NOTICE OF CLAIM AND CLAIM FOR DAMAGES

§§ 893.80(1b) & 893.80(1d)

JUN 122018

To:

City of Milwaukee

Attn: City Clerk's Office

200 E. Wells Street, Rm. 205

Claimant:

Myra Flynn

3442 N. 18th Street

Milwaukee, WI 53206

Milwaukee, WI 53202

Veronica Robinson
8411 N. Servite Dr., Unit 204
Milwaukee, WI 53223

TO EACH OF THE ABOVE NAMED PARTIES:

Pursuant to the provisions of § 893.80, Wis. Stats., the Claimant, Myra Flynn, hereby gives formal Notice of Claim and makes a claim for relief in the form of monetary damages, as set forth below

- That Myra Flynn resides at 3442 North 18th Street in the City and County of Milwaukee, Wisconsin 53206.
- 2. That on or about December 24, 2017, Ms. Flynn was a passenger in a car traveling west bound on West Hopkins Street in the City and County of Milwaukee, WI.
- 3. That a City of Milwaukee snow plow driven by Veronica D. Robinson, was traveling south bound on 27th Street and disregarded the red traffic light signal at West Hopkins Street, colliding with the car in which Ms. Flynn was a passenger.
- 4. As a result of these circumstances, Ms. Flynn suffered injuries to her left thumb that required surgery to repair, left knee, right wrist and right shoulder, among other injuries, and she has incurred medical costs, permanent scarring and injury to her left thumb, and property damage to her vehicle.
- 5. That pursuant to §893.80, Wis. Stats., the City of Milwaukee was given notice of circumstances giving rise to claim on or about January 11, 2018.
- 6. That as a result of the aforementioned incident, Ms. Flynn suffered injuries to her left thumb, left knee, right wrist and right shoulder, among other injuries, has incurred medical expenses totaling \$52,172.51, has suffered past pain and suffering, and will endure future pain and suffering, and permanent scarring. She also has incurred property damage in the amount of \$5,125.00. Due to the amount and nature of Ms. Flynn's damages coupled with the extent of her past and future pain and suffering, and permanent scarring, we demand \$187,297.51 from the City of Milwaukee.

1030-2018-171

Medical Bills:

Paratech Ambulance

- 12/24/17	\$905.85
Froedtert Memorial Hospital	
- 12/24/17 to 3/14/18	\$39,031.66
Medical College of Wisconsin	
- 12/24/17 to 3/14/18	\$11,391.00
Aurora Medical Group	
- 1/23/18	\$ 844.00
	\$ 52,172.51

Property Damage/Van Totaled: \$ 5,125.00

Pain and Suffering Damages: \$130,000.00

TOTAL DEMAND: \$187,297.51

Dated in Milwaukee this 18th day of Jone, 2018.

