

March 12, 2002
C.I. File number 02-V-15

Milwaukee City Clerk office,

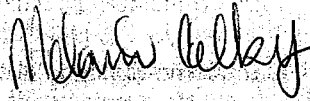
I am writing regarding C.I. file number 02-V-15. The city of Milwaukee is offering me 582.00 dollars, of my original claim of 2865.00, stating that the officer was only 30 percent responsible for the accident. I have numerous pictures and videotape showing that the officer skid eighty-six feet before impacting my vehicle and pushing it an additional ten feet. I believe that this proves the officer was speeding, and therefore responsible for the accident. I was legally parked thirty feet from the intersection, and not responsible for the accident, which may end up costing me up to seventy percent of the value of my vehicle. I would like to request a hearing to review the facts of this case, and my evidence.

CITY OF MILWAUKEE

2002 MAR 11 PM 4:01

RONALD J. LEONARDI
CITY CLERK

Thank You,



Melanie Colby

626 A E. Wright St.
Milw. WI. 53212
(414)264-1117

CITY OF MILWAUKEE
OFFICE OF
CITY ATTORNEY

02 MAR 12 PM 3:44

CITY OF MILWAUKEE
RECORDS

Melanie L. Colby
626A E. Wright Street
Milwaukee, WI 532112
(414) 264-1117

Ronald D. Leonhardt
City Clerk
City of Milwaukee
200 E. Wells Street Rm. 205
Milwaukee, WI 53202

January 16, 2002

Mr. Leonhardt,

On November 24, 2001, at approximately 1:50 AM, a City of Milwaukee police car struck my car. My car was legally parked at 2509 N. Pierce at the time of the accident. The officer driving the squad car was reportedly avoiding a truck, which had run a stop sign.

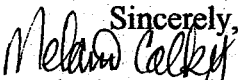
My car was seriously damaged in the accident, and now is not drivable. It was struck on the front driver's side, and pushed into a tree, which crushed the passenger side. The cost of repairing the car exceeds the value of it.

I examined the area around the crash and took numerous photos and video-tape. I found some discrepancies between the police report, and what I found at the scene. I have attempted to contact the officers involved to discuss this, but my phone calls have not been returned.

I have obtained estimates for the value of the car. I am requesting that the City of Milwaukee reimburse me for the retail value of the car, which is \$2865.00. The Kelly Blue Book lists this amount.

I have enclosed copies of the accident report and the blue book value quote. I have also enclosed as estimate for the cost of repairs.

I would appreciate your contacting me to discuss this matter. I have already been without my car since November 24th, and would like to settle this matter as quickly as possible.

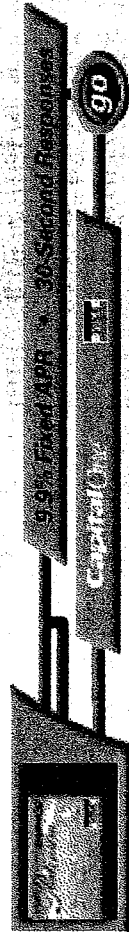
Sincerely,

Melanie L. Colby

Retail Value**\$2,830**

Suggested retail represents the price a dealership might ask for this make and model vehicle. This represents a fully reconditioned vehicle in excellent condition with a clean title history. This retail price is not a trade-in or private-party value, but rather assumes that a dealer has absorbed the cost of making the vehicle ready for sale, reconditioning, advertising, sales commissions, arranging for financing and insurance and standing behind the vehicle for any mechanical or safety problems. Many late model vehicles at this price have passed an inspection program or carry a warranty. Actual dealer selling price may vary from this price.

[Get a Private Party Value](#)[Get Invoice & MSRP on New Cars](#)

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'1991' FORD ESCORT GT 2DOOR HATCHBACK
 CD LOG NO 54-1

EU 0103	FENDER, FRONT	LT SALVAGE PART	75.00*	
L 0103	FENDER, FRONT	LT REFINISH		3.14
EU 0104	FENDER, FRONT	RT SALVAGE PART	75.00*	
L 0104	FENDER, FRONT	RT REFINISH		3.14
I M41	FRAME SAG, F.	REPAIR		5.00*

19 ITEMS

MC MESSAGE(S)

