

CITY OF MILWAUKEE
2001 FEB 27 AM 11:25
RONALD D. LEONHARDT
CITY CLERK

Sharon G. Hulta
3245 N. Sherman Blvd.
Milwaukee, WI 53216
February 24, 2001

City Clerk
Attn: Claims
200 E. Wells St.
Rm. 205
Milw., WI 53202-3567

Re: City Plow Accident

Dear Sir:

On Dec. 19, 2000 a Milwaukee city plow side swept my automobile causing major damage to the lock assembly and severing the door mirror. My automobile was parked directly in front of my residence at 3245 N. Sherman Blvd. The accident occurred at approximately 7:30 a.m. and was witnessed by my tenant, Gladys Carroll of 3243 N. Sherman Blvd. The same damage also occurred to her auto and others on the block. Enclosed are my receipts from Frascora Buick in the amount of \$161.04 for which I am requesting re-imbursment. I hope to hear from you soon.

Sincerely,
Sharon G. Hulta

CITY OF MILWAUKEE
RECEIVED
'01 FEB 27 PM 3:42
OFFICE OF
CITY ATTORNEY



WAUWATOSA, WISCONSIN 53222

Phone: 414-258-9960



CUSTOMER NO. 785		ADVISOR JIM MCCARDLE	TAG NO. 19	INVOICE DATE 01/16/01	INVOICE NO. BUICB67130
SHARON HULTS 3245 NORTH SHERMAN BLVD		LABOR RATE	LICENSE NO.	COLOR WHITE/	STOCK NO.
		YEAR / MAKE / MODEL 94/BUICK/LESABRE/LTD 4 DR			DELIVERY DATE
MILWAUKEE, WI 53216		VEHICLE I.D. NO. 1G4HR52L3RH 550557		SELLING DEALER NO.	PRODUCTION DATE
		F. T. E. NO.	P. O. NO.	R. O. DATE 01/16/01	
RESIDENCE PHONE 414-873-9422	BUSINESS PHONE	COMMENTS			

LABOR		TECH(S):252		40.00	
J# 1	18BUZ	BODY SHOP			
		L-FRT DOOR HANDLE IS BROKEN.			
		L-FRT DOOR WAS REPAIRED TO OPERATE PROPERLY.			
TOTAL - LABOR				40.00	
PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	16637787	LOCK-F/SD 10.470	62.00	
TOTAL - PARTS				62.00	
MISC	CODE	DESCRIPTION	CONTROL NO		
JOB # 1	IPD	INSURANCE PARTS DISCOUNT		-6.20	
JOB # 1	SENL	SENIOR CITIZEN LABOR DISCOUNT		-4.00	
TOTAL - MISC				-10.20	
TOTALS					
*****				TOTAL LABOR	40.00
*****				TOTAL PARTS	62.00
*****				TOTAL SUBLET	0.00
*****				TOTAL G.O.G.	0.00
*****				TOTAL MISC CHG.	0.00
*****				TOTAL MISC DISC	-10.20
*****				TOTAL TAX	5.14
*****				TOTAL INVOICE \$	96.94

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

CUSTOMER SIGNATURE

(SIGNED) DEALER GENERAL MANAGER OR AUTHORIZED PERSON: DATE

"Any warranties on the products sold hereby are those made by the manufacturer. The seller, FRASCONA BUICK, INC., hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

CUSTOMER SIGNATURE

PAID
96.94

SERVICE HOURS:
MONDAY
 7:00 A.M. - 7:00 P.M.
TUESDAY - FRIDAY
 7:00 A.M. - 5:30 P.M.
SATURDAY
 8:00 A.M. - NOON

Motor vehicle repair trade practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53706-4142

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CUSTOMER NO. 785		ADVISOR JIM MCCARDLE	TAG NO. 19	INVOICE DATE 01/10/01	INVOICE NO. BUIC66869
SHARON HULTS 3245 NORTH SHERMAN BLVD MILWAUKEE, WI 53216		LABOR RATE	LICENSE NO.	MILEAGE 58000	COLOR WHITE/
		YEAR / MAKE / MODEL 94/BUICK/LESABRE/LTD 4 DR			DELIVERY DATE
RESIDENCE PHONE 414-873-9422		VEHICLE I.D. NO. 1G4HR52L3RH 5 5 0 5 7			SELLING DEALER NO.
		F. T. E. NO.			P. O. NO.
BUSINESS PHONE		COMMENTS			

