

CLAIM
\$893.80 Stats.

CITY OF MILWAUKEE

03 OCT 15 PM 2:20

RONALD D. LEONHARDT
CITY CLERK

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

CLAIMANT: Paul Richard Kavanagh
749 West State Street
Milwaukee, WI 53233

RE: Relief claimed on behalf of Paul Richard Kavanagh: Pain, suffering and disability
\$250,000.00 in money damages, per §§345.05(2) & (3), STATS.

On or about November 3, 2002, while riding in a vehicle being used for police purposes and driven by Milwaukee Police Detective DANIEL M. WILCOX, 749 West State Street, Milwaukee, Wisconsin, 53233, Milwaukee Police Department Detective PAUL RICHARD KAVANAGH was seriously injured, as a result of Detective Daniel M. Wilcox's negligent operation of such City of Milwaukee vehicle. Liability is premised under §§345.05(2) & (3), Wis. Stats.

Attached hereto is a copy of the Motor Vehicle Accident Report pertaining to such. The City had notice of the circumstances surrounding this injury and claim on the date of the accident.

Paul Richard Kavanagh has experienced significant pain, suffering and disability since that date and as a result of that accident.

The CITY OF MILWAUKEE and DANIEL M. WILCOX are hereby notified that PAUL RICHARD KAVANAGH claims satisfaction and damages from the City due to such injuries.

The claimant is represented by Attorney Jonathan Cermele of the law firm of Eggert & Cermele, S.C., It is requested that all notices of any scheduling or action on this claim be served upon the claimant, in care of his legal counsel, at 1840 North Farwell Avenue, Suite 303, Milwaukee, WI 53202.

Dated this 14th day of October, 2003.

EGGERT & CERMELE, S.C.
Attorneys for Claimant, Paul Richard Kavanagh

Mailing Address:
1840 North Farwell Avenue, #303
Milwaukee, Wisconsin 53202
(414) 276-8750
(414) 276-8906 (facsimile)

Jonathan Cermele, on behalf of
Paul Richard Kavanagh

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

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

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

Accident Date: MONTH **03** DAY **02** YEAR **02**

Time of Accident (Military Time): HOUR **18** MIN **50**

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

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

Unit # **1**
Sheet No. **11**
Of **11**

ACCIDENT LOCATION

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

LATITUDE (GPS) Degrees: _____ Minutes: _____ Seconds: _____ LONGITUDE (GPS) Degrees: _____ Minutes: _____ Seconds: _____

ON Hwy. No. and Street Name: **S. 11TH STREET** Estimated: **0.0** FROM/AT Hwy. No. and Street Name: **W. ORCHARD STREET**

House # _____ Fire # _____ Other _____ Agency Space _____ Special Study _____

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)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W

OPERATOR Last Name	First Name	M.I.	Speed Limit	OPERATOR Last Name	First Name	M.I.	Speed Limit
REYNA	JOSE A.			WILCOX	DANIEL M.		
ADDRESS Street & Number	City & State	ZIP	Phone Number	ADDRESS Street & Number	City & State	ZIP	Phone Number
1564 S. 26 STREET	MILWAUKEE, WI	53207	414 672-4119	749 W. STATE STREET	MILWAUKEE, WI	53233	414 933-4444
Driver's License Number	State	Exp. Year	Class	Driver's License Number	State	Exp. Year	Class
R500-4217-8094-07	WI	-	Operating	W422-1736-8054-04	WI	07	Operating

Date of Birth	Sex	Operating as Classified	On Duty Accident	Date of Birth	Sex	Operating as Classified	On Duty Accident
03-14-78	<input type="checkbox"/> M <input type="checkbox"/> F	AS	<input checked="" type="checkbox"/> Police <input type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance	02-14-68	<input type="checkbox"/> M <input type="checkbox"/> F	AS	<input checked="" type="checkbox"/> Police <input type="checkbox"/> EMT/First Responder <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Winter Hwy Maintenance

SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
1	1	9	<input checked="" type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially Ejected <input type="checkbox"/> Unknown <input type="checkbox"/> Totally Ejected	1	1	1	<input checked="" type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially Ejected <input type="checkbox"/> Unknown <input type="checkbox"/> Totally Ejected

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

Vehicle Owner: **MORALES, ANTONIO uni** City of Milwaukee

Street Address: **2126 W. GRANT STREET** **749 W. STATE STREET**

City & State: **MILWAUKEE, WI 53215** **MILWAUKEE WI 53233**

Year of Vehicle: **92** Make: **MERC MARQUIS** Model: **4DR** Body Style: **BLU** Color: **92** Make: **CHEV BLAZER** Model: **4DR** Body Style: **BLK** Color: **BLK**

Vehicle ID Number: **2MECM75W4NX627234** **1GNDT13W3N2224638**

License Plate Number: **135-0GX** State: **WI** Exp. Year: **02** **RXP-951** State: **WI** Exp. Year: **03**

Policy Holder's Name: **UNK** **SELF INSURED**

Liability Insurance Company: **UNK** **346.63(2)(a)(i)**

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
11	KAVANAGH, PAUL R.	10-07-68	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	11	0	<input checked="" type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown

Address Same as Operator: Yes No

EJECTED: Not Applicable Not Ejected Totally Ejected Partially Ejected Unknown

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

MV4000 899 EMS Number: _____

Police No. 8070507 Date S. 11 ST + W. ORCHARD ST.

