

JACQUART  
&  
LOWE

ATTORNEYS AT LAW

A SERVICE CORPORATION

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SUITE 202  
MILWAUKEE, WISCONSIN 53202

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www.jacquart-lowe.com

November 30, 2005

Mr. Rudolph M. Konrad  
Mr. Robert M. Overholt  
Office of City Attorney  
800 City Hall  
200 East Wells Street  
Milwaukee, Wisconsin 53202-3551

Re: Our Client: Lee Jefferson  
C.I. File No.: 05-V-70

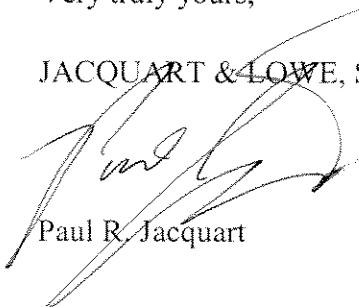
Dear Gentlemen:

This letter is in response to your November 21, 2005 letter, a copy of which is enclosed for your reference. Given that it appears highly unlikely that we will ever settle this matter, we kindly ask that you forward our client's claim to the City Common Council for disallowance pursuant to Wis. Stat. §893.80(1g), so that we can file suit.

Thank you.

Very truly yours,

JACQUART & LOWE, S.C.

  
Paul R. Jacquart

PRJ/ks  
Enclosure

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&  
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April 13, 2005

Mr. Ron Leonhardt  
City of Milwaukee  
Claims Department  
200 East Wells Street, Room 205  
Milwaukee, Wisconsin 53202-3567

Re: Our Client: Lee Jefferson  
Employee: Officer Michael E. Dix  
Date of Accident: March 27, 2005

CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY  
2005 APR 15 PM 3:38

Dear Mr. Leonhardt:

Enclosed please find an original and one copy of Lee Jefferson's Wis. Stat. §893.80(1)(a) Notice of Injury and Notice of Circumstances of Claim, accompanied by an Admission of Service for same and self-addressed stamped envelope.

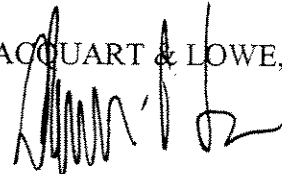
Please file-stamp the extra copy of the Notice of Injury and Notice of Circumstances of Claim, date and sign the Admission of Service, and return them to me in the envelope provided.

If you have any questions or concerns, please contact me.

Thank you.

Very truly yours,

JACQUART & LOWE, S.C.



David P. Lowe

CITY OF MILWAUKEE  
2005 APR 14 PM 3:22  
RONALD B. LEONHARDT  
CITY CLERK

DPL/llm  
Enclosures

---

**WIS. STAT. §893.80(1)(a) NOTICE OF INJURY  
AND NOTICE OF CIRCUMSTANCES OF CLAIM**

---

TO: Ron Leonhardt  
City of Milwaukee  
ATTN: CLAIMS  
200 East Wells Street, Room 205  
Milwaukee, Wisconsin 53202-3567

CITY OF MILWAUKEE  
2005 APR 14 PM 3:22  
RONALD D. LEONHARDT  
CITY CLERK

Clerk for the City of Milwaukee, Wisconsin, on behalf of the City of Milwaukee,  
Wisconsin.

Officer Michael E. Dix  
Milwaukee Police Department  
749 West State Street  
Milwaukee, Wisconsin 53233

---

THE ABOVE-NAMED PARTIES,

PLEASE TAKE NOTICE:

1. Lee Jefferson is an adult residing at 5618 North 60<sup>th</sup> Street., Milwaukee, Wisconsin 53224.
2. On March 27, 2005, Lee Jefferson sustained personal injuries, property damage and other damages as a result of a motor vehicle collision which occurred on West Fond du Lac Avenue at West Cypress Avenue in Milwaukee, Wisconsin. A copy of the Wisconsin Motor Vehicle Accident Report is Attached hereto as Exhibit A, however, Mr. Jefferson disputes the accuracy of said report in several respects as is explained below.
3. Mr. Jefferson was heading westbound on W. Fond du Lac Avenue when Officer Michael E. Dix, operating a City of Milwaukee police squad car darted into traffic on West Fond du Lac Avenue while attempting to make a left turn and failed to yield to Mr. Jefferson, broadsiding the driver's side of Mr. Jefferson's vehicle. Mr. Jefferson did not see Officer Dix until a fraction of a second before he was broadsided and did not have time to react and avoid the collision. In the accident report attached as Exhibit A, Officer Dix claims to have had his red lights and siren activated at the time of the collision, but Mr. Jefferson denies that lights or sirens were activated before the collision.
4. In the event that it is determined that Officer Dix was negligent and such negligence was

