

April 13, 2005

Milwaukee City Clerk  
200 East Wells Street Room 205  
Milwaukee, WI 53202

RE: Noah Cortez Thomas  
C.I. File no. 04-V-165

Dear City Clerk

I appeal this decision. And would like a hearing for case #04-V-165.

Truly yours,



Noah Cortez Thomas

CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY  
2005 APR 18 PM 3:30

ROMA L. LEONARDI  
CITY CLERK  
2005 APR 18 AM 9:16  
CITY OF MILWAUKEE

# Wisconsin Motor Vehicle Accident Report

Police No. District Foot

**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  
**15 04**

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

Time of Accident (Military Time)  
HOUR MIN  
**22 52**

Total Number  
DASHES UNITS HUNDREDS THOUSANDS  
**020000**

**04 OCT 26 PM**

**CITY OF MILWAUKEE**

Hit & Run  Unit #

Government Property  N

Fire (Narrative)  Y

Photos Taken (Narrative)  N

Trailer or Towed (Narrative)  Y

Track or Bus (Last Page)  Y

Load/Spillage  Y

Construction Zone  Y

Names Exchanged  N

Sheet No. Of **11**

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

LATITUDE (GPS) Degrees Minutes Seconds LONGITUDE (GPS) Degrees Minutes Seconds

ON **N. 64th** Estimated **0.0** FT. MI. FROM **FROM** Hwy No. and Street Name

House #  Utility #  Fire #  Railroad #  Other **5639 OR** 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)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W

Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<b>Pendergast</b>	<b>Michael</b>	<b>A</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<b>Legally Parked</b>		
ADDRESS Street & Number	ADDRESS Street & Number			ADDRESS Street & Number	ADDRESS Street & Number		
<b>749 W State St</b>							
City & State	ZIP	Phone Number		City & State	ZIP	Phone Number	
<b>Milwaukee WI</b>	<b>53233</b>	<b>935-4444</b>					
Driver's License Number	State	Exp. Year		Driver's License Number	State	Exp. Year	
<b>P536-5417-7921-00</b>	<b>WI</b>	<b>08</b>					

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)
<b>11-21-77</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Police <input type="checkbox"/> EMT First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance <input type="checkbox"/> CMV <input type="checkbox"/> Y	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> F	<b>11-21-77</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Police <input type="checkbox"/> EMT First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance <input type="checkbox"/> CMV <input type="checkbox"/> N	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> F
Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
<input type="checkbox"/> K <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 Deployed <input type="checkbox"/> 2 Non-Deployed <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown	<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Partially Ejected <input type="checkbox"/> 3 Fully Ejected <input type="checkbox"/> 4 Unknown	<input type="checkbox"/> K <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 Deployed <input type="checkbox"/> 2 Non-Deployed <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown	<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Partially Ejected <input type="checkbox"/> 3 Fully Ejected <input type="checkbox"/> 4 Unknown

TRAPPED/EXTRICATED	Vehicle Owner Same	Last Name	First	M.I.	TRAPPED/EXTRICATED	Vehicle Owner Same	Last Name	First	M.I.
<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Trapped/Extricated <input type="checkbox"/> 3 Unknown <input type="checkbox"/> 4 Trapped Not Extricated	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>City of Milwaukee Police Dept</b>			<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Trapped/Extricated <input type="checkbox"/> 3 Unknown <input type="checkbox"/> 4 Trapped Not Extricated	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Thomas</b>	<b>NOAH</b>	<b>MMN</b>
Street Address	Street Address			Street Address	Street Address			Street Address	Street Address
<b>749 W State St</b>				<b>2468 W Amer Ave</b>				<b>2468 W Amer Ave</b>	<b>2468 W Amer Ave</b>
City & State	ZIP	Phone Number		City & State	ZIP	Phone Number		City & State	ZIP
<b>Milwaukee WI</b>	<b>53233</b>	<b>935-4444</b>		<b>Milwaukee WI</b>	<b>53206</b>	<b>464-9284</b>		<b>Milwaukee WI</b>	<b>53206</b>
Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
<b>2000</b>	<b>Ford</b>	<b>Crown Vic</b>	<b>4DR</b>	<b>WHT</b>	<b>1998</b>	<b>Chrys</b>	<b>CNC</b>	<b>4DR</b>	<b>RED</b>
Vehicle ID Number	Vehicle ID Number			Vehicle ID Number	Vehicle ID Number			Vehicle ID Number	Vehicle ID Number
<b>2FAFP71W8YX10342</b>				<b>2C3H046J46WH144237</b>				<b>2C3H046J46WH144237</b>	<b>2C3H046J46WH144237</b>
License Plate Number	Plate Type	State	Exp. Year	License Plate Number	Plate Type	State	Exp. Year	License Plate Number	Plate Type
<b>C517</b>	<b>MNO</b>	<b>WI</b>		<b>025PLVA</b>	<b>Auto</b>	<b>WI</b>	<b>05</b>	<b>025PLVA</b>	<b>Auto</b>
Policy Holder's Name	Policy Holder's Name			Policy Holder's Name	Policy Holder's Name			Policy Holder's Name	Policy Holder's Name
<b>Self Insured</b>				<b>State Farm</b>				<b>State Farm</b>	<b>State Farm</b>

