



9800 Fredericksburg Road  
San Antonio, Texas 78288

CLAIM DEPARTMENT  
CITY OF MILWAUKEE  
CITY CLERKS OFFICE  
200 E. WELLS ST. ROOM #205  
MILWAUKEE, WI 53202

CITY OF MILWAUKEE  
2005 NOV 29 PM 3:09  
RONALD C. LEONHARDT  
CITY CLERK  
November 22, 2005

Reference: Request for payment

Dear Sir or Madam,

We reimbursed our insured for damages and injuries sustained as a result of the loss listed below. Our investigation shows that your insured is at fault. This is notification that we intend to recover the amount we paid.

USAA policyholder:	Lucas J. Knoke
Claim #:	6618902-7104-13-8523
Date of loss:	September 23, 2005
Loss location:	Milwilke, Wisconsin
USAA Tax ID:	59-3019540
Your policyholder:	City of Milwaukee
Your reference #:	09-23-2005
Our injured party:	Lashana Durant

We ask that you not settle the claim with our insured without protecting our recovery rights. Please see the attached page for additional details.

If you have questions, please call me at (800) 531-8222, ext. 3-1338.

Sincerely,

62488ra, Heather L  
Injury Unit  
USAA Casualty Insurance Company

USAA claim #: 6618902-7104-13-8523  
Your reference #: 09-23-2005

USAA amount paid	\$	5,417.80
Insured's deductible	\$	500.00
Rental/loss of use		PENDING
Medical bills		PENDING
Total payment requested	\$	<u>5,917.80</u>

there are damages to another vehicle and injuries in this vehicle.

- Make your certified check or money order payable to: **USAA as subrogee of our policyholder.**
- Provide claim # 6618902-7104-13-8523 on your check or money order.
- Send payment to: **ATTN: Insurance Claims**  
**USAA**  
**P.O. Box 33490**  
**San Antonio, Texas 78265-3490**

Any payment less than the full amount that we have requested will not satisfy our claim. We will not waive our legal rights to enforce collection of the remaining unpaid amount unless we provide you a written release.

7817275

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  
 Reportable Accident

County: **90** MUN/TWP: **57**

Accident Date: MONTH **23** DAY **05** YEAR **05**

Time of Accident (Military Time): HOUR **14** MIN **55**

Total Number

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

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

Unit #

Sheet No. **12** Of **12**

**ACCIDENT LOCATION**

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

Refer to 3

Please Do Not Write In This Microfilm Space

Date SEP 23 2005

Location 20th And JUNEAU

LATITUDE (GPS) Degrees: **43** Minutes: **17** Seconds: **00** LONGITUDE (GPS) Degrees: **88** Minutes: **00** Seconds: **00**

ON Hwy No. and Street Name: **N 20th St** Estimated  FT.  MI. FROM/AT Hwy No. and Street Name: **W. JUNEAU**

House #  Fire #  Other  Utility #  Railroad #  Agency Space: **B** 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)
21	21	2	W	21	21	2	W

Speed Limit: **35** OPERATOR Last Name: **ROBERTS** First Name: **TONY** M.I.: **P** Speed Limit: **35** OPERATOR Last Name: **KNOKE** First Name: **LAURA** M.I.: **K**

ADDRESS Street & Number: **2456 N HUBBARD ST** ADDRESS Street & Number: **765 GARVENS AVE**

City & State: **MILWAUKEE, WI 53212** City & State: **BROOKFIELD, WI 53005**

Phone Number: **263-8999** Phone Number: **784-2790**

Driver's License Number: **R262-8157-1375-03** State: **WI** Exp. Year: **2011** Driver's License Number: **K520-5317-0688-03** State: **WI** Exp. Year: **2013**

Date of Birth: **10-15-1971** Sex: **M** Operating: **23** Class: **36** Endorse: **(H) (P) (T)** Date of Birth: **05-28-1970** Sex: **F** Operating: **23** Class: **36** Endorse: **(H) (P) (T)**

