

CITY OF MILWAUKEE



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Assistant City Attorneys

July 19, 2001

Joseph Hahn
3357 North 50th Street
Milwaukee, WI 53216
871-2777

RE: C.I. File No. 01-V-204

Dear Mr. Hahn:

This office is in receipt of your claim in the amount of \$1,800.00, relating to damage sustained to your vehicle on April 5, 2001 when it was allegedly struck by a City police vehicle at North 37th Street and West Custer Avenue.

The Wisconsin Motor Vehicle Accident Report completed as a result of this incident noted an outside witness stated the police vehicle was travelling at a slow speed and had its lights and siren activated. The report also stated Michael Morgan, the driver of your vehicle had the stereo sound at a high level and did not hear the police vehicle's siren. Mr. Morgan failed to yield the right-of-way to the police car that was acting as an emergency vehicle. Accordingly, we are denying your claim.

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 F. LANGLEY
City Attorney

ROBERT M. OVERHOLT
Investigator Adjuster

8/21/01
We wish to appeal this decision. We received this letter late and did call two weeks ago. Jackie spoke with Michael Tabla. Thank you, Jacqueline & Joseph Hahn

RMO:beg

2001 AUG 21 PM 2:07
CITY OF MILWAUKEE

City Clerk

July 2, 2001

3357 N. 50th St.
Milwaukee, WI 53216

ATTN: Claims
200 E. Wells St. Room 205
Milwaukee, WI 53202-3567

✓
CITY OF MILWAUKEE
01 JUL -2 AM 11:19
RONALD D. LEONARD
CITY CLERK

Dear City Clerk,

Enclosed you will find a copy of the accident report of April 5, 2001. My former student, Michael Morgan, had borrowed my vehicle, took it through the emissions test, and attended his classes that morning. Michael attended Milwaukee School of Languages until February when he transferred to Project Stay, an alternative high school with additional classes at MATC.

~~Just after 10am Michael Morgan was driving westbound on Custer St. (to his home in the 5400 block of N. 39th St.). As he approached the intersection of 36th and Custer, he saw the suspect vehicle (white Toyota Avalon) racing out of the alley behind the church (note picture #1 enclosed). He then stopped at the intersection of 37th St. (about one minute elapsed). After a full stop his intersection was cleared, and he proceeded westbound. Michael had all the windows cracked for general ventilation. Michael was surprised to suddenly see the early 90's green Crown Victoria heading at him (northbound out of the alley). By law, a vehicle must stop before a sidewalk (picture #3). The church was a definite obstacle for both vehicles (pictures 4 & 5). In this situation, Michael in the Toyota - with the right of way - was not going fast enough to avoid the crash. The driver's door and part of the rear door were damaged (see pictures 7 & 8). (It's hard to say what would have happened to any pedestrians in the vicinity.)~~

This incident naturally shocked the 16-year-old who has suffered headaches since then. Additional personnel were called to the scene who also took pictures. Michael did not seek medical care, however, the car has been repaired and estimates are enclosed.

I am seeking \$1,800.00 reimbursement for damage to the vehicle and inconveniences caused.

Your attention and consideration in this matter are appreciated. Since school is over, I am usually reachable at (414) 871-2777. Michael Morgan lives at 5457A N. 39th St., (414) 463-0969.

Sincerely,

Joseph F. Hahn
Joseph Hahn, Ph.D.

