

# CITY OF MILWAUKEE

Form CA-43

**GRANT F. LANGLEY**  
City Attorney

**RUDOLPH M. KONRAD**  
**PATRICK B. McDONNELL**  
**LINDA ULISS BURKE**  
Deputy City Attorneys



**OFFICE OF CITY ATTORNEY**  
800 CITY HALL  
200 EAST WELLS STREET  
MILWAUKEE, WISCONSIN 53202-3551  
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**STUART S. MUKAMAL**  
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**ELLEN H. TANGEN**  
**MELANIE R. SWANK**  
**JAY A. UNORA**  
**DONALD L. SCHRIEFER**  
**EDWARD M. EHRLICH**  
**LEONARD A. TOKUS**  
**MIRIAM R. HORWITZ**  
**MARYNELL REGAN**  
**G. O'SULLIVAN-CROWLEY**  
**DAWN M. BOLAND**  
**KATHRYN M. ZALEWSKI**

Assistant City Attorneys

April 28, 2004

Charlie Williams  
1901 North 6th Street, Apt. 807  
Milwaukee, WI 53212

RE: Charlie Williams  
C.I. File No: 04-S-97-1

Dear Mr. Williams:

This office is in receipt of your claim in the amount of \$2,496.59, relating to damages you sustained the car you were driving on March 5, 2004 hit an open manhole on North 7<sup>th</sup> Street and West Hadley Street. The owners of the car have filed their own claim for their damages.

Our investigation reveals that the Infrastructure Services Division records indicate that they did not receive nor investigate any complaints regarding a manhole lid off or any damages relating to this in the 2800 block of North 7<sup>th</sup> Street which occurred on March 5, 2004. The manhole lid was replaced at the scene by members of the Milwaukee Fire Department who had responded to this accident. On April 14, 2004, after receipt of this claim, the division inspected the manhole lids and found them to be in proper condition. There is no previous history of incidents of this nature at this location. Based on this information, and the fact that the City is responsible for 100,000 manholes it would be impossible to have anticipated or prevented this incident. Since there is no evidence that the City is responsible for this loss, it cannot be held liable. Accordingly, we are denying your claim.

286-2221

871-1000

1901 W 6th  
Milwaukee 53212

264-6824

Charlie Williams  
April 28, 2004  
Page 2

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,

  
GRANT E. LANGLEY  
City Attorney

*Steven M. Carini*  
STEVEN M. CARINI  
Investigator Adjuster

SMC:beg  
1029-2004-1219:80455

CITY OF MILWAUKEE  
2004 MAY 19 AM 9:19  
RONALD G. LEONARDI  
CITY CLERK

To Whom it may Concern. I Charlie Williams, filing an appeal to my claim that was denied I wish to appear before the whole Council board to defend my claim not just for 2196.59, but for an Additional Cost plus my utility bill

CITY OF MILWAUKEE  
RECEIVED  
'04 MAY 19 PM 2:09  
CITY ATTORNEY

Yours truly  
Charlie Williams

62

To whom it may concern:

I, Charlie Williams, am writing this statement regarding the accident that occurred on March 5<sup>th</sup> 2004. I was traveling North on 17<sup>th</sup> Street between the 2700 block and 2800 block when I hit a man hole cover. The car that I was driving flipped over damaging the car totalling. I was then pulled out of the car by the fire department. At that time I was transported to St. Michaels Hospital.

Thank you,

614-6824

Charlie Williams

City of City  
4/14/04 - Mich  
Rec'd  
2004 APR 14 AM 9:15  
OFFICE OF THE CLERK

LEONARD AUTO BODY  
 756 NORTH 109TH STREET  
 WAUWATOSA, WI 53226  
 PHONE: (414) 771-3898 FAX: (414) 771-5677

CD LOG NO 3154-1 DATE 03/12/04

SHOP: INSP DATE: 03/12/04  
 CONTACT: BOB  
 OWNER: HORTON, ANDRE HOME PHONE: (414) 875-9686  
 ADDRESS: 4915 N 25TH ST WORK PHONE: (414) 543-3000  
 CITY STATE: MIL, WI  
 ZIP: 53209-

POINT OF IMPACT: 13

LIC#: STATE: VIN: 1G4CW53L5N1658375  
 BODY COLOR: MILEAGE:  
 CONDITION: ACCTNG CTL#:

