

July 25 2002

CITY OF MILWAUKEE

To City Attorney  
2002 JUL 25 PM 1:07

RONALD D. LEONHARDT  
CITY CLERK

I received your letter July 5<sup>th</sup> 2002. There seems to be discrepancies in the facts. My claim is for the amount of \$146.78. Your letter states the amount at \$201.14.

Your letter states the Infrastructure Division Records show no work was being done on this section of street on December 10<sup>th</sup> 2001. I REALIZE THIS! If you check your records you will see repairs had been made on this section of street BEFORE December 10<sup>th</sup> 2001. Why else would you have a support jack under the road if there was no problem? Also I have noticed the City of Milwaukee has now properly repaired this section with concrete-solid "finished concrete" where as before you had crumbly asphalt. I have enclosed additional pictures as proof. These pictures along with the pictures you received with my claim should be enough evidence to justify my claim. I also am enclosing a diagram of the street prior to and on December 10<sup>th</sup> 2001.

Your letter also states two contractors were issued permits to work on the sidewalks along W. Grange between S. 13<sup>th</sup> and 27<sup>th</sup> Sts. The problem is, my wife and two daughters were not driving down the sidewalk but were on the street when the collapse occurred.

CITY OF MILWAUKEE  
RECEIVED

'02 JUL 25 PM 2:28

OFFICE OF  
CITY ATTORNEY

July 24 2002

I am requesting at this time to appeal your decision and am requesting a hearing to justify my claim. I believe I have a sequence of pictures that will prove I am justified in my claim. My claim being the City of Milwaukee was negligent in the repairs made on the intersection of W. Grange and 14th St. prior to December 10th 2001

Very truly yours

Thomas C Haas

Tom Haas  
City of Milwaukee Taxpayer

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

2-26-02  
102 MAR 11 PM 4:22  
CITY CLERK  
MILWAUKEE

On 12-10-01 at approximately 5:55 pm my wife Rose  
1. Haas and my two daughters, Rachel 5 and Sarah age 2  
were driving North on 14th street when they came to a  
top sign on 14th and Grange. As they were stopped, the  
road collapsed causing damage to the undercarriage of the car.  
As you can see from the pictures I needed a tow truck  
to pull me out. There was obviously a problem that was  
not properly addressed.

I believe the City was negligent for the following  
reasons:

1) The support jack in picture #1 was not stable enough  
to hold the weight of a car. Previous work done on that  
section was inadequate.

2) This section of road should have been barricaded off.  
You can see the City was preparing to work on this section.  
Luckily the car was not moving when road collapsed.

I am filing a claim against the City for reimbursement  
in the amount of \$146.78. I took lowest estimate  
on repairs.

Towing \$63.36  
estimate from Dealer \$41.20  
rent and alignment \$42.22

RONALD D. LEONHARDT  
CITY CLERK  
2002 MAR 11 AM 11:56  
CITY OF MILWAUKEE

Sincerely  
Thomas A Haas  
Tom Haas  
1426 W. Wanda Ave  
Milwaukee WI 53221  
Home Phone - 414-282-4875  
Work Phone - 414-351-3500

110018

270044

# DON JACOBS TOYOTA

A GREAT DEAL BETTER

**DON JACOBS TOYOTA**  
5727 South 27th Street  
Milwaukee, Wisconsin 53221-4128  
(414) 281-3100  
www.donjacobsToyota.com

\*INVOICE\*

PAGE 1

SERVICE ADVISOR: 646 MATT BOGACKI

TOM HAAS  
1426 W WANDA  
MILWAUKEE, WI 53221  
HOME: 414-282-4875 BUS:

