

K. Daniel  
1014 Gracewood Dr.  
Libertyville, IL 60048

Dear City Attorney,

I wish to appeal the denial decision of C.I. File No 1029-2016-2143. Here is the sequence of events that actually occurred:

1. I had made an appointment for the bridges to open sever hours earlier, and when I arrived I make radio contact with operators to open the bridge.
2. The railroad bridge opened completely and the Kinnickennic Bridge opened to approximately 45 degrees and stopped.
3. The bridge remained stationary for at least two minutes when I began to pass through the opening.
4. While passing through the bridge the operator began closing the bridge which grabbed my mast.
5. **I would have passed through the opening cleanly if the operator had not begun closing the bridge before my boat had passed.**

My account of the situation is corroborated by an independent eye witness that was stopped on the road waiting for the bridge to open.

The eye witness account is documented in the police report that was included with my claim.

In your report, the operator claims to have seen me going through the opening yet the operator actively controlled the bridge to close on my boat.

The police interviewed the operator after the accident and your current denial contradicts their report of the accident.

Based on the facts above, a hearing should not be necessary to approve my claim. If it is please notify me of the date and time.

Sincerely,



Kenneth J. Daniel

CITY OF MILWAUKEE  
2017 MAR 17 A 11:47  
CITY CLERK'S OFFICE

INC

INTERSECTION  
AND CENTERLINE

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MILWAUKEE**  
of the City Attorney  
OF THE CITY ATTORNEY  
800 City Hall  
200 East Wells Street  
Milwaukee, Wisconsin 53202-3551

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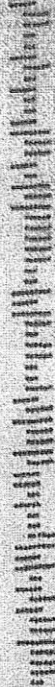
U.S. POSTAGE & METS SERVICES



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Mr. Kenneth Daniel  
1014 Gracewood Drive  
Libertyville, IL 60048

BAF285B 60048



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# Claim against the City of Milwaukee by K. Daniel

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## Claimant Information

Kenneth Daniel  
 1014 Gracewood Dr.  
 Libertyville, IL 60048  
 847 816-6124  
[kenndaniel@yahoo.com](mailto:kenndaniel@yahoo.com)

CITY OF MILWAUKEE  
 2016 OCT --6 PM 3:30  
 CITY CLERK'S OFFICE

## Claim Description

I am requesting remuneration of \$ **3,560.43** because a city employee caused damage to my sailboat and injury to me on **6/21/2016**.

Below is the description of the cause for my claim that was filed with the DNR by P. O. John Tientjen of the Milwaukee Police Department (full report is attached).



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Claim against the City of Milwaukee by K. Daniel

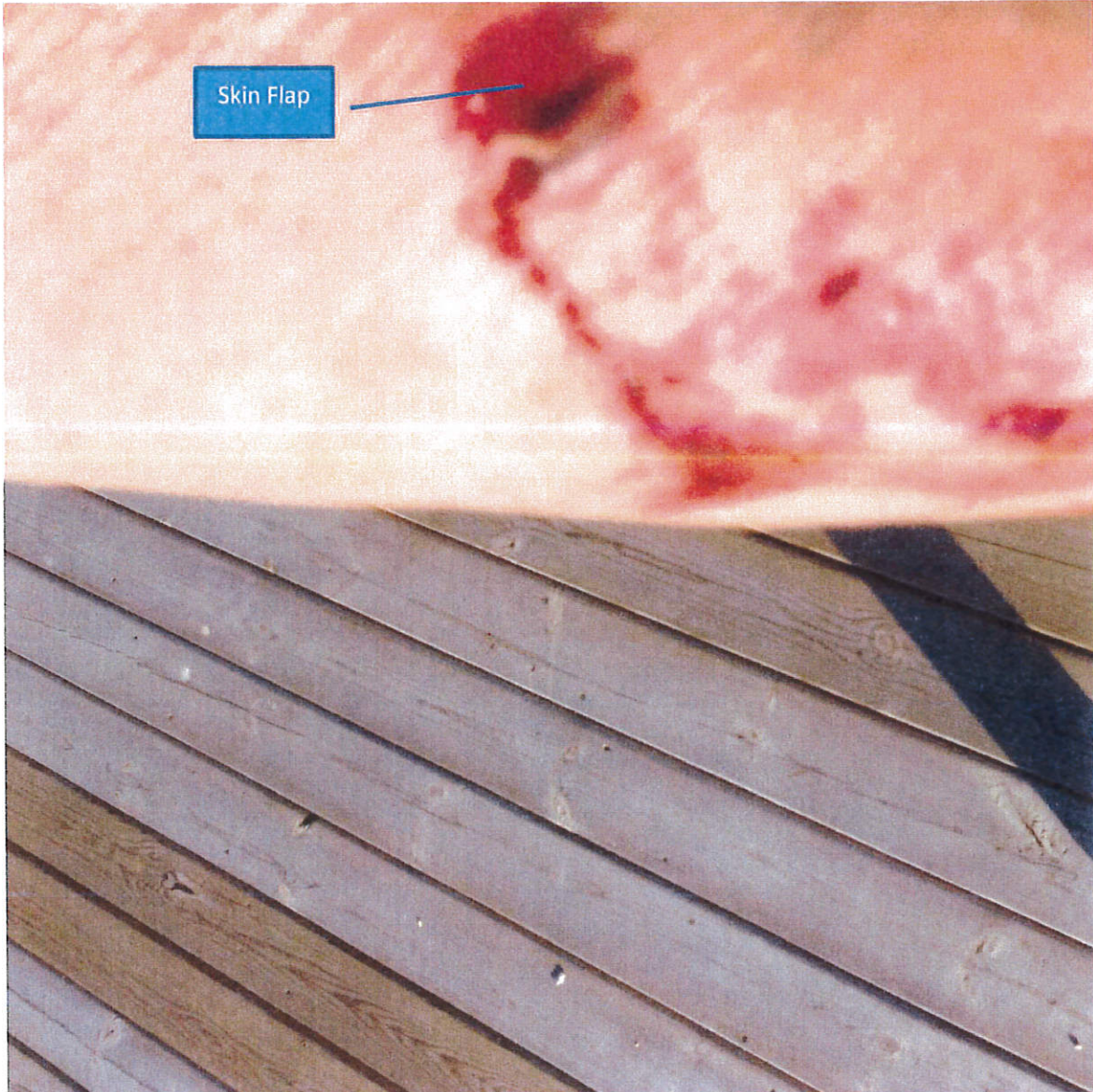
Mr. DANIEL was operating his vessel with sails down and under motor power, down bound on the Kinnickinnic River approaching the rail bridge and the Kinnickinnic River Bascule Bridge. Mr. DANIEL stated that he had called in advance to have the bridge opened, and had also called the bridge to have it opened at the time of his approach. Mr. DANIEL stated that the bridge was partially open for 1 1/2 to 2 minutes, when he began to pass underneath. Mr. DANIEL stated that once he was half way underneath, the bridge came down on his mast, causing the described damage and possible injury. Mr. POSTORINO stated that he was on the street, waiting for the bridge to allow traffic, when he observed the bridge open approximately 40 to 45 degrees for approximately 1-2 minutes. Mr. POSTORINO stated that once the boat was 1/2 to 2/3 of the way through, the bridge lowered onto the mast, causing the described damage. Mr. PIPP, who was operating the rail bridge stated that once his bridge operation was complete, he observed the bascule bridge begin to open, and retreated to his bridge house. Mr. PIPP stated that he did not see the incident, but heard screaming from the operator of the sailboat, and saw that it had been damaged by what he believed to be the Kinnickinnic River Bascule Bridge. None of the people I spoke with could recall the color of the bridge lights, and whether they were lit. After the incident, Mr. DANIEL motored his boat back to the Horny Goat Marina and tied it off. Mr. DANIEL did not advise me of the damage estimate, and I was advised to file this report by the Wisconsin Department of Natural Resources. Damages were photographed by Forensic Investigator Jason REIFSCHEIDER (Squad 1829), who took 25 photographs.

### Pictures of Injury and Damage

I was operating the motor at the rear of the boat when the bridge closed. As shown in the picture below, the mast collapsed striking me. I protected my head with my arm. Below shows the injuries to my arm followed by the damage to the boat.







Arm injury after accident

Claim against the City of Milwaukee by K. Daniel



Next day in doctor's office

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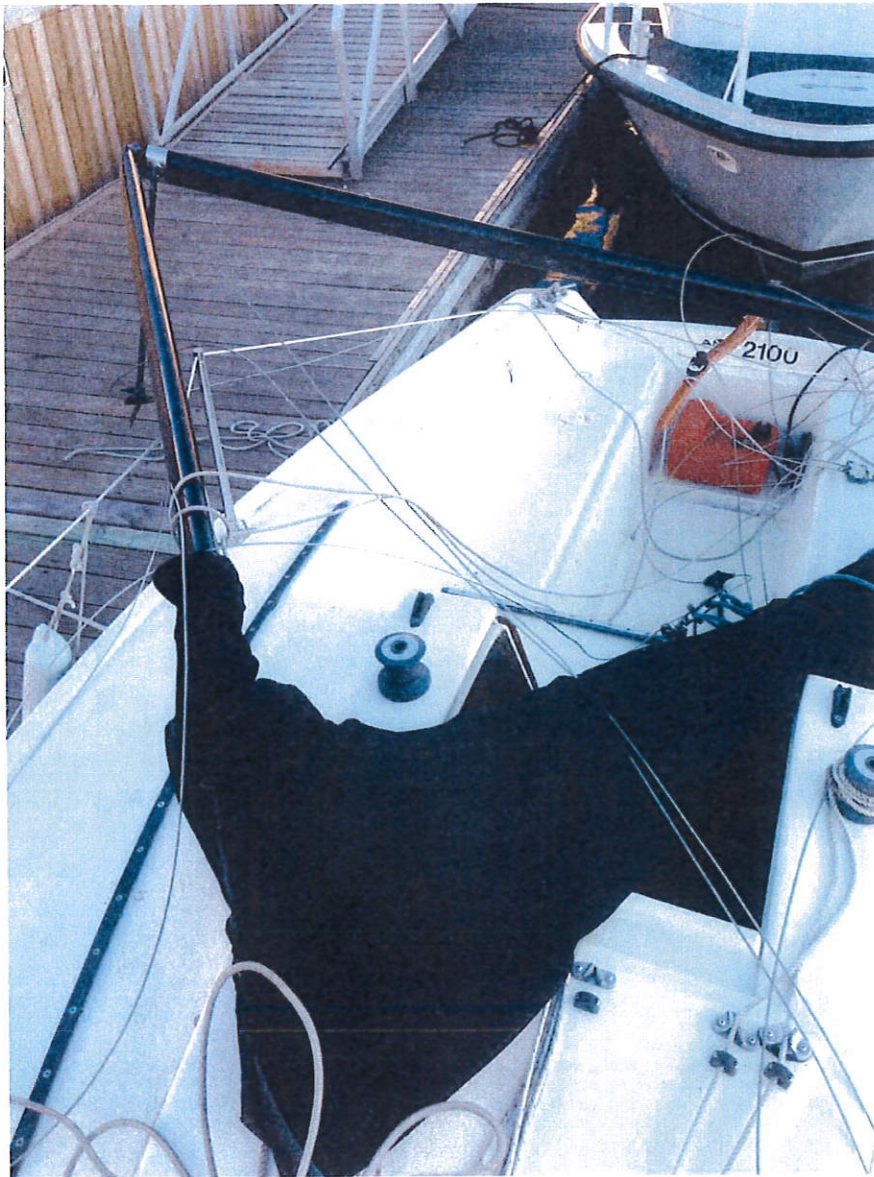




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Police boat in rear of picture

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### Detailed Estimates

Two estimates are attached and summarized here.

