

**NOTICE OF CIRCUMSTANCES OF CLAIM**

TO: CITY CLERK  
CITY OF MILWAUKEE  
200 EAST WELLS STREET  
MILWAUKEE, WISCONSIN 53202

**PLEASE TAKE NOTICE** Pursuant to Wisconsin Statute § 893.80(1)(a) that the undersigned hereby provides this NOTICE OF CIRCUMSTANCES OF CLAIM.

NAME OF CLAIMANT:

KRISTINA L. TAYLOR

DATE AND TIME OF INJURIES SUSTAINED:

December 7, 2004 at 8:59 p.m.

PLACE OR LOCATION WHERE INJURY OR DAMAGES OCCURRED

3000 Block of North Buffum Street  
Milwaukee, Wisconsin

MANNER IN WHICH DAMAGES OR INJURIES WERE RECEIVED OR OCCURRED:

Claimant was the operator of a vehicle traveling northbound on North Buffum Street which was struck by a vehicle operated by Officer James A. Henner of the City of Milwaukee Police Department who was in pursuit of a vehicle driven by Fannie Smole at a high rate of speed. Attached is a copy of the Wisconsin Motor Vehicle Accident Report.

GROUND ON WHICH CLAIM IS MADE:

Negligence on the part of the City of Milwaukee and the City of Milwaukee Police Department by its agent, servant, and/or employee in failing to keep a proper lookout, negligent speed, failure to yield and failure to follow reasonable procedures regarding high speed chases of the City of Milwaukee Police Department that exposed claimant to an unreasonable risk of injury.

CITY OF MILWAUKEE  
RECEIVED  
2005 FEB -14 PM 4:21  
OFFICE OF  
CITY ATTORNEY  
DONALD L. LEONHARDT  
CITY CLERK  
2005 FEB -3 PM 3:43  
CITY OF MILWAUKEE

GENERAL DESCRIPTION OF INJURIES AND DAMAGES:

PERSONAL INJURIES:

Neck  
Left arm  
Chest  
Right arm  
Upper back  
Right knee  
Left knee  
Headaches  
Right eye

MEDICAL EXPENSES:

Amount unknown at this time

PROPERTY DAMAGE:

Amount unknown at this time

PAIN AND SUFFERING:

Amount unknown at this time

**PLEASE TAKE NOTICE** that compensation for such injuries or damages will likely be claimed, but that the amount of said demand is **UNKNOWN** at the present time. This Notice of Circumstances of Claim is provided pursuant to Section 893.89(1)(a), Wisconsin Statutes.

Dated at Milwaukee, Wisconsin, this 21<sup>st</sup> day of January, 2005.

Claimant: KRISTINA TAYLOR  
3237 NORTH BUFFUM  
MILWAUKEE, WI 53212

ACTION LAW OFFICES

BY:



ROBERT B. ERDMANN  
Attorney for the Claimant  
933 North Mayfair Road  
Suite 200  
Milwaukee, Wisconsin 53226  
Telephone: (414) 456-1111

Subscribed and sworn to before me  
this 21<sup>st</sup> day of January, 2005  
*Karen M. Trevino*  
Notary Public, State of Wisconsin  
My Commission Expires 12/23/08



**THIS IS NOT A CLAIM PURSUANT TO § 893.80 (1)(b), WISCONSIN STATUTES.**

# ACCIDENT IN THE LINE OF DUTY

7515148

## 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

County	40
MUN/TWP	57

Accident Date		
MONTH	DAY	YEAR
Jan	07	04
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)	
HOUR	MIN.
2	059

Total Number	
VEHICLE	PERSONS
0	30100

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

Unit #  
Sheet No. Of  
12

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

**LATITUDE (GPS)**  ON Hwy No. and Street Name **Estimated**  FROM AT Hwy No. and Street Name  
N. BUFFUM ST. 200.0 W. BURLEIGH ST.

House #	Fire #	Other	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
			2	3	4	W
			5	6	7	E
			8	9	10	S

**OPERATOR** Last Name First M.I. Speed Limit  
NAME TAYLOR, KRISTINA L. 40  
ADDRESS Street & Number  
3237 N. BUFFUM ST.  
City & State ZIP Phone Number  
MILWAUKEE, WI 53212 265-7994 414

**OPERATOR** Last Name First M.I. Speed Limit  
NAME HENNER, JAMES A. 40  
ADDRESS Street & Number  
749 W. STATE ST.  
City & State ZIP Phone Number  
MILWAUKEE, WI 53233 935-7252 414

**Driver's License Number** State Exp. Year  
T460-5127-5887-01 WI 07  
H560-4417-8321-09 WI 08

**Date of Birth** Sex  Operating as Classified: **Class** (Mark Only One) **Endorse** (Mark All That Apply)  
10-27-75 M Operating as Classified: A Police  
On Duty Accident: Police

**Date of Birth** Sex  Operating as Classified: **Class** (Mark Only One) **Endorse** (Mark All That Apply)  
09-01-78 M Operating as Classified: A Police  
On Duty Accident: Police

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
1	1	1	1	1	1	1	1	1	1

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

**Vehicle Owner** Name Last Name M.I. **Vehicle Owner** Name Last Name M.I.  
MILWAUKEE POLICE DEPT.

**Street Address** **Street Address**  
749 W. STATE ST.  
**City & State** **City & State**  
MILWAUKEE, WI 53233 MILWAUKEE, WI 53233

**Year of Vehicle** **Make** **Model** **Body Style** **Color** **Year of Vehicle** **Make** **Model** **Body Style** **Color**  
03 SUZUKI AERIO 4DR BLU. 03 FORD CROWN VICTORIA 4DR WHI

**Vehicle ID Number** **Vehicle ID Number**  
JSDRAY1S35165689 2FAFP71W83X111487

**License Plate Number** **Plate Type** **State** **Exp. Year** **License Plate Number** **Plate Type** **State** **Exp. Year**  
2 CUTIE AUT WI 05 D998 MNO WI

**Policy Holder's Name** **Policy Holder's Name**  
AMERICAN FAMILY SELF INSURED

**Liability Insurance Company** **St. #** **Liability Insurance Company** **St. #**  
AMERICAN FAMILY 346.19(1) SELF INSURED

