OCT 25 2016

OFFICE OF CITY ATTORNEY

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

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

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

November 14, 2016

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

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

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

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

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

Thank you for your assistance.

Drobowsh.

Regards,

Thomas Grabowski

2011 OCT 24 A ID: C

September 91/201/6UKEE

2016 SEP 23 A 11: 45

Thomas Grabowski 4337 N. Marlborough Drive Shorewood, Wisconsin 53211-1425

City Clerk
ATTN: CLAIMS

200 E. Wells St., Room 205 Milwaukee, WI 53202-3567 RECEIVED

SEP 23 2016

OFFICE OF CITY ATTORNEY

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

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

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

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

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

Thank you for your assistance in this matter.

Sincerely

Thomas Grabowski

I RÉREBY AUTHORIZE the above repair work to be done along with necessary materials. You and your employees may operate above vehicle to your employees may operate above vehicle to purposes of testing, inspection or delivery at my risk. An express mechanic site in it is chowledged on above vehicle to secure the amount of repairs thresto. You will not be held responsible for loss or densige to wehicle or articles left in vehicle in case of the high control or for any delays caused by unavailability of pais or delays in part shomeonts by the supplier or pair or delays caused by unavailability of pais or delays in part shomeonts by the supplier or pair or delays on parts shomeonts by the supplier or pair or delays in part shomeonts by the supplier or pair of the part of the STAT THEN. I HERBEY AGREE TO PAY SIMPLE INTEREST AT THE ARTE OF 19% PER MOWNITH 18% PER ANUMIN ON THE DECLINING UN:—38 BALANCE UNTIL PAID IN FALL I LAKANGE OF 19% PER MOWNITH 18% PER ANUMING ON THE DECLINING UN:—38 BALANCE UNTIL PAID IN FALL I LAKANGE OF 19% PER MOWNITH 18% PER ANUMING ON THE DECLINING UN:—38 BALANCE UNTIL PAID IN FALL I LAKANGE OF 19% PER MOWNITH 18% PER ANUMING ON THE DECLINING UN:—38 BALANCE UNTIL PAID IN THE STATE AGREEMENT CUSTOMER SIGNATURE ALL PARTS NEW UNLESS SPECIFIED DUANT. PART NO. OR DESCRIPTION Lbs. Grease @ Ots. Oil @ Gals. Gas@ SUBLET 0 であって TOTAL GAS, OIL & GREASE REPAIRS - TOWING 3 å. TOTAL SUBLET -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, で形式 2. Please proceed with repairs, but call me before continuing if the price will exceed YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION, YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION. 1. I request an estimate in writing before you begin repairs. TOTAL MATERIAL Do you want the replaced parts you are entitled to? Tes INo Payment will be made by: Cash Credit Card Charge AREC I do not want an estimate. TOTAL PARTS WARRANTY W C RAEBUILT REPAIRS N F J SALE Sept. 歐 ☐ This vehicle received "Any warranties on the products sold hereby are those made by the manufacturer. The seller (above named dealership) hereby expressly disclaims all warranties, either express or implied. Including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products." CITY & STATE ADDRESS CODE F.C. NAME LICENSE NO. ADDITIONAL WORK AUTHORIZED BY: Sact. ろうな No Job Too Big or Too Small • Complete Service on Wheels CARS, TRUCKS, VANS – Foreign or Domestic 3434 N. HOLTON, MILWAUKEE, WI 53212 The second 1 OPER. NO. やアバ DE SE SE 7 940 C ずるであって 0 Ask for TONY COFFARO without face to tace customer Call when vehicle is ready 500 Can Can F S.C. Yes LABOR INSTRUCTIONS INICOLL CYU CHIL 5 ODOMETER PM Z THE REAL PROPERTY. MODEL To the same 5 *1 やううのであれ というの B.F.E DO T 13 The same porought -NAME **ESTIMATE CHARGE** SERIAL NO The act (414) 963-2120 W. CHARGE ASIL ZE SECTION OF THE SEC NEW ESTIMATE CHARGE GRAND TOTAL CITY ATTORNEY SEP 23 2018 RECENTED DATE OF GRDER EMISSION CONTROL SERVICE II CHANGE OIL ALIGN FRONT END CHANGE TRANS. FLUID ROTATE TIRES SERVICE AIR CLEANER SERVICE BATTERY CHANGE OIL FILTER LUBRICATE PRICE TIME PROMISED ESTIMATED TOTAL SALES TAX SUBLET & TOWING PAINT & BODY MATERIALS SUB TOTAL SUPPLIES GAS, OIL & GREASE TOTAL PARTS TOTAL LABOR ch DESCRIPTION WARRANTY Y DELIVERY DATE 00 Leady AMOUNT 3 -CHARGE 1 LABOR The state of the s 福 500



