



6000 American Pkwy | Madison, WI 53783-0001 | 1-800-MYAMFAM (692-6326) | amfam.com

March 06, 2015

69-LXX001
CITY OF MILWAUKEE OFFICE OF THE CITY ATTORNEY
ATTN: GRANT LANGLEY AND KARI GIPSON
200 E WELLS ST RM 800
MILWAUKEE WI 53202-3515

RE: Our Claim Number: 00-475-098130-6957
Our Insured: Michael M & Maria R Fantazzi
Our Company Name: American Family Mutual Insurance Company
Date of Loss: September 1, 2014
Your Client/File Number: 1032-2014-2505

Dear Mr. Langley and Ms. Gipson:

I am following up regarding a loss that occurred on September 1, 2014.

We are in receipt of your letter dated February 17, 2015 denying liability stating your driver experienced a sudden and unforeseen illness. We respectfully disagree with your decision and request an appeals hearing. We are also requesting your driver Israel Rivera's medical records for review.

Sincerely,

Kayla Yang
Subrogation Senior Adjuster
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 44113
kyan1@amfam.com
Fax: 866-364-0982
www.amfam.com/claims

Enc:



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SEP 11 2014

OFFICE OF CITY ATTORNEY

Scanning Center | 6000 American Pkwy | Madison WI 53783-0001 | 1-800-MY AMFAM (692-6326) | amfam.com

September 08, 2014

44-KAD014

CITY CLERK
200 E WELLS ST RM 205
MILWAUKEE WI 53202-3591

CITY OF MILWAUKEE
2014 SEP 10 PM 12: 21
CITY CLERK'S OFFICE

RE: Our Claim Number: 00-475-098130-1320
Our Policy Number: 16220076-01
Our Insured: Michael M & Maria R Fantazzi
Date of Loss: September 1, 2014
Our Company Name: American Family Mutual Insurance Company

Dear City Clerk:

Michael Fantazzi was involved in an auto accident with Officer Christopher Bruns on 09/01/14 at National and Miller Parkway.

Michael was rear-ended by Officer Bruns. After the accident, our insureds Michael and Maria Fantazzi got out of their car and Officer Bruns proceeded to run over Maria's left foot, causing a break.

Officer Bruns was on duty when the accident happened. We have found that he is at fault for the accident and we will be looking to you for subrogation for the damages to our insured's vehicle and the injuries to Maria Fantazzi under her medical payment coverage on the auto policy.

Our insured, is also having to rent a car out of pocket and will be looking to get this reimbursed as well.

Please contact me so that we can discuss this further.

Thank you for your cooperation.

Sincerely,

Kelly Devyor

Kelly A Devyor
Casualty Claim Adjuster
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 45795
kdevyor@amfam.com
Fax: (866) 364-0985
www.amfam.com/claims

Enc:



6000 American Pkwy | Madison, WI 53783-0001 | 1-800-MY AMFAM (692-6326) | amfam.com

December 16, 2014

69-LXX001

CITY CLERK
ATTN: CLAIMS
200 E WELLS ST RM 205
MILWAUKEE WI 53202-3591

NOTICE OF SUBROGATION

RE: Your Insured:	Self Insured
Your Claim Number:	1032-2014-2505
Our Insured:	Michael M & Maria R Fantazzi
Our Claim Number:	00-475-098130-6957
Date of Accident:	September 1, 2014
Injured Party:	Maria Fantazzi
Amount of Med Lien:	\$430.57

OFFICE OF
 CITY ATTORNEY
 2014 DEC 19 PM 3:30
 CITY OF MILWAUKEE
 RECEIVED

Our investigation established that your insured was responsible for the accident in question. The intent of this letter is to constitute notice that we have Medical Expense Coverage applicable to the injured person named above, which affords subrogated rights.

We, therefore, request that you do not proceed with any settlement or agreement without first determining the status of our subrogated interests and acknowledge this letter in writing.