**Occupant** **NAME** Last First M.I. **Date of Birth** Sex  **Severity** **SEAT Position** **SAFETY Equipment** **AIRBAG**  
Unit Number BOLL, TANYA M. 04-12-82 W 3 1  
Deployed  
Non Deployed  
Not Applicable  
Unknown

**Address Same as Operator**  Yes  No **EJECTED**  Not Applicable  Not Ejected  Partially Ejected  Fully Ejected  Unknown

**Medical Transport**  Yes  No **Agency Space** LT Med

**EMS Number** MEDA-CARE 214

Police No. 5  
Plate No. Not Within This Mileage Report  
Accident No. 7515148  
3060 N. BUFFUM ST. DEL U 7 2004

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP	K N A B C	Y N	Agency Space	1 Deployed 2 Non Deploy 3 Not Applicable 4 Unknown
Address Same as Operator	EJECTED	3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED	3 Trapped Extricated 4 Trapped Not Extricated 5 Unknown		Medical Transport	Y N	

### Type of Accident

01 First Harmful Event

Most Harmful Event

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

(select one per vehicle)

**Collision With Object Not Fixed**

1 Motor Vehicle in Transport	2 Parked Motor Vehicle	3 Deer	4 Pedalcycle	5 Pedestrian	6 Railway Train	7 Other Animal	8 Motor Vehicle in Transport In Other Roadway	9 Other Object (Not Fixed)
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**Collision With Fixed Object**

10 Traffic Sign Post	11 Traffic Signal	12 Utility Pole	13 Lum. Light Support	14 Other Post	15 Tree	16 Mailbox	17 Guardrail Face	18 Guardrail End	19 Median Barrier	20 Bridge Parapet End	21 Bridge Pier Abut.	22 Impact Attenuator	23 Overhead Sign Post	24 Bridge Rail	25 Culvert	26 Ditch	27 Curb	28 Embankment	29 Fence	30 Other Fixed Object	31 Unknown
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**Non-Collision**

32 Overturn	33 Fire Explosion	34 Immersion	35 Jackknife	36 Other Non-Collision
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### Driver Condition

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

**Driver Factors (Or Pedestrians)**

1 Appeared Normal	2 Reduced Alertness	3 Ability Impaired	4 Not Observed
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**Presence**

5 Neither Alcohol nor Drugs Present	6 Yes—Alcohol Present	7 Yes—Drugs Present	8 Yes—Alcohol & Drugs Present	9 Unknown
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**Alcohol**

AC Value	AC Value		
10 Test Not Given	11 Test Refused	12 Test Given, Alcohol Unknown	13 Test Given, No Alcohol Reported

**Drugs**

14 Test Not Given	15 Test Refused	16 Test Given, Drugs Unknown	17 Test Given, No Drugs Reported	18 Drugs Reported (Specify Below)	19 Marijuana	20 Cocaine	21 Opiates	22 Amphetamines	23 PCP	24 Other Drug Medication	25 Type Unknown
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Unit # 2 3 4 5 6 7 8 9 10

**Pedestrian**

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

**Manner of Collision**

1 No Collision with Motor Vehicle in Transport	2 Rear-end	3 Head On	4 Rear to Rear	5 Angle	6 Sideswipe, Same Direction	7 Sideswipe, Opposite Direction	8 Unknown
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Unit # 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

**Extent of Damage**

9 None	10 Undercarriage	11 Total (Damage to All Areas)	12 Other	13 Unknown	14 None	15 Very Minor	16 Minor	17 Moderate	18 Severe	19 Very Severe	20 Unknown
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Vehicle Towed Due to Damage: 10

Vehicle Removed By: CITY TOW

Unit # 1 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

**Extent of Damage**

9 None	10 Undercarriage	11 Total (Damage to All Areas)	12 Other	13 Unknown	14 None	15 Very Minor	16 Minor	17 Moderate	18 Severe	19 Very Severe	20 Unknown
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Vehicle Towed Due to Damage: 10

Vehicle Removed By: CHI TOWING

Fixed Object Struck

Unit # 2	Unit # 2	Unit #	Unit #
14	30		

PROPERTY OWNER: CITY OF MILWAUKEE

ADDRESS: 200 E. WELLS ST.

City & State: MILWAUKEE, WI 53233

ZIP: 53233

Phone Number: 414 286-2150

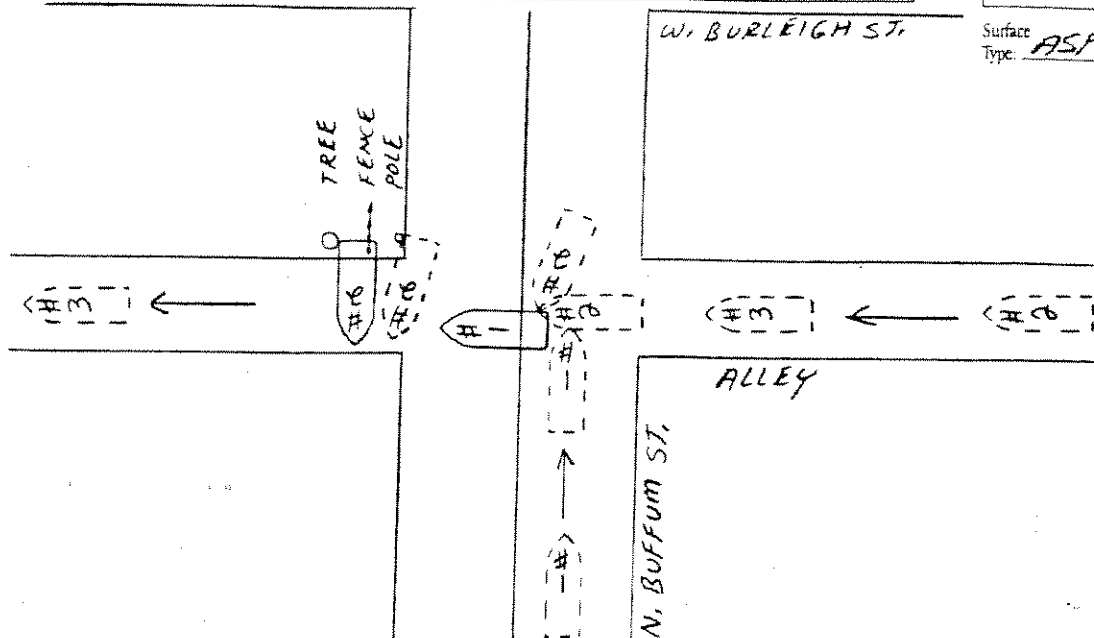
Draw Diagram of accident & indicate North with an arrow in the circle.



