

CITY OF MILWAUKEE

2002 APR 22 PM 1:01

RONALD D. LEONHARDT  
CITY CLERK

Linda Petersen  
530 E. Russell Ave.  
Milwaukee, WI 53207  
(414)486-0674

April 11, 2002

Milwaukee City Clerk  
200 East Wells Street Room 205  
Milwaukee, Wisconsin 53202  
Dear Milwaukee City Clerk:

Re: C.I. File no: 01-V-296

Dear Milwaukee City Clerk:

I had filed a claim in the amount of \$5,000.00 relating to the damage of my vehicle on September 10, 2001 were my vehicle was struck by a Second District Milwaukee Police Squad Car at the intersection of Rosedale and Burrell.

I am not sure how Steven M. Carini the Investigator Adjuster came up with were my vehicle struck the Milwaukee Police Officer vehicle when in fact it was the Officer Squad car that struck and totaled my vehicle on September 10, 2001 at the intersection of Rosedale and Burrell. The Officer Sterling Harding was the officer who was driving the squad and even had said that he was at fault and was also given a warning ticket for it.

I am appealing the decision that was made by Steven M. Carini and requesting for a hearing on this matter. I am sending a copy of the letter from the City Attorney Office that was sent to me were Steven M. Carini based his decision on a part that said that my vehicle struck the squad car which is not true it was the squad car that struck my vehicle

I am filing this letter and asking for an appeal with in the 21 days that I was said I had to do this. Thank you

Very Truly yours,



Linda Petersen

CITY OF MILWAUKEE  
RECEIVED

'02 APR 22 PM 2:57

OFFICE OF  
CITY ATTORNEY

DATE.....Sept 10, 2001

TIME.....8:30 P.M.

PLACE.....Rosedale and Burrell

Linda Petersen

530 E. Russell Ave  
Milwaukee, Wisconsin 53207

PHONE # {414} 486-0674

CITY OF MILWAUKEE  
01 NOV 27 PM 1:58  
RONALD D. LEONHARDT  
CITY CLERK

On Sept. 10, 2001 my vehicle was going north on Burrell St. Officer Sterling Harding was driving West on Rosedale. Officer Harding had no head light on nor did he have his flashing lights or the siren on when Officer Harding ran a stop sign were my car was involved in and accident with his squad car which has total my vehicle. Officer Harding was issued a warning Ticket. I am asking for the cost of my vehicle.

Thank You

Linda Petersen



CITY OF MILWAUKEE  
RECEIVED

01 NOV 27 PM 3:37

CITY ATTORNEY



# PRO COMP AUTO BODY INC.

3045 S. K.K. Ave., Milwaukee, WI 53207  
 Ph. (414) 747-0436 Fax (414) 747-0744

## SERVICE ORDER/INVOICE

LINDA PETERSEN  
 530 E RUSSELL  
 MILW WI 53207

PHONE 486-0674	DATE OF ORDER 11/14/01
ORDER TAKEN BY MARK	CUSTOMER'S ORDER NUMBER
I.D. #	
YR/MAKE 94 DODGE CARAVAN	
INSURANCE CO.	
SIGNATURE	

DESCRIPTION OF WORK			
DAMAGE to R & F			
OF VAN Exceeds VALUE			
OTHER CHARGES			
TOTAL LOSS			

LABOR	HRS.	RATE	AMOUNT
BODY LABOR			
REFINISHING LABOR			
PARTS			
PAINT & MATERIALS			
WASTE DISPOSAL			
BAGGING			

DATE COMPLETED

AFTER CAR IS COMPLETED UNLESS PRIOR ARRANGEMENTS ARE MADE, CAR MUST BE PICKED UP WITHIN 7 DAYS OR STORAGE CHARGES OF \$10.00 PER DAY WILL BE APPLIED.

Thank You

TOTAL
TAX
TOTAL

CITY OF MILWAUKEE  
RECEIVED

'01 NOV 27 PM 3:37

OFFICE OF  
CITY ATTORNEY

NOV 27-2001

I Linda Petersen is filing a  
claim against the Milwaukee  
Police Department for the loss  
of my car.

