

LAW OFFICES
OF
HENRY G. PIANO
611 NORTH BROADWAY STREET
SUITE 304
MILWAUKEE, WISCONSIN 53202

Mark S. Tishberg
of Counsel
Bruce B. Jacobson
of Counsel

TELEPHONE: (414) 271-5959
TELEFAX: (414) 271-2621

June 11, 2007

City Clerk
City of Milwaukee
200 East Wells
Milwaukee, Wisconsin 53202

Re: Automobile Accident of February 23, 2007
Claim of Jane S. Frinzi

Dear Sirs:

Please take notice that the undersigned represents Jane S. Frinzi and hereby makes this claim pursuant to Wisconsin Statute 893.32

Please be advised that Ms. Frinzi, who resides at 2621 North Frederick, Milwaukee, Wisconsin 53211, was injured on February 23, 2007, when the automobile she was driving ran over an improperly, negligently maintained manhole and manhole cover on West Winfield Avenue and North 76th Street in the City of Milwaukee and the State of Wisconsin. A copy of the police report is enclosed herewith and incorporated herein by attachment. To date, she has suffered numerous serious injuries, the permanency of which are unknown.

Her injuries include, but are not limited to, headache, dizziness and lightheadedness, backaches, pain when opening and closing mouth, popping sounds from jaw joints, jaw locking when functioning, pain in chewing, pain in facial muscles.

Damages to date include:

1.	Columbia St. Mary's	\$1082.11
2.	Paratech Ambulance Service	550.41
3.	Madison Medical Affiliates	155.00
4.	Gordon T. Rudic, M.D.	167.00
5.	Miscellaneous Medical Costs	54.71

CITY OF MILWAUKEE
PERMISSION
2007 JUN 11 PM 3:40
OFFICE OF
CITY ATTORNEY

City Clerk

Re: Accident: Jane Frinzi


June 11, 2007

Page 2

Claimant continues to treat in this case and will have further monetary damages.

The claim filed herein is for \$ 50,000.00, which includes medical and dental expenses, wage loss, property damage to claimant's vehicle, and pain and suffering.

Very truly yours,

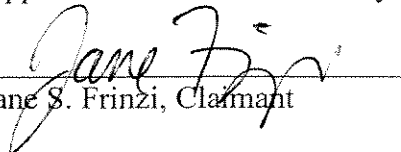


HENRY G. PANO
State Bar No.: 1008073

HGP:kak

cc: Jane S. Frinzi

Approved and also executed by



Jane S. Frinzi, Claimant

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark Incorrect Marks

Reportable Accident N

County: **40** MUN/TWP: **57**

Accident Date: MONTH **2** DAY **3** YEAR **07**

Time of Accident (Military Time): HOUR **11** MIN **50**

Total Number: UNITS **03** INJURED **01** KILLED **00**

Hit & Run Government Property Fire (Narrative) Photos Taken (Narrative) Trailer or Towed (Narrative) Truck or Bus (Last Page) Load Spillage Construction Zone Names Exchanged

Unit # **112** Sheet No. **112**

ACCIDENT LOCATION

Public Highway, Intersection/Related Public Highway, Non-intersection Parking Lot Private Property or Road

LATITUDE (GPS) Degrees: **12** Minutes: **62** Seconds: **67** LONGITUDE (GPS) Degrees: **11** Minutes: **00** Seconds: **00**

ON Hwy No. and / Street Name: **W. Winfield AV. 100.0** Estimated FT. MI. FROM/AT Hwy No. and / Street Name: **N. 76 St. 16**

House # Fire # Other Utility # Railroad # Agency Space Special Study

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
23	3	2	W	3	3	1	W

<p>Speed Limit 35</p> <p>OPERATOR Last NAME Frinzi First Jane M.I. S.O.</p> <p>ADDRESS Street & Number 2621 N. Frederick Ave. #101</p> <p>City & State Milwaukee, WI ZIP 53211 Phone Number (414) 736-4314</p> <p>Driver's License Number F652-4577-8952-04 State WI Exp. Year 2007</p> <p>Date of Birth 12-12-78 Sex M Operating as 30 Class (Mark Only One) A Endorse (Mark All That Apply) N</p> <p>On Duty <input checked="" type="checkbox"/> Police <input type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance</p>	<p>Speed Limit 35</p> <p>OPERATOR Last NAME Sandrock First Douglas M.I. A.</p> <p>ADDRESS Street & Number 9322 W. Dannel Av.</p> <p>City & State Milwaukee WI ZIP 53224 Phone Number (414) 217-7500</p> <p>Driver's License Number S536-1616-7470-09 State WI Exp. Year 2008</p> <p>Date of Birth 12-30-67 Sex F Operating as 35 Class (Mark Only One) A Endorse (Mark All That Apply) N</p> <p>On Duty <input type="checkbox"/> Police <input type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance</p>
--	--

