

9-21-05

to whom it Concerns;

My name is Carmen F. Falcon
I didn't send you this
letter that a Haste to write
the Amount of Money
that I'm Asking, here is
the Amount I'm Asking
\$ 300,000.00

Three Hundred Thousands
for all my Pain and Suffering
it took me a while to
Answer your question
about the Amount that
you ask to send it to you.
because I was in
Therapy and in Pain but
now I'm out of Therapy
but still I'm in Pain
from my neck Down to
the Waist

RONALD D. LEONHARDT
CITY CLERK

2005 SEP 29 PM 4:01

CITY OF MILWAUKEE

WILLIAM D.
CITY ATTORNEY

2005 SEP 27 PM 1:10

CITY OF MILWAUKEE

(2)

I think I'm going have to
live with that. I already
lost too much weight.

Here are the Names and
addresses of The Doctors,
that you ask. And the
Insurance too.

My Claim Number is
#05-5-169.

CITY OF MIAMI
RECEIVED
2005 SEP 27 PM 1:18
OFFICE OF
CITY ATTORNEY

Sincerely
Carmen F Falcon

STATE FARM
INSURANCE COMPANIES
HOME OFFICES: BLOOMINGTON, ILLINOIS



MARK A. BOJARSKI, Agent
4724 W. Forest Home Avenue
Milwaukee, WI 53219
mark.bojarski.cwlb@statefarm.com

phone: 414.545.6820 • fax: 414.545.6830

**PAIN
MANAGEMENT
CENTER of
WISCONSIN**



Henry Rosler, M.D.

*Board Certified in Physical Medicine
& Rehabilitation
Fellow of The American Academy of
Pain Management*

4710 W. Loomis Road
Milwaukee, WI 53220
(414) 433-1000
(414) 433-0195 fax



Milwaukee Family Practice, S.C.
4931 S. 27th Street, Suite 200
Greenfield, WI 53221
(414) 546-3400 Fax (414) 546-3500

Héctor M. López, MD

- Shannon S. Muderlak, MD
- Melanie O. Plante, FNP, BC

IT
On Jan 29 2005

CITY OF
05 MAY 2005
RONALD D. LI
CITY CL

MAUKEE
11:51

I HAVE A ACCIDENT

I HAVE THE GREEN LIGHT AND CAR

HIT ME FROM THE LEFT SIDE. THE GUY
WHO WAS DRIVING HIT ME, AND
HE WAS DRIVING AROUND 90 MILES THE
POLICE DIDN'T TAKE NO REPORT FROM
ME WHILE I WAS STUCK ON THE CAR
I COULDN'T MOVE I WAS STUCK THE
GUY WHO HIT ME SEND ME UNDER
THE BRIDGE, MY CAR WAS
SPINNING AROUND THE AMBULANCE
TOOK ME TO FROEDERT HOSPITAL
MY INSURANCE STATE FARM PAID
TO FROEDERT HOSPITAL \$1000.00 DR
AND 2 WKS LATER I WENT TO
LOOK FOR A GOOD DR AND FIND

DR. LOPEZ SINCE THEN I'M IN
DR CARE THEY SEND TO DIFFERENT
DRS FOR TEXTS AND I END
UP THERAPHY DR. FOR COUPLES
I'M STILL IN CARE FOR THERAPHY

(2)

I want to complain to the City cause the lights in G St + Becker, were not working. The Guy was going South and I was going East Becker St and I was familiar with that area, cause I used to live in 380 East Becker St for 11 yrs + 7 months. So I was going East when I got in the intersection, I didn't see no body coming I kept going when all the sudden this Guy hit me coming like 90 mph. He hit me I jump up to the roof ¹⁰feet.

my left ~~face~~³ foot ended
in the Brake Paddle
and my Right Foot the Gas
Paddle and I hold hard
the wheel, while I was
spinning I BEEN IN THERAPHY
SINCE THEN, the Guy who Hit
me get out of the Car instead
of helping me. He told me
what the fuck didn't you see
the red light, you HAVE the
light Red not me, I HAVE ALL
the Green lights ~~by just~~
~~want~~ I went that night I got
Ride I went to see the Lights
and me and another person

