

July 7, 2005

Anthony York
4954 North 38th Street
Milwaukee WI, 53209

Milwaukee City Clerk
200 east Wells Street, Room 205
Milwaukee WI, 53202

To Whomever it may concern:

I have recieved and read over your letter and your case has not been proven that my claim can be denied. First and foremost the 100,000 manholes is not my concern only the one that's located on 6225 West Fond Du Lac, as far as my case I have more evidence than needed, you have police reports and pictures. Even there was a sewer top was or the manhole it is still the cities responsibility, reasoning that they didn't have any cconstruction barriers around the manhole or cover top at the time of the incident. On that statement I have evidence that my case can be proven, so I feel that you are responsible and also liable for my claim.

I would like to request a hearing for this case.

Sincerely,



Anthony York

2005 JUL 12 AM 11:30
MILWAUKEE
CITY CLERK

2005 JUL 12 PM 3:12
CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY

6-15-05

ON 5-25-05 I ANTHONY T. YORK SR.
WAS HEADED DOWN FONDULAC AVE. AND HIT A
CITY MANHOLE THE COVER WAS NOT ON IT
CAUSING MAJOR DAMAGE TO MY VEHICLE

LOCATION OF DAMAGE IS LOCATED
ON 6225 W FONDULAC AVE. AT 4:10 PM

MILWAU
CEIVE

16 PM 4:05

ICE OF
ATTORNEY

414-202-4333

ANTHONY T. YORK SR.
4954 N 38 STREET
MILWAUKEE, WI, 53209

DAMAGE TOTAL.

\$ 3106.73

CITY OF MILWAUKEE

2005 JUN 15 PM 2:28

RONALD L. LEONARDI
CITY CLERK

MILWAUKEE
2005 JUN 15 PM 2:28
RONALD L. LEONARDI
CITY CLERK

Wisconsin Motor Vehicle Accident Report

Document Number Override

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

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

Accident Date: MONTH DAY YEAR
 Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

25 05

Time of Accident (Military Time)
 HOUR MIN.
 16 10

Total Number
 UNITS INJURED KILLED
 01 00 00

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

Unit # Sheet No. Of

Reportable Accident

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

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

ON Hwy No. and / Street Name: **STH 145 / W Fond Du Lac Av** Estimated FT. MI. **100.0**

FROM Hwy No. and / Street Name: **16 W BALDWIN Pl**

House # Fire # Other Utility # Railroad #

Agency Space: **6225** Special Study

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
20	2	2	W
21	2	2	S

Speed Limit: OPERATOR Last NAME: **YORK, ANTHONY** First: **T** M.I.: **T**

ADDRESS: **24954 N 38 ST**

City & State: **MILWAUKEE, WI** ZIP: **53209** Phone Number: **461-7868**

Driver's License Number: **Y620-0186-9286-05-WI** State: **WI** Exp. Year: **05**

Date of Birth: **8-6-69** Sex: Male Female

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

Class (Mark Only One): A B C

Endorse (Mark All That Apply): H P T S F

SEVERITY: A B C

SEAT Position: 1 2 3 4

SAFETY Equipment: 1 2 3 4

AIRBAG: 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown

EJECTED: 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown

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

Medical Transport: Yes No

Vehicle Owner: Same Different

Year of Vehicle: **94** Make: **CHEV** Model: **SUBURBAN** Body Style: **TRK** Color: **WHI**

Vehicle ID Number: **1GNFK16K8RJ311533**

License Plate Number: **VZZ-311** Plate Type: **AUT** State: **WI** Exp. Year: **06**

Policy Holder's Name: **AMERICAN FAMILY** Stat. #: **64**

Occupant Unit Number: **65** NAME Last: **YORK** First: **ANTHONY** M.I.: **T** Date of Birth: **8-6-69** Sex: M F

Address Same as Operator: Yes No

EJECTED: 1 Not Applicable 2 Not Ejected 3 Totally Ejected 4 Partially Ejected 5 Unknown

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

Medical Transport: Yes No

Agency Space: Yes No

MV4000 899

EMS Number: **CA05-310552**

Police No. 7
 Please Do Not Write In This Microfilm Space
 Accident No. 8504168
 MAY 25 2005
 Location 6225 W Fond Du Lac Av