- 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
- 02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO
- 07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
- 09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS				638.03
OTHER PARTS				775.00
PAINT MATERIAL				237.60
PARTS TOTAL				1,650.63
TAX ON PARTS @			5.600%	79.13
LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	42.00	14.7		617.40
2-MECH/ELEC	65.00	1.0		65.00
3-FRAME	65.00		5.0	325.00
4-REFINISH	42.00	10.8		453.60
5-PAINT MATERIAL	22.00			
LABOR TOTAL				1,461.00
TAX ON LABOR			@	5.600%
SUBLET REPAIRS				81.82
TOWING				
STORAGE				

GROSS TOTAL 3,272.58

NET TOTAL 3,272.58

ADP SHOPLINK UH166 ES CD LOG 54-1 DATE 11/28/01 01:58:50PM R6.2 CD 11/01
 PXN:N/00/00/00/00 CUM:/// HOST LOG
 COPYRIGHT 2000, AUTOMATIC DATA PROCESSING, INC.

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

 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.

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.

County: 40, MUN/TWP: 57. Accident Date: MONTH (Mar 2), DAY (4), YEAR (01).

Time of Accident (Military Time): HOUR 01, MIN 46.

Total Number: UNITS 0200, INJURED 00, 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.

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 Hwy No. and Street Name: N PIERCE ST. Estimated: 20.0. FROM/AT Hwy No. and Street Name: E. WRIGHT ST.

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

OPERATOR Last Name, First Name, ADDRESS Street & Number, City & State, ZIP, Phone Number, Driver's License Number, State, Exp. Year.

On Duty Accident: Police, EMT, First Responder, Fire Fighter, Winter Hwy Maintenance. CMV, Operating as Classified, Class (Mark Only One), Endorse (Mark All That Apply).

Severity, SEAT Position, SAFETY Equipment, AIRBAG, EJECTED.

TRAPPED/EXTRICATED: (1) Not Applicable, (2) Not Trapped, (3) Trapped/Extricated, (4) Trapped/Not Extricated, (5) Unknown, Medical Transport.

Vehicle Owner: Same, Last Name, First Name, M.I.

Street Address, City & State, ZIP, Phone Number.

Year of Vehicle, Make, Model, Body Style, Color.

Vehicle ID Number, License Plate Number, Plate Type, State, Exp. Year.

Policy Holder's Name, Same, Liability Insurance Company, Stat. #.

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

Address Same as Operator: EJECTED, TRAPPED/EXTRICATED, Medical Transport, Agency Space.

MV4000 1296, EMS Number.

Police No. 5, Incident No. 6329513, NOV 24 2001, Location 8509 N. PIERCE ST.

JAD, CA, EB, GA 10-13-01

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

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

Typical Accident

First Harmful Event

Most Harmful Event

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

(select one per vehicle)

Collision With Object Not Fixed

1	Motor Vehicle in Transport	2
3	Parked Motor Vehicle	3
4	Deer	4
5	Pedalcycle	5
6	Pedestrian	6
7	Railway Train	7
8	Other Animal	8
9	Motor Vehicle in Transport In Other Roadway	9
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 2 3 4 5 6 7 8 9 10	Unit Number 1 2 3 4 5 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

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

Unit

2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

10	None	1	Very Minor	4	Severe
11	Undercarriage	2	Minor	5	Very Severe
12	Total (Damage to all Areas)	3	Moderate	6	Unknown
13	Other				
14	Unknown				

Vehicle Towed Due to Damage: (Y) (N)

Vehicle Removed By: OPERATOR

Unit

1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

10	None	1	Very Minor	4	Severe
11	Undercarriage	2	Minor	5	Very Severe
12	Total (Damage to all Areas)	3	Moderate	6	Unknown
13	Other				
14	Unknown				

Vehicle Towed Due to Damage: (Y) (N)

Vehicle Removed By: OPERATOR

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
--------	--------	--------	--------

Govt. Damage Tag #

PROPERTY OWNER	Last First M.I.
ADDRESS	Street & Number City & State ZIP Phone Number ()

Wisconsin Motor Vehicle Accident Report

Document Number Override 6329513

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 24 01

Time of Accident (Military Time): 0146

Total Number: 020000

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

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

LATITUDE (GPS) Degrees: 12 Minutes: Seconds: LONGITUDE (GPS) Degrees: 13 Minutes: Seconds:

ON Hwy No. and Street Name Estimated FROM/AT Hwy No. and Street Name

House # Fire # Other Utility # Railroad # 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 CMV

Severity SEAT SAFETY AIRBAG EJECTED

TRAPPED/ EXTRICATED Vehicle Owner Last Name First M.I. Street Address

City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color

Vehicle ID Number License Plate Number Plate Type 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 Agency Space

MV4000 1296 EMS Number

Police No. 559 N. Pierce St. Accident No. 6329513 Date NOV 24 2001 Location 2509 N. Pierce St.

