

August 21, 2003

To Whom It May Concern:

This is a letter stating what damages the City of Milwaukee is liable for due to an accident that occurred on Thursday July 31st 2003.

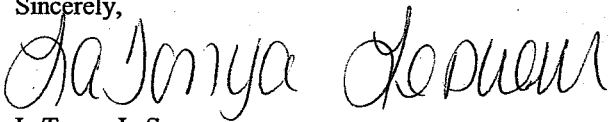
My vehicle was legally parked and was involved in an accident resulting from a police chase. And since the accident, my vehicle has not run properly. I have gone to numerous repair shops to get an idea of what the damages are going to cost. I have enclosed with this letter 2 of the estimates that I have received since speaking with your office on what needed to be done to file this claim. For instance, it has begun to cut off while sitting at a signal light.

Also, as you can see there are internal damages that are hidden and will not be known until the work is started. So for internal hidden damages, we would like to ask for an additional \$3000.00 to cover the damages, which may include:

1. Rear brake system which has been squeaking since the accident;
2. Exhaust section damaged because of accident
3. The axial damage;
4. The tire that was needed to be replaced because an object from the other car was stuck in it;
5. To repair the driver side window that was knocked off track.

Thank you in advance for your immediate attention to this matter.

Sincerely,



LaTonya LeSueur

3603 N. 10th St
873-0481

CITY OF MILWAUKEE
RECEIVED

'03 AUG 22 PM 3:21

OFFICE OF
CITY ATTORNEY

2003 AUG 21 PM 3:42
CITY OF MILWAUKEE
RONALD D. LEONHARDT
CITY CLERK

08/19/2003 at 03:52 PM
11794

Job Number:

PINKEY'S CAPITAL AUTO BODY
License #:
PINKEYS CAPITAL AUTO BODY
3859 N RICHARDS STREET
MILWAUKEE, WI 53212
(414)962-3380

PRELIMINARY ESTIMATE

Written By:
Adjuster:

Insured: TYRONNE LESSUELR
Owner: TYRONNE LESSUELR
Address:

Day: (414)873-0481

Claim #
Policy #
Deductible:
Date of Loss:
Type of Loss: Collision
Point of Impact: 6. Rear

Inspect
Location:

Insurance
Company:

Days to Repair

1998 DODG INTREPID 6-2.7L-FI 4D SED

VIN: 2B3HD46R8WH225244 **Lic:** WPX-351 **WI Prod Date:** **Odometer:**

Air Conditioning	Rear Defogger	Tilt Wheel
Cruise Control	Intermittent Wipers	Dual Mirrors
Clear Coat Paint	Power Steering	Power Brakes
Power Windows	Power Locks	Power Mirrors
Power Trunk/Tailgate	Driver Air Bag	Passenger Air Bag
4 Wheel Disc Brakes	Cloth Seats	Bucket Seats

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		REAR BUMPER				
2**	Repl	A/M CAPA Bumper cover	1	267.00	1.6	3.2
3		Add for Clear Coat				1.3
4#	Repl	FLEX ADDITIVE	1	12.00		
5	Repl	Bumper cover rivet	12	17.40		
6	Repl	Bumper cover pin	8	12.80		
7	Repl	Bumper cover clip	1	2.35		
8	Repl	RT Bumper cover fastener	1	2.35		
9	Repl	LT Bumper cover fastener	1	2.35		
10	Repl	RT Bumper cover bracket	1	7.95		
11	Repl	LT Bumper cover bracket	1	7.95		
12	Repl	Energy absorber	1	85.10	Incl.	
13	Repl	Reinforcement	1	136.00	0.4	
14	Repl	Mount kit license plate base	1	26.60		
15		REAR LAMPS				
16	Repl	RT Tail lamp assy	1	169.00	0.4	
17	Repl	LT Tail lamp assy	1	169.00	0.4	