Occupant Unit Number	ADDRESS Street & Number	City & State	ZIP	M F	K N	Position	Equipment	① Deployed ② Non Deployed ③ Not Applicable ④ Unknown		
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number			City & State	ZIP	M F	K N	Position	Equipment	① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
Address Same as Operator	EJECTED	③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED	① Not Applicable ② Not Trapped	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport	Agency Space	Y N		
Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG	
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	ADDRESS Street & Number			City & State	ZIP	M F	K N	Position	Equipment	① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
Address Same as Operator	EJECTED	③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED	① Not Applicable ② Not Trapped	③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport	Agency Space	Y N		

Type of Accident

30 First Harmful Event 80
Most Harmful Event

Unit Number	Unit Number
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
81	

(select one per vehicle)

Collision With Object Not Fixed

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

Collision With Fixed Object

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

Non-Collision

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

Driver Condition

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

88 Driver Factors (Or Pedestrians)

● Appeared Normal	①
② Reduced Alertness	②
③ Ability Impaired	③
④ Not Observed	④

89 Presence

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

90 Alcohol

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

91 Drugs

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

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

Location	Action
① In Crosswalk	① Walking not Facing Traffic
② In Roadway	② Disregarded Signal
③ Not in Roadway	③ Darting into Road
④ On Sidewalk	④ Dark Clothing
	⑤ Walking Facing Traffic

Manner of Collision 95

● No Collision with Motor Vehicle in Transport	
② Rear-end	
③ Head On	
④ Rear to Rear	
⑤ Angle	
⑥ Sideswipe, Same Direction	
⑦ Sideswipe, Opposite Direction	
⑧ Unknown	

Unit # ● ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

① None	④ Severe
⑩ Undercarriage	⑤ Very Severe
⑪ Total (Damage to All Areas)	⑥ Unknown
⑫ Other	③ Moderate
⑬ Unknown	

Vehicle Towed Due to Damage 96: ④

Vehicle Removed By: 97: LOUIS

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

① None	④ Severe
⑩ Undercarriage	⑤ Very Severe
⑪ Total (Damage to All Areas)	⑥ Unknown
⑫ Other	③ Moderate
⑬ Unknown	

Vehicle Towed Due to Damage 96: ①

Vehicle Removed By: 97: ①

92 Fixed Object Struck	PROPERTY Last First M.I.
Unit # / Unit # / Unit # / Unit #	OWNER <u>CITY OF MILWAUKEE</u>
30	ADDRESS Street & Number
	<u>200 E. WELLS ST</u>
Govt. Damage Tag # <u>N/A</u>	City & State ZIP Phone Number (<u>414</u>)
	<u>MILWAUKEE WI 53202</u> <u>286-5150</u>

Indicate North with an arrow in the circle.



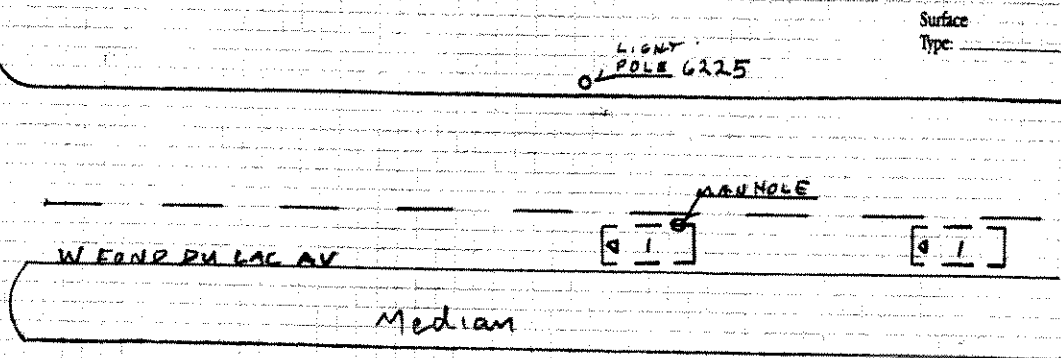
Pictorial Representation of Narrative

Supplemental Reports 101 Witness Statements 102 Measurements Taken 103

SKIDMARKS TO IMPACT
Unit 1 100 Unit 2
 FEET

Surface Type: _____

LIGHT POLE 6225



W BALDWIN PL

NOT TO SCALE

N 104 Unit #1 was traveling E/B, in the left lane, 6200 blocks W. Food Du Lac Av. The right rear wheel of unit #1 struck an open manhole at 6225 W Food Du Lac Av.

