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: Sharlotte 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 292018

3:30 M/P.M.)

Hi, this is Sharlotte 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.

Sharlotte McFarland

1/12/2018

Maliett Mifele P 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 coworker 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.

Sharlotte McFarland.

REID'S NEW GOLDEN GATE FUNERAL HOME, INC.

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

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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.

CASH ADVANCES
Certiful Copies of Detul Partificate

S
Clergy

Musician

Paid Newspaper Notice

TOTAL CASH ADVANCES \$

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

RECEIVED OFFICE OF CITY ATTORNEY

JAN 292018

3.30 AM/P.M.

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TOTAL CASH ADVANCES \$ / LTV
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any law, odmetery or crematory requirements have required the
irchase of any items listed, tho law or requirement is explained below.
CKNOWLEDGEMENT AND AGREEMENT
nereby acknowledge that I have the legal right to arrange the final rvices for the deceased, and I authorize this funeral establishment
perform services, furnish goods, and incur outside charges ecified on this Statement. I acknowledge that I have received the
eneral Price List and the Casket Price List and the Outer Burial
THE DINCE THE
MOVO Dage to CYLC 191
7013. 1110-10 30 1100
Il payment is due no later than
any payment is not paid when due, an unanticipated LATE CHARGE
the unpaid balance will be due. I agree to pay the Balance Due
ed on this Statement, plus any Late Charge. In the event I default payment to this funeral establishment, I agree to pay reasonable
orney's fees and court costs in addition to any Late Charge plicable. I understand and agree that I am assuming personal
ollity for the charges set forth in this Statement and that this is addition to the liability imposed by law upon the estate of the
ceased. By my signature below, I hereby agree to all of the above
d acknowledge receipt of a Cappy of this Statement.
with the man and t
as Security Number
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CEPTANCE This funeral establishment agrees to provide all services.
chandiae and clash advances indicated on this Statement.

Graceland Cemetery

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





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A Non-Profit	Institution-
Endough has	Berterud C

Date: 9-21-2016	2 4 -	Cemeter
I. Name of Deceased:). Lucker	A Non-Profit Institution
Address: 1503 m. 164184. C	new W1 53205	Endouved for Perpetual
Date of Birth <u> 5-4-1995</u> Pl	lace of Birth: (1) ISCINSIN	
	Security # 39 8-13-8553	_
Funeral Home: Golden Gate 3	runeral Home	_
Burial Date and Time Duidous	7/30/2016	_
Responsible Name: Caroline	Bind	_
Party Address: 1503 M 1	to & Milyaules (d) 5	3205
	elationship: Quest	_
	of Kin:	_
II. Site Selection- You have chosen:		
Ground Interment in Section: 24 Block:	Lot: 286 Row: Grave: 4	Or
Crypt/Niche		-
Memorial Restrictions are:	Cora te Brown & Ouls	
You have requested that if possible, adjacent b	purial spaces be made available to you and your fam	ily.
Special Requests / Needsadjacent e	yanan spaces oo maco a maco yanan	
Special Requests / Iveeds		
III. Charges		
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Opening/Closing Fee \$ 875.6	Method of Payment Total Due Cemetery \$4500	u
(Less \$35.00 for Chapel Committal) \$())	_
Overtime \$	Cash \$	_
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Subtotal \$4500°	Other Arrangements	<u></u>
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IV. Acknowledgments: By my signature I acknowledge that:

- The sum of \$ 4500.00 must be paid before the burial service. 1. By Insulance Assignmentall (unless covered by verifiable insurance)
- Graceland Cemetery reserves the right to not conduct the funeral if the above sum is not paid 2. before the burial service.
- Graceland Cemetery reserves the right to divert the funeral from graveside committal to the 3. 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 4. of special at-need arrangements with county assistance.