Respectfully,

Kayla Yang
Subrogation Senior Adjuster
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 800-692-6326 x44113
kyan1@amfam.com
Fax: 866-364-0982
www.amfam.com/claims

Enc:

[Home](#) | [Inbox](#) | [Group Pay](#) | [Search](#) | [Claim Links](#) | [Admin](#) | [FNOL](#) | [Help](#) | [Recently Viewed Claims](#)

Clm: 00-475-098130 / FANTAZZI, MICHAEL M & MARIA R DOL: 09/01/2014 Policy: 16220076-01 Status: Open

Claim 00-475-098130 - Financials - Medical Bill List

[Overview](#) | [Documents/Images](#) | [Financials](#) | [Activity Record](#) | [Notes](#)

[Financials Summary](#) | [Make Payment](#) | [Record Manual Payment](#) | [Apply Credit](#) | [Transfer](#) | [Medical Bill List](#)

Display Order: Chronological Order Provider Exact Duplicates: Hide Show [View](#)

FANTAZZI, MARIA

Peril(s): Medical Expense (048, Closed)

[Collapse](#)

Bill Detail	Service Date From/To	Billing Provider	Charged Amt	Allowed Amt	Paid Amt	Process Date	Dup	Peril
HCFA 1500	09/02/2014	ASPEN ORTHOPAEDIC AND REHABIL	\$280.00	\$280.00	\$280.00	10/17/2014	No	048
Other (Balance Due \$24.30)	09/01/2014	ERMED SC	\$862.00		\$24.30	12/04/2014	No	048
Other (Balance Due \$43.12)	09/01/2014	AURORA VISITING NURSE ASN D	\$50.00		\$43.12	12/04/2014	No	048
Ambulance	09/01/2014	BELL AMBULANCE	\$873.05		\$83.15	11/04/2014	No	048
Totals:			\$2,065.05	\$280.00	\$430.57			

[Select Bills to Include in ISW](#)

PARTY NOT ENTERED

[Expand](#)

Peril(s):

Total Charged Amt: \$862.00

Total Allowed Amt:

Total Paid Amt: \$0.00

Claim Quick Links

- [Add Note](#)
- [Add Document\(s\)](#)
- [View FNOL Report](#)
- [DOL Policy Viewer](#)
- [Make Payment](#)
- [Generate ISW](#)

Claim Assignment

- [Suspend](#)
- [Reassign](#)
- [Close](#)
- [Void](#)

Send

- [Letters/Forms](#)
- [Referral/Assist](#)
- [FYI](#)
- [Risk Review](#)
- [Drive-In Assignment](#)

Associated Claims

[View/Edit All](#) [Go](#)

ICS News

The 12/5/2014 planned ICS 9.1 release has been delayed. The system will be available. Visit [InfoCentral](#) for news & help.

CITY OF MILWAUKEE
 RECEIVED
 2014 DEC 19 PM 3:31
 OFFICE OF
 CITY ATTORNEY

Home	Inbox	Group Pay	Search	Claim Links	Admin	Recently Viewed Claims ▼
FNOL	Help					

Clm: 00-475-098130 / FANTAZZI, MICHAEL M & MARIA R DOL: 09/01/2014 Policy: 16220076-01 Status: Open

Claim 00-475-098130 - Financials

Overview	Documents/Images	Financials	Activity Record	Notes
Financials Summary	Make Payment	Record Field Payment	Apply Credit	Transfer
Medical Bill List				

Financials Summary & Transactions

[View Perils & Reserves](#) | [View Loss Payment - Perils Breakout](#) [Filtered Printable Version](#)

Loss Paid-to-Date: \$9,204.82	Expense Paid-to-Date: \$0.00
--------------------------------------	-------------------------------------

Filtered by: Peril: Medical Expense (048)
--

Amount Total after applying Filter:		Loss: \$430.57	Expense: \$0.00
Loss Payments: \$430.57	Loss Credits: \$0.00	Expense Payments: \$0.00	Expense Credits: \$0.00
Claim: \$430.57	Claim: \$0.00	Legal: \$0.00	Legal: \$0.00
Salvage: \$0.00	Salvage: \$0.00	Medical: \$0.00	Medical: \$0.00
Subrogation: \$0.00	Subrogation: \$0.00	Other: \$0.00	Other: \$0.00

Display By: Chronological Order Transaction Party

Displaying 1 - 4 of 4 items.