Signature: Gibbons

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

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

Type of Accident

316 First Harmful Event #1

Most Harmful Event

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

(select one per vehicle)

Collision With Object Not Fixed

1	Motor Vehicle in Transport	1
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 1 2 3 4 5 6 7 8 9 10	Unit Number 1 2 3 4 5 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 # 2 3 4 5 6 7 8 9 10

Pedestrian #2

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

Manner of Collision #3

• 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 #4

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

Extent of Damage #5

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

Vehicle Towed Due to Damage (Y) (N) #6

Vehicle Removed By: #7

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

Darken Numbered Area(s) of Vehicle Damage #9

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

Extent of Damage #9

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

Vehicle Towed Due to Damage (Y) (N) #9

Vehicle Removed By: #9

82 Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag # 83

PROPERTY Last First M.I.
OWNER #1
ADDRESS Street & Number #5
City & State ZIP Phone Number () #7

DEC 13 2001

6329514

Document Number Override
121 6329513

Officer's Opinion of Possible Contributing Circumstances

Data Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10 N/A	1 2 3 4 5 6 7 8 9 10 N/A
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 N/A	1 2 3 4 5 6 7 8 9 10 N/A
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 N/A	1 2 3 4 5 6 7 8 9 10 N/A
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	First	M.I.
125 ROSENEY	CHRIS	D
Law Enforcement Agency Address		
126 749 W STATE ST.		
City & State	ZIP	
127 MILWAUKEE WIS	53233	
Phone Number		
(414) 283-4444		
Agency #	Enforcement Agency	Officer ID #
129 5	MILWAU PD	64674

Date Notified	Time Notified (Military Time)	Time Arrived (Military Time)	Date of Report
MONTH DAY YEAR	HOUR MIN.	HOUR MIN.	MONTH DAY YEAR
Jan 24 01	01 50	01 58	Jan 24 01
Feb 0 0 0	0 0 0	0 0 0	Feb 0 0 0
Mar 0 0 0	0 0 0	0 0 0	Mar 0 0 0
Apr 1 1 1	1 1 1	1 1 1	Apr 1 1 1
May 2 2 2	2 2 2	2 2 2	May 2 2 2
June 3 3 3	3 3 3	3 3 3	June 3 3 3
July 4 4 4	4 4 4	4 4 4	July 4 4 4
Aug 5 5 5	5 5 5	5 5 5	Aug 5 5 5
Sept 6 6 6	6 6 6	6 6 6	Sept 6 6 6
Oct 7 7 7	7 7 7	7 7 7	Oct 7 7 7
Nov 8 8 8	8 8 8	8 8 8	Nov 8 8 8
Dec 9 9 9	9 9 9	9 9 9	Dec 9 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 requiring 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

137 • 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

• Interstate Carrier? (Y) (N)

Carrier Name: 139

Carrier Identification Numbers

US DOT: 140 IC: _____

ICC/MC: _____ IC: _____

Carrier Address: 142

Source: Vehicle Side Shipping Papers Trip Manifest Driver Log Book

Vehicle Information

Vehicle Configuration

1 2 3 4 5 6 7 8 9 10

145 SEQUENCE OF EVENTS FOR THIS VEHICLE (Mark a total of one to four events in the order that they occurred)

1 2 3 4 Ran off Road

1 2 3 4 Jackknife

1 2 3 4 Overturn (Rollover)

1 2 3 4 Downhill Runaway

1 2 3 4 Cargo Loss or Shift

1 2 3 4 Explosion or Fire

1 2 3 4 Separation of Units

1 2 3 4 Collision involving pedestrian

1 2 3 4 Collision involving motor vehicle in transp.

