

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant:

Jo Ann Marie Cunningham

Date: 5/31/18

In-person

Process Server

Claimant

Other \_\_\_\_\_

By mail

By email

By fax

Received by:

Glemanske

- Hand deliver to: Ann Marie  or Janel
- Forwarded to Attorney's Office by Ann Marie or Janel  include
- Response from Attorney's Office
- Common Council Agenda: Yes  No

Nick  
Cerwin  
on email

CLAIM FORM AND INFORMATION

Important Information: For the City of West Allis to consider your claim, you must follow the Wisconsin statutory procedure for filing a claim. Completing this form does not guarantee compliance with statutory procedure. City employees, including the City Attorney's Office, cannot give you legal advice or instructions on the statutory procedure. Any questions regarding claims should be directed to the City Attorney's Office at 414-302-8450.

RECEIVED

MAY 31 2018

CITY OF WEST ALLIS  
CITY CLERK

NOTICE OF CLAIM

Name: Jo Ann Marie Cunningham Incident/Accident Information  
Address: 1000 S 108th St A-22 Date: 5-2-18  
West Allis WI 53214 Time: 10:00 am  
Phone: 414-731-1371 Place: 1000 S. 108th St.

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary). Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

My parked car was hit by an ambulance (West Allis) at my home.

Police Report attached  
Pictures attached  
Accident # attached

Signed: Jo Ann Cunningham Date: 5-31-18

CLAIM

NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City of West Allis at any time consistent with the applicable statute of limitations. However, no action will be taken by the City of West Allis to formally accept or deny your claim until the following information is provided:

The undersigned hereby makes a claim against the City of West Allis of arising out of the circumstances described above. The amount sought is: \$ ~~1735.00~~ (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.) 1832.24

Signed: Jo Ann Cunningham Date: 5-31-18  
Address: 1000 S 108th St 1st A-22  
West Allis WI 53214



# Boucher Auto Body & Paint- West Allis

Workfile ID: 591d5db4  
Federal ID: 39-1275419

We Ride With You Every Mile  
3161 S. 108th St, West Allis, WI 53227  
Phone: (414) 327-6000

## Estimate

### RO Number:

Customer:	Insurance:	Adjuster:	Estimator:	CHERYL DEMJEN
Cunningham, Jo		Phone:	Create Date:	5/24/2018
		Claim:		
		Loss Date:		
(414) 731-1371		Deductible:		

2006 NISS Altima SL Automatic 4D SED 4-2.5L Gasoline

VIN: 1N4AL11D56C189776	Interior Color:	Mileage In: 150,880	Vehicle Out:
License: 360XAD	Exterior Color:	Mileage Out:	
State: WI	Production Date:	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		<b>FRONT BUMPER</b>						
2	E01	Overhaul	O/H bumper assy			OEM	2.1T	Body	
3	E01	Remove/Replace	Bumper cover w/o SE-R	1	391.38T	OEM	0.0T	Body	3.2T
4	E01		Add for Clear Coat						1.3T
5	E01	Remove/Replace	Add for fog lamps				0.4T	Body	
6	E01	Remove/Replace	Bumper cover clip	1	0.68T	OEM	0.0T	Body	
7	E01	Remove/Replace	RT Bumper cover side bracket	1	4.31T	OEM	0.0T	Body	
8	E01	Remove/Replace	Prep unprimed bumper			OEM			0.8T
9	E01		<b>FRONT LAMPS</b>						
10	E01	Remove/Replace	RT Headlamp w/Xenon lamps w/o SE-R	1	588.71T	OEM	0.5T	Body	
11	E01	Repair	BUFF LEFT HEAD LIGHT						
12	E01	Sublet	Hazardous waste removal	1	5.00T	Other			
13	E01	Repair	BUFF RIGHT FENDER				0.5T	Body	
14	E01	Remove/Replace	Flex additive	1	5.00T	Other			

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					990.08
Sublet/Miscellaneous					5.00
Labor, Body			60.00	3.5	210.00
Labor, Refinish			60.00	5.3	318.00
Material, Paint			40.00	5.3	212.00
<b>Subtotal</b>					<b>1,735.08</b>
Sales Tax					97.16