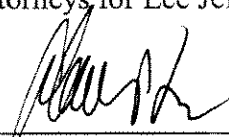
a cause of Mr. Jefferson's injuries and other damages, Officer Dix and his employer, the City of Milwaukee, Wisconsin are jointly and severally liable for Mr. Jefferson's injuries and other damages.

5. This document constitutes Lee Jefferson's notice of injury and notice of circumstances of claim against the above-named parties pursuant to Wis. Stat. §893.80(1)(a). This document is not a claim for damages. No claim for damages is made at this time.

Dated this 13 day of April, 2005.

JACQUART & LOWE, S.C.  
Attorneys for Lee Jefferson

By: \_\_\_\_\_

  
David P. Lowe  
State Bar No. 1018378  
Paul R. Jacquart  
State Bar No. 1035971

**POST OFFICE ADDRESS:**

241 North Broadway, Suite 202  
Milwaukee, Wisconsin 53202  
Phone: (414) 271-8828  
Facsimile: (414) 271-8299

Document Number Override

## Wisconsin Motor Vehicle Accident Report

**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 DAY YEAR  
 Jan  27  05  
 Feb  0  0  
 Mar  0  0  
 Apr  1  1  
 May  2  2  
 June  3  3  
 July  4  4  
 Aug  5  5  
 Sept  6  6  
 Oct  7  7  
 Nov  8  8  
 Dec  9  9

Time of Accident (Military Time)  
 HOUR MIN  
 0  2  30  
 1  1  7  
 2  2  2  
 3  3  3  
 4  4  4  
 5  5  5  
 6  6  6  
 7  7  7  
 8  8  8  
 9  9  9

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

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

Unit #   
 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: **W. Fond du Lac Ave** Estimated \_\_\_\_\_ FT. \_\_\_\_\_ MI. FROM/AT Hwy No. and Street Name: **W. CYPRESS AVE**

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

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
<input checked="" type="radio"/> 2 <input checked="" type="radio"/> 3 <input checked="" type="radio"/> 4	<input checked="" type="radio"/> 2 <input checked="" type="radio"/> 3 <input checked="" type="radio"/> 4	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input checked="" type="radio"/> W <input type="radio"/> S <input type="radio"/> E	<input checked="" type="radio"/> 1 <input checked="" type="radio"/> 2 <input checked="" type="radio"/> 3	<input checked="" type="radio"/> 2 <input checked="" type="radio"/> 3 <input checked="" type="radio"/> 4	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input checked="" type="radio"/> S <input type="radio"/> E

Speed Limit: <input type="text" value="25"/>	OPERATOR Last Name: <b>DIX</b> First Name: <b>Michael</b> M.I.: <b>E</b>	Speed Limit: <input type="text" value="25"/>	OPERATOR Last Name: <b>JEFFERSON</b> First Name: <b>LEE T</b> M.I.: <b>T</b>
ADDRESS Street & Number: <b>749 W. State Street</b>	ADDRESS Street & Number: <b>5618 N 100th St.</b>	ADDRESS Street & Number: <b>749 W. State Street</b>	ADDRESS Street & Number: <b>5618 N 100th St.</b>
City & State: <b>MILWAUKEE WI 53233</b> Phone Number: <b>933-4444</b>	City & State: <b>MILWAUKEE WI 53234</b> Phone Number: <b>401-2177</b>	City & State: <b>MILWAUKEE WI 53233</b> Phone Number: <b>933-4444</b>	City & State: <b>MILWAUKEE WI 53234</b> Phone Number: <b>401-2177</b>
Driver's License Number: <b>D200-5457-2414-03</b> State: <b>WI</b> Exp. Year: <b>08</b>	Driver's License Number: <b>J162-5384-4258-08</b> State: <b>WI</b> Exp. Year: <b>13</b>	Driver's License Number: <b>D200-5457-2414-03</b> State: <b>WI</b> Exp. Year: <b>08</b>	Driver's License Number: <b>J162-5384-4258-08</b> State: <b>WI</b> Exp. Year: <b>13</b>