# Pictorial Representation of Narrative

Supplemental Reports  N Witness Statements  N Measurements Taken  V

Skidmarks to impact  
 Line 1  Line 2   
 FEET   
 Surface Type: ASPHALT



**N** UNIT 1 WAS NIB ON N. BUFFUM ST. UNIT 2 IS A MARKED  
**A** POLICE SQUAD CAR OPERATING AS AN EMERGENCY VEHICLE  
**A** WITH LIGHTS & SIRENS ACTIVATED. UNIT 2 WAS PURSUING  
**R** UNIT 3 WHO WAS FLEEING FROM POLICE AND IS AN ILLEGALLY  
**R** OPERATING NON-CONTACT UNIT. UNIT 3 CROSSED N. BUFFUM ST.  
**A** UNIT 2 STARTED TO CROSS & WAS HIT BY UNIT 1. UNIT 1 & 2  
**T** SPUN LEFT. UNIT 1 RESTED FACING W/B. UNIT 2 HIT A POLE,  
**I** FENCE & TREE AND RESTED IN THE ALLEY S/B. UNIT 3  
**V** WAS LATER FOUND ABANDONED & NO DRIVER INFO IS KNOWN.  
**E** OPERATOR OF UNIT 1 SUSTAINED INJURIES & WAS TAKEN TO  
**T** A HOSPITAL BY AMBULANCE. SQ. 384, ID TECH. HOFFMAN  
**E** TOOK 46 PHOTOS.

Photos By: ID TECH. MICHELLE HOFFMAN.

## What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 9	<input type="checkbox"/> 10
<input type="checkbox"/> 10	<input type="checkbox"/> 11
<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 17	<input type="checkbox"/> 18
<input type="checkbox"/> 18	<input type="checkbox"/> 19

- Going Straight
- Making Left Turn
- Making Right Turn
- Slowing or Stopping
- Stopped in Traffic
- Legally Parked
- Violating No Passing Zone
- Illegally Parked
- Parking Maneuver
- Backing Maneuver
- Changing Lanes
- Overtaking on Left
- Overtaking on Right
- Making L Turn
- Turning on Red
- Merging
- Negotiating Curve
- Other

WITNESS NAME: Last LLOYD, GERALD A. First GERALD M.I. A.  
 ADDRESS Street & Number: 3056 N. BUFFUM ST. Date of Birth: 09-04-68  
 City & State: MILWAUKEE, WI ZIP: 53212 Phone Number: (414) 562-0371

**ACCESS CONTROL**

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

**ROAD TERRAIN**

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

**LIGHT CONDITION**

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

**TRAFFIC WAY**

- 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**

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

**WEATHER**

- 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**

- 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 On Ramp
- 9 On Ramp
- 10 Unknown

## Traffic Control

Unit Number	Unit Number
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 9	<input type="checkbox"/> 10
<input type="checkbox"/> 10	<input type="checkbox"/> 11
<input type="checkbox"/> 11	<input type="checkbox"/> 12

- No Control
- Traffic Signal Operating
- Traffic Signal Flashing
- Stop Sign
- Stop Sign with Flasher Warning
- Warn Sign with Flasher
- Yield Sign
- Traffic Control Person
- Red-Xing Signal
- Other

Officer's Opinion of Possible Contributing Circumstances

Driver Factors table with columns for Unit Number (1-14) and descriptions of driver errors such as Exceeding Speed Limit, Speed Too Fast Condition, etc.

Vehicle Factors table with columns for Unit Number (1-12) and descriptions of vehicle issues such as Brake System, Steering System, Turn Signals, etc.

Highway Factors table with columns for Unit Number (1-13) and descriptions of road conditions such as Snow, Ice or Wet, Narrow Shoulder, etc.

OFFICER INFORMATION

Officer information fields including Last Name (KREJCI, STEVEN R.), Law Enforcement Agency Address (749 W. STATE ST.), City & State (MILWAUKEE, WI 53233), Phone Number (414) 935-7216, Agency # (29 MILWAUKEE PD.), and Officer ID # (64684).

Date Notified

Date Notified grid showing month (07), day (04), and year (04).

Time Notified (Military Time)

Time Notified grid showing hour (20) and minute (59).

Time Arrived (Military Time)

Time Arrived grid showing hour (21) and minute (10).

Date of Report

Date of Report grid showing month (07), day (04), and year (04).

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

Truck & Bus Accident Information form with Part A (When To Use This Section) and Part B (STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B).

Hazardous Material Information form with fields for Hazardous Material Class Numbers, UN Numbers, Placard Displayed, and Cargo Released.

Carrier Information form with fields for Interstate Carrier, Carrier Name, and Carrier address.

Carrier Identification Numbers form with fields for US DOT, ICC MC, and Source (Vehicle Side, Shipping Papers, Trip Manifest, Driver, Log Book).

Vehicle Information form including Gross Vehicle Weight Rating, Total # of Axles, Vehicle Configuration (Bus, Single-unit truck, etc.), Cargo Body Type, and a Sequence of Events for this vehicle.

0704 07 2004

Printed in U.S.A. 0583 05137 05137 05137

# ACCIDENT IN THE LINE OF DUTY

7515149

Amended Document (in Emergency)

Document Number Override

7515148

## Wisconsin Motor Vehicle Accident Report

**INSTRUCTIONS**  
Please use a Black Ink Pen or #2 Pencil.

**Mark Areas as shown:**  
Correct Mark:

**Reportable Accident**  
 N

County: **40** MUN.TWP: **57**

Accident Date: MONTH DAY YEAR  
 Jan Feb **07** 04  
 Mar Apr May June July Aug Sept Oct Nov Dec

Time of Accident (Military Time)  
HOUR MIN

Total Number  
COUNTY TOWNSHIP ROAD

Hit & Run  Y  N Unit #

Government Property  Y  N

Fire (Narrative)  Y  N

Photos Taken (Narrative)  Y  N

Trailer or Towed (Narrative)  Y  N

Truck or Bus (Last Page)  Y  N

Load Spillage  Y  N

Construction Zone  Y  N

Names Exchanged  Y  N

Sheet No. Of **22**

### ACCIDENT LOCATION

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

LATITUDE (GPS) Longitude (GPS) Degrees Minutes Seconds

Way No. and Street Name Estimated FROM/AT

House # Fire # Other Agency Space Special Study

Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)

Speed Limit OPERATOR Last Name First M.I. ADDRESS Street & Number City & State ZIP Phone Number Driver's License Number State Exp. Year

Date of Birth Sex Operating as Classified Class Endorse On Duty Accident

Severity SEAT SAFETY AIRBAG EJECTED

TRAPPED/EXTRICATED Vehicle Owner Last Name M.I.

