

Date: 01/12/2018

To: Milwaukee City Clerk.

200 East Wells Street Room 205

Milwaukee, WI 53202

To: Department Of Public Works

Commissioner- Ghassan A. Korban

841 N. Broadway

Milwaukee, WI 53202

From: Charlotte McFarland and Carloyn Byrd

2065 S. 57th Street

West Allis, WI 53219

414-841-9163

CITY OF MILWAUKEE
2018 JAN 25 PM 4:03
CITY CLERK'S OFFICE

RECEIVED
OFFICE OF CITY ATTORNEY

JAN 29 2018

3:30 AM/PM.

Hi, this is Charlotte McFarland. We wish to Appeal the decision. We are requesting a **hearing** for C.I. File No. 1030-2017-2553.

Like we stated in the letter that was sent in December 2017. Letter that was sent is also enclosed with this appeal, we were not able to file a claim within the 120 days; however we are seeking a claim now. In the amount of \$15,686.42.

Receipts are also enclosed.

Thank you.

Charlotte McFarland

1/12/2018



1/12/2018

To: City Clerk

Attn: Claims

200 E. Wells St., Room 205

Milwaukee, WI 53202-3567

To: Department of Public Works

Commissioner- Ghassan A. Korban

841 N. Broadway

Milwaukee, WI 53202

From: Sharlotte McFarland and Carloyn Byrd

2065 S. 57th Street West Allis, WI 53219

Contact # 414- 841- 9163

To Whom It May Concern:

→ My name is Sharlotte McFarland. I am writing on the behalf of my Aunt Carloyn Bryd and the entire family of the two deceased: John M. Tucker and Keemari C. Canady. They were involved in an accident on September 22, 2016. I do realize that the statute requires the claimant to submit a claim in writing within 120 days of the event. It's unfortunate that the statue only allows a family to grieve for a 120 days. When this accident was, horrific and horrible for two young people. This letter is written in order to gain a better understanding of the events that took place on September 22, 2016.

Below is the information we have regarding the accident according to our research.

We know that Channel 6 News reported that the City of Milwaukee Truck was operating improperly, by backing out in the wrong direction. We also believe we

can get video of the accident either from the City of Milwaukee or Channel 6 News. We also know that the City of Milwaukee truck driver, who was driving the truck that day has been bragging on the streets how he intentionally and deliberately pulled out on the vehicle that John M. Trucker was driving. His co-worker who was also in the truck that day also stated the driver was laughing it off and stated he did it deliberately. We would like the names of both parties in question that were driving the Department Of Public Works truck the day of the accident, including both the driver and the passenger. What we need is for the driver of the truck to explain why he illegally pulled out on the vehicle John M. Tucker was driving that day. We need the truth and to understand what actually happened and why did the driver of the Department of Public Works truck do such a thing to harm John M. Tucker and Keemari C. Canady.

We are also seeking the funeral cost to be paid for by the City of Milwaukee, Department Of Public Works department. For the cost to be refunded back to the families of John M. Tucker and Keemair C. Canady.

I will continue to fight this until justice has been served on the behalf of both families. I will take this to the highest power possible until the families have received what we are seeking including the cost of the funeral, which the City of Milwaukee Department Of Public Works should have paid for in the first place.

Enclosed you will find the copies of the receipts for the funeral cost and other receipts pertaining to the cost. My contact information is included at the top of this letter including mail and phone.

As stated before we just want the truth and we need to know why the driver of the Department Of Public Works pulled out on the vehicle John M. Tucker was driving on September 22, 2016.

We will continue to seek information, we will not let this be covered up or thrown under the rug , we need to receive the answers and information we a re seeking, which are the names of the Department Of Public Works driver and co-worker who were in the truck the day of the accident. We just need to know the truth and why the driver did such a thing and the return of the cost of the Funeral.

Thank you.

Charlotte McFarland.

Charlotte McFarland
4/12/2018

REID'S NEW GOLDEN GATE FUNERAL HOME, INC.

5665 N. Teutonia Ave. 1910 Taylor Ave.
Milwaukee, WI 53209 Racine, WI 53403
(414) 358-0538 (262) 632-7300

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

RECEIVED
OFFICE OF CITY ATTORNEY

JAN 29 2018

3:30 A.M./P.M.

DECEASED John M. Tucker No. _____
DATE OF DEATH 9.22.16
PLACE OF DEATH MEADOWS
DATE OF STATEMENT 9.28.16

A. CHARGE FOR SERVICES SELECTED

CASH ADVANCES
Certified Copies of Death Certificate 3 @ \$ 20 each \$ 39.00
Clergy 100.00
Musician _____
Paid Newspaper Notice Standard \$ 200.00
Cemetery Name plate \$ 150.00
Other Flowers (church) \$ 420.00
Program \$ 116.00
TOTAL CASH ADVANCES \$ 970.00
We charge you for our services in obtaining: (specify cash advance items)

SUMMARY

Total Funeral Home Charges \$ 970.00
Local Sales Tax (if applicable) \$ _____
State Sales Tax (if applicable) \$ 1186.42
Total Cash Advances \$ 970.00
GRAND TOTAL \$ 11,186.42

Less Credits and Payments

Total Credits \$ _____
BALANCE DUE \$ 11,186.42

Billing To _____

DISCLOSURES

Reason for embalming Public viewing per
family
If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: MUST BE PAID IN FULL
48hrs. prior to services
Full payment is due no later than _____

If any payment is not paid when due, an unanticipated LATE CHARGE of _____% per month (ANNUAL PERCENTAGE RATE _____%) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signed Caroline Bud 9/29/16 Dated _____
Special Services Number _____