01 JUL -2 PM 3:11
OFFICE OF
CITY ATTORNEY
CITY OF MILWAUKEE
RECEIVED

9

Amended Document On Emergency

ACCIDENT IN THE LINE OF DUTY

7682589

Document Number Override

Wisconsin Motor Vehicle Accident Report

Police No. **Four**

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

MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 05	<input type="radio"/> 01
<input type="radio"/> Feb	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Mar	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Apr	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> May	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> June	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> July	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Aug	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Sept	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Oct	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Nov	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Dec	<input type="radio"/>	<input type="radio"/>

Time of Accident (Military Time)

HOUR	MIN.
<input type="radio"/> 10	<input type="radio"/> 12
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Total Number

UNITS	INJURED	KILLED
<input type="radio"/> 02	<input type="radio"/> 00	<input type="radio"/> 00
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Unit #

Sheet No. Of **11**

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

Please Do Not Write In This Measuring Space

Accident No. **7682589**

APR 05 2001

Location **3719 W. Custer Ave**

LATITUDE (GPS) Degrees: **12** Minutes: Seconds: LONGITUDE (GPS) Degrees: **13** Minutes: Seconds:

ON Hwy No. and / Street Name **W. Custer** Estimated **150.** FT. MI. FROM/AT Hwy No. and / Street Name **N. 37th St**

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

Operator Last Name	First	M.I.	Speed Limit	Operator Last Name	First	M.I.	Speed Limit
Timm Jeffrey C				Morgan Michael A			
Address Street & Number	City & State	ZIP	Phone Number (414)	Address Street & Number	City & State	ZIP	Phone Number (414)
6929 W. Silver Spring	Milwaukee WI	53218	935 7242	5437 N 39th St #A	Milwaukee WI	53209	463-0969
Driver's License Number	State	Exp. Year	Class (Mark Only One)	Driver's License Number	State	Exp. Year	Class (Mark Only One)
T5004235526200WI	WI	103	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	M6255418428906WI	WI	01	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

On Duty Accident	Operating as Classified:	CMV	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	TRAPPED/ EXTRICATED	Medical Transport
<input type="radio"/> Police <input type="radio"/> EMT/First Responder <input type="radio"/> Fire Fighter <input type="radio"/> Winter Hwy Maintenance	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> Y <input type="radio"/> N

TRAPPED/ EXTRICATED Not Applicable Not Trapped Trapped/Extricated Unknown

Vehicle Owner Same	Last Name	First	M.I.	Vehicle Owner Same	Last Name	First	M.I.		
<input checked="" type="checkbox"/>	Milwaukee Police Department			<input checked="" type="checkbox"/>	Hahn, Joseph F				
Street Address	City & State	ZIP	Phone Number (414)	Street Address	City & State	ZIP	Phone Number (414)		
749 W. State St	Milwaukee WI	53233	933 4444	3357 N 50th St	Milwaukee WI	53216	871-2777		
Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
1993	Ford	Car	Vict	Ydn Green	1989	Toyota	4dr	Black	
Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year	Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year
2FALPT1W6PX171924	101 AAA	Aut	WI	01	JT2VV22EOK0077751	C9570T	CVG	WI	01
Policy Holder's Name	Same	Citation	Policy Holder's Name	Same	Citation				
Self Insured	<input checked="" type="checkbox"/>	<input type="radio"/>	Ames Standard	<input checked="" type="checkbox"/>	<input type="radio"/>				
Liability Insurance Company	Stat. #	Liability Insurance Company	Stat. #						
Self Insured	64	Ames Standard	04						

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1						<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Address Same as Operator	EJECTED	TRAPPED/ EXTRICATED	Medical Transport	Agency Space					
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> Y <input type="radio"/> N	EMS Number					
MV4000 899									

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME	Last	First	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
	ADDRESS Street & Number		City & State			ZIP				
Address Same as Operator <input type="radio"/> Yes <input type="radio"/> No	EJECTED <input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Ejected	<input type="radio"/> 3 Totally Ejected <input type="radio"/> 4 Partially Ejected <input type="radio"/> 5 Unknown		TRAPPED/EXTRICATED <input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Trapped	<input type="radio"/> 3 Trapped/Extricated <input type="radio"/> 4 Trapped/Not Extricated <input type="radio"/> 5 Unknown		Medical Transport Y N	Agency Space		