On Duty Accident: <input checked="" type="radio"/> Police <input type="radio"/> EMT/First Responder <input type="radio"/> Fire Fighter <input type="radio"/> Winter Hwy Maintenance	Operating as Classified: <input checked="" type="radio"/> CMV <input type="radio"/> Other	Class (Mark Only One): <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	Endorse (Mark All That Apply): <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E	On Duty Accident: <input type="radio"/> Police <input type="radio"/> EMT/First Responder <input type="radio"/> Fire Fighter <input type="radio"/> Winter Hwy Maintenance	Operating as Classified: <input type="radio"/> CMV <input type="radio"/> Other	Class (Mark Only One): <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	Endorse (Mark All That Apply): <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E
---	---	---	--	--	--	--	--

SEVERITY:  K  A  B  C

TRAPPED/EXTRICATED: <input checked="" type="radio"/> 1 Not Applicable <input type="radio"/> 2 Trapped/Not Extricated <input type="radio"/> 3 Trapped/Extricated <input type="radio"/> 4 Unknown	Medical Transport: <input checked="" type="radio"/> Y <input type="radio"/> N	TRAPPED/EXTRICATED: <input checked="" type="radio"/> 1 Not Applicable <input type="radio"/> 2 Trapped/Not Extricated <input type="radio"/> 3 Trapped/Extricated <input type="radio"/> 4 Unknown	Medical Transport: <input checked="" type="radio"/> Y <input type="radio"/> N
---	---	---	---

Vehicle Owner Last Name: <b>CITY OF MILWAUKEE</b>	Vehicle Owner Last Name: <b>Moore Linda A</b>	Vehicle Owner Last Name: <b>CITY OF MILWAUKEE</b>	Vehicle Owner Last Name: <b>Moore Linda A</b>
Street Address: <b>749 W State Street</b>	Street Address: <b>5618 N 100th St.</b>	Street Address: <b>749 W State Street</b>	Street Address: <b>5618 N 100th St.</b>
City & State: <b>MILWAUKEE WI 53233</b> Phone Number: <b>933-7235</b>	City & State: <b>MILWAUKEE WI 53234</b> Phone Number: <b>401-2177</b>	City & State: <b>MILWAUKEE WI 53233</b> Phone Number: <b>933-7235</b>	City & State: <b>MILWAUKEE WI 53234</b> Phone Number: <b>401-2177</b>
Year of Vehicle: <b>2003</b> Make: <b>FORD</b> Model: <b>CRV</b> Body Style: <b>4DR</b> Color: <b>WH</b>	Year of Vehicle: <b>1993</b> Make: <b>TOY</b> Model: <b>Corolla</b> Body Style: <b>4DR</b> Color: <b>Med</b>	Year of Vehicle: <b>2003</b> Make: <b>FORD</b> Model: <b>CRV</b> Body Style: <b>4DR</b> Color: <b>WH</b>	Year of Vehicle: <b>1993</b> Make: <b>TOY</b> Model: <b>Corolla</b> Body Style: <b>4DR</b> Color: <b>Med</b>
Vehicle ID Number: <b>2T1AE09H8PC024163</b>	Vehicle ID Number: <b>2T1AE09H8PC024163</b>	Vehicle ID Number: <b>2T1AE09H8PC024163</b>	Vehicle ID Number: <b>2T1AE09H8PC024163</b>
License Plate Number: <b>E498</b> Plate Type: <b>MUN</b> State: <b>WI</b> Exp. Year: <b>07</b>	License Plate Number: <b>9086YT</b> Plate Type: <b>AUTO</b> State: <b>WI</b> Exp. Year: <b>06</b>	License Plate Number: <b>E498</b> Plate Type: <b>MUN</b> State: <b>WI</b> Exp. Year: <b>07</b>	License Plate Number: <b>9086YT</b> Plate Type: <b>AUTO</b> State: <b>WI</b> Exp. Year: <b>06</b>
Policy Holder's Name: <b>CITY OF MILW</b>	Policy Holder's Name: <b>YWO</b>	Policy Holder's Name: <b>CITY OF MILW</b>	Policy Holder's Name: <b>YWO</b>
Liability Insurance Company: <b>CITY OF MILW</b> Stat. # _____	Liability Insurance Company: <b>YWO</b> Stat. # _____	Liability Insurance Company: <b>CITY OF MILW</b> Stat. # _____	Liability Insurance Company: <b>YWO</b> Stat. # _____