PINKEY'S CAPITAL AUTO BODY

Workfile ID:

59d997ef

Federal ID: State ID: 456-0000015257-03

390985331

120 W. MELVINA ST., MILWAUKEE, WI 53212

Phone: (414) 962-3380 FAX: (414) 962-0670

Preliminary Estimate

Customer: garbowski, tom

Job Number:

Written By: DAVE FEEST

Insured:

Owner:

garbowski, tom

Policy #:

Date of Loss:

Claim #:

Days to Repair: 0

Type of Loss:

Point of Impact:

garbowski, tom

(414) 232-0197 Business

Inspection Location:

PINKEY'S CAPITAL AUTO BODY 120 W. MELVINA ST.

MILWAUKEE, WI 53212

Repair Facility

(414) 962-3380 Business

Insurance Company:

RECEIVED

SEP 23 2016

OFFICE OF CITY ATTORNEY

VEHICLE

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

VIN: License: UNK

2T1AE09B0SC107925

Interior Color:

gray

Mileage In:

Mileage Out:

Vehicle Out:

State:

WI

Exterior Color:

Production Date:

Condition:

Job #:

TRANSMISSION

Overdrive

5 Speed Transmission

POWER

Power Steering Power Brakes

DECOR

Dual Mirrors

Body Side Moldings

Tinted Glass

Console/Storage

CONVENIENCE

Intermittent Wipers

Rear Defogger

SAFETY

Drivers Side Air Bag

Passenger Air Bag

SEATS

Cloth Seats **Bucket Seats**

Reclining/Lounge Seats

WHEELS

Wheel Covers

PAINT

Clear Coat Paint

Preliminary Estimate

RECEIVED

Customer: garbowski, jim

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

SEP 23 2016

Job Number:

OFFICE OF CITY ATTORNEY

Line	C	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	REAR BUMPER					Trice φ		
2			O/H bumper assy sedan				2,3	
3	**	Repl	A/M CAPA Bumper cover	5215902902	1	149.00	Incl.	2.3
4			Add for Clear Coat			- 12133	211011	0.9
5	Ī	Repl	LT Retainer side	5207612030	1	29,59	Incl.	0.5
6	F	Repl	LT Filler	5255312030	1	26.23	Incl.	0.4
7			Add for Clear Coat		10.77		21101	0.1
8	REAR LAMPS		Control of the first and the Control of the second of the	the contract of the contract o	N-1		effection pressure as a	. 0.1
9	**	Repl	A/M LT Tail lamp assy	815601A790	1	155.00	0.5	
10	QUARTER PANE	L	And the second and the second					
11	*	Rpr	LT Quarter panel				<u>3.5</u>	2,0
12			Overlap Minor Panel				210	-0.2
13			Add for Clear Coat					0.7
14	ROOF	. 10 Per	menters that the terminal property and the second of the s	emanded the analysis of the test of the te		of and also have been a first service of the second of the	dentificações por como organizações aguas o capações	
15	ì	R&I	LT Drip molding				0.3	
16	# F	Refn	full clear roof sail				0.5	1.0
17	# F	Refn	Corrosion Protection					0.3
18	#		Hazard Waste		1	4.00		0.3
19	#		Flex Agent		1	6.00		
20	#		Bag Car		1	6.00	0.2	
				SUBTOTALS		375.82	6.8	7.5