PRELIMINARY ESTIMATE
1998 DODG INTREPID 6-2.7L-FI 4D SED

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
18		QUARTER PANEL					
19*	Rpr	LT Quarter panel				2.0	2.4
20		Add for Clear Coat					1.0
21	Refn	Fuel door					0.3
22		Add for Clear Coat					0.1
23*	Rpr	RT Quarter panel				12.0	2.4
24		Overlap Major Adj. Panel					-0.4
25		Add for Clear Coat					0.4
26#	R&I	ANT ASSY				0.5	
27#		UNIBODY SET UP	1			2.0	F
28#	Rpr	REAR SWAY				3.0	F
29#	Rpr	REAR FRAME MASH RT & LT RAILS				4.0	
30		REAR BODY & FLOOR					
31*	Rpr	Rear body panel				3.0	1.2
32		Overlap Major Adj. Panel					-0.4
33		Add for Clear Coat					0.2
34*	Rpr	Rear floor pan				4.0	1.4
35		Add for Clear Coat					0.3
36#	Repl	C/P	1	5.00		0.5	
37#	Repl	RUSTPROOFING	1	10.00		0.5	
38#		TINT AND BLEND	1				1.5
39#		COLOR SAND AND BUFF	1				1.5
40#		ALL OPEN UNDER BUMPER	1				

Subtotals ==> 932.85 34.3 16.4

Parts			932.85
Body Labor	29.3 hrs @ \$ 44.00/hr		1289.20
Paint Labor	16.4 hrs @ \$ 44.00/hr		721.60
Frame Labor	5.0 hrs @ \$ 44.00/hr		220.00
Paint Supplies	16.4 hrs @ \$ 24.00/hr		393.60

SUBTOTAL \$ 3557.25
Sales Tax \$ 3557.25 @ 5.6000% 199.21

GRAND TOTAL \$ 3756.46

ADJUSTMENTS:
Deductible 0.00

CUSTOMER PAY \$ 0.00
INSURANCE PAY \$ 3756.46

08/19/2003 at 03:52 PM
11794

Job Number:

PRELIMINARY ESTIMATE
1998 DODG INTREPID 6-2.7L-FI 4D SED

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.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR3PH98 Database Date 8/2003 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

Pathways - A product of CCC Information Services Inc.

RUSS DARROW PONTIAC NISSAN ISUZU KIA
 7676 NORTH 76TH STREET
 PO BOX 240197
 MILWAUKEE WI 53224-9010
 PHONE (414) 362-7520 FAX (414) 355-6744

CD LOG NO 4154-1 DATE 08/20/03

SHOP: RUSS DARROW SUPERSTORE
 ADDRESS: 7676 NORTH 76TH STREET
 CITY STATE: MILWAUKEE, WI
 ZIP: 53223-

INSP DATE: 08/20/03
 CONTACT: MARTIN REHFELDT
 PHONE 1: (414) 355-6300
 PHONE 2: (414) 362-7520
 FAX: (414) 355-6744

OWNER: LESUEUR, LATANYA&TYRONNE
 ADDRESS: 3603 N 10TH STREET
 CITY STATE: MILWAUKEE, WI
 ZIP: 53206-

HOME PHONE: (414) 873-0481

POINT OF IMPACT: 10

TYPE OF LOSS: /DRV

LIC#: WPX-351 STATE: WI
 BODY COLOR: MAROON
 CONDITION: GOOD

VIN: 2B3HD46R8WH225244
 MILEAGE:
 ACCTNG CTL#:

*=USER-ENTERED VALUE
 EC=REPLACE ECONOMY
 EU=REPLACE SALVAGE
 PM=PXN REMAN/REBUILT
 IT=PARTIAL REPAIR
 BR=BLEND REFINISH
 SB=SUBLET
 P=CHECK
 UP=UNRELATED PRIOR

E=REPLACE OEM
 UC=RECONDITIONED PRT
 EP=REPLACE PXN
 TE=PARTL REPL PRICE
 I=REPAIR
 TT=TWO-TONE
 N=ADDITIONAL LABOR
 AA=APPEAR ALLOWANCE

NG=REPLACE NAGS
 UM=REMAN/REBUILT PRT
 PC=PXN RECONDITIONED
 ET=PARTL REPL LABOR
 L=REFINISH
 CG=CHIPGUARD
 RI=R&I ASSEMBLY
 RP=RELATED PRIOR

MAY BE ADDITIOAL DAMAGE AFTER TORN DOWN.

