

1029.2013.19

Claim filed against the City of Milwaukee:

City Clerk

Attn: CLAIMS

200 E. Wells Street, Room 205

Milwaukee, WI 53202-3567

RECEIVED

DEC 26 2012

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
12 DEC 21 PM 1:56
CITY CLERK'S OFFICE

1. Claimant Information:

Lynnell A. McKinnie

2519 N. 48th Street

Milwaukee, WI 53210

Phone: (414) 759-5767

2. If claim involves a vehicle:

2004 Kawasaki ZX1000R Motorcycle

3. Occurrence or event from which the claim arises:

At approximately 3:00 a.m. on Sunday, August 26, 2012 while riding my motorcycle east on W. Hopkins Street I struck a pot hole which caused severe damage to my transfer case. That damage caused an oil leak that saturated the back tire. At the red light at the intersection of W. Hopkins Street and N. 27th Street, I was unable to stop; thereby losing control of the motorcycle.

4. Description of the injury, property damage or loss:

As a result of this incident, I suffered a broken toe, cheek bone and collar bone. In addition to the broken bones, I also had severe road rash on my face, neck, arms and legs, as well as a laceration over my left eye that required stitches. Additionally, my 2004 Kawasaki ZX1000R motorcycle was destroyed.

5. Damages: (see attached supporting documentation)

a. Hospital Bills	\$20,000.00
b. Motorcycle Costs	\$ 5,000.00
c. Lost Wages	<u>\$ 2,500.00</u>
Total Damages	\$27,500.00

Signed this _____ day of December, 2012.

Lynnell A. McKinnie

406224245

Wisconsin Motor Vehicle **QPS8X65**
Accident Report MV4000e 01/2005
 PK2009

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POLICE #

ACCIDENT # 122390468

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number QPS8X65		Document Override Number	
Agency Accident Number 122390468				Police Number					
4 - Accident Date 08/26/2012		5 - Time of Accident (Military Time) 0305		6 - Total Units 01		7 - Total Injured 01		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location INTERSECTION			
14 - On Hwy No		14 - On Street Name HOPKINS ST W		14 - Bus/Frn/Rmp		15 - Est Dist		15 - Hwy Dir	
16 - Fr/At Hwy No		16 - From/At Street Name 27TH ST N		16 - Business/Frontage/Ramp					
17 - Structure Type UTILITY #		17 - Structure Number 2700		12 - Latitude		13 - Longitude			
80 - First Harmful Event CURB				93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DARK-LIGHTED		116 - Road Surface Condition DRY		118 - Weather CLEAR					
<input type="checkbox"/> Hit and Run		<input checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials		<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Names Exchanged			
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - EMS Number			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With CURB		23 - Dir Of Travel EAST		24 - Speed Limit 30	
36 - Operating as Classified M CLASS		37 - Endorsements		<input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number M2505216630408		30 - State WI		31 - Expiration Year 2015		34 - On Duty Accident	
25 - Operator/Pedestrian Last Name MC KINNIE		25 - First Name LYNNELL		25 - Middle Initial A		25 - Suffix	
32 - Date Of Birth 08/24/1966		33 - Sex MALE					
26 - Address Street & Number 2519 N 48TH ST						26 - PO Box	
27 - City MILWAUKEE		27 - State WI		27 - Zip Code 53210		28 - Telephone Number (000) 000-0000 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT			
38 - Injury Severity C - POSSIBLE INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected TOTALLY-EJECTED		<input checked="" type="checkbox"/> Medical Transport	
43 - Trapped/Extincted NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control TRAFFIC-SIGNAL-FLASHING		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 OTHER							
88 - Driver or Pedestrian Cond NOT OBSERVED		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN			

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91 - Drugs Reported
124 - Highway Factors ROUGH-PAVEMENT

Vehicle

VEHICLE 01	21 - Unit Type MOTORCYCLE		Vehicle Type MOTORCYCLE			22 - Total Occupants 1
	56 - License Plate Number 3625Q		57 - Plate Type CYC	58 - State WI	59 - Exp Year 2014	55 - Vehicle Identification Number JKAZXCC194A010643
	50 - Year 2004	51 - Make KAWK	52 - Model ZX10	53 - Body Style MC	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT, REAR, REAR DRIVER SIDE, MIDDLE DRIVER SIDE					
	95 - Extent Of Damage SEVERE	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By		
	123 - Vehicle Factors OTHER					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name MC KINNIE		46 - First Name LYNNELL		46 - Middle Initial A	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 2519 N 48TH ST				47 - PO Box	
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53210		49 - Telephone Number (000) 000-0000 EXT.