Trans Date	Trans #	Transaction	Method	Pay To/Payor	Party - Peril	Amount	Trans Status
12/04/2014	0002122921	Payment - Loss - Claim	Check	ERMED SC	FANTAZZI, MARIA Medical Expense (048): \$24.30	\$24.30	Reconciled
12/04/2014	0002122916	Payment - Loss - Claim	Check	MARIA FANTAZZI	FANTAZZI, MARIA Medical Expense (048): \$43.12	\$43.12	Issued
11/04/2014	0002042931	Payment - Loss - Claim	Check	BELL AMBULANCE	FANTAZZI, MARIA Medical Expense (048): \$83.15	\$83.15	Reconciled
10/17/2014	0001994987	Payment - Loss - Claim	Check	ASPEN ORTHOPAEDIC AND REHABIL	FANTAZZI, MARIA Medical Expense (048): \$280.00	\$280.00	Reconciled

Displaying 1 - 4 of 4 items.



RECEIVED

SEP 29 2014

6000 American Pkwy | Madison, WI 53783-0001 | 1-800-MY AMFAM (692-6326) | amfam.com

OFFICE OF
CITY ATTORNEY

September 24, 2014

69-LXX001

CITY CLERK
ATTN: CLAIMS
200 E WELLS ST RM 205
MILWAUKEE WI 53202-3591

RE: Our Insured: Michael M & Maria R Fantazzi
Our Claim Number: 00-475-098130-1320
Date of Loss: September 1, 2014
Amount of Claim: \$8934.25

Dear City Clerk:

We are notifying you that American Family Mutual Insurance Company has now made payments, resulting from your responsibility for the above referenced claim. The total amount of the claim including our insureds deductible, if applicable, is indicated above.

We believe that we are entitled to recover some or all of this money from you. In handling this claim with you we will take the Comparative Negligence Laws of your state into consideration.

Our insured Michael Fantazzi was rear ended at a stop light by police vehicle driven by Israel Rivera. After he rear ended our insured's vehicle, Michael and Maria Fantazzi got out of their vehicle and Maria opened the rear door to check on their baby when suddenly they were rear ended again. Impact caused insured's vehicle to move forward going over Maria's foot causing injury. The amount we are seeking above is for the vehicle damage only at this time. Our insured's medical payment claim is still open and pending.

Sincerely,

Kayla Yang
Subrogation Senior Adjuster
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 44113
kyan1@amfam.com
Fax: (866) 364-0982
www.amfam.com/claims

Enc:

CITY OF MILWAUKEE
2014 SEP 29 P 1:51
CITY CLERK'S OFFICE

CAT:

DOL: 09/01/2014 Policy: 16220076-01

Clm: 00-475-098130 / FANTAZZI, MICHAEL M & MARIA R

Financial Summary & Transactions

Loss Paid-to-Date: \$8,434.25 Deductible(s) Applied-to-Date: \$0.00 Expense Paid-to-Date: \$0.00

Filtered by: No filter applied. All items displayed.

Loss Payments:	\$8,434.25	Loss Credits:	\$0.00	Expense Payments:	\$0.00	Expense Credits:	\$0.00
Claim:	\$8,434.25	Claim:	\$0.00	Legal:	\$0.00	Legal:	\$0.00
Salvage:	\$0.00	Salvage:	\$0.00	Medical:	\$0.00	Medical:	\$0.00
Subrogation:	\$0.00	Subrogation:	\$0.00	Other:	\$0.00	Other:	\$0.00

Display By: Chronological Order

Displaying 1 item(s). Sorted By: Descending Trans Date

Trans Date	Trans #	Transaction	Pay To / Payor	Party - Peril	Amount	Status
09/17/2014	0001901873	Payment - Loss - Claim	MICHAEL M FANTAZZI & MARIA R AND REINA INTERNATIONAL INC	FANTAZZI, MICHAEL M & MARIA R Collision - Auto (025): \$8,434.25	\$8,434.25	Issued

Trans Message: A LOSS OCCURRING ON 09/01/2014 DEDUCTIBLE PREVIOUSLY APPLIED

RECEIVED

SEP 29 2014

OFFICE OF
CITY ATTORNEY

SEP 29 2014

AMERICAN FAMILY INSURANCE
SCANNING CENTER
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001
1-800-MYAMFAM (1-800-692-6326)