Signature _____ Dated _____
ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

1. Professional Services:
Basic Services of Funeral Director & Staff 1109.50
Embalming 675.00
Other preparation of body 350.00
3730.00
2. Facilities, Equipment & Staff:
Use of Facilities & Staff for Viewing / Visitation _____
Use of Facilities & Staff for Funeral Ceremony _____
Use of Facilities & Staff for Memorial Service _____
Use of Equipment & Staff for Graveside Service 450.00
Use of Equipment & Staff for Church Service 450.00
instate @ church 900.00
3. Transportation:
Transfer of Remains to Funeral Home 425.00
Hearse 325.00
Limousine 325.00
Sedan _____
Service / Utility Vehicle 1075.00
4. Other Services / Facilities / Equipment:
Administrative Fee 150.00
TOTAL OF SERVICES SELECTED \$ 9745.00

B. CHARGE FOR MERCHANDISE SELECTED
Casket (or other receptacle) Bush Onyx 4095.00
Name/No. _____
Material _____
Color _____
Outer Burial Container _____
Name/No. _____
Material _____
Acknowledgement Cards _____
Register Book 15.00
Memory Folders / Prayer Cards 45.00
Clothing _____
Cremation Urn _____
TOTAL OF MERCHANDISE SELECTED \$ 4155.00

C. SPECIAL CHARGES
 Forwarding remains to: _____
 Receiving remains from: _____
Immediate Burial _____
Direct Cremation _____
Other _____
TOTAL OF SPECIAL CHARGES \$ _____

TOTAL FUNERAL HOME CHARGES \$ 9700.00
(This total does not include Cash Advances)

Total Funeral Cost
\$ 11,186.42

Graceland Cemetery

6401 N. 43rd St.
Milwaukee, WI 53209
(414) 353-8850

RECEIVED
OFFICE OF CITY ATTORNEY

18708

JAN 29 2016

3:30 AM/PM

Graceland



Cemetery

A Non-Profit Institution -
Endowed for Perpetual Care

Date: 9-27-2016
 I. Name of Deceased: John M. Zucker
 Address: 1503 N. 116th St. Milwaukee WI 53205
 Date of Birth 5-4-1995 Place of Birth: Wisconsin
 Date of Death 9-22-2016 Social Security # 398-13-8553
 Funeral Home: Golden Gate Funeral Home
 Burial Date and Time Friday 9/30/2016
 Responsible Name: Caroline Byrd
 Party Address: 1503 N. 116th St. Milwaukee WI 53205
 Phone: (414) 933-6007 Relationship: Aunt
 Cell: _____ Next of Kin: _____

II. Site Selection- You have chosen:

Ground Interment in Section: 24 Block: 1 Lot: 286 Row: _____ Grave: 4 Or...
 Crypt/Niche _____
 Memorial Restrictions are: Flush Granite / Bronze Only
 You have requested that if possible, _____ adjacent burial spaces be made available to you and your family.
 Special Requests / Needs _____

III. Charges

A/N Grave/Crypt/Niche	\$ <u>600⁰⁰</u>	Method of Payment	
Opening/Closing Fee	\$ <u>875⁰⁰</u>	Total Due Cemetery	\$ <u>4500⁰⁰</u>
(Less \$35.00 for Chapel Committal)	\$ (_____)	Cash	\$ _____
Overtime	\$ _____	Check # _____	\$ _____
Vault/Grave Box	\$ <u>1350⁰⁰</u>	Credit Card	\$ _____
Marker(s)	\$ <u>830⁰⁰</u>	Insurance	\$ <u>4500⁰⁰</u>
P/N Grave/Crypt/Niche	\$ _____	Voucher	\$ _____
Other _____	\$ <u>845⁰⁰</u>	Remaining Unpaid Bal.	\$ _____
Subtotal	\$ <u>4500⁰⁰</u>	Other Arrangements	_____

IV. Acknowledgments: By my signature I acknowledge that:

- The sum of \$ 4500⁰⁰ must be paid before the burial service.
(unless covered by verifiable insurance) By: Insurance Assignment (Date) _____
- Graceland Cemetery reserves the right to not conduct the funeral if the above sum is not paid before the burial service.
- Graceland Cemetery reserves the right to divert the funeral from graveside committal to the chapel if weather, ground conditions, and/or workload necessitates the change.
- Graceland Cemetery reserves the right to determine the specific grave location in the case of special at-need arrangements with county assistance.

Signed: Caroline Byrd
 Graceland Cemetery Representative: mm Baldwin

APPLICATION TO RESERVE A SELECTED SITE IN GRACELAND

Milwaukee, WI

9/27/2016

TO THE BOARD OF TRUSTEES OF GRACELAND CEMETERY (hereinafter called "The Board") 6595

a church agency operating Graceland Cemetery in Milwaukee County under Chapter 278 of the Wisconsin Private and Local Laws of 1865 as amended by Chapter 177 of the Private & Local Laws of 1868.

APPLICATION is hereby made by Mr., Mrs. Ms. Caroline Byrd

Address: 1503 N. 16th St. Apt: _____

City, State, Zip: Milwaukee, WI Phone: (414) 933-6007

(hereinafter called "the Applicant" in the singular form whether one person or more than one person) for the right to use

graw # 4 of Section 24, Block 1, Lot/Row 286 of Graceland Cemetery as the Applicant's family burial site for not more than 1 graves of normal adult size, subject to the Rules and Regulations of Graceland Cemetery which are now in force or which may hereafter from time to time be enacted by the Board or its successors and which, by reference, are made a part hereof, and further subject to all of the terms, conditions and restrictions herein stated.

