

HENDERSON & LEVIHN CITY OF MILWAUKEE

ATTORNEYS AT LAW

2002 MAR 11 AM 11:55

BRIAN J. HENDERSON  
LYNNE A. LEVIHN

RONALD D. LEONHARDT  
CITY CLERK

March 7, 2002

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

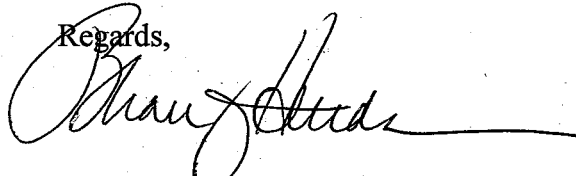
**Re: My client: Christopher Keller  
C.I. File No. 00-V-153  
D/A: 8-31-00**

Dear Clerk:

I am in receipt of a letter from the City Attorney's Office dated February 22, 2002 denying the above claim. We wish to appeal the denial. As such, please set this matter for a hearing.

Thank you.

Regards,



BRIAN J. HENDERSON

BJH/lh

cc: Asst. City Attorney Michael Tobin  
Mr. Christopher Keller

CITY OF MILWAUKEE  
RECEIVED  
02 MAR 11 PM 4:21  
OFFICE OF  
CITY ATTORNEY

CITY OF MILWAUKEE

**CLAIM FOR DAMAGES PURSUANT TO 02 JAN 10 PM 3:03  
SEC. 893.80 WIS. STATS.**

RONALD D. LEONHARDT  
CITY CLERK

To: The City Clerk for the City of Milwaukee  
City Hall, 200 East Wells Street  
Milwaukee, WI 53202

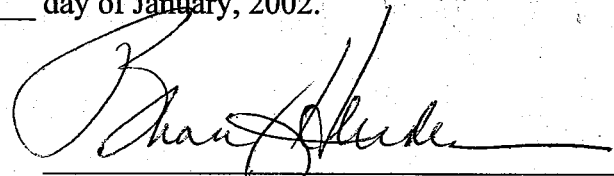
Claimant: Christopher J. Keller  
3759 South 90<sup>th</sup> Street  
Milwaukee, WI 53228

PLEASE TAKE NOTICE that on September 13, 2000, a Notice of Circumstances of Claim was served upon you in connection with the above claimant regarding injuries sustained in an automobile accident which occurred on August 31, 2000 at the intersection of James Lovell Street and West Wells Street in the City and County of Milwaukee, State of Wisconsin. The claimant seeks relief against the City of Milwaukee and its employee, James R. Kraft, for the following

- a. Property damage: 1987 Toyota Tercel (totaled) Kelly Blue Book value 1,875.00
- b. Past wage loss 26,155.63
- c. medical bills to date 17,208.90
- d. past & future pain, suffering and disability 75,000.00

TOTAL CLAIM FOR DAMAGES \$120,239.53

Dated at Milwaukee, Wisconsin this 10<sup>th</sup> day of January, 2002.



HENDERSON & LEVIHN,  
Attorneys for claimant, Christopher Keller  
By: Brian J. Henderson  
State Bar #0101-522

P.O. ADDRESS:  
230 West Wells Street  
Suite 300  
Milwaukee, WI 53203  
Phone: (414) 276-2020

02 JAN 10 PM 4:00  
CITY ATTORNEY  
RECEIVED

# Wisconsin Motor Vehicle Accident Report

# ACCIDENT IN THE LINE OF DUTY

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 **3** DAY **10** YEAR **00**

Time of Accident (Military Time): HOUR **09** MIN. **05**

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

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

Unit #  Sheet No. **10** Of **11**

Reportable Accident

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

LATITUDE (GPS) Degrees: **12** Minutes: **00** Seconds: **00** LONGITUDE (GPS) Degrees: **13** Minutes: **00** Seconds: **00**

ON Hwy No. and / Street Name: **N. JAMES LOVELL** Estimated **0.0** FT.  MI.  FROM/AT Hwy No. and / Street Name: **W. WELLS**

House #  Fire #  Other  Utility #  Railroad #  Agency Space: **FLEET #630635** Special Study 19

