

Sept. 10, 2004

This is our account on what happend on 07-11-2004 at s 27 st at w lincoln ave at 2:30pm by joseph R Stusik and Rosalina Arteaga.

We were driving north on south 27st that was under construction were the traffice would go from one lane to two lanes then back to one lane for about a mile or two, we were one on south 27 st going north and just before lincoln the traffic was cut down two one lane do to the road work that was being done, as we waited for the light to change we heard tires screeching and the next thing we new is we were upside down, as for how we ended up one the roof we dont know, but what i was told at the hospital is that the chase was going over a 100mph and when the traffic whent done to one lane do to the construction being done the police chased him right into me my wife that was six month pragent and our six year old daughter.

If you need anymore information about this please fill free to call.

Joseph R Stusik or Rosalina Arteaga

#414-645-0236

1655 s 35th st apt 4
Milwaukee, WI 53215

Im SEEKing the amount off \$20,000.00
To pay off Truck

CITY OF MILWAUKEE
04 SEP 10 PM 3:00
RONALD D. LEONARDI
CITY CLERK
CITY OF MILWAUKEE
04 SEP 13 PM 4:14
CITY CLERK

PO-1 & A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT	<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT	PAGE 1 OF 1	DATE OF REPORT 07-11-2004	INCIDENT/ACCIDENT # 7742187
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INCIDENT INFORMATION	INCIDENT HIT AND RUN ACCIDENT	DATE OF INCIDENT/ACCIDENT 07-11-2004
	VICTIM	LOCATION OF INCIDENT/ACCIDENT S. 27 ST AT W. LINCOLN AV
		DIST. # 6

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
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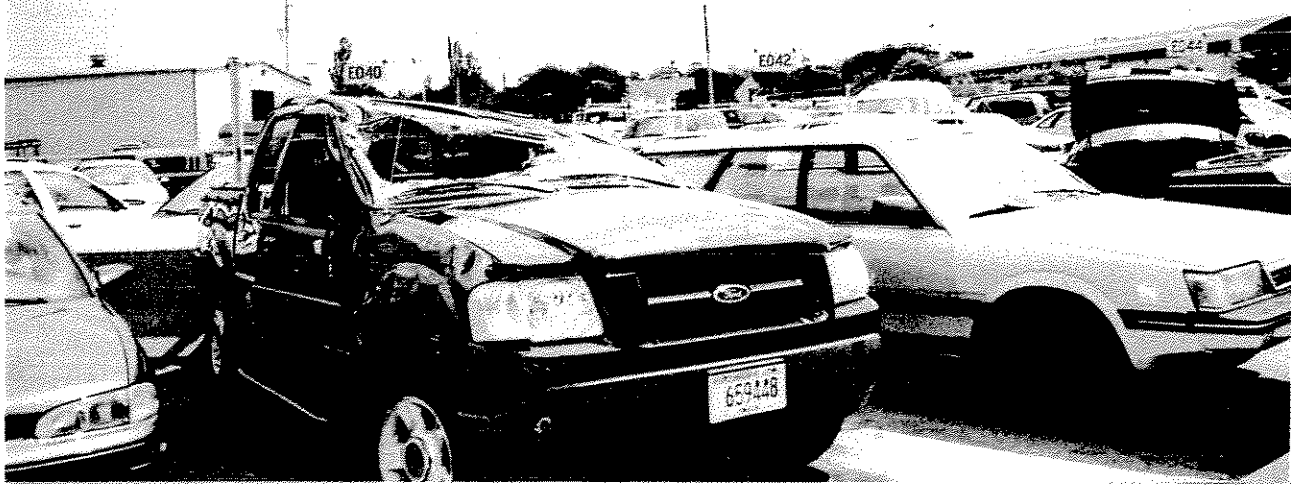
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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WRITTEN BY OFFICER REBECCA CARPENTER, PATROL SUPPORT, MOTORCYCLES. ON 07-11-2004 AT 2:30 PM, I RESPONDED TO A REPORT OF A ROLLOVER ACCIDENT AT S. 27 ST AND W. LINCOLN AV. UPON MY ARRIVAL, I OBSERVED A FEMALE OCCUPANT IN AN OVERTURNED FORD EXPLORER AND ATTEMPTED TO CALM HER UNTIL THE ARRIVAL OF THE MILWAUKEE FIRE DEPARTMENT. MY INVESTIGATION REVEALED THAT THE WOMAN WAS ROSALINA NM ARTEAGA (W/F 10-14-1068, 6508 N. 81 ST, 645-0236), AND THAT SHE HAD BEEN THE FRONT SEAT PASSENGER OF THE FORD. MS. ARTEAGA WAS SIX MONTHS PREGNANT. SHE COMPLAINED OF PAIN TO HER ABDOMEN, AND WAS TRANSPORTED TO FROEDTERT HOSPITAL BY PARAMEDIC UNIT 4.