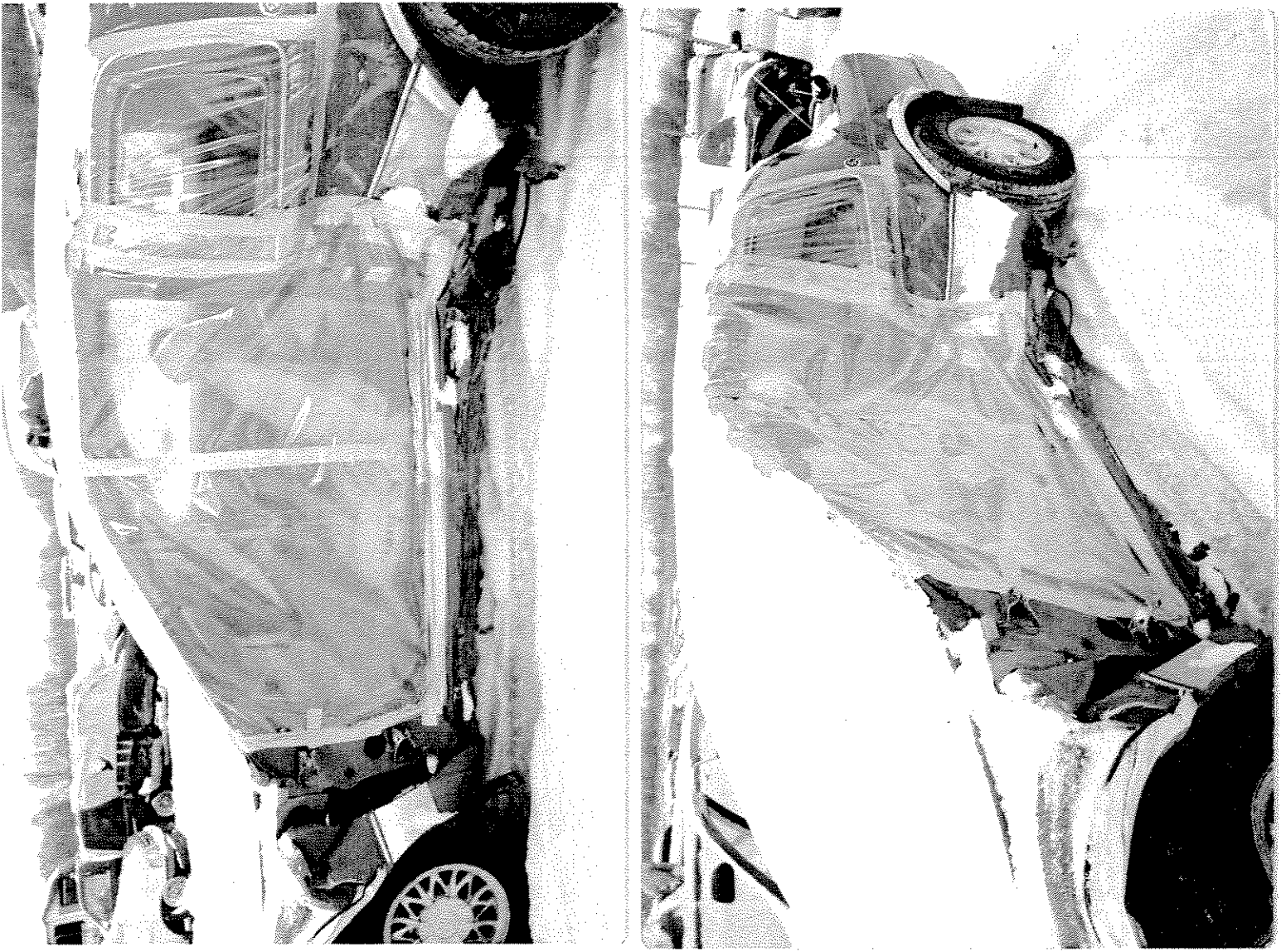
(4)

I compare that I have
all the lights green, but
the lights that are going
to east were same greens
too. the ones that goes
south they were green
too. So the guy hit me
coming from north going
to south have the greens
so did I going to ~~east~~
~~of~~ ~~east~~, so I just
letting you know cause
I been busy seeing
the Dr. with therapy

(5)
WHAT HAPPEN
WAS THAT THE LIGHTS
WERE MALFUNCTION
SINCE JAN 29, 05 TO
FEBRUARY 17, & 18 THEY
FIX THOSE LIGHTS.

THIS IS MY REPORT
THAT I HAVE. (SINCE
14 YRS
SINCE I HAVE \$2000
DRIVING RECORD)

I'M VERY SICK I BEEN
IN THERAPY ALL THIS MONTH
HERE'S MY ADDRESS &
TELEPHONE # (44) 672-1847
CARMEN FAICON
3329 W. NATIONAL AVE
MILWAU, WI 53215



State Farm Insurance Companies

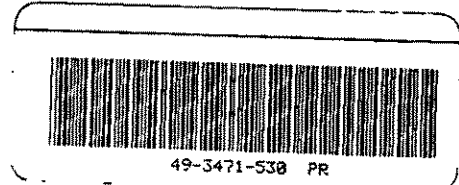


July 25, 2005

State Farm Insurance
PO Box 82613
Lincoln, NE 68501-2613

Watts: (866) 610-3924
Fax: (888) 577-4670

City Of Milwaukee
711 West Wells St
Milwaukee, WI 53233



RE: Claim Number: 49-3471-530
Date of Loss: January 29, 2005
Our Insured: Carmen F Falconi

Dear City Clerk:

State Farm Fire Company has been informed that our insured Carmen Falconi, has a pending claim with the city, due to improperly working lights at the intersection of W. Becher Street and South 5th Street.

We are enclosing the Police Report, payments made to our insured as her vehicle was declared a total loss. As well as payments made to the other driver's insurance company.

Please be advised that William Schwerke has a pending bodily injury claim, with State Farm.

If State Farm Fire Company is able to file a claim with the city due to be compensated for the monies we have distributed please advise me at the number listed below.