T Field # 81, #30 manhole
I Field # 124, #13 SEWER COVER MISSING

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

Photos By: 105 SGT. D. LARSON

What Drivers Were Doing

Unit Number	Unit Number
105	119
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
<ul style="list-style-type: none"> <input checked="" type="radio"/> 1 Going Straight <input type="radio"/> 2 Making Left Turn <input type="radio"/> 3 Making Right Turn <input type="radio"/> 4 Slowing or Stopping <input type="radio"/> 5 Stopped in Traffic <input type="radio"/> 6 Legally Parked <input type="radio"/> 7 Violating No Passing Zone <input type="radio"/> 8 Illegally Parked <input type="radio"/> 9 Parking Maneuver <input type="radio"/> 10 Backing Maneuver <input type="radio"/> 11 Changing Lanes <input type="radio"/> 12 Overtaking on Left <input type="radio"/> 13 Overtaking on Right <input type="radio"/> 14 Making U Turn <input type="radio"/> 15 Turning on Red <input type="radio"/> 16 Merging <input type="radio"/> 17 Negotiating Curve <input type="radio"/> 18 Other 	<ul style="list-style-type: none"> <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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18

WITNESS NAME 107	Last	First	M.I.
ADDRESS 108	Street & Number		Date of Birth
City & State 110	ZIP	Phone Number 111	()

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
105	120
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
<ul style="list-style-type: none"> <input checked="" type="radio"/> No Control <input type="radio"/> Traffic Signal Operating <input type="radio"/> Traffic Signal Flashing <input type="radio"/> Stop Sign <input type="radio"/> Stop Sign with Flasher <input type="radio"/> Warning <input type="radio"/> Warn Sign with Flasher <input type="radio"/> Yield Sign <input type="radio"/> Traffic Control Person <input type="radio"/> RR-xing Signal <input type="radio"/> Other 	<ul style="list-style-type: none"> <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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11

Officer's Opinion of Possible Contributing Circumstances

Document Number Override

121

Driver Factors

Unit Number	Unit Number
<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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> N/A	<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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> N/A
122	

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
<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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> N/A	<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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> N/A
123	

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
<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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> N/A	<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"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> N/A
124	

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.
HARTER, THOMAS	C.	
Law Enforcement Agency Address		
799 W STATE ST.		
City & State		ZIP
MILWAUKEE, WI		53233
Phone Number		
(414) 935-7219		
Agency #	Enforcement Agency	Officer ID #
29	MILWAU. P.D.	67343

Date Notified

MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 2	<input type="radio"/> 05
<input type="radio"/> Feb	<input type="radio"/> 5	<input type="radio"/> 05
<input type="radio"/> Mar	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> Apr	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> May	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> June	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> July	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> Aug	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> Sept	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> Oct	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 9

Time Notified (Military Time)

HOUR	MIN.
<input type="radio"/> 1	<input type="radio"/> 6
<input type="radio"/> 0	<input type="radio"/> 1
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 4	<input type="radio"/> 5
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

Time Arrived (Military Time)

HOUR	MIN.
<input type="radio"/> 1	<input type="radio"/> 6
<input type="radio"/> 0	<input type="radio"/> 1
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 4	<input type="radio"/> 5
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

Date of Report

MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 2	<input type="radio"/> 05
<input type="radio"/> Feb	<input type="radio"/> 7	<input type="radio"/> 05
<input type="radio"/> Mar	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> Apr	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> May	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> June	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> July	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> Aug	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> Sept	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> Oct	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 9

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

When To Use This Section: *Did the accident involve...* 136

Part A

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

A truck with a hazardous materials placard? Y N

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

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

Part B

Any person who was fatally injured? Y N

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

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

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

Hazardous Material Information

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

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

• Hazardous Material Placard Displayed? Y N

• Hazardous Cargo was Released? Y N

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

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

Carrier Information

Carrier Identification Numbers	Source:
US DOT 140	<input type="radio"/> Vehicle Side 141
ICC MC	<input type="radio"/> Shipping Papers
Carrier Address 142	<input type="radio"/> Trip Manifest
	<input type="radio"/> Driver
	<input type="radio"/> Log Book

* Interstate Carrier? Y N 138

Carrier Name 139

Vehicle Information

Gross Vehicle Weight Rating 143

Total # of Axles 144

Vehicle Configuration 145

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/Doubles

8 Tractor/Triples

9 Unknown Heavy Truck

10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 146

(Mark a total of one to four events in the order that they occurred.)