Occupant Unit Number: **PRADO, DAWN M.** 13-13-67
 ADDRESS: **4854 N. 19 STREET** City & State: **MILWAUKEE, WI** ZIP: **53209**
 Position: **3** Equipment: **9**
 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
 Address Same as Operator: **Yes**
 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** Agency Space: **Y**

Occupant Unit Number: **01** First Harmful Event
 Most Harmful Event: **01**
 Unit Number: **2** Unit Number: **1**
 (select one per vehicle)
Type of Accident
 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 Guardrail End 19 Median Barrier 20 Bridge Parapet End 21 Bridge/Pier/Abut. 22 Impact Attenuator 23 Overhead Sign Post 24 Bridge Rail 25 Culvert 26 Ditch 27 Curb 28 Embankment 29 Fence 30 Other Fixed Object 31 Unknown
 Non-Collision:
 32 Overturn 33 Fire/Explosion 34 Immersion 35 Jackknife 36 Other Non-Collision

Driver Condition
 Unit Number: **2** Unit Number: **1**
Driver Factors (Or Pedestrians)
 1 Appeared Normal 2 Reduced Alertness 3 Ability Impaired 4 Not Observed
Presence
 5 Neither Alcohol nor Drugs Present
 6 Yes—Alcohol Present 7 Yes—Drugs Present 8 Yes—Alcohol & Drugs Present 9 Unknown
Alcohol
 AC Value: **0** AC Value: **0**
 11 Test Not Given 12 Test Refused 13 Test Given, Alcohol Unknown 14 Test Given, No Alcohol Reported
Drugs
 15 Test Not Given 16 Test Refused 17 Test Given, Drugs Unknown 18 Test Given, No Drugs Reported (Specify Below)
 19 Marijuana 20 Cocaine 21 Opiates 22 Amphetamines 23 PCP 24 Other Drug Medication 25 Type Unknown

Unit # **1**
Pedestrian
 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
 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
 Vehicle Towed Due to Damage: **0** Vehicle Removed By: **ONE TOWING**

Unit # **1**
Darken Numbered Area(s) of Vehicle Damage
 10 Undercarriage 11 Total (Damage to All Areas) 12 Other 13 Unknown
 Extent of Damage:
 0 None 1 Very Minor 2 Minor 3 Moderate 4 Severe 5 Very Severe 6 Unknown
 Vehicle Towed Due to Damage: **0** Vehicle Removed By: **ONE TOWING**

Fixed Object Struck
 Unit # Unit # Unit # Unit #
 Govt. Damage Tag #
PROPERTY OWNER Last: **PRADO** First: **DAWN** M.I.: **M.**
 ADDRESS: **4854 N. 19 STREET** City & State: **MILWAUKEE, WI** ZIP: **53209** Phone Number: **()**

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



Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

MARKERS TO IMPACT
 Unit 1: Unit 2:
 30 0

Surface: ASPHALT
 Type:

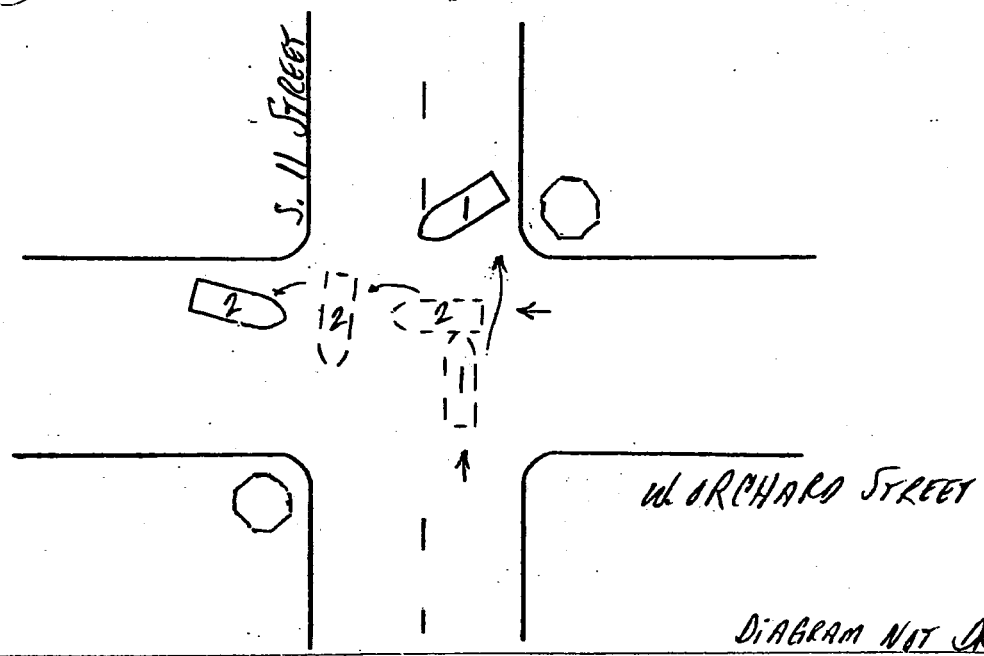


DIAGRAM NOT DRAWN TO SCALE

NARRATIVE
 UNIT 1 WAS NORTHBOUND ON S. 11TH STREET AND COLLIDED WITH UNIT 2 WHO WAS WESTBOUND ON W. ORCHARD STREET.

Photos By: J.D. TEAL RICHARDSON
 SO. 385 110 PHOTOS

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

WITNESS NAME: SEE SUPPLEMENTS	First	M.I.
ADDRESS: Street & Number	Date of Birth	
City & State	ZIP	Phone Number

- ACCESS CONTROL**
- No Control (Unlimited Access)
 - Full Control (Only Ramp Entry/Exit)
 - Partial Control

- ROAD TERRAIN**
- Part A
- Straight
 - Curve
- Part B
- Level/Flat
 - Hill

- LIGHT CONDITION**
- Daylight
 - Dark—Not Lighted
 - Dark—Lighted
 - Dawn
 - Dusk
 - Unknown

- TRAFFIC WAY**
- 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**
- Dry
 - Wet
 - Snow/Slush
 - Ice
 - Sand, Mud, Dirt, Oil
 - Other
 - Unknown

- WEATHER**
- Clear
 - Cloudy
 - Rain
 - Snow
 - Fog, Smog, Smoke (Freezing Rain or Drizzle)
 - Blowing Sand, Soil, Dirt, Snow
 - Severe Crosswinds
 - Other
 - Unknown

- RELATION TO ROADWAY**
- On Roadway
 - Parking Lot or Private Property
 - Shoulder (Other Than Shoulder within Median or Gore)
 - Median (Other Than Median within Gore)
 - Outside Shoulder—Left
 - Outside Shoulder—Right
 - Off Roadway—Location Unknown
 - On Ramp
 - Gore (Area between Ramp & Highway)
 - Unknown

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

Officer's Opinion of Possible Contributing Circumstances

Document Number Overide

Driver Factors

Unit Number	Unit Number
1 2 3 4 5	6 7 8 9 10
11 12 13 14	15 16 17 18
N/A	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	6 7 8 9 10
11 12 13 14	15 16 17 18
N/A	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	6 7 8 9 10
11 12 13 14	15 16 17 18
N/A	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 BARKOWSKI First JAMES M. M.I.

Law Enforcement Agency Address
749 W. STATE STREET

City & State MIWAUNICEE, WI. ZIP 53233

Phone Number (414) 933-4444

Agency # 18 Enforcement Agency MIWAUNICEE P.D. Officer ID # 55641

Date Notified

MONTH	DAY	YEAR
Jan		
Feb	<u>03</u>	<u>02</u>
Mar	<u>0</u>	<u>0</u>
Apr	<u>1</u>	<u>1</u>
May	<u>2</u>	<u>2</u>
June	<u>3</u>	<u>3</u>
July	<u>4</u>	<u>4</u>
Aug	<u>5</u>	<u>5</u>
Sept	<u>6</u>	<u>6</u>
Oct	<u>7</u>	<u>7</u>
Nov	<u>8</u>	<u>8</u>
Dec	<u>9</u>	<u>9</u>

Time Notified (Military Time)

HOUR	MIN.
<u>19</u>	<u>30</u>
<u>0</u>	<u>0</u>
<u>1</u>	<u>1</u>
<u>2</u>	<u>2</u>
<u>3</u>	<u>3</u>
<u>4</u>	<u>4</u>
<u>5</u>	<u>5</u>
<u>6</u>	<u>6</u>
<u>7</u>	<u>7</u>
<u>8</u>	<u>8</u>
<u>9</u>	<u>9</u>

Time Arrived (Military Time)