Occupant Unit Number: <b>66</b>	NAME Last: _____ First: _____ M.I.: _____	Date of Birth: _____ Sex: _____	SEVERITY: <input checked="" type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	SEAT Position: _____ SAFETY Equipment: _____ AIRBAG: <input checked="" type="radio"/> 1 Deployed <input type="radio"/> 2 Non Deployed <input type="radio"/> 3 Not Applicable <input type="radio"/> 4 Unknown
ADDRESS Street & Number: _____	CITY & STATE: _____	ZIP: _____	Agency Space: <input checked="" type="radio"/> Y <input type="radio"/> N	EMS Number: _____



Police No. 3  
 Please Do Not Write In This Microfilm Space  
 Accident No. 8136850  
 Location: W. CYPRESS AVE & STATE FOND DU LAC AVE

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

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

### Type of Accident

01 First Harmful Event

Most Harmful Event

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

(select one per vehicle)

#### Collision With Object Not Fixed

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

#### Driver Factors (Or Pedestrians)

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

#### Presence

- |                                     |   |
|-------------------------------------|---|
| 1 Neither Alcohol nor Drugs Present | 2 |
| 3 Yes—Alcohol Present               | 3 |
| 4 Yes—Drugs Present                 | 4 |
| 5 Yes—Alcohol & Drugs Present       | 5 |
| 6 Unknown                           | 6 |

#### Alcohol

AC Value	AC Value
1 Test Not Given	2
2 Test Refused	2
3 Test Given, Alcohol Unknown	3
4 Test Given, No Alcohol Reported	4

#### Drugs

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

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

- |  |  |
|--|--|
| 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 #	1 2 3 4 5 6 7 8 9 10
Darken Numbered Area(s) of Vehicle Damage	
Extent of Damage	1 None 2 Undercarriage 3 Total (Damage to All Areas) 4 Other 5 Unknown
Extent of Damage	1 None 2 Very Minor 3 Minor 4 Moderate 5 Severe 6 Very Severe 7 Unknown

Vehicle Towed Due to Damage	Vehicle Removed By:
-----------------------------	---------------------

Unit #	1 2 3 4 5 6 7 8 9 10
Darken Numbered Area(s) of Vehicle Damage	
Extent of Damage	1 None 2 Undercarriage 3 Total (Damage to All Areas) 4 Other 5 Unknown
Extent of Damage	1 None 2 Very Minor 3 Minor 4 Moderate 5 Severe 6 Very Severe 7 Unknown

Vehicle Towed Due to Damage	Vehicle Removed By:
-----------------------------	---------------------

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

PO-15A 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 03-27-05	INCIDENT/ACCIDENT # 8136850
INCIDENT INFORMATION	INCIDENT			DATE OF INCIDENT/ACCIDENT		
	ACCIDENT			03-27-05		
	VICTIM			LOCATION OF INCIDENT/ACCIDENT		DIST. #
W. CYPRESS AND W. FOND DU LAC AVE			3			
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. DEBORA STACEY, ASSIGNED TO DISTRICT 3, AVENUES WEST, SQD 335, LATE SHIFT.

ON SUNDAY, MARCH 27, 2005 AT 2:34 A.M., I WAS DISPATCHED TO AN ACCIDENT PROPERTY DAMAGE ONLY INVOLVING A SQUAD CAR AND A CIVILIAN VEHICLE LOCATED AT THE INTERSECTION OF W. CYPRESS AND W. FOND DU LAC AVE.