| COLOR         | YEAR          | MAKE/MODEL                 | VIN               | LICENSE | MILEAGE IN/OUT | TAG     |           |
|---------------|---------------|----------------------------|-------------------|---------|----------------|---------|-----------|
| SAGE          | 99            | TOYOTA CAMRY               | 4T1BG22K9XU563657 | 837BYC  | 46563/46564    | T307    |           |
| DEL DATE      | PROD DATE     | WARR EXP                   | PROMISED          | PO NO   | RATE           | PAYMENT | INV DATE  |
| 01MAY1999     | 01MAY99       |                            | WAIT 13DEC01      |         | 75.00          | CASH    | 13DEC2001 |
| R.O. OPENED   | READY         | OPTIONS: ENG:4CYL TRN:AUTO |                   |         |                |         |           |
| 16:57 13DEC01 | 17:51 13DEC01 |                            |                   |         |                |         |           |

| LINE   | OPCODE | TECH   | TYPE  | HOURS  | LIST | NET           | TOTAL |
|--|--------|--------|-------|--------|------|---------------|-------|
| A CUST GOT CAUGHT IN A SINK HOLE...RAISE CAR UP AND SEE WHAT IS BROKEN |        |        |       |        |      |               |       |
| 62 CK CAR OVER FROM THE SINK HOLE                                      |        |        |       |        |      |               |       |
| PARTS:   | 758    | C      |       |        |      | 37.50         | 37.50 |
|  | 0.00   | LABOR: | 37.50 | OTHER: | 0.00 | TOTAL LINE A: | 37.50 |

\*\*\*\*TECH NOTES: THE ONLY COSTLY DAMAGE DONE TO THE CAR IS THAT THE STEERING WHEEL IS OFF CENTER AND THE CAR NEEDS TO BE ALIGNED EST \$69.95//THE ONLY OTHER DAMAGE IS COSMETIC SCRATCHES ON THE CRADLE AND THE LOWER CONTROL ARM//NOT HURTING THE VEHICLE

EST: 37.50      13DEC01 16:57 SA: 646

ENVIRONMENTAL CHARGES 1.50

10270044

OUR JACOBS TOYOTA INC  
5727 S 27TH STREET  
MILWAUKEE, WI 53221

ACCOUNT # 60110146861234

MASTERCARD 5422000000000000

EXP: 07/02

INVOICE: 28474

TIME: 18:48

DATE: DEC 13, 01

TOTAL \$41.20

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(CHECK CARD AGREEMENT IF CREDIT WOUCHER)

*Johns Altman*

**ATA**

DEC 13 2001

By *Mc*

| PARTS AND SERVICE HOURS:<br>MONDAY - FRIDAY 7:00 AM - 9:00 PM<br>SATURDAY 8:00 AM - 5:00 PM<br>BODY SHOP HOURS:<br>MONDAY - FRIDAY 7:30 AM - 5:30 PM<br>SATURDAY - 9:00 AM - 12:00 PM<br>FREE SHUTTLE SERVICE<br>LOW COST RENTAL CARS<br>24 HOUR EMERGENCY TOWING<br>ASSISTANCE (414) 645-5682 | STATEMENT OF DISCLAIMER<br>The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. | DESCRIPTION                     | TOTALS   |
|--|---|---------------------------------|--|
|  |   | CUSTOMER SIGNATURE _____ (DATE) | DEALER, GENERAL MANAGER OR AUTHORIZED PERSON _____ |
|  |   | PARTS AMOUNT                    | 0.00   |
|  |   | GAS, OIL, LUBE                  | 0.00   |
|  |   | SUBLET AMOUNT                   | 0.00   |
|  |   | MISC. CHARGES                   | 1.50   |
|  |   | TOTAL CHARGES                   | 39.00  |
|  |   | LESS INSURANCE                  | 0.00   |
|  |   | SALES TAX                       | 2.20   |
|  |   | <b>PLEASE PAY THIS AMOUNT</b>   | <b>41.20</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.

ALL PARTS NEW UNLESS OTHERWISE SPECIFIED  
U=USED R=REBUILT C=RECONDITIONED Y=RECYCLED

CUSTOMER COPY

25236

INVOICE

C.H.I. TOWING SERVICE, INC.