**Loss of Use** – Repair time was estimated to be more than the total sailing season. The accident occurred as I was moving the boat from winter storage to Lake Michigan. Storage and mooring costs that I incurred are included in the estimates.

### Boat Repair Estimate

**Boat Estimate 1** – a new mast is obtained and fitted by Horny Goat Marina. Total Estimate **\$5696.67**

**Boat Estimate 2** – a used boat in poor condition is purchased and the mast is fitted to my boat. The old boat is disposed of. Total Estimate -- **\$5804.43**

Unfortunately I was underinsured (See attached letter from insurance company). I received only \$3116.00.

Claim against the City of Milwaukee by K. Daniel

I am requesting the difference between the lower estimate and the amount received from my insurance company **\$3371.32**.

**Itemized Estimate**

Full documentation is attached.

<b>Loss of use cost</b>	
Description	Amount
2015-2016 Winter Storage	303.37
Mooring Charge	369.25
<b>Total Loss of Use</b>	<b>672.62</b>
<b>Medical Expense</b>	
Doctor Office Visit	\$ 153.00
Diagnostic X-ray	\$ 41.00
Pain and suffering	\$ 194.00
<b>Total Medical</b>	<b>\$ 388.00</b>
Insurance Payment	\$ (80.86)
<b>Total Medical</b>	<b>\$ 307.14</b>
<b>Boat Repair</b>	
<u>New Mast - Estimate 1</u>	
Horny Goat	\$ 5,696.67
<b>Total Estimate 1</b>	<b>\$ 5,696.67</b>
<u>Used Mast - Estimate 2</u>	
Purchase used boat in poor condition	\$ 1,200.00
Transportation to Milwaukee	\$ 1,400.00
Refitting Mast and boat disposal	\$ 3,204.43
<b>Toatal Estimate 2</b>	<b>\$ 5,804.43</b>
Insurance (underinsured for loss)	\$ (3,116.00)
<b>Total to Repair Boat</b>	<b>\$ 2,580.67</b>
<b>Total Requested Reimbursment</b>	<b>\$ 3,560.43</b>

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Claim against the City of Milwaukee by K. Daniel

## Boat Market Value

AMF 2100 is a Ted Hood trailerable design sailboat. It is very fast in light air and is comparable to the J24 except for the keel. This boat was the precursor to the famous J24. It is perfect for sailing in light and heavy weather on the Great Lakes.

While there are several ads on the internet for boats of this type, most of the ads are old and do not reflect current pricing. Below is a recent ad for a boat of this type in good condition located in CT. The boat has no trailer so shipping is difficult to find and would probably be about \$2000. In addition disposal cost for my boat would be approximately \$1000. Consequently this higher cost option was not included as an option.

### **\$3700 For sale AMF 2100 - S3700 (Westport, Ct)**



America's Cup skipper Ted Hood designed this AMF 2100 sail boat which includes Main Sail and Standard Jib plus 150% Genua and Spinnaker with Boom, Pulpit and Life Lines. Deck and railing storm damaged but boat in good sailing condition. Sleeps four. Cockpit seating for six adults. Unsinkable. 850 lbs lead internal ballast. High freeboard. Displacement 2200 lbs. LOA 21'11", LWL 17'7", beam 8'. Draft up 12", down 4'.

<http://newhaven.craigslist.org/boa/5772405121.html>

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Claim against the City of Milwaukee by K. Daniel

## List of Attachments

Number	Document
1	Officer Boat Incident Investigation
2	Storage Invoice for winter 2015-2016
3	Horny Goat Marina Estimate 1
4	Horny Goat Marina Estimate 2
5	Email from insurance company stating policy limits
6	Copy of Insurance Declaration
7	Estimate of shipping for old used boat
8	Estimate of old boat cost
9	Bill for X ray
10	Bill for office visit
11	Receipt for mooring rental 2016

## Signature



Kenneth J. Daniel

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Attachment 1  
Claim by K. Daniel

**Officer Boat Incident Investigation**  
Form 4100-142 (R 9/10) Page 1 of 6

DNR No.	C.G. No. WI 2016-0026	Reviewed By: F. Warden _____
Other Agency No. CAD # 161732778		W. Super RSW <u>SR</u>

**\*\* ATTACH ALL CASE ACTIVITY / INCIDENT REPORTS AND DIAGRAMS \*\***

Incident Criteria			
Incident Date 06/21/2016	Day of Week Tuesday	Time of Day 6:15 <input type="radio"/> am <input checked="" type="radio"/> pm	Name of Body of Water Kinnickinnic River
Location or GPS Coordinates 43.008, -87.908		Nearest City or Town Milwaukee, WI	County Milwaukee
State WI		Property Damage (Estimated)	
Reportable Incident? <input checked="" type="radio"/> Y <input type="radio"/> N	Injuries Requiring Medical Treatment? <input checked="" type="radio"/> Y <input type="radio"/> N	Boat A: \$ 15,000.00	
Commercial Boating Incident? <input type="radio"/> Y <input checked="" type="radio"/> N	If yes, # persons: <u>1</u>	Boat B: \$ _____	
Recreational Boating Incident? <input checked="" type="radio"/> Y <input type="radio"/> N	Death Related to Incident? <input type="radio"/> Y <input checked="" type="radio"/> N	Boat C: \$ _____	
Number of Boats in Incident: <u>1</u>	If yes, # persons: _____	Other Property: \$ _____	
Complete Loss of Boat? <input type="radio"/> Y <input checked="" type="radio"/> N	Disappearance of Person Indicating Injury or Death? <input type="radio"/> Y <input checked="" type="radio"/> N	Total Damage: \$ _____	

Weather			
Weather: (select all that apply)		Water Conditions:	
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input checked="" type="checkbox"/> Calm (Waves < 6")	Temperatures: Air: <u>78</u> °F
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Foggy	<input type="checkbox"/> Choppy (6" - 2')	Water: <u>70</u> °F
<input type="checkbox"/> Snowing	<input type="checkbox"/> Hazy	<input type="checkbox"/> Rough (2' - 6')	Wind: <input type="radio"/> None
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Very Rough (> 6')	<input checked="" type="radio"/> Light (Under 13 MPH)
		<input type="checkbox"/> Strong Current	<input type="radio"/> Moderate (13-25 MPH)
			<input type="radio"/> Strong (26-55 MPH)
			<input type="radio"/> Stormy (Over 55 MPH)
			Visiblity: Day Night
			<input checked="" type="radio"/> Good <input type="radio"/>
			<input type="radio"/> Fair <input type="radio"/>
			<input type="radio"/> Poor <input type="radio"/>

Incident Type		Contributing Factors	
Number choices in order of occurrence:		Number choices in order of importance:	
<input type="checkbox"/> Capsizing	<input type="checkbox"/> Flooding/Swamping	<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Missing/Inadequate Navig. Aids
<input type="checkbox"/> Carbon Monoxide Exposure	<input type="checkbox"/> Grounding	<input type="checkbox"/> Careless/Reckless Operation	<input type="checkbox"/> Navigation Rules Violation
<input type="checkbox"/> Collision w/ Comm. Boat	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Congested Waters	<input type="checkbox"/> Off-Throttle Steering
<u>1</u> Collision w/ Fixed Object	<input type="checkbox"/> Person Ejected	<input type="checkbox"/> Dam/Lock	<input type="checkbox"/> Operator Inattention
<input type="checkbox"/> Collision w/ Floating Object	<input type="checkbox"/> Person Left Boat	<input type="checkbox"/> Drug Use	<input type="checkbox"/> Operator Inexperience
<input type="checkbox"/> Collision w/ Rec. Boat	<input type="checkbox"/> Person Struck by Boat	<input type="checkbox"/> Equipment/Machinery Failure	<input type="checkbox"/> Other Boat's Wake
<input type="checkbox"/> Electrocution	<input type="checkbox"/> Sinking	<input type="checkbox"/> Excessive Speed	<input type="checkbox"/> Overloading
<input type="checkbox"/> Fall in Boat	<input type="checkbox"/> Skier/Tuber/Boarder Mishap	<input type="checkbox"/> Failure to Vent	<input type="checkbox"/> Passenger Behavior
<input type="checkbox"/> Fall Overboard	<input type="checkbox"/> Starting Engine	<input type="checkbox"/> Hazardous Waters	<input type="checkbox"/> Restricted Vision
<input type="checkbox"/> Fire or Explosion (Fuel)	<input type="checkbox"/> Struck by Motor/Propeller	<input type="checkbox"/> Hull Failure	<input type="checkbox"/> Sharp Turn
<input type="checkbox"/> Fire or Explosion (Other)	<input type="checkbox"/> Struck Submerged Object	<input type="checkbox"/> Ignition of Spilled Fuel or Vapor	<input type="checkbox"/> Skier/Tuber/Boarder Behavior
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Improper Anchoring	<input type="checkbox"/> Standing/Sitting on Bow Gunwales, Transom
		<input type="checkbox"/> Improper Loading	<input type="checkbox"/> Starting In Gear
		<input type="checkbox"/> Improper Lookout	<input type="checkbox"/> Weather
		<input type="checkbox"/> Lack of or Improper Boat Lights	<input type="checkbox"/> Other: _____