OFFICE OF
CITY ATTORNEY

*** SUPPLEMENT 1 ***

S1 09/08/2014 10:32 AM
09/15/2014 10:52 AM

Owner

Owner: MICHAEL M & MAR FANTAZZI
Address: 1348 N 72ND ST
City State Zip: WAUWATOSA, WI 53213-2706
Home/Day: (414)587-7600
Home/Day: (262)993-2521
FAX:

Control Information

Claim #: 00475098130-0
Loss Date/Time: 09/01/2014 07:00 AM
Deductible: \$500.00
Insured Policy #: 1622007601
Loss Type: Collision

Ins. Company: American Family Insurance

Insured: MICHAEL M & MAR FANTAZZI
Address:
Home/Day: (414)587-7600
(262)993-2521

Claim Rep: KELLY DEVYOR

Inspection

Inspection Date: 09/08/2014
Inspection Location: City Towing City Of Milwaukee
Address: 3811 W Lincoln Avenue
City State Zip: Milwaukee, WI 53215
Primary Impact: Right Rear Corner
Driveable: No
Inspection Type: Field
Contact:
Home/Day: (414)935-7431x
Secondary Impact: Left Rear Side
Rental Assisted:
Assigned Date/Time:
First Contact Date/Time:
Received Date/Time: 09/08/2014 10:18 AM
Appointment Date/Time: 09/09/2014 08:00 AM
Appraiser Name: Nelson Jr Nash
Address: 6000 American Parkway
City State Zip: Madison, WI 53783
Email: nnash@amfam.com
Appraiser License # :
Work/Day: (800)692-6326x21642
Cell: (414)791-3513
FAX: (877)505-4684
Orig Appraiser Name: Nelson Jr Nash
Address: 6000 American Parkway
City State Zip: Madison, WI 53783
Email: nnash@amfam.com
Appraiser License # :
Work/Day: (800)692-6326x21642
Cell: (414)791-3513
FAX: (877)505-4684

Repairer

Repairer: REINA INTERNATIONAL AUTO
Address: 12730 W CAPTOL DRIVE
City State Zip: Brookfield, WI 53005
Contact:
(262)781-3336
FAX: (262)781-3826

Email: FREINA@REINAINTL.COM freina@reinaintl.com
 License #: 391570993

Regulation ID:

Target Complete Date/Time:

Days To Repair: 5

Vehicle

2009 Toyota Camry XLE 4 DR Sedan
 4cyl Gasoline 2.4
 5 Speed Automatic

Lic.Plate: 724FTC
 Lic Expire:
 Prod Date:
 Veh Insp# :
 Condition: Good
 Ext. Color: Black
 Ext. Refinish: Two-Stage

Lic State: WI
 VIN: 4T1BE46K19U336980
 Mileage: 58,886
 Mileage Type: Actual
 Code: Y1753D
 Int. Color:
 Int. Refinish:

Options

AM/FM In-dash CD Changer	Air Conditioning	Alarm System
Aluminum/Alloy Wheels	Anti-Lock Brakes	Automatic Dimming Mirror
Bucket Seats	Cargo/Trunk Net	Center Console
Cruise Control	Digital Signal Processor	Dual Airbags
Dual Power Seats	Dual Zone Auto A/C	Fog Lights
Garage Door Opener	Head Airbags	Heated Power Mirrors
Intermittent Wipers	JBL Sound System	Keyless Entry System
Lighted Entry System	MP3 Player	Overhead Console
Power Brakes	Power Door Locks	Power Moonroof
Power Steering	Power Windows	Rear Window Defroster
Rem Trunk-L/Gate Release	Side Airbags	Split Folding Rear Seat
Strg Wheel Radio Control	Tachometer	Theft Deterrent System
Tilt & Telescopic Steer	Tinted Glass	Tire Pressure Monitor
Trip Computer	Velour/Cloth Seats	Wood Interior Trim