Sincerely,

Nakita Hollingsworth Ag

Nakita Hollingsworth
Claim Representative
1-(866)610-3924
Ext: 6256

State Farm Fire and Casualty Company

CITY OF MILWAUKEE
2005 AUG -9 PM 1:19
RONALD D. LEONHARDT
CITY CLERK

CITY OF MILWAUKEE
2005 AUG -9 PM 3:16
OFFICE OF
CITY ATTORNEY

OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City, a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed on the reverse side of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours.
3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

City Clerk

ATTN: CLAIMS

200 E. Wells St., Room 205

Milwaukee, WI 53202-3567

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.



49 3471 530

7603811

Document Number Override

Wisconsin Motor Vehicle Accident Report

Police No. DIST. 2

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil.
Mark Areas as shown:
Correct Mark
Incorrect Mark

County: **440**
MUN/TWP: **S7**

Accident Date
MONTH: **29** DAY: **05** YEAR: **05**

Time of Accident (Military Time)
HOUR: **13** MIN: **45**

Total Number
UNITS INVOLVED: **02** INJURED: **02** 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 #
Sheet No. Of
1 / **1**

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

LONGITUDE (GPS) Degree: **88** Minute: **55** Second: **55**
FROM **W. BECKER ST.** **TO** **SOUTH 5TH ST.**

Unit Number: **1** Unit Type: **CMV** Total Number of Occupants: **1** Direction of Travel (Before the Accident): **South**

OPERATOR Last Name: **SCHWERKE** First Name: **WILLIAM R.** Address: **2743 S. GLADSTONE PL.** City & State: **MILWAUKEE, WI 53227** Phone Number: **747-1322**
OPERATOR Last Name: **FALCON** First Name: **CARMEN F.** Address: **3329 W. NATIONAL AVE** City & State: **MILWAUKEE, WI 53215** Phone Number: **672-1817**

Date of Birth: **11-15-70** Sex: **M** Operating as Classified: **CMV** Class (Mark Only One): **CMV** Endorse (Mark All That Apply): **None**
Date of Birth: **04-24-37** Sex: **F** Operating as Classified: **CMV** Class (Mark Only One): **CMV** Endorse (Mark All That Apply): **None**

Severity: **1** SEAT Position: **1** SAFETY Equipment: **1** AIRBAG: **Deployed** EJECTED: **Not Applicable** TRAPPED/EXTORTICATED: **Not Trapped**

Vehicle Owner: **Vehicle Owner** Last Name: **Vehicle Owner** Street Address: **Vehicle Owner** City & State: **Vehicle Owner** ZIP: **Vehicle Owner** Phone Number: **Vehicle Owner**

Year of Vehicle: **2001** Make: **KIA** Model: **SEPHIA** Body Style: **4DR** Color: **WH** Year of Vehicle: **1993** Make: **MERC.** Model: **CUMMINS** Body Style: **3DR** Color: **MAR**
Vehicle ID Number: **KNAFB121315078924** Vehicle ID Number: **1NEPM6241PA60894**
License Plate Number: **TEK-618** License Plate Number: **1AS-HJU**

Policy Holder's Name: **AMERICAN FAMILY** Liability Insurance Company: **ALL STATE**
Occupant Unit Number: **1** Name: **Occupant** Last Name: **Occupant** First Name: **Occupant** Date of Birth: **Occupant** Sex: **Occupant** Operating as Classified: **Occupant** Class (Mark Only One): **Occupant** Endorse (Mark All That Apply): **Occupant**

Address Same as Operator: **Address Same as Operator** EJECTED: **Not Applicable** TRAPPED/EXTORTICATED: **Not Trapped** Agency Space: **OS** EMS Number: **EMS Number**

Accident No. 7603811
Date: JAN 29 2005
Location: S. 5TH / W. BECKER ST.

MV4000 899

| | | | | | | | |
|---|---|--|--|---------------------------------------|---------------|------------------|---|
| Occupant Unit Number | NAME Last First M.I. | Date of Birth | Sex | Severity | SEAT Position | SAFETY Equipment | AIRBAG |
| ADDRESS Street & Number | City & State | ZIP | | | | | <input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown |
| Address Same as Operator <input type="checkbox"/> Yes <input type="checkbox"/> No | EJECTED <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Ejected <input type="checkbox"/> Totally Ejected <input type="checkbox"/> Partially Ejected <input type="checkbox"/> Unknown | TRAPPED/EXTRICATED <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Trapped <input type="checkbox"/> Trapped/Emancipated <input type="checkbox"/> Trapped/Not Emancipated <input type="checkbox"/> Unknown | Medical Transport <input type="checkbox"/> | Agency Space <input type="checkbox"/> | | | |

017 First Harmful Event

Most Harmful Event

| | |
|-------------|-------------|
| Unit Number | Unit Number |
| #1 | |

(select one per vehicle)

Collision With Object Not Fixed

Motor Vehicle in Transport
 Parked Motor Vehicle
 Deer
 Pedalcycle
 Pedestrian
 Railway Train
 Other Animal
 Motor Vehicle in Transport in Other Roadway
 Other Object (Not Fixed)

Collision With Fixed Object

Traffic Sign Post
 Traffic Signal
 Utility Pole
 Lum. Light Support
 Other Post
 Tree
 Mailbox
 Guardrail Face
 Guardrail End
 Median Barrier
 Bridge Parapet End
 Bridge/Pier/Abut.
 Impact Attenuator
 Overhead Sign Post
 Bridge Rail
 Culvert
 Ditch
 Curb
 Embankment
 Fence
 Other Fixed Object
 Unknown