1 2 3 4 Ran off Road

1 2 3 4 Jackknife

1 2 3 4 Overturn (Rollover)

1 2 3 4 Downhill Runaway

1 2 3 4 Cargo Loss or Shift

1 2 3 4 Explosion or Fire

1 2 3 4 Separation of Units

1 2 3 4 Collision Involving Pedestrian

1 2 3 4 Collision Involving Motor Vehicle in Transp.

1 2 3 4 Collision Involving Parked Motor Vehicle

1 2 3 4 Collision Involving Train

1 2 3 4 Collision Involving Pedalcycle

1 2 3 4 Collision Involving Animal

1 2 3 4 Collision Involving Fixed Object

1 2 3 4 Collision Involving Other Object

1 2 3 4 Other

Cargo Body Type 147

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

MAY 31 2005

Printed in U.S.A.

GS03

65-432

Mark Refuse by NCS MM87108-3

VILLARD FOODTOWN
3217 WEST VILLARD
MILWAUKEE, WI
OPEN 8AM TIL 9PM SUN-MON
YOUR SOMEONE SPECIAL

OFFICE

CHKR# 666

MONEY ORDER			1,175.00
MONEY ORDER FEE	3QTY	\$.39	1.17

TOTAL 1,176.17

CASH 1,200.00

CHANGE \$23.83

ITEMS 4

00

TUE 6/14/05 11:35AM 2127-0020

5705

PURCHASER'S RECEIPT

1822734

Wheels

JUN 14 2005

\$500.00

Reliable Money Order, Inc.
311 West Locust
Milwaukee, WI 53212
Phone 414-372-1122
See reverse Side for
Additional Terms.

MONEY ORDER

1822734

1031



SN-00001822734 ASENT-1109 STORE-1109 04-1
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS
JUN 14 2005 FIVE HUNDRED DOLLARS AND 00 CENTS
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS

PAY TO THE ORDER OF

WHEELS EXPERT #510

THE PURCHASER OF THIS INSTRUMENT AGREES TO INSERT THE NAME OF THE PAYEE AND ASSUMES TOTAL RESPONSIBILITY FOR ANY EVENTS MADE POSSIBLE BY FAILING TO DO SO.
NO REFUND IF LOST IN BLANK.

Bank First
PURCHASER
Stratford, OK
Anthony Taylor
ADDRESS 4954 N 385 Street
231611

PURCHASER'S RECEIPT
1822735

Wheels

JUN 14 2005

\$500.00

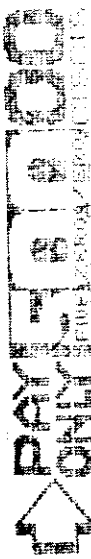
Reliable Money Order, Inc.
311 West Locust
Milwaukee, WI 53212
Phone 414-372-1122
See reverse Side for
Additional Terms.

NOT VALID OVER FIVE HUNDRED U.S. DOLLARS

MONEY ORDER

1822735

96-490
1031



SN-00001822735 ASENT-1109 STORE-1109 04-1
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS
JUN 14 2005 FIVE HUNDRED DOLLARS AND 00 CENTS
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS

PAY TO THE ORDER OF

WHEELS EXPERT #510

THE PURCHASER OF THIS INSTRUMENT AGREES TO INSERT THE NAME OF THE PAYEE AND ASSUMES TOTAL RESPONSIBILITY FOR ANY EVENTS MADE POSSIBLE BY FAILING TO DO SO.
NO REFUND IF LOST IN BLANK.

Bank First
PURCHASER
Stratford, OK
Anthony Taylor
ADDRESS 4954 N 385 Street
231611

PURCHASER'S RECEIPT
1822736

Wheels

JUN 14 2005

\$175.00

Reliable Money Order, Inc.
311 West Locust
Milwaukee, WI 53212
Phone 414-372-1122
See reverse Side for
Additional Terms.