2240 S. 38TH  
MILWAUKEE, WI 53215

414-672-2022  
414-672-3033 FAX

|              |                                     |
|--------------|-------------------------------------|
| CASH         | CHARGE                              |
| MC / VISA    | <input checked="" type="checkbox"/> |
| DIST NUMBER  |                                     |
| TRUCK NUMBER | 11                                  |
| DRIVER NAME  | Tom                                 |

DATE 12-10-01

Towed For: TOM HAAS  
Address: 1426 W WANDA AVE

TOW #  
P.O. #

FLAT-BED  WHEEL LIFT  TOW  CAR  TRUCK  MAKE TOYOTA CAMRY YEAR 1999

|                              |                          |              |                      |       |              |
|------------------------------|--------------------------|--------------|----------------------|-------|--------------|
| To:                          | <u>1400 W GRANGE</u>     |              |                      |       | <u>10000</u> |
| From:                        | <u>WINCH OUT</u>         |              |                      |       |              |
| Reason For Service:          |                          |              |                      |       |              |
| Advance Charges Paid Out To: |                          |              |                      |       |              |
| Storage (Our Garage)         |                          |              |                      |       |              |
| Key Loc.                     | <u>1W CAR</u>            | Owners Name  | <u>TOM HAAS</u>      | TAX   | <u>336</u>   |
| Bill Loc.                    |                          | Called In By | <u>R. W. NICHOLS</u> | TOTAL | <u>6336</u>  |
| Veh. Color                   | <u>TAN</u>               | Mileage      |                      |       |              |
| Veh. ID#                     | <u>4TB1G22K9XU563657</u> | License No.  | <u>837 RYC</u>       |       |              |

Signed By [Signature]  
Not responsible for any damage done to automobile or trucks while being towed unless negligence can be proven.  
Not responsible for any damage done to bumpers due to trailer hitches, or to damage to the hitch itself.

Do not write above this line

TOM HAAS  
5492 3090 0989 2935

Cardmember Signature  
[Signature]

DISCOVER

5741441

Cardmember Copy

|          |          |                   |        |             |           |            |        |
|----------|----------|-------------------|--------|-------------|-----------|------------|--------|
| Date     | 12-10-01 | Authorization No. | 019183 | Clerk       | TOM D     | Department |        |
| Quantity |          | Class             |        | Description | WINCH OUT | Unit Cost  | Amount |
|          |          |                   |        |             |           |            | 6000   |
|          |          |                   |        |             |           | Subtotal   | 6300   |
|          |          |                   |        |             |           | Sales Tax  | 336    |
|          |          |                   |        |             |           | Total      | 6336   |

The Card Issuer is authorized to pay the amount indicated as Total upon proper presentation, I acknowledge receipt of goods and services in the amount above. I affirm my obligations under the Cardmember Agreement.

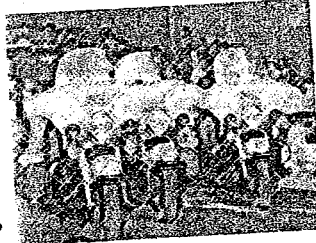


Milwaukee Police Department  
951 N. James Lovell St., Milwaukee, WI 53233

Officer Scott A. Beaver

Patrol Support Division  
Motorcycle Unit

Telephone (414) 935-7216



Daryl Sobczak

286 3425

7 AM Start

8:15 Finish

City Hall Open

286 2150

City Attorney

Claims Office

# 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   
 Reportable Accident  (N)

County: **YO** MUN/TWP: **57**

Accident Date: MONTH: **10** DAY: **01** YEAR: **01**

Time of Accident (Military Time): HOUR: **17** MIN: **53**

Total Number: UNITS: **0** INJURED: **0** KILLED: **0**

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

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

Sheet No. Of  
**1** / **1**

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

ON Hwy No. and Street Name: **5 14th St** Estimated  FT.  MI. FROM/AT Hwy No. and Street Name: **16 W Grange 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>2</b>    | <b>3</b>  | <b>4</b>                  | <b>W</b>                                  | <b>1</b>    | <b>2</b>  | <b>3</b>                  | <b>4</b>                                  |