I SPOKE WITH THE DRIVER OF UNIT 2, JOSEPH R. STUSIK (W/M 12-12-1962, 6508 N. 81ST, 645-0236). MR. STUSIK RELATED THAT HE HAD BEEN DRIVING NORTH ON S. 27 ST, AND HAD BEEN DRIVING JUST TO THE LEFT OF THE CONSTRUCTION BARRELS WHEN HE HEARD TIRES SCREECH BEHIND HIM. HIS VEHICLE WAS THEN STRUCK FROM BEHIND AND ROLLED OVER ONTO ITS ROOF. HE SAID HE AND HIS DAUGHTER WERE ABLE TO EXIT THE VEHICLE UNINJURED, BUT THAT HIS WIFE HAD BEEN HANGING UPSIDE DOWN BY HER SEAT BELT. HE UNBUCKLED HER, AND SHE FELL ONTO THE INTERIOR OF THE ROOF AND WAS UNABLE TO EXIT WITHOUT ASSISTANCE.

THE OTHER VEHICLE INVOLVED IN THE ACCIDENT WAS A CAR THAT WAS BEING ACTIVELY PURSUED BY GREENFIELD POLICE DEPARTMENT, HAVING BEEN TAKEN IN A "CARJACKING" IN THEIR CITY. THE DRIVER OF THAT VEHICLE, DONTAE W. TRAMMELL (B/M 09-10-1986, 7720 W. BENDER RD APT 4, 760-2975), WAS TAKEN INTO CUSTODY BY GREENFIELD AFTER A BRIEF FOOT CHASE.

REPORTING OFFICER P.O. REBECCA CARPENTER	Payroll 58388	Loc Code 28	SUPERVISORS SIGNATURE <i>Rebecca Carpenter</i>
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Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

County MUN/TWP

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Accident Date

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

Time of Accident (Military Time)

HOUR	MIN
14	30
0	0
0	0
0	0
2	2
2	2
3	3
3	3
4	4
4	4
5	5
5	5
6	6
6	6
7	7
7	7
8	8
8	8
9	9
9	9

Total Number

UNITS	INJURED	KILLED
0	0	0
0	0	0
0	0	0
1	1	1
1	1	1
2	2	2
2	2	2
3	3	3
3	3	3
4	4	4
4	4	4
5	5	5
5	5	5
6	6	6
6	6	6
7	7	7
7	7	7
8	8	8
8	8	8
9	9	9
9	9	9

Hit & Run N Unit #

Government Property Y

Fire (Narrative) Y

Photos Taken (Narrative) N

Trailer or Towed (Narrative) Y

Truck or Bus (Last Page) Y

Load Spillage Y

Construction Zone N

Names Exchanged Y

Sheet No. Of

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 Estimated FT. MI. FROM/AT Hwy No and Street Name

5. 27 ST 700. W. LINCOLN AV

House # Fire # Other Utility # Railroad # Agency Space Special Study

18 35 19 1, 2, 3, 4

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2, 3, 4	2, 3, 4	0, 1, 2, 3, 4, 5, 6	W, E	1, 2, 3, 4	1, 2, 3, 4	0, 1, 2, 3, 4, 5, 6	W, E