On Sept 10-01 my 93 Dodge  
Caravan was hit and total by  
officer Sterling Howling of the  
2nd District Police Department  
I am asking for \$3,500.00 for value  
of the car and \$1,500.00  
for finance charges for a total  
of \$5,000

Linda L. Petersen

530 E Russell Ave  
Milwaukee, wis 53201

(414) 486-0674

# ACCIDENT IN THE LINE OF DUTY 7610877

## 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 **10** DAY **01** YEAR **01**

Time of Accident (Military Time): HOUR **20** MIN. **18**

Total Number: UNITS **02** INJURED **01** KILLED **00**

Hit & Run  (N) Unit # **1**

Government Property  (N)

Fire (Narrative)  (N)

Photos Taken (Narrative)  (N)

Trailer or Towed (Narrative)  (N)

Truck or Bus (Last Page)  (N)

Load Spillage  (N)

Construction Zone  (N)

Names Exchanged  (N)

Sheet No. **11** Of **11**

**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: **15** Minutes: \_\_\_\_\_ Seconds: \_\_\_\_\_

14 **ON** Hwy No. and / Street Name: **S. Burrell St** Estimated \_\_\_\_\_ FT. \_\_\_\_\_ MI. **15**

16 **FROM/AT** Hwy No. and / Street Name: **E Rose Dale Ave**

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)
<b>234</b>	<b>234</b>	<b>012456</b>	<b>(S)</b>	<b>134</b>	<b>234</b>	<b>0123456</b>	<b>(S)</b>

Speed Limit <b>25</b>	OPERATOR Last NAME <b>Hit and Run</b> First M.I.	Speed Limit <b>00</b>	OPERATOR Last NAME <b>Harding, Sterling M</b> First M.I.
ADDRESS: Street & Number <b>26</b>	ADDRESS: Street & Number <b>26</b>	ADDRESS: Street & Number <b>26</b>	ADDRESS: Street & Number <b>26</b>
City & State <b>27</b>	City & State <b>27</b>	City & State <b>27</b>	City & State <b>27</b>
Driver's License Number <b>29</b>	State <b>30</b> Exp. Year <b>31</b>	Driver's License Number <b>29</b>	State <b>30</b> Exp. Year <b>31</b>

On Duty Accident <b>34</b>	Police <input checked="" type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance <input type="checkbox"/>	Operating as Classified: <b>36</b>	Class (Mark Only One) <b>37</b>	Endorse (Mark All That Apply) <b>37</b>	On Duty Accident <b>34</b>	Police <input checked="" type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance <input type="checkbox"/>	Operating as Classified: <b>36</b>	Class (Mark Only One) <b>37</b>	Endorse (Mark All That Apply) <b>37</b>
----------------------------	---	------------------------------------	---------------------------------	---	----------------------------	---	------------------------------------	---------------------------------	---

Severity <b>38</b>	SEAT Position <b>39</b>	SAFETY Equipment <b>40</b>	AIRBAG <b>41</b>	EJECTED <b>42</b>	Severity <b>38</b>	SEAT Position <b>39</b>	SAFETY Equipment <b>40</b>	AIRBAG <b>41</b>	EJECTED <b>42</b>
--------------------	-------------------------	----------------------------	------------------	-------------------	--------------------	-------------------------	----------------------------	------------------	-------------------

TRAPPED/EXTRICATED **43**  Not Applicable  Trapped/Extricated  Unknown  Medical Transport **44**

Vehicle Owner <b>45</b>	Last Name <b>46</b>	First <b>47</b>	M.I. <b>48</b>	Vehicle Owner <b>45</b>	Last Name <b>46</b>	First <b>47</b>	M.I. <b>48</b>
<b>Same</b> <input checked="" type="checkbox"/>	<b>Peterson</b>	<b>Linda</b>	<b>NM</b>	<b>Same</b> <input checked="" type="checkbox"/>	<b>Milwaukee</b>	<b>Police Dept</b>	