On Duty:  Police  EMT/First Responder  Fire Fighter  Winter Hwy Maintenance  On Duty:  Police  EMT/First Responder  Fire Fighter  Winter Hwy Maintenance

Severity: **(K) (D)** SRAT Position: **1** SAFETY Equipment: **1** AIRBAG:  Deployed  Non Deployed  Not Applicable  Unknown  EJECTED:  Not Applicable  Partially Ejected  Not Ejected  Totally Ejected  Unknown

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

Vehicle Owner Same:  Last Name: **ROBERTS** First Name: **GLADYS** M.I.:  Vehicle Owner Same:  Last Name:  First Name:  M.I.:

Street Address: **2456 N HUBBARD ST** Street Address:

City & State: **MILWAUKEE, WI 53212** City & State:

Phone Number: **263-8999** Phone Number:

Year of Vehicle: **1998** Make: **PLYM** Model: **NEON** Body Style: **4dr** Color: **SLK** Year of Vehicle: **2000** Make: **Dodge** Model: **INTREPID** Body Style: **4dr** Color: **SIL**

Vehicle ID Number: **1P3E547C1W10505164** Vehicle ID Number: **2B3HD86134H208645**

License Plate Number: **5UW207** State: **WI** Exp. Year: **05** License Plate Number: **YMY542** State: **WI** Exp. Year: **05**

Policy Holder's Name: **UNK** Policy Holder's Name: **USAA**

Liability Insurance Company: **UNK** Liability Insurance Company: **USAA**

Occupant Unit Number: **66** NAME Last: **ROBINSON** First: **PASSION** M.I.: **M** Date of Birth: **05-04-85** Sex: **M** Severity: **(K) (D)** SEAT Position: **4** SAFETY Equipment: **2** AIRBAG:  Deployed  Non Deployed  Not Applicable  Unknown

Address Same as Operator:  EJECTED:  Not Applicable  Partially Ejected  Not Ejected  Totally Ejected  Unknown  TRAPPED/EXTRICATED:  Not Applicable  Trapped/Extricated  Trapped/Not Extricated  Unknown  Medical Transport:

MV4000 899 EMS Number: **Bel**

Sub Business

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

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

### Type of Accident

01 First Harmful Event

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"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input 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

(select one per vehicle)

**Collision With Object Not Fixed**

<input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/>
<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/>
<input type="checkbox"/> Deer	<input type="checkbox"/>
<input type="checkbox"/> Pedalcycle	<input type="checkbox"/>
<input type="checkbox"/> Pedestrian	<input type="checkbox"/>
<input type="checkbox"/> Railway Train	<input type="checkbox"/>
<input type="checkbox"/> Other Animal	<input type="checkbox"/>
<input type="checkbox"/> Motor Vehicle in Transport In Other Roadway	<input type="checkbox"/>
<input type="checkbox"/> Other Object (Not Fixed)	<input type="checkbox"/>

**Collision With Fixed Object**

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

**Non-Collision**

<input type="checkbox"/> Overturn	<input type="checkbox"/>
<input type="checkbox"/> Fire/Explosion	<input type="checkbox"/>
<input type="checkbox"/> Immersion	<input type="checkbox"/>
<input type="checkbox"/> Jackknife	<input type="checkbox"/>
<input type="checkbox"/> Other Non-Collision	<input type="checkbox"/>

### Driver Condition

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"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input 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

**Driver Factors (Or Pedestrians)**

<input type="checkbox"/> Appeared Normal	<input type="checkbox"/>
<input type="checkbox"/> Reduced Alertness	<input type="checkbox"/>
<input type="checkbox"/> Ability Impaired	<input type="checkbox"/>
<input type="checkbox"/> Not Observed	<input type="checkbox"/>

**Presence**

Neither Alcohol nor Drugs Present

Yes—Alcohol Present

Yes—Drugs Present

Yes—Alcohol & Drugs Present

Unknown

**Alcohol**

AC Value:

AC Value:

Test Not Given

Test Refused

Test Given, Alcohol Unknown

Test Given, No Alcohol Reported

**Drugs**

Test Not Given

Test Refused

Test Given, Drugs Unknown

Test Given, No Drugs Reported

Drugs Reported (Specify Below)