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Witnesses					<input type="checkbox"/> Supplemental sheet attached
First, MI, Last Name	Address	Birthdate	Phone Number	Sex	
Stanley E. POSTORINO	██████████ Milwaukee, WI 53207	██████████	(262) 770-2244	<input checked="" type="radio"/> M <input type="radio"/> F	
Brandon T. PIPP	██████████ Milwaukee, WI 53204	██████████	(414) 207-2779	<input checked="" type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	

BOAT: A

Officer Boat Incident Investigation

Form 4100-142 (R 9/10)

Page 2 of 6

Operator Information

Operator Name (First, Middle, Last) Kenneth J. DANIEL				Phone Number [REDACTED]	
Address [REDACTED]			City Libertyville	State IL	ZIP Code 60048
Date of Birth [REDACTED]	Operator Experience: <input type="radio"/> 0 - 10 Hours <input type="radio"/> 11 - 100 Hours <input type="radio"/> 101 - 500 Hours <input checked="" type="radio"/> More than 500 Hours	Instruction in Boating Safety: <input type="radio"/> State Course: <input type="radio"/> Classroom <input type="radio"/> Internet  <input type="radio"/> USCG Auxiliary <input type="radio"/> U.S. Power Squadrons <input type="radio"/> None	Operator Condition: <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Using Drugs <input type="checkbox"/> Physical Disability <input checked="" type="checkbox"/> Appeared Normal <input type="checkbox"/> Ability Impaired <input type="checkbox"/> Other: _____		Blood Alcohol Test? <input type="radio"/> Yes: _____ Results <input checked="" type="radio"/> No <input type="checkbox"/> Pending
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female	Statement Taken? <input checked="" type="radio"/> Yes <input type="radio"/> No	Wearing PFD? <input checked="" type="radio"/> Yes <input type="radio"/> No	Citations Issued		
				Violation Code	

Boat Information

Owner Name (First, Middle, Last) Kenneth J. DANIEL			<input checked="" type="checkbox"/> Same as Operator	Phone Number [REDACTED]	
Address [REDACTED]			City Libertyville	State IL	ZIP Code 60048
Boat is: <input type="radio"/> Rented <input checked="" type="radio"/> Owned <input type="radio"/> Borrowed <input type="radio"/> Unknown	Boat Documentation No.	Boat Registration No. [REDACTED]	Exp. Date 03/2018	Manufacturer AMF	
# of Persons On Board 1	Mfg. Hull ID [REDACTED]	Model AMF 2100	Boat Name		
Being Towed	Boat Location after Incident 1933 S. 1st St. Milwaukee, WI 53204				

Boat Type: <input type="radio"/> Air Boat <input checked="" type="radio"/> Auxiliary Sail <input type="radio"/> Cabin Motorboat <input type="radio"/> Canoe <input type="radio"/> Houseboat <input type="radio"/> Inflatable <input type="radio"/> Kayak <input type="radio"/> Open Motorboat <input type="radio"/> Personal Watercraft <input type="radio"/> Pontoon <input type="radio"/> Rowboat <input type="radio"/> Sail (only) <input type="radio"/> Other: _____	Hull Material: <input type="radio"/> Aluminum <input checked="" type="radio"/> Fiberglass <input type="radio"/> Plastic <input type="radio"/> Rigid Hull Inflatable <input type="radio"/> Rubber/Vinyl/Canvas <input type="radio"/> Steel <input type="radio"/> Wood <input type="radio"/> Other: _____	Engine Type: <input type="radio"/> Airboat <input type="radio"/> Inboard <input type="radio"/> Inboard/ Stern Drive (I/O) <input type="radio"/> None <input checked="" type="radio"/> Outboard	Operation at Time of Incident: (select all applicable) <input type="checkbox"/> At Anchor <input type="checkbox"/> Being Towed <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Cruising <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Launching <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Tied to Dock/Moored <input type="checkbox"/> Towing Another Boat <input checked="" type="checkbox"/> Other: <u>cruising at motor</u>	Activity at Time of Incident: (select all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Fishing <input type="checkbox"/> Fuelling <input type="checkbox"/> Hunting <input type="checkbox"/> Making Repairs <input type="checkbox"/> Racing <input type="checkbox"/> Recreation-Leisure <input type="checkbox"/> Starting Engine <input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Tournament <input type="checkbox"/> Water Skiing/Tubing/etc. <input type="checkbox"/> Whitewater Sports <input checked="" type="checkbox"/> Other: <u>passing bridge</u>	
Fuel: <input checked="" type="radio"/> Gasoline <input type="radio"/> Diesel <input type="radio"/> Electric		No. of Engines 1	Engine Manufacturer Nissan	Total Horsepower 6	
PWC Engine CCs					

Boat adequately equipped with Coast Guard approved PFDs? <input checked="" type="radio"/> Y <input type="radio"/> N	Propulsion: <input type="radio"/> Air Thrust <input type="radio"/> Manual <input checked="" type="radio"/> Propeller <input type="radio"/> Sail <input type="radio"/> Water Jet <input type="radio"/> Other: _____	Estimated Speed: <input type="radio"/> None <input checked="" type="radio"/> Under 10 MPH <input type="radio"/> 10 - 20 MPH <input type="radio"/> 21 - 40 MPH <input type="radio"/> Over 40 MPH	Construction: Length: 21' Width: 8' Transom Depth: 2' Year Built: 1981	Capacity Plate Info: Lbs. _____ No. of Persons: _____ Horsepower: _____
Were PFDs accessible? <input type="radio"/> Y <input type="radio"/> N	No. of people wearing PFDs: 1	No. of USCG-approved marine fire extinguishers on board: 1	Were extinguishers used? <input type="radio"/> Y <input checked="" type="radio"/> N	

Occupants					<input checked="" type="checkbox"/> Supplemental sheet attached
First, MI, Last Name	Address	Birthdate	Phone Number	Sex	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	

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BOAT: B

Officer Boat Incident Investigation

Form 4100-142 (R 9/10)

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Operator Information

Operator Name (First, Middle, Last)				Phone Number	
Address			City	State	ZIP Code
Date of Birth	Operator Experience:	Instruction in Boating Safety:		Operator Condition:	
Sex: <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> 0 - 10 Hours	<input type="radio"/> State Course: <input type="radio"/> Classroom <input type="radio"/> Internet		<input type="checkbox"/> Had Been Drinking	
	<input type="radio"/> 11 - 100 Hours	<input type="radio"/> USCG Auxiliary		<input type="checkbox"/> Using Drugs	
	<input type="radio"/> 101 - 500 Hours	<input type="radio"/> U.S. Power Squadrons		<input type="checkbox"/> Physical Disability	
	<input type="radio"/> More than 500 Hours	<input type="radio"/> None		<input type="checkbox"/> Appeared Normal	
Statement Taken? <input type="radio"/> Yes <input type="radio"/> No	Wearing PFD? <input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/> Ability Impaired	
				<input type="checkbox"/> Other: _____	
Citations Issued				Violation Code	

Boat Information

Owner Name (First, Middle, Last) <input type="checkbox"/> Same as Operator			Phone Number		
Address			City	State	ZIP Code
Boat is:	Boat Documentation No.	Boat Registration No.		Exp. Date	Manufacturer
<input type="radio"/> Rented <input type="radio"/> Owned					
<input type="radio"/> Borrowed <input type="radio"/> Unknown	Mfg. Hull ID	Model	Boat Name		
# of Persons On Board <input type="checkbox"/> Being Towed <input type="checkbox"/>	Boat Location after Incident				

Boat Type:	Hull Material:	Engine Type:	Operation at Time of Incident: (select all applicable)	Activity at Time of Incident: (select all applicable)
<input type="radio"/> Air Boat	<input type="radio"/> Aluminum	<input type="radio"/> Airboat	<input type="checkbox"/> At Anchor	<input type="checkbox"/> Commercial Activity
<input type="radio"/> Auxiliary Sail	<input type="radio"/> Fiberglass	<input type="radio"/> Inboard	<input type="checkbox"/> Being Towed	<input type="checkbox"/> Fishing
<input type="radio"/> Cabin Motorboat	<input type="radio"/> Plastic	<input type="radio"/> Inboard/ Sterndrive (I/O)	<input type="checkbox"/> Changing Direction	<input type="checkbox"/> Fueling
<input type="radio"/> Canoe	<input type="radio"/> Rigid Hull Inflatable	<input type="radio"/> None	<input type="checkbox"/> Changing Speed	<input type="checkbox"/> Hunting
<input type="radio"/> Houseboat	<input type="radio"/> Rubber/Vinyl/Canvas	<input type="radio"/> Outboard	<input type="checkbox"/> Cruising	<input type="checkbox"/> Making Repairs
<input type="radio"/> Inflatable	<input type="radio"/> Steel	No. of Engines	<input type="checkbox"/> Docking/Undocking	<input type="checkbox"/> Racing
<input type="radio"/> Kayak	<input type="radio"/> Wood	Engine Manufacturer	<input type="checkbox"/> Drifting	<input type="checkbox"/> Recreation-Leisure
<input type="radio"/> Open Motorboat	<input type="radio"/> Other: _____	Total Horsepower	<input type="checkbox"/> Launching	<input type="checkbox"/> Starting Engine
<input type="radio"/> Personal Watercraft	Fuel:	PWC Engine CCs	<input type="checkbox"/> Rowing/Paddling	<input type="checkbox"/> Swimming/Diving
<input type="radio"/> Pontoon	<input type="radio"/> Gasoline		<input type="checkbox"/> Sailing	<input type="checkbox"/> Tournament
<input type="radio"/> Rowboat	<input type="radio"/> Diesel		<input type="checkbox"/> Tied to Dock/Moored	<input type="checkbox"/> Water Skiing/Tubing/etc.
<input type="radio"/> Sail (only)	<input type="radio"/> Electric		<input type="checkbox"/> Towing Another Boat	<input type="checkbox"/> Whitewater Sports
<input type="radio"/> Other: _____			<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