Non-Collision

Overturn
 Fire/Explosion
 Immersion
 Jackknife
 Other Non-Collision

Driver Condition

Unit Number

Driver Factors (Or Pedestrians)

Appeared Normal
 Reduced Alertness
 Ability Impaired
 Not Observed

Presence

Neither Alcohol nor Drugs Present
 Yes—Alcohol Present
 Yes—Drugs Present
 Yes—Alcohol & Drugs Present
 Unknown

Alcohol

Test Not Given
 Test Refused
 Test Given, Alcohol Unknown
 Test Given, No Alcohol Reported

Drugs

Test Not Given
 Test Refused
 Test Given, Drugs Unknown
 Test Given, No Drugs Reported
 Drugs Reported (Specify Below)

Marijuana
 Cocaine
 Opiate
 Amphetamines
 PCP
 Other Drug Medication
 Type Unknown

Unit #

Pedestrian

Location

In Crosswalk
 In Roadway
 Not in Roadway
 On Sidewalk

Action

Walking not Facing Traffic
 Disregarded Signal
 Darting into Road
 Dark Clothing
 Walking Facing Traffic

Manner of Collision

No Collision with Motor Vehicle in Transport
 Rear-end
 Head On
 Rear to Rear
 Angle
 Sideswipe, Same Direction
 Sideswipe, Opposite Direction
 Unknown

Unit #

Darken Numbered Area(s) of Vehicle Damage

None
 Undercarriage
 Total (Damage to All Areas)
 Other
 Unknown

Extent of Damage

None
 Very Minor
 Minor
 Moderate
 Severe
 Very Severe
 Unknown

Vehicle Towed Due to Damage

Vehicle Removed By: **CHT TOWING**

Unit #

Darken Numbered Area(s) of Vehicle Damage

None
 Undercarriage
 Total (Damage to All Areas)
 Other
 Unknown

Extent of Damage

None
 Very Minor
 Minor
 Moderate
 Severe
 Very Severe
 Unknown

Vehicle Towed Due to Damage

Vehicle Removed By: **CHT TOWING**

| | | |
|---------------------|-------------------------|------------------|
| Fixed Object Struck | PROPERTY OWNER | Last First M.I. |
| Unit # | ADDRESS Street & Number | |
| | City & State | ZIP |
| Govt. Damage Tag # | | Phone Number () |

| | | | | | |
|--|------------------|--|---------------------------|--|---------------------------------------|
| PO-15 A 3/98 SUPPLEMENT REPORT MILWAUKEE POLICE DEPARTMENT | | <input type="radio"/> INCIDENT SUPPLEMENT <input checked="" type="radio"/> ACCIDENT SUPPLEMENT <input type="radio"/> JUVENILE SUPPLEMENT | PAGE <u>1</u> OF <u>4</u> | DATE OF REPORT <u>01-30-05</u> | INCIDENT / ACCIDENT <u>7603877</u> |
| INCIDENT INFORMATION INCIDENT <u>P.I. Accident</u> | | DATE OF INCIDENT / ACCIDENT <u>01-29-05</u> | | | |
| VICTIM | | LOCATION OF INCIDENT / ACCIDENT <u>500 W. BECKER ST.</u> | | | DIST. # <u>2</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 |
| <p>Reported by Ptm. Carlos Colker, assigned District Two, Day Shift.</p> <p>On 01-29-05, at 7:45 pm while on patrol, I was flagged down to investigate a motor vehicle accident which occurred at the intersection of S. 5th St, and W. Becker St.</p> <p>On arrival I observed two vehicles involved, one a 2001 KIA SOLTIA, WI. REGISTRATION TEK-618, at rest, facing northbound on the southeast corner of the intersection, as well as a 1993 Mercury Cougar, WI. REGISTRATION 145-HJU, at rest on the sidewalk on Becker St, east of the KIA on the south side of intersection.</p> <p>The KIA operator was walking outside the vehicle, holding his left shoulder, and the KIA had extensive front end damage, and was not drivable.</p> <p>The Mercury operator was trapped inside the vehicle, complaining of chest back, and hip pain, and this vehicle had extensive drivers side damage, as well as front end, and roof damage.</p> <p>I summoned medical attention for both operators, at which time MED ENGINE 31, LADDER 11, MED UNIT 15, and Gen Ambulance 415 arrived on scene.</p> <p>Upon investigation, I determined the KIA auto</p> | | | | | |
| REPORTING OFFICER <u>Ptm. Carlos Colker</u> | | PAYROLL # <u>58381</u> | LOC CODE <u>21</u> | SUPERVISORS SIGNATURE <u>[Signature]</u> | |

| | | | | | |
|--|---------------------------|--|---------------|--|----------------------------------|
| PO-15 A 398 SUPPLEMENT REPORT MILWAUKEE POLICE DEPARTMENT | | <input type="radio"/> INCIDENT SUPPLEMENT <input checked="" type="radio"/> ACCIDENT SUPPLEMENT <input type="radio"/> JUVENILE SUPPLEMENT | PAGE 2 OF 4 | DATE OF REPORT 01-30-05 | INCIDENT / ACCIDENT # 7603877 |
| INCIDENT INFORMATION | INCIDENT P.T. ACCIDENT | DATE OF INCIDENT / ACCIDENT 01-29-05 | | | |
| | VICTIM | LOCATION OF INCIDENT / ACCIDENT 500 W. BERTON JR. | | | DIST.# 2 |
| 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 |

to be unit No. 1 and the Mercury to be unit No. 2. Unit No. 1 driver identified as WILLIAM R. SCHWENKE, W/M 11-15-70, and Unit No. 2 driver as CARMEN F. FAUCON, W/F 04-24-37.