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME	Last	First	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
	ADDRESS Street & Number		City & State			ZIP				
Address Same as Operator <input type="radio"/> Yes <input type="radio"/> No	EJECTED <input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Ejected	<input type="radio"/> 3 Totally Ejected <input type="radio"/> 4 Partially Ejected <input type="radio"/> 5 Unknown		TRAPPED/EXTRICATED <input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Trapped	<input type="radio"/> 3 Trapped/Extricated <input type="radio"/> 4 Trapped/Not Extricated <input type="radio"/> 5 Unknown		Medical Transport Y N	Agency Space		

Type of Accident

01 First Harmful Event

Most Harmful Event

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

1	Neither Alcohol nor Drugs Present	1
6	Yes—Alcohol Present	6
7	Yes—Drugs Present	7
8	Yes—Alcohol & Drugs Present	8
9	Unknown	9

Alcohol

AC Value	AC Value
11 Test Not Given	11 Test Refused
12 Test Given, Alcohol Unknown	12 Test Given, No Alcohol Reported

Drugs

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

Pedestrian

Unit # 2 3 4 5 6 7 8 9 10

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

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

Vehicle Damage

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

Darken Numbered Area(s) of Vehicle Damage

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

Extent of Damage

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

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: *Operator*

Vehicle Damage

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

Darken Numbered Area(s) of Vehicle Damage

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

Extent of Damage

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

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: *Operator*

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
--------	--------	--------	--------

Govt. Damage Tag #

PROPERTY OWNER	Last	First	M.I.
ADDRESS	Street & Number		
City & State	ZIP	Phone Number	

PO-15 A 3/98 SUPPLEMENT REPORT MILWAUKEE POLICE DEPARTMENT		<input type="radio"/> INCIDENT SUPPLEMENT <input checked="" type="radio"/> ACCIDENT SUPPLEMENT <input type="radio"/> JUVENILE SUPPLEMENT		PAGE <u>1</u> OF <u>2</u>	DATE OF REPORT <u>4-5-2001</u>	INCIDENT / ACCIDENT # <u>7682589</u>
INCIDENT INFORMATION	INCIDENT <u>PO Accident</u>			DATE OF INCIDENT / ACCIDENT <u>April 5, 2001</u>		
	VICTIM			LOCATION OF INCIDENT / ACCIDENT <u>3719 W. Custer Ave</u>		DIST.# <u>4</u>
JUVENILE LAST NAME		FIRST	MIDDLE	DATE OF BIRTH		<input type="radio"/> DETAINED <input type="radio"/> ORDERED TO MCCC <input type="radio"/> OTHER
QUANTITY	TYPE OF PROPERTY	DESCRIPTION		SERIAL #	CODE #	VALUE
<p>Sir: This report is written by PO Richard Louis Patel Support Division Solo Cycle Days.</p> <p>The operator of Unit #1 PO Jeffrey Timon said that he was operating his Police vehicle with the red light activated and siren sounding. He was in pursuit of a fleeing vehicle north bound thru the alley approaching W. Custer Ave. There was another vehicle (Unit #2) west bound on W. Custer. The front bumper of Unit #1 made contact with the door of Unit #2.</p> <p>The operator of Unit #2 Michael Morgan said that he was west bound from the stop sign at N. 37th St. He saw a white Acura north bound thru the alley cross W. Custer and continue north bound into the other alley at a very fast rate of speed. He continued west bound and didn't see the Police Car until it hit the door of his vehicle. He said that he had the stereo on at the time and didn't hear the siren.</p> <p>A witness Dianne R Jackson of 5376 N. 38th St said that she was outside loading her car because they are moving. She heard the siren coming north thru the alley. When she saw the squad car come past her garage it was going real slow when it entered the street. The black car (Unit #2) was west bound and she could hear the car stereo on that car over the</p>						
REPORTING OFFICER <u>P.O. Richard Louis</u>		PAYROLL # <u>37111</u>	LOC CODE <u>18</u>	SUPERVISORS SIGNATURE <u>[Signature]</u>		