Graceland Cemetery Representative:

APPLICATION TO	RESERVE A SELECTED SI	TE IN GRACELAND Milwaukee, WI _ 名/ 27 20 タ
TO THE BOARD OF TRUSTEES Of a church agency operating Graceland Cemetery in Milwaukee C	F GRACELAND CEMETER	Y (hereinafter called "The Board") 6595
Private & Local Laws of 1868.	~ 1	0
APPLICATION is hereby made by Mr., M		Dyd
Address: 1503 M. 164	hST.	Apt
City, State, Zip: Mile Ochee, 1	ω	Phone (44) 933 -600
(hereinafter called "the Applicant" in the singula		an one person) for the right to use
of Section	3	Lot/Row_286 of Graceland Cemetery
Graceland Cemetery which are now in force or w which, by reference, are made a part hereof, and	which may hereafter from time to time further subject to all of the terms, cond	be enacted by the Board or its successors and litions and restrictions herein stated.
The said right shall never be used for any speculativ first obtained from the Board.	e purpose, and shall not be subdivided; tra	unsferred or advertised for sale without written consent
The Board shall reserve and hold the site fo		
Six Hundred	Dollars (\$ 600) by the Applicant to Graceland Cemetery
at its office in said cemetery within following manner:	1 payment () months from the date hereof in the
		on the date hereof, and
	Dollars (\$	or more on theday
of each succeeding month until the said total sun	n has been paid.	
prejudice to its rights hereunder, permit a burial to be ered temporary only, as an emergency accommodation cause of such burial or for any other reason, and no gra-	dice to its right, in the event of any subsequent default of any payment as above set forth made in the said site before all of the said to, and no right in or to the said site shall be avestone may be installed, before all of the	when the same becomes due, the Board may, without old sum has been paid, but such burial shall be considvested in the Applicant or anybody but the Board besaid total sum shall have been paid as above set forth.
which fund is to be invested in such manner as may, in fund, be deemed reasonably safe, and the income recei- cemetery the best possible uniform care and improven Rules and Regulations of Graceland Cemetery. It is ex- defray the cost of maintaining any individual embellis	n the judgment of the Board or of those who ived by the Board from such investment of ment which, in the judgment of the Board or pressly agreed and understood that the said thment or rendering any special service on i	said fund shall be used by the Board to give the said r its successors, the said income will allow under the I income is intended for general maintenance, and not t individual orders.
When and after the Applicant has faithfully fulfi deed granting the herein applied for right in the	illed all of the terms of payment as about site, subject to the foregoing and t	ve set forth, the Board shall issue its usual form o the following restrictions:
having flat tops set flush to the ground level, upay be in the dead for the said site shall first be submitted for a	 marker or family memorial above ground nstalled in the spaces provided for markers and be subject to, the Board's approval, and 	I level may be erected in the said site; grave markers, in the said site; provided however that any memorial if approved, it shall be installed by employees or agents harge made by the Board in connection with such instal
limited to bouquets or temporary decorations laid upo Graceland Rules pertaining to the said Section. Nobod plant, alter or remove any tree or shrub, cut or remove lowering device or other burial equipment, do any wo decorations in or upon the said site or cemetery withou	on the grave or placed in Graceland approve by except employees or agents of the Board s sod, install markers or foundations, install ork for hire or otherwise, or place grave cove	shall have any right to dig into the soil for any purpose,
the Board. The Board shall not be liable for any promis	se or representation that is not written or pr	ed by the Manager of Graceland Cemetery or an Officer tinted on the face hereof, and no restriction attached to Cemetery for purposes the Board deems proper and for (Applicant sign here)
Application received by MM Salo	le (10	roland / hos
Accepted for the BOARD OF TRUSTNES		
OF GRACELAND CEMETERY		ν :
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RECEIVED OFFICE OF CITY ATTORNEY

JAN 292018 33/JAMAN

GRACELAND & UNION CEMETERIES

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

PRE-NEED VAULT PURCHASE CONTRACT

2 by and between Graceland & Union Cemeteries, This contract made this 6 Milwaukee, WI, and: O Row Cemetery: ☐ Standard Grave Box ¥ault Outer Burial Container (Check one): Color: Gold Silver Style: Mark III Emblem: Laurel Wreath Brentwoed Handles: Individual

bar Westminster ☐ Keystone □ Cambridge Notice: If at the time of the burial services ☐ Oversize ☐ 38" Oversize the casket does not fit into the vault that was **Purchase Price** originally purchased, Graceland Cemetery is not responsible for additional costs Initial Payment associated with replacement. Balance of months beginning Balance to be paid at \$ per month for

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 Signed

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

mm Baldur REPRESENTATIVE

M. Tucker

1995 + 2014

OFFICE OF THE CITT ALL ORNEY 800 City Hall 200 East Wells Street Milwaukee, Wisconsin 53202-3551 Office

U.S. POSTAGE参PITNEY BOWES

ZIP 53005 \$ 000,373 02 4W 0000337172 JAN 10 2018

DETROSERY SEAJO TERIF

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

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JAN 292018

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t Allis, WI 53219

Commissioner Ghassan A Karban ment of Pablic Works M. Bradway

CILL CLERK'S OFFICE

CILL OF MILHAUKEE

PH 3: 10

2018 JAN 25

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 coworker 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.