SCHWENKE was found to have a shoulder injury, and was conveyed to St. Francis Hospital. SCHWENKE was treated by DR. CHRIS SKOLD in the emergency room, for a dislocated shoulder. Conveyed by BAR ANUBANS.

FAUCON was extricated by MFD and the use of the jaws of life. FAUCON was conveyed by MFD from unit No. 15 to Proctor Hospital, treated by DR. RYAN for abdominal internal injuries and hip and pelvis pain. FAUCON will require further follow up treatment for her injuries.

While at the scene, both drivers were conscious and able to converse with me.

I interviewed Schwente at which time he gave the following account of the accident.

Schwente states he was southbound on S. 5th St. After exiting the freeway via Berton St. Ramp. Schwente continued southbound at a speed of which he determined to be approximately 35 MPH. Schwente states he intended to continue south on S. 5th St. and

| | | | |
|--|--------------------|----------------|--------------------------------------|
| REPORTING OFFICER Pm. Christopher Coxon | PAYROLL # 58391 | LOC CODE 21 | SUPERVISORS SIGNATURE [Signature] |
|--|--------------------|----------------|--------------------------------------|

| | | | | |
|---|--|-------------|----------------------------|----------------------------------|
| PO-15 A 3/98 SUPPLEMENT REPORT MILWAUKEE POLICE DEPARTMENT | <input type="radio"/> INCIDENT SUPPLEMENT <input checked="" type="radio"/> ACCIDENT SUPPLEMENT <input type="radio"/> JUVENILE SUPPLEMENT | PAGE 3 OF 4 | DATE OF REPORT 01-30-05 | INCIDENT (ACCIDENT #) 7603877 |
|---|--|-------------|----------------------------|----------------------------------|

| | | |
|----------------------|---------------------------|--|
| INCIDENT INFORMATION | INCIDENT P.T. ACCIDENT | DATE OF INCIDENT / ACCIDENT 01-29-05 |
| | VICTIM | LOCATION OF INCIDENT / ACCIDENT 500 W. BERTON ST. DIST. # 2 |

| | | | | |
|--------------------|-------|--------|---------------|--|
| 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 |
|----------|------------------|-------------|----------|--------|-------|
|----------|------------------|-------------|----------|--------|-------|

Approached, then entered the intersection at W. BERTON ST. as he had a solid green signal, giving him the right of way. SCHWERKE states he was following two other autos which passed through intersection ahead of him. As SCHWERKE was approximately center of the intersection, he states unit no. 2 entered the intersection, travelling east-bound, and disregarded the official red signal controlling eastbound traffic. SCHWERKE states by the time he saw the vehicle entering in path of travel, he had no time to stop, or avoid unit no. 2, and did collide with the Mercury auto, and spun around before coming to a stop.

My examination of the accident scene did not reveal any visible skid marks on the roadway from either vehicle.

SCHWERKE stated he had a witness to this accident, and summoned the following person to speak to me at the scene. I then spoke with one RICHARD A. STANTON, Wn. 7-7-57, of 2567 S. GREENWAY ST. MILWAUKEE, 414-481-6219 who stated he was a witness to the accident. STANTON stated he was travelling east on W. BERTON ST., and stopped for the solid red signal controlling e/w traffic. STANTON states

| | | | |
|--------------------------------------|--------------------|----------------|--------------------------------------|
| REPORTING OFFICER FM. [Signature] | PAYROLL # 58391 | LOC CODE 21 | SUPERVISORS SIGNATURE [Signature] |
|--------------------------------------|--------------------|----------------|--------------------------------------|

| | | | | |
|---|--|---------------------------|-----------------|-----------------------|
| PO-15 A 3/88 SUPPLEMENT REPORT MILWAUKEE POLICE DEPARTMENT | <input type="radio"/> INCIDENT SUPPLEMENT | PAGE <u>4</u> OF <u>4</u> | DATE OF REPORT | INCIDENT / ACCIDENT # |
| | <input checked="" type="radio"/> ACCIDENT SUPPLEMENT | | <u>02-05-05</u> | <u>760 3877</u> |
| | <input type="radio"/> JUVENILE SUPPLEMENT | | | |

| | | |
|----------------------|----------|---------------------------------|
| INCIDENT INFORMATION | INCIDENT | DATE OF INCIDENT / ACCIDENT |
| | VICTIM | LOCATION OF INCIDENT / ACCIDENT |

f.i. Accident 01-29-05
500 W. BECKER ST. DIST 2

| | | | | |
|--------------------|-------|--------|---------------|---------------------------------------|
| 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 |
|----------|------------------|-------------|----------|--------|-------|
|----------|------------------|-------------|----------|--------|-------|

Unit No. 2 was ahead of him, and Stanton states he did observe unit no. 2 disregard the red traffic signal, and enter the intersection at S. 5th St., when the collision occurred.