INCIDENT INFORMATION

INCIDENT
PDO Acc

DATE OF INCIDENT / ACCIDENT
April 5, 2001

VICTIM

LOCATION OF INCIDENT / ACCIDENT
3719 W. Custer Ave

DIST.#
4

JUVENILE LAST NAME FIRST MIDDLE

DATE OF BIRTH

DETAINED
 ORDERED TO MCCC
 OTHER

QUANTITY

TYPE OF PROPERTY

DESCRIPTION

SERIAL #

CODE #

VALUE

siren on the Police Car. The Police Car just bumped the side of the black car. Mrs Jackson is moving and her new address will be 4006 W Hwy 33, Cambria Wisconsin 53923 phone # (608) 429-3742.

Scott Jackson was inside of the house at the time of the accident and he said that he had also heard the siren.

REPORTING OFFICER

P.O. Robert Foss

PAYROLL #

37111

LOC CODE

18

SUPERVISORS SIGNATURE

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

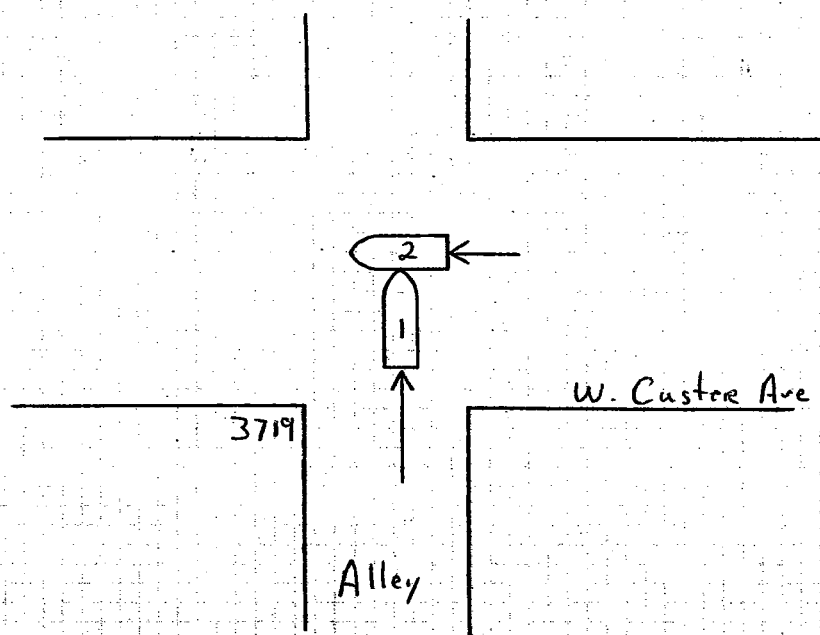


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1: 0 FEET Unit 2: 6 FEET

Surface Type: *Asphalt*



NARRATIVE: Unit #1, a Police Vehicle, was operating as an emergency vehicle with red light flashing and siren activated. Unit #1 north bound thru the alley in pursuit of a fleeing auto, which was also north bound thru the alley. Unit #1 made contact with Unit #2 which was west bound on W. Custer Ave. The fleeing auto left the scene and was recovered in the 5900 block of N. 40th St.

Photos By: *ID Test Sam Mandy S#386*

WITNESS NAME: *JACKSON, DIANNE R*
ADDRESS: *5376 N 38th*
City & State: *Milw WI*
ZIP: *53209*
Date of Birth: *6-8-53*
Phone Number: *(414) 466-7797*