SPERLING LAW OFFICES, LLC Attorneys for/Claimant, Myra Flynn

RECEIVED
OFFICE OF CITY ATTORNEY

JUN 122018

By: Michael C. Demo

SBN: 1059096

POST OFFICE ADDRESS

100 E. Wisconsin Avenue Suite 1020 Milwaukee, WI 53202 (414) 273-7100

Wisconsin Motor Vehicle Crash Report

MILWAUKEE POLICE DEPARTMENT 749 WEST STATE STREET MILWAUKEE, WI 53201 (414) 933-4444

	Document Number Override	Э	Primary Crash I	Document #	W. GILBE					
28	Crash Date 12/24/2017		Crash Time 11:09 AM		Date Ar 12/24/		Time Arrived			
J9L0GGK15W	Date Notified 12/24/2017		Time Notified 11:11 AM	Maria Ya	Total U	nits	Total Injured 05	Total Injured Total Killed 00		
000	On Emergency Hit and							Trailer or Towed		
5	Government Active School Zone				School Bus Related Tags SUPI			RVISOR APPROVED		
	✓ Reportable		Crash Type DT4000 (Star	ndard Crash)			Amend	ed	Secondary Crash	
	Diagram Diagram							Reconstruction	on By	
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		J.	CARS .		J			P.O. STEVE	EN HOLMBLAD	
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		Valencia of Arthurson		A7 8						
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Narrative: I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT #1 WAS TRAVELING SOUTHBOUND ON N. 27TH ST. WHEN THE DRIVER DISREGARDED THE RED TRAFFIC SIGNAL AT W. HOPKINS ST., AND COLLIDED INTO UNIT #2 WHICH WAS TRAVELING WESTBOUND ON W. HOPKINS ST. UNIT #1 CONTINUED SOUTHBOUND AND COLLIDED INTO UNIT #3, WHICH WAS TRAVELING EASTBOUND ON W. HOPKINS ST. TO VEER TO THE RIGHT AND DRIVE UPON THE SIDEWALK WHERE IT COLLIDED INTO FIRE HYDRANT. UNIT #4 WAS TRAVELING EASTBOUND ON W. HOPKINS ST. PREPARING TO MAKE A RIGHT TURN AT THE INTERSECTION, WHEN IT COLLIDED INTO UNIT #3 AS IT VEERED TO THE RIGHT. THE DRIVER OF UNIT #1 WAS CITED FOR VIOLATE RED TRAFFIC SIGNAL. THE DRIVER OF UNIT #2 WAS CITED FOR OPERATE MOTOR VEHICLE WITHOUT INSURANCE, AND OPERATING AFTER SUSPENSION. THE DRIVER OF UNIT #1 COMPLAINED OF PAIN BUT SHE REFUSED MEDICAL TREATMENT. THE DRIVER AND ADULT PASSENGER OF UNIT #2 WAS CONVEYED BY AMBULANCE TO FROEDTERT HOSPITAL COMPLAINING OF PAIN, AND THE CHILD PASSENGER WAS CONVEYED BY AMBULANCE TO CHILDREN'S HOSPITAL COMPLAINING OF PAIN. THE DRIVER OF UNIT #3 WAS CONVEYED BY AMBULANCE TO ST. JOSEPH'S HOSPITAL COMPLAINING OF PAIN. THE DRIVER OF UNIT #3 WAS CONVEYED BY AMBULANCE TO ST. JOSEPH'S HOSPITAL COMPLAINING OF PAIN. ****SEE ATTACHED FILE FOR FULL NARRATIVE****

Wisconsin Motor Vehicle Crash Report

Location								
INTERSECTION ON N 27TH ST				atitude 3.083507437		Longitude -87.947133545		
AT W HOPKINS ST IN THE CITY OF MILWA IN MILWAUKEE COUN			×. 100	Coordinate 22905.09375		Y Coordinate 4770523.5		
			S	Structure Type				
Crash Scene								
First Harmful Event Motor Veh In Transpor			4.4	irst Harmful Event L	.ocation			
Manner of Collision				On Roadway				
08Front To Side				aylight				
Road Surface Condition(s)	V-7 , w		toadway Factor(s)					
Snow			1					
Environment Factor(s)								
Weather Conditions			F	Road Surface Co	ndition (We	t, Icy, Snow, Slush, Etc)		
Weather Condition(s)								
Snow								
Animal Type			Relation To Trafficw					
Crash Classification - Local Public Property			crash Classification	- Jurisdiction				
Tribal Land					Access Control Special Study Full Control			
Within Interchange Area	Junction Location Intersection		Intersection					
	Intersection		1 Our-way	intersection				
Unit Summary Unit Status		L Vehicle One	erating As Clas	seification	Unit Type	# HOLD - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
In Transit		C CLASS		ssilication	Truck			
Vehicle Type Snow Plow					Operating	As Endorsements		
Total Occs	Train/Bus # Injured	Total # Cita	tions Issued	Total Tra	ailers	Total HazMat Types 0		
Insurance? YES	Direction Of Travel Southbound	Pre	Pre CrashTire Mark		imit	Total Lanes		
Most Harmful Event: Collis Motor Veh In Transpo		Special Fur No Speci	nction al Function		Emergenc Not App	gency Motor Vehicle Use Applicable		
Traffic Way Two-Way, Not Divided		Traffic Cont		*	Traffic Control Inoperative/Missing NO			
Surface Type Concrete		Road Curva Straight	ature		Road Grad	de		
Truck Bus or HazMat	nbination > 10,000lbs GVW			ng Threshold al Transport	Level			
Vehicle	indination > 10,000 ps GVVV	MOGWIX	liviedica	ai iransport				
License Plate Number 70463	r	Plate Type		St WI	Country of UNITED S			
Vehicle Identification		Make	ATIONAL	Year 2006	Model 7300	////IEO		
Color YEL - Yellow Initial Contact Point	2000	Body Style)	12000	Bus Use Not A Bu	s		
Initial Contact Point 12Front	and the second s	Vehicle Da						
Extent Of Damage Disabling Damag	e	12Fron	t					