1998 DODGE INTREPID STD 4DOOR SEDAN 6CYL GASOLINE 2.7
 CODE: N2813A/A OPTNS A/24DY

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES
 HEATED REMOTE CONTROL MIRRORS

TWO-STAGE - INTERIOR SURFACES
 CRUISE CONTROL

OP	GDE	MC	DESCRIPTION	MFG.PART NO.	PRICE	AJ%	B%	HOURS	R
I	0389		PANEL, QUARTER	LT REPAIR				2.5*	1
L	0389	13	PANEL, QUARTER	LT REFINISH				3.5	4
I	0390		PANEL, QUARTER	RT REPAIR				10.0*	1
L	0390		PANEL, QUARTER	RT REFINISH				2.6	4
BR	0397		DOOR, FUEL FILLER	LT BLEND REFINISH				0.2	4
RI	0111		MAST, ANTENNA QTR PN	RT R&I ASSEMBLY				0.2	1
BR	0479		LID, REAR DECK	BLEND REFINISH				1.1	4
I	0509		PANEL, REAR BODY	REPAIR				2.5*	1
L	0509		PANEL, REAR BODY	REFINISH				1.3	4

E 0533	01	TAILLAMP ASSEMBLY	LT 4574961AJ	194.00	0.3	1	
E 0534	01	TAILLAMP ASSEMBLY	RT 4574960AI	184.00	0.3	1	
RI 0538		LAMP, HIGH MOUNTED STOP	R&I ASSEMBLY		0.4	1	
E 0566		COVER, REAR BUMPER	4574903AC	352.00	1.5	1	
L 0566		COVER, REAR BUMPER	REFINISH		3.0	4	
E 0573		BRKT, REAR BUMPER MT	LT 4805095AB	7.50	INC	1	
E 0574		BRKT, REAR BUMPER MT	RT 4805094AB	7.50	INC	1	
E 0579		ABS, REAR ENERGY	4574902	81.00	INC	1	
EC M03		FLEX ADDITIVE	ECONOMY PART	15.00*		4*	
EC M05		RUSTPROOFING	ECONOMY PART	20.00*	0.2*	1*	
L M15		COLOR TINT	REFINISH		0.5*	4*	
EC M17		COVER CAR EXTERIOR	ECONOMY PART	5.00*		2*	
N M31		SET-UP FOR REALIGN.	ADDNL LABOR OPERA		2.0*	3	
SB M60		HAZARD. WSTE. REM.	SUBLET REPAIR	4.25*		1*	
EC M63		FACTORY HARDWARE	ECONOMY PART	20.25*		1*	
		>>FOR RETAINERS & CLIPS, NUTS & BOLTS<<					
I		ROUGH PULL	REPAIR			3.5*1*	
		ROUGH PULL TO BRING QUARTER AND REAR BODY PANEL BACK TO PLACE TO REPAI					

25 ITEMS

MC MESSAGE(S)

01 CALL DEALER FOR EXACT PART NUMBER / PRICE

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	826.00
OTHER PARTS	60.25
PAINT MATERIAL	317.20
PARTS TOTAL	1,203.45
TAX ON PARTS & MATERIAL @	5.600% 67.39

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	46.00	2.9	18.5	984.40
2-MECH/ELEC	85.00			
3-FRAME	46.00		2.0	92.00
4-REFINISH	46.00	12.2		561.20
5-PAINT MATERIAL	26.00			
LABOR TOTAL				1,637.60
TAX ON LABOR			5.600%	91.71
SUBLET REPAIRS				4.25
TAX ON SUBLET		@	5.600%	0.24
TOWING				
STORAGE				

GROSS TOTAL 3,004.64

NET TOTAL 3,004.64

ADP SHOPLINK U1732 ES CD LOG 4154-1 DATE 08/20/03 09:39:38AM R6.3 CD 07/03
 HOST LOG

(C) 1998 - 2003 ADP CLAIMS SOLUTIONS GROUP, INC.

2.7 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.