Speed Limit	OPERATOR Last	First	M.I.	Speed Limit	OPERATOR Last	First	M.I.
0, 10	TRAMMELL	Dontae	W.	0, 10	STUSIK	Joseph	R.
1	ADDRESS Street & Number			1	ADDRESS Street & Number		
2	770 W. Bender #4			2	6508 N. 81st		
3	City & State	ZIP	Phone Number (414)	3	City & State	ZIP	Phone Number (414)
4	Milwaukee, WI 53218	53218	760-2975	4	Milwaukee, WI 53223	53223	645-0236
5	Driver's License Number	State	Exp. Year	5	Driver's License Number	State	Exp. Year
6	NA	WI		6	NA	WI	

Date of Birth	Sex	Operating as	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as	Class (Mark Only One)	Endorse (Mark All That Apply)
09-10-86	M	AS	A	H, P, T	12-12-62	M	AS	A	H, P, T
On Duty Accident	<input type="checkbox"/> Police	<input type="checkbox"/> EMT First Responder	<input type="checkbox"/> Fire Fighter	<input type="checkbox"/> Winter Hwy Maintenance	On Duty Accident	<input type="checkbox"/> Police	<input type="checkbox"/> EMT First Responder	<input type="checkbox"/> Fire Fighter	<input type="checkbox"/> Winter Hwy Maintenance

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
K	1	9	1	1	K	1	1	1	1

TRAPPED/EXTRICATED Not Applicable Trapped-Extricated Unknown Medical Transport TRAPPED/EXTRICATED Not Applicable Trapped-Extricated Unknown Medical Transport

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

Street Address Street Address

City & State City & State

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

Vehicle ID Number Vehicle ID Number

License Plate Number License Plate Number

Policy Holder's Name Policy Holder's Name

Liability Insurance Company Sat. # Liability Insurance Company Sat. #

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

Address Same as Operator Yes No

EJECTED Not Applicable Not Ejected TRAPPED/EXTRICATED Not Applicable Not Trapped Medical Transport Agency Space

MV4000 899 EMS Number

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex ARTEAGA, Rosalina Wm 10-14-68 M	Severity K N A B 3	SEAT Position 3	SAFETY Equipment 1	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/>	Agency Space <input type="checkbox"/>	

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex TORRES, Gabriela Nm unk M	Severity K N A B C 6	SEAT Position 6	SAFETY Equipment 1	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP				
Address Same as Operator Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/>	Agency Space <input type="checkbox"/>	

Type of Accident

011 First Harmful Event
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
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(select one per vehicle)

Collision With Object Not Fixed

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

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

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

Unit Number 1 2 3 4 5 6 7 8 9 10	Unit Number 1 2 3 4 5 6 7 8 9 10
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Driver Factors (Or Pedestrians)