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
1	E	591	07	Side Rail Assembly RT	5760106902	\$422.59		7.4	SM
2	L	591		Side Rail Assembly RT	Refinish			0.7	RF
					0.7 Surface				
3	I	389		Panel,Quarter LT	Repair			10.0*	SM
4	L	389	13	Panel,Quarter LT	Refinish			3.6	RF
					2.5 Surface				
					0.6 Two-stage setup				
					0.5 Two-stage				
5	EU	617	07	Section,Quarter Panel RT	RECYCLED PART	\$300.00	+20.00	17.6	SM
				>> Morrisons Auto 800 866 2277					
				>> 6307 W State Rd 59					
				>> Edgerton WI 53534					
				>> Quote# 231409970346378, Stock# 14A0061, Coty					
6	L	617		Section,Quarter Panel RT	Refinish			4.3	RF
					3.6 Surface				
					0.7 Two-stage				
7	BR	397		Door,Fuel Filler LT	Blend Refinish			0.2	RF
					0.1 Blend				
					0.1 Two-stage				

8	RI	397	Door,Fuel Filler LT	R & I Assembly			0.3	SM
9	E	419	07 Reinf,Quarter Panel RT	6169706901	\$56.49		0.5	SM
10	L	419	Reinf,Quarter Panel RT	Refinish			0.2	RF
				0.2 Surface				
11	E	570	Gutter,Deck Lid RT	6162133050	\$24.65		0.5	SM
12	L	570	Gutter,Deck Lid RT	Refinish			0.2	RF
				0.2 Surface				
13	E	417	Duct,Quarter Panel LT	62940AA030	\$40.57		0.2	SM
14	EU	479	Deck Lid Assembly	RECYCLED PART	\$467.50	+20.00	0.9	SM
			>> Morrisons Auto 800 866 2277					
			>> 6307 W State Rd 59					
			>> Edgerton WI 53534					
			>> Quote# 231409970346378, Stock# H14D023, Coty					
15	L	479	Lid,Rear Deck	Refinish			3.6	RF
				2.2 Surface				
				1.0 Edge				
				0.4 Two-stage				
16	E	364	N/Plate,Deck Lid	7544306190	\$23.65		0.2	SM
17	E	404	N/Plate,Deck Lid	7544206050	\$26.38		0.2	SM
18	E	398	Emblem,Deck Lid	7543206030	\$15.86		0.2	SM
19	E	481	Hinge,Deck Lid LT	6451006030	\$75.74		2.5	SM
20	L	481	Hinge,Deck Lid LT	Refinish			0.3	RF
				0.3 Surface				
21	E	482	Hinge,Deck Lid RT	6451006030	\$75.74		0.7	SM
22	L	482	Hinge,Deck Lid RT	Refinish			0.3	RF
				0.3 Surface				
23	E	509	Panel,Rear Body	5830706100	\$397.50		10.6	SM
24	L	509	Panel,Rear Body	Refinish			2.0	RF
				1.5 Surface				
				0.5 Edge				
25	I	589	Pan,Rear Floor	Repair			10.0*	SM
26	L	589	Pan,Rear Floor	Refinish			1.2	RF
				1.2 Surface				
27	E	1206	Reinf,Rear Body Panel	5765407010	\$90.62		1.0	SM
28	L	1206	Reinf,Rear Body Panel	Refinish			0.4	RF
				0.4 Surface				
29	E	607	Panel,Rear Body Trim	5838706060	\$217.45		INC	SM
30	EU	559	Taillamp Assembly LT	RECYCLED PART	\$65.00	+20.00	INC	SM
			>> Alliance OEM Auto Parts 888-775-2961					
			>> 2197 Pineridge Dr SW Suite 500					
			>> Grand Rapids MI 49428					
			>> Quote# 231409970346378, Stock# A1010, Big Dave, Little Dave, and Todd					
31	EU	560	Taillamp Assembly RT	RECYCLED PART	\$82.50	+20.00	INC	SM
			>> Cousineau Auto Parts 855-394-7880					
			>> 2225 W. Nordale Drive					
			>> Appleton WI 54914					
			>> Quote# 231409970346378, Stock# 00020286, Andy					
32	EC	M03	Flex Additive	Replace Economy	\$5.00*			SM
33	EC	M14	Corrosion Protection	Replace Economy	\$3.00*		0.2*	SM
34	EC	M17	Cover Car Exterior	Replace Economy	\$5.00*			RF
35	N	M18	Set-Up And Measure	Additional Labor			1.5*	SM
36	N	M35	Unibody-Realignment-Rt Rr	Additional Labor			5.0*	FR
37	EC		EXHAUST	Replace Economy	\$633.22*		S1	SM*