|   |  |
|---|--|
| OPERATOR Last Name: <b>Haas</b> First: <b>Rose</b> M.I.: <b>M.</b>                      | OPERATOR Last Name: _____ First: _____ M.I.: _____           |
| ADDRESS Street & Number: <b>1426 W Wanda Ave</b>  | ADDRESS Street & Number: _____                               |
| City & State: <b>Milwaukee WI</b> ZIP: <b>53221</b> Phone Number (414): <b>282-4875</b> | City & State: _____ ZIP: _____ Phone Number ( ): _____       |
| Driver's License Number: <b>H200-7336-487000</b> State: <b>WI</b> Exp. Year: <b>05</b>  | Driver's License Number: _____ State: _____ Exp. Year: _____ |

|  |  |   |  |
|--|--|---|--|
| Date of Birth: <b>10-10-64</b> Sex: <input checked="" type="radio"/> (M) <input type="radio"/> (F) | Operating as Classified: <b>36</b> Class (Mark Only One): <b>A</b> Endorse (Mark All That Apply): <b>H P T</b> | Date of Birth: _____ Sex: <input type="radio"/> (M) <input type="radio"/> (F) | Operating as Classified: _____ Class (Mark Only One): _____ Endorse (Mark All That Apply): _____ |
|--|--|---|--|

|  |   |   |   |
|--|---|---|---|
| SEAT Position: <b>1</b> SAFETY Equipment: <b>1</b> AIRBAG: <input checked="" type="radio"/> (1) Deployed <input type="radio"/> (2) Non Deployed <input type="radio"/> (3) Not Applicable <input type="radio"/> (4) Unknown | 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 | SEAT Position: _____ SAFETY Equipment: _____ AIRBAG: <input type="radio"/> (1) Deployed <input type="radio"/> (2) Non Deployed <input type="radio"/> (3) Not Applicable <input type="radio"/> (4) Unknown | 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:  (1) Not Applicable  (2) Not Trapped  (3) Trapped/Extricated  (4) Trapped/Not Extricated  (5) Unknown

Vehicle Owner: **Haas** Last Name: **Rose** First: **M.**

Street Address: \_\_\_\_\_ City & State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number ( ): \_\_\_\_\_

Year of Vehicle: **95** Make: **Toyota** Model: **Camry** Body Style: **4dr** Color: **Gray**

Vehicle ID Number: **4T1B622K9X4563657**

License Plate Number: **837BYC** Plate Type: **Aut** State: **WI** Exp. Year: **02**

Policy Holder's Name: **American Family** Stat. # **64**

Occupant Unit Number: **65** NAME Last: **Haas** First: **Rachel** M.I.: **NW** Date of Birth: **02-05-96** Sex:  (F)  (M)

SEAT Position: **3** SAFETY Equipment: **1** AIRBAG:  (1) Deployed  (2) Non Deployed  (3) Not Applicable  (4) Unknown

Address Same as Operator:  (1) Not Applicable  (2) Not Ejected  (3) Totally Ejected  (4) Partially Ejected  (5) Unknown

MV4000 899

Location: 7-14 3rd W Grange Ave Accident No. 7667696

EMV Number: **12/16/01**



### Driver Factors

|                                |                                |
|--------------------------------|--------------------------------|
| Unit Number                    | Unit Number                    |
| 1 2 3 4 5<br>6 7 8 9 10<br>N/A | 1 2 3 4 5<br>6 7 8 9 10<br>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                    |
| 1 2 3 4 5<br>6 7 8 9 10<br>N/A | 1 2 3 4 5<br>6 7 8 9 10<br>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                    |
| 1 2 3 4 5<br>6 7 8 9 10<br>N/A | 1 2 3 4 5<br>6 7 8 9 10<br>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.         |
| 1:5 Beaver                     | Scott              | A.           |
| Law Enforcement Agency Address |                    |              |
| 126 749 W State St             |                    |              |
| City & State                   |                    | ZIP          |
| 127 Milwaukee WI               |                    | 53233        |
| Phone Number                   |                    |              |
| (414) 128 933-4444             |                    |              |
| Agency #                       | Enforcement Agency | Officer ID # |
| 129 19                         | 130 Milwaukee      | 131 52973    |