HOUR	MIN.
<u>19</u>	<u>40</u>
<u>0</u>	<u>0</u>
<u>1</u>	<u>1</u>
<u>2</u>	<u>2</u>
<u>3</u>	<u>3</u>
<u>4</u>	<u>4</u>
<u>5</u>	<u>5</u>
<u>6</u>	<u>6</u>
<u>7</u>	<u>7</u>
<u>8</u>	<u>8</u>
<u>9</u>	<u>9</u>

Date of Report

MONTH	DAY	YEAR
Jan		
Feb	<u>03</u>	<u>02</u>
Mar	<u>0</u>	<u>0</u>
Apr	<u>1</u>	<u>1</u>
May	<u>2</u>	<u>2</u>
June	<u>3</u>	<u>3</u>
July	<u>4</u>	<u>4</u>
Aug	<u>5</u>	<u>5</u>
Sept	<u>6</u>	<u>6</u>
Oct	<u>7</u>	<u>7</u>
Nov	<u>8</u>	<u>8</u>
Dec	<u>9</u>	<u>9</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...*

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

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

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

• Hazardous Material Placard Displayed? Y N

• Hazardous Cargo was Released? Y N

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

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

Carrier Information

Carrier Identification Numbers

US DOT 119 LC

ICC MC 119 IC

Carrier Address 112

Source: Vehicle Side Shipping Papers Trip Manifest Driver Log Book

Vehicle Information

Gross Vehicle Weight Rating 125 LBS Total # of Axles 4

Vehicle Configuration: Bus Single unit truck + 3 axles Truck-Tractor Tractor, Doubles Unknown Heavy Truck

Single unit truck, 2 axles, 6 tires Truck-Trailer Tractor-Semi-Trailer Tractor, Triples Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE

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: Bus Concrete Mixer Van enclosed box Auto Transporter Cargo Tank Garbage Refuse Flatbed Dump Log Truck

Printed in U.S.A. G503 654321 Mark Railless by INC'S M11977-9P-3

INCIDENT INFORMATION	INCIDENT <u>ACCIDENT</u>	DATE OF INCIDENT / ACCIDENT <u>11-03-02</u>
	VICTIM	LOCATION OF INCIDENT <u>ACCIDENT</u> <u>INTERSECTION OF SO. 11TH ST & W. ORCHARD</u>
		DIST.# <u>2</u>

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
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QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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This report was written PO E. Peerenboom assigned to District Two early shift. On Sunday 11-03-02 at 6^{PM} (Sgt 621 PO E. Peerenboom) responded to a P.I. accident at 11th & Orchard St

Upon my arrival I met and spoke with (Squad 3R Sgt Jack) who instructed me to conduct a canvas south of the accident scene.

At the address of 1501 So 11th St there was no answer at the door.

At the address of 1505 So 11th St I spoke with Jose L Martinez, w/m 06-04-82, 645-6415 who stated he was home but did not see anything, He only heard a crashing sound.

At the address of 1515 So 11th St I met and spoke with Blanca I. Rivera, w/f, 07-03-72, 643-4867 who stated she was not at home when the accident occurred she only saw all the police after she got home.

REPORTING OFFICER <u>PO Edward Peerenboom</u>	PAYROLL # <u>67358</u>	LOC CODE <u>22</u>	SUPERVISORS SIGNATURE <u>J. Alan Jones</u>
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INCIDENT INFORMATION	INCIDENT <u>P.I. ACCIDENT</u>	DATE OF INCIDENT / ACCIDENT <u>11-3-02</u>
	VICTIM	LOCATION OF INCIDENT / ACCIDENT <u>INTERSECTION - S 11TH + W. ORCHARD</u>

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
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QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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THIS REPORT IS WRITTEN BY P.O. DAVID M. GALARRA

DIST. 2 EARLY. ON 11-03-02 I P.O. GALARRA SQ 92 AND P.O. FEERENBOM SQ 621 WERE ASKED TO CANVASS THE AREA FOR A P.I. HIT AND RUN ACCIDENT AT S. 11TH ST AND ORCHARD ST. UPON ARRIVAL WE MADE A HOUSE TO HOUSE CANVASS OF THE SURROUNDING AREA. I WENT TO 1500 S. 11TH ST AND NO ONE WAS AT HOME, I CALLED S. 11TH I SPOKE TO SAMUEL CRUZ 4-15-77 W/M PHONE # 679-0157. HE SAW NOTHING, 1506 S. 11TH ST. JAVIER GOMEZ 1-24-79 W/M PHONE # 672-3555 HE SAID HE SAW AN U.S. MALE 5'7" 200 LBS, WITH A BLACK BASEBALL CAP HOLDING HIS HEAD AND LIMPING GET OUT OF A BLACK VEHICLE. HE NOTICE THAT THE SUBJECT WAS WEARING A BLACK JACKET WITH WHITE STRIPS ON IT'S SLEEVES. HE ALSO STATED THAT HE WAS ON HIS PORCH WHEN THE BLACK MERCURY GOING NORTH BOUND ON S 11TH ST. STRUCK A BLACK BLAZER. THE DRIVER OF THE MERCURY WALKED AWAY AND HEADED EAST ON ORCHARD. THIS IS THE SAME PERSON LISTED UP ABOVE. I ALSO CANVASSED THESE ADDRESSES AND NO ONE SAW ANYTHING. 1438 S. 11TH ST, 1436 S. 11TH ST AND 1434 S. 11TH ST.