Street Address City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color

Vehicle ID Number License Plate Number State Exp. Year

Policy Holder's Name Liability Insurance Company Stat. #

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG

Address Same as Operator EJECTED TRAPPED/EXTRICATED

EMS Number

3060 N. BUFFUM ST. DECEMBER 07 2004 7515148



Occupant Unit Number	NAME		Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS										
1	2	3	4	5							1 Deployed
6	7	8	9	10							2 Non Deployed
Address Same as Operator		EJECTED		3 Totally Ejected	TRAPPED/EXTRICATED		3 Trapped Extricated	Medical Transport		Agency Space	
Yes		1 Not applicable		4 Partially Ejected	1 Not Applicable		4 Trapped Not Extricated	Y			
No		2 Not Ejected		5 Unknown	2 Not Trapped		5 Unknown	N			

Occupant Unit Number	NAME		Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS										
1	2	3	4	5							1 Deployed
6	7	8	9	10							2 Non Deployed
Address Same as Operator		EJECTED		3 Totally Ejected	TRAPPED/EXTRICATED		3 Trapped Extricated	Medical Transport		Agency Space	
Yes		1 Not applicable		4 Partially Ejected	1 Not Applicable		4 Trapped Not Extricated	Y			
No		2 Not Ejected		5 Unknown	2 Not Trapped		5 Unknown	N			

### Type of Accident

First Harmful Event:  Most Harmful Event:

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

(select one per vehicle)

#### Collision With Object Not Fixed

1	Motor Vehicle in Transport	3
2	Parked Motor Vehicle	2
3	Deer	3
4	Pedalcycle	4
5	Pedestrian	5
6	Railway Train	6
7	Other Animal	7
8	Motor Vehicle in Transport in Other Roadway	8
9	Other Object (Not Fixed)	9

#### Collision With Fixed Object

10	Traffic Sign Post	10
11	Traffic Signal	11
12	Utility Pole	12
13	Lum. Light Support	13
14	Other Post	14
15	Tree	15
16	Mailbox	16
17	Guardrail Face	17
18	Guardrail End	18
19	Median Barrier	19
20	Bridge Parapet End	20
21	Bridge Pier Abut.	21
22	Impact Attenuator	22
23	Overhead Sign Post	23
24	Bridge Rail	24
25	Culvert	25
26	Ditch	26
27	Curb	27
28	Embankment	28
29	Fence	29
30	Other Fixed Object	30
31	Unknown	31

#### Non-Collision

32	Overturn	32
33	Fire Explosion	33
34	Immersion	34
35	Jackknife	35
36	Other Non-Collision	36

### Driver Condition

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

#### Driver Factors (Or Pedestrians)

1	Appeared Normal	1
2	Reduced Alertness	2
3	Ability Impaired	3
4	Not Observed	4

#### Presence

5	Neither Alcohol nor Drugs Present	5
6	Yes—Alcohol Present	6
7	Yes—Drugs Present	7
8	Yes—Alcohol & Drugs Present	8
9	Unknown	9

#### Alcohol

AC Value	AC Value	
10	Test Not Given	10
11	Test Refused	11
12	Test Given, Alcohol Unknown	12
13	Test Given, No Alcohol Reported	13

#### Drugs

14	Test Not Given	14
15	Test Refused	15
16	Test Given, Drugs Unknown	16
17	Test Given, No Drugs Reported	17
18	Drugs Reported (Specify Below)	18
19	Marijuana	19
20	Cocaine	20
21	Opiates	21
22	Amphetamines	22
23	PCP	23
24	Other Drug Medication	24
25	Type Unknown	25

Unit # 1 2 3 4 5 6 7 8 9 10

#### Pedestrian

Location	Action		
1	In Crosswalk	1	Walking not Facing Traffic
2	In Roadway	2	Disregarded Signal
3	Not in Roadway	3	Darting into Road
4	On Sidewalk	4	Dark Clothing
5		5	Walking Facing Traffic

#### Manner of Collision

1	No Collision with Motor Vehicle in Transport
2	Rear-end
3	Head On
4	Rear to Rear
5	Angle
6	Sideswipe, Same Direction
7	Sideswipe, Opposite Direction
8	Unknown

Unit # 1 2 3 4 5 6 7 8 9 10

#### Darken Numbered Area(s) of Vehicle Damage

None
10 Undercarriage
11 Total (Damage to All Areas)
12 Other
13 Unknown

#### Extent of Damage

None	4 Severe
1 Very Minor	5 Very Severe
2 Minor	6 Unknown
3 Moderate	

Vehicle Towed Due to Damage:  Vehicle Removed By: **CHI TOWING**

Unit # 1 2 3 4 5 6 7 8 9 10

#### Darken Numbered Area(s) of Vehicle Damage

None
10 Undercarriage
11 Total (Damage to All Areas)
12 Other
13 Unknown

#### Extent of Damage

None	4 Severe
1 Very Minor	5 Very Severe
2 Minor	6 Unknown
3 Moderate	

Fixed Object Struck: Unit # 29, 15

PROPERTY OWNER: **FEHRENBACH, MICHAEL E.**

ADDRESS: **3067 N. BUFFUM ST.**

City & State: **MILWAUKEE, WI 53212** Phone Number: **414 265-2459**

Govt. Damage Tag #

Vehicle Towed Due to Damage:  Vehicle Removed By:

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  Unit 2   
FEET

Surface Type: \_\_\_\_\_

N  
A  
R  
R  
A  
T  
I  
V  
E

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Photos By: \_\_\_\_\_  
\_\_\_\_\_

## What Drivers Were Doing

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

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

<b>ACCESS CONTROL</b> 1. No Control (Unlimited Access) 2. Full Control (Only Ramp Entry/Exit) 3. Partial Control	<b>ROAD TERRAIN</b> Part A 1. Straight 2. Curve Part B 3. Level-Flat 4. Hill	<b>LIGHT CONDITION</b> 1. Daylight 2. Dark-Not Lighted 3. Dark-Lighted 4. Dawn 5. Dusk 6. Unknown
---	--	---