\*=USER-ENTERED VALUE E=REPLACE OEM NG=REPLACE NAGS  
 EC=REPLACE ECONOMY UC=RECONDITIONED PRT UM=REMAN/REBUILT PRT  
 EU=REPLACE SALVAGE EP=REPLACE PXN PC=PXN RECONDITIONED  
 PM=PXN REMAN/REBUILT TE=PARTL REPL PRICE ET=PARTL REPL LABOR  
 IT=PARTIAL REPAIR I=REPAIR L=REFINISH  
 BR=BLEND REFINISH TT=TWO-TONE CG=CHIPGUARD  
 SB=SUBLET N=ADDITIONAL LABOR RI=R&I ASSEMBLY  
 P=CHECK AA=APPEAR ALLOWANCE RP=RELATED PRIOR  
 UP=UNRELATED PRIOR

1992 BUICK PARK AVENUE STD 4DOOR SEDAN 6CYL GASOLINE 3.8  
 CODE: S5313A/B OPTNS D/24L

OPTIONS:  
 TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES  
 AUTO ADJUSTABLE SUSPENSION

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0005		BUMPER, FRONT	25617785 GM PART	333.63			2.4	1
E	0014		COVER, FRONT BUMPER	16516339 GM PART	355.18			INC	1
L	0014	13	COVER, FRONT BUMPER	REFINISH				3.0	4
E	0013		ABSORBER, FRONT ENER RT	22136750 GM PART	107.54			0.3	1
E	0132		AIRBAG SENSOR, FRONT	16156899 GM PART	150.00			1.1	2
E	0133		AIRBAG SNSR BRKT, FRONT	25612722 GM PART	14.34			INC	2
E	0103		FENDER, FRONT	LT 25609441 GM PART	337.49			2.3	1
L	0103		FENDER, FRONT	LT REFINISH				3.6	4
E	0104		FENDER, FRONT	RT 25609440 GM PART	337.49			2.3	1
L	0104		FENDER, FRONT	RT REFINISH				3.4	4
E	0143		WINDSHIELD, TINTED	25645907 GM PART	268.78			INC	1
E	0816		BRKT, AIRBAG CNTL MODUL	20746222 GM PART	3.33			0.3	2
E	0823	#	MODULE, AIRBAG CONTROL	16177277 GM PART	320.26			1.3	2

1992 BUICK PARK AVENUE STD 4DOOR SEDAN  
CD LOG NO 3154-1

# = 01, 02  
E 0829 # AIRBAG, STEERING WHEEL 17998161 GM PART 650.20 0.3 2  
# = 01, 02  
E 0207 DOOR SHELL, FRONT LT 25667378 GM PART 1,308.75 5.9 1  
L 0207 DOOR SHELL, FRONT LT REFINISH 3.5 4  
E 0208 DOOR SHELL, FRONT RT 25667377 GM PART 1,308.75 5.9 1  
L 0208 DOOR SHELL, FRONT RT REFINISH 3.5 4  
E 0272 GLASS, MIRROR OUTER LT 12503606 GM PART 48.39 0.2 1  
E 0273 GLASS, MIRROR OUTER RT 12503605 GM PART 50.62 0.2 1  
E 0418 MLDG, REAR DOOR LOWE RT 25603114 GM PART 105.41 0.3 1  
E 0341 02 PANEL, ROOF 25637630 GM PART 591.28 22.0 1  
L 0341 PANEL, ROOF REFINISH 3.4 4

23 ITEMS

MC MESSAGE(S)

01 CALL DEALER FOR EXACT PART NUMBER / PRICE  
02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO  
13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS 6,291.44  
PAINT MATERIAL 530.40  
PARTS & MATERIAL TOTAL 6,821.84  
TAX ON PARTS & MATERIAL @ 5.600% 382.02

LABOR	RATE	REPLACE HRS	REPAIR HRS
1-SHEET METAL	46.00	41.8	1,922.80
2-MECH/ELEC	75.00	3.0	225.00
3-FRAME	55.00		
4-REFINISH	46.00	20.4	938.40
5-PAINT MATERIAL	26.00		
LABOR TOTAL			3,086.20
TAX ON LABOR		@	5.600% 172.83
SUBLET REPAIRS			
TOWING			
STORAGE			

GROSS TOTAL 10,462.89

NET TOTAL 10,462.89

ADP SHOPLINK U1529 ES CD LOG 3154-1 DATE 03/12/04 01:22:39PM R6.35 CD 02/04  
HOST LOG

(C) 1998 - 2003 ADP CLAIMS SOLUTIONS GROUP, INC.