Wisconsin Motor Vehicle Crash Report

		Towed Due To Damage	Vehicle Removed By
01		Towed Due To Disabling Damage	MILWAUKEE CITY FLEET SERVICES
		What Driver Was Doing Going Straight	Vehicle Factors
	10	Driver Prior Action Other	Not Applicable
FNO	VEHICLE	Driver Actions Disregarded Red Light	
		Driver Distractions Not Distracted	
		Vehicle Owner	
		Coursement	
01	VEHICLE	Vehicle Owner Government MILWAUKEE CITY FLEET SERVICES (414) 286-5561	Address 2142 W CANAL ST MILWAUKEE, WI 53233 , US
	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sequence Of Events	
	10	Event Motor Veh In Transport	
		Fire	
	02	Event	
	03 02	Event	
LIND	04 03	Event	

Wisconsin Motor Vehicle Crash Report

	Driver VERONICA D RO	BINSON		Citations Iss	ued	Sex Female			
UAI	(414) 899-8428			Date of Birth Race 11/14/1964 BLACK					
INDIVIDUA	Address 8411 N SERVITE MILWAUKEE, WI			Driver License Number R1528646491407 State: Wisconsin Country: UNITED STATES					
	Equipment	On Duty Crash Winter-Hwy	-Maintenance	Safety Equip	oment	3			
	Seat Position			Shoulder	& Lap Belt				
001	Helmet Use	t Side (Driver)	/Motorcycle/Bicycl	Helmet Com	ppliance				
	Eye Protection			Tint Complia	anco.				
	Lyd i rotoddon				arice				
	Injury	Injury Severity Possible Inj		Airbag Non Deplo	oyed				
JAL	Ejected Not Ejected			Ejection Pat	h ed/Not Applicable	Trapped/Extricated Not Trapped			
INDIVIDUAL	Medical Transport			EMS Agenc		EMS Run #			
<u>IN</u>	Not Transported Hospital			Date of Dea	th	Time of Death			
	N	Striking Unit #	Prior Action		Location		To/From School		
	Non Motorist	38							
001	Action								
001	Action								
140 L									
	Action Other								
140 L	Action Other Drug &		ted Alcohol Use	Suspe	octed Drug Use				
INDIVIDUAL 001	Action Other Drug & Alcohol Alcohol Test Given		ted Alcohol Use	Suspe	•	Alcohol Test Results			
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given		ted Alcohol Use	L	t Type	Alcohol Test Results Drug Test Results			
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given		ted Alcohol Use	Alcohol Tes	t Type				
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given		ted Alcohol Use	Alcohol Tes	t Type				
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type Individual Condition	Suspect	ted Alcohol Use	Alcohol Tes	t Type				
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type	Suspect	ted Alcohol Use	Alcohol Tes	t Type				
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type Individual Condition Appeared Norma	Suspect		Alcohol Tes Drug Test T	t Type				
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type Individual Condition Appeared Norma	Suspect		Alcohol Tes	t Type	Drug Test Results			
INDIVIDUAL	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type Individual Condition Appeared Norma Violations UTC Number	Suspect	Statute Number	Alcohol Tes Drug Test T	t Type ype Description VIOLATE RED TRAF	Drug Test Results			