Year of Vehicle <b>49</b>	Make <b>50</b>	Model <b>51</b>	Body Style <b>52</b>	Color <b>53</b>	Year of Vehicle <b>49</b>	Make <b>50</b>	Model <b>51</b>	Body Style <b>52</b>	Color <b>53</b>
<b>93</b>	<b>Dodge</b>	<b>Caravan</b>	<b>Van</b>	<b>Gm</b>	<b>96</b>	<b>Ford</b>	<b>Crown V8</b>	<b>4c</b>	<b>Wh</b>

License Plate Number <b>56</b>	Plate Type <b>57</b>	State <b>58</b>	Exp. Year <b>59</b>	License Plate Number <b>56</b>	Plate Type <b>57</b>	State <b>58</b>	Exp. Year <b>59</b>
<b>W6G292</b>	<b>Aut</b>	<b>WI</b>	<b>01</b>	<b>2615</b>	<b>MNO</b>	<b>WI</b>	<b>01</b>

Occupant Unit Number <b>65</b>	NAME Last <b>66</b>	First <b>67</b>	M.I. <b>68</b>	Date of Birth <b>69</b>	Sex <b>70</b>	Severity <b>71</b>	SEAT Position <b>72</b>	SAFETY Equipment <b>73</b>	AIRBAG <b>74</b>
<b>6</b>	<b>Budeller</b>	<b>Ann</b>	<b>M</b>	<b>120964</b>	<b>F</b>	<b>(K)</b>	<b>3</b>	<b>1</b>	<b>1</b>

Address Same as Operator **74**  Yes  No

EJECTED **75**  Not Applicable  Not Ejected  Totally Ejected  Partially Ejected  Unknown

TRAPPED/EXTRICATED **76**  Not Applicable  Not Trapped  Trapped/Extricated  Trapped/Not Extricated  Unknown

Medical Transport **77**

Agency Space **78**

EMR Number **79**

Location: S Burrell St & Rose Dale Ave SEP 10 2001 7610877

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS Street & Number		City & State		ZIP	(K) (A) (B) (C)	5	2	(1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown
Address Same as Operator	EJECTED		TRAPPED/EXTRICATED		Medical Transport	Agency Space			
<input type="radio"/> Yes <input checked="" type="radio"/> No	(1) Not Applicable (2) Not Ejected	(3) Totally Ejected (4) Partially Ejected (5) Unknown	(1) Not Applicable (2) Not Trapped	(3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	(Y) (N)				

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

### Type of Accident

07 First Harmful Event 30  
Most Harmful Event 81  
(select one per vehicle)

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

#### Collision With Object Not Fixed

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

#### Collision With Fixed Object

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

#### Non-Collision

(31) Overturn	(32) Fire/Explosion	(33) Immersion	(34) Jackknife	(35) Other Non-Collision
---------------	---------------------	----------------	----------------	--------------------------

### 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)

(1) Appeared Normal	(2) Reduced Alertness	(3) Ability Impaired	(4) Not Observed
---------------------	-----------------------	----------------------	------------------

#### 89 Presence

(5) Neither Alcohol nor Drugs Present

(6) Yes - Alcohol Present	(7) Yes - Drugs Present	(8) Yes - Alcohol & Drugs Present	(9) Unknown
---------------------------	-------------------------	-----------------------------------	-------------

#### 90 Alcohol

AC Value

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

#### 91 Drugs

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

### Unit #

(2) (3) (4) (5) (6) (7) (8) (9) (10)

#### Pedestrian 92

Location

(1) In Crosswalk	(2) In Roadway	(3) Not in Roadway	(4) On Sidewalk
------------------	----------------	--------------------	-----------------

Action

(1) Walking not Facing Traffic	(2) Disregarded Signal	(3) Darting into Road	(4) Dark Clothing	(5) Walking Facing Traffic
--------------------------------	------------------------	-----------------------	-------------------	----------------------------

### Manner of Collision 93

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

### Unit #

(2) (3) (4) (5) (6) (7) (8) (9) (10)