1 2 3 4 Collision involving parked motor vehicle

1 2 3 4 Collision involving train

1 2 3 4 Collision involving pedalcycle

1 2 3 4 Collision involving animal

1 2 3 4 Collision involving fixed object

1 2 3 4 Collision involving other object

1 2 3 4 Other

Gross Vehicle Weight Rating: 143 LBS

Total # of Axles: 144

Cargo Body Type

1 2 3 4 5 6 7 8 9 10

1 Bus

2 Van Enclosed box

3 Cargo Tank

4 Hauled

5 Dump

6 Concrete Mixer

7 Auto Transporter

8 Garbage Refuse

9 Other

10 Log Truck

DEC 13 2001

Printed in U.S.A. GS03 321 Mark Refers to NCS MM97108-2

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

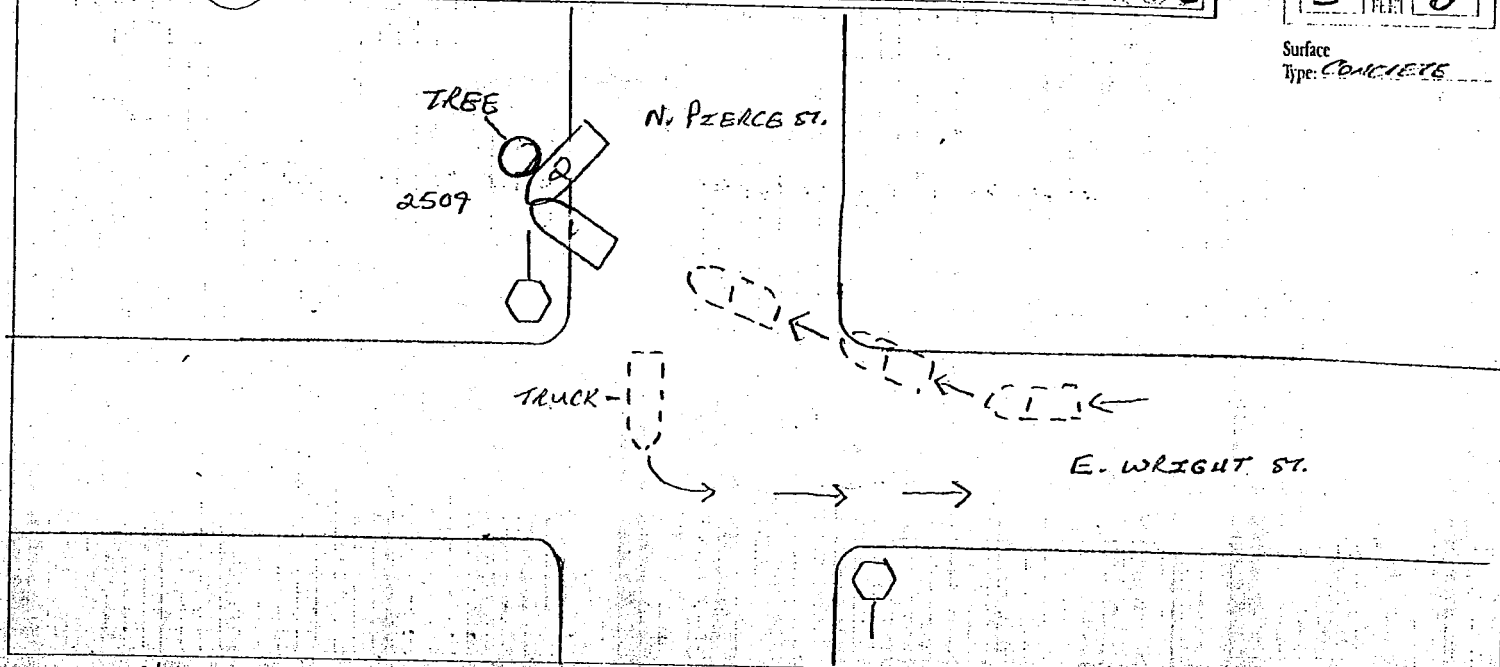


Pictorial Representation of Narrative

Supplemental Reports 101 N Witness Statements 102 N Measurements Taken 103 Y

Skidmarks to Impact	
Unit 1	Unit 2
S	0
FEET	

Surface Type: CONCRETE



N UNIT #1 WAS WEST BOUND ON E. WRIGHT ST. IN THE
A 600 E. BLOCK APPROACHING N. PIERCE ST. WHEN AN
R UNKNOWN MAKE PICKUP TRUCK, WHITE WITH RED AND BLACK
R STOPPED ON THE SIDE DE-SERIALIZED THE STOP SIGN, SOUTH
R BOUND ON PIERCE AT E. WRIGHT. UNIT #1 SWERVED TO
A AVOID THE TRUCK WHICH WAS IN THE INTERSECTION,
A CAUSING IT TO COLLIDE INTO UNIT #2 WHICH WAS
T LEGALLY PARKED AT 2509 N. PIERCE ST. BELOW LEFT
I WITNESS WAS WALKING SW ON PIERCE AT 2515. SHE STATED
V SHE OBSERVE THE TRUCK SLOW DOWN BUT NOT STOP FOR THE
E STOP SIGN. SHE ALSO STATED SHE OBSERVED THE SQUARE CAR
 SWERVE TO AVOID HITTING THE TRUCK, THEN HIT THE PARKED CAR.