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10						<input type="checkbox"/> K <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 Deployed <input type="checkbox"/> 2 Non-Deployed <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED		Medical Transport	Agency Space	EMS Number			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Ejected <input type="checkbox"/> 3 Fully Ejected <input type="checkbox"/> 4 Unknown	<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Trapped <input type="checkbox"/> 3 Fully Ejected <input type="checkbox"/> 4 Unknown		<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Trapped Not Extricated <input type="checkbox"/> 3 Unknown	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>5839 46451</b>			

Please Do Not Write In This Microfilm Space  
Date **OCT 15 2004**  
Ident No **8270301**  
5839 46451

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				Deployed Non Deployed Not Applicable 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	Agency Space	

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				Deployed Non Deployed Not Applicable 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	Agency Space	

### Type of Accident

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

**Collision With Fixed Object**

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

**Non-Collision**

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

### 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.
2. Reduced Alertness	3.
3. Ability Impaired	4.
4. Not Observed	

**Presence**

1. Neither Alcohol nor Drugs Present

2. Yes--Alcohol Present	3.
3. Yes--Drugs Present	4.
4. Yes--Alcohol & Drugs Present	5.
5. Unknown	6.

**Alcohol**

AC Value:  AC Value:

1. Test Not Given	2.
2. Test Refused	3.
3. Test Given, Alcohol Unknown	4.
4. Test Given, No Alcohol Reported	5.

**Drugs**

1. Test Not Given	2.
2. Test Refused	3.
3. Test Given, Drugs Unknown	4.
4. Test Given, No Drugs Reported	5.
5. Drugs Reported (Specify Below)	6.
6. Marijuana	7.
7. Cocaine	8.
8. Opiates	9.
9. Amphetamines	10.
10. PCP	11.
11. Other Drug Medication	12.
12. Type Unknown	

**Unit #**

**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

**Unit #**

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

0. None	4. Severe
1. Undercarriage	5. Very Severe
2. Total (Damage to All Areas)	6. Unknown
3. Other	7. Minor
8. Unknown	9. Moderate

Vehicle Towed Due to Damage:

Vehicle Removed By: *Operator*

**Unit #**

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

0. None	4. Severe
1. Undercarriage	5. Very Severe
2. Total (Damage to All Areas)	6. Unknown
3. Other	7. Minor
8. Unknown	9. Moderate

Vehicle Towed Due to Damage:

Vehicle Removed By: *Operator*

<b>Fixed Object Struck</b>				<b>PROPERTY OWNER</b>		
Unit #	Unit #	Unit #	Unit #	Last	First	M.I.
ADDRESS Street & Number				City & State		
ZIP				Phone Number		
Govt. Damage Tag #						