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Sharlotte McFarland.

REID'S NEW GOLDEN GATE FUNERAL HOME, INC.

5665 N. Teutonia Ave. Milwaukee, WI 53209 (414) 358-0538

1910 Taylor Ave. Racine, WI 53403 (262) 632-7300

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A, CHARGE FOR SERVICES SELECTED		Comptors TUTIL OFFI
1. Professional Services:	•	TANUG (MANIE) + 700
Basic Services of Funeral Director & Staff		Other ATTUTOS CHINACO
Embalming		101111111111111111111111111111111111111
Other preparation of body		TOTAL CASH ADVANCES \$
	24204	We charge you for our services in obtaining: (specify cash advance items).
	NTIV	
2. Facilitles, Equipment & Staff:		
Use of Facilities & Staff for Viewing / Visitation		SUMMARY /3:10/1.00
Use of Facilities & Staff for Funeral Ceremony		Total Funeral Home Charges
Use of Facilities & Staff for Memorial Service		Local Sales Tax (if applicable)
Use of Equipment & Staff for Graveside Service		State Sales Tax (if applicable)
Use of Equipment & State to Church Sergia	^	Total Cash Advances
INTULLY UNITED	am	GRAND TOTAL \$_11,12.4
	100	Less Credits and Payments
3. Transportation:		
Transfer of Remains to Funeral Home		
Hearse		Total Credits
Limousine		BALANCE DUE > \$1 190
Sedan		(Industrial 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
Service / Utility Vehicle	1025	Billing To
	WTW	
4. Other Services / Facilities / Equipment:		
Administrative to 1	At 17-	Ould C. Mailton DMC
Jannasidalse tee	Lev	DISCLOSURES
TATELOG CONTRACTOR OF THE STATE	167115W	Reson for embalming TUUII V 114 VIII
TOTAL OF SERVICES SELECTED	MI	ATTINE -
B. CHARGE FOR MERCHANDISE SELECTED	11 0-0	If any law, odmetery or crematory requirements have required the
Casket (or other receptacie) ANION DOLLY	HALL	purchase of any items listed, the law or requirement is explained below.
Name/No.		
Material .		
Color		
Outer Burial Container		ACKNOWLEDGEMENT AND AGREEMENT
Nama/No		I hereby acknowledge that I have the legal right to arrange the final
Materiel	11=	services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges
Acknowledgement Cards	C'	specified on this Statement. Lacknowledge that I have received the
Register Book	45	General Price List and the Casket Price List and the Outer Burial
Memory Folders / Prayer Cards	, Q	Container Price List A IGH DE DANTAL III
Clotning		Terms of Payment:
		-4KMQ-Mine to Visitifi
Cremation Urn		_ 10110 W.W.W
		Full payment is due no later than
	4-11-	If any payment is not paid when due, an unanticipated LATE CHARGE
TOTAL OF MERCHANDISE SELECTED	- le de	of% per month (ANNUAL PERCENTAGE RATE%) on the unpaid balance will be due. I agree to pay the Balance Due
C. SPECIAL CHARGES		listed on this Statement, plus any Late Charge. In the event I default
Forwarding remains to: Receiving remains from.		in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge
The coloning remains from		applicable. I understand and agree that I am assuming personal
Immediate Burial		liability for the charges set forth in this Statement and that this is in addition to the ilability imposed by law upon the estate of the
Direct Cremation		deceased. By my signature below, i hereby agree to all of the above
Other		and acknowledge receipt of a copy of this Statement.
TOTAL OF SPECIAL CHARGES		(Wist ene 15 - N Gray W
		Signes
	MME	Secret Secretar Manufest
TOTAL FUNERAL HOME CHARGES \$	97W.	
(This total does not include Cash Advances)		Signer Dated
,		ACCEPTANCE This funeral establishment agrees to provide all services, merchanding and cash advances indicated on this Statement
	- 0 0	ACCEPTANCE This funeral pstablish fight agrees to provide all services, merchandide and cash advances indicated on this Statement
	al Co	ACCEPTANCE This funeral pstablish fight agrees to provide all services, merchandide and cash advances indicated on this Statement
	al Co	ACCEPTANCE This funeral pstablish fight agrees to provide all services, merchandide and cash advances indicated on this Statement
	al CO' 186,43	ACCEPTANCE This funeral pstablish fight agrees to provide all services, merchandide and cash advances indicated on this Statement
Total funer	al Co 186,43	ACCEPTANCE This funeral pstablish fight agrees to provide all services, merchandide and cash advances indicated on this Statement

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 faw or by a cornelary or cramatory to use any items, we will explain the reasons in writing below.