Photos By: 105 MFLW P.D. SER # 384142

What Driver Were Doing	
Unit Number	Unit Number
<input checked="" type="checkbox"/> (2)	<input checked="" type="checkbox"/> (1)
<input type="checkbox"/> (3)	<input type="checkbox"/> (2)
<input type="checkbox"/> (4)	<input type="checkbox"/> (3)
<input type="checkbox"/> (5)	<input type="checkbox"/> (4)
<input type="checkbox"/> (6)	<input type="checkbox"/> (5)
<input type="checkbox"/> (7)	<input type="checkbox"/> (6)
<input type="checkbox"/> (8)	<input type="checkbox"/> (7)
<input type="checkbox"/> (9)	<input type="checkbox"/> (8)
<input type="checkbox"/> (10)	<input type="checkbox"/> (9)
<input type="checkbox"/> (11)	<input type="checkbox"/> (10)
<input type="checkbox"/> (12)	<input type="checkbox"/> (11)
<input type="checkbox"/> (13)	<input type="checkbox"/> (12)
<input type="checkbox"/> (14)	<input type="checkbox"/> (13)
<input type="checkbox"/> (15)	<input type="checkbox"/> (14)
<input type="checkbox"/> (16)	<input type="checkbox"/> (15)
<input type="checkbox"/> (17)	<input type="checkbox"/> (16)
<input type="checkbox"/> (18)	<input type="checkbox"/> (17)
<input type="checkbox"/> (19)	<input type="checkbox"/> (18)

WITNESS Last Name	First	M.I.
107 THYBONY	PRAIRIE	E
ADDRESS Street & Number	Date of Birth	
108 2415 A N. PIERCE ST.	1:07-06-79	
City & State	ZIP	Phone Number
110 MILWAUKEE WI 53212		(414) 372-9076

ACCESS CONTROL 112
<input checked="" type="checkbox"/> No Control (Unlimited Access)
<input type="checkbox"/> (2) Full Control (Only Ramp Entry/Exit)
<input type="checkbox"/> (3) Partial Control

ROAD TERRAIN 113
Part A
<input checked="" type="checkbox"/> Straight
<input type="checkbox"/> (2) Curve
Part B
<input checked="" type="checkbox"/> Level/Flat
<input type="checkbox"/> (4) Hill

LIGHT CONDITION 114
<input type="checkbox"/> (1) Daylight
<input type="checkbox"/> (2) Dark—Not Lighted
<input checked="" type="checkbox"/> (3) Dark—Lighted
<input type="checkbox"/> (4) Dawn
<input type="checkbox"/> (5) Dusk
<input type="checkbox"/> (6) Unknown

TRAFFIC WAY 115
<input checked="" type="checkbox"/> Not Physically Divided (2-Way Traffic)
<input type="checkbox"/> (2) Divided Highway, Median Strip, without Traffic Barrier
<input type="checkbox"/> (3) Divided Highway, Median Strip, with Traffic Barrier
<input type="checkbox"/> (4) One-Way Traffic
<input type="checkbox"/> (5) Parking Lot or Private Property

ROAD SURFACE CONDITION 116
<input type="checkbox"/> (1) Dry
<input checked="" type="checkbox"/> (2) Wet
<input type="checkbox"/> (3) Snow/Slush
<input type="checkbox"/> (4) Ice
<input type="checkbox"/> (5) Sand, Mud, Dirt, Oil
<input type="checkbox"/> (6) Other
<input type="checkbox"/> (7) Unknown

WEATHER 118
<input type="checkbox"/> (1) Clear
<input checked="" type="checkbox"/> (2) Cloudy
<input type="checkbox"/> (3) Rain
<input type="checkbox"/> (4) Snow
<input type="checkbox"/> (5) Fog, Smog, Smoke
<input type="checkbox"/> (6) Sleet, Hail (Freezing Rain or Drizzle)
<input type="checkbox"/> (7) Blowing Sand, Soil, Dirt, Snow
<input type="checkbox"/> (8) Severe Crosswinds
<input type="checkbox"/> (9) Other
<input type="checkbox"/> (10) Unknown