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>3</b>	<b>4</b>	<b>W</b>

Speed Limit: <b>35</b>	OPERATOR Last NAME: <b>KELLEN CHRISTOPHER J.</b> M.I.	Speed Limit: <b>35</b>	OPERATOR Last NAME: <b>KRAFT JAMES R.</b> M.I.
ADDRESS: Street & Number: <b>711 W. WELLS ST</b>	ADDRESS: Street & Number: <b>749 W. STATE</b>	ADDRESS: Street & Number: <b>749 W. STATE</b>	ADDRESS: Street & Number: <b>749 W. STATE</b>
City & State: <b>MILWAU WIS 53233</b> ZIP Phone Number: <b>286-8999</b>	City & State: <b>MILWAU WIS 53233</b> ZIP Phone Number: <b>935-7302</b>	City & State: <b>MILWAU WIS 53233</b> ZIP Phone Number: <b>935-7302</b>	City & State: <b>MILWAU WIS 53233</b> ZIP Phone Number: <b>935-7302</b>
Driver's License Number: <b>A460-1106-5287-03</b> State: <b>WI</b> Exp. Year: <b>04</b>	Driver's License Number: <b>R613-4565-4210-02</b> State: <b>WI</b> Exp. Year: <b>01</b>	Driver's License Number: <b>R613-4565-4210-02</b> State: <b>WI</b> Exp. Year: <b>01</b>	Driver's License Number: <b>R613-4565-4210-02</b> State: <b>WI</b> Exp. Year: <b>01</b>

Date of Birth: <b>08-07-65</b>	Sex: <b>M</b>	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: <b>06-10-54</b>	Sex: <b>M</b>	Operating as Classified: <b>35</b>	Class (Mark Only One): <b>(A)</b>	Endorse (Mark All That Apply): <b>(H) (P) (T)</b>
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Severity: <b>(A)</b>	SEAT Position: <b>1</b>	SAFETY Equipment: <b>1</b>	AIRBAG: <b>(1) Deployed</b>	EJECTED: <b>(1) Not Applicable</b>	Severity: <b>(A)</b>	SEAT Position: <b>1</b>	SAFETY Equipment: <b>1</b>	AIRBAG: <b>(1) Deployed</b>	EJECTED: <b>(1) Not Applicable</b>
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TRAPPED/EXTRICATED:  Not Trapped  Trapped/Extricated  Trapped/Not Extricated  Unknown  Medical Transport

Vehicle Owner: Same  Last Name: **MILWAUKEE POLICE DEPT.** M.I.

Street Address: **749 W. STATE**

City & State: **MILWAU WIS 53233** ZIP Phone Number: **935-7302**

Year of Vehicle: **87** Make: **TRUCK** Model: **TRUCK** Body Style: **4DR** Color: **BRO**

Vehicle ID Number: **5JT2EL32H2H0037363**

License Plate Number: **NKN-797** Plate Type: **Aut** State: **WI** Exp. Year: **00**

Policy Holder's Name: **REFUSED** Stat. # **64**

Occupant Unit Number: **65** NAME: **SELF INSURED** Last: **66** First: **67** M.I.: **68** Date of Birth: **69** Sex: **(M)**

Address Same as Operator:  EJECTED:  Not Applicable  Not Ejected  Unknown

TRAPPED/EXTRICATED:  Not Trapped  Trapped/Extricated  Trapped/Not Extricated  Unknown  Medical Transport:

MV4000 899 EMS Number: **79**

Location: **N. J. Lovell At W. Wells AUG 31 2000**

Please Do Not Write In This Microfilm Space

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

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

### Type of Accident

01 First Harmful Event 80  
Most Harmful Event

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
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(select one per vehicle)

**Collision With Object Not Fixed**

① Motor Vehicle In Transport	②
③ Parked Motor Vehicle	④
⑤ Deer	⑥
⑦ Pedalcycle	⑧
⑨ Pedestrian	⑩
⑪ Railway Train	⑫
⑬ Other Animal	⑭
⑮ Motor Vehicle in Transport In Other Roadway	⑯
⑰ Other Object (Not Fixed)	⑱