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				375.82
Body Labor	6.8 hrs	@	\$ 58.00 /hr	394.40
Paint Labor	7.5 hrs	@	\$ 58.00 /hr	435.00
Paint Supplies	7.5 hrs	@	\$ 38.00 /hr	285.00
Subtotal				1,490.22
Sales Tax	\$ 1,490.22	@	5,6000 %	83,45
Grand Total				1,573.67
Deductible			• :	0.00
CUSTOMER PAY				0.00
INSURANCE PAY				1,573.67

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.

OFFICE OF CITY ATTORNEY

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

- (a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employe under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employe; and
- (b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

To File A CLAIM with The CITY OF MILWAUKEE:

that the season is the set

You will need the following	information	
DATE of Incident	8/17/16	
"City" Vehicle Number	32493	

QPWQMH5

PK2012

	Reportable Accident On Agency Accident Number			On Emerge	ency	Police	nended Number		T Docu WQMI	ment Nu H5	mber		Document	Over	ride Number
						16230									
	4 - Accident Date 08/17/2016		5 - Tim 1712	e of Accider	it (Military	Time)	6 - To	otal Units		7 - Total 00	Injured	8 -	Total Kille	ed	
	2 - County MILWAUKEE - 4	0	3 - Munio	cipality UKEE - 57	, CITY						11 - / NON	Accide I-INTE	ccident Location -INTERSECTION		
_	14 - On Hwy No.	14 - On Str N 60TH S						14 - 1	Bus/Frn	VRmp	15 - I 131	Est. Dis	stance		5 - Hwy. Dir NORTH
OIL	16 - Fr/At Hwy No. 145		At Street NO DU LAC						16 - Business/Frontage				ıр		
RMA	17 - Structure Type	17 - S	tructure Nur	mber	12 - Latit 43.098				13 - Longitude -87.986779						
NFO	80 - First Harmful Ev MOTOR VEHICL		ISPORT		93 - Manner of Colli SIDESWIPE, SAI					ECTIO	N				
GENERAL INFORMATION	112 - Access Contro FULL CONTROL		113 - Road STRAIGI	d Curvature HT	vature 113 - Road Terrain Surface Type LEVEL/FLAT BLACKTOP, BITUM					IINOU	JS, O	R ASPHA	ALT	- 2	
ZENE	115 - Traffic Way DIVIDED-HIGHW	AY-MEDIA	N-STRIP	-WITH-TRA	AFFIC-E	ARRIE	₹		7. 50.000						
	117 - Relation To Re ON-ROADWAY	oadway												10000	
	114 - Light Condition DAYLIGHT	n		116 - Road DRY	d Surface	Conditio	n		8 - Wea	ather					
	9 Hit and Run	9 Gov	ernment l	Property	9	Fire	9 Pho	otos Ta	CONTRACTOR DE CO						
	9 ✓ Truck, Bus, o	or Hazardo	ous Mater	- 1	9 Loa	d Spilla		9 Co	nstruc	tion Zo	ne	9	Names	Exc	changed
	101 Supplementa	al Reports	102	Witness S	Stateme	nts	103	easurer	nents	Taken	7	79 - E N	M S Numb	er	
	Operator/Pedestrian														
	Unit Status					Most Ha						- Dir C	Of Travel	24 35	- Speed Limi
	36 - Operating as Classified 37 - Endorser D CLASS				sements				35 Operating Commercial				al Motor	Veh	nicle
	29 - Driver's License E4305276534003	4	30 - State 31 - Expirati WI 2016			ration Ye	ear 3	34 - On E	uty Ac	cident					
	25 - Operator/Pedes	strian Last N	ame	1.1		25 - Fir	st Name					25 - N	liddle Initia	al	25 - Suffix
	32 - Date Of Birth 09/20/1965		33 - Sex MALE				1,2,1,2	14.00			- <u>-</u> 1				
01	26 - Address Street 5079 N 55 ST	& Number	1				***************************************						26 - PO	Вох	
	27 - City MILWAUKEE						27 - Stat WI	e 27 - 532	Zip Co 218	de			l Telephone 1) 463-93		
OPERATOR/PEDESTRIAN	39 - Seat Position FRONT-SEAT-LE	FT-SIDE-	(MC/BIKE	DRIVER,	TRAIN (CONDU	CTOR)			Safety E			ND-LAP-	BEL	T-USED
EDE	38 - Injury Severity N - NO APPARE	NT INJUR'	Y	41 - A NON	irbag -DEPLC	YED		42 - Ejed NOT-E		D		4		al T	ransport
ORVE	43 - Trapped/Extrica NOT-TRAPPED	ated	92	- Pedestriar	Location	1	92 - Pe	destrian	Action						
ERAJ	119 - What Driver V GOING-STRAIG					Traffic Co		PERAT	ring			62	62 - No. of Citations Issued		
Р	64 - 1st Statute No.	64 -	2nd Statute	No.	64 - 3rd	Statute	No.	64	- 4th S	tatute No).		64 - 5th Statute No.		e No.
	122 - Driver Factors NOT-APPLICAB				1										
	88 - Driver or Pedes		ce Presence												
	APPEARED NO		ce Presence ALCOHOL-NOR-DRUGS-PRES				Γ								