<b>TRAFFIC WAY</b> 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	<b>ROAD SURFACE CONDITION</b> 1. Dry 2. Wet 3. Snow/Slush 4. Ice 5. Sand, Mod. Dirt, Oil 6. Other 7. Unknown
--	---

<b>RELATION TO ROADWAY</b> 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
--	---------------------------

## Traffic Control

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

7515149

Document Number Override  
7515148

# Officer's Opinion of Possible Contributing Circumstances

## Driver Factors

Unit Number		Unit Number	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
1	Exceeding Speed Limit	1	
2	Speed Too Fast Condition	2	
3	Fail to Yield Right of Way	3	
4	Inattentive Driving	4	
5	Following Too Close	5	
6	Improper Turn	6	
7	Left of Center	7	
8	Disregarded Traffic Control	8	
9	Improper Overtaking	9	
10	Unsafe Backing	10	
11	Failure to Have Control	11	
12	Driver Condition	12	
13	Physically Disabled	13	
14	Other	14	

## Vehicle Factors

Unit Number		Unit Number	
1	2	3	4
5	6	7	8
9	10	11	12
1	Brake System	1	
2	Tires	2	
3	Steering System	3	
4	Turn Signals	4	
5	Head Lamps	5	
6	Stop Lamps	6	
7	Tail Lamps	7	
8	Disabled in Prior Accident	8	
9	Other Disabled	9	
10	Mirrors	10	
11	Suspension System	11	
12	Other	12	

## Highway Factors

Unit Number		Unit Number	
1	2	3	4
5	6	7	8
9	10	11	12
13			
1	Snow, Ice or Wet	1	
2	Narrow Shoulder	2	
3	Low Shoulder	3	
4	Soft Shoulder	4	
5	Loose Gravel	5	
6	Rough Pavement	6	
7	Debris From Prior Accident	7	
8	Other Debris	8	
9	Sign Obscured or Missing	9	
10	Narrow Bridge	10	
11	Construction Zone	11	
12	Visibility (Obscured)	12	
13	Other	13	

### OFFICER INFORMATION

Last **KREJCI**, First **STEVEN R.** M.I.

Law Enforcement Agency Address  
**749 W. STATE ST.**

City & State **MILWAUKEE, WI 53033** ZIP

Phone Number  
**(414) 935-7216**

Agency # **29** Enforcement Agency **MILWAUKEE PD.** Officer ID # **64684**

### Date Notified

MONTH	DAY	YEAR
Jan		
Feb		
Mar	0	0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	7	7
Nov	8	8
Dec	9	9

### Time Notified (Military Time)

HOUR	MIN.
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

### Time Arrived (Military Time)

HOUR	MIN.
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

### Date of Report

MONTH	DAY	YEAR
Jan		
Feb	07	04
Mar	0	0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	7	7
Nov	8	8
Dec	9	9

## Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

**When To Use This Section:** Did the accident involve...  
 Part A  
 A truck with at least two axles and six tires?  
 A truck with a hazardous materials placard?  
 A bus designed to carry 16 or more persons, including the driver?  
**STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.**

Part B  
 Any person who was fatally injured?  
 Any injured person who required transport for immediate medical treatment?  
 One or more vehicles that had to be towed from the scene as a result of the accident?  
**STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section.**

### Hazardous Material Information

Hazardous Material Class Numbers (1-2 digit):

Hazardous Material "UN" Numbers (4 digit):

Hazardous Material Placard Displayed?  Y  N

Hazardous Cargo was Released?  Y  N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

### Carrier Information

Interstate Carrier?

Carrier Name:

### Carrier Identification Numbers

USDOT	LC	Source:
ICC MC	IC	Vehicle Side
Carrier Address		Shipping Papers
		Trip Manifest
		Driver Log Book

### Vehicle Information

Vehicle Configuration:

SEQUENCE OF EVENTS FOR THIS VEHICLE

1	Ran off Road
2	Jackknife
3	Overturn (Rollover)
4	Downhill Runaway
5	Cargo Loss or Shift
6	Explosion or Fire
7	Separation of Units
8	Collision Involving Pedestrian

Gross Vehicle Weight Rating \_\_\_\_\_ LBS Total # of axles \_\_\_\_\_

Cargo Body Type

1	Concrete Mixer
2	Auto transporter
3	Garbage Truck
4	Truck
5	Tractor Trailer
6	Truck
7	Tractor Trailer
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50	Tractor Trailer

Printed in U.S.A. 88953 85121 85121

PO-15A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT		<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT		PAGE OF 1 2	DATE OF REPORT 12-07-04	INCIDENT/ACCIDENT # 7515148
INCIDENT INFORMATION	INCIDENT INJURY SQUAD ACCIDENT			DATE OF INCIDENT/ACCIDENT 12-07-04		
	VICTIM			LOCATION OF INCIDENT/ACCIDENT 3060 N. BUFFUM ST.		DIST. # 5
JUVENILE LAST NAME		FIRST	MIDDLE	DATE OF BIRTH		<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
QUANTITY	TYPE OF PROPERTY	DESCRIPTION		SERIAL #	CODE #	VALUE

THIS REPORT IS WRITTEN BY PO STEVE KREJCI ASSIGNED TO THE PATROL BUREAU EARLY SHIFT MOTORCYCLE UNIT.

ON TUE., 12-07-04, SQ. 883, PO KREJCI WAS DISPATCHED TO 3060 N. BUFFUM ST., TO INVESTIGATE AN INJURY SQUAD ACCIDENT THAT OCCURRED AT 8:59 PM.

UNIT # 1 IS A BLUE, 2003, SUZUKI, AERIO, 4 DOOR, WITH WI PLATES 1CUTIE. UNIT # 1 WAS BEING OPERATED BY KRISTINA L. TAYLOR, B/F, 10-27-75, OF 3237 N. BUFFUM ST., MILWAUKEE, WI 53212, PH. # (414) 265-7994. UNIT # 1 HAS DAMAGE IN THE FORM OF A CRUSHED FRONT END AND TWO DEPLOYED FRONT AIR BAGS.