LABOR-----					
J# 1 18BUZ	BODY SHOP	TECH(S):4		60.00	
CUSTOMER REPORTS THAT THE LEFT FRONT DOOR OUTSIDE MIRROR IS BROKEN. ALSO L-FRT DOOR HANDLE IS INOPERABLE. L-FRT DOOR OUTSIDE MIRROR WAS REPLACED AND REFINISHED. ALSO L-FRT DOOR HANDLE WAS RE-ATTACHED AS GOOD AS POSSIBLE.					
			TOTAL - LABOR	60.00	
PARTS-----	QTY-----	FP-NUMBER-----	DESCRIPTION-----	UNIT PRICE-----	
JOB # 1	1	25551197	MIR ASM-0 10.185	106.00	106.00
			TOTAL - PARTS	106.00	
MISC-----	CODE-----	DESCRIPTION-----	CONTROL NO-----		
JOB # 1	IPD	INSURANCE PARTS DISCOUNT		-10.60	-10.60
			TOTAL - MISC	-10.60	
TOTALS-----					
*****				TOTAL LABOR	60.00
*****				TOTAL PARTS	106.00
*****				TOTAL SUBLET	0.00
*****				TOTAL G.O.G.	0.00
*****				TOTAL MISC CHG.	0.00
*****				TOTAL MISC DISC	-10.60
*****				TOTAL TAX	8.70
*****				TOTAL INVOICE \$	164.10

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(SIGNED) DEALER GENERAL MANAGER OR AUTHORIZED PERSON DATE

"Any warranties on the products sold hereby are those made by the manufacturer. The seller, FRASCONA BUICK, INC., hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

CUSTOMER SIGNATURE

SERVICE HOURS:
MONDAY
7:00 A.M. - 7:00 P.M.
TUESDAY - FRIDAY
7:00 A.M. - 5:30 P.M.
SATURDAY
8:00 A.M. - NOON

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PAID
10410 CAB

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6307699

Document Number Override

121

Officer's Opinion of Possible Contributing Circumstances

Driver Factors section with Unit Number 122 and 14 factors listed.

Vehicle Factors section with Unit Number 123 and 12 factors listed.

Highway Factors section with Unit Number 124 and 13 factors listed.

OFFICER INFORMATION

Officer information form for Steven R. Kane, Milwaukee P.D., Agency # B, Officer ID # 65720.

Date Notified grid showing 2/20/00.

Time Notified (Military Time) grid showing 0657.

Time Arrived (Military Time) grid showing 0712.

Date of Report grid showing 2/6/00.

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

Truck & Bus Accident Information Part A and Part B sections.

Hazardous Material Information section with class numbers and placard details.

Carrier Information section for Interstate Carrier # 138.

Carrier Identification Numbers section for US DOT 140 and ICC MC.

Source selection grid for Vehicle Side, Shipping Papers, Trip Manifest, Driver, Log Book.

Vehicle Information section for Vehicle Configuration and Gross Vehicle Weight Rating.

SEQUENCE OF EVENTS FOR THIS VEHICLE section with 14 numbered events.

Cargo Body Type section with 10 numbered options.

Printed in U.S.A.

GS03

Helifax by NCS MMR7108-2 321

FILE

6307699

Amended Document On Emergency

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS: Please use a Black Ink Pen or #2 Pencil. Mark Areas as shown: Correct Mark, Incorrect Marks, Reportable Accident

County: 40, MUN/TWP: 57, Accident Date: 2/2/00, Time of Accident: 0615

Total Number: UNITS 02, INJURED 00, KILLED 00

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

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

LATITUDE (GPS) Degrees: 12, Minutes: , Seconds: ; LONGITUDE (GPS) Degrees: 13, Minutes: , Seconds:

ON: Hwy No. and / Street Name: N Sherman Blvd, Estimated: 50.0, FROM/AT: Hwy No. and / Street Name: 3200 Block

Unit Number, Unit Type, Total Number of Occupants, Direction of Travel (Before the Accident)

Operator Last Name, First Name, M.I., ADDRESS, Street & Number, City & State, ZIP, Phone Number, Driver's License Number, State, Exp. Year

Date of Birth, Sex, Operating as, Class, Endorse, On Duty Accident, CMV

Severity, SEAT Position, SAFETY Equipment, AIRBAG, EJECTED

TRAPPED/ EXTRICATED, Medical Transport

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

Street Address

City & State, ZIP, Phone Number

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

Vehicle ID Number

License Plate Number, Plate Type, State, Exp. Year

Policy Holder's Name, Citation, Same

Liability Insurance Company, Stat. #

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

Police No. Milwaukee P.D. 73, Please Do Not Write In This Microfilm Space, Accident No. 6307699, N. Sherman Blvd

Occupant Unit Number	NAME		M.I.	Date of Birth	Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
	Last	First							
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS								
Address Same as Operator <input type="radio"/> Yes <input type="radio"/> 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 (Y) (N)	Agency Space			