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

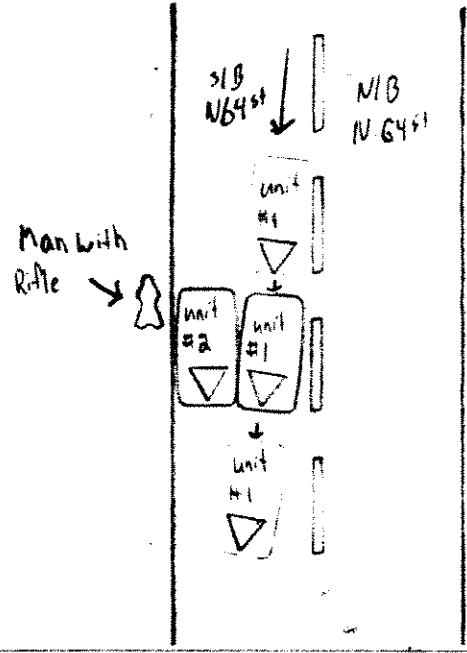


# Pictorial Representation of Narrative

Supplemental Reports  Witness Statements  Measurements Taken

Skidmarks to Impact  
Unit 1  Unit 2   
0.0 FEET 0.0

Surface Type: concrete



Not too Scale

**NARRATIVE**  
Unit #1 was a marked City of Milwaukee Police Dept. Squad operating 518 N-64th. The officers in unit #1 observed a subject standing (Mooch THOMAS) next to unit #2 with a fully loaded AK-47 assault rifle. The police officers jumped out of the squad and took THOMAS into custody. The operator of unit #1 did not put the squad into park when he exited the vehicle unit #1 collided with unit #2 creating minor damage to both vehicles. The operator of unit #1 re-entered the vehicle and put into park.

Photos By: Sgt. James FIDLER

### What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input checked="" 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

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

#### 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

Daylight  
 Dark-Not Lighted  
 Dark-Lighted  
 Dawn  
 Dusk  
 Unknown

#### TRAFFIC WAY

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

#### ROAD SURFACE CONDITION

Dry  
 Wet  
 Snow Slush  
 Ice  
 Sand, Mud, Dirt, Oil  
 Other  
 Unknown

#### WEATHER

Clear  
 Cloudy  
 Rain  
 Snow  
 Fog, Smog, Smoke  
 Sleet, Hail (Freezing Rain or Drizzle)  
 Blowing Sand, Soil, Dirt, Snow  
 Severe Crosswinds  
 Other  
 Unknown

#### RELATION TO ROADWAY

On Roadway  
 Parking Lot or Private Property  
 Shoulder (Other Than Shoulder within Median or Gore)  
 Median (Other Than Median within Gore)  
 Outside Shoulder-Left  
 Outside Shoulder-Right  
 Off Roadway-Location Unknown  
 Gore (Area between Ramp & Highway)  
 On Ramp  
 Unknown

### Traffic Control

Unit Number	Unit Number
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input 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

# Officer's Opinion of Possible Contributing Circumstances

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

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

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

### OFFICER INFORMATION

Last	First	M.I.
Woller	Vincent	K
Law Enforcement Agency Address		
749 W State St		
City & State	ZIP	
Milwaukee WI	53233	
Phone Number		
(414) 935-4444		
Agency #	Enforcement Agency	Officer ID #
0405	Milwaukee PD	66688

### Date Notified

MONTH	DAY	YEAR
Jan		
Feb	15	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

### Time Notified (Military Time)

HOUR	MIN.
2	25
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.
2	25
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	15	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?  Y  N

A truck with a hazardous materials placard?  Y  N

A bus designed to carry 16 or more persons, including the driver?  Y  N

**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?  Y  N

Any injured person who required transport for immediate medical treatment?  Y  N

One or more vehicles that had to be towed from the scene as a result of the accident?  Y  N

**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 (1-2digit):

• 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	Carrier Identification Numbers	Source:
• Interstate Carrier? <input type="checkbox"/> Y <input type="checkbox"/> N	US DOT: LC	Vehicle Side
Carrier Name: 120	ICC MC: LC	Shipping Papers
Carrier Address:		Trip Manifest
		Driver
		Log Book

Vehicle Information	Gross Vehicle Weight Rating	LBS	Total # of Axles	Cargo Body Type
Vehicle Configuration:				
SEQUENCE OF EVENTS FOR THIS VEHICLE				
1 Ran off Road				
2 Jackknife				
3 Overtake (Rollover)				
4 Downhill Runaway				
5 Cargo Loss or Shift				
6 Explosion or Fire				
7 Separation of Units				
8 Collision Involving Pedestrian				
9 Collision Involving Motor Vehicle in Transp.				
10 Collision Involving Parked Motor Vehicle				
11 Collision Involving Train				
12 Collision Involving Pedalcycle				
13 Collision Involving Animal				
14 Collision Involving Fixed Object				
15 Collision Involving Other Object				
16 Other				

Printed in U.S.A.