### Date Notified

| MONTH                      | DAY                     | YEAR                     |
|----------------------------|-------------------------|--------------------------|
| <input type="radio"/> Jan  | <input type="radio"/> 1 | <input type="radio"/> 00 |
| <input type="radio"/> Feb  | <input type="radio"/> 2 | <input type="radio"/> 01 |
| <input type="radio"/> Mar  | <input type="radio"/> 3 | <input type="radio"/> 01 |
| <input type="radio"/> Apr  | <input type="radio"/> 4 | <input type="radio"/> 01 |
| <input type="radio"/> May  | <input type="radio"/> 5 | <input type="radio"/> 01 |
| <input type="radio"/> June | <input type="radio"/> 6 | <input type="radio"/> 01 |
| <input type="radio"/> July | <input type="radio"/> 7 | <input type="radio"/> 01 |
| <input type="radio"/> Aug  | <input type="radio"/> 8 | <input type="radio"/> 01 |
| <input type="radio"/> Sept | <input type="radio"/> 9 | <input type="radio"/> 01 |
| <input type="radio"/> Oct  | <input type="radio"/> 0 | <input type="radio"/> 01 |
| <input type="radio"/> Nov  | <input type="radio"/> 1 | <input type="radio"/> 01 |
| <input type="radio"/> Dec  | <input type="radio"/> 2 | <input type="radio"/> 01 |

### Time Notified (Military Time)

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

### Time Arrived (Military Time)

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

### Date of Report

| MONTH                      | DAY                     | YEAR                     |
|----------------------------|-------------------------|--------------------------|
| <input type="radio"/> Jan  | <input type="radio"/> 1 | <input type="radio"/> 00 |
| <input type="radio"/> Feb  | <input type="radio"/> 2 | <input type="radio"/> 01 |
| <input type="radio"/> Mar  | <input type="radio"/> 3 | <input type="radio"/> 01 |
| <input type="radio"/> Apr  | <input type="radio"/> 4 | <input type="radio"/> 01 |
| <input type="radio"/> May  | <input type="radio"/> 5 | <input type="radio"/> 01 |
| <input type="radio"/> June | <input type="radio"/> 6 | <input type="radio"/> 01 |
| <input type="radio"/> July | <input type="radio"/> 7 | <input type="radio"/> 01 |
| <input type="radio"/> Aug  | <input type="radio"/> 8 | <input type="radio"/> 01 |
| <input type="radio"/> Sept | <input type="radio"/> 9 | <input type="radio"/> 01 |
| <input type="radio"/> Oct  | <input type="radio"/> 0 | <input type="radio"/> 01 |
| <input type="radio"/> Nov  | <input type="radio"/> 1 | <input type="radio"/> 01 |
| <input type="radio"/> Dec  | <input type="radio"/> 2 | <input type="radio"/> 01 |

### 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...** 1:36

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

1:37

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

1:38

Interstate Carrier?  Y  N

Carrier Name: 139

### Carrier Identification Numbers

US DOT 140

ICC MC

Carrier Address 142

Source:  Vehicle Side 1:41  
 Shipping Papers  
 Trip Manifest  
 Driver  
 Log Book

### Vehicle Information

1:43

Gross Vehicle Weight Rating LBS

Total # of Axles 1:44

Vehicle Configuration 1:45

1 Bus

2 Single unit truck, 2 axles, 6 tires

3 Single unit truck + 3 axles

4 Truck Trailer

5 Tractor

6 Tractor Semi-Trailer

7 Tractor Doubles

8 Tractor Triples

9 Unknown Heavy Truck

10 Log truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 1:46 (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 Overtake (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 1:47