Wisconsin Motor Vehicle Crash Report

	BUS	MILWAUKEE CITY FLEET SERVICES USDOT# 000000 GVWR Vehicle Configuration					2142 W CANAL ST MILWAUKEE, WI 53233 , US					
				-			Cargo Body Type					
	9				xle and	GVWR Mo	GVWR More Than Other			·		
	TRUCK	US DOT # 000000		arrier Type lot In Comm	erce/Go					rmitted Load		
		OS/OW Load	Permit No			ermitted Ve	ehicle On	Esc	cort Ve	hicle Required	I = FtV-bi-l-P	
		Measured Height		I Management La		Permitted Route		<u> </u>	Ву	Permit	Escort Vehicle Preser	
		Measured Height		Measured Le	engtn		Measured Wi	atn		Measured We	eight	
U	Init	t Summary										
4 1		Status ransit				Vehicle O	perating As Cla	ssification		Unit Type		
		cle Type				D CLAS	3			Automobi	s Endorsements	
		senger Van								Operating A	s Endorsements	
	Total 3	l Occs	Train/	Bus # Injured		Total # Ci	tations Issued		Total Tr 0	ailers	Total HazMat Types 0	
	Insur NO	rance?	and the second second	ion Of Travel bound		Pre CrashTire Speed L 30		∟imit	Total Lanes 1			
	Mot	Harmful Event: Collision or Veh In Transport	With		,,,		Special Function No Special Function				Emergency Motor Vehicle Use Not Applicable	
		ic Way -Way, Not Divided					Traffic Control Traffic Signal			Traffic Contr	Traffic Control Inoperative/Missing NO	
- 1		ace Type		<u> </u>		Road Curvature Straight				Road Grade		
	Truc No	k Bus or HazMat					Reporti No	ng Thresho	old			
	,	Vehicle										
		License Plate Number AAD8365				Plate Typ	oe Automobile		St WI	Country of Iss UNITED ST		
が大変がなか	щ	Vehicle Identification Nu 2FMZA58265BA263			7	Make FORD			Year 2005	Model FREESTAR L		
•	VEHICL	Color RED - Red					Body Style VN - VAN			Bus Use Not A Bus		
	3	Initial Contact Point 12Front				Vehicle [Vehicle Damage					
		Extent Of Damage Disabling Damage			12Front							
ES.		Towed Due To Damage				Vehicle Removed By						
1		Towed Due To Disa What Driver Was Doing	niing Da	mage		Vehicle F	TY TOWING actors			10 · ·		
			r			Not Applicable						
	What Driver Was Doing Going Straight Driver Prior Action Other Driver Actions No Contributing Action									· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

Wisconsin Motor Vehicle Crash Report

i i			
PC	Not Distracted		
Ň	Vehicle Owner		
02 VEHICLE	JERMALE J TISDALE (414) 255-0359	Address 2752A N HOLTON ST MILWAUKEE, WI 53212, US	
	Sequence Of Events Event		
5	Motor Veh In Transport		
3	Event		
03	Event		
70	Event		

Wisconsin Motor Vehicle Crash Report

	Individual							
7	Driver JERMALE J TISD (414) 255-0359	ALE		Citations Issued 2		Sex Male		
. / 					Birth Race BLACK			
INDIXIDUAL	Address 2752A N HOLTON ST MILWAUKEE, WI 53212, US		Driver License Number T2344308825508 State: Wisconsin Country: UNITED STATES					
	Equipment	On Duty Crash		Safety Equipment				
	Seat Position 1Front Seat-Left Side (Driver/Motorcycle/Bicycl			Shoulder & La	ap Belt			
002	Helmet Use			Helmet Complian	nce			
	Eye Protection			Tint Compliance				
	Injury	Injury Severity Suspected Min	or Injury	Airbag Deployed-Front				
INDIVIDUAL	Ejected Not Ejected			Ejection Path Not Ejected/Not Applicable		Trapped/Extricated Not Trapped		
IOINIC	Medical Transport EMS Ground			EMS Agency Identifier 6000990		EMS Run # 118		
Z	Hospital FROEDTERT ME	Hospital FROEDTERT MEMORIAL LUTHERAN HOSPITAL			Date of Death			
	Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
	Action							
002								
100								
	Action Other							
INDIVIDITAL	Drug & Alcohol	Suspected	Alcohol Use	Suspected Drug Use				
=	Alcohol Test Given Test Not Given	Alcohol Test Given			ре	Alcohol Test Results	5	
	Drug Test Given Test Not Given			Drug Test Type		Drug Test Results		
	Drug Type		A Commission of the Assessment of the Commission					
	Individual Condition							
	Appeared Norma							
	Appeared Norma	aı						