73503

44-1721



1998 CHRYSLER CONCORDE LXI 4DOOR SEDAN  
 CD LOG NO 6697-1

RI 0305	HANDLE,RR DOOR OUTE LT R&I ASSEMBLY			1.2	1
EC M07	PINSTRIPES-TAPE	ECONOMY PART	19.76*	0.3*	1*
L M15	COLOR TINT	REFINISH		0.5*	4*
EC M17	COVER CAR EXTERIOR	ECONOMY PART	5.00*		2*
SB M60	HAZARD. WSTE. REM.	SUBLET REPAIR	4.25*		1*

16 ITEMS

MC MESSAGE(S)  
 01 CALL DEALER FOR EXACT PART NUMBER / PRICE  
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS				742.80
OTHER PARTS				24.76
PAINT MATERIAL				252.20
PARTS & MATERIAL TOTAL				1,019.76
TAX ON PARTS & MATERIAL @			5.600%	57.11

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	46.00	11.4	3.0	662.40
2-MECH/ELEC	89.85			
3-FRAME	46.00			
4-REFINISH	46.00	9.7		446.20
5-PAINT MATERIAL	26.00			
LABOR TOTAL				1,108.60
TAX ON LABOR		@	5.600%	62.08
SUBLET REPAIRS				4.25
TAX ON SUBLET		@	5.600%	0.24
TOWING				
STORAGE				

GROSS TOTAL 2,252.04

NET TOTAL 2,252.04

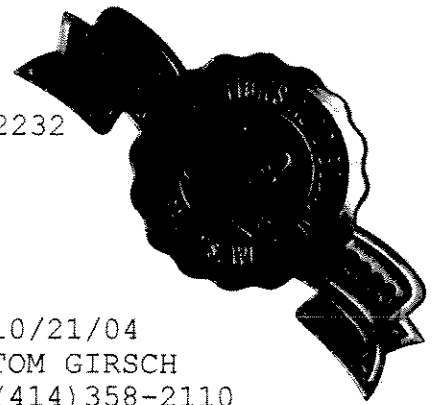
ADP SHOPLINK U1732 ES CD LOG 6697-1 DATE 10/21/04 04:05:18PM R6.35 CD 10/04  
 HOST LOG  
 (C) 1998 - 2004 ADP CLAIMS SOLUTIONS GROUP, INC.

2.0 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.

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 THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

NOTICE: WHEN SELECTING A REPAIR FACILITY, THE VEHICLE OWNER SHOULD CONSIDER THAT THE REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC WELDING EQUIPMENT AND THE RESTORATION OF CORROSIVE RESISTANT COATINGS AS RECOMMENDED BY THE

REFLECTIONS AUTO BODY INC.  
 6920 NORTH 76 STREET  
 MILWAUKEE, WI 53223  
 PHONE: (414) 358-2110 FAX: (414) 358-2232  
 WE GUARANTEE OUR WORK IN WRITING



CD LOG NO 6151-1 DATE 10/21/04

SHOP: REFLECTIONS AUTO BODY INSP DATE: 10/21/04  
 ADDRESS: 6920 N. 76TH STREET CONTACT: TOM GIRSCH  
 CITY STATE: MILWAUKEE, WI PHONE 1: (414)358-2110  
 ZIP: 53223- FAX: (414)358-2232