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NOTICE: WHEN SELECTING A REPAIR FACILITY, THE VEHICLE OWNER SHOULD CONSIDER THAT THE REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC WELDING EQUIPMENT AND THE RESTORATION OF CORROSIVE RESISTANT COATINGS AS RECOMMENDED BY THE MANUFACTURE. FAILURE TO HAVE THE VEHICLE PROPERLY REPAIRED COULD RESULT IN A SAFETY HAZARD

Wisconsin Motor Vehicle Accident Report

Document Number Override

7266422

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 **1** YEAR **03**

Time of Accident (Military Time): HOUR **22** MIN. **34**

Total Number: UNITS INJURED **030** KILLED **200**

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

Sheet No. **22** Of **22**

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: **N. 14TH ST.** Estimated _____ FT. _____ MI. FROM/AT Hwy No. and Street Name: **W. WRIGHT**

House # _____ Fire # _____ Other _____ Utility # _____ Railroad # _____ 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)
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10	W E S N	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10	W E S N

Speed Limit _____ OPERATOR Last Name: **LEGALLY** First: **PARISED** M.I. _____

ADDRESS Street & Number _____ City & State _____ ZIP _____ Phone Number _____

City & State _____ ZIP _____ Phone Number _____

Driver's License Number _____ State _____ Exp. Year _____

Date of Birth	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)
On Duty Accident	P. Police E. EMT/First Responder F. Fire Fighter H. Winter Hwy Maintenance	CMV <input type="checkbox"/>	A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	H. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/> G. <input type="checkbox"/>	On Duty Accident	P. Police E. EMT/First Responder F. Fire Fighter H. Winter Hwy Maintenance	CMV <input type="checkbox"/>	A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/>	H. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/> G. <input type="checkbox"/>

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
K A B C	1 2 3 4	1 2 3 4	1. Deployed 2. Non Deployed 3. Not Applicable 4. Unknown	1. Not Applicable 2. Not Ejected 3. Totally Ejected 4. Partially Ejected 5. Unknown	K A B C	1 2 3 4	1 2 3 4	1. Deployed 2. Non Deployed 3. Not Applicable 4. Unknown	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 6. Medical Transport

Vehicle Owner Same Last Name: **LE SUEUR** First: **TYRONNE** M.I. **P.**

Street Address: **3603 N. 10TH ST.**

City & State: **MILWAUKEE WI** ZIP: **53212** Phone Number: **(414) 265-9944**

Year of Vehicle: **1999** Make: **DODGE** Model: **INT. DYN.** Body Style: **4DR** Color: **RED**

Vehicle ID Number: **2B3HD46R8WH225244**

License Plate Number: **WPX 351** Plate Type: **AUT** State: **WI** Exp. Year: **03**

Policy Holder's Name: **SENTRY INS.** Stat. # _____

Occupant Unit Number: **1** NAME Last: _____ First: _____ M.I. _____ Date of Birth: _____ Sex: _____

ADDRESS Street & Number _____ City & State _____ ZIP _____

Address Same as Operator: 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

MV4000 899 EMS Number _____

Please Do Not Write In This Microfilm Space

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

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

Type of Accident

01 First Harmful Event

Most Harmful Event

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

(select one per vehicle)

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)
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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
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Non-Collision

32 Overturn	33 Fire/Explosion	34 Immersion	35 Jackknife	36 Other Non-Collision
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Driver Condition

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

Driver Factors (Or Pedestrians)

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

5 Neither Alcohol nor Drugs Present	6 Yes—Alcohol Present	7 Yes—Drugs Present	8 Yes—Alcohol & Drugs Present	9 Unknown
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Alcohol

AC Value	AC Value		
10 Test Not Given	11 Test Refused	12 Test Given, Alcohol Unknown	13 Test Given, No Alcohol Reported

Drugs

15 Test Not Given	16 Test Refused	17 Test Given, Drugs Unknown	18 Test Given, No Drugs Reported	19 Marijuana	20 Cocaine	21 Opiates	22 Amphetamines	23 PCP	24 Other Drug Medication	25 Type Unknown
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Unit # 2 3 4 5 6 7 8 9 10

Pedestrian

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

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

Unit # 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

0 None	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
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Vehicle Towed Due to Damage N Y

Vehicle Removed By: **CHI**

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

0 None	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 N Y

Vehicle Removed By: **CHI**

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
30			

Govt. Damage Tag # 84

PROPERTY OWNER Last **FLEECE** First **RALPH** M.I.