It 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 embaining you did not approve it you selected grangements such as a direct cremation or immediate punal. If we charged for embaining, we vill explain why below.
	CASH, ADVANCES 2 120
	Certified Copies of Death Certificate
	Clergy 100.99
	Musician
	Paid Newspaper Notice SHIMMONG F 900
	Jama John Ala
	LIMMAN (MANIE) * 135 oc
	Other Danyin Handle
	TOTAL CASH ADVANCES \$ 1
	We charge you for our services in obtaining: (specify cash advented flems).
	Odora D
	Total Funeral Home Charges
	Local Sales Tex (if applicable)\$
	State Sa'es Tax (if applicable) Total Cash Advances \$ 1991-46
	GRAND TOTAL \$
	Total Credits
	BALANCE DUE , \$ 1 100
	Billing To
	Oldia Callos Dac
	DISCLOSURES Appson for embalming
	If any law, odmetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.
	parchase of any fights finited, are day of requirement to expenses colors.
	ACKNOWLEDGEMENT AND AGREEMENT
	I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funcial establishment to perform services, furnish goods, and incur outside charges
	specified on this Statement. Lacknowledge that I have received the General Price List and the Casket Price List and the Outer Bunal
	Container Price List 1 1 1 1 2 DAD TO FILL
	Terms of Payment: 11 1000 Carlot Carl
	_ TONS UNION DE VICIO
,	Full payment is due no later than
	of% per month (ANNUAL PERCENTAGE RATE
	fisted 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 state of the deceased. By my signature below, it hereby agree to all of the above
	shot acknowledge receipt of a capy of this Statement.
	Somes With Sun 1 Mills
	Secret Secretary Number