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Boat adequately equipped with Coast Guard approved PFDs? <input type="radio"/> Y <input type="radio"/> N	Propulsion:	Estimated Speed:	Construction:	Capacity Plate Info:
Were PFDs accessible? <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Air Thrust	<input type="radio"/> None	Length: _____	Lbs. _____
No. of people wearing PFDs: _____	<input type="radio"/> Manual	<input type="radio"/> Under 10 MPH	Width: _____	No. of Persons: _____
No. of USCG approved marine fire extinguishers on board: _____	<input type="radio"/> Propeller	<input type="radio"/> 10 - 20 MPH	Transom Depth: _____	Horsepower: _____
Were extinguishers used? <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Sail	<input type="radio"/> 21 - 40 MPH	Year Built: _____	
	<input type="radio"/> Water Jet	<input type="radio"/> Over 40 MPH		
	<input type="radio"/> Other: _____			

Occupants					Supplemental sheet attached
First, MI, Last Name	Address	Birthdate	Phone Number	Sex	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	

Officer Boat Incident Investigation

Form 4100-142 (R 9/10)

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All Injuries

Boat: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Name (First, Middle, Last) Kenneth J. DANIEL	Phone Number [REDACTED]	Birthdate [REDACTED]	Age 66	Sex: <input checked="" type="radio"/> M <input type="radio"/> F
Address [REDACTED]		City Libertyville	State IL	ZIP Code 60048	

Victim was: <input checked="" type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Swimmer <input type="radio"/> Waterskier/Tube Rider <input type="radio"/> Other: _____	Type of Injury: (Number in order of severity) ___ Amputation ___ Dislocation ___ Neck Injury ___ Back Injury ___ Head Injury ___ Shock ___ Broken Bone(s) ___ Hypothermia ___ Spinal Injury ___ Burns ___ Internal Injuries ___ Sprain/Strain 1 Contusion 2 Laceration	Prop injury? <input type="radio"/> Y <input checked="" type="radio"/> N Was PFD worn: before incident? <input checked="" type="radio"/> Y <input type="radio"/> N after incident? <input type="radio"/> Y <input type="radio"/> N Medical treatment beyond first-aid (treatment by physician)? <input checked="" type="radio"/> Y <input type="radio"/> N Admitted to Hospital? <input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> Unknown
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Boat: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Name (First, Middle, Last)	Phone Number	Birthdate	Age	Sex: <input type="radio"/> M <input type="radio"/> F
Address		City	State	ZIP Code	

Victim was: <input type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Swimmer <input type="radio"/> Waterskier/Tube Rider <input type="radio"/> Other: _____	Type of Injury: (Number in order of severity) ___ Amputation ___ Dislocation ___ Neck Injury ___ Back Injury ___ Head Injury ___ Shock ___ Broken Bone(s) ___ Hypothermia ___ Spinal Injury ___ Burns ___ Internal Injuries ___ Sprain/Strain ___ Contusion ___ Laceration	Prop injury? <input type="radio"/> Y <input type="radio"/> N Was PFD worn: before incident? <input type="radio"/> Y <input type="radio"/> N after incident? <input type="radio"/> Y <input type="radio"/> N Medical treatment beyond first-aid (treatment by physician)? <input type="radio"/> Y <input type="radio"/> N Admitted to Hospital? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Unknown
--	---	--

Boat: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Name (First, Middle, Last)	Phone Number	Birthdate	Age	Sex: <input type="radio"/> M <input type="radio"/> F
Address		City	State	ZIP Code	

Victim was: <input type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Swimmer <input type="radio"/> Waterskier/Tube Rider <input type="radio"/> Other: _____	Type of Injury: (Number in order of severity) ___ Amputation ___ Dislocation ___ Neck Injury ___ Back Injury ___ Head Injury ___ Shock ___ Broken Bone(s) ___ Hypothermia ___ Spinal Injury ___ Burns ___ Internal Injuries ___ Sprain/Strain ___ Contusion ___ Laceration	Prop injury? <input type="radio"/> Y <input type="radio"/> N Was PFD worn: before incident? <input type="radio"/> Y <input type="radio"/> N after incident? <input type="radio"/> Y <input type="radio"/> N Medical treatment beyond first-aid (treatment by physician)? <input type="radio"/> Y <input type="radio"/> N Admitted to Hospital? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Unknown
--	---	--

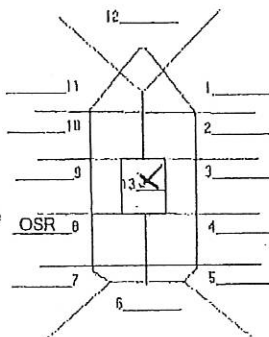
Damage to All Boats

BOAT A		BOAT B	
Damage Estimate: \$5,000.00	Initial Impact Point #: 13 (Use Image below for impact point #)	Damage Estimate: \$	Initial Impact Point #: _____ (Use Image below for impact point #)

Select # of all other damaged areas:

<input type="checkbox"/> 1	<input type="checkbox"/> 7
<input type="checkbox"/> 2	<input type="checkbox"/> 8
<input type="checkbox"/> 3	<input type="checkbox"/> 9
<input type="checkbox"/> 4	<input type="checkbox"/> 10
<input type="checkbox"/> 5	<input type="checkbox"/> 11
<input type="checkbox"/> 6	<input type="checkbox"/> 12

Below Water Line  
 Lower Unit  
 Windshield  
 Burned  
 Sunk



Indicate Position IN Boat for:  
 O = Operator  
 P# = Passenger No.  
 A = Standing  
 S = Sitting  
 N = Other

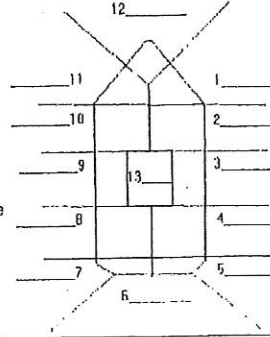
Post Accident Relation to Boat:  
 R = Remains Aboard  
 E = Ejected Overboard  
 F = Fall  
 L = Left Boat Voluntarily  
 T = Trapped in Overturned Boat

Examples:  
 OAR = Operator Standing Remains Aboard  
 2SFR = Passenger #2 Sitting Falls Remains Aboard

Select # of all other damaged areas:

<input type="checkbox"/> 1	<input type="checkbox"/> 7
<input type="checkbox"/> 2	<input type="checkbox"/> 8
<input type="checkbox"/> 3	<input type="checkbox"/> 9
<input type="checkbox"/> 4	<input type="checkbox"/> 10
<input type="checkbox"/> 5	<input type="checkbox"/> 11
<input type="checkbox"/> 6	<input type="checkbox"/> 12

Below Water Line  
 Lower Unit  
 Windshield  
 Burned  
 Sunk



Describe Damage  
 Aluminum mast snapped in half and pulled off of structure of boat.

Describe Damage



## Officer Boat Incident Investigation

Form 4100-142 (R 9/10)

Page 5 of 6

All Fatalities								
Boat: (select one) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			Boat: (select one) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C			Boat: (select one) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C		
Name (First, MI, Last)			Name (First, MI, Last)			Name (First, MI, Last)		
Address			Address			Address		
City	State	ZIP Code	City	State	ZIP Code	City	State	ZIP Code
Phone Number	Sex: <input type="radio"/> M <input type="radio"/> F		Phone Number	Sex: <input type="radio"/> M <input type="radio"/> F		Phone Number	Sex: <input type="radio"/> M <input type="radio"/> F	
Birthdate	Age		Birthdate	Age		Birthdate	Age	
Death Caused by: <input type="radio"/> Unknown <input type="radio"/> Impact/Trauma <input type="radio"/> Drowning <input type="radio"/> Hypothermia			Death Caused by: <input type="radio"/> Unknown <input type="radio"/> Impact/Trauma <input type="radio"/> Drowning <input type="radio"/> Hypothermia			Death Caused by: <input type="radio"/> Unknown <input type="radio"/> Impact/Trauma <input type="radio"/> Drowning <input type="radio"/> Hypothermia		
Prop injury? <input type="radio"/> Yes <input type="radio"/> No			Prop injury? <input type="radio"/> Yes <input type="radio"/> No			Prop injury? <input type="radio"/> Yes <input type="radio"/> No		
Victim BAC:			Victim BAC:			Victim BAC:		
Victim was: <input type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Swimmer <input type="radio"/> Waterskier/Tube Rider/Wake Boarder <input type="radio"/> Other: _____			Victim was: <input type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Swimmer <input type="radio"/> Waterskier/Tube Rider/Wake Boarder <input type="radio"/> Other: _____			Victim was: <input type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Swimmer <input type="radio"/> Waterskier/Tube Rider/Wake Boarder <input type="radio"/> Other: _____		
Activity of Victim: <input type="radio"/> Fishing <input type="radio"/> Hunting <input type="radio"/> Skin Diving <input type="radio"/> Swimming <input type="radio"/> Water Skiing/Wake Boarding <input type="radio"/> Other: _____			Activity of Victim: <input type="radio"/> Fishing <input type="radio"/> Hunting <input type="radio"/> Skin Diving <input type="radio"/> Swimming <input type="radio"/> Water Skiing/Wake Boarding <input type="radio"/> Other: _____			Activity of Victim: <input type="radio"/> Fishing <input type="radio"/> Hunting <input type="radio"/> Skin Diving <input type="radio"/> Swimming <input type="radio"/> Water Skiing/Wake Boarding <input type="radio"/> Other: _____		
Victim's Dress: <input type="radio"/> Bathing Suit <input type="radio"/> Light Clothing <input type="radio"/> Heavy Clothing <input type="radio"/> Other: _____			Victim's Dress: <input type="radio"/> Bathing Suit <input type="radio"/> Light Clothing <input type="radio"/> Heavy Clothing <input type="radio"/> Other: _____			Victim's Dress: <input type="radio"/> Bathing Suit <input type="radio"/> Light Clothing <input type="radio"/> Heavy Clothing <input type="radio"/> Other: _____		
Physical Condition of Victim: <input type="checkbox"/> Been Drinking Alcohol <input type="checkbox"/> Handicapped <input type="checkbox"/> Influence of Drugs <input type="checkbox"/> Normal <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			Physical Condition of Victim: <input type="checkbox"/> Been Drinking Alcohol <input type="checkbox"/> Handicapped <input type="checkbox"/> Influence of Drugs <input type="checkbox"/> Normal <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			Physical Condition of Victim: <input type="checkbox"/> Been Drinking Alcohol <input type="checkbox"/> Handicapped <input type="checkbox"/> Influence of Drugs <input type="checkbox"/> Normal <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		
Victim's Swimming Ability: <input type="radio"/> Unknown <input type="radio"/> Swimmer <input type="radio"/> Non-swimmer			Victim's Swimming Ability: <input type="radio"/> Unknown <input type="radio"/> Swimmer <input type="radio"/> Non-swimmer			Victim's Swimming Ability: <input type="radio"/> Unknown <input type="radio"/> Swimmer <input type="radio"/> Non-swimmer		
PFD Worn? <input type="radio"/> Yes <input type="radio"/> No Type: _____			PFD Worn? <input type="radio"/> Yes <input type="radio"/> No Type: _____			PFD Worn? <input type="radio"/> Yes <input type="radio"/> No Type: _____		