Upon interview of Brown, she states she was travelling east on W. Becker St. and as she approached the intersection at S. 5th St., that she proceeded into the intersection, as she had the right of way, and a solid green signal.

Brown states that unit no. 1 collided with her drivers side, after unit no. 1 drove through a solid red signal controlling southbound traffic.

Both vehicles were removed by CME towing due to damages.

No further witnesses were located, and no citations issued at this time.

| | | | |
|-------------------|--------------|-----------|-------------------------|
| REPORTING OFFICER | PAYROLL # | LOC CODE | SUPERVISORS SIGNATURE |
| <u>Tom Cullin</u> | <u>58391</u> | <u>21</u> | <u>Sgt. [Signature]</u> |

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

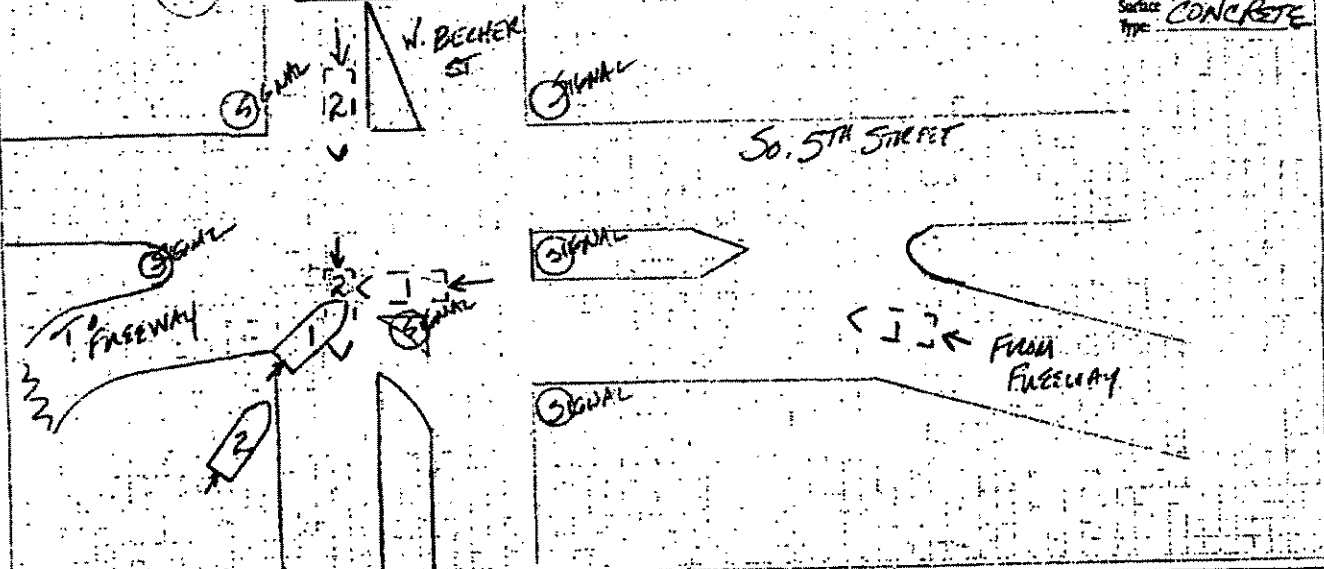


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Stickers to Enpace
Unit 1: 0 FEET Unit 2: 0

Surface Type: CONCRETE



N UNIT NO. 1 EXITED FREEWAY TRAVELLING SOUTHBOUND
A ON S. 5TH STREET. UNIT NO. 2 TRAVELLING
R EASTBOUND ON W. BECKER ST. UNITS 1 AND 2
R ENTERED INTERSECTION OF S. 5TH AND W. BECKER
R ST. SIMULTANEOUSLY WITH UNIT NO. 1
A COLLIDING WITH UNIT NO. 2 IN AN ANGLED
T MANNER ON DRIVERS SIDE. BOTH DRIVERS STATE
I OTHER DRIVER DISREGARDED OFFICIAL RED SIGNAL
V BOTH DRIVERS INSURED AND TRANSPORTED. BOTH
E VEHICLES TOWED DUE TO DAMAGES.

Photos By: _____

| Unit Number | Unit Number |
|--|---|
| <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 |
| <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> 4 |
| <input checked="" type="checkbox"/> 5 | <input checked="" type="checkbox"/> 6 |
| <input checked="" type="checkbox"/> 7 | <input checked="" type="checkbox"/> 8 |
| <input checked="" type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| <input checked="" type="checkbox"/> 11 | <input checked="" type="checkbox"/> 12 |
| <input checked="" type="checkbox"/> 13 | <input checked="" type="checkbox"/> 14 |
| <input checked="" type="checkbox"/> 15 | <input checked="" type="checkbox"/> 16 |
| <input checked="" type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 |
| <input checked="" type="checkbox"/> 19 | <input checked="" type="checkbox"/> 20 |
| <input checked="" type="checkbox"/> 21 | <input checked="" type="checkbox"/> 22 |
| <input checked="" type="checkbox"/> 23 | <input checked="" type="checkbox"/> 24 |
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| <input checked="" type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28 |
| <input checked="" type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30 |
| <input checked="" type="checkbox"/> 31 | <input checked="" type="checkbox"/> 32 |
| <input checked="" type="checkbox"/> 33 | <input checked="" type="checkbox"/> 34 |
| <input checked="" type="checkbox"/> 35 | <input checked="" type="checkbox"/> 36 |
| <input checked="" type="checkbox"/> 37 | <input checked="" type="checkbox"/> 38 |
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| <input checked="" type="checkbox"/> 97 | <input checked="" type="checkbox"/> 98 |
| <input checked="" type="checkbox"/> 99 | <input checked="" type="checkbox"/> 100 |