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

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

AC Value AC Value

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

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

Unit # 2 3 4 5 6 7 8 9 10

Pedestrian

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

Manner of Collision

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

Darken Numbered Area(s) of Vehicle Damage

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

Vehicle Towed Due to Damage N

Vehicle Removed By: **CHI**

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

Darken Numbered Area(s) of Vehicle Damage

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

Vehicle Towed Due to Damage N

Vehicle Removed By: **CHI**

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

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

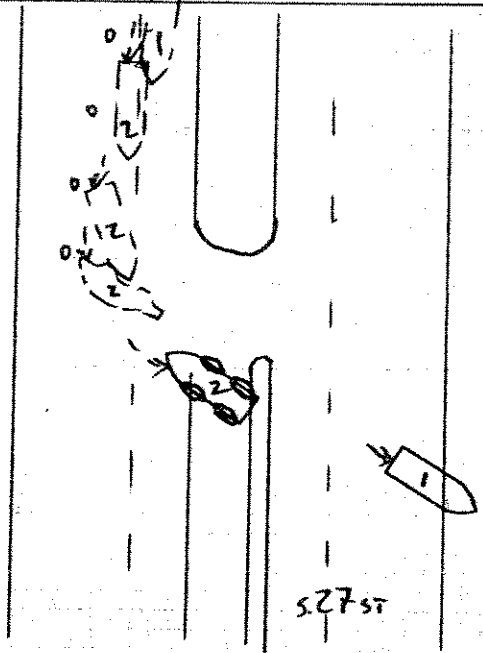


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 100 Unit 2
60 FEET 0

Surface Type: asphalt



NOT TO SCALE

N UNIT 2 WAS TRAVELLING NORTH ON S. 27 ST.
A UNIT 1, TRAVELLING AT HIGH SPEED, COLLIDED
R WITH REAR DRIVERS SIDE OF UNIT 2. FORCE
R OF COLLISION CAUSED UNIT 2 TO ROLL TOWARD
A THE PASSENGER SIDE. IT THEN CAME TO
T REST ON ITS ROOF.
I BOTH OCCUPANTS OF UNIT 1 FLED ON FOOT.
V OPERATOR WAS ARRESTED AFTER A BRIEF CHASE.
E

Photos By: ID Tech KASPREAK

What Drivers Were Doing

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

Traffic Control

Unit Number	Unit Number		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		
<input type="checkbox"/> 1	No Control	<input type="checkbox"/> 11	Other
<input checked="" type="checkbox"/> 2	Traffic Signal Operating	<input type="checkbox"/> 12	
<input type="checkbox"/> 3	Traffic Signal Flashing	<input type="checkbox"/> 13	
<input type="checkbox"/> 4	Stop Sign	<input type="checkbox"/> 14	
<input type="checkbox"/> 5	Stop Sign with Flasher Warning	<input type="checkbox"/> 15	
<input type="checkbox"/> 6	Warn Sign with Flasher Yield Sign	<input type="checkbox"/> 16	
<input type="checkbox"/> 7	Traffic Control Person	<input type="checkbox"/> 17	
<input type="checkbox"/> 8	RR-xing Signal	<input type="checkbox"/> 18	
<input type="checkbox"/> 9			
<input type="checkbox"/> 10			
<input type="checkbox"/> 11			

WITNESS Last NAME 107	First	M.I.
ADDRESS Street & Number 118	Date of Birth 109	
City & State ZIP 116	Phone Number 111 ()	

ACCESS CONTROL 112

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

ROAD TERRAIN 113

Part A

- 1 Straight
- 2 Curve

Part B

- 1 Level Flat
- 2 Hill

LIGHT CONDITION 111

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

TRAFFIC WAY

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

ROAD SURFACE CONDITION

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

WEATHER 116

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke (Freezing Rain or Drizzle)
- 6 Sleet, Hail
- 7 Blowing Sand, Soil, Dirt, Snow
- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

RELATION TO ROADWAY

- 1 On Roadway
- 2 Parking Lot or Private Property
- 3 Shoulder (Other Than Shoulder within Median or Gore)
- 4 Median (Other Than Median within Gore)
- 5 Outside Shoulder-Left
- 6 Outside Shoulder-Right
- 7 Off Roadway-Location Unknown
- 8 On Ramp
- 9 Unknown

Officer's Opinion of Possible Contributing Circumstances

Driver 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 **CARPENTER, Rebecca** M.I. **M.I.**

Law Enforcement Agency Address **749 w. State St**

City & State **Milwaukee, WI** ZIP **53233**

Phone Number **(414) 938-4444**

Agency # **28** Enforcement Agency **MILWAU** Officer ID # **58388**

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
Jan	1	04	14	30	14	33	Jan	1	04
Feb							Feb		
Mar							Mar		
Apr							Apr		
May							May		
June							June		
July							July		
Aug							Aug		
Sept							Sept		
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? Y N

A truck with a hazardous materials placard? Y N

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

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

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

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

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

• Hazardous Material Class Numbers (1-2digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed? Y N