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paid

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APPLICATION TO RESERVE A SELECT	SP-SITE IN GRACELAND
(18)	Milwaukee, WI 9/27/2019
TO THE BOARD OF TRUSTEES OF GRACELAND CEM a church agency operating Graceland Cemetery in Milwaukee County under Chapter 278 of the Wisco Private & Local Laws of 1868.	
APPLICATION is hereby made by Mr., Mrs (Ms.) Carolin	e Bend
Address: 1503 M. 164h St.	Apt:
City, State, Zip: Mcl. subec (e)	Phone(44) 933 -600
(hereinafter called "the Applicant" in the singular form whether one person or	
as the Applicant's family burial site for not more than graves of norm Graceland Cemetery which are now in force or which may hereafter from time which, by reference, are made a part hereof, and further subject to all of the term. The said right shall never be used for any speculative purpose, and shall not be subdivisited obtained from the Board.	to time be enacted by the Board or its successors and us, conditions and restrictions herein stated.
The Board shall reserve and hold the site for the Applicant subject to pa	syment of the total sum of
Six Hundred The Dollars (\$ (by the Applicant to Graceland Cemetery
at its office in said cemetery within	by the Applicant to Graceland Cemetery months from the date hereof in the
rollowing manner:	
	(\$) on the date hereof, and (\$) or more on theday
of each succeeding month until the said total sum has been paid.	() or more on theday
No interest shall be charged if payments are made promptly when due, but in the even same becomes due, such defaulted payment shall bear interest at the rate of six percent pe shall continue for a period of ninety days, the Board, at its option and without notice, may ed to the Board as liquidated damages, and the Board shall have the right to grant all right or person of its choice. The Board, at its option, may extend the time limit hereof and allow may accept further payments hereunder without prejudice to its right, in the event of any herein provided for any default of any payment. After all of the said total sum has been paid without default of any payment.	r annum from the date when due, and in the event such default declare this contract and all payments made thereunder foreints in and to all unoccupied graves in the said site to any person or one or more payments as above set forth to be deferred, and subsequent default of payment, to take action in the manner
After all of the said total sum has been paid without default of any payment as above so prejudice to its rights hereunder, permit a burial to be made in the said site before all of the ered temporary only, as an emergency accommodation, and no right in or to the said site a cause of such burial or for any other reason, and no gravestone may be installed, before all	e said total sum has been paid, but such burial shall be consid- hall be vested in the Applicant or anybody but the Board be- 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 percer which fund is to be invested in such manner as may, in the judgment of the Board or of the fund, be deemed reasonably safe, and the income received by the Board from such investucemetery the best possible uniform care and improvement which, in the judgment of the B Rules and Regulations of Graceland Cemetery. It is expressly agreed and understood that defray the cost of maintaining any individual embellishment or rendering any special servence.	ose who may hereafter be authorized to hold and invest said nent of said fund shall be used by the Board to give the said oard or its successors, the said income will allow under the the said income is intended for general maintenance, and not to
When and after the Applicant has faithfully fulfilled all of the terms of payment deed granting the herein applied for right in the said site, subject to the foregoin	g and the following restrictions:
marker or family memorial above having flat tops set flush to the ground level, pai) be installed in the spaces provided for n intended for the said site shall first be submitted for, and be subject to, the Board's approve of the Board, or erected upon a foundation installed by them, and be subject to the then culations.	al, and if approved, it shall be installed by employees or agents
The ground surface over graves shall be made even with the surrounding lawn and be a limited to bouquets or temporary decorations laid upon the grave or placed in Graceland a Graceland Rules pertaining to the said Section. Nobody except employees or agents of the plant, alter or remove any tree or shrub, cut or remove sod, install markers or foundations, lowering device or other burial equipment, do any work for hire or otherwise, or place gradecorations in or upon the said site or cemetery without a special permit in writing first ob Cemetery.	pproved containers, unless otherwise provided in the Board shall have any right to dig into the soil for any purpose, install or seal grave vaults or liners, set up or use any tent, we covering material or any other object except temporary floral
This application shall be considered accepted and binding upon the Board when counts the Board. The Board shall not be liable for any promise or representation that is not writte the aforesald site shall restrict the Board with reference to the use of any other part of Graci the good of the said cemetery.	n or printed on the face hereof, and no restriction attached to
	(Applicant sign here)
Application received by MM Bulder	aroline Brax
Accepted for the BOARD OF TRUSTRES	1
OF GRACELAND CEMETERY	
By	

Manager

GRACELAND & UNION CEMETERIES

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

by and between Graceland & Union Cemeteries, This contract made this Milwaukee, WI, and: Section: Cemetery: Outer Burial Container (Check one): ☐ Standard Grave Box Color: Gold G Silver Style: Mark 111 Emblem: Laurel Wreath I Brentwood Westminster Handles: Individual D bar D ☐ Keystone Cambridge Notice: If at the time of the burial services ☐ Oversize ☐ 38" Oversize the casket does not fit into the vault that was **Purchase Price** originally purchased, Graceland Cemetery is not responsible for additional costs Initial Payment associated with replacement. Balance of per month for _____ months beginning Balance to be paid at \$

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 figuidated 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.

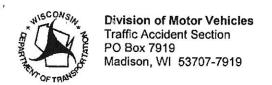
GRACELAND CEMETERY is not bound by representation or agreements not included in this agreement. No verbal agreement is considered part of this contract.

"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

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

Tucker 1 2016



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)
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l	Accident Date (optional)	
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Wisconsin Motor Vehicle
Accident Report MV4000e 01/2005