The said right shall never be used for any speculative purpose, and shall not be subdivided, transferred or advertised for sale without written consent first obtained from the Board.

The Board shall reserve and hold the site for the Applicant subject to payment of the total sum of

Six Hundred ⁰⁰/₁₀₀ Dollars (\$ 600.00) by the Applicant to Graceland Cemetery at its office in said cemetery within 1 payment (_____) months from the date hereof in the following manner:

_____ Dollars (\$ _____) on the date hereof, and
_____ Dollars (\$ _____) or more on the _____ day

of each succeeding month until the said total sum has been paid.

No interest shall be charged if payments are made promptly when due, but in the event of any default of any payment as above set forth when the same becomes due, such defaulted payment shall bear interest at the rate of six percent per annum from the date when due, and in the event such default shall continue for a period of ninety days, the Board, at its option and without notice, may declare this contract and all payments made thereunder forfeited to the Board as liquidated damages, and the Board shall have the right to grant all rights in and to all unoccupied graves in the said site to any person or person of its choice. The Board, at its option, may extend the time limit hereof and allow one or more payments as above set forth to be deferred, and may accept further payments hereunder without prejudice to its right, in the event of any subsequent default of payment, to take action in the manner herein provided for any default of any payment.

After all of the said total sum has been paid without default of any payment as above set forth when the same becomes due, the Board may, without prejudice to its rights hereunder, permit a burial to be made in the said site before all of the said total sum has been paid, but such burial shall be considered temporary only, as an emergency accommodation, and no right in or to the said site shall be vested in the Applicant or anybody but the Board because of such burial or for any other reason, and no gravestone may be installed, before all of the said total sum shall have been paid as above set forth.

As soon as the said total sum has been paid, the Board shall set aside twenty-five percent thereof and add it to the Graceland Perpetual Care Fund, which fund is to be invested in such manner as may, in the judgment of the Board or of those who may hereafter be authorized to hold and invest said fund, be deemed reasonably safe, and the income received by the Board from such investment of said fund shall be used by the Board to give the said cemetery the best possible uniform care and improvement which, in the judgment of the Board or its successors, the said income will allow under the Rules and Regulations of Graceland Cemetery. It is expressly agreed and understood that the said income is intended for general maintenance, and not to defray the cost of maintaining any individual embellishment or rendering any special service on individual orders.

When and after the Applicant has faithfully fulfilled all of the terms of payment as above set forth, the Board shall issue its usual form of deed granting the herein applied for right in the said site, subject to the foregoing and the following restrictions:

Flint Gravel/Bronze marker or family memorial above ground level may be erected in the said site; grave markers, having flat tops set flush to the ground level, may be installed in the spaces provided for markers in the said site; provided however that any memorial intended for the said site shall first be submitted for, and be subject to, the Board's approval, and if approved, it shall be installed by employees or agents of the Board, or erected upon a foundation installed by them, and be subject to the then current charge made by the Board in connection with such installations.

The ground surface over graves shall be made even with the surrounding lawn and be covered with the lawn grass, and floral embellishments shall be limited to bouquets or temporary decorations laid upon the grave or placed in Graceland approved containers, unless otherwise provided in the Graceland Rules pertaining to the said Section. Nobody except employees or agents of the Board shall have any right to dig into the soil for any purpose, plant, alter or remove any tree or shrub, cut or remove sod, install markers or foundations, install or seal grave vaults or liners, set up or use any tent, lowering device or other burial equipment, do any work for hire or otherwise, or place grave covering material or any other object except temporary floral decorations in or upon the said site or cemetery without a special permit in writing first obtained in each case from the Board or the manager of Graceland Cemetery.

This application shall be considered accepted and binding upon the Board when countersigned by the Manager of Graceland Cemetery or an Officer of the Board. The Board shall not be liable for any promise or representation that is not written or printed on the face hereof, and no restriction attached to the aforesaid site shall restrict the Board with reference to the use of any other part of Graceland Cemetery for purposes the Board deems proper and for the good of the said cemetery.

Application received by mm Balder
Accepted for the BOARD OF TRUSTEES
OF GRACELAND CEMETERY

(Applicant sign here)
Caroline Byrd

By _____
Manager

RECEIVED
OFFICE OF CITY ATTORNEY

JAN 29 2018

3:31 A.M./P.M.

GRACELAND & UNION CEMETERIES

6401 N. 43rd Street ♦ Milwaukee, WI 53209 ♦ (414) 353-8850
PRE-NEED VAULT PURCHASE CONTRACT

18708
B) 700

This contract made this 27 day of Sept 2014 by and between Graceland & Union Cemeteries, Milwaukee, WI, and:

Name: Caroline Byrd Phone: (414) 933-6007
Address: 1503 N. 16th St. Apt: _____
City, State: Milwaukee, WI ZIP: 53205
Cemetery: Graceland Section: 24 Block: 1 Lot: 286 Row: _____ Grave: 4

Outer Burial Container (Check one) : Standard Grave Box Vault

Style: Mark III
 Brentwood
 Westminster
 Keystone
 Cambridge
 Oversize 38" Oversize

Color: Gold Silver
Emblem: Laurel Wreath Cross
Handles: Individual bar

Purchase Price \$ 1350⁰⁰
Initial Payment \$ 1350⁰⁰
Balance of \$ 1350⁰⁰

Notice: If at the time of the burial services the casket does not fit into the vault that was originally purchased, Graceland Cemetery is not responsible for additional costs associated with replacement.