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

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

#### 95 Extent of Damage

(1) None	(2) Minor	(3) Moderate	(4) Severe	(5) Very Severe	(6) Unknown
----------	-----------	--------------	------------	-----------------	-------------

### Vehicle Towed Due to Damage

96

### Vehicle Removed By:

97 *CH2 Towing*

### Unit #

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

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

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

#### 95 Extent of Damage

(1) None	(2) Minor	(3) Moderate	(4) Severe	(5) Very Severe	(6) Unknown
----------	-----------	--------------	------------	-----------------	-------------

### Vehicle Towed Due to Damage

96

### Vehicle Removed By:

97 *City of Milwaukee*

82 Fixed Object Struck	PROPERTY Last	First	M.I.
Unit # Unit # Unit # Unit #	OWNER #	ADDRESS Street & Number	
Govt. Damage Tag # 83	City & State	ZIP	Phone Number ( )
	85	86	87

09-11-01

7610877

INCIDENT INFORMATION

INCIDENT H/T + Run Accident

DATE OF INCIDENT / ACCIDENT 09-10-01

VICTIM

LOCATION OF INCIDENT / ACCIDENT S. Burrell St + E Rosedale Ave DIST.# 2

JUVENILE LAST NAME FIRST MIDDLE

DATE OF BIRTH

DETAINED  
 ORDERED TO MCCC  
 OTHER

QUANTITY TYPE OF PROPERTY DESCRIPTION SERIAL # CODE # VALUE

This report was written by PO Scott A Beaver, 503 Early Cycles  
On 09-11-01 I issued a warning card for Failure to Yield from a Stop Sign to the driver of Unit 2, Sterling M. HARDING On 08-10-70, per Sgt ER (Sgt Karwowski)

MENDEZ  
9-10-01  
{ 2ND DISTRICT COPS → Lopez }  
→ Mendez } M.P.D.  
2ND SHIFT OFFICERS

REPORTING OFFICER

PAYROLL #

LOC CODE

SUPERVISORS SIGNATURE

PO Scott A Beaver

52973

19

Lt. Thomas P. Klusman

Beaver

LT. THOMAS P. KLUSMAN

09-10-01

7610877

INCIDENT INFORMATION

INCIDENT

HIT + Run Accident

DATE OF INCIDENT / ACCIDENT

09-10-01

VICTIM

LOCATION OF INCIDENT / ACCIDENT

S. Burrell St + E Rosedale Ave

DIST.#

2

JUVENILE LAST NAME

FIRST

MIDDLE

DATE OF BIRTH

DETAINED

ORDERED TO MCCC

OTHER

QUANTITY

TYPE OF PROPERTY

DESCRIPTION

SERIAL #

CODE #

VALUE

This report was written by PO Scott A. Beaver, SOB Early Cycles.

On 09-10-01 Sgd 872 (Beaver) responded to a PI squad accident at S. Burrell St and E Rosedale Ave. Upon arrival I spoke to the driver of Unit 2, Sterling M. HARDING B/m 08-10-70 who stated that he was westbound on E Rosedale Ave and that upon approaching S. Burrell St he was dispatched to a "shots fired" complaint. He stated that he then looked to his left (south) and did not observe any vehicles approaching on S. Burrell St. He then began to reach for the switch to activate his lights and siren to respond to the priority one call and as he began to exit the intersection, his squad car was struck on the left rear side by an auto travelling northbound on S. Burrell St. This impact caused his squad to rotate and come to rest on the sidewalk on the northwest corner of S. Burrell St and E. Rosedale Ave. He then observed a minivan in the intersection with damage to the front of the vehicle and also observed several occupants exiting from the van. He described the driver as a W/M 30-35 6'-6" 200 lbs wearing a grey sweatshirt and light colored jeans. Two females also exited the van. HARDING then exited his squad car and was approached by one of the female occupants (later identified as Wendy M. Lawson

REPORTING OFFICER

PAYROLL #

LOC CODE

SUPERVISORS SIGNATURE

PO Scott A. Beaver

52973

19

[Signature]