UNIT # 2 IS A MARKED CITY OF MILWAUKEE POLICE SQUAD CAR, NUMBER 146 AND ASSIGNED TO SQ. 653C. UNIT # 2 IS A WHITE, 2003, FORD, CROWN VICTORIA, 4 DOOR, WITH WI OFFICIAL STAR PLATES D998. UNIT # 2 WAS BEING OPERATED BY OFFICER JAMES A. HENNER, W/M, 09-01-78, OF 749 W. STATE ST., MILWAUKEE, WI 53233, PH. # (414) 935-7252. THE FRONT SEAT PASSENGER IN UNIT # 2 IS OFFICER TANYA M. BOLL, W/F, 04-12-82, OF 749 W. STATE ST., MILWAUKEE, WI 53233, PH. # (414) 935-7252. UNIT # 2 HAS DAMAGE IN THE FORM OF A DENTED AND CRUSHED LEFT FENDER, DRIVER SIDE AND PASSENGER SIDE DOORS. UNIT # 2 ALSO HAS DAMAGE IN THE FORM OF DENTS TO THE RIGHT SIDE DOORS AND QUARTER PANEL.

UNIT # 3 IS AN ILLEGALLY OPERATING NON-CONTACT UNIT. UNIT # 3 IS A MAROON, 1989, MERCURY, GRAND MARQUIS, 4 DOOR, WITH WI PLATES 627-GTY. UNIT # 3 WAS BEING OPERATED BY A PERSON THAT COULD ONLY BE DESCRIBED AS A MALE. THE FRONT SEAT PASSENGER IN UNIT # 3 COULD ALSO ONLY BE DESCRIBED AS A MALE. THE LISTED OWNER OF UNIT # 3 IS FANNIE SMOLE, OF 1344 S. 58<sup>th</sup>. ST., WEST ALLIS, WI 53214, PH. # (414) 258-5572.

A WITNESS IDENTIFIED HIMSELF AS GERALD A. LLOYD, B/M, 09-04-68, OF 3056 N. BUFFUM ST., MILWAUKEE, WI 53212, PH. # (414) 562-0371. SQ. 245, PO SHAWN BURGER, SPOKE TO LLOYD WHO SAID HE WAS IN HIS HOUSE AT THE TIME OF THE ACCIDENT. HE SAID HE HEARD THE SIRENS AND THEN HEARD A CRASH. HE SAID HE WENT OUTSIDE AND SAW UNIT # 1 AT FINAL REST, FACING W/B ON N. BUFFUM ST., AND UNIT # 2 AT FINAL REST, IN THE ALLEY FACING S/B WITH IT'S EMERGENCY LIGHTS AND SIRENS STILL ACTIVATED.

UNIT # 1 WAS TRAVELING N/B ON N. BUFFUM ST. UNIT # 2 WAS IN PURSUIT OF UNIT # 3 WHO WAS FLEEING FROM THE OFFICERS W/B THROUGH THE E/B & W/B ALLEY BETWEEN W. BURLEIGH ST., AND W. CHAMBERS ST. UNIT # 2 IS A MARKED CITY OF MILWAUKEE POLICE SQUAD CAR AND WAS OPERATING AS AN EMERGENCY VEHICLE WITH IT'S EMERGENCY LIGHTS AND SIRENS ACTIVATED. UNIT # 3 CROSSED N. BUFFUM ST., AND CONTINUED W/B THROUGH THE ALLEY. UNIT # 2 STARTED TO CROSS N. BUFFUM ST., AND WAS HIT BY UNIT # 1. UNIT # 1 SPUN TO THE LEFT AND CAME TO FINAL REST ON N. BUFFUM ST., FACING WEST. UNIT # 2 SPUN TO THE LEFT AND HIT A POLE ON THE WEST SIDE OF N. BUFFUM ST. UNIT # 2 CONTINUED TO THE LEFT AND HIT A FENCE AND A TREE AT THE ADDRESS OF 3067 N. BUFFUM ST. UNIT # 2 CAME TO FINAL REST WITH THE REAR END ON TOP OF A RETAINING WALL AT THE EAST END OF THE ALLEY ON THE WEST SIDE OF N. BUFFUM ST., FACING SOUTH. UNIT # 3 WAS ABANDONED BY IT'S OCCUPANTS AT 245 E. BURLEIGH ST., IN THE ALLEY, FACING EAST.

REPORTING OFFICER KREJCI 64684 29 Payroll Loc Code	SUPERVISORS SIGNATURE LT Mark Szolga
---	---

PO-15A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT		<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT	PAGE 2 OF 2	DATE OF REPORT 12-07-04	INCIDENT/ACCIDENT # 7515148
INCIDENT INFORMATION	INCIDENT INJURY SQUAD ACCIDENT		DATE OF INCIDENT/ACCIDENT 12-07-04		
	VICTIM		LOCATION OF INCIDENT/ACCIDENT 3060 N. BUFFUM ST.		DIST. # 5
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER	
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE

THE DRIVER OF UNIT # 1, TAYLOR, SAID SHE WAS DRIVING N/B ON N. BUFFUM ST., AND SAW A DARK COLORED CAR COME OUT OF THE ALLEY AND CROSS N. BUFFUM ST., SO FAST THAT THE CAR BOUNCED AS IT BOTTOMED OUT AND SCRAPED THE MUFFLER ON THE PAVEMENT. SHE SAID SHE HIT THE BRAKES AND THEN HIT THE SQUAD CAR, UNIT # 2.

THE DRIVER OF UNIT # 2, HENNER, SAID HE SLOWED DOWN PRIOR TO CROSSING N. BUFFUM ST., AND DIDN'T SEE ANY CARS COMING SO HE PROCEEDED TO CROSS WHEN HE WAS HIT ON THE DRIVERS SIDE BY UNIT # 2.

THE OPERATOR AND PASSENGER OF UNIT # 3 FLED ON FOOT AND WERE NOT FOUND. I ATTEMPTED TO CONTACT THE LISTED OWNER OF UNIT # 3 BUT WAS UNABLE TO LOCATE HER. THERE WAS NO ANSWER WHEN I CALLED THE PHONE NUMBER AND NO ANSWERING MACHINE TO LEAVE A MESSAGE. A CHECK REVEALED THERE HAVE BEEN NO PARKING OR TRAFFIC CITATIONS ISSUED TO EITHER THE PLATE OR THE VIN OF UNIT # 3. THE LISTED OWNER OF UNIT # 3, SMOLE, IS NOT IN THE Boff COMPUTER AND THERE IS NO RECORD IN THE AUTO PROCESS COMPUTER OF HER EVER BEING ISSUED A MUNICIPAL CITATION.