**Collision With Fixed Object**

⑩ Traffic Sign Post	⑪
⑫ Traffic Signal	⑬
⑭ Utility Pole	⑮
⑯ Lum. Light Support	⑰
⑱ Other Post	⑲
⑳ Tree	㉑
㉒ Mailbox	㉓
㉔ Guardrail Face	㉕
㉖ Guardrail End	㉗
㉘ Median Barrier	㉙
㉚ Bridge/Parapet End	㉛
㉜ Bridge/Pier/Abut.	㉝
㉞ Impact Attenuator	㉟
㊱ Overhead Sign Post	㊲
㊳ Bridge Rail	㊴
㊵ Culvert	㊶
㊷ Ditch	㊸
㊹ Curb	㊺
㊻ Embankment	㊼
㊽ Fence	㊾
㊿ Other Fixed Object	1
Unknown	2

**Non-Collision**

① Overturn	②
③ Fire/Explosion	④
⑤ Immersion	⑥
⑦ Jackknife	⑧
⑨ Other Non-Collision	⑩

### 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	②
③ Reduced Alertness	④
⑤ Ability Impaired	⑥
⑦ Not Observed	⑧

89 Presence

① Neither Alcohol nor Drugs Present

② Yes—Alcohol Present	③
④ Yes—Drugs Present	⑤
⑥ Yes—Alcohol & Drugs Present	⑦
⑧ Unknown	⑨

90 Alcohol

AC Value: \_\_\_\_\_ AC Value: \_\_\_\_\_

① Test Not Given	②
③ Test Refused	④
⑤ Test Given, Alcohol Unknown	⑥
⑦ Test Given, No Alcohol Reported	⑧

91 Drugs

① Test Not Given	②
③ Test Refused	④
⑤ Test Given, Drugs Unknown	⑥
⑦ Test Given, No Drugs Reported	⑧
⑨ Drugs Reported (Specify Below)	⑩
⑪ Marijuana	⑫
⑬ Cocaine	⑭
⑮ Opiates	⑯
⑰ Amphetamines	⑱
⑲ PCP	⑳
㉑ Other Drug Medication	㉒
㉓ Type Unknown	㉔

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

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

Manner of Collision 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  
⑩ Undercarriage  
⑪ Total (Damage to All Areas)  
⑫ Other  
⑬ Unknown

Extent of Damage 95

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

Vehicle Towed Due to Damage 96

Vehicle Removed By 97 **PARKED**

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94

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

Extent of Damage 95

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

Vehicle Towed Due to Damage 96

Vehicle Removed By 97 **Milw. Police Dept.**

82 Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
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PROPERTY Last First M.I.  
OWNER 84