Beaver



<b>INCIDENT INFORMATION</b>	INCIDENT <u>Hit + Run Accident</u>	DATE OF INCIDENT / ACCIDENT <u>09-10-01</u>		
	VICTIM	LOCATION OF INCIDENT / ACCIDENT <u>S Burrell St + E Rosedale Ave</u>	DIST # <u>2</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
----------	------------------	-------------	----------	--------	-------

(M/F 06-19-71) who stated "I was driving." When he told her he had observed a male driving she stated "You're right. He told me to say I was driving." HARDING then attempted to locate the male driver, but was informed by several anonymous citizens that he had run away on foot. He then notified the dispatcher of the accident. HARDING complained of pain to his shoulders and was conveyed by MPD Sgt 2 (Sgt Karnowski) to St. Lukes Hospital, where he was treated and released. He was unsure if he could recognize the male driver.

At the scene I spoke to an occupant of Unit 1, Wendy M. LAWSON M/F 06-19-71 who stated that she was seated in the rear seat, in the middle. As the van approached E. Rosedale Ave she stated that "the squad car came out of nowhere and hit them." After the accident the driver told her to say she was driving and when she saw the officer, that is what she told him. When she was confronted on this, she stated she told the officer that she was not driving and that the driver, who she knows as "Tom Johnson" told her to lie. She would not provide any further information of JOHNSON stating he lived in West Allis on Greenfield Ave. and that was all she knew. She stated that she had gone to the Jewel-Osco store on S. Chase + W. Oklahoma just prior to

09-10-01

7610877

INCIDENT INFORMATION

INCIDENT  
Hwy + Run Accident

DATE OF INCIDENT / ACCIDENT

09-10-01

VICTIM

LOCATION OF INCIDENT / ACCIDENT

S Burrell St + E Rosedale Ave

DIST.#

2

JUVENILE LAST NAME

FIRST

MIDDLE

DATE OF BIRTH

DETAINED

ORDERED TO MCCC

OTHER

QUANTITY

TYPE OF PROPERTY

DESCRIPTION

SERIAL #

CODE #

VALUE

The accident and that she had met JOHNSON there. He stated that he needed a ride to his house and because she does not have a drivers license, she let him drive the van. When asked why she drove earlier, but not now, she stated "That's too far to drive without a license." She then became very agitated when she was questioned regarding JOHNSON stating "It's his fault. He didn't have his lights on or anything." LAWSON made no complaints of any injuries at the scene.

I also spoke to another occupant, Ann M. BUDELHER W/F 12-09-64 who was seated in the front passenger seat. She stated that as they approached E Rosedale Ave she saw a car appear in front of them and she closed her eyes. She then felt the impact and when she opened her eyes the van was stopped in the intersection. She then exited the van and was approached by the police officer. She stated that she does not know the driver of the van stating "He's a friend of Wendy's. I just know him as Tom. We met him at Jewel-Osco." BUDELHER made no complaints of any injuries at the scene.

While at the scene I was approached by the owner of Unit 1, Linda ANN PETERSON W/F 07-13-45. She stated she received a phone call from LAWSON regarding the accident and came to the scene to view the damage on her van. When asked if she knew "Tom Johnson" she seemed to hesitate and then

REPORTING OFFICER

PO SA Bea  
Beaver

PAYROLL #

52973

LOC CODE

19

SUPERVISOR'S SIGNATURE

[Signature]

09-10-01

7610877

INCIDENT INFORMATION

INCIDENT  
Hit + Run Accident

DATE OF INCIDENT / ACCIDENT  
09-10-01

VICTIM

LOCATION OF INCIDENT / ACCIDENT  
S. Burrell St + E Rosedale Ave

DIST.#  
2

JUVENILE LAST NAME

FIRST

MIDDLE

DATE OF BIRTH

- DETAINED
- ORDERED TO MCCC
- OTHER

QUANTITY

TYPE OF PROPERTY

DESCRIPTION

SERIAL #

CODE #

VALUE

grabbed her lower back stating "Oh, it's hard to think I'm due to have back surgery next week" and would not answer any more questions. She then left the scene. Sgt 562L (Claus/Lopez) attempted to check PETERSONS' residence for the driver in this offense, but she would not allow them into the residence, slamming the door on them.