<p>Severity 1 SEAT Position 9 SAFETY Equipment 9 AIRBAG 1 EJECTED 1</p>	<p>Severity 1 SEAT Position 9 SAFETY Equipment 9 AIRBAG 1 EJECTED 1</p>
--	--

TRAPPED/EXTRICATED Not Trapped Trapped/Not Extricated Trapped/Extricated Unknown Medical Transport

Vehicle Owner **45** Last Name **46** First **47** M.I. **48**

<p>Year of Vehicle 50 Make 51 Toyota Model 52 Cordoba Body Style 53 4 dr. Color 54 Silver</p> <p>Vehicle ID Number 55 1NXBR12E822623922</p> <p>License Plate Number 56 912 JUK Plate Type 57 AUT State 58 WI Exp. Year 59 07</p> <p>Policy Holder's Name 60 Same Citation 61 1</p> <p>Liability Insurance Company 62 American Family Insurance Stat. # 63</p>	<p>Year of Vehicle 50 Make 51 Ford Model 52 Explorer Body Style 53 Truck Color 54 Blk</p> <p>Vehicle ID Number 55 1FMYU24E0WUD02894</p> <p>License Plate Number 56 183 JJT Plate Type 57 AUT State 58 WI Exp. Year 59 07</p> <p>Policy Holder's Name 60 Same Citation 61 1</p> <p>Liability Insurance Company 62 None Stat. # 63</p>
---	--

<p>Occupant Unit Number 65 NAME Last 66 First 67 M.I. 68</p> <p>ADDRESS Street & Number 69 City & State 70 ZIP 71</p> <p>Address Same as Operator <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Date of Birth 67 Sex 68 M Severity 69 1 SEAT Position 70 9 SAFETY Equipment 71 9 AIRBAG 72 1 EJECTED 73 1</p>
--	---

EMV4000 899 EMS Number **112**

8904908

Document Number Override
8904907

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark:

Incorrect Marks:

Reportable Accident: (N)

County	40
MUN/TWP	57

Accident Date		
MONTH	DAY	YEAR
Jan	2	307
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)	
HOUR	MIN.
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number		
UNITS	INJURED	KILLED
6		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Hit & Run	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Unit #	
Government Property	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Fire (Narrative)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Photos Taken (Narrative)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Trailer or Towed (Narrative)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Truck or Bus (Last Page)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Load Spillage	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Construction Zone	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Names Exchanged	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

Sheet No.
Of
22

ACCIDENT LOCATION

Public Highway, Intersection/Related
 Public Highway, Non-Intersection
 Parking Lot
 Private Property or Road

Please DO NOT Write in This Microfilm Space

ACCOUNT NO. 8904908

ACCOUNT NO. 8904908

LATITUDE (GPS)	Degrees: 12 Minutes: Seconds:	LONGITUDE (GPS)	Degrees: 11 Minutes: Seconds:
ON	Hwy No. and Street Name	FROM/AT	Hwy No. and Street Name
Estimated	<input type="checkbox"/> FT. <input type="checkbox"/> MI.		

<input type="checkbox"/> House # <input type="checkbox"/> Fire # <input type="checkbox"/> Other	<input type="checkbox"/> Utility # <input type="checkbox"/> Railroad #	Agency Space	Special Study
---	--	--------------	---------------

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7	0 1 2 3 4 5 6	W E	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7	0 1 2 3 4 5 6	W E

Speed Limit	OPERATOR Last NAME	First	M.I.	Speed Limit	OPERATOR Last NAME	First	M.I.
0 1 2 3 4 5 6 7 8 9 10	25 PERRY	Nothaniel		0 1 2 3 4 5 6 7 8 9 10	25		
ADDRESS Street & Number	26 7030 H N. Presidio Dr.	CITY & STATE	ZIP Phone Number ()	ADDRESS Street & Number	26	CITY & STATE	ZIP Phone Number ()
37 Milwaukee, WI 53223	38 759-1407	39	39	37	38	39	39
Driver's License Number	State Exp. Year	Driver's License Number	State Exp. Year				
27 P 600-6207-9365-07	30 WI 31 2014	27	30				