Balance to be paid at \$ _____ per month for _____ months beginning _____

GRACELAND CEMETERY reserves the right to substitute a vault of equivalent design and value from another supplier should the outer burial container selected by the Purchaser not be available from the original supplier at the time of need.

It is mutually agreed that should the Purchaser default for more than sixty (60) days on installment payments, GRACELAND CEMETERY may, at its option, cancel this agreement and retain all payments as liquidated damages. In the event this contract is canceled and subsequently reinstated, Purchaser agrees to pay the price in effect at the time of reinstatement plus an administrative fee of \$25.00. The express condition of said order is such that the title or ownership of product delivered or to be delivered does not pass from GRACELAND CEMETERY, until paid in full.

GRACELAND CEMETERY is not bound by representation or agreements not included in this agreement. No verbal agreement is considered part of this contract.

"SECTION 400.92(2) OF THE WISCONSIN STATUTES SPECIFIES THE RIGHTS OF THE PURCHASER UNDER THIS CONTRACT. DEPENDING ON THE CIRCUMSTANCES, THESE MAY INCLUDE THE RIGHT TO VOID THE CONTRACT AND RECEIVE A REFUND OR THE RIGHT TO ASSIGN AN INTEREST IN THE CONTRACT TO ANOTHER PERSON."

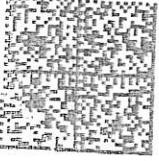
Signed Caroline Byrd
Signed _____

mm Baldus
REPRESENTATIVE

By my signature I hereby acknowledge and understand the terms and conditions of this contract.

John M. Tucker
1995 + 2014

U.S. POSTAGE PITNEY BOWES
ZIP 53005 \$ 000.37
02 4W
0000337172 JAN 10 2018



RESORTED
FIRST CLASS

Ms. Carolyn Byrd
2065 S. 57th Street
West Allis, WI 53219

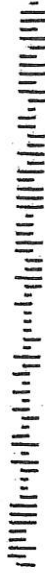
RECEIVED
OFFICE OF CITY ATTORNEY

JAN 29 2018

3:30 AM PM

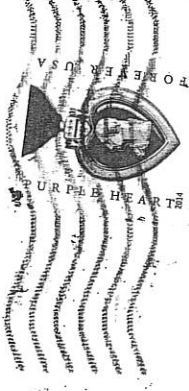


53219 53219



Charlotte McFarland
2065 S 57th St
West Allis, WI 53219

CITY OF MILWAUKEE
2018 JAN 25 PM 3:10
CITY CLERK'S OFFICE



MILWAUKEE WI 530

22 JAN 2018 PM 4 J

City Attorney

Department of Public Works
Commissioner Chassan A. Karban
841 N. Broadway

53202-3842 wauwatosa WI 53202

To: City Clerk

Attn: Claims

200 E. Wells St., Room 205

Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
2011 DEC 26 P 1:21
CITY CLERK'S OFFICE

To: Department of Public Works

Commissioner- Ghassan A. Korban

841 N. Broadway

Milwaukee, WI 53202

From: Charlotte McFarland and Carloyn Byrd

2065 S. 57th Street West Allis, WI 53219

Contact # 414- 841- 9163

To Whom It May Concern:

My name is Charlotte McFarland. I am writing on the behalf of my Aunt Carloyn Bryd and the entire family of the two deceased: John M. Tucker and Keemari C. Canady. They were involved in an accident on September 22, 2016. I do realize that the statute requires the claimant to submit a claim in writing within 120 days of the event. It's unfortunate that the statue only allows a family to grieve for a 120 days. When this accident was, horrific and horrible for two young people. This letter is written in order to gain a better understanding of the events that took place on September 22, 2016.

Below is the information we have regarding the accident according to our research.

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can get video of the accident either from the City of Milwaukee or Channel 6 News. We also know that the City of Milwaukee truck driver, who was driving the truck that day has been bragging on the streets how he intentionally and deliberately pulled out on the vehicle that John M. Trucker was driving. His co-worker who was also in the truck that day also stated the driver was laughing it off and stated he did it deliberately. We would like the names of both parties in question that were driving the Department Of Public Works truck the day of the accident, including both the driver and the passenger. What we need is for the driver of the truck to explain why he illegally pulled out on the vehicle John M. Tucker was driving that day. We need the truth and to understand what actually happened and why did the driver of the Department of Public Works truck do such a thing to harm John M. Tucker and Keemari C. Canady.

We are also seeking the funeral cost to be paid for by the City of Milwaukee, Department Of Public Works department. For the cost to be refunded back to the families of John M. Tucker and Keemair C. Canady.

I will continue to fight this until justice has been served on the behalf of both families. I will take this to the highest power possible until the families have received what we are seeking including the cost of the funeral, which the City of Milwaukee Department Of Public Works should have paid for in the first place.

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As stated before we just want the truth and we need to know why the driver of the Department Of Public Works pulled out on the vehicle John M. Tucker was driving on September 22, 2016.

We will continue to seek information, we will not let this be covered up or thrown under the rug , we need to receive the answers and information we are seeking, which are the names of the Department Of Public Works driver and co-worker who were in the truck the day of the accident. We just need to know the truth and why the driver did such a thing and the return of the cost of the Funeral.

Thank you.

Sharlotte McFarland.