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 M197108-3

|  |   |  |                             |                  |   |   |
|--|---|--|-----------------------------|------------------|---|---|
| Unit Number<br>① ② ③ ④ ⑤<br>⑥ ⑦ ⑧ ⑨ ⑩          | ADDRESS Street & Number<br>City & State<br>ZIP  | (M) (F)  | K (N)<br>A<br>B<br>C        | Position         | Equipment   | ① Deployed<br>② Non Deployed<br>③ Not Applicable<br>④ Unknown |
| Address Same as Operator<br>Yes<br>No          | EJECTED<br>① Not Applicable<br>② Not Ejected<br>③ Totally Ejected<br>④ Partially Ejected<br>⑤ Unknown | TRAPPED/EXTRICATED<br>① Not Applicable<br>② Not Trapped<br>③ Trapped/Extricated<br>④ Trapped/Not Extricated<br>⑤ Unknown | Medical Transport<br>Y<br>N | Agency Space     |   |   |
| Occupant Unit Number<br>① ② ③ ④ ⑤<br>⑥ ⑦ ⑧ ⑨ ⑩ | NAME Last First M.I.<br>Date of Birth<br>Sex (M) (F)  | Severity (K) (N)<br>A<br>B<br>C  | SEAT Position               | SAFETY Equipment | AIRBAG<br>① Deployed<br>② Non Deployed<br>③ Not Applicable<br>④ Unknown |   |
| Address Same as Operator<br>Yes<br>No          | EJECTED<br>① Not Applicable<br>② Not Ejected<br>③ Totally Ejected<br>④ Partially Ejected<br>⑤ Unknown | TRAPPED/EXTRICATED<br>① Not Applicable<br>② Not Trapped<br>③ Trapped/Extricated<br>④ Trapped/Not Extricated<br>⑤ Unknown | Medical Transport<br>Y<br>N | Agency Space     |   |   |

### Type of Accident

316 First Harmful Event (8)

Most Harmful Event

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Unit Number<br>① ② ③ ④ ⑤<br>⑥ ⑦ ⑧ ⑨ ⑩ | Unit Number<br>① ② ③ ④ ⑤<br>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

88 Driver Factors (Or Pedestrians)

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

89 Presence

① Neither Alcohol nor Drugs Present ①

|                               |   |
|-------------------------------|---|
| ② Yes—Alcohol Present         | ② |
| ③ Yes—Drugs Present           | ③ |
| ④ Yes—Alcohol & Drugs Present | ④ |
| ⑤ Unknown                     | ⑤ |

90 Alcohol

AC Value

|                                   |   |
|-----------------------------------|---|
| ① Test Not Given                  | ⑩ |
| ② Test Refused                    | ⑪ |
| ③ Test Given, Alcohol Unknown     | ⑫ |
| ④ Test Given, No Alcohol Reported | ⑬ |

91 Drugs

|                                  |   |
|----------------------------------|---|
| ① Test Not Given                 | ⑭ |
| ② Test Refused                   | ⑮ |
| ③ Test Given, Drugs Unknown      | ⑯ |
| ④ Test Given, No Drugs Reported  | ⑰ |
| ⑤ Drugs Reported (Specify Below) | ⑱ |
| ⑥ Marijuana                      | ⑲ |
| ⑦ Cocaine                        | ⑳ |
| ⑧ Opiates                        | ㉑ |
| ⑨ Amphetamines                   | ㉒ |
| ⑩ PCP                            | ㉓ |
| ⑪ Other Drug Medication          | ㉔ |
| ⑫ Type Unknown                   | ㉕ |

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

Location

|                  |                              |
|------------------|------------------------------|
| 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 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 # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

① None  
② Undercarriage  
③ Total (Damage to All Areas)  
④ Other  
⑤ Unknown

Extent of Damage 95

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

Vehicle Towed Due to Damage 96 (Y) (N)

Vehicle Removed By: 97 Operator

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

① None  
② Undercarriage  
③ Total (Damage to All Areas)  
④ Other  
⑤ Unknown

Extent of Damage 95

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

Vehicle Towed Due to Damage 96 (Y) (N)

Vehicle Removed By: 97

82 Fixed Object Struck

|        |        |        |        |
|--------|--------|--------|--------|
| Unit # | Unit # | Unit # | Unit # |
|--------|--------|--------|--------|