ADDRESS Street & Number 85

City & State ZIP Phone Number ( ) 87

Govt. Damage Tag # 83

86

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

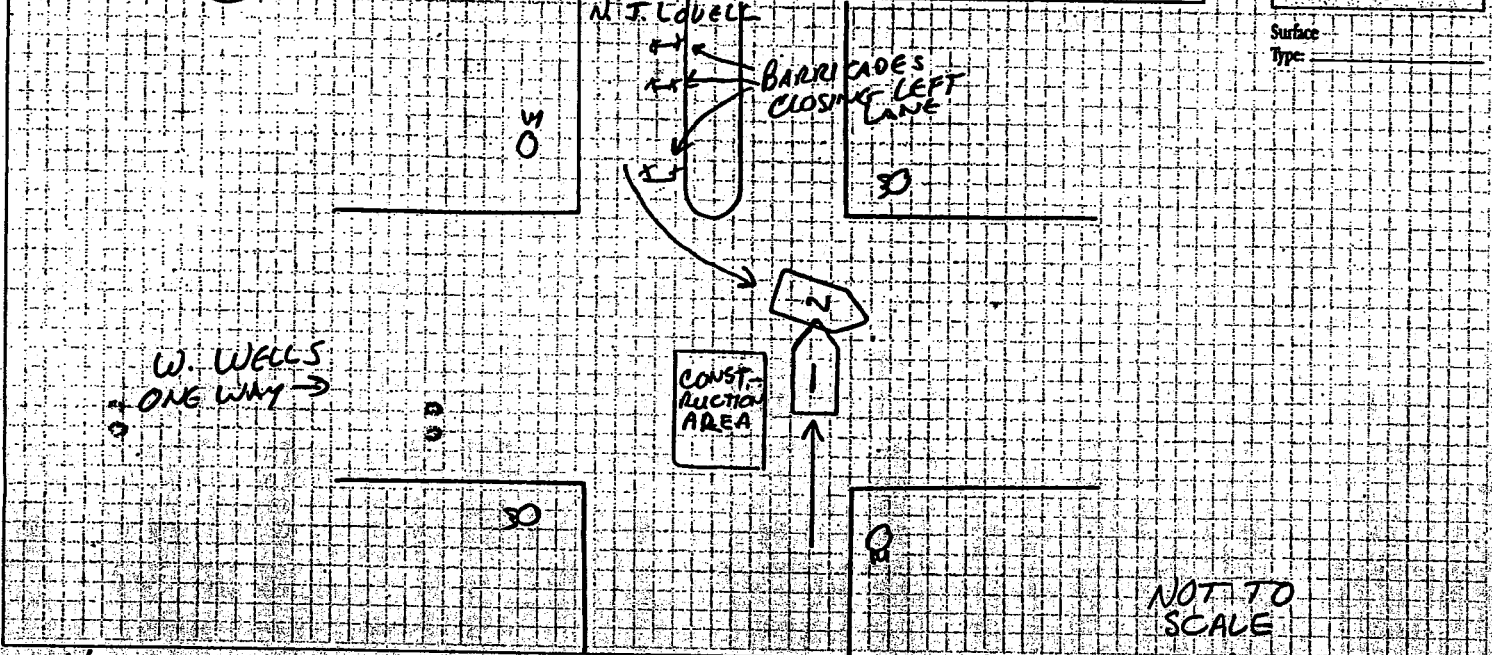


# 99 Pictorial Representation of Narrative

Supplemental Reports 101  Witness Statements 102  Measurements Taken 103

Skidmarks to Impact  
Unit 1: 100 Unit 2: 0  
FEET

Surface Type: \_\_\_\_\_



N 101 VEH. 1 WAS NORTH ON N. J. LOVELL, PASSING A CONSTRUCTION AREA AT W. WELLS WITH A GREEN LIGHT. VEH. 2 WAS SOUTH ON S. LOVELL, AND MADE A LEFT TURN ONTO WELLS DURING THE TURN HE COLLIDED WITH VEH. 1. THE LEFT LANE ON J. LOVELL NORTH OF WELLS WAS BARRICADED + A NO LEFT TURN SIGN WAS POSTED THERE.

Photos By: SPD 382  
P.O. GORECKI 2 PHOTOS

## What Drivers Were Doing

Unit Number	119	Unit Number	119
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16
<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20
<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24
<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28
<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> 32
<input type="radio"/> 33	<input type="radio"/> 34	<input type="radio"/> 35	<input type="radio"/> 36
<input type="radio"/> 37	<input type="radio"/> 38	<input type="radio"/> 39	<input type="radio"/> 40
<input type="radio"/> 41	<input type="radio"/> 42	<input type="radio"/> 43	<input type="radio"/> 44
<input type="radio"/> 45	<input type="radio"/> 46	<input type="radio"/> 47	<input type="radio"/> 48
<input type="radio"/> 49	<input type="radio"/> 50	<input type="radio"/> 51	<input type="radio"/> 52
<input type="radio"/> 53	<input type="radio"/> 54	<input type="radio"/> 55	<input type="radio"/> 56
<input type="radio"/> 57	<input type="radio"/> 58	<input type="radio"/> 59	<input type="radio"/> 60
<input type="radio"/> 61	<input type="radio"/> 62	<input type="radio"/> 63	<input type="radio"/> 64
<input type="radio"/> 65	<input type="radio"/> 66	<input type="radio"/> 67	<input type="radio"/> 68
<input type="radio"/> 69	<input type="radio"/> 70	<input type="radio"/> 71	<input type="radio"/> 72
<input type="radio"/> 73	<input type="radio"/> 74	<input type="radio"/> 75	<input type="radio"/> 76
<input type="radio"/> 77	<input type="radio"/> 78	<input type="radio"/> 79	<input type="radio"/> 80
<input type="radio"/> 81	<input type="radio"/> 82	<input type="radio"/> 83	<input type="radio"/> 84
<input type="radio"/> 85	<input type="radio"/> 86	<input type="radio"/> 87	<input type="radio"/> 88
<input type="radio"/> 89	<input type="radio"/> 90	<input type="radio"/> 91	<input type="radio"/> 92
<input type="radio"/> 93	<input type="radio"/> 94	<input type="radio"/> 95	<input type="radio"/> 96
<input type="radio"/> 97	<input type="radio"/> 98	<input type="radio"/> 99	<input type="radio"/> 100

