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

Re: C.I File No. 1030-2017-1951

Communication from James M. Folger

Dear City Clerk:

I am requesting a hearing for relating to the damage from a loss of my vehicle on July 28, 2017.

I was offered \$2785.16 for expenses and damage (total loss) to my vehicle. This is not acceptable. I am unable to purchase a similar make, model, year, and condition vehicle for that amount. My vehicle was in excellent shape with no rust as it was repainted 5 years ago. I would appreciate a better settlement.

I am including a photocopy of the offer letter. I cannot locate the envelope that it was enclosed in, but it was post-dated on or after the date of the attached letter which is October 31,2017. If we go by this date, I am still within the 21 days to request a hearing. Thank you for your time in this matter and I look forward to hearing from you on a date.

Very truly yours,

James M. Folger

3463 South 18th street

Milwaukee, wi 53215

(414) 704-5003

2017 NOV 21 P 2: 50

GRANT F. LANGLEY. City Attorney

MIRIAM R. HORWITZ ADAM B. STEPHENS MARY L. SCHANNING JAN A. SMOKOWICZ Deputy City Attorneys



Milwaukee City Hall Suite 800 ° 200 East Wells Street ° Milwaukee, Wisconsin 53202-3551 Telephone: 414.286.2601 ° TDD: 414.286.2025 ° Fax: 414.286.8550

October 31, 2017

Mr. James M. Folger 3463 S. 18th Street Milwaukee, WI 53215

Re:

C.I. File No. 1030-2017-1951

Communication from James M. Folger

Dear Mr. Folger:

We have received your claim in the amount of \$6,755.16, relating to damage from a loss on July 28, 2017.

Pursuant to the October 27, 2017 conversation you had with our office, your car was determined by our independent appraiser to be a total loss. The City of Milwaukee is prepared to offer you \$2,525.00, the actual cash value of the car less \$200.00 salvage value, plus \$260.16 towing and registration costs for a total of \$2,785.16. As such, the City of Milwaukee proposes to settle this claim for \$2,785.16.

If you wish to appeal this decision, you may do so by sending a written statement requesting a hearing within 21 days of the postmarked date of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202. Please include a photocopy of this letter's envelope, showing the postmark, and retain the original in the event further proof is needed.

Very truly yours,

City Attorney

stevenm conini

STEVEN M. CARINI Investigator/Adjuster SMC/mal

c: Chuck Weigman (Fleet)

1030-2017-1951:244555



STUART S. MUKAMAL JOHN J. HEINEN

PATRICIA A. FRICKER

**HEIDI WICK SPOERL** 

GREGG C. HAGOPIAN

ELLEN H. TANGEN JAY A. UNORA KATHRYN Z. BLOCK

KEVIN P. SULLIVAN THOMAS D. MILLER ROBIN A. PEDERSON JEREMY R. MCKENZIE

PETER J. BLOCK

NICHOLAS P. DESIATO JOANNA FRACZEK JENNY YUAN KAIL J. DECKER

ALLISON N. FLANAGAN PATRICK J. LEIGL HEATHER H. HOUGH

ANDREA J. FOWLER PATRICK J. MCCLAIN

NAOMI E. GEHLING

CALVIN V. FERMIN BENJAMIN J. ROOVERS ELLENY B. CHRISTOPOULOS

RACHEL S. KENNEDY TYRONE M. ST. JUNIOR

HANNAH R. JAHN SAVEON D. GRENELL Assistant City Attorneys

SUSAN E. LAPPEN

MILYLANGET VII SE

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Milwanker City Clerk Room 205 Wells St ELWEYSER, WILLIAM SA 200 MINING THE TOTAL OF THE PROPERTY OF T

Rodriguez, Charlotte		
From: Sent: To: Subject: Attachments:	Rachelle Gardner < gardnerrachelle@gmail.com> Thursday, September 28, 2017 2:48 PM Rodriguez, Charlotte; Rachelle Gardner City claim / Car accident Estimate #1.pdf; document.pdf; James Car Claims.docx; Witness.p City Driver information.pdf; Towing charge.pdf; Similar vehicle.pdf	
	gether, but we wanted to be sure we had everything including	200
Is there a specific CLAIM FOR	RM? or just the directions on the information needed to file	a claim?
There are 2 estimates, howeve	r the estimates were done just on looking at the car, and not t ar, there may be more extensive damage.	taking it apart. They
We included:  2 estimates police report Charge showing the tow charge City drivers information Ad for a similar car although J Letter stating the claim and de Contact information for us.  You can respond to this email gardnerrachelle@gmail.com	ames model was a higher end model than one included in thi	CITY OF MILWAUKEE  2011 SEP 28 P 3: 16  EDITY CLERK'S OFFICE

