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 CITYATTORNEY

12 DEC 21 PM 1:5

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	\$ 2,500.00
	Total Damages	\$27,500.00

Signed this		day of December, 2012.
Lynnell A. Mck	innie	

406224245

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!	29 - Driver's License Number M2505216630408					WI		2015			34 - 011	- Duty Fil			11 05			
-	25 - Operator/Pedestrian Last Name MC KINNIE						LYNN	rst Name IELL					A A	Middle Initi	al 25 - 5			
	32 - Date Of Birth 08/24/1966		1000000	- Sex ALE														
	26 - Address Stree 2519 N 48TH ST		ber											26 - PO	Box			
2	27 - City					27 - State 27 - Zip Co WI 53210			Code		1	- Telephor 00) 000-0						
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OPERATOR/PEDESTRIAN	122 - Driver Factor													L				

89 - Substance Presence

NEITHER-ALCOHOL-NOR-DRUGS-PRESENT

90 - Alcohol Content

91 - Drug Test TEST-NOT-GIVEN

88 - Driver or Pedestrian Cond

NOT OBSERVED

90 - Alcohol Test TEST NOT GIVEN

Wisco Accide	onsi ent R	n Motor ' eport MV	Vehicle /4000e 01/2005		PS8X	65					Page	2 of	4	
1 12000	,	91 - Drugs Re	eported											
		124 - Highway ROUGH-PA												
	L	Vehicle				-								
		21 - Unit Type MOTORCY					Vehicle MOTOR	Type RCYCL	.E				22 1	- Total Occupants
		56 - License Plate Number			57 - Plate Type		- State		xp Year	55 - Vehicle Identification Num JKAZXCC194A010643			nber	
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84 - Middle Initial 84 - Suffix

84 - First Name

Organization Type GOVERNMENT 84 - Property Owner Last Name

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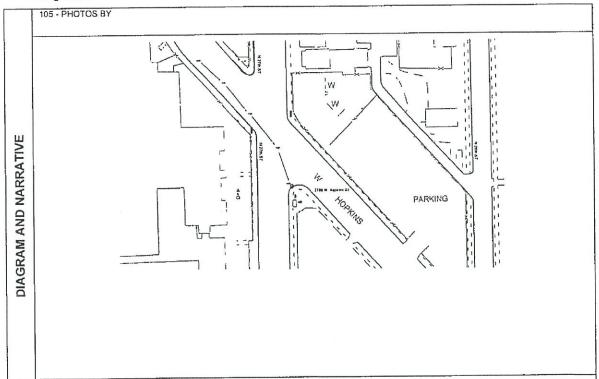
Wisconsin Motor Vehicle Accident Report MV4000e 01/2005 QPS8X65

Page 3 of 4

PK2009

84 - Company Nam CITY OF MILWA		Government Property Type COUNTY/MUNICIPAL				
85 - Address Street 200 E WELLS S		85 - PO Box				
86 - City MILWAUKEE		86 - State WI	86 - Zip Code 53202		87 - Telephone Number (414) 286-2150 EXT.	
83 - Government D	amage Tag Number	A decided to the second second		4		
82 - Striking Unit	82 - Object Struck CURB		82 - Striking Unit	82 - Objec	:I Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	32 - Striking Unit 82 - Object Struck			
82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object	t Struck	

Diagram and Narrative



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.

A WITNESS ON SCENE HEARD A MOTORCYCLE (NOT SPEEDING) RIDING DOWN THE STREET, THEN HEARD A LOUD CRASH NO FURTHER INFORMATION OR WITNESSES

SQD 5310 (SGT HINES) TOOK TWELVE PHOTOS OF THE SCENE

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

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.

Witness

KISK Solutions (AZ) 9/25/2012 10:08:00 PM PAGE 8/009 Fax Server

406224245

Wisconsin Motor Vehicle Accident Report MV4000e 01/2005 QPS8X65

Page 4 of 4

PK2009

10	107 - Witness Last Name BROOKS	107 - First Name ALLISA			107 - Middle Initial C			
VESS	108 - Address Streeet & Number 2725 W HOPKINS ST			PO Box		109 - Date of Birth 10/7/1993		
WITN	. 110 - City MILWAUKEE		State WI	110 - Zip Code 53209		1 - Telephone Number 14) 546-3540 EXT.		

Officer Information

	125 - Officer Last Name MIELCAREK	125 - Fire	st Name		125 - Middle J	Initial	131 - Officer ID 17105		
NOL	129 - Law Enforcement Agency No 130 - Law Enforcement Agency Name MILWAUKEE POLICE DÉPARTMENT								
ORMATION	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET								
INFOF	127 - City MILWAUKEE	127 - State WI			127 - Zip Code 53233		128 - Telephone (414) 933-444		
C		133 - Time Notified (Milit 0321	litary Time) 134 - Time Arrived (Military Time) 135 - Date Of Repo 0324 08/26/2012						
OFFICE	Agency Accident Number 122390458	Police Number 19 - Special Study							
0	18 - Agency Space								