Sharlotte McFarland
12/18/17

**REID'S NEW GOLDEN GATE
FUNERAL HOME, INC.**

5665 N. Teutonia Ave. 1910 Taylor Ave.
Milwaukee, WI 53209 Racine, WI 53403
(414) 358-0538 (262) 632-7300

**STATEMENT OF
FUNERAL GOODS AND SERVICES SELECTED**

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

DECEASED John M. Tucker No. _____
DATE OF DEATH 9/22/16
PLACE OF DEATH MEADVILLE
DATE OF STATEMENT 9/28/16

CASH ADVANCES
Certified Copies of Death Certificate 3 @ \$ 20 each \$ 60
Clergy 100.00

Musician _____
Paid Newspaper Notice Standard \$ 200.00
Cemetery Name of Photo N/A \$ 150.00
Other Flowers (Charles) Program \$ 400.00
TOTAL CASH ADVANCES \$ 750.00

We charge you for our services in obtaining: (specify cash advance items)

SUMMARY
Total Funeral Home Charges \$ 9700.00
Local Sales Tax (if applicable) _____
State Sales Tax (if applicable) _____
Total Cash Advances _____
GRAND TOTAL \$ 11,186.42

Less Credits and Payments _____
Total Credits _____
Billing To _____
BALANCE DUE \$ 11,186.42

DISCLOSURES
Reason for embalming Public viewing per family

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

ACKNOWLEDGEMENT AND AGREEMENT
I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Gasket Price List and the Outer Burial Container Price List.
Term of Payment: MUST BE PAID IN FULL 48 HRS. PRIOR TO SERVICES

Full payment is due no later than _____
If any payment is not paid when due, an unanticipated LATE CHARGE of _____ % per month (ANNUAL PERCENTAGE RATE _____ %) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signed Caroline Bud 9/29/16
Date

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:
Basic Services of Funeral Director & Staff 1095
Embalming 475
Other preparation of body 350
1920

2. Facilities, Equipment & Staff:
Use of Facilities & Staff for Viewing / Visitation _____
Use of Facilities & Staff for Funeral Ceremony _____
Use of Facilities & Staff for Memorial Service _____
Use of Equipment & Staff for Graveside Service 400
Use of Equipment & Staff for Church Service 450
in state @ church 450 900

3. Transportation:
Transfer of Remains to Funeral Home _____
Hearse 325
Limousine 325
Sedan _____
Service / Utility Vehicle _____
1075

4. Other Services / Facilities / Equipment:
Administrative Fee 250
TOTAL OF SERVICES SELECTED \$ 4945.00

B. CHARGE FOR MERCHANDISE SELECTED

Gasket (or other receptacle) Brush Onyx 4095.00
Name/No. _____
Material _____
Color _____
Outer Burial Container _____
Name/No. _____
Material _____
Acknowledgement Cards _____
Register Book _____
Memory Folders / Prayer Cards _____
Clothing _____
Cremation Urn _____
TOTAL OF MERCHANDISE SELECTED \$ 4155.00

C. SPECIAL CHARGES

Forwarding remains to: _____ Receiving remains from: _____
Immediate Burial _____
Direct Cremation _____
Other _____
TOTAL OF SPECIAL CHARGES \$ _____

TOTAL FUNERAL HOME CHARGES \$ 9700.00
(This total does not include Cash Advances)

Total funeral cost
\$ 11,186.42



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paid

he

APPLICATION TO RESERVE A SELECTED SITE IN GRACELAND

15715 Milwaukee, WI 9/27/2016

TO THE BOARD OF TRUSTEES OF GRACELAND CEMETERY (hereinafter called "The Board") 6595
a church agency operating Graceland Cemetery in Milwaukee County under Chapter 278 of the Wisconsin Private and Local Laws of 1865 as amended by Chapter 177 of the Private & Local Laws of 1868.

APPLICATION is hereby made by Mr., Mrs. (Ms.) Caroline Byrd

Address: 1503 N. 16th St. Apt: _____

City, State, Zip: Milwaukee, WI Phone: (414) 933-6007

(hereinafter called "the Applicant" in the singular form whether one person or more than one person) for the right to use

grave # 4 of Section 24, Block 1, Lot/Row 286 of Graceland Cemetery as the Applicant's family burial site for not more than 1 graves of normal adult size, subject to the Rules and Regulations of Graceland Cemetery which are now in force or which may hereafter from time to time be enacted by the Board or its successors and which, by reference, are made a part hereof, and further subject to all of the terms, conditions and restrictions herein stated.

The said right shall never be used for any speculative purpose, and shall not be subdivided, transferred or advertised for sale without written consent first obtained from the Board.

The Board shall reserve and hold the site for the Applicant subject to payment of the total sum of Six Hundred Dollars (\$ 600.00) by the Applicant to Graceland Cemetery at its office in said cemetery within 1 payment () months from the date hereof in the following manner:

_____ Dollars (\$ _____) on the date hereof, and
_____ Dollars (\$ _____) or more on the _____ day

of each succeeding month until the said total sum has been paid.

No interest shall be charged if payments are made promptly when due, but in the event of any default of any payment as above set forth when the same becomes due, such defaulted payment shall bear interest at the rate of six percent per annum from the date when due, and in the event such default shall continue for a period of ninety days, the Board, at its option and without notice, may declare this contract and all payments made thereunder forfeited to the Board as liquidated damages, and the Board shall have the right to grant all rights in and to all unoccupied graves in the said site to any person or person of its choice. The Board, at its option, may extend the time limit hereof and allow one or more payments as above set forth to be deferred, and may accept further payments hereunder without prejudice to its right, in the event of any subsequent default of payment, to take action in the manner herein provided for any default of any payment.

After all of the said total sum has been paid without default of any payment as above set forth when the same becomes due, the Board may, without prejudice to its rights hereunder, permit a burial to be made in the said site before all of the said total sum has been paid, but such burial shall be considered temporary only, as an emergency accommodation, and no right in or to the said site shall be vested in the Applicant or anybody but the Board because of such burial or for any other reason, and no gravestone may be installed, before all of the said total sum shall have been paid as above set forth.