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## Officer Boat Incident Investigation

Form 4100-142 (R 9/10)

Page 6 of 6

### Incident Description

Describe What Happened (Sequence of events leading up to the Incident)

Mr. DANIEL was operating his vessel with sails down and under motor power, down bound on the Kinnickinnic River approaching the rail bridge and the Kinnickinnic River Bascule Bridge. Mr. DANIEL stated that he had called in advance to have the bridge opened, and had also called the bridge to have it opened at the time of his approach. Mr. DANIEL stated that the bridge was partially open for 1 1/2 to 2 minutes, when he began to pass underneath. Mr. DANIEL stated that once he was half way underneath, the bridge came down on his mast, causing the described damage and possible injury. Mr. POSTORINO stated that he was on the street, waiting for the bridge to allow traffic, when he observed the bridge open approximately 40 to 45 degrees for approximately 1-2 minutes. Mr. POSTORINO stated that once the boat was 1/2 to 2/3 of the way through, the bridge lowered onto the mast, causing the described damage. Mr. PIPP, who was operating the rail bridge stated that once his bridge operation was complete, he observed the bascule bridge begin to open, and retreated to his bridge house. Mr. PIPP stated that he did not see the incident, but heard screaming from the operator of the sailboat, and saw that it had been damaged by what he believed to be the Kinnickinnic River Bascule Bridge. None of the people I spoke with could recall the color of the bridge lights, and whether they were lit. After the incident, Mr. DANIEL motored his boat back to the Horny Goat Marina and tied it off. Mr. DANIEL did not advise me of the damage estimate, and I was advised to file this report by the Wisconsin Department of Natural Resources. Damages were photographed by Forensic Investigator Jason REIFSCHNEIDER (Squad 1829), who took 25 photographs.

Diagram of Incident (Draw below the position and direction of travel of boats involved)

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Primary Cause of Incident: Mast made contact with bridge,	Secondary Cause of Incident:	Causes Based On: <input checked="" type="checkbox"/> Investigation and Operator Report <input type="checkbox"/> Investigation <input type="checkbox"/> Other:
--	------------------------------	--

Information Sources		Release of Information
Other Investigating Agencies	Other Agencies Rendering Assistance	<input checked="" type="checkbox"/> OK to release <input type="checkbox"/> Contact DA before release

**\*\*ATTACH ALL REPORTS & DIAGRAMS**

<input type="checkbox"/> Narrative	<input type="checkbox"/> Photographs	<input type="checkbox"/> Coroner's Report	<input type="checkbox"/> Diagram of Incident	<input type="checkbox"/> BAC Report
<input type="checkbox"/> Other:				

Validation			
Investigation Prepared By	Date	Agency	Phone Number
P.O. John TIETJEN	07/02/2016	Milwaukee Police Department	(414) 935-7212

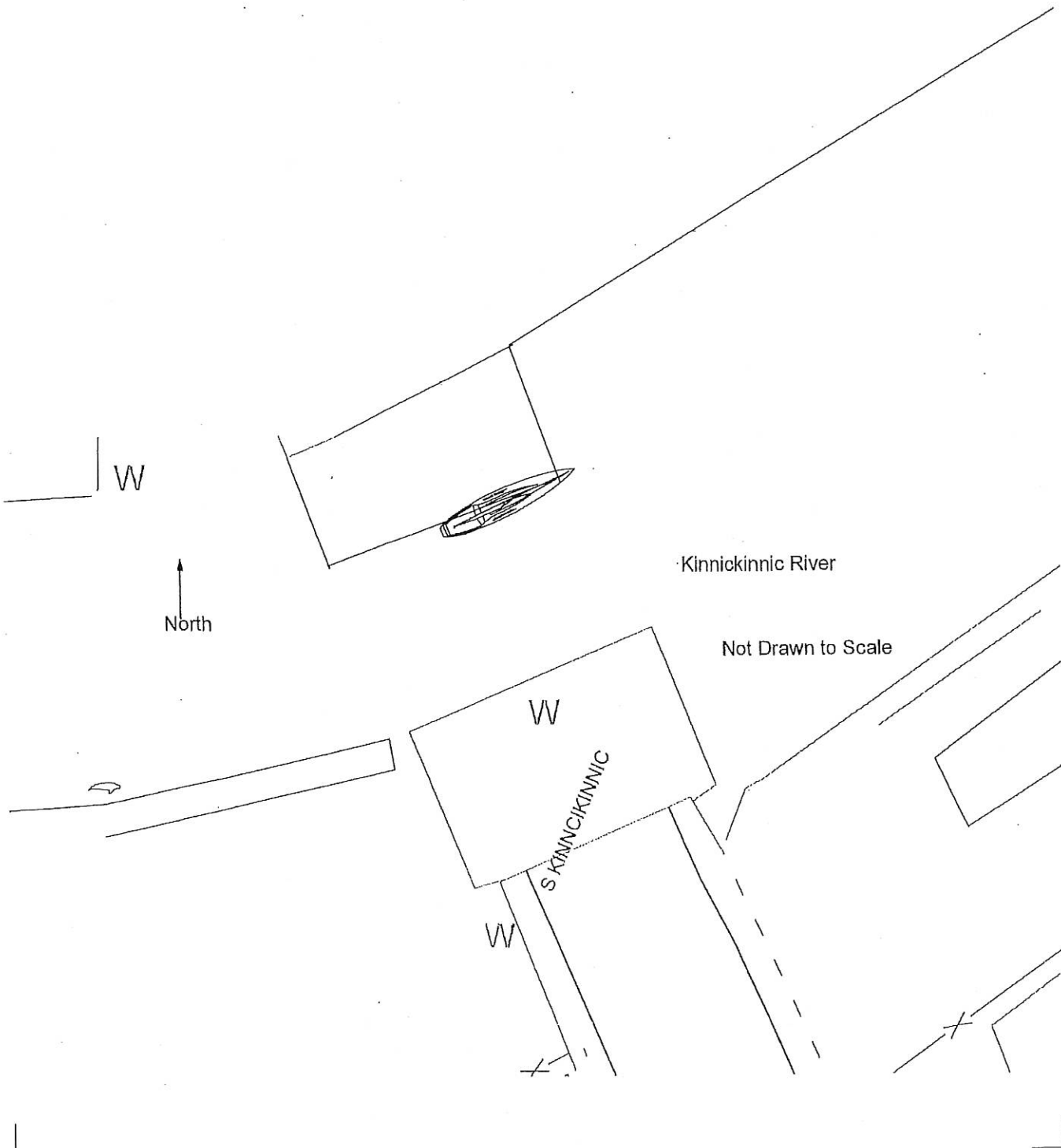
Reviewer			
Reviewed By	Date	Agency	Phone Number
<i>Sgt. Timmy [Signature]</i>	7-2-16	Milw. PD	414-935-7150



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Detailed History for Police Call #161732778 As of 7/02/2016 15:33:54

Output for:

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Priority:2 Type:1301 - ACC PI  
Location:1919 S MARINA DR,MKE  
LocCross:btwn DEAD END and E STEWART ST

Created:	06/21/2016 18:23:48	PT03	018522
Entered:	06/21/2016 18:29:25	PT03	018522
Dispatch:	06/21/2016 18:39:37	PD02	015088
Enroute:	06/21/2016 18:39:37	PD02	015088
Onscene:	06/21/2016 18:57:23	M7715	018577
Closed:	06/21/2016 22:02:24	PD02	015088

IC: PrimeUnit:1597 Dispo:C8 Type:1301 - ACC PI  
Agency:MWPD DAREA:D1(D2) Squad Area:240 RptDist:5576  Detail