A check with BotI for "Tom Peterson" revealed numerous subjects, none with any addresses in West Allis. A photo array will be constructed of subjects matching the age description to determine if any parties involved can identify the driver.

Sgt 2 (Sgt Karwowski) responded to the scene, as well as Sgt 386 (ID Tech Hundt), who took 11 photos of the scene and vehicles. A description of the suspect was also broadcast over the KSA radio.

REPORTING OFFICER

PO Sgt A Bea

Beaver

PAYROLL #

52973

LOC CODE

19

SUPERVISORS SIGNATURE

[Signature]

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



# Pictorial Representation of Narrative

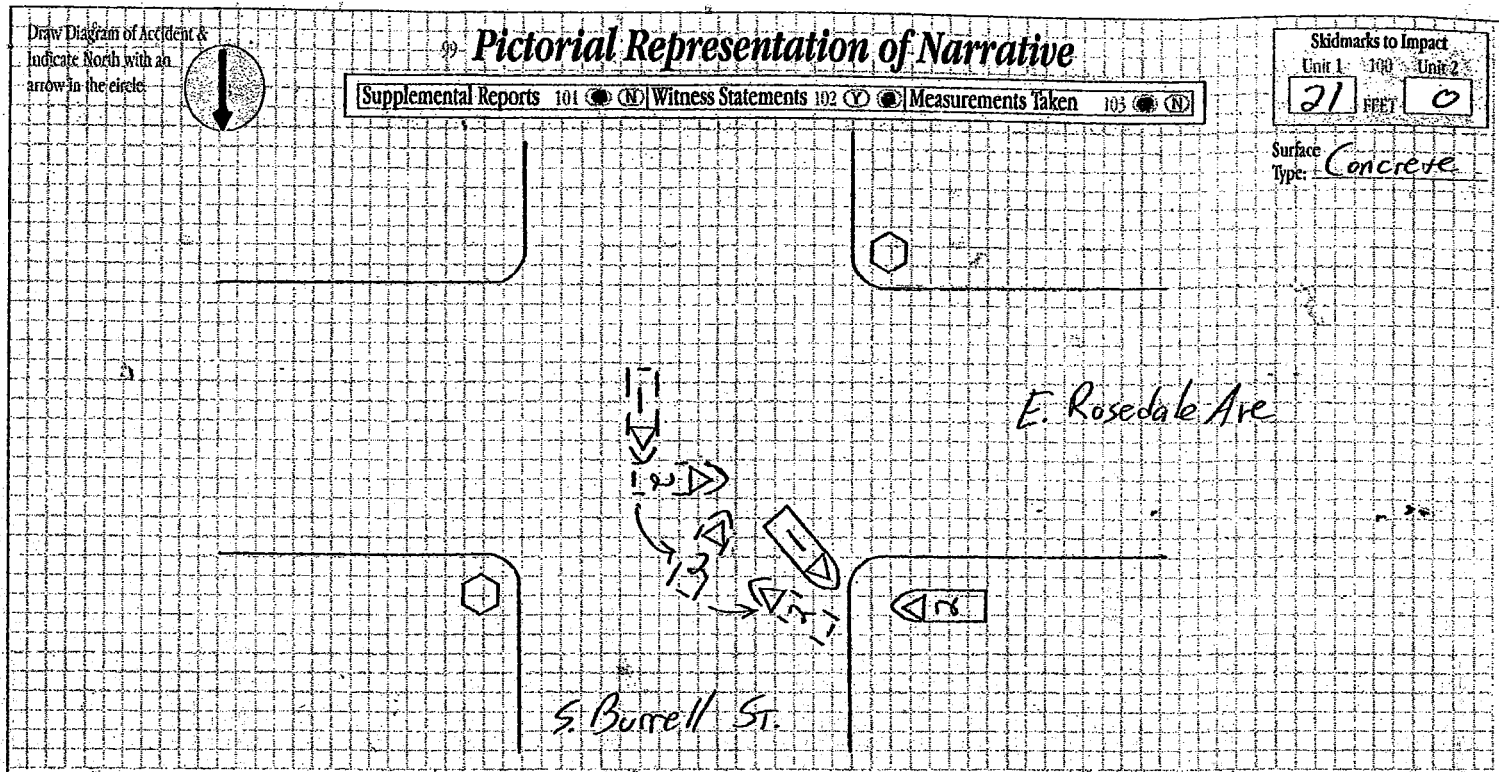
Supplemental Reports 101  (N) Witness Statements 102  (N) Measurements Taken 103  (N)