×	************			<u></u>

- 1.A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
- A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

- 1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
- A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
- 3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

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

RECEIVED

SEP 29 2017

OFFICE OF CITY ATTORNEY

James M. Folger 3463 South 18<sup>th</sup> street Milwaukee, wi 53215 (414) 687- 4056 or (414) 704-5003 gardnerrachelle@gmail.com

Damage to my car on July 28, 2017 approximately 7:30PM

#### Seeking \$6630.16

I was hit by a driver in your city truck in the intersection of Loomis and Howard. I was at a complete stop on Loomis. The light turned green and intersection was clear. I began and a driver in your city truck ran the red light driving on Howard Avenue. I was struck in the front of my car. I have 2 estimates for damage. I have a police report, and there were several witnesses. I also have a copy of what a similar car would cost me to replace my vehicle. Although the similar vehicle has about the same mileage as mine, my car was a model one step higher than the one I've included.

Please understand that the estimates are only estimates, and they cannot determine additional damage until the repair work has been started. So I believe that these estimates are lower than the actual cost of repair. I am also without a vehicle for work because my vehicle is not drivable.

\$135.16 TOWING

\$6495 Replace car with similar used car

\$6630.16 TOTAL CLAIM

#### CARSTAR FOREST HOME AUTO BODY 3135 W. FOREST HOME AVENUE MILWAUKEE, WISCONSIN 53215 OFFICE: 414-384-6360 FAX: 414-384-6354 FEDERAL ID # 39-1897933

SEP 29 2017

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CHIMIUMAL

\*\*\* PRELIMINARY ESTIMATE \*\*\*

08/24/2017 03:48 PM

Owner

Owner: Rachelle Gardner Address: 3463 S 18th st City State Zip: Milwaukee, WI 53215

Email: gardnerrachelle@gmail.com

Work/Day: (414)704-5003

FAX:

Inspection

Inspection Date: 08/24/2017 03:48 PM

Inspection Type:

Repairer

Repairer: FOREST HOME CARSTAR

Address: 3135 W. FOREST HOME AVENUE

City State Zip: Milwaukee, Wi 53215

Email: FORESTAB@SBCGLOBAL.NET

Contact: MARTY & DEBBIE ZABEL

Work/Day: (414)384-6360

FAX: (414)384-6354

Work/Day:

Vehicle

2003 Mitsubishi Lancer OZ Rally 4 DR Sedan 4cyl Gasoline 2.0

5 Speed Manual

Lic.Plate: 975-YVJ

Lic Expire: **Prod Date:** Veh Insp#:

Condition: Ext. Color: red

Ext. Refinish: Two-Stage

Lic State: WI

VIN: JA3AJ86E23U082215

Mileage: 93,800 Mileage Type: Actual Code: G1203D

Int. Color: Int. Refinish: Two-Stage

Options

AM/FM CD Player

Center Console Intermittent Wipers

Overhead Console Power Mirrors

Rear Window Defroster

Tachometer Velour/Cloth Seats Air Conditioning Cruise Control

Keyless Entry System Power Brakes Power Steering

Rem Trunk-L/Gate Release

Tilt Steering Wheel

Aluminum/Alloy Wheels

**Dual Airbags** 

Leather Steering Wheel Power Door Locks Power Windows Split Folding Rear Seat

Tinted Glass

**Damages** 

08/24/2017 04:07 PM

Page 1 of 3

Line	Ор	Guide	MC	Description	1	MFR.Part No.	Price	ADJ% B%	Hours	R
Front B	ump	er								
1	Е	17		Bumper,Fro	nt	MR557667	\$227.85		INC	SM
2	E	15		Cover, Front		MR972504	\$300.42		1.6	SM
					s not running	10111111111111111111111111111111111111	******	meach //ch		
3	L	15	13	Cover, Front		Refinish		RECEIVED	3.6	RF
					1.0	2.5 Surface			0.7.4.7.	5003
						0.6 Two-stage setup 0.5 Two-stage		SEP 29 2017		
4		1000		Ret,Frt Bum	ner Cover	Replace OEM	INC	OFFICE OF		SM
5	Ε	20			r Cover Upr LT	MR520329	\$34.49	CITYATTORNEY	INC	SM
6	Ē	21			r Cover Upr RT	MR520330	\$34.14		INC	SM
7	E	36		Supt,Frt Bm		MR520834	\$39.31		INC	SM
8	E	12		Grille,Frt Bu		MR539650	\$68.46		INC	SM
9	Ē	34			mper Lwr LT	MR539655				
							\$28.45		0.2	SM
10	E	35			mper Lwr RT	MR539656	\$28.45		0.2	SM
11	E	13		Brace, Front		MR557958	\$2.53		INC	SM
12	E	14		Brace,Front		MR557958	\$2.53		INC	SM
13	Ε	7		Absorber,Fr	ont Bumper	MR557668	\$76.51		0.6	SM
Front E	nd Pa	anel And	i Lan	nps						
14	Е	41		Headlamp A	ssy,Halogen LT	MR971777	\$214.58		0.2	SM
15	N	973		Headlamps		Additional Labor			0.4	SM
						, , , , , , , , , , , , , , , , , , , ,				
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	E	78	07	Panel, Uppe		MR548505	\$77.28		8.3	SM
17	L	78		Panel, Uppe	r Rad Mtg	Refinish			0.5	RF
						0.4 Surface				
						0.1 Two-stage				
Cooling	And	Air Con	ditio	ning						
18	N	980		A/C Evac Re	echrg & Rcvr	Additional Labor			1.8	ME
19	EP	731		Condenser,		Replace PXN	\$109.00		0.2	ME
Front B	ody /	And Win	dehid	ald						
20	l l	83	usine	Panel,Hood		Repair			1.5*	SM
	Ĺ	83		Panel, Hood		Refinish			3.4	RF
6 <del>-</del> 25	0.00	00		i diloi,i iood		2.8 Surface			0.4	131
						0.6 Two-stage				
						***				
Front Be	Transfer of the Contract of th		heet			MESSOCO	***			- · -
22	E	119		Skirt,Inner F	ender R⊺	MR539630	\$54.02		0.1	SM
Manual	Entri	ies								
23		 M03		Flex Additive	•	Replace Economy	\$5.00*			RF
24		M17		Cover Car E		Replace Economy	\$8.00*			RF
25		M60			Vaste Removal	Replace Economy	\$3.00*			SM
		Items		, lazardodo ,	racio (tomovar	replace Economy	φο.σσ			Olvi
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	arts		ntries			ours @ \$38.00				

						00/24/2017 03.40 FW
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Rate			Total Hrs			RECEIVED
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\$70.00 \$58.00	7.5		7.5	\$435.00		OFFICE OF CITY ATTORNEY
		D E 6000V	22.6 H	9	\$1,384.80	
	(i	<u>y</u> 5.600%		φ//.55	\$3,150.92 \$3,150.92	
	\$58.00 \$95.00 \$70.00	\$58.00 11.2 \$95.00 0.2 \$70.00 \$58.00 7.5	Rate         Replace Hrs         Repair Hrs           \$58.00         11.2         1.9           \$95.00         0.2         1.8           \$70.00         1.8         1.8	Rate         Replace Hrs         Repair Hrs         Total Hrs           \$58.00         11.2         1.9         13.1           \$95.00         0.2         1.8         2.0           \$70.00         \$58.00         7.5         7.5	Rate         Replace Hrs         Repair Hrs         Total Hrs           \$58.00         11.2         1.9         13.1         \$759.80           \$95.00         0.2         1.8         2.0         \$190.00           \$70.00         \$58.00         7.5         7.5         \$435.00           22.6 Hours	© 5.600% \$89.55  Rate Replace Repair Hrs Total Hrs  \$58.00 11.2 1.9 13.1 \$759.80 \$95.00 0.2 1.8 2.0 \$190.00 \$70.00 \$58.00 7.5 7.5 \$435.00  22.6 Hours \$1,384.80 \$3,150.92

Alternate Parts Y/01/01/00/00/00 CUM 01/01/00/00/00 Zip Code: 53215 Default Rate Name Default

Audatex Estimating 8.0.134 ES 08/24/2017 04:07 PM REL 8.0.134 DT 08/01/2017 DB 08/15/2017 © 2017 Audatex North America, Inc.