3.5 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.  
ADP TWO-STAGE EXTERIOR THRESHOLD OF 2.5 HOURS WAS CALCULATED IN THIS ESTIMATE.

-----  
MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM.

1992 BUICK PARK AVENUE STD 4DOOR SEDAN  
CD LOG NO 3154-1

CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT.  
OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON,  
WISCONSIN 53708-8911.

# 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:  N

County: **40** MUN/TWP: **57**

Accident Date: MONTH DAY YEAR  
**05 04**

Time of Accident (Military Time)  
HOUR MIN: **17 10**

Total Number  
UNITS INJURED KILLED  
**0 1 0 1 0 0**

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

Unit #  
Sheet No. Of  
**1 1**

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

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

ON Hwy No. and Street Name: **N. 7th St** Estimated  FT.  Mi. FROM/AT Hwy No. and Street Name: **W. HADLEY ST.**

House # Fire # Other Utility # Railroad # Agency Space: **SA** Special Study:  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	W	1	2	3	4

OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit
<b>WILLIAMS, CHARLES</b>			0				0
ADDRESS Street & Number	City & State	ZIP	Phone Number	ADDRESS Street & Number	City & State	ZIP	Phone Number
<b>1901 N. 6th St Apt 807</b>	<b>MILWAUKEE, WI</b>	<b>53212</b>	<b>264-6824</b>				
Driver's License Number	State	Exp. Year	Driver's License Number	State	Exp. Year		
<b>W452-1004-6006-05</b>	<b>WI</b>	<b>12</b>					

On Duty Accident	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	On Duty Accident	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth
<input type="checkbox"/> Police <input type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> CMV	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O	<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> F	<b>01-06-46</b>	<input type="checkbox"/> Police <input type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> CMV	<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> C <input type="checkbox"/> O	<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> F	

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
<input type="checkbox"/> K <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> C	<b>1</b>	<b>1</b>	<input checked="" type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Ejected <input type="checkbox"/> 3 Totally Ejected <input type="checkbox"/> 4 Partially Ejected <input type="checkbox"/> 5 Unknown	<input type="checkbox"/> K <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> C	<b>1</b>	<b>1</b>	<input type="checkbox"/> 1 Deployed <input type="checkbox"/> 2 Not Deployed <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown	<input type="checkbox"/> 1 Not Applicable <input type="checkbox"/> 2 Not Ejected <input type="checkbox"/> 3 Totally Ejected <input type="checkbox"/> 4 Partially Ejected <input type="checkbox"/> 5 Unknown

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

Vehicle Owner: **HORTON, VICTORIA D** M.I. Vehicle Owner: **HORTON, VICTORIA D** M.I.

Street Address: **4915 N. 25th** Street Address: **4915 N. 25th**

City & State: **MILWAUKEE, WI 53209** ZIP: **53209** Phone Number: **414 11N/A** City & State: **MILWAUKEE, WI 53209** ZIP: **53209** Phone Number: **414 11N/A**

Year of Vehicle: **92** Make: **BUIC** Model: **PARK** Body Style: **4DR** Color: **BLUE** Year of Vehicle: **92** Make: **BUIC** Model: **PARK** Body Style: **4DR** Color: **BLUE**

Vehicle ID Number: **1G4CW5315N1658375** Vehicle ID Number: **1G4CW5315N1658375**

License Plate Number: **634-BYL** Plate Type: **AUC** State: **WI** Exp. Year: **04** License Plate Number: **634-BYL** Plate Type: **AUC** State: **WI** Exp. Year: **04**

Policy Holder's Name: **UNKNOWN** Stat. #: **UNKNOWN** Policy Holder's Name: **UNKNOWN** Stat. #: **UNKNOWN**

Occupant Unit Number	NAME Last First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1					<input type="checkbox"/> K <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> C	<b>1</b>	<b>1</b>	<input type="checkbox"/> 1 Deployed <input type="checkbox"/> 2 Non Deployed <input type="checkbox"/> 3 Not Applicable <input type="checkbox"/> 4 Unknown

Address Same as Operator:  Yes  No EJECTED:  1 Not Applicable  2 Not Ejected  3 Totally Ejected  4 Partially Ejected  5 Unknown TRAPPED/EXTRICATED:  1 Not Applicable  2 Not Trapped  3 Trapped Extricated  4 Trapped Not Extricated  5 Unknown  Medical Transport Agency Space: **MAR 08 2004** EMS Number: **7300224**