- 18:23:48 CREATE Location:1919 S MARINA DR,MKE Type:1301 Name:KENNETH DANIEL Phone: [REDACTED]  
Source:WPH2 DAREA:D2 RptDist:5576 TypeDesc:ACC PI LocCross:btwn DEAD END and E STEWART ST Priority:2 Response:IPO Agency:MWPD LocType:S Contact?:EITHER Call/InPerson Language?:English
- 18:23:48 ALI E911Phne:[REDACTED] E911Pilot:[REDACTED] E911Add:2018 S 1ST NE SECTOR,XX  
E911Subs:Verizon Wireless E911Src:WPH2 AltLong:-87,905838 AltLatitude:43,009833
- 18:23:48 ALIGEO GeoLong:-87,905838 GeoLat:43,009833
- 18:23:48 ALIGEO GeoLong:-87,905838 GeoLat:43,009833 ClosestAdd:1901 S HILBERT ST AddDesc:713 ft N  
ClosestInt:S HILBERT ST / E STEWART ST InterDesc:851 ft N
- 18:29:25 ENTRY Comment:CLLR STATES THE 1ST STREET BRIDGE CAME DOWN ON HIS SAILBOAT AND RIPPED THE MAST OFF, CLLR IS CUT BUT REFUSED MFD, CONTACTED D1 AND THEY ARE CONTACTING HARBOR PATROL TO MEET SUB IF POSSIBLE, SUBJ IS AT SKIPPER BUDS MARINA WAITING, NFI
- 18:29:25 -PREMIS Comment:PPR
- 18:29:31 NOMORE
- 18:29:59 SELECT
- 18:30:06 HOLD
- 18:31:59 SELECT
- 18:32:55 SELECT
- 18:33:25 CALLBK Terminal:PT03 Comment:PLEASE CLARIFY THE NEAREST STREET LOCATION WHERE THIS OCCURRED...1ST STREET AND?
- 18:35:39 SELECT
- 18:39:37 DISPER 1597 Operator:018577 018533 OperNames:TJETJEN, JOHN R DRESEN, MATTHEW K  
Comment:WILL HANDLE
- 18:39:37 -PRIU 1597
- 18:39:37 INFO Location:1919 S MARINA DR,MKE LocCross:btwn DEAD END and E STEWART ST  
Priority:2 Comment:CLLR STATES BRIDGE IS ACTUALLY KK AND STEWART, NFI
- 18:40:02 REDIR DAREA:D2-->D1 Comment:THIS HAD TO OF OCCURRED NEAR S 1ST ST BTWN E  
SEE BOTH AND E ERIE ST. D1 TO HANDLE
- 18:57:23 \*ONSCN 1597
- 19:06:14 \*RFT 1597 Comment:INQUIRY QPER,DANIEL,KENNETH,J,M,W,[REDACTED],IL,,
- 19:07:54 \*ONSCN 1597
- 19:09:34 BACKER 1595 UnitID:1597 Location:1919 S MARINA DR,MKE Operator:014976 016894 017602  
OperNames:BOSS, CHRISTOPHER G ROMAN JR, RAYNALDO SZCYUBIALKA, JOSEPH L



19:19:45 \*MISC 1597 Comment:21' AMF, white in color, 8' beam, 2' draft, HIN AMFC0033M80E  
 19:22:48 \*ONSCN 1595  
 19:26:03 MISC 1597 Comment:FI PER 1212  
 19:26:43 MISC 1597 Comment:FI REQUESTED - .2986  
 19:27:03 BACKER 1829 UnitID:1597 Location:1919 S MARINA DR,MKE Operator:011296  
 OperNames:REIFSCHNEIDER, JASON S  
 19:27:12 COMBIN Service:P Call:#161732986 Type:PH Agency:MWPD  
 19:57:26 \*ONSCN 1829  
 20:13:23 CONTCT 1597 1595 ContactTime:60  
 20:33:48 \*CLEAR 1829 Dispo:C18 DispoLevel:0  
 20:46:02 \*CLEAR 1595 Dispo:C18 DispoLevel:0  
 22:02:24 CLEAR 1597 Dispo:C8 DispoLevel:0  
 22:02:24 -CLEAR  
 22:02:24 CLOSE

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CONTACT INFO:

Name	Phone	RPAddr	Contact?	Language?	Resolved?	Satisfied?
KENNETH DANIEL	[REDACTED]		EITHER Call/InPerson	English		

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Return completed form to: Wisconsin Department of Natural Resources, Boating Section - LE/8, PO Box 7921, Madison, WI 53707-7921

Boat Operator Incident Report OFFICE OF CITY ATTORNEY, Form 4100-020 (R 5/14) Page 1 of 4

dnr.wi.gov Search:boat, Rec'd - 6-27-16

Notice: Pursuant to s. 30.67, Wis. Stats., and NR 5.08 Wis. Adm. Code, operators of all boats involved in boating accidents that result in loss of life, personal injury which required medical treatment beyond first aid, damage to the boat and other property exceeding \$2,000, or complete loss of the boat, must complete this report and submit to the address above within 10 days of the incident.

Pursuant to s. 30.67(4), Wis. Stats., this report shall not be used as evidence in any trial, civil or criminal, arising out of an accident, except that the department shall furnish a certificate showing that a specified accident report has or has not been made to the department solely to prove a compliance or a failure to comply with the requirement that such a report be made.

This report must be signed in the Validation section on page 3. An explanation for some of the questions is provided on the back of this form.

DNR Use Only, DNR No., C.G. No. 2016-0026, Other Agency No., Reviewed By: F. Warden, RSW, W. Super

Incident Information: Incident Date 06/21/2016, Day of Week Tuesday, Time of Day 6:15 pm, Name of Body of Water Kinnickinnic River, Location or GPS Coordinates 43.008, -87.908, Nearest City or Town Milwaukee, County Milwaukee, State WI, Number of Boats in Incident: 1, Complete Loss of Boat? Y, Injuries Requiring Medical Treatment? Y, Death Related to Incident? N, Property Damage (Estimated) This Boat: \$15,000, Total Damage: \$15,000

Weather: Weather (select all that apply) Clear, Raining, Cloudy, Foggy, Snowing, Hazy, Other; Water Conditions: Calm (Waves < 6"), Choppy (6" - 2'), Rough (2' - 6'), Very Rough (> 6'), Strong Current; Temperatures: Air 78 F, Water 70 F; Visibility: Day Good, Night Poor; Wind: Light (Under 13 MPH)

Incident Type: Number choices in order of occurrence: Capsizing, Flooding/Swamping, Carbon Monoxide Exposure, Grounding, Collision w/ Comm. Boat, Hit and Run, Collision w/ Fixed Object, Person Ejected, Collision w/ Floating Object, Person Left Boat, Collision w/ Rec. Boat, 2 Person Struck by Boat, Electrocutation, Sinking, Fall In Boat, Skler/Tuber/Boarder Mishap, Fall Overboard, Starting Engine, Fire or Explosion (Fuel), Struck by Motor/Propeller, Fire or Explosion (Other), Struck Submerged Object, 1 Other: Struck by draw bridge; Contributing Factors: Number choices in order of importance: Missing/Inadequate Navig. Aids, Alcohol Use, Navigation Rules Violation, Careless/Reckless Operation, Off-Throttle Steering, Congested Waters, Operator Inattention, Dam/Lock, Operator Inexperience, Drug Use, Other Boat's Wake, Equipment/Machinery Failure, Overloading, Excessive Speed, Passenger Behavior, Failure to Vent, Restricted Vision, Hazardous Waters, Sharp Turn, Hull Failure, Skler/Tuber/Boarder Behavior, Ignition of Spilled Fuel or Vapor, Standing/Sitting on Bow Gunwales, Transom, Improper Anchoring, Starting in Gear, Improper Loading, Weather, Improper Lookout, Other: Lack of or Improper Boat Lights



**Operator Information**

Operator Name (First, Middle, Last) Kenneth Daniel			Phone Number [REDACTED]	
Address [REDACTED]		City Libertyville	State IL	ZIP Code 60048
Date of Birth [REDACTED]	Operator Experience: <input type="radio"/> 0 - 10 Hours <input type="radio"/> 11 - 100 Hours <input type="radio"/> 101 - 500 Hours <input checked="" type="radio"/> More than 500 Hours	Instruction Received in Boating Safety: <input type="radio"/> None <input type="radio"/> State Course - Classroom <input type="radio"/> State Course - Internet <input type="radio"/> USCG Auxiliary <input type="radio"/> U.S. Power Squadrons <input type="radio"/> Unknown <input checked="" type="radio"/> Other: Berkley Univ Yacht Club		
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female				

**Boat Information**

Owner Name (First, Middle, Last) <input checked="" type="checkbox"/> Same as Operator Kenneth Daniel			Phone Number [REDACTED]	
Address [REDACTED]		City Libertyville	State IL	ZIP Code 60048
Boat is: <input type="radio"/> Rented <input type="radio"/> Borrowed <input checked="" type="radio"/> Owned <input type="radio"/> Family Owned <input type="radio"/> Unknown	# of Persons: On Board <u>1</u> Being Towed _____	Boat Number (Registration No.) [REDACTED]	Exp. Date 01/2018	Manufacturer AMF
		Mfg. Hull ID [REDACTED]	Model AMF 2100	Boat Name Blessing
Boat Location after Incident Horny Goat Marina				

Boat Type: <input type="radio"/> Air Boat <input checked="" type="radio"/> Auxillary Sail <input type="radio"/> Cabin Motorboat <input type="radio"/> Canoe <input type="radio"/> Houseboat <input type="radio"/> Inflatable <input type="radio"/> Kayak <input type="radio"/> Open Motorboat <input type="radio"/> Personal Watercraft <input type="radio"/> Pontoon <input type="radio"/> Rowboat <input type="radio"/> Sail (only) <input type="radio"/> Other: _____	Hull Material: <input type="radio"/> Aluminum <input checked="" type="radio"/> Fiberglass <input type="radio"/> Plastic <input type="radio"/> Rigid Hull Inflatable <input type="radio"/> Rubber/Vinyl/Canvas <input type="radio"/> Steel <input type="radio"/> Wood <input type="radio"/> Other: _____	Engine Type: <input type="radio"/> Airboat <input type="radio"/> Inboard <input type="radio"/> Inboard/Sterndrive (I/O) <input checked="" type="radio"/> Outboard <input type="radio"/> None	Operation at Time of Incident: (select all applicable) <input type="checkbox"/> At Anchor <input type="checkbox"/> Being Towed <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Cruising <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Launching <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Tied to Dock/Moored <input type="checkbox"/> Towing Another Boat <input checked="" type="checkbox"/> Other: motoring	Activity at Time of Incident: (select all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Fishing <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting <input type="checkbox"/> Making Repairs <input type="checkbox"/> Racing <input type="checkbox"/> Recreation-Leisure <input type="checkbox"/> Starting Engine <input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Tournament <input type="checkbox"/> Water Skiing/Tubing/etc. <input type="checkbox"/> Whitewater Sports <input checked="" type="checkbox"/> Other: Steering	
	Fuel: <input checked="" type="radio"/> Gasoline <input type="radio"/> Diesel <input type="radio"/> Electric	No. of Engines 1	Engine Manufacturer Nissan		
		Total Horsepower 6	PWC Engine CCs		