1.8 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

#### Op Codes

* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG = Replace NAGS	EC = Replace Economy	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM= Replace PXN Reman/Rebit
UM= Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	SB = Sublet Repair
N = Additional Labor	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG = Chipguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



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2/008

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7KL0ZN3P54 17-2263

## Wisconsin Motor Vehicle **Crash Report**

GREENFIELD POLICE DEPARTMENT 5300 WEST LAYTON AVENUE GREENFIELD, WI 53220

OFFICE OF CITY ATTORNEY

Document Number Overfide	Primary Crash Document #	Agency Crash Number 17-2283	Investigating Offi	
Crash Date	Crash Time	Date Arrived	Time Arrived	
07/28/2017 Date Notified	07:41 PM	07/28/2017	08:00 PM	I
D7/28/2017	Time Notified 07:41 PM	Total Units 02	Total Injured 00	Total Killed 00
On Emergency H	Land Run Lane Clo		Trailer or	Towed
Government Property	Active School Zone	School Bus Related	Tags	
Reportable	Crash Type DT4080 (Standard Crash)		Amended	Secondary Crash
Description Diagram	****		Pe	construction By
25. see.	- 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	acc	Ad	otos By ditlonal Information
#2 FAILED TO STOP FOR THE R LOCATION INTERSECTION ON STH36 SB AT W HOWARD AVE IN THE CITY OF GREENFIEL	HWEST BOUND ON WEST LOO ED TRAFFIC SIGNAL AND DROY	added any CJRS data in this report. MIS ROAD. UNIT #2 WAS TRAVEI VE IN FRONT OF UNIT #1. UNIT #  Latitude 42.973879  X Coordinat 421944.18	1 STRUCK UNIT #2.	N WEST HOWARD AVENUE. UNIT  Langitude  -87.957233241  Y Coordinate 4758358.5
IN MILWAUKEE COUNTY		Structure Ty No Structure	/pe	

Wisconsin Motor Vehicle Crash Form DT4000

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1 of 7

8/8/2017 9:25:27 AM PAGE 4/009 Fax Server

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SEP 29 2017

17-2263

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## Wisconsin Motor Vehicle **Crash Report**

GREENFIELD POLICE DEPARTMENT OFFICE OF
5300 WEST LAYTON AVENUE GREENFIELD, WI 53220 (414) 761-5300



	Crash Scene				<b>5</b>				
	First Harmful Event Motor Veh In Transport				First Hammful Event Location On Roadway				
1	Manner of Collision				Light Condition				
	08-Front To Side				Daylight				
ł	Road Surface Condition(s)				Roadway Factor(s)				
	Dry		5500000						
1	Environment Factor(s)								
	None				None				
Ī	Weather Condition(s)								
	Clear								
	Antmal Type				Relation T		•		
1	Crash Classification - Lecation	0					Jurisdiction		
	Public Property				No Spec				
	Tribal Land				Access Co				Spedal Study
	Within Interchange Area	Junction Location		Intersection					<u> </u>
Į	NO	Intersection		Four-Wa	y Intersec	tion			
-	Unit Summary  Unit Status		Vehicle Ope	amting Ac C	la a cuff cation		Unit Type	2 7 7 - 1 -	
5	In Transit		D CLASS		10331112011011		Automobile		
1	Vehicle Type					Operating As Endorsements		ments	
	Passenger Car								
	Total Occs	Train/Bus # Injured	Total # Cita	tions Issued		Total Tra	ilers	Total Haz	Mat Types
	Insurance?	Direction Of Travel	Pre	Pre CrashTire Mark		40 4		Total Lanes	
1	YES	Southbound						4	
	Most Hamful Event: Collision Motor Veh in Transport	ı With	Special Function No Special Function Traffic Control Traffic Signal		Traffic Co		Not Appli	Motor Vehi cable	ide Use
7	Traffic Way						Traffic Control Inoperative/Missing		tlve/Missing
	Divided Hwy W/O Traffic	Barrier					1		
	Surface Type Concrete			Road Curvature		Road Grade			
	Truck Bus or HazMat		Straight	Straight   Level					
	No.			No	trig i mesii	JIJ.			
	vence.			0.0400	it and			v = v	
5	License Plate Number 975YVJ		Plate Type	tomobile		St WI	Country of is		
	Vehicle Identification No	umber	Make			Year	Model		
	M JA3AJ86E23U0822	15	MITSUBI			2003	LANCER C	)Z	
_ :	Color RED - Red		Body Style 4D - 4DR				Bus Use Not A Bus		
2	initial Contact Point 12—Front		Vehicle Oa	mage					
	Extent Of Darrage Disabling Damage		12Fron	t					
	Towed Due To Damage		Vehicle Re	Section of the second					
5	Towed Due To Disa		N&S TO						
	What Driver Was Doing Going Straight		Vehicle Fa	ctors					
	Driver Prior Action Other	37	Not Appl	licable					
	Driver Actions								