RELATION TO ROADWAY 117
<input checked="" type="checkbox"/> On Roadway
<input type="checkbox"/> (2) Parking Lot or Private Property
<input type="checkbox"/> (3) Shoulder (Other than Shoulder within Median or Gore)
<input type="checkbox"/> (4) Median (Other than Median within Gore)
<input type="checkbox"/> (5) Outside Shoulder—Left
<input type="checkbox"/> (6) Outside Shoulder—Right
<input type="checkbox"/> (7) Off Roadway—Location Unknown
<input type="checkbox"/> (8) Gore (Area between Ramp & Highway)
<input type="checkbox"/> (9) On Ramp
<input type="checkbox"/> (10) Unknown

Traffic Control	
Unit Number	Unit Number
<input checked="" type="checkbox"/> (2)	<input checked="" type="checkbox"/> (1)
<input type="checkbox"/> (3)	<input type="checkbox"/> (2)
<input type="checkbox"/> (4)	<input type="checkbox"/> (3)
<input type="checkbox"/> (5)	<input type="checkbox"/> (4)
<input type="checkbox"/> (6)	<input type="checkbox"/> (5)
<input type="checkbox"/> (7)	<input type="checkbox"/> (6)
<input type="checkbox"/> (8)	<input type="checkbox"/> (7)
<input type="checkbox"/> (9)	<input type="checkbox"/> (8)
<input type="checkbox"/> (10)	<input type="checkbox"/> (9)
<input type="checkbox"/> (11)	<input type="checkbox"/> (10)
<input type="checkbox"/> (12)	<input type="checkbox"/> (11)

Officer's Opinion of Possible Contributing Circumstances

Driver Factors	
Unit Number 1 2 3 4 5 6 7 8 9 10 N/A	Unit Number 1 2 3 4 5 6 7 8 9 10 N/A
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 1 2 3 4 5 6 7 8 9 10 N/A	Unit Number 1 2 3 4 5 6 7 8 9 10 N/A
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 1 2 3 4 5 6 7 8 9 10 N/A	Unit Number 1 2 3 4 5 6 7 8 9 10 N/A
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	First	M.I.
125 POEPPY	CHAD	J
Law Enforcement Agency Address		
1749 W. STATE ST.		
City & State		ZIP
MILWAUKEE WIS.		53233
Phone Number		
(414) 933-4444		
Agency #	Enforcement Agency	Officer ID #
129 S	MELW. PD	164694

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
Jan							Jan		
Feb	24	01	01	50	01	58	Feb	24	01
Mar	0	0	0	0	0	0	Mar	0	0
Apr	1	1	1	1	1	1	Apr	1	1
May	2	2	2	2	2	2	May	2	2
June	3	3	3	3	3	3	June	3	3
July			4	4	4	4	July		
Aug	5	5	5	5	5	5	Aug	5	5
Sept	6	6	6	6	6	6	Sept	6	6
Oct	7	7	7	7	7	7	Oct	7	7
Nov	8	8	8	8	8	8	Nov	8	8
Dec	9	9	9	9	9	9	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 requiring 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

157 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

Interstate Carrier? (Y) (N)

Carrier Name: 139

Carrier Identification Numbers

US DOT: 139 IC

ICC MC: IC

Carrier Address: 142

Source: Vehicle Side 141
 Shipping Papers
 Trip Manifest
 Driver
 Log Book

Vehicle Information

Gross Vehicle Weight Rating: 143 LBS

Total # of Axles: 144

Vehicle Configuration

1 Single unit truck, 2 axles, 6 tires

2 Single unit truck + 3 axles

3 Truck Tractor

4 Tractor Trailer

5 Tractor Semi-Trailer

6 Tractor Triples

7 Log Truck

8 Unknown Heavy Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 145 (Mark a total of one to four events in the order that they occurred)