NOT VALID OVER FIVE HUNDRED U.S. DOLLARS

MONEY ORDER

1822736

96-490
1031



SN-00001822736 ASENT-1109 STORE-1109 04-1
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS
JUN 14 2005 SEVENTY FIVE DOLLARS AND 00 CENTS
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS
NOT VALID OVER FIVE HUNDRED U.S. DOLLARS AND 00 CENTS

PAY TO THE ORDER OF

WHEELS EXPERT #510

THE PURCHASER OF THIS INSTRUMENT AGREES TO INSERT THE NAME OF THE PAYEE AND ASSUMES TOTAL RESPONSIBILITY FOR ANY EVENTS MADE POSSIBLE BY FAILING TO DO SO.
NO REFUND IF LOST IN BLANK.

Bank First
PURCHASER
Stratford, OK
Anthony Taylor
ADDRESS 4954 N 385 Street
231611



2204 Silvernail Road
Pewaukee, WI 53072
262-970-0100

Invoice	INV0053015
Date	6/3/2005
Page:	1

3515 S. 108th Street
Milwaukee, WI 53228
414-329-7400

www.ultimate-truck.com

Bill To:

Ship To:

TONY YORK

TONY YORK

Purchase Order No. 414-202-4333	Shipping Method PICKUP	Customer ID CASH	Customer Phone (000) 000-0000 Ext. 0000	Payment Terms CASH
Original Order Date 6/2/2005	Order Number ORD0033654	Salesperson BJ	Store ULTIMATE	

Ordered	Shipped	Item Number	Description	Unit Price	Ext. Price
1	1	OWN-861016D	DIAMOND MUDFLAPS 10X16	29.00	\$29.00

Entered by Bill Jensen

Subtotal	\$29.00
Freight	\$0.00
Misc	\$0.00
Tax	\$1.63
Total	\$30.63
Payments	\$30.63
Balance Due	\$0.00

D & R Auto Repair
 245 E. Keefe Ave.
 Milwaukee, WI 53212
 (414) 374-8191

AUTO REPAIR ORDER 224

NAME	Anthony T York		
ADDRESS	4954 N 38 Street		
CITY, STATE	Milwaukee WI 53209		

QUAN.	PART NO.	NAME OF PART	PRICE	CUSTOMER'S INFORMATION			
		Rear End	700.00	DATE	CUSTOMER'S ORDER NO.	WHEN PROMISED	PHONE
		Leak Spring	150.00	YEAR • MAKE • MODEL	SERIAL NO.		MOTOR NO.
				LICENSE NO.	ODOMETER	WRITTEN BY	
				<input type="checkbox"/> LUBE	<input type="checkbox"/> OIL CHANGE	<input type="checkbox"/> FLUSH TRANS.	<input type="checkbox"/> FLUSH DIFF.
				<input type="checkbox"/> WASH	<input type="checkbox"/> PC		
		Rear End and Leak Spring and Labor					600.
				PAID 6-3-05			
				GAS, OIL & GREASE		ACCESSORIES	LABOR ONLY
		TOTAL PARTS	850.00	GALS. GAS			PARTS
		MECHANICS RECOMMENDATIONS		QTS. OIL			ACCESSORIES
				LBS. GREASE			GAS, OIL & GREASE
				TOTAL GAS OIL & GREASE			MISC. MERCHANDISE
				<input type="checkbox"/> RETAIN PARTS			SUBLET REPAIRS
				<input type="checkbox"/> DESTROY PARTS	TOTAL ACCESSORIES		TAX
		ESTIMATE AMOUNT • PARTS & LABOR		AUTHORIZED BY	Anthony T York		TOTAL

I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE ALONG WITH THE NECESSARY MATERIAL AND HEREBY GRANT YOU AND/OR YOUR EMPLOYEES PERMISSION TO OPERATE THE CAR, TRUCK OR VEHICLE HEREIN DESCRIBED ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF TESTING AND/OR INSPECTION. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGED ON ABOVE CAR, TRUCK OR VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERE TO.

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

TEARDOWN ESTIMATE - I UNDERSTAND THAT MY CAR WILL BE REASSEMBLED WITHIN _____ DAYS OF THE DATE SHOWN IF I CHOOSE NOT TO AUTHORIZE THE SERVICES RECOMMENDED.

- I request an estimate in writing before you begin repairs.
- Please proceed with repairs, but call me before continuing if the price will exceed \$ _____.
- I do not want an estimate.