Occupant Unit Number	NAME		M.I.	Date of Birth	Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
	Last	First							
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS								
Address Same as Operator <input type="radio"/> Yes <input type="radio"/> 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 (Y) (N)	Agency Space			

Type of Accident

② First Harmful Event 30
Most Harmful Event

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

(select one per vehicle)

- Collision With Object Not Fixed**
- | | |
|---|---|
| ① Motor Vehicle in Transport | ② |
| ③ Parked Motor Vehicle | ④ |
| ⑤ Deer | ⑥ |
| ⑦ Pedalcycle | ⑧ |
| ⑨ Pedestrian | ⑩ |
| ⑪ Railway Train | ⑫ |
| ⑬ Other Animal | ⑭ |
| ⑮ Motor Vehicle in Transport In Other Roadway | ⑯ |
| ⑰ Other Object (Not Fixed) | ⑱ |

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

- 88 **Driver Factors (Or Pedestrians)**
- | | |
|---------------------|---|
| ① Appeared Normal | ② |
| ③ Reduced Alertness | ④ |
| ⑤ Ability Impaired | ⑥ |
| ⑦ Not Observed | ⑧ |

- 89 **Presence**
- ⑤ Neither Alcohol nor Drugs Present
- | | |
|-------------------------------|---|
| ⑥ Yes—Alcohol Present | ⑥ |
| ⑦ Yes—Drugs Present | ⑦ |
| ⑧ Yes—Alcohol & Drugs Present | ⑧ |
| ⑨ Unknown | ⑨ |

- 90 **Alcohol**
- AC Value
- | | |
|-----------------------------------|---|
| ⑩ Test Not Given | ⑩ |
| ⑪ Test Refused | ⑪ |
| ⑫ Test Given, Alcohol Unknown | ⑫ |
| ⑬ Test Given, No Alcohol Reported | ⑬ |

- 91 **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 # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

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

93 **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 # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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

95 **Extent of Damage**

⑩ None	④ Severe
⑪ Undercarriage	⑤ Very Severe
⑫ Total (Damage to all Areas)	⑥ Unknown
⑬ Other	
⑭ Unknown	

Vehicle Towed Due to Damage (Y) (N)

Vehicle Removed By: OPERATOR

Unit # ① ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

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

95 **Extent of Damage**

⑩ None	④ Severe
⑪ Undercarriage	⑤ Very Severe
⑫ Total (Damage to all Areas)	⑥ Unknown
⑬ Other	
⑭ Unknown	

82 **Fixed Object Struck**

Unit #	Unit #	Unit #	Unit #

PROPERTY OWNER Last First M.I. ADDRESS Street & Number

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



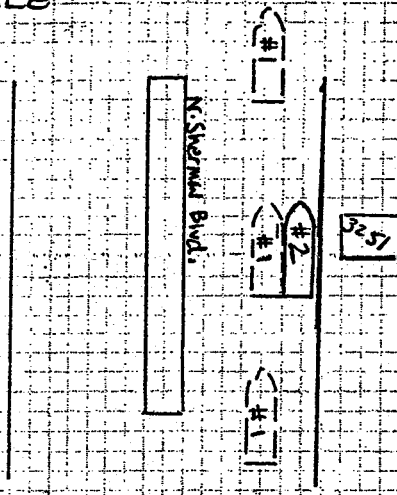
Pictorial Representation of Narrative

Supplemental Reports 101 Witness Statements 102 Measurements Taken 103

Skidmarks to Impact
Unit 1 100 Unit 2
0 FEET 0

Surface Type: CONCRETE

NOT DRAWN TO SCALE



NARRATIVE
104 Unit #1 Traveling Southbound on N. Sherman Blvd. Collided with Unit #2 legally parked in front of 3257 N. Sherman Blvd. Area checked for witnesses, suspect vehicle. Negative results.

EVIDENCE
106 Power Unit #
107 Trailer Make
108 License Plate #
109 State
110 Exp. Yr.

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

ACCESS CONTROL 112

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

ROAD TERRAIN 113

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

LIGHT CONDITION 114

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

TRAFFIC WAY 115

- 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 116

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

WEATHER 118

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

RELATION TO ROADWAY 117

- 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

Photos By: 105

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11
<input type="radio"/> 12	<input type="radio"/> 12
<input type="radio"/> 13	<input type="radio"/> 13
<input type="radio"/> 14	<input type="radio"/> 14
<input type="radio"/> 15	<input type="radio"/> 15
<input type="radio"/> 16	<input type="radio"/> 16
<input type="radio"/> 17	<input type="radio"/> 17
<input type="radio"/> 18	<input type="radio"/> 18

Traffic Control

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