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

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

Cargo Body Type

1 bus

2 Van Enclosed box

3 Cargo Tank

4 Flatbed

5 Dump

6 Concrete Mixer

7 Auto Transporter

8 Garbage Refuse

9 Other

10 Log Truck

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INCIDENT INFORMATION	INCIDENT		DATE OF INCIDENT/ACCIDENT	
	P.D.O. SQUAD ACCIDENT		11-24-01	
	VICTIM		LOCATION OF INCIDENT/ACCIDENT	DIST.
			2509 N. PIERCE ST.	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 P.O. CHAD POEPEY, ASSIGNED TO DISTRICT FIVE, SQUAD 285R LATE SHIFT ON SATURDAY, 11-24-01 AT 1:50 AM, I WAS SENT TO MEET SQUADS 56L, (P.O.S HENNER, AND MOELLER), AND 5R, (SGT. HENDRIX) AT E. WRIGHT ST AND N. PIERCE ST TO INVESTIGATE A PDO SQUAD ACCIDENT.

UPON ARRIVAL I SPOKE TO THE DRIVER OF UNIT # 1, P.O. JAMES HENNER, 65275 WHO STATED AT ABOUT 1:46AM HE AND P.O. JOEL MOELLER WERE IN SQUAD # 172 AND WERE DRIVING WEST BOUND IN THE EAST 700 BLOCK OF E. WRIGHT ST. P.O. HENNER SAID THEY WERE APPROACHING N. PIERCE ST., WHEN A UNKNOWN MAKE AND MODEL WHITE, WITH RED AND BLACK STRIPED PICK UP TRUCK DISREGARDED THE STOP SIGN FOR SOUTH BOUND TRAFFIC ON N. PIERCE ST. P.O. HENNER STATED THE TRUCK STOPPED IN THE INTERSECTION SO TO AVOID COLLIDING INTO IT, HE SWERVED TO THE RIGHT AND SLID INTO UNIT #2, WHICH WAS LEGALLY PARKED AT 2509 N. PIERCE ST. UNIT # 2 IS DESCRIBED AS A 1991 FORD ESCORT 2 DOOR GREEN IN COLOR, WITH WI. REGISTRATION PLATES OF 974-AMC 2001 EXPIRATION AND VIN #. 1FAPP1285MW370212. P.O. HENNER STATED AFTER THE COLLISION HE EXITED THE CAR AND ATTEMPTED TO OBTAIN THE PLATE ON THE TRUCK, BUT THE TRUCK FLED EAST ON E. WRIGHT ST. BEFORE HE WAS ABLE TO SEE IT.

UNIT # 2 LISTS TO MELANIE L. COLBY W/F OF 626 E. WRIGHT ST. PHONE # 264-1117, WHO STATED AT THE SCENE THAT SHE DOES NOT HAVE INSURANCE ON THE VEHICLE. ALSO WHILE AT THE SCENE, SQUAD 5R, SGT TONY HENDRIX SPOKE TO A WITNESS, PRAIRE E. THYBONY W/F 07-06-79 OF 2415A N. PIERCE ST. PHONE # 372-9076, WHO STATED SHE WAS WALKING SOUTH AT 2515 N. PRAIRE WHEN SHE SAW A WHITE PICK UP TRUCK SOUTH BOUND ON PRAIRE SLOW FOR THE STOP SIGN AT E. WRIGHT ST. BUT NOT STOP. SHE STATED SHE SAW THE SQUAD CAR, WHICH WAS WEST BOUND, ON W. WRIGHT ST. HIT IT'S BREAKS AND SWERVE TO AVOID HITTING THE TRUCK, WHICH WAS IN THE INTERSECTION. SHE SAID THE SQUAD CAR THEN SLID INTO A PARKED CAR, AND THE TRUCK DROVE OFF EAST BOUND ON E. WRIGHT ST.

UNIT # 1 SUSTAINED RIGHT FRONT END DAMAGE BUT WAS NOT TOWED, UNIT # 2 SUSTAINED DRIVER SIDE DAMAGE FROM THE SQUAD CAR COLLIDING INTO IT, AND HAS DAMAGE TO THE PASSANGER SIDE DOOR AREA, WHICH OCCURRED WHEN IT WAS PUSHED INTO A TREE IT WAS PARKED NEXT TO. UNIT # 2 WAS NOT TOWED AT THIS TIME. SQUAD 384L I.D. TECH. JULIE LE COURT RESPONDED TO THE SCENE AND TOOK 22 PHOTOS.

REPORTING OFFICER

Chad Poepey
P.O. CHAD POEPEY

Payroll Loc Code
64694 53

SUPERVISORS SIGNATURE

Lt James Bell