Skidmarks to Impact

Unit 1: 100 Unit 2:

21 FEET 0

Surface Type: Concrete



**N** Unit 1, travelling MB on S. Burrell St. collided with  
**A** Unit 2, a marked City of Milwaukee police squad, travelling  
**R** MB on E. Rosedale Ave. After impact the driver of  
**R** Unit 1 fled the scene on foot.

Photos By: MPD Sgt. 386 (D. Tech Hand)

**A** T I V E

106 Power Unit # \_\_\_\_\_ Trailer Make \_\_\_\_\_ Towed Unit \_\_\_\_\_ VIN \_\_\_\_\_  
 License Plate # \_\_\_\_\_ Plate Type \_\_\_\_\_ State \_\_\_\_\_ Exp. Yr. \_\_\_\_\_

## What Drivers Were Doing

Unit Number	119	Unit Number	120
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18

WITNESS - Last Name (17)	First	M.I.
ADDRESS - Street & Number (10)	Date of Birth (10)	
City & State (10)	Phone Number - 114 (10)	

<b>ACCESS CONTROL</b> 112
<input type="checkbox"/> No Control (Unlimited Access)
<input type="checkbox"/> 2 Full Control (Only Ramp Entry/Exit)
<input type="checkbox"/> 3 Partial Control

<b>ROAD TERRAIN</b> 113
Part A
<input type="checkbox"/> Straight
<input type="checkbox"/> 2 Curve
Part B
<input type="checkbox"/> Level/Flat
<input type="checkbox"/> 4 Hill

<b>LIGHT CONDITION</b> 114
<input type="checkbox"/> Daylight
<input type="checkbox"/> 2 Dark - Not Lighted
<input type="checkbox"/> 3 Dark - Lighted
<input type="checkbox"/> 4 Dawn
<input type="checkbox"/> 5 Dusk
<input type="checkbox"/> 6 Unknown

<b>TRAFFIC WAY</b> 115
<input type="checkbox"/> Not Physically Divided (2-Way Traffic)
<input type="checkbox"/> 2 Divided Highway, Median Strip, without Traffic Barrier
<input type="checkbox"/> 3 Divided Highway, Median Strip, with Traffic Barrier
<input type="checkbox"/> 4 One-Way Traffic
<input type="checkbox"/> 5 Parking Lot or Private Property

<b>ROAD SURFACE CONDITION</b> 116
<input type="checkbox"/> Dry
<input type="checkbox"/> 2 Wet
<input type="checkbox"/> 3 Snow/Slush
<input type="checkbox"/> 4 Ice
<input type="checkbox"/> 5 Sand, Mud, Dirt, Oil
<input type="checkbox"/> 6 Other
<input type="checkbox"/> 7 Unknown

<b>WEATHER</b> 118
<input type="checkbox"/> Clear
<input type="checkbox"/> 2 Cloudy
<input type="checkbox"/> 3 Rain
<input type="checkbox"/> 4 Snow
<input type="checkbox"/> 5 Fog, Smog, Smoke
<input type="checkbox"/> 6 Sleet, Hail (Freezing Rain or Drizzle)
<input type="checkbox"/> 7 Blowing Sand, Soil, Dirt, Snow
<input type="checkbox"/> 8 Severe Crosswinds
<input type="checkbox"/> 9 Other
<input type="checkbox"/> 10 Unknown