REPORTING OFFICER <u>P.O. DAVID M. GALARRA</u>	PAYROLL # <u>68760</u>	LCC CODE <u>22</u>	SUPERVISORS SIGNATURE <u>St. Alan [Signature]</u>
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INCIDENT INFORMATION	INCIDENT		DATE OF INCIDENT/ACCIDENT		
	SERIOUS INJURY ACCIDENT		11-03-02		
	VICTIM		LOCATION OF INCIDENT/ACCIDENT	DIST. #	
			S 11THST AT W ORCHARD ST	2	
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER	
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE

THIS REPORT IS WRITTEN BY PO MATTHEW NOGALSKI, ASSIGNED TO THE PATROL SUPPORT DIVISION EARLY CYCLES.

ON 11-03-02 AT 6:54 PM I, (SQ 876), RESPONDED TO A PI ACCIDENT AT S 11TH ST AT W ORCHARD ST. UPON MY ARRIVAL THE WEATHER CONDITIONS WERE AS FOLLOWS.

THE SKY WAS CLOUDY AND DARK, THE ROADWAYS WERE DRY, AND THE AIR TEMPERATURE WAS ABOUT 40 F.

SOUTH 11TH ST IS MADE OF ASPHALT AND THE ROADWAY IS TRAVEL POLISHED WITH A SLIGHT CROWN. SOUTH 11TH ST HAS TWO WAY TRAFFIC NORTH AND SOUTH AND IS DIVIDED BY A BROKEN YELLOW LINE. SOUTH 11TH ST ALLOWS FOR ONE LANE OF TRAVEL AND PARKING AT THE CURBS IN EACH DIRECTION. THE ROADWAY ALSO SLOPES DOWNHILL TO THE NORTH FROM W LAPHAM AVE TO A POINT PAST W GREENFIELD AVE. THE ROADWAY IS IN GOOD REPAIR.

WEST ORCHARD ST IS MADE OF CONCRETE EAST AND WEST OF THE INTERSECTION. IT HAS A SLIGHT CROWN AND IS TRAVEL POLISHED. THE ROADWAY ALLOWS FOR ONE LANE OF TRAFFIC WITH PARKING AT THE CURBS IN BOTH DIRECTIONS. THE ROADWAY IS IN GOOD REPAIR. WEST ORCHARD SLOPES DOWNWARD TO THE WEST STARTING BETWEEN S 10TH ST AND S 11TH ST TO THE WEST PAST S 12TH ST.

THE INTERSECTION IS ILLUMINATED BY A SINGLE STREET LIGHT THAT IS SUSPENDED IN THE CENTER BETWEEN TWO POLES. ALL OF THE STREET LAMPS BETWEEN W LAPHAM AVE TO W GREEFIELD AVE AND S 10TH ST TO S 12TH ST ARE IN WORKING ORDER.

REPORTING OFFICER <i>P.O. M. Nogalski</i> PO MATTHEW NOGALSKI	Payroll 62955	Loc Code 19	SUPERVISORS SIGNATURE <i>[Signature]</i>
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INCIDENT INFORMATION	INCIDENT		DATE OF INCIDENT/ACCIDENT		
	PI ACCIDENT		11/3/02		
INCIDENT INFORMATION	VICTIM		LOCATION OF INCIDENT/ACCIDENT		DIST. #
			S. 11 ST AND W. ORCHARD		2
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER	
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE

THIS REPORT WAS WRITTEN BY P.O. ALBERTO Riestra, PSD-CYCLES EARLY SHIFT.

ON SUNDAY, NOVEMBER 03, 2002, AT 6:54PM, I RESPONDED TO A P.I. ACCIDENT AT S. 11TH ST AND W. ORCHARD. UPON ARRIVAL I WAS INFORMED THAT DETECTIVE PAUL KAVANAGH (10/07/68) WAS THE PASSENGER IN ONE OF THE AUTOS INVOLVED, AND THAT HE SUSTAINED INJURIES. DETECTIVE KAVANAGH WAS TRANSPORTED TO FROEDTERT HOSPITAL VIA MFD MED 15. MANNING MED 15 WAS LT. DAVID JALOWIEC AND PARAMEDIC RAY HOLLAND.

