

RECEIVED

OCT 25 2016

OFFICE OF  
CITY ATTORNEY

November 14, 2016

Thomas Grabowski  
4337 N. Marlborough Dr.  
Shorewood, WI 53211  
Mobile 414-232-0197

Milwaukee City Clerk  
200 East Wells Street - Room 205  
Milwaukee, WI 53202

RE: C.I. No. 1030-2016-1986

I am writing this in response to your letter, dated 10/4/2016. You stated in your letter that the accident I was involved in with one of the City's Sanitation trucks on 8/17/2016 was my fault and the city was not legally liable for the damage.

You wrote in your letter that it appears that I was the "proximate cause of the accident" and "that I struck the City vehicle." That is incorrect.

As I explained in my original letter, I was following the car in front of me and was already in the left lane, (the right lane was blocked) when the City Sanitation truck struck me in the rear of the car that I was driving. I did not "hit him". Unless I was driving backwards?

As I stated previously, I have pictures of the accident at ~~the~~ time it occurred, if needed.

Please let me know what I need to do to appeal this decision, and have this issue resolved.

Thank you for your assistance.

Regards,



Thomas Grabowski

CITY OF MILWAUKEE  
2016 OCT 24 A 10:02  
CITY CLERK'S OFFICE

September 9, 2016  
CITY OF MILWAUKEE

2016 SEP 23 A 11:45

Thomas Grabowski  
CITY CLERK'S OFFICE  
4337 N. Marlborough Drive  
Shorewood, Wisconsin  
53211-1425

City Clerk  
ATTN: CLAIMS  
200 E. Wells St., Room 205  
Milwaukee, WI 53202-3567

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SEP 23 2016

OFFICE OF  
CITY ATTORNEY

On 8/17/16, I was involved in a minor accident with one of your Sanitation Trucks (#32493) on N. 60th and W. Fond Du Lac Ave.

There was construction work being conducted at the intersection of 60th and Fond Du Lac. The right lane was blocked off because of the construction. I proceeded to follow the car in front of me as they maneuvered in front of the sanitation truck on their left. I was already in the left lane when the Sanitation truck hit me in the rear end, and part of the left-side rear panel of my car.

I have enclosed copies of the form that I received from the city along with the required two separate estimates to repair the damages to my car.

Please note: I have pictures of the accident if needed.

Please let me know if there is anything else you require from me or if you have any questions. **You can reach on me cell phone #414-232-0197.**

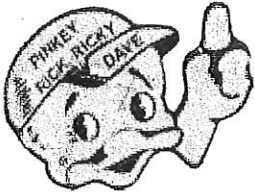
Thank you for your assistance in this matter.

Sincerely



Thomas Grabowski





**PINKEY'S CAPITAL AUTO BODY**

120 W. MELVINA ST., MILWAUKEE, WI 53212  
Phone: (414) 962-3380  
FAX: (414) 962-0670

Workfile ID: 59d997ef  
Federal ID: 390985331  
State ID: 456-0000015257-03

*GRABOWSKI*

**Preliminary Estimate**

**Customer:** garbowski, tom

**Job Number:**

Written By: DAVE FEEST

Insured: garbowski, tom  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
garbowski, tom  
(414) 232-0197 Business

**Inspection Location:**  
PINKEY'S CAPITAL AUTO BODY  
120 W. MELVINA ST.  
MILWAUKEE, WI 53212  
Repair Facility  
(414) 962-3380 Business

**Insurance Company:**

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CITY ATTORNEY

**VEHICLE**

1995 TOYO COROLLA DX 4D SED 4-1.8L-FI gray

VIN: 2T1AE09B0SC107925  
License: UNK  
State: WI

Interior Color:  
Exterior Color: gray  
Production Date:

Mileage In: Vehicle Out:  
Mileage Out:  
Condition: Job #:

**TRANSMISSION**

Overdrive  
5 Speed Transmission

**POWER**

Power Steering  
Power Brakes

**DECOR**

Dual Mirrors  
Body Side Moldings  
Tinted Glass  
Console/Storage

**CONVENIENCE**

Intermittent Wipers  
Rear Defogger

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag

**SEATS**

Cloth Seats  
Bucket Seats  
Reclining/Lounge Seats

**WHEELS**

Wheel Covers

**PAINT**

Clear Coat Paint

GRABOWSKI, TOM

Preliminary Estimate

RECEIVED

Customer: garbowski, jim

SEP 23 2016

Job Number:

1995 TOYO COROLLA DX 4D SED 4-1.8L-FI gray

OFFICE OF CITY ATTORNEY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>REAR BUMPER</b>					
2		O/H bumper assy sedan				2.3	
3	**	Repl A/M CAPA Bumper cover	5215902902	1	149.00	Incl.	2.3
4		Add for Clear Coat					0.9
5		Repl LT Retainer side	5207612030	1	29.59	Incl.	
6		Repl LT Filler	5255312030	1	26.23	Incl.	0.4
7		Add for Clear Coat					0.1
8		<b>REAR LAMPS</b>					
9	**	Repl A/M LT Tail lamp assy	815601A790	1	155.00	0.5	
10		<b>QUARTER PANEL</b>					
11	*	Rpr LT Quarter panel				3.5	2.0
12		Overlap Minor Panel					-0.2
13		Add for Clear Coat					0.7
14		<b>ROOF</b>					
15		R&I LT Drip molding				0.3	
16	#	Refn full clear roof sail					1.0
17	#	Refn Corrosion Protection					0.3
18	#	Hazard Waste		1	4.00		
19	#	Flex Agent		1	6.00		
20	#	Bag Car		1	6.00	0.2	
<b>SUBTOTALS</b>					<b>375.82</b>	<b>6.8</b>	<b>7.5</b>

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			375.82
Body Labor	6.8 hrs @	\$ 58.00 /hr	394.40
Paint Labor	7.5 hrs @	\$ 58.00 /hr	435.00
Paint Supplies	7.5 hrs @	\$ 38.00 /hr	285.00
Subtotal			1,490.22
Sales Tax	\$ 1,490.22 @	5.6000 %	83.45
<b>Grand Total</b>			<b>1,573.67</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>1,573.67</b>

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

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CITY ATTORNEY

**893.80 Claims against governmental bodies or officers, agents or employees; notice of injury; limitation of damages and suits. (1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employe of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:**

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employe under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employe; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

**To File A CLAIM with The *CITY OF MILWAUKEE*:**

**You will need the following information**

**DATE of Incident** 8/17/16

**"City" Vehicle Number** 32493



POLICE # 162301919

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number QPWQMH5		Document Override Number		
Agency Accident Number					Police Number 162301919					
4 - Accident Date 08/17/2016			5 - Time of Accident (Military Time) 1712		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40			3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.		14 - On Street Name N 60TH ST			14 - Bus/Fmt/Rmp		15 - Est. Distance 131 FT		15 - Hwy. Dir NORTH	
16 - Fr/At Hwy No. 145		16 - From/At Street Name W FOND DU LAC AVE				16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude 43.098514		13 - Longitude -87.986779				
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT					93 - Manner of Collision SIDESWIPE. SAME DIRECTION					
112 - Access Control FULL CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP, BITUMINOUS, OR ASPHALT - 2				
115 - Traffic Way DIVIDED-HIGHWAY-MEDIAN-STRIP-WITH-TRAFFIC-BARRIER										
117 - Relation To Roadway ON-ROADWAY										
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLEAR				
9 <input type="checkbox"/> Hit and Run		9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire		9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed		
9 <input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone		9 <input type="checkbox"/> Names Exchanged			
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements			103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

Operator/Pedestrian								
Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH		24 - Speed Limit 35		
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle				
29 - Driver's License Number E4305276534003			30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name ELLIOTT			25 - First Name LYN		25 - Middle Initial G	25 - Suffix		
32 - Date Of Birth 09/20/1965		33 - Sex MALE						
26 - Address Street & Number 5079 N 55 ST						26 - PO Box		
27 - City MILWAUKEE			27 - State WI	27 - Zip Code 53218		28 - Telephone Number (414) 463-9380 EXT.		
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED				
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control TRAFFIC-SIGNAL-OPERATING			62 - No. of Citations Issued		
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
122 - Driver Factors NOT-APPLICABLE								
88 - Driver or Pedestrian Cond APPEARED NORMAL			89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content			91 - Drug Test TEST NOT GIVEN		

OPERATOR/PEDESTRIAN 01

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type TRUCK		Vehicle Type STRAIGHT-TRUCK-(INSERT TRUCK)			22 - Total Occupants 1
	56 - License Plate Number 73210		57 - Plate Type MUN	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 1CYCCL4837T047729
	50 - Year 2007	51 - Make CCC	52 - Model CRANE	53 - Body Style TK - TRUCK	54 - Color YEL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage NONE					
	95 - Extent Of Damage NONE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name CITY OF MILWAUKEE FLEET MANAGEMENT					
	47 - Address Street & Number 2142 W CANAL ST			47 - PO Box		
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53233	49 - Telephone Number	