Adams GT3870

AUTO REPAIR OR

Order	ORD0033519
Date	5/28/2005
Page:	1

Ultimate Truck
 3515 S 108TH ST
 MILWAUKEE WI 53228
 (414) 329-7400

Thanks for making us your first choice!

Bill To:

TONY YORK

(000) 000-0000 Ext. 0000

Ship To:

TONY YORK

Purchase Order No.	Customer ID	Shipping Method	Payment Terms	Req Ship Date		
414-202-4333	CASH	PICKUP	CASH	5/28/2005		
Ordered	Shipped	B/O	Item Number	Description	Unit Price	Ext. Price
1	0	1	OWN-OC8094	** DIAMOND BOARDS 1994 SUEURBAN	\$199.00	\$199.00

Entered by Bill Jensen

Parts will be held for a maximum of 30 days
 Cancelled orders are subject to restock fees

Subtotal	\$199.00
Misc	\$0.00
Freight	\$0.00
Sales Tax	\$11.15
Deposit	\$210.15
Total Due	\$0.00



CASHLAND CHECK CASHING #1
5500 W FOND DU LAC AVE
MILWAUKEE WI 53216

Oper ID: 457 Quick Collect
06/03/05
857P CDT MTCN: 544-604-8534

Sender/Remitente: ANTHONY YORK
Receiver/Destinataro: WHEELS EXPERT

Code City/Codigo de la ciudad: EXPERTWHEELS CA
Account #/Numero de cuenta: 510
Reference #/Numero de referencia:
Attn/Atencion:

Western Union Card Number / Numero de Tarjeta: 293750808



Amount/Cantidad: \$ 228.00
Charge(s)/Cargos:
Service/Servicio: 12.95
Total/Total: \$ 240.95

YOU'VE BEEN ENROLLED IN THE GOLD CARD REWARDS PROGRAM! To activate your Rewards Card just use the Card Number listed above again. Once you do, we will send your Card in the mail and you'll begin earning valuable rewards!

Agent Signature /
Firma del Agente

Customer Signature /
Firma del Cliente

IN ADDITION TO THE TRANSFER FEE, WESTERN UNION ALSO MAKES MONEY WHEN IT CHANGES YOUR DOLLARS INTO FOREIGN CURRENCY. PLEASE SEE REVERSE SIDE FOR MORE INFORMATION REGARDING CURRENCY EXCHANGE. CERTAIN TERMS AND CONDITIONS GOVERNING THIS TRANSACTION AND THE SERVICES YOU HAVE SELECTED ARE SET FORTH ON THE REVERSE SIDE. BY SIGNING THIS RECEIPT, YOU ARE AGREEING TO THOSE TERMS AND CONDITIONS. IF LISTED ABOVE, THE CURRENCY TO BE PAID OUT AND THE EXCHANGE RATE FOR YOUR TRANSACTION WERE DETERMINED AT THE TIME OF SEND. OTHERWISE, THE EXCHANGE RATE WILL BE SET WHEN THE RECEIVER RECEIVES THE FUNDS. PROTECT YOURSELF FROM CONSUMER FRAUD. BE CAREFUL WHEN A STRANGER ASKS YOU TO SEND MONEY.

ADEMÁS DE LOS CARGOS POR EL SERVICIO DE TRANSFERENCIA, WESTERN UNION TAMBIÉN GANA DINERO CUANDO CAMBIA SUS DÓLARES A MONEDA EXTRANJERA. POR FAVOR LEA AL REVERSO MÁS INFORMACIÓN SOBRE EL CAMBIO DE MONEDA. ALGUNOS TERMINOS Y CONDICIONES QUE RIGEN ESTA TRANSACCIÓN Y LOS SERVICIOS QUE USTED HA SELECCIONADO SE ESTABLECEN AL REVERSO. AL FIRMAR ESTE RECIBO USTED ACEPTA DICHS TERMINOS Y CONDICIONES. SI APARECEN MAS ARRIBA, LA MONEDA DE PAGO Y LA TASA DE CAMBIO DE SU TRANSACCIÓN SE DETERMINARON EN EL MOMENTO DEL ENVIO. SI NO, LA TASA DE CAMBIO SE ESTABLECERA CUANDO EL DESTINATARIO RECIBA EL DINERO. PROTEJASE DE LAS ESTAFAS. TENGA CUIDADO CUANDO UN DESCONOCIDO LE PIDA QUE ENVIE DINERO.