KAVANAGH WAS ADMITTED AT 7:30P.M. WHERE HE WAS TREATED BY DR. STEVE HARGARTEN. HE SUSTAINED ABRASIONS TO HIS HEAD AND HANDS, TWO COMPRESS VERTEBRAE. HE ALSO HAD A COMPOUND FRACTURE OF HIS LOWER RIGHT LEG WHICH REQUIRED SURGERY. I WAS UNABLE TO INTERVIEW DETECTIVE KAVANAGH DUE TO THE NATURE OF HIS INJURIES AND THE MEDICATION HE WAS ON AT THE TIME.

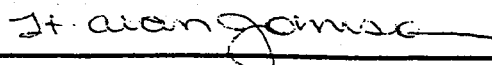
DETECTIVE DANIEL WILCOX (02/14/68) WHO WAS THE DRIVER OF THE CAR, RODE ALONG IN MED 15. HE WAS TREATED AND RELEASED AT FROEDTERT HOSPITAL, BY DR. DANIEL WORMAN, FOR PAIN TO HIS LEFT KNEE AND LEFT ELBOW.

REPORTING OFFICER

P.O. ALBERTO Riestra

 Payroll 63251
 Loc Code 19

SUPERVISORS SIGNATURE

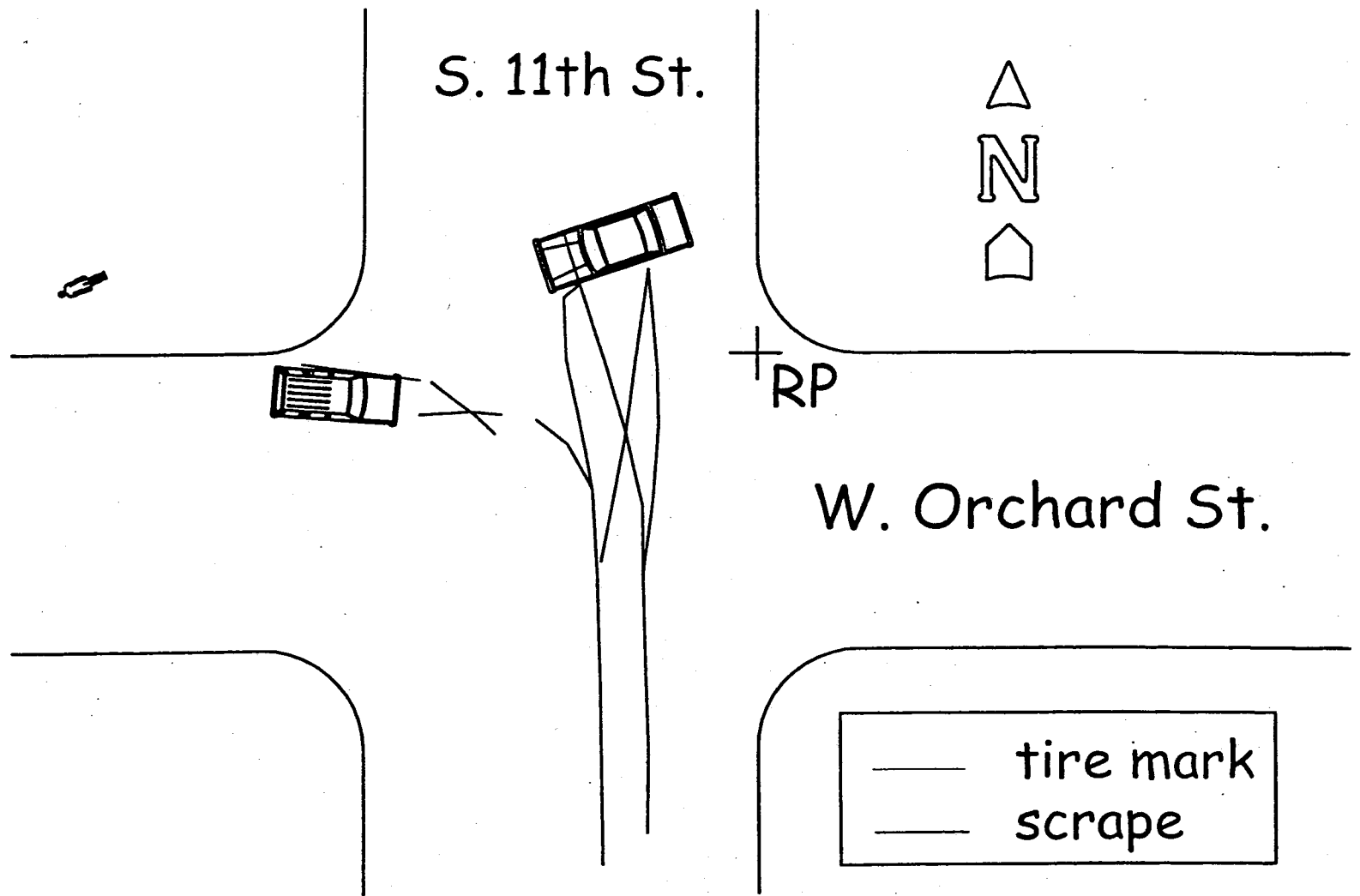


MILWAUKEE POLICE DEPARTMENT		<input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT			
		<input type="checkbox"/> JUVENILE SUPPLEMENT			
INCIDENT INFORMATION	INCIDENT			DATE OF INCIDENT/ACCIDENT	
	Duty Upon Striking Attended Vehicle			11-03-02	
INCIDENT INFORMATION	VICTIM			LOCATION OF INCIDENT/ACCIDENT	
	MILWAUKEE POLICE DEPARTMENT			1100 West Orchard Street	
JUVENILE LAST NAME			DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER	
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE

This report was written by Police Officer Robbie L. LLOYD of District #2 Early Shift.

On Sunday, 11-03-02 at 6:50 P.M. Squad 22 Early P.O. R. LLOYD and P.O. R. WILKINSON responded to 1100 West Orchard Street to saturate the area for a subject wanted for fleeing the scene of a accident. Officers responded to 1564 South 26th Street to check for a subject wanted for a Duty Upon Striking Attended Vehicle causing injury. Upon checking the above location we located the defendant who was later identified as REYNA , Jose A. H/M 03-14-78 who lives at that residence lying on the bedroom floor of the upper unit. The defendant appeared to be intoxicated due to the redness in his eyes and the very strong odor of alcohol coming from his breath and he was also unable to stand up to talk to the officer's that was at that location. He stated that he has had ten Corona's to drink before he returned home tonight . Further investigation revealed that he was the operator of the vehicle that was involved in the accident at the above mention address. A field sobriety test was not performed due to the condition