MC Message

07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts		\$1,467.24	
Other Parts		\$1,561.22	
Paint Materials		\$578.00	
Line Item Markup		\$183.00	
Parts & Material Total			\$3,789.46
Tax on Parts & Material	@ 5.600%		\$212.21

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$54.00	43.0	21.5	64.5	\$3,483.00
Mech/Elec (ME)	\$85.00				
Frame (FR)	\$54.00		5.0	5.0	\$270.00
Refinish (RF)	\$54.00	17.0		17.0	\$918.00
Paint Materials	\$34.00				

Labor Total			86.5 Hours		\$4,671.00
Tax on Labor	@ 5.600%			\$261.58	
Gross Total					\$8,934.25
Less: Deductible					\$500.00-
Net Total					\$8,434.25
Actual Supplement Total		\$668.68			
Less: Previous Net Total					\$7,765.57-
Net Supplement Total					\$668.68

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53072 Milwaukee CAPA
 Recycled Parts NOT REQUESTED

Audatex Estimating 7.0.123 S1 09/17/2014 05:26 PM REL 7.0.123 DT 08/01/2014
 Copyright (C) 2013 Audatex North America, Inc.

2.3 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

___ THIS IS NOT AN AUTHORIZATION TO REPAIR, VEHICLE OWNER MUST AUTHORIZE.
 ___ AGREED PRICE ONLY.
 ___ WE ACCEPT AND AGREE TO DO THE DESCRIBED REPAIRS AT TOTAL REPAIR COST SHOWN.
 ___ SIGN _____ DATE _____

*****WE WILL NOT ACCEPT ANY SUPPLEMENTS UNLESS THEY ARE WRITTEN BY
 AND HAVE PRIOR APPROVAL OF A REPRESENTATIVE OF THIS COMPANY.*****

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.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = RECYCLED PART

TE = Partial Replace Price
L = Refinish
TT = Two-Tone
BR = Blend Refinish
CG = Chipguard
AA = Appearance Allowance

PM = Replace PXN Reman/Rebit
PC = Replace PXN Reconditioned
SB = Sublet Repair
I = Repair
RI = R & I Assembly
RP = Related Prior Damage

UM = Replace Reman/Rebuilt
UC = Replace Reconditioned
N = Additional Labor
IT = Partial Repair
P = Check