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> 2	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3
<input type="radio"/> 5	<input type="radio"/> 4
<input type="radio"/> 6	<input type="radio"/> 5
<input type="radio"/> 7	<input type="radio"/> 6
<input type="radio"/> 8	<input type="radio"/> 7
<input type="radio"/> 9	<input type="radio"/> 8
<input type="radio"/> 10	<input type="radio"/> 9
<input type="radio"/> 11	<input type="radio"/> 10
<input type="radio"/> 12	<input type="radio"/> 11
<input type="radio"/> 13	<input type="radio"/> 12
<input type="radio"/> 14	<input type="radio"/> 13
<input type="radio"/> 15	<input type="radio"/> 14
<input type="radio"/> 16	<input type="radio"/> 15
<input type="radio"/> 17	<input type="radio"/> 16
<input type="radio"/> 18	<input type="radio"/> 17
<input type="radio"/> 19	<input type="radio"/> 18

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

- Daylight
- Dark - Not Lighted
- Dark - Lighted
- Dawn
- Dusk
- Unknown

TRAFFIC WAY 115

- Not Physically Divided (2-Way Traffic)
- Divided Highway, Median Strip, without Traffic Barrier
- Divided Highway, Median Strip, with Traffic Barrier
- One-Way Traffic
- Parking Lot or Private Property

ROAD SURFACE CONDITION 116

- Dry
- Wet
- Snow/Slush
- Ice
- Sand, Mud, Dirt, Oil
- Other
- Unknown

WEATHER 118

- Clear
- Cloudy
- Rain
- Snow
- Fog, Smog, Smoke
- Sleet, Hail (Freezing Rain or Drizzle)
- Blowing Sand, Soil, Dirt, Snow
- Severe Crosswinds
- Other
- Unknown

RELATION TO ROADWAY 117

- On Roadway
- Parking Lot or Private Property
- Shoulder (Other Than Shoulder within Median or Gore)
- Median (Other Than Median within Gore)
- Outside Shoulder - Left
- Outside Shoulder - Right
- Off Roadway - Location Unknown
- On Ramp
- Gore (Area between Ramp & Highway)
- Unknown

Traffic Control

Unit Number	Unit Number
<input checked="" type="radio"/> 2	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> 3
<input type="radio"/> 5	<input type="radio"/> 4
<input type="radio"/> 6	<input type="radio"/> 5
<input type="radio"/> 7	<input type="radio"/> 6
<input type="radio"/> 8	<input type="radio"/> 7
<input type="radio"/> 9	<input type="radio"/> 8
<input type="radio"/> 10	<input type="radio"/> 9
<input type="radio"/> 11	<input type="radio"/> 10
<input type="radio"/> 12	<input type="radio"/> 11

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number	Unit Number
● 2 3 4 5	1 ● 3 4 5
6 7 8 9 10	6 7 8 9 10
● N/A	○ N/A

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
● 2 3 4 5	1 ● 3 4 5
6 7 8 9 10	6 7 8 9 10
● N/A	○ N/A

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
● 2 3 4 5	1 ● 3 4 5
6 7 8 9 10	6 7 8 9 10
● N/A	○ N/A

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	M.I.
125	Forss, Richard	
Law Enforcement Agency Address		
126	749 W. State St	
City & State		
127	Milw WI 53233	
Phone Number		
128	(414) 933 4444	
Agency #	Enforcement Agency	Officer ID #
129	150 MPD	151 3711

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
Jan	05	01	10	12	10	15	Jan	05	01
Feb							Feb		
Mar							Mar		
Apr							Apr		
May							May		
June							June		
July							July		
Aug							Aug		
Sept							Sept		
Oct							Oct		
Nov							Nov		
Dec							Dec		

Truck & Bus Accident Information

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

When To Use This Section: *Did the accident involve...*

Part A

A truck with at least two axles and six tires? Y N

A truck with a hazardous materials placard? Y N

A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person who required transport for immediate medical treatment? Y N

One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

137 • Hazardous Material Class Numbers (1-2digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed? Y N