of the defendant. The keys for the striking vehicle where found in the above listed subjects left pants pocket by P.O. WILKINSON after the subject stated that the pants where his. The subjects pants where on the floor next to where he was lying. After the keys where brought to the subjects attention, he then stated to the officers that he was the driver involved in the accident listed above. Officers returned to the scene of the accident to see if the keys fit the subjects vehicle. At 9:55pm P.O. WILKINSON tried the keys in the listed autos ignition at which time the keys did fit the vehicle. The subject was then transported to St. Francis hospital at 9:57pm for a blood draw and then at 10:59pm was transported to PPS for processing. The parking tickets that where found in the above listed house on a shelf in plain view that listed to the vehicle and a money transfer receipt with the vehicle owners name on it along with the listed keys where placed on inventory number 208506.

REPORTING OFFICER <i>Robbie L Lloyd</i> Robbie LLOYD	Payroll 62229 Loc Code 22	SUPERVISORS SIGNATURE <i>Sgt. Allen P. Lane</i>
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Milwaukee Police Department
Accident Reconstruction Unit
Serious Injury Accident
Sun. 11-03-02 1850 hrs
1100 W. Orchard St.
doc. # 8070507
drawn by:
P.O. Chris Bruns

MILWAUKEE POLICE DEPARTMENT

Accident Special Diagram Data

Document #: 8070507

Page 1 of 3 pages

Location: On S. 11TH ST. At W. ORCHARD ST.

Accident Date: 11-03-02 Time: 1850HRS Tape holder: P.O. BORKOWSKI

Tape reader: P.O. BRUNS Recorded by: P.O. NOGALSKI

Reference Point: N/E CORNER 11TH & ORCHARD

Reference Line: EAST CURB LINE

Letter	Description	North	South	East	West
A ₁	TIRE MARK		57 ³		13 ⁰
A ₂	" "		47 ¹⁰		12 ¹⁰
A ₃	" "		38 ⁷		13 ¹
A ₄	" "		26 ⁴		13 ⁵
A ₅	" "		18 ⁰		13 ⁰
A ₆	" "		9 ⁶		15 ⁰
A ₇	" "		1 ⁹		17 ⁹
A ₈	" "	6 ⁴			20 ⁴
A ₉	" "	14 ²			22 ¹⁰
B ₁	TIRE MARK		61 ⁰		18 ²
B ₂	" "		48 ⁰		18 ⁴
B ₃	" "		39 ³		18 ⁵
B ₄	" "		26 ⁷		18 ⁹
B ₅	" "		16 ²		19 ⁴
B ₆	" "		8 ⁵		20 ¹⁰
B ₇	" "		0 ⁹		22 ⁵
B ₈	" "	7 ²			22 ⁹
B ₉	" "	8 ⁰			20 ¹⁰
C ₁	TIRE MARK		26 ⁴		13 ⁵
C ₂	" "		17 ⁰		12 ³

NOTE: All measurements are in feet and inches. Example 24

MILWAUKEE POLICE DEPARTMENT

Accident Special Diagram Data

Document #: 8070507

Page 2 of 3 pages

Location: On S. 11TH ST. At W. ORCHARD ST.