Wisconsin Motor Vehicle Crash Form DT4000

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Risk Solutions (A3) 8/7/2017 11:32:06 AM PAGE 4/008 Fax Server

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	LOZ 2263	N3P54		Motor Vehicle h Report	GREENFIELD POLICE DEPARTMEN 5300 WEST LAYTON AVENU GREENFIELD, WI 5322 (414) 761-530	E 10
TIND		No Contributing Action				RECEIVED SEP 29 7017 OFFICE OF CITY ATTORNEY
		Driver Distractions Not Distracted				
5	STATE OF THE STATE	Individual JAMES MARSHALL FOLGER (414) 687-4056  SEQUENCE OF EVENTS Event Motor Veh In Transport		Address 3463 S 18TH ST MILWAUKEE, WI 53215 , U	Je	
	10 SP 10	Event Event				
LIND		Paring Insurance Company STATE-FARM-GENERAL-INS-CO	231	Individual JAMES FOLGER		

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Risk Solutions (A3) 8/7/2017 11:32:06 AM PAGE

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## Wisconsin Motor Vehicle **Crash Report**

OFFICE OF
GREENFIELD POLICE DEPARTMENT CITY ATTORNEY 5300 WEST LAYTON AVENUE GREENFIELD, WI 53220 (414) 761-5300

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	3.33	Driver		Citations Issued		Sex	
		JAMES MARSHALL FOLGER		0		Male	
		(414) 687-4056		Date of Birth	~~	Race	
	Ø.			l van neem			
5				0 10411334			
LIND		Address		Driver License Nur F426453940040	riber		
	**	3463 S 18TH ST				DTATED	
	2	MILWAUKEE, WI 53215 , US		State: Wiscons	in Country: UNITED	SIMIES	i
		On Duty Crash		Safety Equipment			
		经基础的的基础					
	3	Seat Position		Shoulder & Lap	Belt		
		1-Front Seat-Left Side (Driver/Moto	rcvcle/Blovcl	Onsolder a Lup			
5	3			1117-10-1			
		Helmet Use		Helmet Compliance	9		
		Eye Protection		Tini Compliance			
-	9.70	AND CONTRACTOR VICTORIA VICTORIA					
1		Injury Severity		Almag			
- 1		No Apparent Injur	ry	Non Deployed			
		Ejected		Ejection Path		Trapped/Ext/scated	
<b>L</b>		Not Ejected		Not Ejected/No	Applicable	Not Trapped	Ann. 18 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LNO	C	Medical Trensport		EMS Agency Ident	ifer	EMS Run #	
5	至	Not Transported				**************************************	
		Hospital		Date of Death		Time of Death	
		Svking Unit #	Prior Action	Location		<del>'</del>	To/From School
		Striking Unit #	V.A.Sec. Sankarasi.				1011011001
- 1		Action					<del></del>
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5	1000	Action			•		
9	780	Action			,,,,,		
۶	190	Action					
6	100	Action			,	•	
		Action  Action Other					
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Wisconsin Motor Vehicle Crash Form 9T4000

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SEP 29 2017

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## Wisconsin Motor Vehicle **Crash Report**