THE DRIVER OF UNIT # 1, TAYLOR, SUSTAINED INJURIES IN THE FORM OF CHEST AND BILATERAL KNEE PAIN. SHE WAS TRANSPORTED TO ST. MARY'S HOSPITAL BY MEDA-CARE AMBULANCE SQ. 214, WHERE SHE WAS TREATED AND RELEASED. THE DRIVER OF UNIT # 2, HENNER, AND THE PASSENGER OF UNIT # 2, BOLL, CLAIMED NO INJURIES BUT WENT TO BE CHECKED OUT AT ST. MARY'S HOSPITAL WHERE THEY WERE BOTH TREATED AND RELEASED.

SQ. 384, ID TECH. MICHELLE HOFFMAN RESPONDED AND TOOK A TOTAL OF 46 PHOTOS AND LIFTED 2 PRINTS FROM UNIT # 3. UNIT # 1 WAS TOWED WITH TOW # 1208748. UNIT # 2 WAS TOWED BY THE CITY WITH NO TOW NUMBER. UNIT # 3 WAS TOWED WITH TOW # 1208753.

REPORTING OFFICER <i>PO. [Signature]</i> KREJCI 64884 29 Payroll Loc Code	SUPERVISORS SIGNATURE LT Mark Soligo
--	---

**CERTIFICATE OF SERVICE**

---

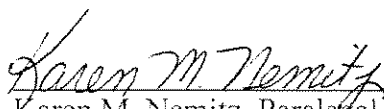
The undersigned hereby certifies that a true copy of the attached:

**NOTICE OF CIRCUMSTANCES OF CLAIM FORM**

was served upon the hereinafter named:

CITY CLERK  
CITY OF MILWAUKEE  
200 EAST WELLS STREET  
MILWAUKEE, WI 53202

by enclosing same in an adequately postpaid envelope, bearing the sender's name and address which was duly deposited in a U.S. Mailbox on the 1<sup>ST</sup> day of February, 2005, pursuant to Section 801.14(2), Milwaukee, Wisconsin.

  
\_\_\_\_\_  
Karen M. Nemitz, Paralegal  
933 North Mayfair Road, Ste. 200  
Milwaukee, WI 53233  
(414) 456-1111



AMERICAN FAMILY INSURANCE GROUP

440 SOUTH EXECUTIVE DRIVE • BROOKFIELD WI 53005-4280 • PHONE: 262-784-9100; FAX: 262-784-3828  
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

052-69

March 10, 2005

City of Milwaukee  
220 E. Wells Street, Room 205  
Milwaukee, WI 53202

CITY OF MILWAUKEE  
05 MAR 16 PM 1:32  
RONALD D. LEONHARDT  
CITY CLERK

RE: Our File No.: 00-601-382563-0820  
Our Insured: Kristina Taylor  
Date of Loss: December 7, 2004  
Amt. of Loss: Vehicle Damage: \$8,704.67 (salvage pending); Medical bills to date: \$1,468.51

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to an accident that occurred on December 7, 2004, involving a vehicle owned by American Family Insurance Company's insured, Kristina Taylor, and a City of Milwaukee Police Department squad car. The accident occurred at N. Buffum Street near W. Burleigh Street in Milwaukee, Wisconsin.

As a result of the negligence of the operator of the City of Milwaukee Police Department squad car, the vehicle insured by American Family Mutual Insurance Company was damaged in the reasonable and necessary sum of Amt. of Loss: Vehicle Damage: \$8,704.67 (salvage pending); Medical bills to date: \$1,468.51.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$10,173.18 and the insured incurred a deductible loss of \$500.00.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of Amt. of Loss: Vehicle Damage: \$8,704.67 (salvage pending); Medical bills to date: \$1,468.51.

Respectfully,

Joel J Rogers  
Casualty Claim Analyst  
American Family Insurance Company  
Phone: (262) 784-2933 or 1-(800)-374-1111 ext. 48371  
E-mail: [jroger2@amfam.com](mailto:jroger2@amfam.com)  
Fax: (262) 784-3828

CITY OF MILWAUKEE  
RECEIVED  
2005 MAR 17 PM 4:06  
OFFICE OF  
CITY ATTORNEY

jjr

March 10, 2005

CITY OF MILWAUKEE  
RECEIVED  
2005 MAR 17 PM 4:06  
OFFICE OF  
CITY ATTORNEY


**NOTICE OF CLAIM**

Name: American Family Mutual Insurance Company  
P. O. Box 2927  
Milwaukee, WI 53201-2927

Date of Accident/Loss: December 7, 2004

Brief Facts of Accident/Loss: The City of Milwaukee Police Department squad care failed to yield the right of way.

Amount Claimed: Amt. of Loss: Vehicle Damage:  
\$8,704.67 (salvage pending); Medical bills to date: \$1,468.51

Signature: 

Daytime Telephone No.: 784-2933 Ext. 48371

Date: March 10, 2005



STATE OF WISCONSIN )  
 )SS  
COUNTY OF MILWAUKEE )

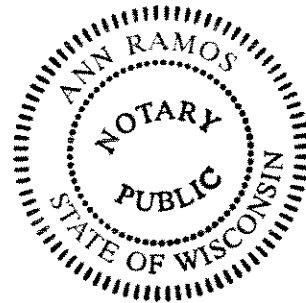
I, Joel Rogers, being duly sworn on oath, deposes and states that she/he is a Casualty Claim Analyst employed with American Family Mutual Insurance Company, that I have been involved in the investigation of the afore-described claim, that I have reviewed the foregoing Notice of Claim and am familiar with the factual averments contained therein, and that all such statements and averments are true and correct to the best of my knowledge and information based upon my investigation and adjustment of the claim referenced above.

Dated this 10 day of March, 2005

Joel Rogers  
Signature of Affiant

Personally appears before me this 10 day of March, 2005, the above administration of oath executed the foregoing instrument and acknowledged the truth and accuracy of the same.