PROPERTY OWNER 84

ADDRESS Street & Number 85

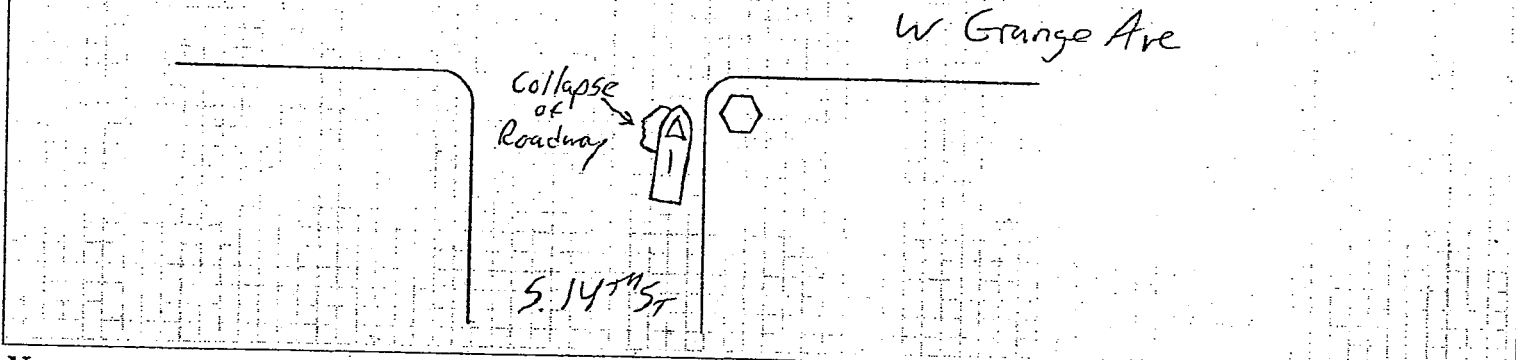
City & State 86 ZIP Phone Number ( ) 87

Govt. Damage Tag # 83

Indicate North with an arrow in the circle.



Surface Type: Asphalt



**NARRATIVE**  
Unit 1 while stopped at the stop sign facing N16 on S 14th St at W Grange Ave, was damaged when the roadway collapsed.

Photos By: 105

| What Drivers Were Doing               |                             |
|---------------------------------------|-----------------------------|
| Unit Number                           | Unit Number                 |
| <input checked="" type="checkbox"/> 1 | 119                         |
| <input type="checkbox"/> 2            | <input type="checkbox"/> 1  |
| <input type="checkbox"/> 3            | <input type="checkbox"/> 2  |
| <input type="checkbox"/> 4            | <input type="checkbox"/> 3  |
| <input type="checkbox"/> 5            | <input type="checkbox"/> 4  |
| <input type="checkbox"/> 6            | <input type="checkbox"/> 5  |
| <input type="checkbox"/> 7            | <input type="checkbox"/> 6  |
| <input type="checkbox"/> 8            | <input type="checkbox"/> 7  |
| <input type="checkbox"/> 9            | <input type="checkbox"/> 8  |
| <input type="checkbox"/> 10           | <input type="checkbox"/> 9  |
| <input type="checkbox"/> 11           | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 12           | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 13           | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 14           | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 15           | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 16           | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 17           | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 18           | <input type="checkbox"/> 17 |
|                                       | <input type="checkbox"/> 18 |

106  
Power Unit # \_\_\_\_\_  
Learner Plate # \_\_\_\_\_  
Plate Type \_\_\_\_\_  
State \_\_\_\_\_  
Exp. Yr. \_\_\_\_\_

WITNESS Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
ADDRESS Street & Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City & State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