Please Do Not Write In This Margin Space

7300224

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

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

### Type of Accident

32 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	1
2	Parked Motor Vehicle	2
3	Deer	3
4	Pedalcycle	4
5	Pedestrian	5
6	Railway Train	6
7	Other Animal	7
8	Motor Vehicle in Transport In Other Roadway	8
9	Other Object (Not Fixed)	9

#### Collision With Fixed Object

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

#### Non-Collision

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

### Driver Condition

Unit Number	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	1
2	Reduced Alertness	2
3	Ability Impaired	3
4	Not Observed	4

#### Presence

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

#### Alcohol

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

#### Drugs

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

### Unit #

1 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

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

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

#### Extent of Damage

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: CALL TOWING

### 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

#### Extent of Damage

0	None
1	Very Minor
2	Minor
3	Moderate
4	Severe
5	Very Severe
6	Unknown

Vehicle Towed Due to Damage:

Vehicle Removed By: \_\_\_\_\_

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



<b>INCIDENT INFORMATION</b>	INCIDENT PI Accident	DATE OF INCIDENT/ACCIDENT 03-05-04		
	VICTIM	LOCATION OF INCIDENT/ACCIDENT 2800 N. 7th	DIST. # 5	

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
--------------------	-------	--------	---------------	---

QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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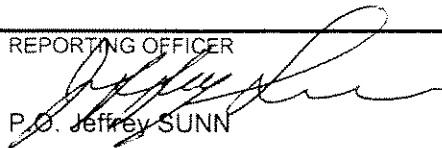
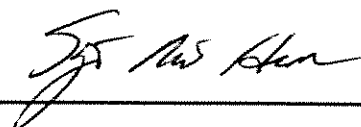
This report is written by Police Officer Jeffrey SUNN, PSD-Motorcycle Unit Squad 865, Early. On Friday, March 5, 2004 at 5:15 P.M. I was dispatched to a PI Accident at 2800 N. 7th.

Upon arrival I spoke to a witness to the accident, Eric L. WILLIAMS (B/M 09-12-69 of 4135 N. 15th, 414-933-3554, 414-372-9927). WILLIAMS stated he was next to Unit #1 traveling N/B on N. 7th in the 2700 block. WILLIAMS stated that Unit #1 was in the left lane and he was in the right. WILLIAMS stated that he was about 9 feet behind Unit #1 when he saw that the manhole cover in Unit #1's lane of traffic was partially sticking up. WILLIAMS stated that Unit #1 tried to swerve to avoid the hole, but hit it and then the car flipped over. WILLIAMS stated that Unit #1 did not hit his vehicle or any other vehicle.

I then spoke to Milwaukee Firefighter BASS of Engine #30, who stated that they arrived on scene and found a manhole cover lid (2'x2') about 30 feet North of the hole it was to cover. BASS stated he and another firefighter put the cover bak at its original location.

I then spoke to another witness Derrick L. DAVIS (B/M 01-15-88 of 2816 N. 7th, 414-562-4509) who stated that Unit #1 was traveling N/B on N. 7th about 35 M.P.H. when it rolled forward and then flipped over. DAVIS stated he and a friend then took the seatbelt off the driver and helped him out of the car to the side of the road.

I then spoke to the driver of Unit #1, Charlie NMN WILLIAMS (B/M 01-06-46). WILLIAMS stated that he was N/B on N. 7th crossing Hadley when he saw the manhole cover was sticking up. WILLIAMS stated that he tried to swerve to avoid the manhole cover, but hit the hole and the car flipped.

REPORTING OFFICER  P.O. Jeffrey SUNN Payroll 65184    Loc Code 19	SUPERVISORS SIGNATURE 
--	---