	91 - Drugs R	Reported					38						
	124 - Highw NOT-APPI											,	
	Vehicle							3.2					
	21 - Unit Typ	pe ·			Vehicle 7		TDIICK-/IN	ISED	T TOLICK)		22	- Total Occupants	
	56 - License	Plate Number	57 - Plate Type		STRAIGHT-TRUCK-(INS 58 - State 59 - Exp Year		55	- Vehicle Iden		1 100			
01	73210 50 - Year	51 - Make	MUN 52 - Model	V	VI 5	3 - Bo	ody Style	10	54 - Color	20 • 3 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·	- Skidm	narks to Impact (Ft)	
300.00	2007	ccc	CRANE				RUCK		YEL	100	ORIGIT	erks to impact (i ty	
VEHICLE	94 - Vehicle NONE	Damage											
	95 - Extent (NONE	_	96 Vehicle Tow	ed Du	ue To Da	mag		- Veh	icle Removed	Ву			
	123 - Vehick NOT-APPI								- 1				
	Vehicle C	Owner			***************************************								
01	45 Vehicl	e Owner Same As	Operator									iti i	
	46 - Vehicle Owner Last Name 46 - Fir				Name			4	6 - Middle Initi	al 46 - Su	ffix	Date Of Birth	
OWNER	46 - Company Name CITY OF MILWAUKEE FLEET MANAGEMENT										•		
VEH	47- Address 2142 W C	Street & Number			47 - PO Box								
	48 - City MILWAUK	(EE			48 - Sta WI	ate	48 - Zip Goo 53233	3 - Zip Code 3233			49 - Telephone Number		
	Insuranc	е											
7	63 - Liability GOVERNI	Insurance Company							60 Polic	y Holder S	ame A	s Owner	
SN	61 - Policy I	Holder Last Name			61	- Pol	icy Holder Fir	rst Na	me		3000 2 3 3 3 3		
_		Holder Company MILWAUKEE FLEE	T MANAGEMEN	Т								***************************************	
	School E	Bus				-0.00-02							
20	Bus Travelli	ing to/from School From rict Contracted With	Name		o 2007 (Fa co 754)			I	Body Make			Seating Capacity	
BUS	25,1001 5180	Outsided value											
	Yan and the second	r/Pedestrian											
	Unit Status						nful Event: Co			23 - Dir O SOUTH		24 - Speed Llm 35	
	36 - Operat	ling as Classified	37 - Endorser	nents				35	Operating	Commercia	al Moto	or Vehicle	
	29 - Driver' G612826	s License Number 5208304			30 - State		1 - Expiration 023	Year	34 - On Di	ıty Accident			
	25 - Operation	tor/Pedestrian Last Na VSKI	me			First	Name \S			25 - M FRAN	iddle In	itial 25 - Suffix	
	32 - Date 0 03/03/195	of Birth	33 - Sex MALE					-38 - 75 -			102.4-44		