Date of Birth	Sex	Operating as Classified:	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as Classified:	Class (Mark Only One)	Endorse (Mark All That Apply)
32 10-05-79	33 F	34	A B C	H P T N S F	32	33	34	A B C	H P T N S F
On Duty Accident	<input checked="" type="checkbox"/> Police <input type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance	CMV <input checked="" type="checkbox"/>			On Duty Accident	<input checked="" type="checkbox"/> Police <input type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance	CMV <input checked="" type="checkbox"/>		

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
K A B C	38	39	40	41	K A B C	38	39	40	41
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

TRAPPED/EXTRICATED	<input checked="" type="checkbox"/> Not Trapped <input type="checkbox"/> Trapped/Extricated <input type="checkbox"/> Unknown	Medical Transport	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TRAPPED/EXTRICATED	<input checked="" type="checkbox"/> Not Trapped <input type="checkbox"/> Trapped/Extricated <input type="checkbox"/> Unknown	Medical Transport	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Vehicle Owner	Last Name	First	M.I.	Vehicle Owner	Last Name	First	M.I.
45	46	47	48	45	46	47	48
Street Address	49	City & State	ZIP Phone Number ()	Street Address	49	City & State	ZIP Phone Number ()

Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
50 2006	51 Ford	52 TAU	53 4 dr	54 blu	50	51	52	53	54
Vehicle ID Number	55	Vehicle ID Number	55						
56 1FAFP53U56A119950	56	56 1FAFP53U56A119950	56						
License Plate Number	Plate Type	State	Exp. Year	License Plate Number	Plate Type	State	Exp. Year		
57 297HTR	57 AUT	58 WI	59 07	57	57	58	59		
Policy Holder's Name	Stat. #	Policy Holder's Name	Stat. #						
60	61	60	61						
Liability Insurance Company	Stat. #	Liability Insurance Company	Stat. #						
62 ABBA Insurance	63	62	63						

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
65	66	67	68	69	70	71	72	73	74
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number	CITY & STATE	ZIP						1 2 3 4
Address Same as Operator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space				
74	75	76	77	78	79	80	81	82	83
MV4000 899									

EMS Number
J. Clapper

Draw Diagram of Accident & Indicate North with an arrow in the circle.



Pictorial Representation of Narrative

Supplemental Reports Y N | Witness Statements Y N | Measurements Taken Y N

Skidmarks to Impact

Unit 1 000 Unit 2

FEET

Surface Type: _____

See page 1

Photos By: _____

105

What Drivers Were Doing

Unit Number 109					Unit Number				
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10

- 1 Going Straight
- 2 Making Left Turn
- 3 Making Right Turn
- 4 Slowing or Stopping
- 5 Stopped in Traffic
- 6 Legally Parked
- 7 Violating No Passing Zone
- 8 Illegally Parked
- 9 Parking Maneuver
- 10 Backing Maneuver
- 11 Changing Lanes
- 12 Overtaking on Left
- 13 Overtaking on Right
- 14 Making U Turn
- 15 Turning on Red
- 16 Merging
- 17 Negotiating Curve
- 18 Other

Traffic Control

Unit Number 130					Unit Number				
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10

- 1 No Control
- 2 Traffic Signal Operating
- 3 Traffic Signal Flashing
- 4 Stop Sign
- 5 Stop Sign with Flasher Warning
- 6 Warn Sign with Flasher
- 7 Yield Sign
- 8 Traffic Control Person
- 9 RR-xing Signal
- 10 Other
- 11 Other

106
Power Unit # _____ Street Name _____ Road Use _____ Vfr _____
License Plate # _____ Plate Type _____ State _____ Exp. to _____

WITNESS Last Name _____ First _____ M.I. _____
ADDRESS Street & Number _____ Date of Birth _____
City & State _____ ZIP _____ Phone Number _____

ACCESS CONTROL 112

- 1 No Control (Unlimited Access)
- 2 Full Control (Only Ramp Entry/Exit)
- 3 Partial Control