• Hazardous Cargo was Released? Y N

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

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

Carrier Information	Carrier Identification Numbers	Source:
• Interstate Carrier? <input checked="" type="radio"/> Y <input type="radio"/> N	US DOT 130 LC	<input type="radio"/> Vehicle Side ¹¹¹
Carrier Name 139	ICC MC IC	<input type="radio"/> Shipping Papers
Carrier Address 142		<input type="radio"/> Trip Manifest
		<input type="radio"/> Driver
		<input type="radio"/> Log Book

Vehicle Information	Gross Vehicle Weight Rating	LBS	Total # of Axles
<p>Vehicle Configuration</p> <p>1 Bus</p> <p>2 Single unit truck, 3 axles, 6 tires</p> <p>3 Single unit truck + 3 axles</p> <p>4 Truck Trailer</p> <p>5 Tractor</p> <p>6 Tractor Semi Trailer</p> <p>7 Tractor Doubles</p> <p>8 Tractor Triples</p> <p>9 Unknown Heavy Truck</p> <p>10 Log Truck</p>			
<p>SEQUENCE OF EVENTS FOR THIS VEHICLE</p> <p>1 2 3 4 Ran off Road</p> <p>1 2 3 4 Jackknife</p> <p>1 2 3 4 Overturn (Rollover)</p> <p>1 2 3 4 Downhill Runaway</p> <p>1 2 3 4 Cargo Loss or Shift</p> <p>1 2 3 4 Explosion or Fire</p> <p>1 2 3 4 Separation of Units</p> <p>1 2 3 4 Collision Involving Pedestrian</p>	<p>1 2 3 4 Collision Involving Motor Vehicle in Transp.</p> <p>1 2 3 4 Collision Involving Parked Motor Vehicle</p> <p>1 2 3 4 Collision Involving Train</p> <p>1 2 3 4 Collision Involving Pedalcycle</p> <p>1 2 3 4 Collision Involving Animal</p> <p>1 2 3 4 Collision Involving Fixed Object</p> <p>1 2 3 4 Collision Involving Other Object</p> <p>1 2 3 4 Other</p>	<p>1 2 3 4 5 6 7 8 9 10</p> <p>1 Bus</p> <p>2 Van Enclosed box</p> <p>3 Cargo Tank</p> <p>4 Flatbed</p> <p>5 Dump</p> <p>6 Concrete Mixer</p> <p>7 Auto Transporter</p> <p>8 Garbage Refuse</p> <p>9 Other</p> <p>10 Log Truck</p>	

WISCONSIN SIMPLE INTEREST VEHICLE RETAIL INSTALMENT CONTRACT

DATE

Buyer (and Co-Buyer) Name and Address (Including County and Zip Code)

CREDITOR (Seller Name and Address)

02/21/200

RODALINA TUZIK
2623 W BECHER ST MILWAUKEE MILWAUKEE WI 53215
JOSEPH A TUZIK
2623 W BECHER ST MILWAUKEE MILWAUKEE WI 53215

GORDON BOUCHER FORD OF MENOMONEE FALLS
488 W14200 MAIN ST
MENOMONEE FALLS WI 53051

You, the Buyer (and Co-Buyer, if any), may buy the property described below, or if the following section is completed, the Repairs or Accessor described below, for cash or on credit. The cash price is shown below as "Cash Price." The credit price is shown below as "Total Sale Price." signing this contract, you choose to buy on credit under the agreements on the front and back of this contract.

Complete only if contract covers repairs or accessories and not the sale of the Property:

Order Number	Description	Cash Price	Use For Which Purchased
			<input type="checkbox"/> Personal <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/>

TRADE-IN: _____ \$ _____

New/Used	Year and Make	Model	GVW if Truck (lbs.)	Gross Allowance	Property Identification Number	Amount Owning	Use For Which Purchased
SEP	2005 FORD	FORD TAHOE			FM7U77E22UR45106		<input type="checkbox"/> Personal <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/>