ADDRESS Street & Number **3506 W. NATIONAL AV.**

City & State **MILW WI** ZIP **53215** Phone Number **(414) 645-3256**

AUG 04 2003

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

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

Type of Accident

02 First Harmful Event 30

Most Harmful Event

Unit Number	Unit Number
1-10	1-10
(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	Unit Number
1-10	1-10

Driver Factors (Or Pedestrians)

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

Presence

5 Neither Alcohol nor Drugs Present	5
6 Yes—Alcohol Present	6
7 Yes—Drugs Present	7
8 Yes—Alcohol & Drugs Present	8
9 Unknown	9

Alcohol

AC Value AC Value

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

Drugs

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

Unit # 2 3 4 5 6 7 8 9 10

Pedestrian

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

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 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

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

Extent of Damage

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

Vehicle Towed Due to Damage N Y

Vehicle Removed By: **OWNER**

Unit # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

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

Extent of Damage

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

Vehicle Towed Due to Damage Y N

Vehicle Removed By: _____

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

PROPERTY Last First M.I.

OWNER

ADDRESS Street & Number

City & State ZIP Phone Number ()

Govt. Damage Tag #

AUG 04 2003

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

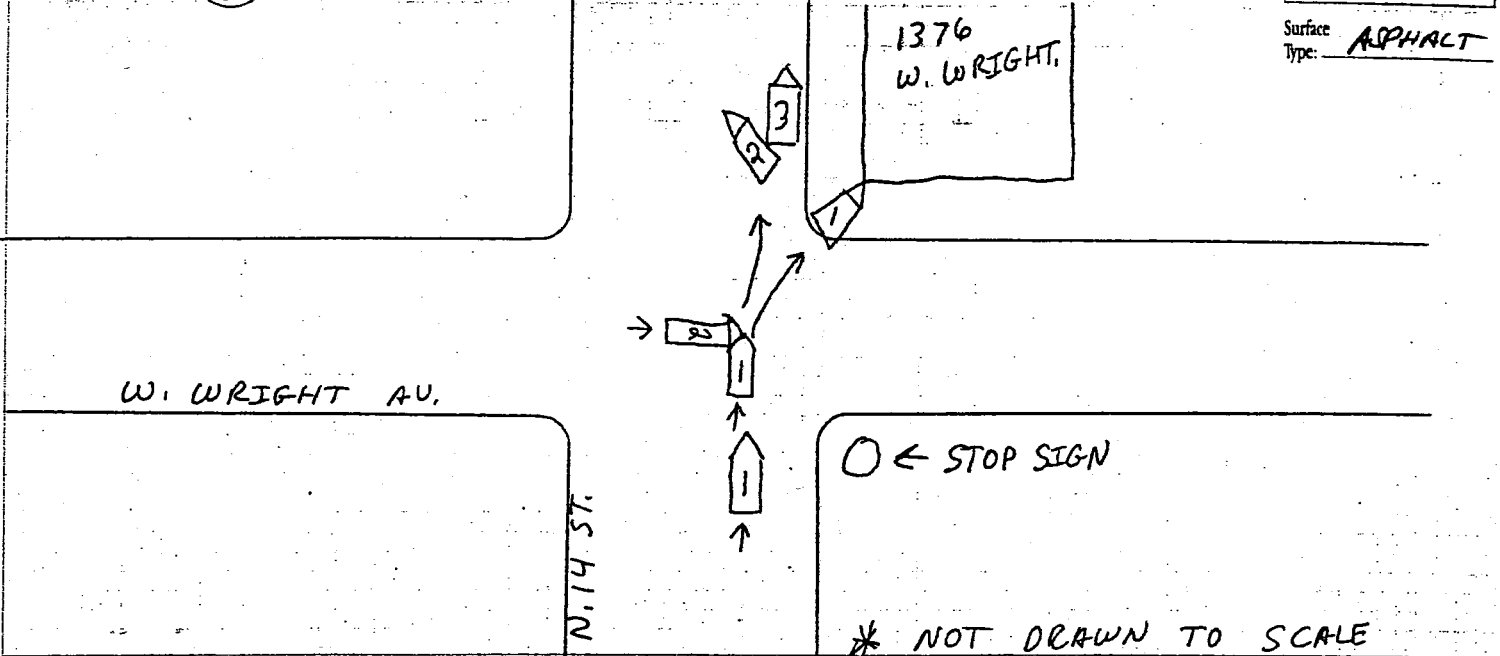


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 Unit 2
FEET

Surface Type: ASPHALT



○ ← STOP SIGN

* NOT DRAWN TO SCALE

NARRATIVE
 UNIT #1 WAS FLEEING FROM A MARKED SQUAD CAR WHEN UNIT #1 DISREGARDED A STOP SIGN AND STRUCK UNIT #2. UNIT #2 THEN LOST CONTROL AND STRUCK UNIT #3 WHICH WAS LEGALLY PARKED.
 UNIT #1 CITED FOR OWI 346.63(1)(a) CAUS. INT. 346.63(2)(a) FLEEING 346.04(3)