ROAD TERRAIN 113

Part A

- 1 Straight
- 2 Curve

Part B

- 3 Level/Flat
- 4 Hill

LIGHT CONDITION 114

- 1 Daylight
- 2 Dark-Not Lighted
- 3 Dark-Lighted
- 4 Dawn
- 5 Dusk
- 6 Unknown

TRAFFIC WAY 115

- 1 Not Physically Divided (2-Way Traffic)
- 2 Divided Highway, Median Strip, without Traffic Barrier
- 3 Divided Highway, Median Strip, with Traffic Barrier
- 4 One-Way Traffic
- 5 Parking Lot or Private Property

ROAD SURFACE CONDITION 116

- 1 Dry
- 2 Wet
- 3 Snow/Slush
- 4 Ice
- 5 Sand, Mud, Dirt, Oil
- 6 Other
- 7 Unknown

WEATHER 118

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke
- 6 Sleet, Hail (Freezing Rain or Drizzle)
- 7 Blowing Sand, Soil, Dirt, Snow
- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

RELATION TO ROADWAY 117

- 1 On Roadway
- 2 Parking Lot or Private Property
- 3 Shoulder (Other Than Shoulder within Median or Gore)
- 4 Median (Other Than Median within Gore)
- 5 Outside Shoulder-Left
- 6 Outside Shoulder-Right
- 7 Off Roadway-Location Unknown
- 8 Gore (Area between Ramp & Highway)
- 9 On Ramp
- 10 Unknown

Draw Diagram of Accident & Indicate North with an arrow in the circle.



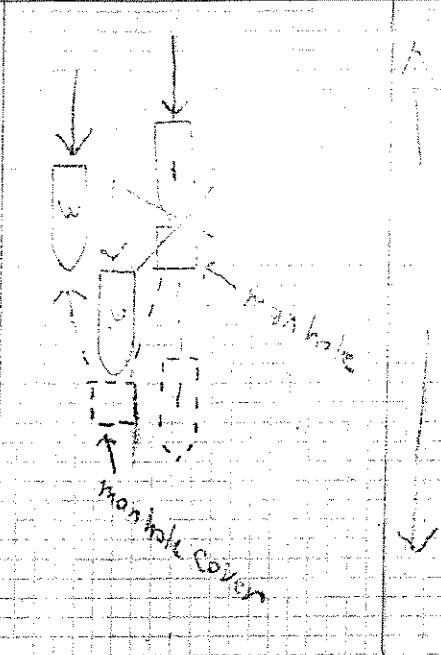
Pictorial Representation of Narrative

Supplemental Reports M Witness Statements Y Measurements Taken Y

Skidmarks to Impact
Unit 1 100 Unit 2
0 FEET 0

Surface Type: Asphalt

6267



Unit 1 while travelling S/B in the 6200 block of N. 76 St. strikes the manhole cover which was partially covering the manhole located in the center of same roadway at 6267 N. 76 St. same manhole cover is then run over by Unit 2 and Unit 3 which were S/B on same roadway.

Squad 4 responded to the scene and took 16 photos.

Photos By: 105

What Drivers Were Doing			
Unit Number		Unit Number	
<input checked="" type="radio"/> 2	Going Straight	<input checked="" type="radio"/> 1	Going Straight
<input type="radio"/> 3	Making Left Turn	<input type="radio"/> 3	Making Left Turn
<input type="radio"/> 4	Making Right Turn	<input type="radio"/> 4	Making Right Turn
<input type="radio"/> 5	Stopping or Stopping	<input type="radio"/> 5	Stopping or Stopping
<input type="radio"/> 6	Stopped in Traffic	<input type="radio"/> 6	Stopped in Traffic
<input type="radio"/> 7	Legally Parked	<input type="radio"/> 7	Legally Parked
<input type="radio"/> 8	Violating No Passing Zone	<input type="radio"/> 8	Violating No Passing Zone
<input type="radio"/> 9	Illegally Parked	<input type="radio"/> 9	Illegally Parked
<input type="radio"/> 10	Parking Maneuver	<input type="radio"/> 10	Parking Maneuver
<input type="radio"/> 11	Backing Maneuver	<input type="radio"/> 11	Backing Maneuver
<input type="radio"/> 12	Changing Lanes	<input type="radio"/> 12	Changing Lanes
<input type="radio"/> 13	Overtaking on Left	<input type="radio"/> 13	Overtaking on Left
<input type="radio"/> 14	Overtaking on Right	<input type="radio"/> 14	Overtaking on Right
<input type="radio"/> 15	Making U Turn	<input type="radio"/> 15	Making U Turn
<input type="radio"/> 16	Turning on Red	<input type="radio"/> 16	Turning on Red
<input type="radio"/> 17	Merging	<input type="radio"/> 17	Merging
<input type="radio"/> 18	Negotiating Curve	<input type="radio"/> 18	Negotiating Curve
<input type="radio"/> 19	Other	<input type="radio"/> 19	Other