EXCEEDING-SPEED-LIMIT

88 - Driver or Pedestrian Cond

NOT OBSERVED

TEST NOT GIVEN

90 - Alcohol Test

89 - Substance Presence

90 - Alcohol Content

91 - Drug Test

TEST NOT GIVEN

UNKNOWN

QQ1S3RM

PK2012

DOT Document Number Document Override Number Reportable Accident On Emergency QQ1S3RM Amended Agency Accident Number Police Number 162660881 4 - Accident Date 6 - Total Units 5 - Time of Accident (Military Time) 7 - Total Injured 8 - Total Killed 09/22/2016 0932 02 00 02 3 - Municipality FRANKLIN - 88, CITY 162660881 11 - Accident Location
INTERSECTION MILWAUKEE - 40 14 - On Hwy No. 14 - On Street Name 14 - Bus/Fmt/Rmp 15 - Est. Distance 15 - Hwy. Dir 181 N 76TH ST 16 - Fr/At Hwy No. 16 - From/At Street Name 16 - Business/Frontage/Ramp POLICE # W SHERIDAN AVE 17 - Structure Type 17 - Structure Number 12 - Latitude 13 - Longitude -88.006003 43,118278 80 - First Harmful Event 93 - Manner of Collision MOTOR VEHICLE IN TRANSPORT **ANGLE** GENERAL 112 - Access Control 113 - Road Curvature 113 - Road Terrain Surface Type NO CONTROL BLACKTOP, BITUMINOUS, OR ASPHALT - 2 STRAIGHT HILL 115 - Traffic Way DIVIDED-HIGHWAY-MEDIAN-STRIP-WITHOUT-TRAFFIC-BARRIER 117 - Relation To Roadway ON-ROADWAY 114 - Light Condition 116 - Road Surface Condition 118 - Weather DAYLIGHT CLOUDY DRY Hit and Run **Government Property** Fire Y **Photos Taken** ✓ Trailer or Towed ▼ Truck, Bus, or Hazardous Materials Load Spillage Construction Zone Names Exchanged 79 - E M S Number **▼** Witness Statements Supplemental Reports Measurements Taken Operator/Pedestrian Unit Status 81 - Most Harmful Event: Collision With 23 - Dir Of Travel 24 - Speed Limit MOTOR VEHICLE IN TRANSPORT SOUTH 36 - Operating as Classified 37 - Endorsements D CLASS Operating Commercial Motor Vehicle 30 - State Wt 29 - Driver's License Number T2604739516400 2022 25 · Middle Initial 25 · Suffix 25 - Operator/Redestrian Last Name 25 - First Name TUCKER 32 - Date Of Birth 33 - Sex 05/04/1995 MALE 26 - Address Street & Number 26 - PO Box 6272 N 105TH ST 5 27 - City 27 - Zip Code 28 - Telephone Number **ERATOR/PEDESTRIAN** MILWAUKEE 53225 39 - Seat Position 40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR) 38 - Injury Severity 41 - Alrbag 42 - Ejected NOT-EJECTED K - FATAL INJURY DEPLOYED Medical Transport 43 - Trapped/Extricated 92 - Pedestrian Location 92 - Pedestrian Action **TRAPPEDIEXTRICATED** 119 - What Oriver Was Doing 120 - Traffic Control 62 - No. of Citations Issued GOING-STRAIGHT NO-CONTROL 64 - 1st Statute No. 64 - 2nd Statute No. 64 - 3rd Statute No. 64 - 4th Statute No. 64 - 5th Statute No. 122 - Driver Factors