<b>RELATION TO ROADWAY</b> 117
<input type="checkbox"/> On Roadway
<input type="checkbox"/> 2 Parking Lot or Private Property
<input type="checkbox"/> 3 Shoulder (Other Than Shoulder within Median or Gore)
<input type="checkbox"/> 4 Median (Other Than Median within Gore)
<input type="checkbox"/> 5 Outside Shoulder - Left
<input type="checkbox"/> 6 Outside Shoulder - Right
<input type="checkbox"/> 7 Off Roadway - Location Unknown
<input type="checkbox"/> 8 Gore (Area between Ramp & Highway)
<input type="checkbox"/> 9 On Ramp
<input type="checkbox"/> 10 Unknown

## Traffic Control

Unit Number	120	Unit Number	120
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

# Officer's Opinion of Possible Contributing Circumstances

Document Number Override  
121

### Driver Factors

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ N/A	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ 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 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ N/A	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ 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 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ N/A	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ 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 Beaver First Scott M.I. A

Law Enforcement Agency Address  
749 W State St

City & State Milwaukee WI ZIP 53233

Phone Number (414) 933-4444

Agency # 19 Enforcement Agency Milwaukee PD Officer ID # 52973

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HR	MIN.	HR	MIN.	MONTH	DAY	YEAR
Jan							Jan		
Feb	<u>10</u>	<u>01</u>	<u>20</u>	<u>19</u>	<u>20</u>	<u>07</u>	Feb	<u>10</u>	<u>01</u>
Mar	<u>01</u>	<u>01</u>	<u>01</u>	<u>00</u>	<u>01</u>	<u>00</u>	Mar	<u>01</u>	<u>01</u>
Apr	<u>01</u>	<u>01</u>	<u>01</u>	<u>00</u>	<u>01</u>	<u>00</u>	Apr	<u>01</u>	<u>01</u>
May	<u>02</u>	<u>02</u>	<u>02</u>	<u>01</u>	<u>02</u>	<u>01</u>	May	<u>02</u>	<u>02</u>
June	<u>03</u>	<u>03</u>	<u>03</u>	<u>02</u>	<u>03</u>	<u>02</u>	June	<u>03</u>	<u>03</u>
July	<u>04</u>	<u>04</u>	<u>04</u>	<u>03</u>	<u>04</u>	<u>03</u>	July	<u>04</u>	<u>04</u>
Aug	<u>05</u>	<u>05</u>	<u>05</u>	<u>04</u>	<u>05</u>	<u>04</u>	Aug	<u>05</u>	<u>05</u>
Sept	<u>06</u>	<u>06</u>	<u>06</u>	<u>05</u>	<u>06</u>	<u>05</u>	Sept	<u>06</u>	<u>06</u>
Oct	<u>07</u>	<u>07</u>	<u>07</u>	<u>06</u>	<u>07</u>	<u>06</u>	Oct	<u>07</u>	<u>07</u>
Nov	<u>08</u>	<u>08</u>	<u>08</u>	<u>07</u>	<u>08</u>	<u>07</u>	Nov	<u>08</u>	<u>08</u>
Dec	<u>09</u>	<u>09</u>	<u>09</u>	<u>08</u>	<u>09</u>	<u>08</u>	Dec	<u>09</u>	<u>09</u>

### 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 (1-2 digit):

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

• Hazardous Material Placard Displayed?  (Y)  (N)

• Hazardous Cargo was Released?  (Y)  (N)

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

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

### Carrier Information

Interstate Carrier?  (Y)  (N) 140

Carrier Name: 139

### Carrier Identification Numbers

US DOT: 150 IC: 141

ICC MC: 141 IC: 141

Carrier Address: 141

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

### Vehicle Information

Gross Vehicle Weight Rating: 143 LBS

Total # of Axles: 144

Vehicle Configuration

① Bus ② Single unit truck + 3 axles ③ Truck/Tractor ④ Tractor/Doubles ⑤ Unknown Heavy Truck

⑥ Single unit truck, 2 axles, 6 tires ⑦ Truck/Tractor ⑧ Tractor/Semi-Trailer ⑨ Tractor/Triples 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