Page 2 of 4

-	1/004	2
۲	K201	Z

02		Street & Number								T	26 - F	о Вох
	27 - City SHOREWOO	OD .			- 100011-0000-00	27 - St WI		7 - Zi 3211	p Code 1			one Number -0197 EXT.
STRI	39 - Seat Posi FRONT-SEA	tion AT-LEFT-SIDE-(MC/	BIKE DRIV	/ER, T	RAIN CONE	UCTOR)		40 - Safety Equ		D-LA	P-BELT-USED
OPERATOR/PEDESTRIAN	38 - Injury Sev			41 - Air			42 - E	jecte -EJE	Allega Market Control	44		dical Transport
OR/F	43 - Trapped/E NOT-TRAPF		92 - Ped	estrian l	Location	92 - F	Pedestri	an Ac	tion			
ERAT	119 - What Dri	iver Was Doing -LANES			120 - Traffic TRAFFIC-		ATIN	1G	62 -	No. o	f Citations Issued	
OP	64 - 1st Statut	e No. 64 - 2nd S	tatute No.		64 - 3rd Statu	ite No.		64 - 4	4th Statute No.	6	4 - 5th	Statute No.
	122 - Driver Fa FAIL-TO-YIE	actors ELD-RIGHT-OF-WA	Y									
	88 - Driver or I APPEARED	Pedestrian Cond NORMAL	89 - Substa NEITHER		sence HOL-NOR-I	DRUGS-I	PRESE	NT				
	90 - Alcohol To TEST NOT			90 - A	Icohol Conter	nt	Ī		Drug Test T NOT GIVEN	l		
	91 - Drugs Re	ported		J		witter &			***************			
	124 - Highway NOT-APPLI											
	L		360		****							
	Vehicle	X-10-10-10-10-10-10-10-10-10-10-10-10-10-										
	21 - Unit Type AUTOMOBILE Vehicle Type PASSENGER-CAR									1	2 - Total Occupants	
-	56 - License F 298PFZ	Plate Number	57 - Plate AUT	Туре	58 - State WI	59 - Exp 2017	Year		5 - Vehicle Identi T1AE09B0SC		ber	
E 02	50 - Year 51 - Make TOYT						Body Style 54 - 4DR BL			100	marks to Impact (Ft)	
VEHICLE	94 - Vehicle Damage REAR DRIVER SIDE											
_	95 - Extent Of Damage 96 97 - Vehicle Removed By VERY-MINOR Vehicle Towed Due To Damage								ly			
	123 - Vehicle NOT-APPLI											
	Vehicle Ov	wner										
02	45 Vehicle	Owner Same As O	perator									
		wner Last Name			First Name				46 - Middle Initia E	l 46 - Su	ffix	Date Of Birth 11/30/1961
OWNER	46 - Company	/ Name		<u> </u>								
VEH (47- Address Street & Number 47 - PO Box 4337 N MARLBOROUGH DR											
	48 - City 48 - State 48 - Zip Code SHOREWOOD WI 53211							ode 49 - Telephone Number (414) 232-0197 EXT.				
	Insurance	<u> </u>							I.			
02		nsurance Company D-MUTUAL-INS-CO)						60 Policy	Holder S	ame	As Owner
NS 0		older Last Name	-			- Policy H	older Fi	rst Na	300			
_		older Company						3,73,340				**