Marijuana

Cocaine

Opium

Amphetamines

PCP

Other Drug Medication

Type Unknown

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

**Pedestrian**

Location	Action
<input type="checkbox"/> In Crosswalk	<input type="checkbox"/> Waiting not Facing Traffic
<input type="checkbox"/> In Roadway	<input type="checkbox"/> Disregarded Signal
<input type="checkbox"/> Not in Roadway	<input type="checkbox"/> Daring into Road
<input type="checkbox"/> On Sidewalk	<input type="checkbox"/> Dark Clothing
	<input type="checkbox"/> Waiting Facing Traffic

**Manner of Collision**

No Collision with Motor Vehicle in Transport

Rear-end

Head On

Rear to Rear

Angle

Sideswipe, Same Direction

Sideswipe, Opposite Direction

Unknown

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

**Darken Numbered Area(s) of Vehicle Damage**

None

Undercarriage

Total (Damage in All Areas)

Other

Unknown

**Extent of Damage**

None

Very Minor

Minor

Moderate

Severe

Very Severe

Unknown

Vehicle Towed Due to Damage:  Yes  No

Vehicle Removed By: 211 1232723

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

**Darken Numbered Area(s) of Vehicle Damage**

None

Undercarriage

Total (Damage to All Areas)

Other

Unknown

**Extent of Damage**

None

Very Minor

Minor

Moderate

Severe

Very Severe

Unknown

**Fixed Object Struck**

Unit #	Unit #	Unit #	Unit #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Govt. Damage Tag #

**PROPERTY** Last Name: First M.I.

OWNER #

ADDRESS Street & Number

City & State  ZIP  Phone Number

OCT 07 2005

# Wisconsin Motor Vehicle Accident Report Supplement

Document Number Override <b>7817275</b>	
Sheet No. Of	<b>22</b>

## Occupant and Fixed Object Struck Supplement

INSTRUCTIONS: This supplement may be used to list additional occupant and fixed object struck information associated with an accident. Enter the original accident report document number in the "Document Number Override" box, enter the correct page number in the "Sheet No. Of" box. Then, follow the instructions for fields 65-78 (occupants) and/or fields 82-87 (fixed objects struck), as appropriate, in the Law Enforcement Officer's Instruction Manual.

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	KNOKE MEGAN E	03-31-01	F		4	4	<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
ADDRESS	Street & Number City & State		ZIP	Medical Transport		Agency Space	
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport		Agency Space		
Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	DORANT LASHINA M	06-25-83	F		3	1	<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
ADDRESS	Street & Number City & State		ZIP	Medical Transport		Agency Space	
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport		Agency Space		
Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
							<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
ADDRESS	Street & Number City & State		ZIP	Medical Transport		Agency Space	
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport		Agency Space		
Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
							<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
ADDRESS	Street & Number City & State		ZIP	Medical Transport		Agency Space	
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport		Agency Space		
Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
							<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
ADDRESS	Street & Number City & State		ZIP	Medical Transport		Agency Space	
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport		Agency Space		
Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
							<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
ADDRESS	Street & Number City & State		ZIP	Medical Transport		Agency Space	
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport		Agency Space		
Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
							<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
ADDRESS	Street & Number City & State		ZIP	Medical Transport		Agency Space	
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport		Agency Space		
Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
							<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown
ADDRESS	Street & Number City & State		ZIP	Medical Transport		Agency Space	
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport		Agency Space		

PO-15A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT	<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> INCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT	PAGE 1 OF 1	DATE OF REPORT 09-24-2005	INCIDENT/ACCIDENT # 7817275
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INCIDENT INFORMATION	INCIDENT	DATE OF INCIDENT/ACCIDENT		
	PI Accident	09-23-2005		
	VICTIM	LOCATION OF INCIDENT/ACCIDENT	DIST. #	

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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Officer Maurice Woulfe types this report. On Friday, September 23, 2005 at 2:57 PM, I (SQD 34) was dispatched to a Personal Injury (PI) Accident at N. 20<sup>th</sup> St and W. Juneau Ave..