Photos By: SQ 384 P.O. JEFF LOGAN

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" 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

WITNESS Last ARMSTRONG First ANNETTE MI. P.
 ADDRESS Street & Number 108 2464 N. 14th St. Date of Birth 4-23-55
 City & State MILWAU W.I. ZIP 53206 Phone Number (414) NONE

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
 Sleet, Hail (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
 Gore (Area between Ramp & Highway)
 On Ramp
 Unknown

Traffic Control

Unit Number	Unit Number
<input checked="" 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

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



Pictorial Representation of Narrative

Supplemental Reports Y N | Witness Statements Y N | Measurements Taken Y N

Skidmarks to Impact
Unit 1: FEET Unit 2:

Surface Type: _____

SEE P. 1

N
A
R
R
A
T
I
V
E

SEE P. 1

Photos By: _____
(05)

What Drivers Were Doing

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

- 1 Going Straight
- 2 Making Left Turn
- 3 Making Right Turn
- 4 Slowing or Stopping
- 5 Stopped in Traffic
- 6 Legally Parked
- 7 Violating No Passing Zone
- 8 Illegally Parked
- 9 Parking Maneuver
- 10 Backing Maneuver
- 11 Changing Lanes
- 12 Overtaking on Left
- 13 Overtaking on Right
- 14 Making U Turn
- 15 Turning on Red
- 16 Merging
- 17 Negotiating Curve
- 18 Other

WITNESS NAME	Last	First	M.I.
ADDRESS	Street & Number		Date of Birth
CITY & STATE	ZIP	PHONE NUMBER	()

ACCESS CONTROL

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

ROAD TERRAIN

Part A

- 1 Straight
- 2 Curve

Part B

- 1 Level/Flat
- 2 Hill

LIGHT CONDITION

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

TRAFFIC WAY

- 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

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

WEATHER

- 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

- 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 Gore (Area between Ramp & Highway)
- 9 On Ramp
- 10 Unknown

Traffic Control

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

- 1 No Control
- 2 Traffic Signal Operating
- 3 Traffic Signal Flashing
- 4 Stop Sign
- 5 Stop Sign with Flasher Warning
- 6 Warn Sign with Flasher Yield Sign
- 7 Traffic Control Person
- 8 RR-xing Signal
- 9 Other

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Document Number Override

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
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	1 2 3 4 5 6 7 8 9 10
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	1 2 3 4 5 6 7 8 9 10
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: **GRANT** First: **JAY** M.I.: **C.**

Law Enforcement Agency Address: **749 W. STATE ST.**

City & State: **MILWAUKEE WI** ZIP: **53233**

Phone Number: **(414) 935-7252**

Agency #: **55** Enforcement Agency: **MILWAUKEE POLICE DEPT.** Officer ID #: **58829**

Date Notified

MONTH	DAY	YEAR
Jan	3	103
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time Notified (Military Time)

HOUR	MIN.
22	35
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Time Arrived (Military Time)

HOUR	MIN.
22	40
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Date of Report

MONTH	DAY	YEAR
Jan	01	03
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

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 (1-2 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: **146** LC

ICC MC: **IC**

Carrier Address: **142**

Source:

- Vehicle Side
- Shipping Papers
- Trip Manifest
- Driver
- Log Book

Vehicle Information

Vehicle Configuration: 1 Bus, 2 Single unit truck, 2 axles, 6 tires, 3 Single unit truck + 3 axles, 4 Truck Trailer, 5 Tractor Trailer, 6 Tractor Semi-Trailer, 7 Tractor Doubles, 8 Tractor Triples, 9 Unknown Heavy Truck, 10 Log Truck