Accident Report MV4000e 01/2005

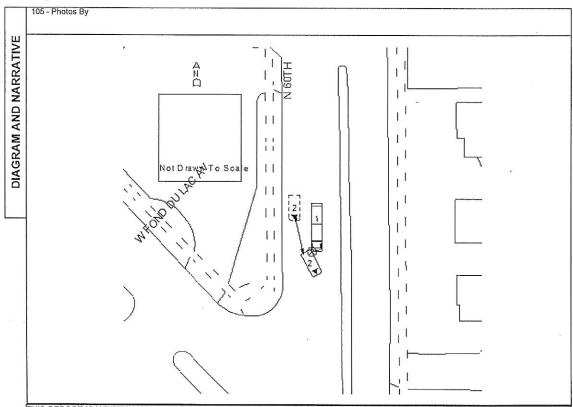
Venicle QPWQMH5

PK2012

School Bus

02	Bus Travelling to/from O To O From	School Name			Body Make	Seating Capacity
BUS	School District Contracted	With				
B	Trailer					
~	106 - Power Unit Number	License Plate Number	Plate Type	State	Expiration Year	
0						
R	Trailer Make		Unit Type		Vehicle Identification Number	
1						

Diagram and Narrative



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

Officer Information

N	125 - Officer Last Name MASON	125 - F TROY	- First Name 125 - Middle OY			Initial	131 - Officer ID 22626			
RMATION	129 - Law Enforcement Agency No.		- Law Enforcement Agency Name WAUKEE POLICE DEPARTMENT							
IN-OK	126 - Law Enforcement Agency Add 749 WEST STATE STREET	ress Str	eet & Number							
	127 - City MILWAUKEE	785	127 - State WI		127 - Zip Code 53201		128 - Telephone Number (414) 933-4444 EXT.			
-FICER		133 - Tir 1716	ne Notified (Military Time)	134 - T 1732	ime Arrived (N	lilitary Time)	135 - Date Of Report 08/17/2016			
ב ב		162301	919	19 - Special Study						
	18 - Agency Space									

Equip No. 32493		FLEET ACC	MILWAUKEE IDENT REPORT IVe	Ctal	me-≀ lm No	
Mlleage/Hours	·	Fleet Accident		Operator's		
. Ro No		☐ Equipment Da		1b. Dept. OP 16 20 7-5 Operator's License No		
Rept No		☐ Vandalism or 1	helt	10 E430 -	5276-5340-0	
Name-Address Ell	ótt, LYN	G 5070	N. 55th 5		sor & Phone WANCL X2702	
Date-Time 2a of Acoldent 8 17-16	5:30 Pm 2b	Location of Accident 601	h/w. Fondula	Police D	ept Notified? DNO OPW Qmy	
Description 3. of Accident UNITH	1		CANGE LANE	\$	his lave	
was blocked	off by	barrels	· Unititl W	as in lawe	traveling	
SIB ON N. 601h City Vehicle 4a 2007 CCC	Description	verged in	1		Side CAUSING Joense No -73210	
Damage	DVSY BOSCE II	0000 1109	CLE YOU TO TO	1761 1110001	1000	
4b Description NONE Occupants of	Name ,		dress	Injury.	Phone	
5a City Vehicle douce	Name /		SAME dress	NONE 4	Phone Phone	
5b None	lan	· 2 ~!! · ! jiří	ense No A C	Ins Co	1	
6a \mathcal{L} 6b 1995	Ryt 4	dr 6c	298 PFZ	ns convent 5	send ans-	
Damage . 4b. Description OUN		side 0		lely-	(OUB.2)	
7. Owner Malinda	Name		dress 337 N Mar	borough A	Phone Phone 230-019	
8a Driver Thomas	Name S		dress Syrre	Injury — NONE —	Phone SAME	
8b. Passenger Nowe.	Name	Ad	dress	injury 	Phone	
8¢ Passenger	Name	, Adı	dress:	Injury	Phone	
9a Unit No 9b	on	Lice 6c		ns Co Id		
Damage						
4b. Description	Name	Ado	Iress	· Injury	Phone	
	Name	·	Iress	injury	Phone	
8a Driver	Name,	· Ado	ress -	Injury	Phòne	
8b Rassenger	Name	Ado	ress	Injury .	Раоле	
8c. Passenger	Name		ress		Phone	
12a Witness					Phone	
12b Witness	Name		ress	\		
SAFETY EQUIPMENT 1-Stipudia Beil S-Heimel 2-1-12 Beil Beil Beild Profesch 3-Childrin 7-Heimel & Eye 4-Alf Bag ENTER ONE NUMBER FOR EACH OCCUPANT PER UNIT	COLL	5 Off H		Angle B Left Turn	Skta Swipa Opponite Skta Swipa Opponite Other	
1 2 3 1 1 2 3 4 5 6 Other Off 7 Other Off 7	1 2 3	VER CONDITION OR PEDESTRIAN) Had been drinking Use of drugs Physical disability Other		(OR PED	FACTOR UNIT 1 ESTRIAN) ed normal d alertness ripalred /	
			190			