ITEMIZATION OF AMOUNT FINANCED

- Cash Price \$ 1985.90 (1)
- Down Payment
 - Third Party Rebate Assigned To Creditor \$ N/A
 - Cash Down Payment \$ 1000.00
 - Deferred Down Payment \$ N/A
 - Trade-in (description above) \$ N/A
 - Total Down Payment \$ 1000.00 (2)
- Unpaid Balance of Cash Price (1 minus 2) \$ 985.90 (3)
- Amounts paid on your behalf (Seller may be retaining a portion of these amounts)
 - To Public Officials
 - (i) for license, title & registration fees \$ 197.00
 - (ii) for filing fees \$ 4.00
 - (iii) for taxes (not in Cash Price) \$ 130.67
 - To Insurance Companies for:
 - Credit Life Insurance \$ N/A
 - Credit Disability Insurance \$ N/A
 - To _____ for _____ \$ N/A
 - To _____ for _____ \$ N/A
 - To _____ for _____ \$ N/A
 - To _____ for _____ \$ 880.00
 - To _____ for _____ \$ N/A
 - Total \$ 115.67 (4)
- Amount Financed (3 plus 4) \$ 102.57 (5)

INSURANCE

YOU MAY OBTAIN PROPERTY INSURANCE FROM A PERSON OF YOUR CHOICE.

LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED.

CREDIT LIFE, CREDIT DISABILITY AND OTHER OPTIONAL INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE PREMIUM.

You have the right to cancel Credit Life and/or Credit Disability Insurance within 10 days from the date of this contract and receive credit for the full premium shown.

Credit Life Insurer _____
 \$ _____ Premium Insured(s) _____
 Signature(s) _____

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid when you have made all scheduled payments	The total cost of your purchase on credit, including your downpayment
6.90 %	\$ 1054.41	\$ 102.57	\$ 135.00	\$ 1985.90

Payment Schedule	Number of payments	Amount of Each payment	When Payments are due
Your payment schedule will be:	<input type="checkbox"/> _____	\$ _____	monthly starting _____
	<input type="checkbox"/> 1 final	\$ _____	

Disability Insurer _____
 \$ _____ Premium Insured _____
 Signature _____

Other Optional Insurance Term _____
 Insurer _____ \$ _____ Premium _____
 Signature _____

Credit Life and Credit Disability insurance are for the term of the contract. The amount and coverages are shown in a notice or agreement given to you today.

ACCIDENT REPORT NUMBER

Po. Wil/iam Co. B/64 935-7219

IN MOST CASES, REPORTS CAN BE
PICKED UP AFTER FIVE BUSINESS DAYS
— CALL FIRST —
(414) 935-7435

You can pick up a copy
of the report at the
District Three
Communications Operation Center
Monday - Friday
8:00 a.m. — 3:45 p.m.
2333 North 49th Street
2nd Floor
Milwaukee, Wisconsin 53210

IF YOUR VEHICLE WAS TOWED BY OUR
DEPARTMENT CONTRACTOR IT IS AT THE
CITY OF MILWAUKEE TOW LOT
3811 WEST LINCOLN AVENUE
TELEPHONE
(414) 286-8350

Rebecca Carpenter Sgd 806
OUR TOW NUMBER: *1194990*

TOW LOT HOURS: MONDAY — FRIDAY 8 a.m. - 6 p.m.
SATURDAY 8 a.m. - 12 p.m.
SUNDAY CLOSED

OTHER DRIVER'S INFORMATION:

NAME: *OFC LES PIOTROWSKI*
ADDRESS: *Greenfield Police*
PHONE NUMBER: *761-5300*
INSURANCE COMPANY: *8A-TQ 4pm*

City of Milwaukee
Tow Lot

Workstation ID : towlotreg04
Drawer ID : TOWCD4

Workstation
Session No. : 19119
Drawer
Session No. : 23742

Receipt Number : 1344915
Payment Date : 07/13/2004
Payment Time : 12:29 PM

Item Description : Tow
Issue # : *1194990*
Amount Due : \$135.00
Amount Paid : \$135.00
Balance Due : \$0.00

Paid by : CASH
Amount Due : \$135.00
Amount Paid : \$135.00
Amount Tendered : \$135.00
Amount Change : \$0.00
Cashier ID : TOW12

Thank You For Your Payment