WITNESS Last Name: STANTON, First Name: RICHARD, All: A
 ADDRESS: Street & Number: 2567 S. GREELEY ST., Date of Birth: 07-07-57
 City: MILWAUKEE, WI, 53207, Phone Number: (414) 481-629

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

| Unit Number | Unit Number |
|--|---|
| <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 |
| <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> 4 |
| <input checked="" type="checkbox"/> 5 | <input checked="" type="checkbox"/> 6 |
| <input checked="" type="checkbox"/> 7 | <input checked="" type="checkbox"/> 8 |
| <input checked="" type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
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1003011

Document Number Override

Officer's Opinion of Possible Contributing Circumstances

| Unit Number | Unit Number |
|--|--------------------------|
| N/A | N/A |
| <input type="checkbox"/> Exceeding Speed Limit | <input type="checkbox"/> |
| <input type="checkbox"/> Speed Too Fast/Condition | <input type="checkbox"/> |
| <input type="checkbox"/> Fail to Yield Right of Way | <input type="checkbox"/> |
| <input type="checkbox"/> Inattentive Driving | <input type="checkbox"/> |
| <input type="checkbox"/> Following Too Close | <input type="checkbox"/> |
| <input type="checkbox"/> Improper Turn | <input type="checkbox"/> |
| <input type="checkbox"/> Left of Center | <input type="checkbox"/> |
| <input type="checkbox"/> Disregarded Traffic Control | <input type="checkbox"/> |
| <input type="checkbox"/> Improper Overtaking | <input type="checkbox"/> |
| <input type="checkbox"/> Unsafe Backing | <input type="checkbox"/> |
| <input type="checkbox"/> Failure to Have Control | <input type="checkbox"/> |
| <input type="checkbox"/> Driver Condition | <input type="checkbox"/> |
| <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> |

| Unit Number | Unit Number |
|---|--------------------------|
| N/A | N/A |
| <input type="checkbox"/> Brake System | <input type="checkbox"/> |
| <input type="checkbox"/> Tires | <input type="checkbox"/> |
| <input type="checkbox"/> Steering System | <input type="checkbox"/> |
| <input type="checkbox"/> Turn Signals | <input type="checkbox"/> |
| <input type="checkbox"/> Head Lamps | <input type="checkbox"/> |
| <input type="checkbox"/> Stop Lamps | <input type="checkbox"/> |
| <input type="checkbox"/> Tail Lamps | <input type="checkbox"/> |
| <input type="checkbox"/> Disabled in Prior Accident | <input type="checkbox"/> |
| <input type="checkbox"/> Other Disabled | <input type="checkbox"/> |
| <input type="checkbox"/> Mirrors | <input type="checkbox"/> |
| <input type="checkbox"/> Suspension System | <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> |

| Unit Number | Unit Number |
|---|--------------------------|
| N/A | N/A |
| <input type="checkbox"/> Snow, Ice or Wet | <input type="checkbox"/> |
| <input type="checkbox"/> Narrow Shoulder | <input type="checkbox"/> |
| <input type="checkbox"/> Low Shoulder | <input type="checkbox"/> |
| <input type="checkbox"/> Soft Shoulder | <input type="checkbox"/> |
| <input type="checkbox"/> Loose Gravel | <input type="checkbox"/> |
| <input type="checkbox"/> Rough Pavement | <input type="checkbox"/> |
| <input type="checkbox"/> Debris from Prior Accident | <input type="checkbox"/> |
| <input type="checkbox"/> Other Debris | <input type="checkbox"/> |
| <input type="checkbox"/> Sign Obscured or Missing | <input type="checkbox"/> |
| <input type="checkbox"/> Narrow Bridge | <input type="checkbox"/> |
| <input type="checkbox"/> Construction Zone | <input type="checkbox"/> |
| <input type="checkbox"/> Visibility Obscured | <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> |

OFFICER INFORMATION

Last Name: **COLKER** First: **GREG T** M.I.:

Law Enforcement Agency Address: **149 W. STATE STREET**

City & State: **MILWAUKEE, WI 53233**

Phone Number: **(414) 933-4444**

Agency #: **A152** Enforcement Agency: **MILWAUKEE P.D.** Officer ID #: **50391**

| Date Notified | | | Time Notified (Military Time) | | Time Arrived (Military Time) | | Date of Report | | |
|---------------|-----|------|-------------------------------|-----|------------------------------|-----|----------------|-----|------|
| MONTH | DAY | YEAR | HR | MIN | HR | MIN | MONTH | DAY | YEAR |
| Jan | 29 | 05 | 13 | 45 | 13 | 45 | Jan | 30 | 05 |
| Feb | | | | | | | Feb | | |
| Mar | | | | | | | Mar | | |
| Apr | | | | | | | Apr | | |
| May | | | | | | | May | | |
| Jun | | | | | | | Jun | | |
| Jul | | | | | | | Jul | | |
| Aug | | | | | | | Aug | | |
| Sep | | | | | | | Sep | | |
| Oct | | | | | | | Oct | | |
| Nov | | | | | | | Nov | | |
| Dec | | | | | | | Dec | | |

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 Class Numbers (1-2 digit):

Hazardous Material "UN" Numbers (4 digit):

Hazardous Material Placard Displayed?