Upon arrival I observed NO STOP SIGN for east bound traffic on W. Juneau Ave at N. 20<sup>th</sup> St..

I spoke to Gerri L. McDade (W/F 12-29-1953 of 7500 Elmhurst Rd. #216, Des Plaines, IL 60018, 847-795-0356) who said that she witnessed the accident and saw the silver car west bound on W. Juneau Ave do a U-turn at N. 21<sup>st</sup> St and then go east bound. She heard the crash and then looked and saw the accident.

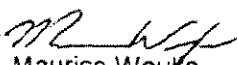
I spoke to Laura K. Knoke (W/F 05-28-1970 of 765 Garvens Ave. Brookfield, 262-263-8999) who said that she was east bound on W. Juneau Ave in her silver 4 door, 2000 Dodge Intrepid (VIN:2B3HD56J3YH208645) bearing Wisconsin plates of TMY542 (USAA Insurance). She said that she slowed down, checked both directions and then proceeded into the intersection and was struck by the north bound car. She was wearing her seatbelt and was not injured. Knoke said that her daughter Megan E. Knoke (W/F 03-31-2001) was seatbelted into a child safety seat in the back seat behind the driver's seat. Knoke said that her daughter was not injured.

I spoke to Lashana M. Durant (B/F 06-25-1983 of 2140 N. 16<sup>th</sup> St., 627-1781) who said that she was seatbelted in, in the front passenger seat of Knoke's car. Dureant was conveyed by BELL Ambulance to St. Mary's Hospital, admitted at 3:53PM and treated and released by Dr. Stephanie Meyers.

I spoke to Tony P. Rogers (B/M 10-15-1971 of 2456 N. Hubbard St., 263-8999) who said that he was driving his mother's (Gladys Rogers) black 4 door 1998 Plymouth Neon (VIN:1P3ES47CXWD505164) bearing Wisconsin plates :SUW207 (Unknown Insurance). Rogers initially asked "CAN YOU STILL PASS SLOW MOVING VEHICLES?". He then said that he passed a slow truck and was back in the north bound lanes when the car pulled out in front of him and he could not stop before colliding with the passenger side of the car.

I spoke to Passion M. Robinson (B/F 05-04-1985 of 944 N. 20<sup>th</sup> St. #2, 344-3123) who said that she was seatbelted into the Driver's side rear passenger seat of Rogers' car. She did not know how fast they were going. She was conveyed by BELL Ambulance to Mt. Sinai Hospital. She was admitted at 4:04 PM and treated and released by PA Kristinie Nash.

I spoke to Tahicia M. Nix (B/F 08-02-1980 of 3740 N. 11<sup>th</sup> St., 263-4095) who said that she was seatbelted into the front passenger seat of Rogers' car. Nix said that her daughter, Alica' D. Nix (B/F 06-25-2003) was in a child safety seat in the passenger side rear seat, and was not injured. Tahicia Nix was conveyed by BELL Ambulance to St. Mary's Hospital. She was admitted at 3:50 PM, and was treated and released by Dr. Stephanie Meyers.

REPORTING OFFICER  Maurice Woulfe	PAYROLL      LOC CODE 62970      31	SUPERVISORS SIGNATURE
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Draw Diagram of Accident & Indicate North with an arrow in the circle.