As soon as the said total sum has been paid, the Board shall set aside twenty-five percent thereof and add it to the Graceland Perpetual Care Fund, which fund is to be invested in such manner as may, in the judgment of the Board or of those who may hereafter be authorized to hold and invest said fund, be deemed reasonably safe, and the income received by the Board from such investment of said fund shall be used by the Board to give the said cemetery the best possible uniform care and improvement which, in the judgment of the Board or its successors, the said income will allow under the Rules and Regulations of Graceland Cemetery. It is expressly agreed and understood that the said income is intended for general maintenance, and not to defray the cost of maintaining any individual embellishment or rendering any special service on individual orders.

When and after the Applicant has faithfully fulfilled all of the terms of payment as above set forth, the Board shall issue its usual form of deed granting the herein applied for right in the said site, subject to the foregoing and the following restrictions:

Headstone / Bronze marker or family memorial above ground level may be erected in the said site; grave markers, having flat tops set flush to the ground level, may be installed in the spaces provided for markers in the said site; provided however that any memorial intended for the said site shall first be submitted for, and be subject to, the Board's approval, and if approved, it shall be installed by employees or agents of the Board, or erected upon a foundation installed by them, and be subject to the then current charge made by the Board in connection with such installations.

The ground surface over graves shall be made even with the surrounding lawn and be covered with the lawn grass, and floral embellishments shall be limited to bouquets or temporary decorations laid upon the grave or placed in Graceland approved containers, unless otherwise provided in the Graceland Rules pertaining to the said Section. Nobody except employees or agents of the Board shall have any right to dig into the soil for any purpose, plant, alter or remove any tree or shrub, cut or remove sod, install markers or foundations, install or seal grave vaults or liners, set up or use any tent, lowering device or other burial equipment, do any work for hire or otherwise, or place grave covering material or any other object except temporary floral decorations in or upon the said site or cemetery without a special permit in writing first obtained in each case from the Board or the manager of Graceland Cemetery.

This application shall be considered accepted and binding upon the Board when countersigned by the Manager of Graceland Cemetery or an Officer of the Board. The Board shall not be liable for any promise or representation that is not written or printed on the face hereof, and no restriction attached to the aforesaid site shall restrict the Board with reference to the use of any other part of Graceland Cemetery for purposes the Board deems proper and for the good of the said cemetery.

Application received by mm Balda
Accepted for the BOARD OF TRUSTEES
OF GRACELAND CEMETERY

(Applicant sign here)
Caroline Byrd

By _____
Manager

GRACELAND & UNION CEMETERIES

6401 N. 43rd Street ♦ Milwaukee, WI 53209 ♦ (414) 353-8850
PRE-NEED VAULT PURCHASE CONTRACT

15763
131700

This contract made this 27 day of Sept 2016 by and between Graceland & Union Cemeteries, Milwaukee, WI, and:

Name: Caroline Byrd Phone: (414) 933-6007
Address: 1503 N. 16th St. Apt: _____
City, State: Milwaukee, WI ZIP: 53205
Cemetery: Graceland Section: 24 Block: 1 Lot: 216 Row: _____ Grave: 4

Outer Burial Container (Check one) : Standard Grave Box Vault

- Style: Mark III
 Brentwood
 Westminster
 Keystone
 Cambridge
 Oversize 38" Oversize

- Color: Gold Silver
Emblem: Laurel Wreath Cross
Handles: Individual bar

Purchase Price \$ 1350⁰⁰
Initial Payment \$ 1350⁰⁰
Balance of \$ 1350⁰⁰

Notice: If at the time of the burial services the casket does not fit into the vault that was originally purchased, Graceland Cemetery is not responsible for additional costs associated with replacement.

Balance to be paid at \$ _____ per month for _____ months beginning _____

GRACELAND CEMETERY reserves the right to substitute a vault of equivalent design and value from another supplier should the outer burial container selected by the Purchaser not be available from the original supplier at the time of need.

It is mutually agreed that should the Purchaser default for more than sixty (60) days on installment payments, GRACELAND CEMETERY may, at its option, cancel this agreement and retain all payments as liquidated damages. In the event this contract is canceled and subsequently reinstated, Purchaser agrees to pay the price in effect at the time of reinstatement plus an administrative fee of \$25.00. The express condition of said order is such that the title or ownership of product delivered or to be delivered does not pass from GRACELAND CEMETERY, until paid in full.

GRACELAND CEMETERY is not bound by representation or agreements not included in this agreement. No verbal agreement is considered part of this contract.

"SECTION 400.92(2) OF THE WISCONSIN STATUTES SPECIFIES THE RIGHTS OF THE PURCHASER UNDER THIS CONTRACT. DEPENDING ON THE CIRCUMSTANCES, THESE MAY INCLUDE THE RIGHT TO VOID THE CONTRACT AND RECEIVE A REFUND OR THE RIGHT TO ASSIGN AN INTEREST IN THE CONTRACT TO ANOTHER PERSON."

Signed Caroline Byrd
Signed _____

mm Baldwin
REPRESENTATIVE

By my signature I hereby acknowledge and understand the terms and conditions of this contract.

John M. Tucker
1995 + 2016



Division of Motor Vehicles
 Traffic Accident Section
 PO Box 7919
 Madison, WI 53707-7919

Internet: www.dot.wisconsin.gov

Telephone: 608-266-8753
 Teletypewriter (TTY): 608-266-0824
 Facsimile (FAX): 608-261-8201
 E-mail: traffic-accidents.dmv@dot.state.wi.us

INVOICE MV3622 2/2004 s.19.35(3)(d) Wis. Stats.