Insurance

INS 01	63 - Liability Insurance Company GOVERNMENT				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name		
	61 - Policy Holder Company CITY OF MILWAUKEE FLEET MANAGEMENT				

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH	24 - Speed Limit 35
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number G6128265208304		30 - State WI	31 - Expiration Year 2023	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name GRABOWSKI		25 - First Name THOMAS		25 - Middle Initial FRANK	25 - Suffix
32 - Date Of Birth 03/03/1952		33 - Sex MALE			



OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 4337 N MARLBOROUGH DR				26 - PO Box	
	27 - City SHOREWOOD		27 - State WI	27 - Zip Code 53211		28 - Telephone Number (414) 232-0197 EXT.
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing CHANGING-LANES			120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors FAIL-TO-YIELD-RIGHT-OF-WAY					
	88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST NOT GIVEN	
91 - Drugs Reported						
124 - Highway Factors NOT-APPLICABLE						

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 298PFZ		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number 2T1AE09B0SC107925
	50 - Year 1995	51 - Make TOYT	52 - Model COROLLA LE	53 - Body Style 4D - 4DR	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR DRIVER SIDE					
	95 - Extent Of Damage VERY-MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name FISHMAN		46 - First Name MELINDA		46 - Middle Initial E
	46 - Company Name				
	47 - Address Street & Number 4337 N MARLBOROUGH DR				47 - PO Box
	48 - City SHOREWOOD		48 - State WI	48 - Zip Code 53211	

Insurance

INS 02	63 - Liability Insurance Company WEST-BEND-MUTUAL-INS-CO				60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name FISHMAN		61 - Policy Holder First Name MELINDA		
	61 - Policy Holder Company				

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity	
	School District Contracted With				
Trailer					
TRL 01	106 - Power Unit Number	License Plate Number	Plate Type	State	Expiration Year
	Trailer Make		Unit Type	Vehicle Identification Number	

Diagram and Narrative

105 - Photos By

DIAGRAM AND NARRATIVE

THIS REPORT IS WRITTEN BY PO TROY MASON ASSIGNED TO DISTRICT SEVEN, EARLY POWER, SQUAD 7249. ON WEDNESDAY AUGUST 17 2016 WE RESPONDED TO THE AREA OF 6000 W FOND DU LAC AVE IN THE CITY AND COUNTY OF MILWAUKEE REGARDING A PDO ACCIDENT. UPON ARRIVAL I SPOKE TO THE LISTED DRIVER OF UNIT 1 WHO STATED THAT HE WAS S/B ON N 60TH ST AND DID NOT SEE UNIT 2 WHICH WAS ATTEMPTING TO MERGE INTO THE LEFT LANE OF THE S/B ROAD AND STRUCK THE GARBAGE TRUCK. I THEN SPOKE TO THE LISTED DRIVER OF UNIT 2 WHO STATED THAT HE WAS S/B ON N 60TH ST AND WAS MERGING INTO THE LEFT LANE BECAUSE THE RIGHT LANE WAS CLOSED AND THOUGHT THERE WAS ROOM FOR HIM TO COME OVER AT WHICH POINT THE TWO VEHICLES STRUCK ON ANOTHER.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name MASON	125 - First Name TROY	125 - Middle Initial	131 - Officer ID 22626	
	129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET				
	127 - City MILWAUKEE	127 - State WI	127 - Zip Code 53201	128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 08/17/2016	133 - Time Notified (Military Time) 1716	134 - Time Arrived (Military Time) 1732	135 - Date Of Report 08/17/2016	
	162301919		19 - Special Study		
	18 - Agency Space				

Equip No. 32493

Mileage/Hours \_\_\_\_\_

Ro No \_\_\_\_\_

Rept No \_\_\_\_\_

CITY OF MILWAUKEE  
FLEET ACCIDENT REPORT

Investigative  
 Fleet Accident  
 Equipment Damage Only  
 Vandalism or Theft

Claim No \_\_\_\_\_

Operator's Dept. OP/Fleets

Operator's License No 6430-5276-5340-0

1a Name-Address City Operator ELLIOTT, LYN G 5079 N. 55th 53218 1d Supervisor & Phone D. Lewand 2702

2a Date-Time of Accident 8-17-16 5:30 PM 2b Location of Accident 60th/W. Fond du Lac Ave 2c. Police Dept Notified?  YES  NO CPW QM4

3. Description of Accident UNIT #2 attempting to change LANES because his LANE WAS blocked off by barrels, UNIT #1 WAS IN LANE TRAVELING S/B ON N. 60th st. #2 merged into LANE from Right Side CAUSING

4a. City Vehicle 2007 CCC Garbage Truck Description Garbage Truck VIN 1KYL48377047729 License No MUNT-73210

4b. Damage Description NONE

5a Occupants of City Vehicle driver only Name same Address same Injury NONE Phone 414-466-3166

5b Passenger NONE Name \_\_\_\_\_ Address \_\_\_\_\_ Injury \_\_\_\_\_ Phone \_\_\_\_\_

6a. Unit No 2 6b Description 1995 Touc 4 dr License No 298 PFZ Ins Co West Bend Ins.