WITNESS Last	First	M.I.
NAME 107		
ADDRESS Street & Number	Date of Birth	
108	109	
City & State	ZIP	Phone Number 111 ()
110		

ACCESS CONTROL 112
<input checked="" type="radio"/> No Control (Unlimited Access)
<input type="radio"/> Full Control (Only Ramp Entry/Exit)
<input type="radio"/> Partial Control

ROAD TERRAIN 113
Part A
<input checked="" type="radio"/> Straight
<input type="radio"/> Curve
Part B
<input type="radio"/> Level/Flat
<input checked="" type="radio"/> Hill

LIGHT CONDITION 114
<input checked="" type="radio"/> Daylight
<input type="radio"/> Dark—Not Lighted
<input type="radio"/> Dark—Lighted
<input type="radio"/> Dawn
<input type="radio"/> Dusk
<input type="radio"/> Unknown

TRAFFIC WAY 115
<input checked="" type="radio"/> Not Physically Divided (2-Way Traffic)
<input type="radio"/> Divided Highway, Median Strip, without Traffic Barrier
<input type="radio"/> Divided Highway, Median Strip, with Traffic Barrier
<input type="radio"/> One-Way Traffic
<input type="radio"/> Parking Lot or Private Property

ROAD SURFACE CONDITION 116
<input checked="" type="radio"/> Dry
<input type="radio"/> Wet
<input type="radio"/> Snow/Slush
<input type="radio"/> Ice
<input type="radio"/> Sand, Mud, Dirt, Oil
<input type="radio"/> Other
<input type="radio"/> Unknown

WEATHER 118
<input checked="" type="radio"/> Clear
<input type="radio"/> Cloudy
<input type="radio"/> Rain
<input type="radio"/> Snow
<input type="radio"/> Fog, Smog, Smoke
<input type="radio"/> Sleet, Hail (Freezing Rain or Drizzle)
<input type="radio"/> Blowing Sand, Soil, Dirt, Snow
<input type="radio"/> Severe Crosswinds
<input type="radio"/> Other
<input type="radio"/> Unknown

RELATION TO ROADWAY 117
<input checked="" type="radio"/> On Roadway
<input type="radio"/> Parking Lot or Private Property
<input type="radio"/> Shoulder (Other Than Shoulder within Median or Gore)
<input type="radio"/> Median (Other Than Median within Gore)
<input type="radio"/> Outside Shoulder—Left
<input type="radio"/> Outside Shoulder—Right
<input type="radio"/> Off Roadway—Location Unknown
<input type="radio"/> Gore (Area between Ramp & Highway)
<input type="radio"/> On Ramp
<input type="radio"/> Unknown

Traffic Control			
Unit Number		Unit Number	
<input checked="" type="radio"/> 2	No Control	<input checked="" type="radio"/> 1	No Control
<input type="radio"/> 3	Traffic Signal Operating	<input type="radio"/> 2	Traffic Signal Operating
<input type="radio"/> 4	Traffic Signal Flashing	<input type="radio"/> 3	Traffic Signal Flashing
<input type="radio"/> 5	Stop Sign	<input type="radio"/> 4	Stop Sign
<input type="radio"/> 6	Stop Sign with Flasher	<input type="radio"/> 5	Stop Sign with Flasher
<input type="radio"/> 7	Warning	<input type="radio"/> 6	Warning
<input type="radio"/> 8	Warn Sign with Flasher	<input type="radio"/> 7	Warn Sign with Flasher
<input type="radio"/> 9	Yield Sign	<input type="radio"/> 8	Yield Sign
<input type="radio"/> 10	Traffic Control Person	<input type="radio"/> 9	Traffic Control Person
<input type="radio"/> 11	RR-sing Signal	<input type="radio"/> 10	RR-sing Signal
<input type="radio"/> 12	Other	<input type="radio"/> 11	Other

02-24-07

8904907

INCIDENT INFORMATION

INCIDENT
Personal Injury Accident

DATE OF INCIDENT / ACCIDENT
02-23-07

VICTIM
Frinzi, Jane Stewart

LOCATION OF INCIDENT / ACCIDENT
6267 N. 76 St.