November 27, 2017

Return this invoice with payment.
 Make check or money order payable to:
Registration Fee Trust

SHARLOTTE MCFARLAND
 2065 S 57TH STREET
 WEST ALLIS, WI 53219

Mail to:
 Wisconsin Department of Transportation
 DMV Revenue Accounting
 PO Box 7336
 Madison, WI 53707-7336

Charges \$ Pd _____
 Amount Received \$ _____
AMOUNT DUE \$ Pd _____

Department policy and Wisconsin Statutes require that we charge a fee for this information.

FOR WDOT USE ONLY

Driver Last Name OR Driver Identification Number	Image/Microfilm Number(s)
Accident Number	
Accident Date (optional)	

POLICE # 162660881
 ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number QQ1S3RM	Document Override Number
Agency Accident Number		Police Number 162660881		
4 - Accident Date 09/22/2016	5 - Time of Accident (Military Time) 0932	6 - Total Units 02	7 - Total Injured 00	8 - Total Killed 02
2 - County MILWAUKEE - 40		3 - Municipality FRANKLIN - 68, CITY		11 - Accident Location INTERSECTION
14 - On Hwy No. 181	14 - On Street Name N 76TH ST	14 - Bus/Fmt/Rmp	15 - Est. Distance	15 - Hwy. Dir
16 - Fr/At Hwy No.	16 - From/At Street Name W SHERIDAN AVE		16 - Business/Frontage/Ramp	
17 - Structure Type	17 - Structure Number	12 - Latitude 43.118278	13 - Longitude -88.006003	
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT		93 - Manner of Collision ANGLE		
112 - Access Control NO CONTROL	113 - Road Curvature STRAIGHT	113 - Road Terrain HILL	Surface Type BLACKTOP, BITUMINOUS, OR ASPHALT - 2	
115 - Traffic Way DIVIDED-HIGHWAY-MEDIAN-STRIP-WITHOUT-TRAFFIC-BARRIER				
117 - Relation To Roadway ON-ROADWAY				
114 - Light Condition DAYLIGHT		116 - Road Surface Condition DRY		118 - Weather CLOUDY
<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Government Property	<input type="checkbox"/> Fire	<input checked="" type="checkbox"/> Photos Taken	<input checked="" type="checkbox"/> Trailer or Towed
<input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials	<input type="checkbox"/> Load Spillage	<input type="checkbox"/> Construction Zone	<input type="checkbox"/> Names Exchanged	
101 <input checked="" type="checkbox"/> Supplemental Reports	102 <input checked="" type="checkbox"/> Witness Statements	103 <input checked="" type="checkbox"/> Measurements Taken		79 - E M S Number

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel SOUTH	24 - Speed Limit 35
36 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number T2604739516400	30 - State WI	31 - Expiration Year 2022	34 - On-Duty Accident
25 - Operator/Pedestrian Last Name TUCKER		25 - First Name JOHN	25 - Middle Initial M
32 - Date Of Birth 05/04/1995	33 - Sex MALE		
26 - Address Street & Number 6272 N 105TH ST			26 - PO Box
27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53225
28 - Telephone Number		40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)		40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT	
38 - Injury Severity K - FATAL INJURY	41 - Airbag DEPLOYED	42 - Ejected NOT-EJECTED	44 <input checked="" type="checkbox"/> Medical Transport
43 - Trapped/Extricated TRAPPED/EXTRICATED	92 - Pedestrian Location	92 - Pedestrian Action	
119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control NO-CONTROL	62 - No. of Citations Issued 0
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.
64 - 5th Statute No.			
122 - Driver Factors EXCEEDING-SPEED-LIMIT			
88 - Driver or Pedestrian Cond NOT OBSERVED		89 - Substance Presence UNKNOWN	
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content	91 - Drug Test TEST NOT GIVEN

Wisconsin Motor Vehicle Accident Report

MV4000e 01/2005

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PK2012

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 2
	56 - License Plate Number 898YSK	57 - Plate Type AUT	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number 2G4WS52M5V1401942	
	50 - Year 1997	51 - Make BUIC	52 - Model CENTURY	53 - Body Style SD - SEDAN	54 - Color BGE	100 - Skidmarks to Impact (Ft) 104
	94 - Vehicle Damage MIDDLE DRIVER SIDE, TOP OF VEHICLE, MIDDLE PASSENGER SIDE					
	95 - Extent Of Damage VERY-SEVERE	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By ALL CITY TOWING		
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name JEFFERSON	46 - First Name DI'SHONE	46 - Middle Initial T	46 - Suffix	Date Of Birth 06/16/1996
	46 - Company Name				
	47 - Address Street & Number 1954 N 19TH ST		47 - PO Box		
	48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53205	49 - Telephone Number	

Insurance

INS 01	63 - Liability Insurance Company UNKNOWN	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name
	61 - Policy Holder Company	

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel NORTH	24 - Speed Limit 35
36 - Operating as Classified B CLASS	37 - Endorsements	35 <input checked="" type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number Z2007368012302	30 - State WI	31 - Expiration Year 2024	34 - On Duty Accident
25 - Operator/Pedestrian Last Name ZIZO	25 - First Name RYAN	25 - Middle Initial ROBERT	25 - Suffix
32 - Date Of Birth 04/03/1980	33 - Sex MALE		