ON ARRIVAL I SPOKE WITH SQD 33L (P.O. DIX) WHO STATED THAT HE WAS INVOLVED IN AN ON DUTY ACCIDENT, IN HIS MARKED CITY OF MILWAUKEE SQD CAR, WHILE WORKING IN OFFICAL CAPACITY. P.O. DIX WAS IN THE AREA OF W. CYPRESS AND W. FOND DU LAC AVE. FOR TRAFFIC CONTROL, DUE TO THE HEAVY VOLUME OF TRAFFIC FROM CRUISING. P.O DIX WAS AT THE INTERSECTION OF W. CYPRESS AND W. FOND DU LAC AVE., HE THEN MADE A COMPLETE STOP AT THE STOP SIGN ON W. CYPRESS. P.O. DIX THEN PROCEEDED TO MAKE A LEFT HAND TURN FROM W. CYPRESS ONTO W. FOND DU LAC AVE WITH THE RED LIGHTS AND SIREN ACTIVATED ON THE SQD CAR (UNIT #1) IN AN ATTEMPT TO CONDUCT A TRAFFIC STOP. WHEN P.O. DIX WAS MERGING INTO THE INTERSECTION, HE THEN CLEARED THE INTERSECTION AND COMPLETED HIS TURN ONTO W. FOND DU LAC AVE., STRIKING AN ONCOMING VEHICLE (UNIT #2) TRAVELING W/B ON W. FOND DU LAC AVE. UNIT #2 A RED TOYOTA CORROLA WITH WI AUTO PLATES OF 908GYT WAS STRUCK ON THE DRIVERS SIDE DOOR CAUSING MINOR DAMAGE. UNIT #1 HAD VERY MINOR DAMAGE TO THE PASSENGER SIDE FRONT HEAD LAMP.

THE DRIVER OF UNIT#2, WAS IDENTIFIED AS LEE T. JEFFERSON (B/M 07-18-44) WHO STATED THAT HE DID NOT SEE THE SQUAD CAR COMING WITH ITS RED LIGHTS AND SIREN ACTIVATED, UNTIL IT STRUCK HIS VEHICLE. UNIT #2 RECEIVED A TRAFFIC WARNING FOR FAILING TO YIELD TO AN EMERGENCY VEHICLE.

SGT. DALL RESPONDED TO THE SCENE TO TAKE PICTURES OF THE DAMAGE ON UNIT #2.

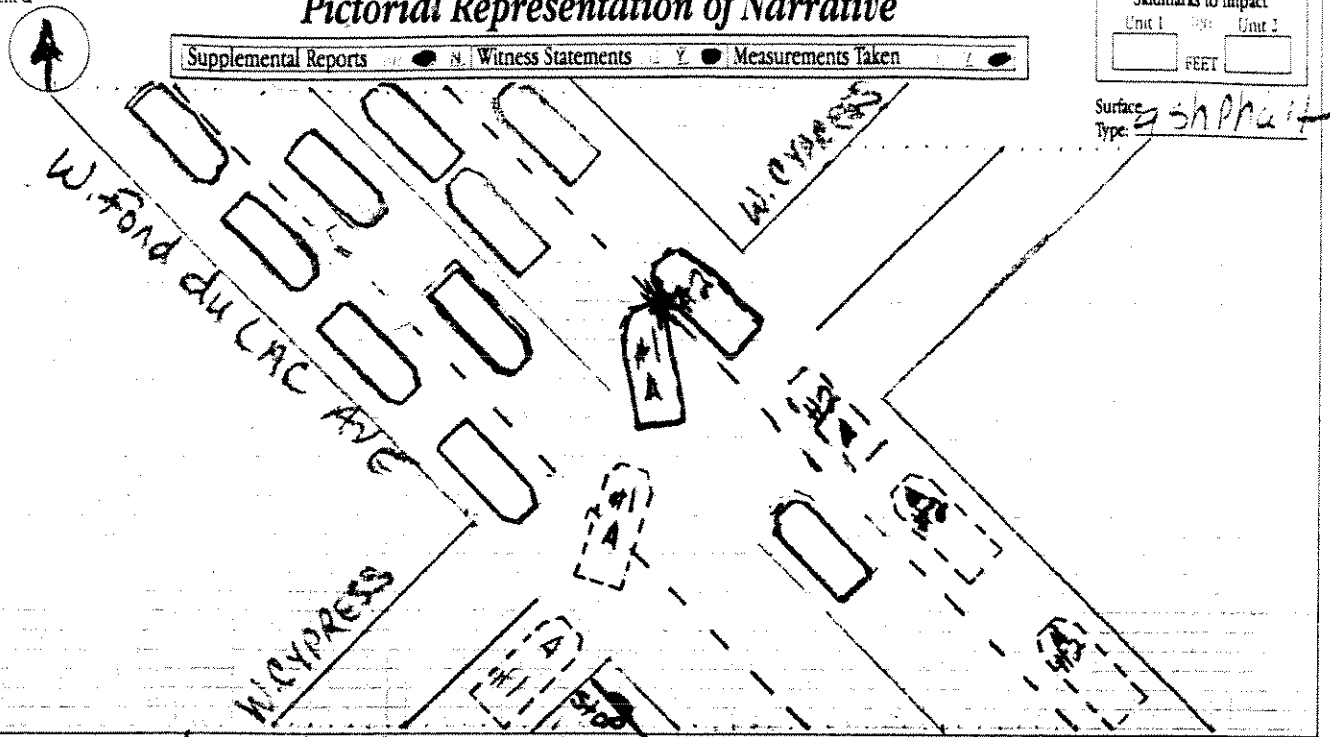
REPORTING OFFICER <i>P.O. D. Stacey</i> 3TACE	Payroll 70157 Loc Code 38	SUPERVISORS SIGNATURE <i>Sgt. James Soluk</i>
---	------------------------------------	--