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

# Estimate

**RO Number:**

2006 NISS Altima SL Automatic 4D SED 4-2.5L Gasoline

<b>Grand Total</b>	<b>1,832.24</b>
<b>Net Total</b>	<b>1,832.24</b>

Estimate Version	Total \$
Original	1,832.24

Insurance Total \$:	1,832.24
Received from Insurance \$:	0.00
<b>Balance due from Insurance \$:</b>	<b>1,832.24</b>

Customer Total \$:	0.00
Received from Customer \$:	0.00
<b>Balance due from Customer \$:</b>	<b>0.00</b>

**WEST ALLIS POLICE DEPARTMENT  
DRIVER EXCHANGE AND INFORMATION SHEET  
To be completed by drivers ONLY  
Pursuant to Section 346.67 Wis. Stats.**

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DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

TOWING COMPANY: \_\_\_\_\_

DRIVER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

VEHICLE (MAKE): \_\_\_\_\_ (MODEL): \_\_\_\_\_ YEAR: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ ACCIDENT OR CALL #: 18-015825

INSURANCE CARRIER/PHONE: \_\_\_\_\_

POLICY #: \_\_\_\_\_

Completion and exchange of this form is for the purpose of facilitating the exchange of information requirement of Section 346.67 Wis. Stats. It is intended only to assist those involved in a crash and facilitate the exchange of information between drivers to assist with any insurance claim, personal reimbursement or civil action

I hereby consent to the release of my personal information to \_\_\_\_\_  
(other driver)

Your Signature \_\_\_\_\_

JOHN PAULS BUICK GMC  
3615 S 108TH ST  
MILWAUKEE, WI 53228  
414-545-7000

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

05/24/2018 01:54 PM

**Owner**

**Owner:** JO CUNNINGHAM  
**Address:**

**Work/Day:** (414)731-1371

**Inspection**

**Inspection Date:** 05/24/2018 01:54 PM  
**Primary Impact:** Front

**Inspection Type:**  
**Secondary Impact:**

**Appraiser Name:** EDWARD KOSMATKA

**Appraiser License # :**

**Repairer**

**Repairer:** John Paul's Greenfield  
**Address:** 3615 S. 108th St

**Contact:**

**Work/Day:** (414)290-7181

**Work/Day:** (414)545-7000

**FAX:** (414)290-7180

**City State Zip:** Greenfield, WI 53226

**Email:** bodyshop@johnpaulsautomotive.com

**Target Complete Date/Time:**

**Days To Repair:** 3

**Vehicle**

2006 Nissan Altima 2.5 S 4 DR Sedan  
4cyl Gasoline 2.5  
4 Speed Automatic

**Lic Expire:**

**Veh Insp# :**

**Condition:**

**Ext. Refinish:** Three-Stage User Defined

**VIN:** 1N4AL11D56C189776

**Mileage Type:** Actual

**Code:** Z1863B

**Int. Refinish:** Two-Stage

**Options**

AM/FM CD Player  
Bodyside Moldings  
Cruise Control  
Keyless Entry System  
Power Brakes  
Power Steering  
Rem Trunk-L/Gate Release  
Tachometer  
Tilt Steering Wheel

Air Conditioning  
Bucket Seats  
Dual Airbags  
Lighted Entry System  
Power Door Locks  
Power Windows  
Split Folding Rear Seat  
Telescopic Steering Whl  
Tinted Glass

Alarm System  
Center Console  
Intermittent Wipers  
Overhead Console  
Power Mirrors  
Rear Window Defroster  
Steel Wheels  
Theft Deterrent System  
Velour/Cloth Seats

**Damages**

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
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05/24/2018 01:58 PM

Page 1 of 3

**Front Bumper**

1	E	6	Cover,Front Bumper	62022ZB000	\$391.38	2.5	SM
2	L	6	14 Cover,Front Bumper	Refinish		4.5	RF
				2.6 Surface			
				1.0 Three-stage setup			
				0.9 Three-stage			
3	E	12	Brkt,Front Bumper Mtg RT	622238J000	\$4.31	INC	SM