Wisconsin Motor Vehicle Crash Report

A C. C. C. C.	Name of the last o							
-		MYRA JANE FLYNN (414) 255-0359		Citations Issued 0	Sex Female			
DO	(111) 200 0000			Date of Birth 10/30/1992 Race BLACK				
INDIVIDUAL		Address 2752A N HOLTON ST MILWAUKEE, WI 53212,US		Driver License Number F4505509289006 State: Wisconsin Country: UNITED STATES				
	Equipment	On Duty Crash		Safety Equipment				
003	Seat Position 3Front Seat-Rig	ht Side (Train Er	gineers/Right	Shoulder & Lap Belt				
ŏ	Helmet Use		Helmet Compliance					
	Eye Protection			Tint Compliance				
	Injury	Injury Severity Suspected Min	or Injury	Airbag Deployed-Front				
UAL	Ejected Not Ejected Medical Transport EMS Ground		Ejection Path Not Ejected/Not Applicate	Trapped/Extricated Not Trapped				
INDIVIDUAL				EMS Agency Identifier 6000990	EMS Run #			
Z	Hospital FROEDTERT ME	MORIAL LUTHER	RAN HOSPITAL	Date of Death	Time of Death			
	Non Motorist	Striking Unit #	Prior Action	Location	To/From School			
	Non Motorist Action	Striking Unit #	Prior Action	Location	To/From School			
03		Striking Unit #	Prior Action	Location	To/From School			
003		Striking Unit #	Prior Action	Location	To/From School			
003		Striking Unit #	Prior Action	Location	To/From School			
003		Striking Unit #	Prior Action	Location	To/From School			
003		Striking Unit #	Prior Action	Location	To/From School			
	Action	Striking Unit #	Prior Action	Location	To/From School			
		Striking Unit #	Prior Action	Location	To/From School			
	Action		Prior Action Alcohol Use	Location Location				
INDIVIDUAL 003	Action Other Drug &							
	Action Other Prug & Alcohol Alcohol Test Given			☐ Suspected Drug Use				
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given			Suspected Drug Use	Alcohol Test Results			
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given Drug Type	Suspected		Suspected Drug Use	Alcohol Test Results			
	Action Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given	Suspected		Suspected Drug Use	Alcohol Test Results			

Wisconsin Motor Vehicle Crash Report

	Individual							
	Passenger MARIAH VESEY			Citations Iss	ued	Sex Female		
M	(414) 463-2482			Date of Birth		Race		
10			×	09/27/2015 BLACK				
INDIVIDUAL	Address 5462 N 54TH ST			Driver License Number				
Z	MILWAUKEE, WI	MILWAUKEE, WI 53218 , US						
	Equipment	On Duty Crash	1	Safety Equip	oment			
す	Seat Position 4Second Seat-Left Side(Motorcycle/Bicycle Pa Helmet Use		Shoulder	& Lap Belt				
004			Helmet Com	pliance				
	Eye Protection			Tint Complia	ance			
	Injury	Injury Severity		Airbag				
ے	Suspected Minor Injury		Non Deplo Ejection Pat		T			
AU A	Not Ejected				ed/Not Applicable	Trapped/Extricated Not Trapped	1	
INDIVIDUAL	Medical Transport EMS Ground	Medical Transport		EMS Agenc 6000990	y Identifier	EMS Run # 116		
Z	Hospital CHILDRENS HOS	SPITALS		Date of Dea	th	Time of Death		
	Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
	Action							
4								
004								
CAR.								
INDIVIDUAL	Action Other							
	D= 8							
	Drug & Alcohol	Suspec	ted Alcohol Use	Suspected Drug Use				
4	Alcohol Test Given			Alcohol Tes	t Type	Alcohol Test Resu	ılts	
	Test Not Given	<u> </u>					N	
	Drug Test Given Test Not Given	5 ·		Drug Test T	ype	Drug Test Results		
	Drug Type							
	Individual Condition							
	Appeared Norma	ı						
	Violations							
02	UTC Number AC186297	Issue To?	Statute Number 344.62(1)	Seq Num 001	Description OPERATE MOTOR V	EHICLE W/O INSUR	ANCE	
10005555	AC186297 002 344.62(1) UTC Number Issue To? Statute Number AC186298 002 343.44(1)(A)				Seq Num Description OPERATING AFTER SUSPENSION			