Wisconsin Motor Vehicle
Accident Report MV4000e 01/2005 QQ1S3RM

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	91 - Drugs f	Reported											
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	898YSK	Plate Number		57 - Plate Type AUT	W	1 - 59 1 - 20	17		2G4W\$52M5V		7.466		
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OWNER	46 - Company Name								***				
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10	63 - Liability UNKNOW	r Insurance Company N	1						60 ✓ Polic	y Holder San	ne As	S Owner	
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27 - City 27 - City 27 - State 27 - 29 Code 28 - 19 (27) 39 - 408 28 - 19 (27) 39	~		s Street & Nun				*						26	- PO Box		
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2016 INTL 4300 CB - CAB CHASSIS YEL 0 94 - Vehicle Damage FRONT PASSENGER SIDE, REAR PASSENGER SIDE, MIDDLE PASSENGER SIDE 95 - Extent Of Damage SEVERE 123 - Vehicle Factors NOT-APPLICABLE Vehicle Owner 86 Vehicle Owner Same As Operator 46 - Vehicle Owner Last Name 46 - First Name 46 - Middle Initial 45 - Suffix Date Of Birth 46 - Company Name MILWAUKEE CITY 47 - Address Street & Number 2142 W CANAL ST 48 - City MILWAUKEE 18 - City MILWAUKEE 19 Vehicle Owner Last Name 48 - State 48 - Zip Code (414) 286 - 5561 EXT. Insurance 8 GOVERNMENT 60 Policy Holder Last Name As Owner 81 - Policy Holder Last Name As Owner	_						W/ 1HTMMAAR3GH0					ntifice GHO	etion:Number 079655			
95 - Extent Of Damage SEVERE 123 - Vehicle Factors NOT-APPLICABLE Vehicle Owner Wehicle Owner Same As Operator 46 - Vehicle Owner Last Name 46 - First Name 46 - Middle Initial 46 - Sutffix Date Of Birth 47 - PO Box 2142 W CANAL ST 48 - City MILWAUKEE 183 - City MILWAUKEE 48 - City MILWAUKEE 63 - Liability Insurance Company GOVERNMENT 61 - Policy Holder Last Name 97 - Vehicle Removed By 98 - Vehicle Policy Holder Initial 46 - Suffix 96 - Policy Holder Initial 46 - Suffix 97 - Vehicle Removed By 97 - Vehicle Removed By 97 - Vehicle Removed By 98 - Vehicle Policy Holder Initial 46 - Suffix 98 - Vehicle Policy Holder Initial 46 - Suffix 99 - Vehicle Policy Holder Initial 46 - Suffix 99 - Vehicle Policy Holder Initial 46 - Suffix 99 - Vehicle Policy Holder Initial 46 - Suffix 90 - Vehicle Policy Holder Initial 46 - Suffix 90 - Policy Holder Initial 47 - PO Box 47 - PO Box 47 - PO Box 48 - Zip Code 49 - Talephone Number 41 - Policy Holder Initial 47 - PO Box 48 - Zip Code 49 - Talephone Number 40 - Policy Holder Initial 47 - PO Box 48 - Policy Holder Initial 48 - Policy Holder Initial 48 - Policy Holder Initial 49 - Talephone Number 40 - Policy Holder Initial 40 - Policy Holder Init	10.710					lodel				s				kidmarks to impact (Ft)		
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123 - Vehicle Factors NOT-APPLICABLE	>		Of Damage	96	Vahicla	Toward F	use To Dam	1200	. 97 - \	Vehi	cie Removed	Ву				
Vehicle Owner A5			le Factors			TOWCG		To Daniago								
Vehicle Owner Same As Operator 46 - Vehicle Owner Last Name 46 - First Name 46 - Middle Initial 46 - Suffix Date Of Birth		NOT-APPI	LICABLE													
Vehicle Owner Same As Operator 46 - Vehicle Owner Last Name 46 - First Name 46 - Middle Initial 46 - Suffix Date Of Birth	L	Vehicle C	Owner													
A6 - Vehicle Owner Last Name A6 - First Name A6 - Middle Initial A6 - Suffix Date Of Birth	2		. 0													
48 - City 48 - State 48 - Zip Code 49 - Talaphone Number (414) 286-5561 EXT.					rator	46 - Firs	t Name	t Name 46 - Middle Initial					46 - Suffix	Date Of Birth		
48 - City MILWAUKEE 48 - State Wil 53233 48 - Telephone Number (414) 288-5561 EXT. Insurance 60 GOVERNMENT 61 - Policy Holder Lest Name 61 - Policy Holder First Name	NNE															
48 - City MILWAUKEE 48 - State Wil 53233 48 - Telephone Number (414) 288-5561 EXT. Insurance 60 GOVERNMENT 61 - Policy Holder Lest Name 61 - Policy Holder First Name	HOH			or				47	PO Box							
MILWÄUKEE MI 53233 (414) 286-5561 EXT. Insurance 60 Folicy Holder Same As Owner 61 - Policy Holder Lest Name 61 - Policy Holder First Name	VE	2142 W CA									· · · · · ·		<u> </u>			
63 - Liability Insurance Company GOVERNMENT 61 - Policy Holder Lest Name 61 - Policy Holder First Name			EE			4										
GOVERNMENT 61 - Policy Holder Lest Name 61 - Policy Holder First Name		Insuranc	e								and the second s					
61 - Policy Holder Lest Name 61 - Policy Holder First Name	32			pany								у Но	lder Same	As Owner		
	1	61 - Policy H	lolder Last Nam	10			61 -									
	. == 1															

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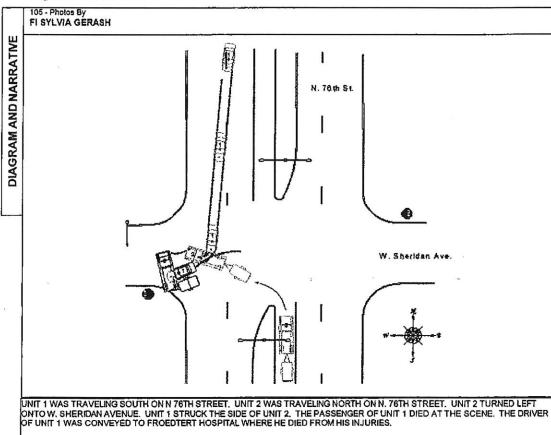
School Bus