OFFICE OF
GREENFIELD POLICE DEPARTMENT CITY ATTORNEY 5300 WEST LAYTON AVENUE **GREENFIELD, WI 53220** (414) 761-5300

	Unit Summary							
	Unit Status			ng As Classification	l	Unit Type		
02	in Transit	0 0 000000	D CLASS			Truck		
	Vehicle Type Straight Truck (Insert Truc	k)					Operating As Endorsements	
	Total Oces 1	Train/Bus # injured	Total # Citations Issued Total Trailer  1 0		ers	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel Eastbound	Pre CrashTire Speed Limit Mark 25		nt	Total Lanes 4		
UNIT	Most Harmful Event: Collision With Motor Veh in Transport		Special Function No Special F	unction		Not Appli	Motor Vehicle Use cable	
3	Traffic Way Divided Hwy W/O Traffic B	arrier	Traffic Control Traffic Signa	ı		Traffic Cont	rol inoperative/Missing	
	Surface Type Concrete					Road Grade	8	
	Truck Bus or HazMat			Reporting Threshold No				
L								
02	License Plate Number 92957		Plate Type MUN - Munic	cipal	St W1	Country of Is		
٠	Vehicle Identification Number 1FTBF2A60GEB34915		Make FORD		Year 2016	Model F250		
	Color		Body Style		2010	Bus Use		
E	YEL - Yellow		TK - TRUCK Not A Bus					
ENS	initial Contact Point		Vehicle Damage					
	Extent Of Damage		8-Left Side Rear					
	Functional Damage Towed Due To Damage	-	Vehicle Removed By					
92	Not Towed		OPERATOR					
	What Driver Was Doing Going Straight		Vehicle Factors  Not Applicable					
	Driver Prior Action Other							
LINO	Driver Actions Disregarded Red Ligh	it						
	Driver Distractions Other Inside Vehicle (Esting, Personal, Animal, Hygiene, Etc)							
	Varietie Charles T							
02	Organization/Company CITY OF MILWAUKEE (414) 286-5943	DPW		CANAL ST IKEE, WI 53233	, US			
	Bequence Of Ever							
	Motor Veh In Transport							

Wisconsin Motor Vehicle Crash Form DT4000

This report does not include any CJIS data.

5 of 7

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R15k Solutions (A3) 8/7/2017 11:32:06 AM PAGE 7/008 Fax Server

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	LOZN3P54 2263	Wisconsin Motor Vehic Crash Report	GREENFIELD POLICE DEPARTMENT 5300 WEST LAYTON AVENUE GREENFIELD, WI 53220 (414) 761-5300
	Event		
	Event		
	Event		
F	Policy Holder 77		
Z	Insurance Company	Organization/Company	
$\supset$	SE CITY OF MILWAUKEE S	SELF INSURED CITY OF MILWAUKE	E DPW

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## Wisconsin Motor Vehicle Crash Report

**GREENFIELD POLICE DEPARTMENT** 5300 WEST LAYTON AVENUE GREENFIELD, WI 53220 (414) 761-5300

		illaty local (F)									
		Driver ANTWAIN M CHILDS (414) 914-3151			Citations issued			Sex Male			
					Date of Birth		Race				
<u>=</u>					11/12/198			BLACK			
ENS		Address 2446 N 36TH ST			Oriver License Number C4320138141207						
		MILWAUKEE, WI 53210 , US			State: Wisconsin Country: UNITED STATES						
				4.							
		Egypnen;	On Duty Crash		Safety Equi	pment					
		Seat Position			Shoulder & Lap Belt						
05		1Front Seat-Left Side (Driver/Motorcycle/Bicycl									
		Helmet Use			Helmet Compilance						
		Eye Protection			Tht Compliance						
		(one control of the larger severity			Airbag						
		No Apparent Injury			Non Deployed						
		Ejected Not Ejected				th navea	Annlinable	Trapped/Extricated Not Trapped			
FIND		Medical Transport			Not Ejected/Not Applicable  EMS Agency Identifier		EMS Run #				
5		Not Transported									
		Hospital			Date of Death		Time of Death				
		North County	Striking Unit #	Prior Action			Location		To/From School		
		Action									
02											
LIND		Action Other									
		s Wins	Suspected Orug Use								
		Suspected Alcohol Use Alcohol Test Given			Alcohol Test Type			Alcohol Test Results			
		<b>Test Not Given</b>									
		Drug Test Given Test Not Given			Orug Test T	ype		Drug Test Results			
		Drug Type			L			L			
		Individual Condition									
1		Appeared Normal									
		UTC Number   Issue To7   Statute Number   Seq Num   Description   AF740556   002   346.37(1)(c)1   001   OPERATOR VIOLATE RED TRAFFIC LIGHT									
		AE740556	002	346.37(1)(c)1	001	OPE	RATOR VIOLATE R	ED TRAFFIC LIGHT			

Wisconsin Motor Vehicle Crash Form DT4000

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7 of 7

8/8/2017 9:25:27 AM PAGE

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To / A: Paula

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