Ann Ramos  
Notary Public, State of Wisconsin  
My Commission: 6/3/07



oel Rogers

PAYMENT RECORD DISPLAY

DRAFT 0065941409 CLAIM 00-601-382563 POLICY 01-785712-03 ISSUED CJM002 ACTIVITY SYSTEM  
 PAYEE: CHASE 01/03/2005 01/11/2005  
 IN PAYMENT OF: COLLISION LOSS OCCURRING 12/07/2004 500 DEDUCTIBLE APPLIED  
 LIEN PAYOFF, ACCT#00518570045110

MAILED TO: CHASE

SERIES:  
PAGE:

P O BOX 11745  
LEXINGTON KY 405771745

COMMENTS: PLEASE FORWARD LIEN RELEASE IN ENVELOPE PROVIDED,  
THANK YOU.

STATUS: 05 RECONCILED TYPE: 01 CLAIMANT LOSS ACCTG:

ID PERIL	AMOUNT	TOTAL:	8,040.00	TIN:
00 025	8,040.00	TIN WITHHOLDING:	0.00	TYPE:
			-----	HANDLING:
		PAYMENT AMOUNT:	\$8,040.00	

OPT -- POL -- ----- -- CLM -- --- ----- DRFT -----

Joel Rogers

PAYMENT RECORD DISPLAY

DRAFT 0060826238 CLAIM 00-601-382563 POLICY 01-785712-03 ISSUED MPK005 ACTIVITY SYSTEM  
 PAYEE: ENTEPRISE RENT-A-CAR 01/10/2005 01/14/2005  
 IN PAYMENT OF: RENTAL REIMBURSEMENT LOSS 12/07/2004 DEDUCTIBLE PREVIOUSLY APPL  
 D302588 4411

MAILED TO: ENTERPRISE RENT-A-CAR  
 ATTN: ACCTS RECEIVABLE  
 S17 W22650 LINCOLN AVE.  
 WAUKESHA WI 53187

SERIES:  
 PAGE:

COMMENTS:

STATUS: 05 RECONCILED TYPE: 01 CLAIMANT LOSS ACCTG:

ID PERIL	AMOUNT	TOTAL:	164.67	TIN: 431507735
00 022	164.67	TIN WITHHOLDING:	0.00	TYPE: 1
		PAYMENT AMOUNT:	\$164.67	HANDLING:

OPT -- POL -- ----- -- CLM -- --- ----- DRFT -----

oel Rogers

PAYMENT RECORD DISPLAY

ISSUED ACTIVITY  
DRAFT 0060832056 CLAIM 00-601-382563 POLICY 01-785712-03 YLC002  
PAYEE: ST MARYS MILWAUKEE 02/25/2005  
IN PAYMENT OF: TREATMENT OF 12-07-04  
113443758; KRISTINA TAYLOR  
MAILED TO: ST MARYS MILWAUKEE SERIES:  
DRAWER 78408 PAGE:  
MILWAUKEE WI 532780408  
COMMENTS: RETURN TO Y CLARK

STATUS: 01 NOT RECONCILED TYPE: 01 CLAIMANT LOSS ACCTG:  
ID PERIL AMOUNT  
00 048 766.35 TOTAL: 766.35 TIN: 390806315  
TIN WITHHOLDING: 0.00 TYPE: 1  
HANDLING:  
PAYMENT AMOUNT: \$766.35

OPT -- POL -- ----- -- CLM -- --- ----- DRFT -----

PAYMENT RECORD DISPLAY

DRAFT 0060828487 CLAIM 00-601-382563 POLICY 01-785712-03 ISSUED YLC002 ACTIVITY SYSTEM  
 PAYEE: INFINITY HEALTHCARE PHYSICIANS 01/27/2005 02/03/2005  
 IN PAYMENT OF: TREATMENT OF 12-07-04  
 8-3369198; KRISTINA TAYLOR  
 MAILED TO: INFINITY HEALTHCARE PHYSICIANS SERIES:  
 1251 W GLEN OAKS LN PAGE:

MEQUON WI 53092

COMMENTS: RETURN TO Y CLARK

STATUS: 05 RECONCILED TYPE: 01 CLAIMANT LOSS ACCTG:  
 ID PERIL AMOUNT TOTAL: 169.00 TIN: 391861457  
 00 048 169.00 TIN WITHHOLDING: 0.00 TYPE: 1  
 PAYMENT AMOUNT: \$169.00 HANDLING:

OPT -- POL -- ----- -- CLM -- --- ----- DRFT -----

PAYMENT RECORD DISPLAY

DRAFT 0060828017 CLAIM 00-601-382563 POLICY 01-785712-03	ISSUED	ACTIVITY
PAYEE: TAYLOR, KRISTINA	MPK005	SYSTEM
	01/25/2005	02/02/2005

IN PAYMENT OF: MEDICAL EXPENSE CLAIM OF 12/07/2004  
REIMBURSEMENT CO-PAY & PRESCRIPTIONS

MAILED TO: TAYLOR, KRISTINA  
8655 N. GRANVILLE RD  
APT 9  
MILWAUKEE WI 53224

SERIES:  
PAGE:

COMMENTS:

STATUS: 05 RECONCILED TYPE: 01 CLAIMANT LOSS ACCTG:

ID PERIL	AMOUNT	TOTAL:	99.96	TIN:
00 048	99.96	TIN WITHHOLDING:	0.00	TYPE:
			-----	HANDLING:
		PAYMENT AMOUNT:	\$99.96	

OPT -- POL -- ----- -- CLM -- --- ----- DRFT -----

Joel Rogers

PAYMENT RECORD DISPLAY

DRAFT 0060825303 CLAIM 00-601-382563 POLICY 01-785712-03	ISSUED	ACTIVITY
PAYEE: MEDA CARE AMBULANCE	JUR014	SYSTEM
IN PAYMENT OF: MEDICAL EXPENSE CLAIM OF 12/07/2004	01/03/2005	01/10/2005
ACCT 2419448		

MAILED TO: MED CARE AMBULANCE

SERIES:  
PAGE:

4935 W. FOREST HOME AVE  
MILWAUKEE WI 53219

COMMENTS: JOEL ROGERS

STATUS: 05 RECONCILED TYPE: 01 CLAIMANT LOSS ACCTG:

ID PERIL	AMOUNT	TOTAL:	433.20	TIN: 391163363
00 048	433.20	TIN WITHHOLDING:	0.00	TYPE: 1
		PAYMENT AMOUNT:	\$433.20	HANDLING:

OPT -- POL -- ----- -- CLM -- --- ----- DRFT -----