• Hazardous Cargo was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

• Interstate Carrier? Y N

Carrier Name

Carrier Identification Numbers

US DOT 140 LC

ICC MC IC

Carrier Address 142

Source: Vehicle Side 141 Shipping Papers Trip Manifest Driver Log Book

Vehicle Information

Gross Vehicle Weight Rating 145 LBS

Total # of Axles 144

Vehicle Configuration

1 Bus

2 Single unit truck, 2 axles, 6 tires

3 Single unit truck + 3 axles

4 Truck/Trailer

5 Truck/Tractor

6 Tractor/Semi-Trailer

7 Tractor/Trailers

8 Tractor/Triples

9 Unknown Heavy Truck

10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE

1-4 Rer off Road

1-4 Jackknife

1-4 Overtake (Rollover)

1-4 Downhill Runaway

1-4 Cargo Loss or Shift

1-4 Explosion or Fire

1-4 Separation of Units

1-4 Collision Involving Pedestrian

1-4 Collision Involving Motor Vehicle in Transp.

1-4 Collision Involving Parked Motor Vehicle

1-4 Collision Involving Train

1-4 Collision Involving Pedalcycle

1-4 Collision Involving Animal

1-4 Collision Involving Fixed Object

1-4 Collision Involving Other Object

1-4 Other

Cargo Body Type

1 Bus

2 Van/Enclosed box

3 Cargo Tank

4 Flatbed

5 Dump

6 Concrete Mixer

7 Auto Transporter

8 Garbage Refuse

9 Other

10 Log Truck

Printed in U.S.A. GS03 654321 Mark Reflex® by NCS MIM97 06-3

GPS MOTORS INC.
 1935 W. Morgan Ave.
 Milwaukee, WI 53221
 671-2333

**ESTIMATE AND
 REPAIR ORDER**

DATE 4-13-01

NAME Joseph Hanna

HOME PHONE 977-2777 WORK PHONE _____

ADDRESS Milwaukee, WI 53216

LICENSE NO. 199 Tokyo MILEAGE _____
 YEAR & MAKE 1999 MODELS _____

WHEN PROMISED YES NO
 PHONE WHEN READY? YES NO

QTY	PART NO.	DESCRIPTION OF PARTS	ESTIMATED AMOUNT	ACTUAL AMOUNT	DESCRIPTION OF SERVICES	ESTIMATE	ACTUAL	ESTIMATED AMOUNT	ACTUAL AMOUNT
1		Wood Left Front Door		250	Install & Door Fit door & align rear door Paint & refinish doors			325	325
		TOTAL PARTS							
		TOTAL OUTSIDE REPAIRS							575
		TOTAL LABOR							1750
		TOTAL PARTS							325
		TOTAL GAS/OIL/CREASE							64.40
		TOTAL OUTSIDE REPAIRS							575
		TOTAL TAX							1714.60
		TOTAL ALL PARTS & SERVICES							1714.60

YOU ARE ENTITLED TO THE RETURN OF ALL PARTS REPLACED, EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR AN EXCHANGE AGREEMENT. YOU ARE ENTITLED TO INSPECT THE PARTS WHICH CANNOT BE RETURNED TO YOU.

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH NECESSARY MATERIALS. YOU AND YOUR EMPLOYEES MAY OPERATE ABOVE VEHICLE FOR PURPOSES OF TESTING, INSPECTION OR DELIVERY AT MY RISK. AN EXPRESS MECHANIC'S LIEN IS ACKNOWLEDGED ON ABOVE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THEREON. YOU WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE OR ARTICLES LEFT IN VEHICLE IN CASE OF FIRE, THEFT, ACCIDENT OR ANY OTHER CAUSE BEYOND YOUR CONTROL.

CUSTOMER'S SIGNATURE Joseph Hanna
CERTIFICATION: ABOVE REPAIRS PROPERLY PERFORMED:

I AUTHORIZE AN INCREASE OF UP TO \$ _____ TO THE ESTIMATED AMOUNT.
 APPROVED X _____