106	107	108	109	110
Plate #	Plate Type	State	Exp. Yr.	MI

WITNESS NAME: 107	First	MI
ADDRESS: Street & Number	Date of Birth	
City & State	ZIP	Phone Number 111

### ACCESS CONTROL 112

- 1 No Control (Unlimited Access)
- 2 Full Control (Only Ramp Entry/Exit)
- 3 Partial Control

### ROAD TERRAIN 113

Part A

- 1 Straight
- 2 Curve

Part B

- 1 Level/Flat
- 2 Hill

### LIGHT CONDITION 114

- 1 Daylight
- 2 Dark-Not Lighted
- 3 Dark-Lighted
- 4 Dawn
- 5 Dusk
- 6 Unknown

### TRAFFIC WAY 115

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

### ROAD SURFACE CONDITION 116

- 1 Dry
- 2 Wet
- 3 Snow/Slush
- 4 Ice
- 5 Sand, Mud, Dirt, Oil
- 6 Other
- 7 Unknown

### WEATHER 118

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke
- 6 Sleet, Hail (Freezing Rain or Drizzle)
- 7 Blowing Sand, Soil, Dirt, Snow
- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

### RELATION TO ROADWAY 117

- 1 On Roadway
- 2 Parking Lot or Private Property
- 3 Shoulder (Other Than Shoulder within Median or Gore)
- 4 Median (Other Than Median within Gore)
- 5 Outside Shoulder-Left
- 6 Outside Shoulder-Right
- 7 Off Roadway-Location Unknown
- 8 On Ramp
- 9 Gore (Area between Ramp & Highway)
- 10 Unknown

## Traffic Control

Unit Number	120	Unit Number	120
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16
<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20
<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24
<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28
<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> 32
<input type="radio"/> 33	<input type="radio"/> 34	<input type="radio"/> 35	<input type="radio"/> 36
<input type="radio"/> 37	<input type="radio"/> 38	<input type="radio"/> 39	<input type="radio"/> 40
<input type="radio"/> 41	<input type="radio"/> 42	<input type="radio"/> 43	<input type="radio"/> 44
<input type="radio"/> 45	<input type="radio"/> 46	<input type="radio"/> 47	<input type="radio"/> 48
<input type="radio"/> 49	<input type="radio"/> 50	<input type="radio"/> 51	<input type="radio"/> 52
<input type="radio"/> 53	<input type="radio"/> 54	<input type="radio"/> 55	<input type="radio"/> 56
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<input type="radio"/> 61	<input type="radio"/> 62	<input type="radio"/> 63	<input type="radio"/> 64
<input type="radio"/> 65	<input type="radio"/> 66	<input type="radio"/> 67	<input type="radio"/> 68
<input type="radio"/> 69	<input type="radio"/> 70	<input type="radio"/> 71	<input type="radio"/> 72
<input type="radio"/> 73	<input type="radio"/> 74	<input type="radio"/> 75	<input type="radio"/> 76
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<input type="radio"/> 81	<input type="radio"/> 82	<input type="radio"/> 83	<input type="radio"/> 84
<input type="radio"/> 85	<input type="radio"/> 86	<input type="radio"/> 87	<input type="radio"/> 88
<input type="radio"/> 89	<input type="radio"/> 90	<input type="radio"/> 91	<input type="radio"/> 92
<input type="radio"/> 93	<input type="radio"/> 94	<input type="radio"/> 95	<input type="radio"/> 96
<input type="radio"/> 97	<input type="radio"/> 98	<input type="radio"/> 99	<input type="radio"/> 100

# Officer's Opinion of Possible Contributing Circumstances

Document Number Override  
121

### Driver Factors

Unit Number ● 2 3 4 5 ● 6 7 8 9 10 ● N/A	Unit Number ① ● 2 3 4 5 ② 6 7 8 9 10 ○ N/A
122	

① Exceeding Speed Limit	①
② Speed Too Fast/Condition	②
③ Fail to Yield Right of Way	③
④ Inattentive Driving	④
⑤ Following Too Close	⑤
⑥ Improper Turn	⑥
⑦ Left of Center	⑦
⑧ Disregarded Traffic Control	⑧
⑨ Improper Overtaking	⑨
⑩ Unsafe Backing	⑩
⑪ Failure to Have Control	⑪
⑫ Driver Condition	⑫
⑬ Physically Disabled	⑬
⑭ Other	⑭

