		VEHICLE-SIL Address	DE				
2	5	MILWAUKEE CIT	Y FLEE	T SERVICES		2142 W CAN	AL ST				
						MILWAUKEE	, WI 5323	3 , US			
		CVAAR	TV-1	1-1- O - # #							
_	BUS	GVWR 10,001-26,000 LBS	To be a second	icle Configuration IGLE-UNIT TRUCK	(2-AXI F	AND GVWR M	ORE THA	12 (47)	o Body Type I/ENCLOSE	D BOY	
FNO		US DOT#		rier Type	(2-7/122)	AND CVIVICIII	OKE IIIA		itted Load	-D BOX	
_	ठ्			T IN COMMERCE/	GOVERNA	MENT		ПОТ	APPLICA	BLE	
	TRUCK	OS/OW Load W	Permit Num	ber P	ermitted Ve		Esco		cle Require	ed F	scort Vehicle Present
	(大学)(教育)	Measured Height	IN	Measured Length	Permitted	Measured Widt	<u>L.J</u>	ВуР	ermit Measured V		
		Summary ===		Ment of the Contract of	STATE OF THE				Maria Maria	MERCHANIAN.	ace make any subject to flooring
		Status				perating As Class	ification		Unit Type		
		RANSIT de Type		·	D CLAS	3			AUTOMO	BILE As Endorsem	onto
02		SENGER VAN							Operating A	AS Endorsem	ents
	Total	Occs	Train/Bus	# Recorded	Total # Cit	ations Issued	То	tal Traile	ers	Total Hazk	lat Types
	1		5: "	A/-	0		0			0	
_	YES	ance?		Of Travel BOUND	Pre	CrashTire	30	eed Lim	it	Total Lane	3
ENS	222	Harmful Event: Collision V		SOUTH	Special Fu				Emergency	Motor Vehic	le Use
-		OR VEH IN TRANSPO				CIAL FUNCTION	N		NOT APP	LICABLE	

WISCONSIN MOTOR VEHICLE CRASH REPORT

	ffic Way	Traffic Control		Traffic Control Inoperative/Missing
	O-WAY, NOT DIVIDED	TRAFFIC SIGNAL	***************************************	NO Bood Crade
1000000	face Type ACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade
100000	ck Bus or HazMat	OTRAIGHT		LEVEL
NO				
	Vehicle	CONTRACTOR CONTRACTOR		RECEIVED TO THE PROPERTY OF THE PARTY OF THE
N.	License Plate Number	Plate Type	St	Country of Issuance
	SA4776	LTK - LIGHT TRUCK	WI	UNITED STATES
2	Vehicle Identification Number	Make	Year	Model
2	2C4RC1BGXCR414203	CHRYSLER	2012	TOWN & COU
	Color	Body Style		Bus Use
	BLK - BLACK Initial Contact Point	VN - VAN Vehicle Damage		
	02 - RIGHT SIDE FRONT		NED 00 D	ICUT SIDE FRONT AS DICUT SIDE
VEHICLE	Extent Of Damage			IGHT SIDE FRONT, 03 - RIGHT SIDE - LEFT SIDE FRONT, 11 - LEFT FRONT
Щ	DISABLING DAMAGE	CORNER, 12 - FRONT		
	Towed Due To Damage	Vehicle Removed By		
	TOWED DUE TO DISABLING DAMAGE	ALL CITY		
	What Driver Was Doing	Vehicle Factors		
	GOING STRAIGHT	NOT APPLICABLE		
	Driver Prior Action Other	NOT APPLICABLE		
10 10	Driver Actions			
W	NO CONTRIBUTING ACTION			
VEHICLE				
Ī				
VEHIC				
	Owner Name ROBERT H KOHLHOFF	Owner Address 2129 S 13TH ST		
8	(262) 993-9421	#A		
		MILWAUKEE, WI 532	15 , US	
	Sequence Of Events			
	Event	THE PARTY OF THE P	- Anna Grand State (CADIF)	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
9	MOTOR VEH IN TRANSPORT			
02	Event LUM LIGHT SUPPORT			
	DAMPS RESIDENCE DATE OF THE STREET			
03	Event			
	Event			
2				
	Policy Holder		(TEXT STATE	
	Insurance Company	Individual	NAMES OF THE PARTY OF	Status (America and America and America and America)
	DOESNT RECALL	ROBERT KOHLHOFF		
	Individual	VENDERMACENS CLASS		
	Driver	Citations Issued	BE (DECLES FOR SEC	Sex
	ROBERT H KOHLHOFF	0		MALE
A	(262) 993-9421	Date of Birth		Race
INDIVIDUAL		02/17/1972		WHITE
	Address	Driver License Number		
St. 12. 19	2129 S 13TH ST #A	K4107687205703 STATE: WISCONSIN CO	OUNTRY: U	NITED STATES
Z				
Z	MILWAUKEE, WI 53215 , US			
<u>N</u>	MILWAUKEE, WI 53215 , US			

WISCONSIN MOTOR VEHICLE CRASH REPORT

						Safety Equipment			
H		01 - FRONT RO	014/	07 - L	EET	SHOULDER & LAP	BELT		Kalentin Sayanda Kal
		Helmet Use	OW	107-1	.C.	Helmet Compliance			
		Eye Protection				Tint Compliance			
2	002		Injury Se	everity		Airbag			
02	8	ilija – Inju	SUSPE		NOR INJURY	DEPLOYED-CURTA	AIN		
		NOT EJECTED	,	Ejection P	ath ECTED/NOT API	PLICABLE		Trapped/Extricated NOT TRAPPED	
	77.5	Medical Transpor				EMS Agency Identifier		EMS Run #	
		EMS GROUND)			6001146			
		Hospital AURORA MED				Date of Death		Time of Death	11 2020 -0 500 00 10
		Distracted	-11 4	ed By Source PPLICAB	ce LE (NOT DISTR	ACTED)			
		NOT DISTRAC	TED						
		Non Motor	Striking U	Unit #	Location				
		Prior Action							
l e	1.10.	Action							
UNIT	INDIVIDUAL								
		Action Other							To/From School
	. 1	l Drug & Alcoh	Suspecte NO NO	ed Alcohol I	Use	Suspected Drug Use NO			
	1	Alcohol Test Give			Alcohol Test Typ	De .		Alcohol Test Results	
		Drug Test Given TEST NOT GIV			Drug Test Type		Drug Test Result	s	
02	002	Drug Type	EN				<u> </u>		
		Individual Condition	on						•
	2	APPEARED NO	DRMAL						
		perty Owne						HAN LOWER COMMENTERS	
PROP 01		ernment Y OF MILWAUKE I) 286-2489	EE			Address 200 E WELLS ST MILWAUKEE, WI 532	01 US		
						MILTAOREE, WI 032	., , 00		
	Fixe	d Objects St	ruck					(1000)	
	2	Striking Unit	ruck Struck Object OTHER OB	t				Streten Gastridese	Damage Tag Number
	2	Striking Unit	Struck Object	t BJECT - N t	IOT FIXED			estro sou caldonde ac	

WISCONSIN MOTOR VEHICLE CRASH REPORT

Individual THOMAS E WILLIAMS (414) 406-4655	Address 4125 N 39TH ST MILWAUKEE, WI 53216 , US	Date of Birth 10/19/1969
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