# Pictorial Representation of Narrative

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



Supplemental Reports

Witness Statements

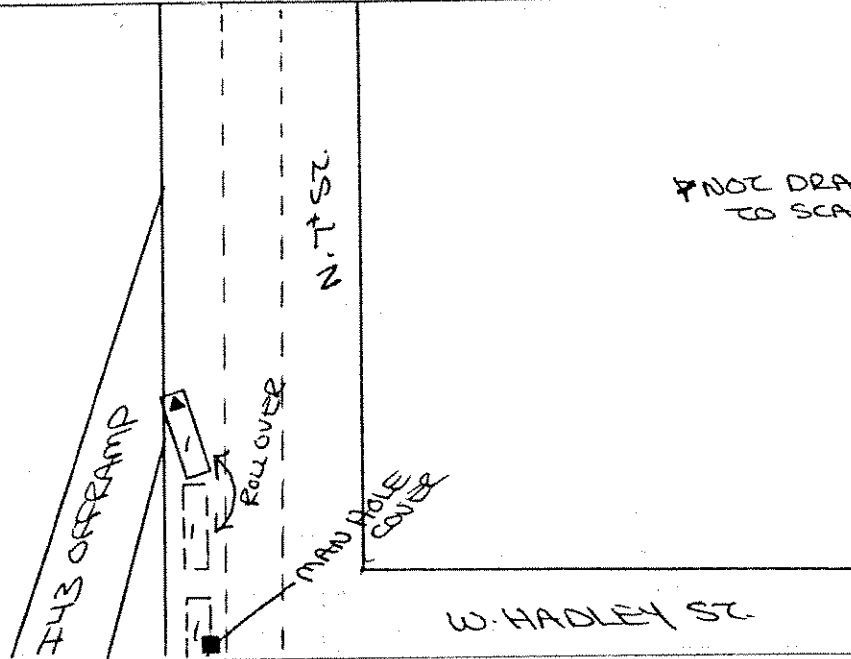
Measurements Taken

Skidmarks to Impact

Unit 1 100 Unit 2

0 FEET 0

Surface Type: CONCRETE



**NARRATIVE**

UNIT #1 TRAVELING N/B ON N. 7th ST. STRUCK PARTIALLY OPEN MANHOLE COVER AT W. HADLEY CAUSING VEHICLE TO ROLL OVER.

Photos By: NONE

## What Drivers Were Doing

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18

WITNESS Last: WILLIAMS, First: ERIC, M.I.: L

ADDRESS Street & Number: 4135 N. 15th, Date of Birth: 09-12-69

City & State: MILWAUKEE, WI, ZIP: 53209, Phone Number: (414) 372-9927

**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

- 1 Level Flat
- 2 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

**WEATHER**

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke
- 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 Gore (Area between Ramp & Highway)
- 10 Unknown

## Traffic Control

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

# Officer's Opinion of Possible Contributing Circumstances

Driver Factors	
Unit Number	Unit Number
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 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 Snow, Ice or Wet	1
2 Narrow Shoulder	2
3 Low Shoulder	3
4 Soft Shoulder	4
5 Loose Gravel	5
6 Rough Pavement	6
7 Debris From Prior Accident	7
8 Other Debris	8
9 Sign Obscured or Missing	9
10 Narrow Bridge	10
11 Construction Zone	11
12 Visibility Obscured	12
13 Other	13

### OFFICER INFORMATION

Last	First	MI.
SUNNI	JEFFREY A	
Law Enforcement Agency Address		
749 W. SCALE ST		
City & State		ZIP
MILWAUKEE, WI		53233
Phone Number		
(414) 935-7216		
Agency #	Enforcement Agency	Officer ID #
19	MILW PD	65184

Date Notified	Time Notified (Military Time)	Time Arrived (Military Time)	Date of Report
MONTH DAY YEAR 05 04	HOUR MIN 17 15	HOUR MIN 17 20	MONTH DAY YEAR 05 04

### 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 (1-2 digit):
- 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 type="checkbox"/> Y <input type="checkbox"/> N	US DOT: <input type="text"/>	Vehicle Side Shipping Papers Trip Manifest Driver Log Book
Carrier Name: <input type="text"/>	ICC MC: <input type="text"/>	
Carrier Address: <input type="text"/>	IC: <input type="text"/>	

Vehicle Information	Gross Vehicle Weight Rating	LBS	Total # of Axles
<p>Vehicle Configuration</p> <p>1 Bus</p> <p>2 Single-unit truck, 2 axles, 6 tires</p> <p>3 Single-unit truck, 3 axles</p> <p>4 Truck, Trailer</p> <p>5 Tractor Trailer</p> <p>6 Tractor, Trailer</p> <p>7 Tractor, Trailer</p> <p>8 Tractor, Trailer</p> <p>9 Tractor, Trailer</p> <p>10 Log Truck</p>			
<p>SEQUENCE OF EVENTS FOR THIS VEHICLE</p> <p>1 Ran off Road</p> <p>2 Jackknife</p> <p>3 Overturn (Rollover)</p> <p>4 Downhill Runaway</p> <p>5 Cargo Loss or Shift</p> <p>6 Explosion or Fire</p> <p>7 Separation of Units</p> <p>8 Collision Involving Pedestrian</p> <p>9 Collision Involving Motor Vehicle in Transp.</p> <p>10 Collision Involving Parked Motor Vehicle</p> <p>11 Collision Involving Train</p> <p>12 Collision Involving Pedalcycle</p> <p>13 Collision Involving Animal</p> <p>14 Collision Involving Fixed Object</p> <p>15 Collision Involving Other Object</p> <p>16 Other</p>			
<p>Cargo Body Type</p> <p>1 Bus</p> <p>2 Van Enclosed bus</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>			