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Attached: 09/08/14 05:54pm

LEFT FRONT SIDE VIEW OF VEHICLE



Attached: 09/08/14 05:54pm



Attached: 09/08/14 05:54pm

VIN



Attached: 09/08/14 05:54pm

LEFT REAR SIDE VIEW OF VEHICLE



Attached: 09/08/14 05:54pm

DAMAGED REAR BODY PANEL, REAR BUMPER ASSEMBLY, AND DECK



Attached: 09/08/14 05:54pm

DAMAGED LEFT QUARTER PANEL



Attached: 09/08/14 05:54pm

LEFT FRONT SOIDE VIEW OF FRONT INTERIOR



Attached: 09/08/14 05:54pm

UPCOMING OIL CHANGE STICKER



Attached: 09/08/14 05:55pm

FRONT VIEW OF VEHICLE



Attached: 09/08/14 05:55pm

RIGHT FRONT SIDE VIEW OF VEHICLE



Attached: 09/08/14 05:55pm

RIGHT REAR SIDE VIEW OF VEHICLE



Attached: 09/08/14 05:55pm

DAMAGED RIGHT REAR FRAME RAIL

CCD14092201900D1002D

RECEIVED

SEP 29 2014

OFFICE OF CITY ATTORNEY

Wisconsin Motor Vehicle 9H1440T

Accident Report MV4000e 01/2005

PK2011

POLICE # 142440748 9H1440V

ACCIDENT # 142440748

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9H1440T		Document Override Number	
Agency Accident Number 142440748				Police Number 142440079 9H1440V					
4 - Accident Date 09/01/2014		5 - Time of Accident (Military Time) 0854		6 - Total Units 02		7 - Total Injured 02		8 - Total Killed 00	
2 - County MILWAUKEE-20		3 - Municipality WEST MILWAUKEE-54 VILLAGE		14 - Accident Location NON-INTERSECTION					
14 - On Hwy No.		14 - On Street Name MILLER PARK WY S		14 - Bus/Fmt/Rmp		15 - Est. Dist 30		15 - Hwy. Dir F NORTH	
16 - Fr/At Hwy No.		16 - From/At Street Name NATIONAL AV W		16 - Business/Frontage/Ramp					
17 - Structure Type OTHER #		17 - Structure Number 1099		12 - Latitude		13 - Longitude			
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				89 - Manner of Collision REAR-END					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way DIVIDED-HIGHWAY-MEDIAN-STRIP-WITHOUT-TRAFFIC-BARRIER									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT		116 - Road Surface Condition DRY			118 - Weather CLOUDY				
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials		<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input checked="" type="checkbox"/> Names Exchanged			
101 <input type="checkbox"/> Supplemental Reports		102 <input checked="" type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH		24 - Speed Limit 35			
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle					
29 - Driver's License Number M60439216803		30 - State WI		31 - Expiration Year 2019		24 - On Duty Accident POLICE			
25 - Operator/Pedestrian Last Name RIVERA		25 - First Name ISRAEL		25 - Middle Initial		25 - Suffix			
32 - Date Of Birth 02/28/1992		33 - Sex MALE							
26 - Address Street & Number 749 W STATE ST						26 - PO Box			
27 - City MILWAUKEE		27 - State WI		27 - Zip Code 53233		28 - Telephone Number (414) 933-4444 EXT.			
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED					
38 - Injury Severity B - NON-INCAPACITATING INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input checked="" type="checkbox"/> Medical Transport			
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action					
119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued 0					
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
122 - Driver Factors DRIVER-CONDITION									
88 - Driver or Pedestrian Cond REDUCED ALERTNESS		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT							
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN				

OPERATOR/PEDESTRIAN 01

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91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 2
	56 - License Plate Number E4119	57 - Plate Type OFF	58 - State WI	59 - Exp Year 2012	55 - Vehicle Identification Number 1GN0G2E03CR320655	
	50 - Year 2012	51 - Make CHEV	52 - Model TAHOE	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (F) 0
	94 - Vehicle Damage FRONT					
	95 - Extent Of Damage MODERATE	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By NATIONAL AV W		
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
	46 - Company Name MILWAUKEE CITY POLICE DEPT					
	47 - Address Street & Number 749 W STATE ST			47 - PO Box		
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53233	49 - Telephone Number (414) 933-4444 EXT.	

Insurance

INS 01	63 - Liability Insurance Company SELF-INSURED				60 <input type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name		61 - Policy Holder First Name			
	61 - Policy Holder Company MILWAUKEE CITY POLICE DEPT					

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH	24 - Speed Limit 35
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number E5325537932405		30 - State WI	31 - Expiration Year 2014	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name PANTAZZI		25 - First Name MIKE		25 - Middle Initial M	25 - Suffix
32 - Date Of Birth 09/04/1979		33 - Sex MALE			

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 1348 N 72ND ST				26 - PO Box	
	27 - City WAUWATOSA		27 - State WI	27 - Zip Code 53213	28 - Telephone Number (262) 993-2521 EXT.	
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED	44 <input type="checkbox"/> Medical Transport	
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing STOPPED-IN-TRAFFIC		120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued 0	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 3
	56 - License Plate Number 724F		57 - Plate Type AUT	58 - State WI	59 - Exp. Year 2015	55 - Vehicle Identification Number 4T1RE4BK19U336980
	50 - Year 2009	51 - Make TOYT	52 - Model CAMRY	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (FI) 0
	94 - Vehicle Damage REAR PASSENGER SIDE, REAR, REAR DRIVER SIDE					
	95 - Extent Of Damage MODERATE		88 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By CITYWIDE TOWING	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name FANTAZZI		48 - First Name MIKE	46 - Middle Initial M	46 - Suffix	Date Of Birth 09/04/1979
	46 - Company Name					
	47 - Address Street & Number 1348 N 72ND ST			47 - PO Box		
	48 - City WAUWATOSA		48 - State WI	48 - Zip Code 53213	49 - Telephone Number (262) 993-2521 EXT.	