**Front End Panel And Lamps**

4	E	42	Headlamp Assy,Halogen RT	26010ZB525	\$251.85	0.2	SM
5	N	973	Headlamps Aim	Additional Labor		0.4	SM

**Manual Entries**

6	L		Flex Additive	Refinish	\$5.00*		RF*
7	SB		Hazardous Waste Removal	Sublet Repair	\$3.00*		SM
7			Items				

**MC Message**

14 INCLUDES 1.0 HOURS FIRST PANEL THREE-STAGE ALLOWANCE

**Estimate Total & Entries**

Gross Parts		\$647.54	
Other Parts		\$5.00	
Paint & Materials	4.5 Hours @ \$38.00	\$171.00	
Parts & Material Total			\$823.54
Tax on Parts & Material	@ 5.600%		\$46.12

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$58.00	2.7	0.4	3.1	\$179.80
Mech/Elec (ME)	\$125.00				
Frame (FR)	\$65.00				
Refinish (RF)	\$58.00	4.5		4.5	\$261.00

Labor Total		7.6 Hours	\$440.80
Tax on Labor	@ 5.600%		\$24.68
Sublet Repairs			\$3.00
Tax on Sublet	@ 5.600%		\$0.17
Gross Total			\$1,338.31
Net Total			\$1,338.31

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53228 Default  
 Recycled Parts NOT REQUESTED  
 Rate Name Default

Audatex Estimating 8.0.225 ES 05/24/2018 01:58 PM REL 8.0.225 DT 05/01/2018 DB 05/15/2018  
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1.9 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S THREE-STAGE REFINISH FORMULA.

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.

**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/Reblt
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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1SL0549MBG

18-015825

# WISCONSIN MOTOR VEHICLE CRASH REPORT

WEST ALLIS POLICE DEPARTMENT  
11301 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227  
(414) 302-8000

1SL0549MBG

Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy <b>INVESTIGATOR C. SOHRE</b>	
Crash Date <b>05/02/2018</b>		Crash Time <b>10:00 AM</b>	Date Arrived <b>05/02/2018</b>	Time Arrived <b>10:10 AM</b>	
Date Notified <b>05/02/2018</b>		Time Notified <b>10:06 AM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input type="checkbox"/> Reportable	Crash Type <b>PRIVATE PROPERTY/PARKING LOT</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

## Description

Diagram 	Reconstruction By
	Photos By <b>WAFD</b>
	Additional Information <b>PHOTOS</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

VEHICLE #1 MANEUVERING THROUGH PARKING LOT STRIKES LEGALLY PARKED VEHICLE #2.

1SL0549MBG

18-015825

# WISCONSIN MOTOR VEHICLE CRASH REPORT

WEST ALLIS POLICE DEPARTMENT  
11301 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227  
(414) 302-8000

## Location

<b>PARKING LOT</b> <b>STH100 NB LOT 1000</b> <b>(HOUSE/BUILDING 1000)</b>  <b>IN THE CITY OF WEST ALLIS</b> <b>IN MILWAUKEE COUNTY</b>	Latitude <b>43.020839395</b>	Longitude <b>-88.046503767</b>
	X Coordinate <b>414729.6875</b>	Y Coordinate <b>4763660.5</b>
	Structure Type <b>HOUSE/BUILDING</b>	

## Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>OFF ROADWAY, LOCATION UNKNOWN</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLOUDY</b>		
Animal Type	Relation To Trafficway <b>NON TRAFFICWAY - PARKING LOT</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

## Unit Summary

<b>UNIT</b>	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>N/A</b>	Total Lanes
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</b>	Special Function <b>AMBULANCE</b>	Emergency Motor Vehicle Use <b>EMERGENCY OPERATOR, EMERGENC</b>		
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT</b>	<b>VEHICLE</b>	<b>Vehicle</b>			
		License Plate Number <b>15230</b>	Plate Type <b>MUN - MUNICIPAL</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>3FRNF6GD3AV275065</b>	Make <b>PIERCE MFG INC</b>	Year <b>2010</b>	Model <b>AMBULANCE</b>
		Color <b>RED - RED</b>	Body Style <b>AM - AMBULANCE</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>4--RIGHT SIDE REAR</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>4--RIGHT SIDE REAR</b>		