Wisconsin Motor Vehicle Crash Report

	Uni	t Summary			ar a vertilen en un bestelle			
m	Unit	Status		Vehicle Opera	ting As Classific	ation	Unit Type	
03	In T	ransit		D CLASS			Automob	ile
	Vehi	icle Type		1.0			Operating A	As Endorsements
	Pas	senger Van						
	Tota	Il Occs	Train/Bus # Injured	Total # Citatio	ns Issued	Total Trai	ilers Total HazMat Types 0	
	Insu	rance?	Direction Of Travel Eastbound		rashTire lark	Speed Lii	mit	Total Lanes
LINO		t Harmful Event: Collision W tor Veh In Transport	ith	Special Funct No Special	Special Function No Special Function			/ Motor Vehicle Use icable
)		fic Way o-Way, Not Divided		Traffic Contro		2	Traffic Con	trol Inoperative/Missing
	Surface Type Concrete			Road Curvatu Straight	ire		Road Grad	le
	Truc	ck Bus or HazMat		Reporting Th	nreshold			
-		Vehicle						
03		License Plate Number 71970D		Plate Type DIS - Disal	oled	St WI	Country of I	
	ш	Vehicle Identification Numl 2C4RDGEG8CR13983		Make DODGE		Year 2012	Model GRAND C	
_	VEHICLE	Color GRY - Gray		Body Style Bus Use Not A Bus				
LNO	NE VE	Initial Contact Point 12Front		Vehicle Damage				
		Extent Of Damage Disabling Damage		1Right Front Corner, 2Right Side Front, 3Right Side Middle, 12Front				
		Towed Due To Damage	Vehicle Rem	oved By				
03	į.	Towed Due To Disabl	ing Damage	ALL CITY TOWING				
	, ,	What Driver Was Doing Going Straight		Vehicle Factors				
	ļ	Driver Prior Action Other	2	Not Applicable				
LIND	VEHICLE	Driver Actions No Contributing Action	on					
	•	Driver Distractions						
		Not Distracted						
		Vehicle Owner						
	111 -	Individual		Address				
03	VEHICLE	FLORENCE L CULPE (414) 399-9870	PPER THOMPSON	5635 N	1 78TH ST AUKEE, WI 53	218 , US		
		Sequence Of Ever	nts	1				
	10	Event Motor Veh In Transpo					- ATTOM VALLE CONTROL OF THE	·

Wisconsin Motor Vehicle Crash Report

LIND	Insurance Company WISCONSIN-MUTUAL-INS-CO	Individual FLORENCE CULPEPPER THOMPSON
Е	Policy Holder	
	Event	
	Event	
	Event	