### Vehicle Factors

Unit Number ● 2 3 4 5 ● 6 7 8 9 10 ● N/A	Unit Number ① ● 2 3 4 5 ② 6 7 8 9 10 ● N/A
123	

① Brake System	①
② Tires	②
③ Steering System	③
④ Turn Signals	④
⑤ Head Lamps	⑤
⑥ Stop Lamps	⑥
⑦ Tail Lamps	⑦
⑧ Disabled in Prior Accident	⑧
⑨ Other Disabled	⑨
⑩ Mirrors	⑩
⑪ Suspension System	⑪
⑫ Other	⑫

### Highway Factors

Unit Number ● 2 3 4 5 ● 6 7 8 9 10 N/A	Unit Number ① ● 2 3 4 5 ② 6 7 8 9 10 N/A
124	

① Snow, Ice or Wet	①
② Narrow Shoulder	②
③ Low Shoulder	③
④ Soft Shoulder	④
⑤ Loose Gravel	⑤
⑥ Rough Pavement	⑥
⑦ Debris from Prior Accident	⑦
⑧ Other Debris	⑧
⑨ Sign Obscured or Missing	⑨
⑩ Narrow Bridge	⑩
⑪ Construction Zone	⑪
⑫ Visibility Obscured	⑫
⑬ Other	⑬

### OFFICER INFORMATION

Last CHANEY First WILLIAM M.I. \_\_\_\_\_

Law Enforcement Agency Address  
749 W STATE

City & State MILWAUKEE WI ZIP 53233

Phone Number 414 935 7216

Agency MILWAUKEE POLICE DEPT Officer ID # 4795

Date Notified	Time Notified (Military Time)	Time Arrived (Military Time)	Date of Report																																																																																																																														
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### 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)

Carrier Name: 139

### Carrier Identification Numbers

US DOT: 130 LC: \_\_\_\_\_

ICC MC: \_\_\_\_\_ IC: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

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

### Vehicle Information

Vehicle Configuration 145

① Single unit truck, 2 axles, 6 tires  (Y)  (N)

② Single unit truck + 3 axles  (Y)  (N)

③ Tractor/Trailer  (Y)  (N)

④ Tractor/Tractor  (Y)  (N)

⑤ Tractor/Tractor  (Y)  (N)

⑥ Tractor/Tractor  (Y)  (N)

⑦ Tractor/Tractor  (Y)  (N)

⑧ Tractor/Tractor  (Y)  (N)

⑨ Tractor/Tractor  (Y)  (N)

⑩ Unknown Heavy Truck  (Y)  (N)

⑪ Log Truck  (Y)  (N)

SEQUENCE OF EVENTS FOR THIS VEHICLE 146

① Ran off Road  (Y)  (N)

② Jackknife  (Y)  (N)

③ Overtake (Rollover)  (Y)  (N)

④ Downhill Runaway  (Y)  (N)

⑤ Cargo Loss or Shift  (Y)  (N)

⑥ Explosion or Fire  (Y)  (N)

⑦ Separation of Units  (Y)  (N)

⑧ Collision Involving Pedestrian  (Y)  (N)

⑨ Collision Involving Motor Vehicle in Transp.  (Y)  (N)

⑩ Collision Involving Parked Motor Vehicle  (Y)  (N)

⑪ Collision Involving Train  (Y)  (N)

⑫ Collision Involving Pedalcycle  (Y)  (N)

⑬ Collision Involving Animal  (Y)  (N)

⑭ Collision Involving Fixed Object  (Y)  (N)

⑮ Collision Involving Other Object  (Y)  (N)

⑯ Other  (Y)  (N)

### Cargo Body Type

147

① Bus  (Y)  (N)

② Van/Enclosed box  (Y)  (N)

③ Cargo Tank  (Y)  (N)

④ Flatbed  (Y)  (N)

⑤ Dump  (Y)  (N)

⑥ Concrete Mixer  (Y)  (N)

⑦ Auto Transporter  (Y)  (N)

⑧ Garbage Refuse  (Y)  (N)

⑨ Other  (Y)  (N)

⑩ Log Truck  (Y)  (N)



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