# Diagrammatic Representation of Narrative

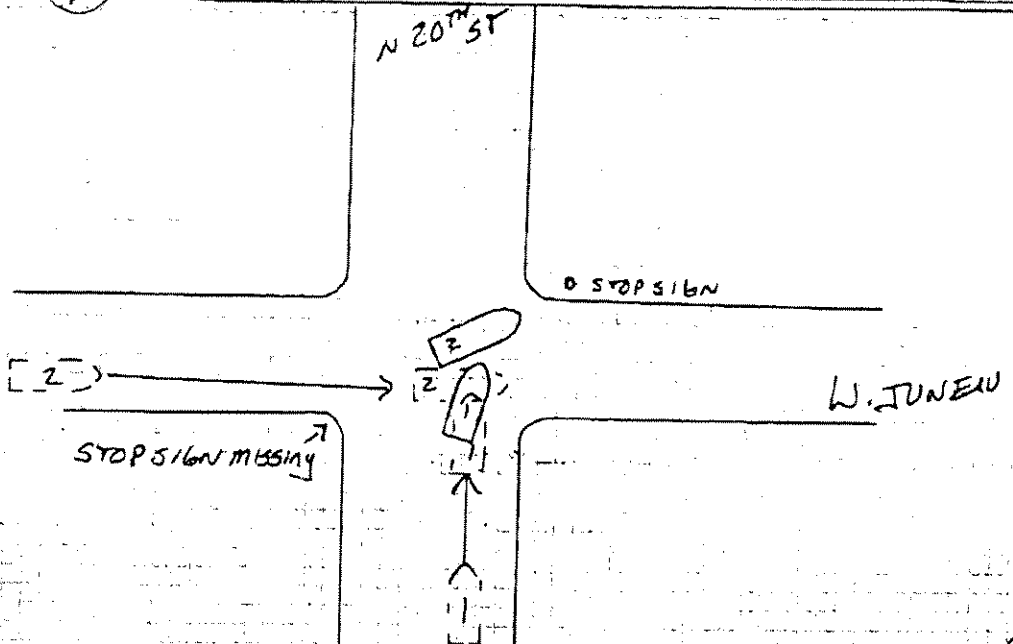
Supplemental Reports  Witness Statements  Measurements Taken

Stickers to Impact

Unit 1  Unit 2

FEET

Surface Type: DRY ASPHALT



**N** UNIT 2 E/OB ON W JUNEAU, WITH THE STOP SIGN MISSING  
**A** CONTINUED E/OB INTO THE INTERSECTION. UNIT 1 N/O  
**R** N 20TH SAID HE JUST PASSED A SLOW MOVING VEHICLE AND THE  
**R** OTHER CAR PULLED ACROSS IN FRONT OF HIM AND HE COLLIDED  
**A** WITH HER PASSENGER DOOR.

Photos By: NONE

### 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
<input type="checkbox"/> 19	<input type="checkbox"/> 19
<input type="checkbox"/> 20	<input type="checkbox"/> 20

- Going Straight
- Making Left Turn
- Making Right Turn
- Slowing or Stopping
- Stopped in Traffic
- Legally Parked
- Violating No Parking Zone
- Illegally Parked
- Parking Manuever
- Backing Manuever
- Changing Lanes
- Overtaking on Left
- Overtaking on Right
- Making U Turn
- Turning on Red
- Merging
- Negotiating Curve
- Other

WITNESS NAME: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Street & Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City & State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### ACCESS CONTROL

No Control (Unlimited Access)

Full Control (Only Ramp Entry/Exit)

Partial Control

#### ROAD TERRAIN

Part A

Straight

Curve

Part B

Level/Flat

Hill

#### LIGHT CONDITION

Daylight

Dark—Not Lighted

Dark—Lighted

Dawn

Dusk

Unknown

#### TRAFFIC WAY

Not Physically Divided (2-Way Traffic)

Divided Highway, Median Strip, without Traffic Barrier

Divided Highway, Median Strip, with Traffic Barrier

One-Way Traffic

Parking Lot or Private Property

#### ROAD SURFACE CONDITION

Dry

Wet

Snow/Slush

Ice

Sand, Mud, Dirt, Oil

Other

Unknown

#### WEATHER

Clear

Cloudy

Rain

Snow

Fog, Smog, Smoke

Sleet, Hail (Freezing Rain or Drizzle)

Blowing Sand, Soil, Dirt, Snow

Severe Crosswinds

Other

Unknown

#### RELATION TO ROADWAY

On Roadway

Parking Lot or Private Property

Shoulder (Other Than Shoulder within Median or Gore)

Median (Other Than Median within Gore)

Outside Shoulder—Left

Outside Shoulder—Right

Off Roadway—Location Unknown

On Ramp

Gore (Area between Ramp & Highway)