Wisconsin Motor Vehicle Crash Report

	-							
INDIVIDUAL	Driver FLORENCE L CULPEPPER THOMPSON (414) 399-9870 Address 5635 N 78TH ST MILWAUKEE, WI 53218 , US			Citations Issued 0		Sex Female		
				Date of Birth 04/11/1944		Race BLACK		
NON				Driver License Number C4112724463107 State: Wisconsin Country: UNITED STATES				
	On Duty Crash Equipment			Safety Equipment				
900	Seat Position 1Front Seat-Left Side (Driver/Motorcycle/Bicycl			Shoulder & La	ap Belt			
8	Helmet Use			Helmet Complian	nce			
	Eye Protection	Eye Protection						
	Injury Severity Possible Injury		Airbag Non Deployed					
UAL	Ejected Not Ejected			Ejection Path Not Ejected/N	ot Applicable	Trapped/Extricated Not Trapped		
INDIVIDUAL	Medical Transport EMS Ground			EMS Agency Ide 6000990	ntifier	EMS Run # 131		
Z	Hospital ST JOSEPH'S HOSPITAL			Date of Death		Time of Death	Death	
	Non Motorist	Striking Unit #	Prior Action		Location		To/From School	
	Action							
· IO								
005								
700								
100								
	Action Other							
	Drug & Alcohol	Suspected A	slcohol Use	Suspected	d Drug Use			
INDIVIDUAL 00!	Drug &	Suspected A	alcohol Use	Suspected		Alcohol Test Results		
	Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given	Suspected A	Alcohol Use	L1		Alcohol Test Results Drug Test Results		
	Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given	Suspected A	Alcohol Use	Alcohol Test Typ				
	Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given	Suspected A	alcohol Use	Alcohol Test Typ				

Wisconsin Motor Vehicle Crash Report

Not Part P			t Summary							
Vehicle Country of Issuence Country of	4									
Total Control Direction Of Traive Total February To				D CLASS	DCLASS		-			
Total Control Pro CrashTife Speed Limit Total Lanes Speed Limit Speed Limi							Operating	As Endorsements		
Mark So						i otal		lers		
Motor Weh In Transport Traffic Signal Traffic Control Traffic Signal Traffic Signal Traffic Control IncoperativeMissing NO Traffic Signal Traffic Signal Traffic Signal NO Traffic Signal NO Reporting Threshold No Vehicle License Plate Number Tazzub AUT - Automobile AUT - Automo		17 17 19 1						1		
Train: Way, Not Divided Traffic Stignal Surface Type Surface Type Surface Type Concrete Truck Bus or HazMat No Vehicle Concrete Concrete	LING	Mot			Special Fund No Special	Special Function No Special Function		Emergency Motor Vehicle Use Not Applicable		
Truck Bus or HazMat No Reporting Threshold No	7									
Concrete Straight Level Truck Bus or HazMat No										
No No No No No No No No						aic				
License Plate Number Plate Type St Country of Issuance WII UNITED STATES		1000	k Bus or HazMat		Reporting Threshold					
Tazzud Aut - Automobile Wi United States Vehicle Owner Organization Company TOYOTA LEASE TRUST Toyota Lease Sequence Of Events Event Indicated Property Sequence Aut - Automobile Wi United States Will United States Will United States Vehicle Will United States Vehicle Samage 10-1-Left Front Corner Vehicle Camage Functional Damage Vehicle Removed By Operator Was Doing Right Turn Driver Prior Actions Not Contributing Action Operator Sequence Of Events Address PO Box 105386 ATLANTA, GA 30348 , US Sequence Of Events Event Automobile Wi United Model Wat United States Nax United Model Wat Matter Wat Model Wat Matter Wat Mat			Vehicle							
Vehicle Identification Number LEXUS 2017 RX	4					1.0				
TOWARD CONTRIBUTIONS Toward Due To Damage What Driver Was Doing Right Turn Driver Prior Actions Not Contributing Action Triver Obstracted Toward Contributing Action Address Po Box 105386 ATLANTA, GA 30348 , US Sequence Of Events Event	Ò			her		omobile			STATES	
Tower Distractions Toyora Lease Trust		Ш								
Tower Distractions Toyora Lease Trust	L	HICL	4	n)		RT UTILITY VE	HICLE	Bus Use		
Functional Damage Towed Due To Damage Not Towed What Driver Was Doing Right Turn Driver Prior Action Other Driver Point Actions No Contributing Action Driver Distractions Not Distracted Vehicle Owner Organization/Company TOYOTA LEASE TRUST Address PO BOX 105386 ATLANTA, GA 30348 , Us Sequence Of Events Event	Z	Z	Initial Contact Point 11Left Front Corner		Vehicle Dar					
Not Towed What Driver Was Doing Right Turn Driver Prior Action Other Driver Actions No Contributing Action Priver Distractions Not Distracted Vehicle Owner Organization/Company TOYOTA LEASE TRUST Address PO BOX 105386 ATLANTA, GA 30348 , US Sequence Of Events Event					11Left F	11Left Front Corner				
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Right Turn Driver Prior Action Other Driver Actions No Contributing Action Driver Distractions Not Distracted Vehicle Owner Organization/Company TOYOTA LEASE TRUST Address PO BOX 105386 ATLANTA, GA 30348 , US Sequence Of Events Event	ŏ				the comment with the last terms and					
Driver Actions No Contributing Action Driver Distractions Not Distracted Vehicle Owner Organization/Company TOYOTA LEASE TRUST Address PO BOX 105386 ATLANTA, GA 30348 , US Sequence Of Events Event			Right Turn		지 경기가 있는 이 교사를 가지 않는 것 같아.					
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Event	04	VEHICLE	Organization/Company TOYOTA LEASE TRU	ST	PO B	OX 105386	8 , US			
			Sequence Of Ever	nts	.					
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Wisconsin Motor Vehicle Crash Report