To send a payment via Quick Collect
Para enviar un pago por Quick Collect

**WESTERN
UNION**

www.westernunion.com

Preferred Customer No.
(Numero de Cliente Preferido)

--	--	--	--	--	--	--	--	--	--

Dollar amount
in words
Cantidad en letras

Two hundred twenty eight

Dollar amount
Not to exceed US\$5,000
Monto en dólares
No debe exceder US\$5,000

\$ 228

* If sending US \$3,000 or more, you must provide I.D. and your social security number.
* Si esta enviando US \$3,000 o más, usted tiene que proveer identificación y su número de seguro social.

Pay to
Páguese a

Expert Collect

Code City
Código de ciudad

Company name
Nombre de la compañía

State
Estado

Expert Collect

Sender's name
Nombre del remitente

Expert Collect

Sender's account number with company
Número de cuenta del remitente con la compañía

510

Sender's telephone (area code)
Teléfono del remitente (código de área)

Number
Número

4114 202 4343

Sender's address
Dirección del remitente

495411 3811

City
Ciudad

State
Estado

Zip
Código postal

41111 631 53209

Attention:
Atención:

Customer's signature
Firma del cliente remitente:

Arthur Taylor

CERTAIN TERMS AND CONDITIONS GOVERNING THIS TRANSACTION AND THE SERVICES YOU HAVE SELECTED ARE SET FORTH ON THE ATTACHED PAGES. BY SIGNING THIS RECEIPT, YOU ARE AGREEING TO THOSE TERMS AND CONDITIONS. + IN ADDITION TO THE TRANSFER FEE, WESTERN UNION ALSO MAKES MONEY WHEN IT CHANGES YOUR DOLLARS INTO FOREIGN CURRENCY. PLEASE SEE ATTACHED PAGES FOR MORE INFORMATION REGARDING CURRENCY EXCHANGE. + IF THE EXCHANGE RATE FOR YOUR TRANSACTION WAS DETERMINED AT THE TIME YOU SENT THE MONEY, THE CURRENCY TO BE PAID OUT AND THE EXCHANGE RATE ARE LISTED ON YOUR RECEIPT. OTHERWISE, THE EXCHANGE RATE WILL BE SET WHEN THE RECEIVER RECEIVES THE FUNDS.

ALGUNOS TÉRMINOS Y CONDICIONES QUE RIGEN ESTA TRANSACCIÓN Y LOS SERVICIOS QUE USTED HA SELECCIONADO SE ESTABLECEN EN LAS PÁGINAS ANEXAS. AL FIRMAR ESTE RECIBO, USTED ACEPTA DICHS TÉRMINOS Y CONDICIONES. + ADEMÁS DE LOS CARGOS POR EL SERVICIO DE TRANSFERENCIA, WESTERN UNION TAMBIÉN GANA DINERO CUANDO CAMBIA SUS DÓLARES A MONEDA EXTRANJERA. POR FAVOR LEA EN LAS PÁGINAS ANEXAS MÁS INFORMACIÓN SOBRE EL CAMBIO DE MONEDA. + SI LA TASA DE CAMBIO DE SU TRANSACCIÓN SE DETERMINÓ EN EL MOMENTO EN QUE ENVÍO EL DINERO, LA MONEDA EN QUE DEBE PAGARSE Y LA TASA DE CAMBIO APARECEN EN SU RECIBO. SI NO, LA TASA DE CAMBIO SE ESTABLECERÁ CUANDO EL DESTINATARIO RECIBA EL DINERO.

Do not write in shaded area
No escriba en el área sombreada

Agency
Agencia

Operator number
Operador número

Time
Hora

Date
Fecha

/ /

Sent time
Hora de envío

Date
Fecha

/ /

I.D.
Type
Tipo de ID

Number
Número

Social Security Number

Numero de seguro social

Money Transfer Control Number
Número de control de transferencia de fondos

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Amount
Cantidad

Charge
Cargo

Tax
Impuestos

Total amount received
Monto total recibido

Agent's signature
Firma del agente

Rate of Exchange*
Tipo de cambio*

Amount to be Paid*
Monto por pagar*

