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Accurint.support@lexisnexis.com

Lexis.com

PAGE COUNT: 7			v Firm accounts 1-543-6862
			outro v
CLIENT: 6634 DIVISION: ADJUSTER: ID CLAIM: 00000	1348761		
TRANSACTION # : DATE :	990203313 04/02/2020		
DATE OF LOSS: STREET: CITY: COUNTY: STATE:	02/10/2020 N 37TH ST MILWAUKEE MILWAUKEE WI	TIME OF LOSS : 7:27:0	
INVESTIGATING AGE REPORT NUMBER: REPORT TYPE: PARTY 1: PARTY 2: PARTY 3:	935-72 Auto A MERC		
CAR:	MAKE : TAG :	YEAR:	
DRIVER LICENSE : ADDITIONAL INFO :	V422552908	30200	
NOTE:			

### WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Override	Primary Crash Document #		A. LIESK  Date Arrived		g Officer/Deputy E			
AGT	Crash Date         Crash Time           02/10/2020         07:27 AM								
3	Date Notified 02/10/2020	Time Notified 07:27 AM		Total L	Total Units		Total Injured Total Killed 01 00		
<b>M5L0BTWRGT</b>		and Run	Lane Close	<u> </u>	Work Zone		or Tow	ed [	Reporting Threshold
45F	Government Property	ŁJ	hool Zone	5choo NO	Bus Related	Tags SUPERVIS	OR API	PROVED	
	Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amend	ed	i mid	Secondary Crash
	Description								
	W Capitol Dr							truction By	
							Photos I	Ву	1
					Scale		Addition NONE	al Informal	tion
					d any CJIS data in t	his report.			
	UNIT TWO WAS TRAVELING NOR UNIT ONE'S PLOW COLLIDED WE	TH IN THE 3900 I	BLOCK OF N 76TH	ST	***************************************			***********************	

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

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IN MIL	WAUKEE COUNTY			Structure Type					
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Crash	n Scene 📟			24.0.00	NO GOVE	12.47		4757.60	
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	r of Collision				Light Cond				
CALLED CO.	urface Condition(s)				Roadway				
	SNOW, SLUSH				(Nobulity)	, uc.o.(2)			
Environ	ment Factor(s)				1				
NONE					NONE				
Weathe	er Condition(s)				ĺ				
CLEAR	R								
Animal	Animal Type					o Trafficway			
Crash C	Classification - Location				20000000000	sification - I			
PUBLI	IC PROPERTY				NO SPE	CIAL J URI	SDICTION		
Tribal L	ribal Land			Access Control NO CONTROL					Special Study
Within I		function Location		Intersection	2 3 N 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage NOT TOWED			ide Removed By ERATOR			
		What Driver Was Doing			cie Factors			
		GOING STRAIGHT		V Cili	ase i actors			
		Driver Prior Action Other		NO.	T APPLICABLE			
		Driver Actions FOLLOWING TOO CLOSE	Ē					
_	<u>=</u>		-					
TIND								
,,,,'	3							
		Owner Name MILWAUKEE CITY FLEET	SERVICES		Owner Address 2142 W CANAL ST			
O	3	(414) 286-6101			MILWAUKEE, WI 53233 , US			
		ton and ton and the second						
		Seguence eletvenis						
	a	Event MOTOR VEH IN TRANSPO	ORT					
		Event						
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	446050	Event						
	69							
	3	Event						
		Policy Holder		HŽIJIŽ				
UNIT		Insurance Company	<u>ต่องกลางสายเกิดเกิดเกิดเกิดเกิดเกิดเกิด</u>		overnment			
5		SELF-INSURED			ILWAUKEE CITY FLEET SERVICE:	S		
		ndividua			The second section of the second section is a second section of the section of the second section of the section			
		Driver		TC	tations issued	Sex		
		MARQUES MARIO ADAM	S	0		MALE		
L				D	ate of Birth	Race		
		Address		Di	river License Number	-		
<b></b>	Ξ,	1953 W KEEFE AVE			TATE: WISCONSIN COUNTRY: UN	ITED STATES		
		PHENNUNCE IN DATE		'	TATE. WISCONSIN COUNTY: ON	III DIAILS		
		STANTINGUALINGUALINGUA TON DUŁY	Crash	5	afety Equipment			
	53/		R-HWY-MAINTENANC	-	acty Equipment			
		Seat Position		S	HOULDER & LAP BELT			
		1FRONT SEAT-LEFT SI	DE (DRIVER/MOTORCY	<u> </u>				
		Helmet Use		14	elmet Compliance			
		Eye Protection		Ti	nt Compliance			
					•			
01	100	namanamanana Injury Se	everity		rbag			
_ :		HIJHOX NO AP	PARENT INJ URY Ejection Path	1/2	ON DEPLOYED	Trapped/Extricated		
,		NOT EJ ECTED	NOT EJ ECTED/NOT APP	PLICA	ABLE	NOT TRAPPED		
		Medical Transport		E	MS Agency Identifier	EM5 Run#		
		NOT TRANSPORTED						
		Hospital		0	ate of Death	Time of Death		
		Distracte	ed By Source					
		LUSTRACTED BY NOT A	PPLICABLE (NOT DISTRA	ACTI	ED)			
		Distracted By Action NOT DISTRACTED						
		THE PERMITTER FOR						