	0011001 543												
05	O To O F	o/from From	School Name					Body Make		Seatin	ng Capacity		
BUS	School District C	Contracted \	With										
•	Occupant		its.										
	Address S	Same As	Operator		3333000								
	65 - Unit No 01	CANAD		2		66 - First Name 66 - Midd KEEMARI C					66 - Suffix		
٤	68 - Address Sti 9030D N 95Th		ber	8.8		68 - PO Box							
3	68 - City MILWAUKEE					68 - State WI		68 - Zip Code 63224					
OCCUPANT	67 - Date of Birt 10/02/1995	h				69 - Sex F		- Artistan					
ö	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)							72 - Safety Equipment NONE-USED-VEHIO		DRIVER/OCCUPANT			
	70 - Injury Sever	73 - Airbag NON-DEP		75 - Ejected NOT-EJECTED			77 Medical Transpo		ransport				
	76 - Trapped/Ex TRAPPED/NO		ATED	78 - Agenc	y Space								
	Occupant					• • • • • • • • • • • • • • • • • • • •							
	Address S	Same As (Operator										
	65 - Unit No 02	66 - Occu BOND	ipant Last Name			55 - First Name 66 - M					66 - Suffix		
8	68 - Address Str 3120 S ADAM		ber	2		68 - PO B	οx						
3	68 - CHY MILWAUKEE					68 - State WI		8 - Zlp Code 3207					
OCCUPANT	67 - Date of Birth 01/07/1988	n			69 - Sex M								
ö	71 - Seat Positio		IDE-(TRAIN ENG	SINEER)			Ī	72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED					
	70 - Injury Severity 73 - Airba N - NO APPARENT INJURY NON-DE					75 - Eje NOT-E			77 Med	Medical Transport			
	76 - Trapped/Ex NOT-TRAPPE	tricated D		78 - Agency	/ Space								
	Trailer			av (**)									
01	106 - Power Unit 2	Number	Ucense Plate No 90591	mber	Plate Type MUN	State WI	Exp	piration Year					
R	Trailer Make Unit Ty BANDIT UTIL						Vehicle identification Number 4FMUS1810FR003350						

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Diagram and Narrative



SEE MILWAUKEE POLICE DEPARTMENT INCIDENT NUMBER 162660033 FOR FURTHER DETAIL.

Officer Information

S S	125 - Officer Last Name WEIGEL	*	GARY	irst Name 125 - Middle			Initial 131 - Officer I 10041				
KMAIR	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	(6)	127 - Zip Code 53201 134 - Time Arrived (Military Time) 0941			128 - Telephone Number (414) 933-4444 EXT.				
		33 - Time Notified (Militar 1937	ry Time)				135 - Date Of Report 09/22/2016				
		62660881		19 - Sp	edal Study			\$ Ke			
	18 - Agency Space										

Truck and Bus

	136 A truck or tr	ruck combination > 10,000 /R	lbs	136 Any vehicle displaying a hazardous materials placard							
02	135 A vehicle des	signed to carry 9 or more p									
SO	136 Fatal Injury	136 ✓ Medical Transport	136 One or m	ore vehicles towed from the scen	ne due to d	lisabling damage					
CK/BU	Unit Number 02										
TRU	137 - Hazardous Ma	teilais Class Numbers									

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137 - Hazardous Materia	HazMat Placard Displayed					Hazard	ous Ca			
137 - Name Of Hazardous Materials in this Load				137 - Name Of Hazardous Materials Released						
138 Interstate Carrier	140 - ICC MC	VIC No. IC No.			No.	141 - Source VEHICLE-SIDE				
139 - Carrier Name CITY OF MILWAUKE	E				12		-		-	
142 - Carrier Address 2142 W CANAL ST				City MILWAUKEE				State Wi		
					ation			147 - Cargo Body Type CARGO-TANK		
146 - First Event COLLISION-INVOLVING-MOTOR-VEHICLE-IN-TRANSPOI				146 - Second Event R BLANK						
146 - Third Event BLANK				146 - Fourth Event BLANK						