DIST.#
4

JUVENILE LAST NAME FIRST MIDDLE

DATE OF BIRTH

DETAINED
 ORDERED TO MCCC
 OTHER

QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
----------	------------------	-------------	----------	--------	-------

This report was written by Police Officer Bruce PAYNE of District 4 Days. On Friday 02-23-07 at 10:59 Am. Squad 41 (officer PAYNE) was flagged down for a Traffic accident at 6267 N. 76 St. During my initial investigation I spoke with the driver of Unit 1, Jane S. Frinzi, W/F, 12-12-78 of 2621 N. Frederick Ave. #101, phone number 736-4314. Frinzi stated that on same date of complaint at approximately 10:50 Am. While she was travelling S/B in the left lane in the 6200 block of N. 76 St. she ran over a manhole cover which was partially covering the manhole on same roadway.

Frinzi stated that the manhole cover became a projectile after she struck it. Frinzi further stated that the underbody to her vehicle was severely damaged as a result of striking same manhole cover.

At the scene, Frinzi complained of head pain as a result of being struck in the face by the airbags which were deployed inside of her car.

Frinzi was conveyed to St. Mary's Hospital by paramedic 101 where she was treated and released for head and chest pain.

I observed damage to the windshield of Frinzi's auto, a silver 2002 Toyota Corolla 4 door bearing

INCIDENT INFORMATION	INCIDENT <u>Personal Injury Accident</u>	DATE OF INCIDENT / ACCIDENT <u>02-23-07</u>	
	VICTIM <u>Frinzi, Jane Stewart</u>	LOCATION OF INCIDENT / ACCIDENT <u>6267 N. 76 St</u>	DIST.# <u>4</u>

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="radio"/> DETAINED <input type="radio"/> ORDERED TO MCCC <input type="radio"/> OTHER
--------------------	-------	--------	---------------	--

QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
----------	------------------	-------------	----------	--------	-------

Wisconsin plates, 912 JUK. I also observed a 24 inch square opened manhole in the center of the roadway at 6267 N. 76 St. I observed the cover to same manhole in pieces several feet away from same manhole. I spoke with the driver of Unit 2, Douglas A. Sandrock, W/M, 12-30-67 of 9322 W. Darnel Av., phone number 217-7500.

SANDROCK stated that he was driving S/B in the middle lane behind Frinzi's auto prior to the accident and when Frinzi's auto struck same manhole cover it flew under the right rear wheel of his truck causing damage to same. SANDROCK further stated that a third vehicle ran over same manhole cover after his vehicle had collided with same.

I observed minor damage to the rim of the right rear tire on Sandrock's sports Utility Vehicle, a black 1998 Ford Explorer bearing Wisconsin plates, 183 JTT. I spoke with the driver of Unit 3, Nathaniel, N/M/V, Penny, Jr., B/M, 10-05-79 of 70304 N. Presidio Dr., phone number 759-1407. PERRY stated that his vehicle too was damaged after he ran over same manhole cover at 6267 N. 76 St. I observed gasoline leaking from under PERRY's

REPORTING OFFICER <u>P.O. Bruce Perry</u>	PAYROLL # <u>009241</u>	LOC CODE <u>41</u>	SUPERVISORS SIGNATURE <u>St. Sean Jones</u>
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INCIDENT SUPPLEMENT
 ACCIDENT SUPPLEMENT
 JUVENILE SUPPLEMENT

PAGE 3 OF 3

DATE OF REPORT

INCIDENT / ACCIDENT #

02-24-07

8904907

INCIDENT INFORMATION

INCIDENT
Personal Injury Accident

DATE OF INCIDENT / ACCIDENT

02-23-07

VICTIM
Frinzi Jane Stewart

LOCATION OF INCIDENT / ACCIDENT

6267 N. 76 St

DIST.#

4

JUVENILE LAST NAME FIRST MIDDLE

DATE OF BIRTH

DETAINED
 ORDERED TO MCCC
 OTHER

QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
----------	------------------	-------------	----------	--------	-------

auto, a bluish gray 2006 Ford Focus 4 door
bearing Wisconsin plates, 297 HTR.
Squad 4 (Sgt. William Pletsch) responded to the
scene and took 12 photographs.

REPORTING OFFICER

P.O. Bruce Payne

PAYROLL #

009241

LOC CODE

41

SUPERVISORS SIGNATURE

Jt. Alanghosa