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Wofor(St Prior Action	ng Unit #	Location	is a second of the second of t					
		Thu Actor								
		Action								
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UNIT	8							× 1 — 1		
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		Action Other						To/From School		
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	ı L	r <b>ug S Alcoho</b> l No	ected Alcohol U	ae	Suspected Drug Use NO			n n e gañac d		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	1 200		Alcohol Te	est Results		
		Drug Test Given		Drug Test Type	1	Drug Test Res	ults			
		TEST NOT GIVEN			3					
0	ğ	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
							11			
		Summary -	***************************************		elekelennikennomikomenkamikenikilasuus	ganappanamamama		***************************************		
		Status RANSIT			chicle Operating As Class CLASS	fication	BUS BUS	A need to the state of the stat		
AI.		cle Type						As Endorsements		
62		IOOL BUS	Hr		4 0 D 25% (** 3	1 % 0 4 = 1 %	Sallara	Potal Unaktor Tymps		
	Tota 1	Occs	Train/Bus # Re	cordea 16	kal # Citations Issued	Total T	ialieis	Total HazMat Types		
		ance?	Direction Of Tra		Pre CrashTire Speed Lin		Limit	Total Lanes		
INI	YES	Harmful Event: Collision Wi	NORTHBOU		Mark 35 Special Function		T Emergeno	2 y Motor Vehicle Use		
5	1	ror veh in transpoi			O SPECIAL FUNCTIO	N		NOT APPLICABLE		
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	1	DED HWY W/O TRAFFI	CBARRIER		oad Curvature			Road Grade		
	1	CKTOP (BITUMINOUS)		5	TRAIGHT		LEVEL	LEVEL		
	True NO	k Bus or HazMat								
		/ehicle						lasuanc <del>e</del>		
0000		License Plate Number		F	Plate Type	St WI	Country of UNITED	Issuance etates		
		261288  Vehicle Identification Numb	ier		BUS - BUS Take	Year	Model	SIAIES		
02	3	4DRBUAAP2BB25769		- I	COF	2011	BUS			
		Color YEL - YELLOW	8		lody Style 3 <b>U - BUS</b>		Bus Use SCHOOL	A		
	ш	Initial Contact Point			/ehicle Damage					
UNIT	9	7LEFT REAR CORNI	R		LEFT REAR CORN	<b>F</b> B				
5		Extent Of Damage MINOR DAMAGE		1		m I V		v		
		Towed Due To Damage NOT TOWED			ehicie Removed By					
					OPERATOR					

#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

	20010710839									
	What Driver Was Doing ONG STRAIGHT			Vehicle Factors						
					NOT APPLICABLE					
		Driver Prior Action Other			TWI PIETHIWAMM					
		Driver Actions								
		NO CONTRIBUTING AC	TION							
Н	HELE									
UNIT										
$\supset$										
		Owner Name			Own	rer Address				
-		LAKESIDE BUSES OF V	WISCONSIN	INC	593	3 N 37TH ST				
02	3	(414) 532-2040			MIL	WAUKEE, WI 53209 , US				
		Sequence Of Events			HHARAH					
	4	Event			I SALEGA EL VILLEGA					
		MOTOR VEH IN TRANS	PUKI							
	0	Event								
	Œ	Event Control of the								
	3	Event								
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LND		Insurance Company	F 1816 66			ization/Company	1814			
		NATIONAL-INTERSTAT	E-INS-CO	*****************	LAKE	LAKESIDE BUSES OF WISCONSIN INC				
		ricalividua):  Driver  ME B S S S S S S S S S S S S S S S S S S								
				100000000000000000000000000000000000000	ns Issued	Sex				
	7			0		FEMALE				
					Date o		Race BLACK			
	, a	Address			08/22	License Number				
5	20	5933 N 37TH ST				5529080200				
		MILWAUKEE, WI 53209	, US		STAT	E: WISCONSIN COUNTRY: UI	NITED STATES			
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		On Du	On Duty Crash		Safety	Safety Equipment				
)	Sat	ei <i>y Equipme</i> nt On Du								
		Seat Position	*************************	***************************************	SHOL	JLDER & LAP BELT				
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1		Helmet Use			Helme	Helmet Compliance				
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į	4.10	Medical Transport	, , ,			gency Identifier	EMS Run #			
i i	8.45.0.73	NOT TRANSPORTED				- ,				
į		Hospital			Date of	f Death	Time of Death			
-										
ž		Distracted By NOT	cted By Source	9						
3		THE CHEMICAL PROPERTY OF THE P	APPLICABL	E (NOT DISTRA	ACTED)					
4		Distracted By Action	·							
7		NOT DISTRACTED	***************************************	***************************************	***********	***************************************	***************************************			
		Non Materis	g Unit #	Location						
3				<u> </u>						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action					
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1							
1							
		Action Other					To/From School
		Drug & Alcohol NO	se	Suspected Drug Use			
		aragis Arconol no		NO			
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
		IESI NOI GIVEN					
02	C	Drug Type					
0							
		Individual Condition					
		morriogal Condition					
	9	APPEARED NORMAL					

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