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Boat adequately equipped with Coast Guard approved PFDs? <input checked="" type="radio"/> Y <input type="radio"/> N	Propulsion: <input type="radio"/> Air Thrust <input type="radio"/> Manual <input checked="" type="radio"/> Propeller <input type="radio"/> Sail <input type="radio"/> Water Jet <input type="radio"/> Other: _____	Estimated Speed: <input type="radio"/> None <input checked="" type="radio"/> Under 10 MPH <input type="radio"/> 10 - 20 MPH <input type="radio"/> 21 - 40 MPH <input type="radio"/> Over 40 MPH	Construction: Length: <u>21</u> Width: <u>8</u> Transom Depth: <u>2</u> Year Built: 1981	Capacity Plate Info: Lbs. _____ No. of Persons: _____ Horsepower: _____
Were PFDs accessible? <input checked="" type="radio"/> Y <input type="radio"/> N				
# of people wearing PFDs: <u>1</u>				
No. of USCG approved marine fire extinguishers on board: _____				
Were extinguishers on board? <input type="radio"/> Y <input type="radio"/> N				
Were extinguishers used? <input type="radio"/> Y <input type="radio"/> N				

**Witnesses**

First, MI, Last Name	Address	Birthdate	Phone Number	Sex
Brennen Pipp			[REDACTED]	<input checked="" type="radio"/> M <input type="radio"/> F
Stanley Postorino			[REDACTED]	<input checked="" type="radio"/> M <input type="radio"/> F
				<input type="radio"/> M <input type="radio"/> F

All Injuries						
Injured from: <input checked="" type="radio"/> this boat <input type="radio"/> other boat <input type="radio"/> no boat	Name (First, Middle, Last) Kenneth J. Daniel	Phone Number [REDACTED]	Birthdate [REDACTED]	Age 66	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	
	Address [REDACTED]	City Libertyville	State IL	ZIP Code 60048		
Injured was: <input checked="" type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Swimmer <input type="radio"/> Waterskier/Tube Rider <input type="radio"/> Other:	Type of Injury: (Number in order of severity) ___ Amputation    ___ Dislocation    ___ Neck Injury ___ Back Injury    ___ Head Injury    ___ Shock ___ Broken Bone(s)    ___ Hypothermia    ___ Spinal Injury ___ Burns    ___ Internal Injuries    ___ Sprain/Strain ___ Contusion <u>1</u> Laceration Body part of most serious injury:    Arm			Prop injury? <input type="radio"/> Y <input checked="" type="radio"/> N Was PFD worn? <input checked="" type="radio"/> Y <input type="radio"/> N Type:    Vest	Medical treatment beyond first-aid (treatment by physician)? <input type="radio"/> Y <input checked="" type="radio"/> N Admitted to Hospital? <input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> Unknown	

**Incident Description**  
Describe what happened (Sequence of events leading up to the incident)  
I was leaving Horny Goat Marina to go to Lake Michigan via Kinnickinnic river. I called on my radio to the railroad bridge operator and the Kinnickinnic Ave drawbridge operator to open (I had previously called to make an appointment). They acknowledged and said they would open. The railroad bridge opened fully but the road bridge opened only partly, but enough for my boat to pass. While going through the Kinnickinnic Ave road bridge opening, the bridge closed on my mast causing it to collapse on top of the boat.

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Other Boat(s) Involved			
Operator's Name (First, Middle, Last)		Phone Number	
Address	City	State	ZIP Code
Boat Number	Boat Name		

Validation		
Printed Name Kenneth J. Daniel	Signature <i>Kenneth J. Daniel</i>	Date Signed 6/23/16
Incident Reported To (DNR Warden name or Other Law Enforcement Agency) P.O. Tietjen Milwaukee Police Harbor Patrol		Date Reported 6/21/16

Please double check your report for accuracy.  
Pursuant to s. 30.67(4), Wis. Stats., this report may not be used as evidence in any trial.

Horny Goat Marina, LLC

1933 S. 1st Street  
Milwaukee, WI 53204

Attachment 2  
Claim by K Daniel  
**Storage Invoice**

Date	Invoice #
9/30/2015	15-2845
Winterization	

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**PAID**  
**09/30/2015**

Bill To  
Ken Daniel  
1014 Gracewood Dr  
Libertyville, IL 60048

							Terms	
Stands/Skid/Trailer		Length		Beam		Customer#	119	Due on receipt
Hull I.D.	Registration#	Boat Name		Boat Make	Model	Sail/Po...	Year	
		Blessing		AMF2100	Blessing	Sail		
Description		Quantity	U/M	Rate	Amount			
Outside Winter Storage 2015-16		168	sqft	1.90	319.20T			
Discount Offer for Winter Storage - Paid In Full During Customer Appreciation				-10.00%	-31.92			
Subtotal					287.28			
Paid In Full 09/15/2015				5.60%	16.09			
WI Sales Tax								

Signature and Date			<b>Total</b>	\$303.37
Phone #	E-mail	Web Site	<b>Payments/Credits</b>	\$-303.37
414-384-8300	sales@hornygoatmarina.com	www.hornygoatmarina.com	<b>Balance Due</b>	\$0.00



1933 S. 1st Street  
Milwaukee, WI 53204

Attachment 3  
Claim by K. Daniel

# HGM Service Work Order

Name / Address
Ken Daniel 1014 Gracewood Dr Libertyville, IL 60048

Date Received	W.O. No.
6/22/2016	3261
Date Promised	Customer#
7/30/2016	119

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Boat Name	Sail/Power	Make	Model	Year	Registration#	Status
Blessing	Sail	AMF2100	Blessing			Estimate
Description		Qty	U/M	Rate	Amount	
Lift/Launch per Linear Foot - 21' Two Ways		42	ft	7.00	294.00T	
Estimate Mast Replacement Costs / Damage for Ins claim		2	hr	92.50	185.00T	
Estimate- Labor		16	hr	92.50	1,480.00T	
-Clearing away all damaged rigging and un- assemble						
-Reassemble						
-Replace damaged hardware and tune rig						
-Replace Antenna Cable						
-Replace duplex Wire to Anchor Light						
Estimate Step Mast		33.9	hr	3.00	101.70T	
Subtotal Labor					2,060.70	
Shop Supplies				59.00	59.00T	
Kenyon Mast section K-2740CAx 33'9"		1		1,468.60	1,468.60T	
Kenyon Spreaders SP2.2 x 3'		2		161.00	322.00T	
Misc Hardware and Fastenings		1		50.00	50.00T	
Replace Total Standing Rigging		1		1,116.00	1,116.00T	
Antenna Cable		30		1.00	30.00T	
Antenna Connector		2		18.50	37.00T	
Duplex Wire		30		0.80	24.00T	
Subtotal Parts & Materials					3,106.60	
Subtotal					5,167.30	
Freight/Shipping cost				240.00	240.00	
*No Apparent Damage to Chainplates						
Electric Insurance Co Belinda Hynes 800-227-2757 ext 5038 Claim # 20160622044						
					<b>Total</b>	
414-384-8300		sales@hornygoatmarina.com				

Signature \_\_\_\_\_ Date: \_\_\_\_\_

1933 S. 1st Street  
Milwaukee, WI 53204

*Attachment 4*  
*Claim by K. Daniel*

# HGM Service Work Order

Date Received	W.O. No.
8/25/2016	4045
Date Promised	Customer#
8/25/2016	119

Name / Address
Ken Daniel 1014 Gracewood Dr Libertyville, IL 60048

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Boat Name	Sail/Power	Make	Model	Year	Registration#	Status
Blessing	Sail	AMF2100	Blessing			Estimate
Description		Qty	U/M	Rate	Amount	
Estimate - Remove AMF 2100 from truck with crane - set aside mast and rigging to be used - Dispose of Boat and trailer		20	hr	92.50	1,850.00T	
Estimate - Dumpster charge		1	hr	550.00	550.00T	
Estimate - Step Mast		24	hr	3.00	72.00T	
Estimate - Rigging, Tuning, Replacing unusable Hardware		5	hr	92.50	462.50T	
Subtotal					2,934.50	
Miscellaneous Hardware		1		100.00	100.00T	
This estimate does not include any running rigging or sail repair						
WI Sales Tax				5.60%	169.93	
				<b>Total</b>	<b>\$3,204.43</b>	
414-384-8300	sales@hornygoatmarina.com					

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Attachments  
Claim by V Daniel

**Subject:** Claim 20160622044/ Policy 6228802Y1  
**From:** Deschenes, Ashleigh (Electric Insurance) (ashleigh.deschenes@ge.com)  
**To:** kenndaniel@yahoo.com;  
**Date:** Tuesday, August 30, 2016 3:51 PM

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Good Afternoon,

The claim number 20160622044 was paid under the policy limits of \$3,116.00. Hull and Machinery section A of the policy states the limit is \$3,116.00. I have attached the declaration page for your records.

Thank you,

**Ashleigh Deschenes**  
*Fast Track Property Claims Adjuster*

Electric Insurance  
75 Sam Fonzo Drive  
Beverly, MA 01915

p: (888)456-7445 Ext. 5698  
f: (978)236-5698  
ElectricInsurance.com

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## Attachments

- 6228802Y1-DEC.pdf (84.91KB)





1-800-227-2757

*Attachment 6  
Claim by V Daniel*

**YACHT POLICY DECLARATIONS**

Part Two. This Declarations Page with "Policy Provisions Part One" completes the below numbered

POLICY NUMBER: **6228802Y1**

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**OCT 10 2016**

**KENNETH J. DANIEL  
PATRICIA L DANIEL  
1014 GRACEWOOD DRIVE  
LIBERTYVILLE, IL 60048**

FOR SERVICE CONTACT: Electric Insurance Company  
75 Sam Fonzo Drive, Beverly, MA 01915  
Toll Free 1-800-227-2757  
OFFICE OF  
CITY ATTORNEY