LIND	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual VANESSA JACKSON
	Policy Holder	
	Event	
	Event	

Wisconsin Motor Vehicle Crash Report

					AND NEWSTANDER CHIEF AND THE THE THE TREE CHIEF
	Driver VANESSA R JACKSON		Citations Issued 0	Sex Female	
DUAL	(414) 803-5948		Date of Birth 08/06/1972	Race BLACK	
INDIVIDUAL	Address 4252 N 61ST ST MILWAUKEE, WI 53216 , US		Driver License Number J2508767278607 State: Wisconsin Country: UNITED STATES		
	On Duty Crash Seat Position 1Front Seat-Left Side (Driver/Motorcycle/Bicycl Helmet Use		Safety Equipment		
006			Shoulder & Lap Belt Helmet Compliance		
	Eye Protection		Tint Compliance		
		Injury Severity No Apparent Injury	Airbag Non Deployed		
F	Ejected	No Apparent injury	Ejection Path	Trapped/Extricated	
= 3	Not Ejected Medical Transport		Not Ejected/Not Applicable	Not Trapped	
UNII	Not Transported		EMS Agency Identifier	EMS Run#	
Z	Hospital		Date of Death	Time of Death	
		Oblide Half I Dr. A.C.	Longton		
04 +	Action	Striking Unit # Prior Action	Location		To/From School
006	Non Motorist	Striking Unit # Prior Action	Location		To/From School
	Non Motorist	Striking Unit # Prior Action	Location		To/From School
	Action	Suspected Alcohol Use	Suspected Drug Use		To/From School
JAL	Action Other Drug & Alcohol Alcohol Test Given			Alcohol Test Results	To/From School
	Action Other Drug & Alcohol		☐ Suspected Drug Use	Alcohol Test Results Drug Test Results	To/From School
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given		Suspected Drug Use Alcohol Test Type		To/From School
	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Drug Test Given Test Not Given		Suspected Drug Use Alcohol Test Type		To/From School
INDIVIDUAL	Action Other Drug & Alcohol Alcohol Test Given Test Not Given Test Not Given Drug Type Individual Condition		Suspected Drug Use Alcohol Test Type		To/From School

Wisconsin Motor Vehicle Crash Report

Striking Unit 03 Witness	Struck Object Fire Hydrant		Damage Tag Number NONE
Individual WILLIAM MCNARY (414) 204-9080		Address 2429 W NASH ST MILWAUKEE, WI 53206, US	Date of Birth 09/28/1967
Witness Individual DENISE R MCDOWN (414) 807-1211	ELL	Address 3823 N 56TH ST MILWAUKEE, WI 53216 , US	Date of Birth 03/12/1968