MAR 09 2004

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ST MICHAEL HOSPITAL  
 BOX 68-9505  
 MILWAUKEE, WI 53268-9505  
 414-456-3000  
 TAX ID 390806237

TYPE DATE  
 DISCHARGE 03/10/04

PATIENT NAME  
 WILLIAMS CHARLIE

PLEASE REFER TO  
 THIS NUMBER ON ALL  
 CORRESPONDENCE  
 OR PAYMENTS  
 5961158

BILLING PERIOD  
 03/05/04 TO 03/05/04

PAGE  
 1

ADMITTED DISCHARGED  
 03/05/04

ROOM NO.

BILL TO  
 WILLIAMS, CHARLIE  
 1901 NORTH 6 STREET 807  
 MILWAUKEE, WI 53212

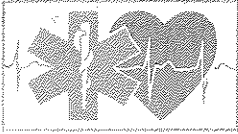
INSURANCE COMPANY

POLICY NUMBER

1  
 2  
 3

SERVICE DESCRIPTION	TOTAL CHARGES	ESTIMATED INSURANCE COVERAGE			PATIENT'S AMOUNT
		1	2	3	
030504 ED SPINE CERV W/ OB	338.75				
030504 ED KNEE LT 4+ KNEES	317.75				
030504 ED ANKLE RT 3+ VIEW	247.00				
030504 ED SPINE 1 VIEW CER	230.00				
030504 VICODIN/LORTAB (GEN	4.60				
030504 PULSE OXIMETRY SING	65.25				
030504 ED CARE LEVEL 4	453.25				
	1656.60				1656.60

PLEASE  
 PAY  
 THIS AMOUNT



**MEDA CARE AMBULANCE SERVICE, INC.**  
**PATIENT ACCOUNT SERVICES**  
**(414) 327-2880**

PATIENT NAME: Charlie Williams

PATIENT NUMBER: 127924

INSURANCE:

CALL NUMBER: **2403597**

DATE OF CALL: 03/05/2004

**PRIV**

TIME OF CALL:

CALLER: MILWAUKEE FIRE DEPARTM

FROM: 7 Hadley

TO: St Michael's Hospital

**Charlie Williams**  
**1901 N 6 St**  
**Milwaukee, WI 53212**

REASON(S) 723.1

FOR 724.5

TRANSPORT 719.46

DESCRIPTION OF CHARGE	QUANTITY	UNIT PRICE	AMOUNT
Ambulance Base Charge 911	A0429 1.0	357.00	357.00
Mileage Charge	A0425 6.0	8.50	51.00
Gloves	A0382 2.0	1.62	3.24
Oxygen, First Response	A0422 1.0	33.00	33.00
Oxygen Cannula Adult	A0422 1.0	2.70	2.70
Cervical Collar Adjustable	A0382 1.0	22.88	22.88
Head Immobilizer	A0382 1.0	13.43	13.43
Prosplint Full Leg - Large	A0382 1.0	42.79	42.79
Linen Sheet, disposable	A0382 1.0	4.95	4.95
WE NOW ACCEPT PAYMENTS BY VISA, MASTERCARD, AMERICAN EXPRESS			
ACCT. # _____	EXP. DATE _____		
AMOUNT _____	DATE _____		
			<b>Total Charges 530.99</b>

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
			<b>Total Credits 0.00</b>
			<b>\$530.99</b>

**PLEASE PAY THIS AMOUNT** ➔

RETAIN TOP PORTION FOR FOR YOUR RECORDS.

✂ DETACH ALONG PERFORATION AND RETURN STUB WITH YOUR PAYMENT ✂

PATIENT NAME: Williams, Charlie  
 PATIENT NUMBER: 127924

CALL NUMBER: 2403597  
 BILLING DATE: 03/15/2004

AMOUNT DUE \$ **530.99**  
 AMOUNT \$ \_\_\_\_\_  
 ENCLOSED \_\_\_\_\_

PLEASE WRITE CALL NUMBER ON CHECK.

**Thank you for using our Ambulance. If you have insurance, please call our office with the information otherwise, we will expect your payment.**