RENEWAL			
POLICY PERIOD: FROM: 01/19/16 TO: 01/19/17 12:01 A.M. STANDARD TIME			
The insurance afforded is only with respect to such and so many of the following coverages and divisions thereunder as are indicated by specific premium charge or charges. The limit of the company's liability against each such coverage and division shall be as stated herein, subject to all the terms of this policy having reference thereto.			
COVERAGES			LIMIT OF LIABILITY PREMIUM
1. Hull & Machinery (Section A)	Amount of Insurance/Agreed Valuation Deductible \$ 93		\$ 3,116 / 3,116 \$ 70
2. Protection & Indemnity (Section B)	Personal Injury -	Limit per person/per accident	\$ 250,000/500,000 \$ 98
	Property Damage	per accident	\$ 250,000
2a. Waterskiing (Section B)	Personal Injury -	Limit per person/per accident	\$ 10,000/ \$ 20,000 \$ (Included in 2 above)
	Property Damage	per accident	\$ 10,000
2b. Waterskiing (optional- Increased limits) (Section B)	Personal Injury -	Limit per person/per accident	\$ \$
	Property Damage	per accident	\$ \$
3. Medical Payments (Section C)	Limit/each accident	(\$1000 incl. at no premium charge)	\$ 1,000 \$
4. Boat Trailer (Section E)	Amount of Insurance/Actual Cash Value LITTLE DUDE 678 1980		\$ 532 \$ 16
5. Sailboat Racing (Masts, Spars & Sails Ex. Spinnakers)			Included in Hull & Machinery (Section A) \$
6. Return Premium (Section F)	Navigation Cancel Rate	5.659 %	\$
	Lay-Up Cancel Rate	1.669 %	\$
			Credit \$ 28- Total Premium \$ 156
7. Navigation Limits (Warranted by Insured): Area No.: EAST COAST AND GULF COAST (Please see reverse side for waters definition)			
LAY-UP WARRANTED: FROM: 10/30 TO: 05/01			
SURCHARGE	CREDIT(S) DIESEL/SAIL LOSS FREE		
DESCRIPTION OF BOAT INSURED			
Hull: 1981 ALCORT/AMF 2100 SAILBOAT (AMFC0033M80E) Main Engine: 2004 NISSAN 4 CYCLE LONG SHAFT 6HP OUTBOARD			
Loss Payee:			

ENDORSEMENTS:

*Bob Jessard*  
Authorized Representative

This policy is made and accepted subject to the forgoing stipulations and conditions, and to those on the previous and following pages, all of which are referred to and made part of this policy.

Attachment 7  
Claim by K. Daniel

**Subject:** Please Respond to a Question about Your Shipment - 21 ft Sailboat 2200 lbs Knoxville -Milwaukee  
**From:** uShip (emails@uship.com)  
**To:** kenndaniel@yahoo.com;  
**Date:** Tuesday, August 23, 2016 7:54 AM

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Need help?

**TriCountyLogistics asked you a question about your shipment, 21 ft Sailboat 2200 lbs Knoxville -Milwaukee.**

**Question:**

"I can offer flat bed transport for \$1400. BOAT WILL NEVER TOUCH THE ROAD. Thanks Matt Tri County Logistics Bowling Green Ky"

Reply to Carrier

Or reply to answer the question.

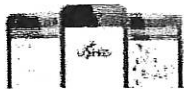
**Shipment:** 21 ft Sailboat 2200 lbs Knoxville -Milwaukee  
**From:** Knoxville, Tennessee 37902  
**To:** Milwaukee, Wisconsin 53202

**Important:** If a service provider's question includes contact information, they are violating uShip's user agreement. Do not contact the service provider directly. Such direct contact, including off-site transactions, leaves you with NO recourse (identity verification or feedback) in the event of a dispute.

Any promises, bids, or offers of services made through the Q&A system are informal and non-binding. A service provider MUST make a formal bid through uShip (which you must then accept) before offers become binding.

No longer need to ship this item?

Delete Listing



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Attachment 8  
Claim by K Daniel

**Subject:** Re: amf 2100  
**From:** craigslist 5725364153 (sdmns-5725364153@sale.craigslist.org)  
**To:** bcf52c3da423306b8a1495463c95a910@reply.craigslist.org;  
**Date:** Wednesday, August 24, 2016 4:25 AM

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Yes, I am asking \$1200 without the motor.

On Aug 24, 2016 5:24 AM, "Ken Daniel"  
<bcf52c3da423306b8a1495463c95a910@reply.craigslist.org> wrote:  
Hi Again,

Would you be willing to sell the boat without the motor?

Ken

On Tuesday, August 23, 2016 9:25 AM, craigslist 5725364153 <sdmns-5725364153@sale.craigslist.org> wrote:

Hi Ken,

Thanks for the interest.

It is hard to explain by email, it would be better to show you. But before we had the system, it would take two people to try and muscle the mast up.... Being so long, it probably weighed 200lbs or so, and that is really dangerous to be lifting above your head. So you can see it in the picture, on the stern, that large metal piece, the mast rides there when being trailered, but to raise it, you put the end of the mast on the top of that thing, there is a roller there. Then, you go to the bow and pick up the mast from there, and connect one of the pins to its attachment. Then, the front stay is connected to the front portion of the mast raising system, and is then cranked up to slowly and safely raise the mast (an electric drill makes quick work of it... About 60 seconds). Once fully raised, connect the other pin on the mast, then transfer the front stay to its normal point on the bow.

After raising it, replace the metal piece on the stern with the rudder, and if you want you can also remove the front portion of it easily, and you are ready to sail.

The whole process is now less than five mins or so with 1-2 people where it used to take about 20 mins and three strong people without the mast raising system. And it makes it a lot safer.

When can you come have a look for yourself?

On Aug 23, 2016 8:01 AM, "Ken Daniel" <bcf52c3da423306b8a1495463c95a910@reply.craigslist.org> wrote:  
Hi,

I might be interested in your AMF 2100. I was looking at your add and was wondering about the modifications you made to the mast to help in raising it?



*Attachment 9  
Claim by K Daniel*

Guarantor ID 3860698  
Patient Kenneth Daniel  
Statement Date 08/31/2016

**Statement of Services**

	Date of Service	Description of Services	Charges	Insurance Pmt/Adj	Patient Pmt/Adj	Amount Due
<b>Professional Services</b>	06/22/16	73090 Forearm X-Ray, 2 Views	\$ 41.00			
	07/25/16	Insurance Payments/Adjustments - UHC Managed Care		-21.86		
<b>Account # 710703221</b>						
Liyuan Yu, MD						
Northwestern Medicine Lake Forest Hospital						
<b>Total \$</b>			<b>41.00</b>	<b>-21.86</b>	<b>0.00</b>	<b>\$19.14</b>
<b>Total All Services</b>			<b>\$ 41.00</b>	<b>-21.86</b>	<b>0.00</b>	<b>\$19.14</b>

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Attachment 10  
Claim by K Daniel

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Statement Detail						Statement Date 2016-07-27		Account No. 12280	
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance			
38693	2015-11-03	2015-11-03	Claim: 38693, Provider: Mark Riederman, M.D.						
38693	2015-11-03	2015-11-03	90658 Influenza Split Virus, 3 yrs. Old & Above	43.00					
38693	2015-11-03	2015-11-03	90471 Administer Immunization	40.00					
38693	2015-11-03	2015-11-03	90670 PREVNAIR 13	250.00					
38693	2015-11-03	2015-11-03	90472 Admin Immunization, each additional	36.00					
38693	2015-11-03	2015-11-03	99000 Handling/Conveyance of Specimen	25.00					
38693	2015-11-03	2015-11-03	81001 Urinalysis, Automated w/Microscopy	29.00					
38693	2015-11-03	2015-11-03	99397 Ages 65 + Prevention	300.00					
38693	2015-11-03	2015-12-03	UMR Payment		425.82				
38693	2015-11-03	2015-12-03	UMR Adjustment		295.48				
38693	2015-11-03	2016-07-27	This is your co-ins and is your responsibility.						0.70
38693	2015-11-03	2016-07-27	Your Balance Due On These Services ...						
46353	2016-06-22	2016-06-22	Claim: 46353, Provider: Laura Martin, A.P.N.						
46353	2016-06-22	2016-06-22	99213 Office Visit, Est., Expanded	153.00					
46353	2016-06-22	2016-07-20	UMR Payment		0.00				
46353	2016-06-22	2016-07-20	UMR Adjustment		59.86				
46353	2016-06-22	2016-07-27	This balance was applied to your deductible and is your responsibility.						
46353	2016-06-22	2016-07-27	Your Balance Due On These Services ...						93.14

Payment Due  
93.84

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	93.84	0.00	0.00	0.00	0.00

111 S. University Ave. Eugene, Oregon, 97401

*[Handwritten signature]*

P.O. Box 293 • Big Bend, TX 75810  
Phone: (262) 662-0197

Date: 4/3/2016

Customer's Order

SOLD TO

*Karl Patricia Daniel*

DESCRIPTION	UNIT PRICE	AMOUNT
<i>Handy money at Sawyer's - but did for 27' haul boat.</i>		<i>390.00</i>
		<i>19.25</i>
		<i>409.25</i>

INVOICE

Attachment 11  
Claim by K. Daniel

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Attachment 12  
Claim by K Daniel

Record of a sale of a AMF 2100 sailboat like mine in good condition - \$4000 \* approximately \$1500 for shipping from Alabama

**2/16/07, AMF 2100, 1980, Guntersville, Alabama, \$4,000,  
sold 4/19/07**

<http://www.sailingtexas.com/samf2100b.html>

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1980 AMF 2100

- Hull number 48.
- This boat was totally refurbished last year with new Nida core deck, all new hardware, running rigging, engine, winches, sails, etc.
- new FX loose footed main, 105% light air blade, 140% asy spinnaker, original main, Jib, and tri radial spinnaker, and hardly used 150.
- Spinnaker pole, dedicated spinnaker halyard above the forestay.
- Includes all harken blocks, backstay aduster, topping lift, down haul, four harken winches, two genoa halyards, cunningham, reef, and all adustments including tack line have dedicated stoppers or cleats.
- Nicro solar vent, anchor, rode, chain, ladder, HDR 500 depth, halyard pockets, twing blocks, custom electrical panel, charging post, battery, masthead steaming and anchor light (perko), windex, Amazon large capacity pump accessible from cockpit, and too much other gear to list.
- This boat was completely refurbished and anything that needed to be replaced, was.
- 4 coats west epoxy barrier coat, recently hauled and new bottom paint.
- This boat sails better than it's rating.
- 4 hp two stroke, new last year includes tank.

Includes trailer which is just so, so but brought the boat to Alabama from Minnesota and recently made a trip to the Florida Keys and back. Trailer has new bunks and carpet and lights. Also has extension. Will deliver within reason.

*David, I wanted you to know the boat was sold. Although I sold the boat on Ebay it was to somebody who had seen the boat on your site and I wanted you to know I got some very quality leads from it. Thanks. The selling price was the asking price, 4,000.*

*Sterling  
Guntersville, Alabama*