Gross Vehicle Weight Rating: **143** LBS

Total # of Axles: **144**

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

Cargo Body Type

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

7266421

Document Number Override
121 7266421

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
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	1 2 3 4 5 6 7 8 9 10
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	1 2 3 4 5 6 7 8 9 10
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: **GRANT** First: **JAY** M.I.: **C.**

Law Enforcement Agency Address: **749 W. STATE ST.**

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

Phone Number: **(414) 935-7252**

Agency #: **55** Enforcement Agency: **MILWAUKEE POLICE DEPT.** Officer ID #: **58829**

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
<input type="radio"/> Jan	<input checked="" type="radio"/> 31	<input checked="" type="radio"/> 03	<input checked="" type="radio"/> 22	<input checked="" type="radio"/> 35	<input checked="" type="radio"/> 22	<input checked="" type="radio"/> 40	<input type="radio"/> Jan	<input checked="" type="radio"/> 01	<input checked="" type="radio"/> 03
<input type="radio"/> Feb	<input type="radio"/> 01	<input type="radio"/> 04	<input type="radio"/> 00	<input type="radio"/> 00	<input type="radio"/> 00	<input type="radio"/> 00	<input type="radio"/> Feb	<input type="radio"/> 02	<input type="radio"/> 04
<input type="radio"/> Mar	<input type="radio"/> 02	<input type="radio"/> 05	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> Mar	<input type="radio"/> 03	<input type="radio"/> 05
<input type="radio"/> Apr	<input type="radio"/> 03	<input type="radio"/> 06	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> Apr	<input type="radio"/> 04	<input type="radio"/> 06
<input type="radio"/> May	<input type="radio"/> 04	<input type="radio"/> 07	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> May	<input type="radio"/> 05	<input type="radio"/> 07
<input type="radio"/> June	<input type="radio"/> 05	<input type="radio"/> 08	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> June	<input type="radio"/> 06	<input type="radio"/> 08
<input type="radio"/> July	<input type="radio"/> 06	<input type="radio"/> 09	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> July	<input type="radio"/> 07	<input type="radio"/> 09
<input type="radio"/> Aug	<input type="radio"/> 07	<input type="radio"/> 10	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> Aug	<input type="radio"/> 08	<input type="radio"/> 10
<input type="radio"/> Sept	<input type="radio"/> 08	<input type="radio"/> 11	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> Sept	<input type="radio"/> 09	<input type="radio"/> 11
<input type="radio"/> Oct	<input type="radio"/> 09	<input type="radio"/> 12	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> Oct	<input type="radio"/> 10	<input type="radio"/> 12
<input type="radio"/> Nov	<input type="radio"/> 10	<input type="radio"/> 13	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> Nov	<input type="radio"/> 11	<input type="radio"/> 13
<input type="radio"/> Dec	<input type="radio"/> 11	<input type="radio"/> 14	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> Dec	<input type="radio"/> 12	<input type="radio"/> 14

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

• Interstate Carrier? Y N

Carrier Name: **...**

Carrier Identification Numbers

US DOT: **140** LC: **...**

ICC MC: **...** IC: **...**

Carrier Address: **...**

Source:

Vehicle Side

Shipping Papers

Trip Manifest

Driver

Log Book

Vehicle Information

Vehicle Configuration: 1 Bus, 3 Single unit truck + 3 axles, 5 Truck Tractor, 7 Tractor Doubles, 9 Unknown Heavy Truck, 2 single unit truck, 2 axles, 6 tires, 4 Truck Trailer, 6 Tractor/Semi-Trailer, 8 Tractor/Triples, 10 Log Truck

Gross Vehicle Weight Rating: **...** LBS

Total # of Axles: **...**

SEQUENCE OF EVENTS FOR THIS VEHICLE (Mark a total of one to four events in the order that they occurred.)

1 Ran off Road	1 Collision Involving Motor Vehicle in Transp.
2 Jackknife	2 Collision Involving Parked Motor Vehicle
3 Overturn (Rollover)	3 Collision Involving Train
4 Downhill Runaway	4 Collision Involving Pedalcycle
5 Cargo Loss or Shift	5 Collision Involving Animal
6 Explosion or Fire	6 Collision Involving Fixed Object
7 Separation of Units	7 Collision Involving Other Object
8 Collision Involving Pedestrian	8 Other

Cargo Body Type

1 Bus, 5 Concrete Mixer, 2 Van Enclosed box, 6 Auto Transporter, 3 Cargo Tank, 7 Garbage Refuse, 4 Flatbed, 8 Other, 5 Dump, 10 Log Truck

Printed in U.S.A.