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

# Pictorial Representation of Narrative

Supplemental Reports  N Witness Statements  Y Measurements Taken

Skidmarks to Impact  
Unit 1:  FEET   
Unit 2:  FEET



Surface Type: asphalt

**N** UNIT #1 STOPPED AT STOP SIGN ON W. CYPRESS ST.  
**A** UNIT #2 WAS W.I.B. ON W. FOND DU LAC AVE.  
**R** UNIT #1 MADE A LEFT HAND TURN TO GO  
**R** W.I.B. ON W. FOND DU LAC AVE. UNIT #1 THEN STRUCK  
**A** UNIT #2 ON THE DRIVERS SIDE DOOR.

Photos by **SGT. DALL**

### What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<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

- 1 Going Straight
- 2 Making Left Turn
- 3 Making Right Turn
- 4 Slowing or Stopping
- 5 Stopped in Traffic
- 6 Legally Parked
- 7 Violating No Passing Zone
- 8 Illegally Parked
- 9 Parking Maneuver
- 10 Backing Maneuver
- 11 Changing Lanes
- 12 Overtaking on Left
- 13 Overtaking on Right
- 14 Making U Turn
- 15 Turning on Red
- 16 Merging
- 17 Negotiating Curve
- 18 Other

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

#### ACCESS CONTROL

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

#### ROAD TERRAIN

Part A  
 1 Straight  
 2 Curve  
 Part B  
 3 Level/Flat  
 4 Hill

#### LIGHT CONDITION

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

#### 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 Gore (Area between Ramp & Highway)  
 9 On Ramp  
 10 Unknown

#### WEATHER

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

### Traffic Control

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11

- 1 No Control
- 2 Traffic Signal Operating
- 3 Traffic Signal Flashing
- 4 Stop Sign
- 5 Stop Sign with Flasher
- 6 Warning
- 7 Warn Sign with Flasher
- 8 Yield Sign
- 9 Traffic Control Person
- 10 RR-sig Signal
- 11 Other



Officer's Opinion of Possible Contributing Circumstances

Driver Factors section with two columns of checkboxes for various driving errors like Exceeding Speed Limit, Inattentive Driving, etc.

Vehicle Factors section with two columns of checkboxes for vehicle-related issues like Brake System, Steering System, Head Lamps, etc.

Highway Factors section with two columns of checkboxes for road conditions like Snow, Ice or Wet, Narrow Shoulder, etc.

OFFICER INFORMATION

Officer information form containing fields for Last Name (Stacey), First Name (Deborah A), Law Enforcement Agency Address (749 W. Stake Street), City & State (Milwaukee WI), Phone Number (414) 935-7234, Agency # (MILW P.D.), Enforcement Agency (DIST #3), and Officer ID # (70157).

Date and Time notification grid with columns for Date Notified (Month, Day, Year), Time Notified (Hour, Min), Time Arrived (Hour, Min), and Date of Report (Month, Day, Year).

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

Truck & Bus Accident Information form with Part A (When To Use This Section) and Part B (STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section...).

Hazardous Material Information form with fields for Hazardous Material Class Numbers, UN Numbers, Placard Displayed, and Cargo Released.

Carrier Information and Carrier Identification Numbers section, including Interstate Carrier status, Carrier Name, and Identification Numbers (US DOT, ICC MC, LC, IC).

Vehicle Information section including Vehicle Configuration (Bus, Single unit truck, etc.), Gross Vehicle Weight Rating, Cargo Body Type, and a SEQUENCE OF EVENTS FOR THIS VEHICLE grid.

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