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 1807 S WOODSIDE DR				26 - PO Box	
	27 - City NEW BERLIN		27 - State WI	27 - Zip Code 53151	28 - Telephone Number (262) 786-4088 EXT.	
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED	44 <input type="checkbox"/> Medical Transport	
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location	92 - Pedestrian Action		
	119 - What Driver Was Doing MAKING-LEFT-TURN		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued 0	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test TEST GIVEN		90 - Alcohol Content		91 - Drug Test TEST GIVEN DRUGS UNKNOWN	
91 - Drugs Reported						
124 - Highway Factors OTHER						

Vehicle

VEHICLE 02	21 - Unit Type TRUCK		Vehicle Type STRAIGHT-TRUCK-(INSERT TRUCK)			22 - Total Occupants 2
	56 - License Plate Number 91829		57 - Plate Type MUN	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 1HTMMAAR3GH078655
	50 - Year 2018	51 - Make INTL	52 - Model 4300	53 - Body Style CB - CAB CHASSIS	54 - Color YEL	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage FRONT PASSENGER SIDE, REAR PASSENGER SIDE, MIDDLE PASSENGER SIDE					
	95 - Extent Of Damage SEVERE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
	46 - Company Name MILWAUKEE CITY					
	47 - Address Street & Number 2142 W CANAL ST				47 - PO Box	
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53233	49 - Telephone Number (414) 280-5581 EXT.	

Insurance

INS 02	63 - Liability Insurance Company GOVERNMENT		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company		

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Occupant

OCCUPANT 01	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name CANADY	66 - First Name KEEMARI	66 - Middle Initial C	66 - Suffix
	68 - Address Street & Number 9030D N 95TH ST		68 - PO Box		
	68 - City MILWAUKEE		68 - State WI	68 - Zip Code 53224	
	67 - Date of Birth 10/02/1995		69 - Sex F		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)		72 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT		
	70 - Injury Severity K - FATAL INJURY		73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport
	76 - Trapped/Extricated TRAPPED/NOT-EXTRICATED		78 - Agency Space		

Occupant

OCCUPANT 02	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name BOND	66 - First Name WILLIAM	66 - Middle Initial BENJAMIN	66 - Suffix
	68 - Address Street & Number 3120 S ADAMS AVE		68 - PO Box		
	68 - City MILWAUKEE		68 - State WI	68 - Zip Code 53207	
	67 - Date of Birth 01/07/1988		69 - Sex M		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)		72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	70 - Injury Severity N - NO APPARENT INJURY		73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport
	76 - Trapped/Extricated NOT-TRAPPED		78 - Agency Space		

Trailer

TRL 01	106 - Power Unit Number 2	License Plate Number 90591	Plate Type MUN	State WI	Expiration Year
	Trailer Make BANDIT		Unit Type UTIL	Vehicle Identification Number 4FMUS1610FR003350	

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - Photos By FI SYLVIA GERASH
<p>UNIT 1 WAS TRAVELING SOUTH ON N 76TH STREET. UNIT 2 WAS TRAVELING NORTH ON N. 76TH STREET. UNIT 2 TURNED LEFT ONTO W. SHERIDAN AVENUE. UNIT 1 STRUCK THE SIDE OF UNIT 2. THE PASSENGER OF UNIT 1 DIED AT THE SCENE. THE DRIVER OF UNIT 1 WAS CONVEYED TO FROEDTERT HOSPITAL WHERE HE DIED FROM HIS INJURIES.</p> <p>SEE MILWAUKEE POLICE DEPARTMENT INCIDENT NUMBER 182660033 FOR FURTHER DETAIL.</p>	

Officer Information

OFFICER INFORMATION	126 - Officer Last Name WEIGEL		125 - First Name GARY		125 - Middle Initial		131 - Officer ID 10041		
	129 - Law Enforcement Agency No.			130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT					
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET								
	127 - City MILWAUKEE			127 - State WI		127 - Zip Code 53201		128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 09/22/2018			133 - Time Notified (Military Time) 0937		134 - Time Arrived (Military Time) 0941		135 - Date Of Report 09/22/2018	
				182660881		19 - Special Study			
	18 - Agency Space								

Truck and Bus

TRUCK/BUS 02	136 A truck or truck combination > 10,000 lbs <input checked="" type="checkbox"/> GVWR/GCWR		136 Any vehicle displaying a hazardous materials placard <input type="checkbox"/>	
	136 A vehicle designed to carry 9 or more people, including the driver <input type="checkbox"/>			
	136 <input checked="" type="checkbox"/> Fatal Injury	136 <input checked="" type="checkbox"/> Medical Transport	136 One or more vehicles towed from the scene due to disabling damage <input checked="" type="checkbox"/>	
	Unit Number 02			
	137 - Hazardous Materials Class Numbers			

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137 - Hazardous Materials "UN" Nos.		HazMat Placard Displayed <input type="checkbox"/>			Hazardous Cargo Was Released <input type="checkbox"/>	
137 - Name Of Hazardous Materials In this Load				137 - Name Of Hazardous Materials Released		
138 Interstate Carrier <input type="checkbox"/>	140 - US DOT No.	140 - ICC MC No.	LC No.	IC No.	141 - Source VEHICLE-SIDE	
139 - Carrier Name CITY OF MILWAUKEE						
142 - Carrier Address 2142 W CANAL ST			City MILWAUKEE		State WI	Zip Code 53233
143 - GVWR (Lbs) 34,220	144 - Total No. of Axles 3	145 - Vehicle Configuration TRUCK/TRAILER			147 - Cargo Body Type CARGO-TANK	
146 - First Event COLLISION-INVOLVING-MOTOR-VEHICLE-IN-TRANSPOR			146 - Second Event BLANK			
146 - Third Event BLANK			146 - Fourth Event BLANK			