Insurance

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INS 02	63 - Liability Insurance Company AMERICAN-FAMILY		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name FANTAZZI		61 - Policy Holder First Name MIKE	
	61 - Policy Holder Company			

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Occupant

OCCUPANT 01	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name X	66 - First Name JUTIKI	66 - Middle Initial	66 - Suffix
	68 - Address Street & Number 3006 S 27TH ST		68 - PO Box		
	68 - City MILWAUKEE		68 - State WI	68 - Zip Code 53215	
	67 - Date of Birth 12/28/1972		69 - Sex MALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	70 - Injury Severity C - POSSIBLE INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Occupant

OCCUPANT 02	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name FANTAZZI	66 - First Name MARIA	66 - Middle Initial ROSE	66 - Suffix
	68 - Address Street & Number 1348 N 72ND ST		68 - PO Box		
	68 - City WAUWATOSA		68 - State WI	68 - Zip Code 53213	
	67 - Date of Birth 07/17/1979		69 - Sex FEMALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)			72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	70 - Injury Severity N - NO APPARENT INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input checked="" type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space BELL 410			

Occupant

OCCUPANT 03	<input checked="" type="checkbox"/> Address Same As Operator				
	65 - Unit No 02	66 - Occupant Last Name FANTAZZI	66 - First Name KALEB	66 - Middle Initial M	66 - Suffix
	68 - Address Street & Number 1348 N 72ND ST		68 - PO Box		
	68 - City WAUWATOSA		68 - State WI	68 - Zip Code 53213	
	67 - Date of Birth 09/09/2013		69 - Sex MALE		
	71 - Seat Position SECOND-SEAT-RIGHT			72 - Safety Equipment CHILD-SAFETY-SEAT-USED	
	70 - Injury Severity N - NO APPARENT INJURY	73 - Airbag NOT APPLICABLE	75 - Ejected NOT-APPLICABLE	77 <input type="checkbox"/> Medical Transport	

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76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space
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Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY SQ 1721, PANFIL, 56 PHOTOS
	<p>The diagram illustrates the accident scene. Miller Parkway runs north-south, with traffic flowing southbound. W. National Avenue runs east-west, crossing Miller Parkway. A north arrow is shown on the left. A 'CRASH SITE' is marked on Miller Parkway. A vehicle is shown stopped at the intersection of Miller Parkway and W. National Avenue.</p>
	<p>DRIVER OF UNIT 1, TRAVELING SOUTHBOUND ON MILLER PARK WAY, SUFFERED A SEIZURE AND STRUCK UNIT 2, WHICH WAS STOPPED FACING SOUTHBOUND AT A FUNCTIONING TRAFFIC SIGNAL AT W. NATIONAL AVENUE.</p> <p>RELATED TRACS REPORT #9H1440V.</p> <p>SEE MPD IR#142440079.</p>

Witness

WITNESS 01	107 - Witness Last Name JENRICH	107 - First Name MATTHEW	107 - Middle Initial J
	108 - Address Street & Number 6406 W EDEN PL	108 - PO Box	109 - Date of Birth 5/18/1980
	110 - City MILWAUKEE	State WI	110 - Zip Code 53220
			111 - Telephone Number (414) 324-6708 EXT.

Witness

WITNESS 02	107 - Witness Last Name JENRICH	107 - First Name CHARLENE	107 - Middle Initial M
	108 - Address Street & Number 6406 W EDEN PL	108 - PO Box	109 - Date of Birth 7/8/1982
	110 - City MILWAUKEE	State WI	110 - Zip Code 53220
			111 - Telephone Number (414) 334-3787 EXT.

Officer Information

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OFFICER INFORMATION	125 - Officer Last Name BRUNS		125 - First Name CHRISTOPHER		125 - Middle Initial J		131 - Officer ID 05897		
	129 - Law Enforcement Agency No. 08		130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT						
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET								
	127 - City MILWAUKEE			127 - State WI		127 - Zip Code 53233		128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 09/01/2014		133 - Time Notified (Military Time) 0854		134 - Time Arrived (Military Time) 0854		135 - Date Of Report 09/02/2014		
	Agency Accident Number 142440748		Police Number 142440079 9H1440V			19 - Special Study			
	18 - Agency Space								