Accident Date: 11-03-02 Time: 1850HRS Tape holder: P.O. BERKEUSKI

Tape reader: P.O. BRUNS Recorded by: P.O. NOGALSKI

Reference Point: N/E CORNER 11TH & ORCHARD

Reference Line: EAST CURB LINE

Letter	Description	North	South	East	West
C ₃	TIRE MARK		8 ⁶		11 ⁷
C ₄	" "		1 ⁹		11 ⁹
C ₅	" "	9 ¹⁰			12 ¹⁰
D ₁	TIRE MARK		24 ²		18 ⁴
D ₂	" "		9 ⁶		15 ⁶
D ₃	" "	9 ¹⁰			12 ¹⁰
E ₁	TIRE MARK		16 ²		19 ⁴
E ₂	" "		10 ¹⁰		22 ³
E ₃	" "		8 ⁶		25 ¹¹
F ₁	TIRE MARK		7 ⁴		30 ⁶
F ₂	" "		7 ⁰		33 ⁶
F ₃	" "		7 ⁴		39 ⁵
G ₁	TIRE MARK		9 ⁷		30 ⁹
G ₂	" "		7 ⁰		33 ⁶
G ₃	" "		3 ⁶		38 ¹
	L/F TIRE UNIT 1	8 ⁰			20 ¹⁰
	L/R " "	11 ²			12 ³
	R/F " "	14 ³			22 ¹⁰
	R/R " "	17 ²			14 ⁰
	L/F TIRE UNIT 2		3 ⁰		44 ¹

NOTE: All measurements are in feet and inches. Example 24 7

MILWAUKEE POLICE DEPARTMENT

Accident Special Diagram Data

Document #: 8070507

Page 3 of 3 pages

Location: On S. 11TH ST. At W. ORCHARD ST.

Accident Date: 11-03-02 Time: 1850HRS Tape holder: P.O. BERKOWSKI

Tape reader: P.O. BRUNS Recorded by: P.O. NOGALSKI

Reference Point: N/E CORNER 11TH & ORCHARD

Reference Line: EAST CURB LINE

Letter	Description	North	South	East	West
	L/R TIRE UNIT 2		2°		53 ³
	R/F " "		7 ⁴		44 ⁸
	R/R " "		7 ⁴		53 ⁹
H ₁	HEAD VICTIM	7 ³			80 ⁸
H ₂	CROTCH VICTIM	8 ⁴			78 ⁷
I ₁	SCRAPE		4°		39 ⁵
I ₂	"		2°		53 ³

NOTE: All measurements are in feet and inches. Example 24

INCIDENT INFORMATION	INCIDENT <u>PI Hit & Run</u>	DATE OF INCIDENT <u>11-03-02</u> <u>ACCIDENT</u>
	VICTIM	LOCATION OF INCIDENT / ACCIDENT <u>1100 W. Orchard St.</u>

DIST.#
2

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="radio"/> DETAINED <input type="radio"/> ORDERED TO MCCC <input type="radio"/> OTHER
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QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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This report is written by PO Dennis Trzcinski Dist 6 L.P. Along with PO Kimberly Fisher.

On 11-04-02 at approximately 835p Squad 2PL advised Sg 566 Trzcinski / Fisher to go to 1564 S 26st for a spantran assignment.

Upon arrival a one Ismael Garcia-Ramirez M/M 6-17-71, 1564 S 26st, 672-4119 allowed myself and the other officers to enter his house and to search for a suspect.

In the residence we located a Reyna, Jose A M/M 3-14-78, 1564 S 26st, and a Casamiro Alvarez M/M 3-4-60, 1564 S 26st.

I spoke to Ismael Garcia in the Spanish language in regards to the time that Reyna, Jose arrived home He stated at about 8:00p - 8:30p. He stated that Jose did not mention anything about an accident.

I also spoke to Casamiro Alvarez in the Spanish language, he stated that was asleep and does not know when Jose came home.

Jose A Reyna was taken into custody and conveyed back to the scene

REPORTING OFFICER

PAYROLL #

65185

LOC CODE

6-5

SUPERVISORS SIGNATURE

STAN MEYER