OWNER: THOMAS, NOAH HOME PHONE: (414)464-9481  
 ADDRESS: 5639 N 61ST ST.  
 CITY STATE: MILW, WI  
 ZIP: 53218-

DAYS TO REPAIR: 5

LIC#: STATE: VIN: 2C3HD46J4WH144237  
 BODY COLOR: RED MILEAGE:  
 CONDITION: ACCTNG CTL#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT
EU=REPLACE SALVAGE	EP=REPLACE PXN	PC=PXN RECONDITIONED
PM=PXN REMAN/REBUILT	TE=PARTL REPL PRICE	ET=PARTL REPL LABOR
IT=PARTIAL REPAIR	I=REPAIR	L=REFINISH
BR=BLEND REFINISH	TT=TWO-TONE	CG=CHIPGUARD
SB=SUBLET	N=ADDITIONAL LABOR	RI=R&I ASSEMBLY
P=CHECK	AA=APPEAR ALLOWANCE	RP=RELATED PRIOR
UP=UNRELATED PRIOR		

PRELIMINARY ESTIMATE / POSSIBLE HIDDEN DAMAGES MAY EXIST

1998 CHRYSLER CONCORDE LXI 4DOOR SEDAN 6CYL GASOLINE 3.2  
 CODE: M2713B/A OPTNS B/24CDFIZ

OPTIONS:  
 TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES  
 FOUR WHEEL ANTI-LOCK TRACTION CONTROL SYSTEM  
 CLIMATE CONTROLLED A/C OVERHEAD CONSOLE  
 ALARM SYSTEM

OP	GDE	MC	DESCRIPTION	MFG.PART NO.	PRICE	AJ%	B%	HOURS	R
E	0047		SEAL, HEADLAMP	LT 5014909AA	26.60			0.4	1
I	0103		FENDER, FRONT	LT REPAIR				5.0	*1
L	0103	13	FENDER, FRONT	LT REFINISH				3.2	4
I	0209		PNL, FRONT DOOR OUTE	LT REPAIR				8.0	*1
L	0209		PNL, FRONT DOOR OUTE	LT REFINISH				2.4	4
RI	0094		MLDG, FRONT DOOR SID	LT R&I ASSEMBLY				0.3	1
E	0238		N/PLATE, FRONT DOOR	LT 4805060	32.95			0.2	1



1998 CHRYSLER CONCORDE LXI 4DOOR SEDAN  
 CD LOG NO 6151-1

E 0285	MIRROR, OUTER R/C	LT 4574607AD	99.50	0.3	1
RI 0227	HANDLE, FRONT DOOR O	LT R&I ASSEMBLY		1.2	1
I 0289	PNL, REAR DOOR OUTER	LT REPAIR		3.0	*1
L 0289	PNL, REAR DOOR OUTER	LT REFINISH		2.4	4
RI 0391	MLDG, REAR DOOR SIDE	LT R&I ASSEMBLY		0.3	1
RI 0305	HANDLE, RR DOOR OUTE	LT R&I ASSEMBLY		1.2	1
EC M07	PINSTripES-TAPE	ECONOMY PART	15.00*	0.5	*1*
L M17	COVER CAR EXTERIOR	REFINISH	6.00*		4*
SB M60	HAZARD. WSTE. REM.	SUBLET REPAIR	3.00*		1*
N	RETAPE MLDGS	ADDNL LABOR OPERA	5.00*	0.4	*1*
N	FOAM TAPE JAMBS	ADDNL LABOR OPERA	5.00*	0.2	*1*

18 ITEMS

MC MESSAGE(S)  
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS		159.05
OTHER PARTS		31.00
PAINT MATERIAL		208.00
PARTS & MATERIAL TOTAL		398.05
TAX ON PARTS & MATERIAL @	5.600%	22.29

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	46.00	4.4	16.6	966.00
2-MECH/ELEC	75.00			
3-FRAME	46.00			
4-REFINISH	46.00	8.0		368.00
5-PAINT MATERIAL	26.00			
LABOR TOTAL				1,334.00
TAX ON LABOR		@	5.600%	74.70
SUBLET REPAIRS				3.00
TAX ON SUBLET		@	5.600%	0.17
TOWING				
STORAGE				

GROSS TOTAL	1,832.21
NET TOTAL	1,832.21

ADP SHOPLINK U1757 ES CD LOG 6151-1 DATE 10/21/04 04:23:52PM R6.35 CD 09/04  
 HOST LOG  
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1.8 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.

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