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
<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
<input type="checkbox"/> 19	<input type="checkbox"/> 19
<input type="checkbox"/> 20	<input type="checkbox"/> 20

- No Control
- Traffic Signal Operating
- Traffic Signal Flashing
- Stop Sign
- Stop Sign with Flasher Warning
- Warn Sign with Flasher
- Yield Sign
- Traffic Control Person
- RR-Xing Signal
- Other

7817275

Document Number (override)

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	11 12 13 14 15 16 17 18 19 20
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
1 Exceeding Speed Limit	11
2 Speed Too Fast/Condition	12
3 Fail to Yield Right of Way	13
4 Inattentive Driving	14
5 Following Too Close	15
6 Improper Turn	16
7 Left of Center	17
8 Disregarded Traffic Control	18
9 Improper Overtaking	19
10 Unsafe Backing	20
11 Failure to Have Control	21
12 Driver Condition	22
13 Physically Disabled	23
14 Other	24

### Vehicle Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	11 12 13 14 15 16 17 18 19 20
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
1 Brake System	11
2 Tires	12
3 Steering System	13
4 Turn Signals	14
5 Head Lamps	15
6 Stop Lamps	16
7 Tail Lamps	17
8 Disabled in Prior Accident	18
9 Other Disabled	19
10 Mirrors	20
11 Suspension System	21
12 Other	22

### Highway Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	11 12 13 14 15 16 17 18 19 20
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
1 Snow, Ice or Wet	11
2 Narrow Shoulder	12
3 Low Shoulder	13
4 Soft Shoulder	14
5 Loose Gravel	15
6 Rough Pavement	16
7 Debris From Prior Accident	17
8 Other Debris	18
9 Sign Obscured or Missing	19
10 Narrow Bridge	20
11 Construction Zone	21
12 Visibility Obscured	22
13 Other	23

### OFFICER INFORMATION

Last Wouffe First Maurice M.I. M.L.

Law Enforcement Agency Address 749 W STATE ST

City & State MILWAUKEE WI 53233

Phone Number 414 935 7232

Agency # 3 Enforcement Agency MILWAUKEE PD Officer ID # 62970

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report			
MONTH	DAY	YEAR	HR	MIN	HR	MIN	MO	TH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 23	<input type="radio"/> 05	<input type="radio"/> 16	<input type="radio"/> 45	<input type="radio"/> 16	<input type="radio"/> 45	<input type="radio"/> Jan	<input type="radio"/> 23	<input type="radio"/> 05	
<input type="radio"/> Feb							<input type="radio"/> Feb			
<input type="radio"/> Mar							<input type="radio"/> Mar			
<input type="radio"/> Apr							<input type="radio"/> Apr			
<input type="radio"/> May							<input type="radio"/> May			
<input type="radio"/> June							<input type="radio"/> June			
<input type="radio"/> July							<input type="radio"/> July			
<input type="radio"/> Aug							<input type="radio"/> Aug			
<input type="radio"/> Sept							<input type="radio"/> Sept			
<input type="radio"/> Oct							<input type="radio"/> Oct			
<input type="radio"/> Nov							<input type="radio"/> Nov			
<input type="radio"/> Dec							<input type="radio"/> 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... 136

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

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:

### Carrier Identification Numbers

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

IC:

IC:

Carrier Address:

### Vehicle Information

Gross Vehicle Weight Rating:  LBS

Total # of Axles:

Vehicle Configuration

1 Single unit truck, 2 axles, 4 tires

2 Single unit truck, 3 axles, 6 tires

3 Single unit truck + 3 axles

4 Truck/Trailer

5 Tractor/Trailer

6 Tractor/Trailer

7 Tractor/Trailers

8 Tractor/Trailers

9 Unknown Heavy Truck

10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 146 (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 Weathered box

3 Cargo Truck

4 Flatbed

5 Dump

6 Concrete Mixer

7 Semi-Transporter

8 Car, van, Pick-up

9 Other

10 Log Truck

Printed in U.S.A. 65403 654031 Mark Release by NCS M097108-3