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18-015825

# WISCONSIN MOTOR VEHICLE CRASH REPORT

WEST ALLIS POLICE DEPARTMENT  
11301 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227  
(414) 302-8000

UNIT	VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
		What Driver Was Doing <b>RIGHT TURN</b>	Vehicle Factors		
		Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>FAILURE TO CONTROL</b>			
01	01	Driver Distractions <b>NOT DISTRACTED</b>			
		Owner Name <b>CITY OF WEST ALLIS (414) 302-8200</b>	Owner Address <b>7332 W NATIONAL AVE WEST ALLIS, WI 53214 , US</b>		
UNIT	INDIVIDUAL	<b>Sequence Of Events</b>			
		01	Event <b>PARKED MOTOR VEHICLE</b>		
		02	Event		
		03	Event		
		04	Event		
UNIT	INDIVIDUAL	<b>Policy Holder</b>			
		Insurance Company <b>SELF-INSURED</b>	Organization/Company <b>CITY OF WEST ALLIS</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>KADE B DELACY</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
01	001	Date of Birth <b>02/19/1996</b>	Race <b>WHITE</b>		
		Address <b>7332 W NATIONAL AVE WEST ALLIS, WI 53214 , US</b>	Driver License Number <b>D4205029605907</b> STATE: WISCONSIN COUNTRY: UNITED STATES		
01	001	<b>Equipment</b>	On Duty Crash <b>FIRE-FIGHTER</b>	Safety Equipment	
		Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>	<b>SHOULDER &amp; LAP BELT</b>		
01	001	Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
01	001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>	Trapped/Extricated <b>NOT TRAPPED</b>	

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# WISCONSIN MOTOR VEHICLE CRASH REPORT

WEST ALLIS POLICE DEPARTMENT  
11301 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227  
(414) 302-8000

<b>UNIT 01</b>	<b>INDIVIDUAL 001</b>	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #		
		Hospital	Date of Death	Time of Death		
		<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School
		Action				
		Action Other				
		<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>		
		Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results		
		Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results		
		Drug Type				
		Individual Condition <b>APPEARED NORMAL</b>				

### Unit Summary

<b>UNIT 02</b>	Unit Status <b>LEGALLY PARKED</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>	Operating As Endorsements			
	Total Occs <b>0</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NOT APPLICABLE</b>	Direction Of Travel <b>EASTBOUND</b>	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>1</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>		
	Traffic Way <b>PARKING LOT OR PRIVATE PROPERTY</b>	Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>				

<b>UNIT 02</b>	<b>VEHICLE 02</b>	<b>Vehicle</b>			
		License Plate Number <b>360XAD</b>	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>1N4AL11D56C189776</b>	Make <b>NISSAN</b>	Year <b>2006</b>	Model <b>ALTIMA S/S</b>
		Color <b>RED - RED</b>	Body Style <b>4D - 4DR</b>	Bus Use <b>NOT A BUS</b>	
		Initial Contact Point <b>12--FRONT</b>	Vehicle Damage		
		Extent Of Damage <b>MINOR DAMAGE</b>	<b>12--FRONT</b>		

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18-015825

# WISCONSIN MOTOR VEHICLE CRASH REPORT

WEST ALLIS POLICE DEPARTMENT  
11301 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227  
(414) 302-8000

UNIT VEHICLE  02 02  04	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER</b>
	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors
	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	
	Driver Distractions <b>NOT DISTRACTED</b>	
Owner Name <b>JO A CUNNINGHAM (414) 731-1371</b>	Owner Address <b>1000 S 108TH ST #A22 WEST ALLIS, WI 53214 , US</b>	
<b>Sequence Of Events</b>		
01	Event <b>MOTOR VEH IN TRANSPORT</b>	
02	Event	
03	Event	
04	Event	