Insurance

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

Property

Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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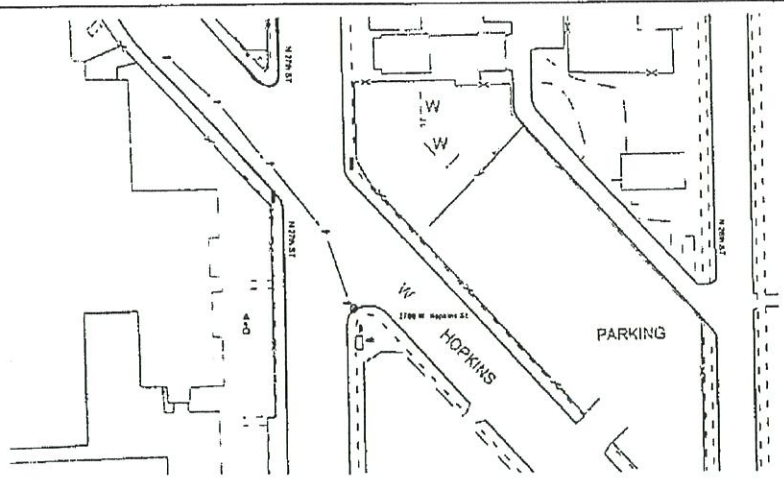
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PROPERTY OWNER 01	84 - Company Name CITY OF MILWAUKEE			Government Property Type COUNTY/MUNICIPAL	
	85 - Address Street & Number 200 E WELLS ST			85 - PO Box	
	86 - City MILWAUKEE	86 - State WI	86 - Zip Code 53202	87 - Telephone Number (414) 286-2150 EXT.	
	83 - Government Damage Tag Number				
	Fixed Objects Struck				
82 - Striking Unit 1	82 - Object Struck CURB		82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object Struck	

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	
<p>UNIT ONE WAS TRAVELING EAST ON W HOPKINS ST IN THE 2800BLK WHEN HE ROAD OVER A SMALL POTHOLE IN THE ROADWAY UNIT ONE CONTINUED EAST AND STARTED LEAKING OIL ON THE REAR TIRE UNIT ONE ATTEMPTED TO STOP AT THE FOUR-WAY INTERSECTION AT N 27TH ST AND W HOPKINS ST UNIT ONE LOST CONTROL OF HIS MOTORCYCLE AND CRASHED INTO THE CURB ON THE CORNER OPERATOR WAS THROWN FROM HIS BIKE AND LANDED ON THE GRASS. OPERATOR WAS TRANSPORTED TO FROEDTERT HOSPITAL BY MFD MED 5 (RED) LT ROBERT PERSETTE. SUBJECT WAS ADMITTED AT 3:42AM UNDER THE CARE OF DR MATT TEWS OPERATOR WAS TREATED FOR LARGE ABRASIONS TO HIS LEFT ARM AND NECK, AND AN ABRASION TO HIS LEFT TEMPLE.</p> <p>A WITNESS ON SCENE HEARD A MOTORCYCLE (NOT SPEEDING) RIDING DOWN THE STREET, THEN HEARD A LOUD CRASH NO FURTHER INFORMATION OR WITNESSES</p> <p>SQD 5310 (SGT HINES) TOOK TWELVE PHOTOS OF THE SCENE</p> <p>I SPOKE TO THE OPERATOR AT THE HOSPITAL WHO STATED HE COULDN'T REMEMBER EXACTLY WHAT HAPPENED BUT LOST CONTROL OF THE BIKE AND CRASHED</p> <p>ON SCENE, OIL WAS ON THE ROADWAY APPROXIMATELY ONE HALF BLOCK LONG, AND THE MOTORCYCLE HAD OIL ON ITS BACK TIRE, POSSIBLY FROM A PUNCTURED TRANSFER CASE.</p>	

Witness

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WITNESS 01	107 - Witness Last Name BROOKS		107 - First Name ALLISA		107 - Middle Initial C	
	108 - Address Street & Number 2725 W HOPKINS ST			108 - PO Box		109 - Date of Birth 10/7/1993
	110 - City MILWAUKEE			State WI	110 - Zip Code 53209	111 - Telephone Number (414) 546-3540 EXT.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name MIELCAREK		125 - First Name MARK		125 - Middle Initial J		131 - Officer ID 17105
	129 - Law Enforcement Agency No 53		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 53233		128 - Telephone Number (414) 933-4444 EXT.
	132 - Date Notified 08/26/2012		133 - Time Notified (Military Time) 0321		134 - Time Arrived (Military Time) 0324		135 - Date Of Report 08/26/2012
	Agency Accident Number 122390468		Police Number		19 - Special Study		
	18 - Agency Space						