Hazardous Cargo was Released?

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

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

Carrier Identification Numbers

US DOT: IC:

ICC MC: IC:

Carrier Name:

Carrier Address:

Source: Vehicle Side Shipping Papers Trip Manifest Driver Log Book

Vehicle Construction

Single unit truck, 2 axles, 2 tires: Truck Trailer

Single unit truck, 2 axles, 3 tires: Truck Trailer

Single unit truck, 3 axles, 3 tires: Truck Trailer

Single unit truck, 3 axles, 4 tires: Truck Trailer

Single unit truck, 4 axles, 4 tires: Truck Trailer

Single unit truck, 4 axles, 5 tires: Truck Trailer

Single unit truck, 4 axles, 6 tires: Truck Trailer

Single unit truck, 4 axles, 7 tires: Truck Trailer

Single unit truck, 4 axles, 8 tires: Truck Trailer

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Single unit truck, 4 axles, 96 tires: Truck Trailer

Single unit truck, 4 axles, 97 tires: Truck Trailer

Single unit truck, 4 axles, 98 tires: Truck Trailer

Single unit truck, 4 axles, 99 tires: Truck Trailer

Single unit truck, 4 axles, 100 tires: Truck Trailer

SEQUENCE OF EVENTS FOR THIS VEHICLE

Ran off Road

Jackknife

Overturn (Rollover)

Downhill Runaway

Cargo Loss or Shift

Explosion or Fire

Separation of Units

Collision Involving Pedestrian

Collision Involving Motor Vehicle in Transp.

Collision Involving Parked Motor Vehicle

Collision Involving Train

Collision Involving Pedalcycle

Collision Involving Animal

Collision Involving Fixed Object

Collision Involving Other Object

Other

Cargo Body Type

Box

Flatbed

Tank

Trailer

Other

FEB 07 2005

Payments by COL S3536E50
Clm: 49-3471-530 Ins: FALCON, CARMEN Pol: 0479-168-49 001 DOL: 01-29-05

'C' denotes consolidated payment
'P' denotes previous data

'E' denotes EFT payment

Sel: _____

Payments 1 to 3 of 3

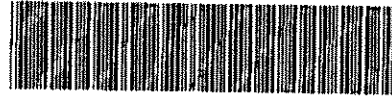
COL: 400 COLL Ind: 2,590.88

Dir rcov: 0.00

Exp: 30.00

| Sel | Payment No | Payee | Amount | Stat | COL Pay | Rpt Party |
|-----|------------|--------------------|----------|------|---------|------------|
| 1. | 105732734J | CITY OF MILWAUKEE | 30.00 | O/S | 400 8 | Named Insu |
| 2. | 105868190J | INSURANCE AUTO AUC | 41.00 | PAID | 400 2 | Named Insu |
| 3. | 105799600J | CARMEN F. FALCON | 2,549.88 | PAID | 400 2 | Named Insu |

Total Loss
93 Mercury
plus - Salvage fees



49-3471-530 FD

Clm: 49-3471-530 Ins: FALCON, CARMEN Pol: 0479-168-49 001 DOL: 01-29-05 S3536E50

'C' denotes consolidated payment
'P' denotes previous data

'E' denotes EFT payment

Sel: ___

Payments 1 to 1 of 1

COL: 600 MPC Ind: 1,000.00

Dir rcov: 0.00

Exp: 0.00

| Sel | Payment No | Payee | Amount | Stat | COL Pay | Rpt Party |
|-----|------------|--------------------|----------|------|---------|-----------|
| 1. | 105798292J | FROEDTERT MEMORIAL | 1,000.00 | PAID | 600 1 | FALCON, C |

Medical
Payments
for Carmen
Falcon

Payments by COL S3538E50
Cln: 49-3471-530 Ins: FALCON, CARMEN Pol: 0479-168-49 001 DOL: 01-29-05

'C' denotes consolidated payment 'E' denotes EFT payment
'P' denotes previous data

Sel: _____ Payments 1 to 3 of 3
COL: 200 PD Ind: 3,590.83 Dir rcov: 0.00 Exp: 0.00

| Sel | Payment No | Payee | Amount | Stat | COL | Pay | Rpt Party |
|-----|--------------|--------------------|----------|------|-----|-----|------------|
| 1. | E 105729939K | AFNI INSURANCE SOL | 3,165.83 | PAID | 200 | 1 | SCHWERK, W |
| 2. | 105726393J | AMERICAN FAMILY | 3,165.83 | STOP | 200 | 2 | SCHWERK, W |
| 3. | 105263408J | WILLIAM SCHWERKE | 425.00 | PAID | 200 | 2 | SCHWERK, W |

Payments made
to William Scherke
& American Insurance
family