4b. Damage Description dent rear side Quarter Panel (OUB:2)

7. Owner Melinda Fishbain Name Fishbain Address 4337 N. Mariborough Injury N/A Phone 414-230-019

8a Driver Thomas Grabowski Name same Address same Injury NONE Phone same

8b. Passenger NONE Name \_\_\_\_\_ Address \_\_\_\_\_ Injury \_\_\_\_\_ Phone \_\_\_\_\_

8c. Passenger 1 Name \_\_\_\_\_ Address \_\_\_\_\_ Injury \_\_\_\_\_ Phone \_\_\_\_\_

9a Unit No \_\_\_\_\_ 9b Description \_\_\_\_\_ License No 6c Ins Co 9d

4b. Damage Description \_\_\_\_\_

7. Owner Name \_\_\_\_\_ Address \_\_\_\_\_ Injury \_\_\_\_\_ Phone \_\_\_\_\_

8a Driver Name \_\_\_\_\_ Address \_\_\_\_\_ Injury \_\_\_\_\_ Phone \_\_\_\_\_

8b Passenger Name \_\_\_\_\_ Address \_\_\_\_\_ Injury \_\_\_\_\_ Phone \_\_\_\_\_

8c. Passenger Name \_\_\_\_\_ Address \_\_\_\_\_ Injury \_\_\_\_\_ Phone \_\_\_\_\_

12a Witness Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

12b Witness Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

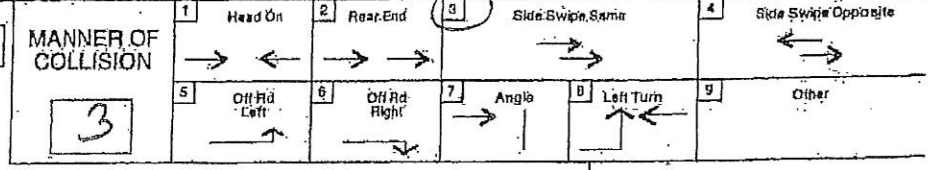
**SAFETY EQUIPMENT**

1=Shoulder Belt 5=Helmel  
2=Lap Belt 6=Eye Protect  
3=Child Res 7=Helmel & Eye  
4=Air Bag 8=None

ENTER ONE NUMBER FOR EACH OCCUPANT PER UNIT

UNIT 1			UNIT 2		
1	2	3	1	2	3
4	5	6	4	5	6
Other 7			Other 7		

CYCLE 911



**DRIVER CONDITION (OR PEDESTRIAN)**

1 Had been drinking  
2 Use of drugs  
3 Physical disability  
4 Other

UNIT 1	UNIT 1	UNIT 1
UNIT 2	UNIT 2	UNIT 2

**DRIVER FACTOR (OR PEDESTRIAN)**

1 Appeared normal  
2 Reduced alertness  
3 Ability impaired

UNIT 1	1
UNIT 2	1



# Drivers Accident Statement Form

Return this form to: Fax # 414-286-8514      ATTN: Gene

Name of Driver: Lyn Elliott G.      Dr/Lic # E430-5276-5340-03

Address: 5079 N. 55      Zip Code 53218      Personal Phone # 466-3166

Date/Time (Of Accident): 8-17-16      5:30 PM      Police Report? yes (PWQ) m15

Location of Accident: 60<sup>TH</sup> / FOND DU LAC AVE

City Equipment #: 32493      Using Department: ME

Supervisor Name/Phone #: D. Lewand 2702

### Details and Circumstances of Incident

all of the WHO, WHEN, WHAT, WHERE, AND HOW Drivers Statement:

While heading south bound on N. 60<sup>TH</sup> Street. The two lane street merges to one lane to the left due to construction. All the necessary signage is out to be aware of lane closure. I had merged left and was moving with traffic when a silver vehicle docted to my lane from the right lane. As I continued to drive forward I heard my truck make contact with another vehicle. A black car had docted into my lane from the right. I didn't see the vehicle until I had made contact.

Any information known about the other unit:

Signature

Date