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	Draw diagram of accident Indicate north with an arrow in the circle 8 PICTORIAL REPRESENTATION OF NARRATIVE	7
	Skomarys to impact	7
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	Narrative: # to make contact with his rear tender, causing	
	BB damage to the only with No INTURES.	_
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ſ	WEATHER CONDITION Circle Area Of Vehicle Damage Or Circle Area Of Vehicle Damage	\neg
}	UNIT UNIT (1 Day) 6 Mudd	, [
1	1. Clear) 5. Fog or Mist gg 7 1 1 1 2 2 1 1 2 3 3 3 3 3 3 3 3 3	'
	2. Cloudy 6. Sleet Oursen-14 Market-15 Undergarings-15 Oursen-15 Undergarings-14 2 Market	1
- 1	3. Hain Demage 2 Dented Severity 3. Structural Sp C/IN 100 Beverity 3. Structural Sp C/IN 100 Beverity 3. Structural Sp C/IN 100 Beverity 3. Structural Sp C/IN 100 4 Gravel	\neg 1
	4. Snow or Ice 89 Which Removed By: University 101 5. Slush 90	
-	Damage	
4b.	Description Cont'd. Sphotos	

	5.4	
	Investigated by GENE OFFOUND Date 8-17-16	
	Investigated by GENE OFFOUND Date 8-17-16	
2.0	Investigated by GENE OFFOUND Date 8-17-16	
-	Investigated by GENE OFCOUNE Date 8-17-16	
	Investigated by GENE OFFOUND Date 8-17-16	

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Drivers Accident Statement Form

	Return this form to: Fax # 414-286-8514 ATTN: Gene
•	Name of Driver: Lyw Elliott G. Drillie# E430-5276-5340-03
	Address 5079 N. 55 Zip Code 53218. Personal Phone # 466 - 3/66
	Date/Time (Of Accident): 8-17-16 5:30 Pm Police Report? Yes QPWQmHJ
	Location of Accident 60T"/FOND DU LAC AUG
٠,	City Equipment #: 32493 Using Department ME
	Supervisor Name/Phone # D. Lew And 2702
<u>)et</u>	alls and Circumstances of Incident Irothe WHO, WHEN, WHERE, AND HOW Drivers Statement:
100	While heading south bouge on N. 60th Street. The two lane
	Street merges to one liane to the left due to construction.
	All the necessary signage is out to be gware of lane closures
	I had merged left and was moving with traffic when
	a silver vehicle donted to my land from the right lane.
_•	A'S I continued to drive forward I heard my truck
	make contact with another vehicles A black cot had
	docted into my lane from the right. I didn't see the
	wehicle until I had made sontact.
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•	Any information known about the other unit:
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	Signature
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