GS03

65-4321

Mark Reference by NCS M4897 (08-3)

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

Accident Date
 MONTH DAY YEAR
 Jan **31** **03**
 Feb
 Mar
 Apr
 May
 Jun
 July
 Aug
 Sept
 Oct
 Nov
 Dec

Time of Accident (Military Time)
 HOUR MIN.
2234

Total Number
 UNITS INJURED KILLED
030200

Hit & Run Y N
 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

Unit # _____
 Sheet No. Of **12**

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 **N. 14TH ST.** Estimated FT. MI. FROM/AT Hwy No. and Street Name **W. WRIGHT ST.**

House # _____ Fire # _____ Other _____ Agency Space **DC** Special Study 1 2 3 4

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 checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <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"/> W <input type="radio"/> E <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 0 <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"/> W <input type="radio"/> E <input type="radio"/> S <input type="radio"/> N

Speed Limit OPERATOR Last NAME **FAUER** First **CHRISTINE** M.I. **M.** Speed Limit OPERATOR Last NAME **NOBLE** First **CALVIN** M.I. **JR.**

ADDRESS Street & Number **234 VERNON AVE** ADDRESS Street & Number **4830 N. 39TH ST.**

City & State **THIENSVILLE WI 53209** Phone Number **414 372-4824** City & State **MILWAUKEE WI 53209** Phone Number **414**

Driver's License Number **F460-1136-4546-08** State **WI** Exp. Year _____ Driver's License Number **N140-1006-0063-02** State **WI** Exp. Year _____

Date of Birth **02-06-64** Sex M F Operating as Classified: A B C O Endorse (Mark All That Apply) N P T Date of Birth **02-27-60** Sex M F Operating as Classified: A B C O Endorse (Mark All That Apply) N P T

On Duty Accident Police EMT First Responder Fire Fighter Winter Hwy Maintenance CMV Y N

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 Deployed <input checked="" type="radio"/> 2 Non Deployed <input type="radio"/> 3 Not Applicable <input type="radio"/> 4 Unknown	<input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Ejected <input type="radio"/> 3 Totally Ejected	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 Deployed <input checked="" type="radio"/> 2 Non Deployed <input type="radio"/> 3 Not Applicable <input type="radio"/> 4 Unknown	<input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Ejected <input type="radio"/> 3 Totally Ejected

TRAPPED/EXTRICATED 1 Not Applicable 2 Trapped/Extricated 3 Trapped/Not Extricated 4 Unknown Medical Transport 1 Not Applicable 2 Trapped/Extricated 3 Trapped/Not Extricated 4 Unknown

Vehicle Owner Same N Y Last Name **FAUER** First **CHRISTINE** M.I. **M.** Vehicle Owner Same N Y Last Name **NOBLE** First **CALVIN** M.I. **JR.**

Street Address _____ Street Address _____

City & State _____ ZIP _____ Phone Number () _____ City & State _____ ZIP _____ Phone Number () _____

Year of Vehicle **1988** Make **CHEV** Model **BER** Body Style **2DR** Color **WHI** Year of Vehicle **1989** Make **LINCN** Model **TOW** Body Style **4DR** Color **BLK**

Vehicle ID Number **1G1LV14W75E631635** Vehicle ID Number **1LNBM82F5KY710573**

License Plate Number **945EFY** Plate Type **AUT** State **WI** Exp. Year **03** License Plate Number **299EHL** Plate Type **AUT** State **WI** Exp. Year **03**

Policy Holder's Name _____ Citation: 0 1 2 3 Same N Y

Liability Insurance Company **NONE** Stat. # **346.63(1)(g)** Liability Insurance Company **NONE** Stat. # _____

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<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"/> M <input type="radio"/> F <input type="radio"/> E	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 Deployed <input type="radio"/> 2 Non Deployed <input type="radio"/> 3 Not Applicable <input type="radio"/> 4 Unknown

Address Same as Operator 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 **Michael R. [Signature]**

MV4000 899 _____ EMS Number _____

Please Do Not Write In This Margin Space
 Accident No. 7266422