**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

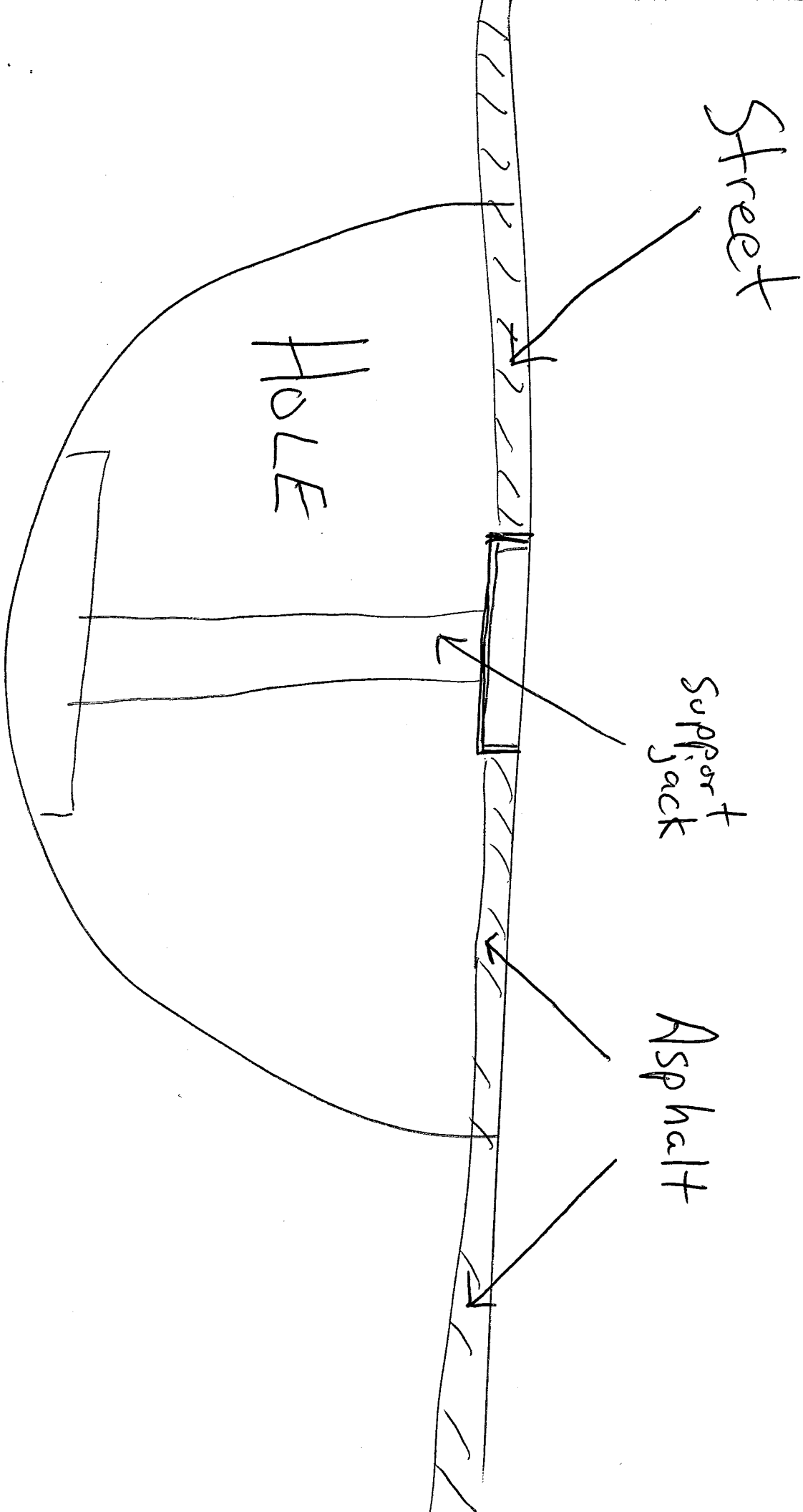
**ROAD SURFACE CONDITION** 116  
 Dry  
 Wet  
 Snow/Slush  
 Ice  
 Sand, Mud, Dirt, Oil  
 Other  
 Unknown

**WEATHER** 118  
 Clear  
 Cloudy  
 Rain  
 Snow  
 Fog, Smog, Smoke (Freezing Rain or Drizzle)  
 Sleet, Hail  
 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  
 Gore (Area between Ramp & Highway)  
 On Ramp  
 Unknown

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

BEFORE AND ON DEC. 10<sup>th</sup> 2001



PROPERLY FIXED IN JUNE 2002

Street

Concrete

