

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.

NOTICE OF CLAIM

Name:	<u>David A Madaus</u>	Incident/Accident Information
Address:	<u>2013 S 72nd St</u>	Date: <u>02/17/2019</u>
	<u>West Allis, WI 53219</u>	Time: <u>10:14 PM</u>
Phone:	<u>920-757-3519</u>	Place: <u>W. National Ave agt tS. 69th St.</u>

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.

As I was traveling eastbound on W. National Ave, the driver of a police squad made a wide right turn onto S. 69th St from the center of W. National Ave.. The driver did not indicate a right hand turn and I was unable to avoid striking the squad car in the front passenger door. Visual damage observed on my vehicle included the left fender, left headlamp assembly, front left side of the hood, left side of the front bumper, and the left side of the grill/header. No injuries were reported on scene.

Signed:  Date: 18 March, 2019

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: \$ _____ (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: _____ Date: _____

Address: _____

1SL051TJTZ
1D-006467

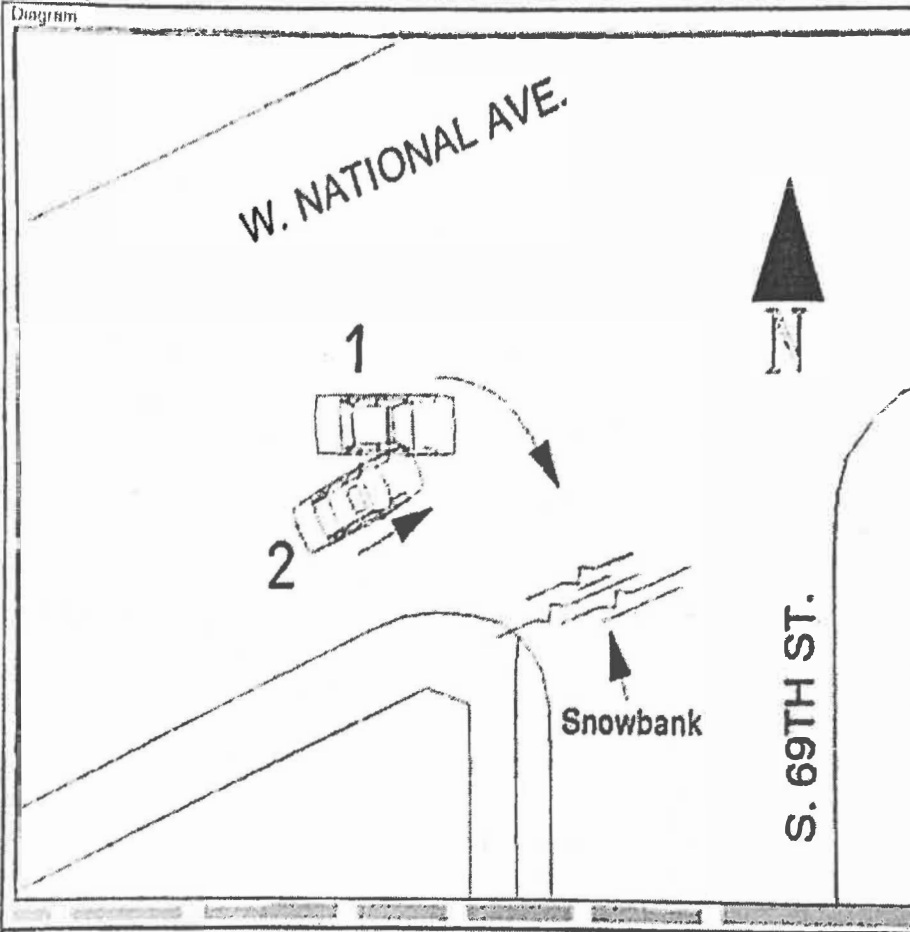
WISCONSIN MOTOR VEHICLE CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 392-8000

1SL051TJTZ

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Report OFFICER P. BORRICE	
Crash Date 02/17/2019		Crash Time 10:14 PM		Date Arrived 02/17/2019		Time Arrived 10:14 PM	
Date Notified 02/17/2019		Time Notified 10:14 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On the scene	<input type="checkbox"/> Hit and Run	<input checked="" 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 Status Related N O		Tags			
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash		

Description

	Reconstruction By
	Photos By P.O. A. NIEMUTH
	Additional Information PHOTOS

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

UNIT ONE WAS EASTBOUND ON NATIONAL AVE AND ATTEMPTING TO TURN RIGHT ONTO SOUTHBOUND 69TH ST. DUE TO A LARGE AMOUNT OF SNOW IN THE ROADWAY ACROSS 69TH AT NATIONAL, UNIT ONE SIGNALLED TO TURN RIGHT AND ATTEMPTED TO TAKE A WIDE RIGHT TURN FROM LANE ONE. UNIT TWO WAS EASTBOUND ON NATIONAL AVE. UNIT TWO DID NOT REALIZE THAT UNIT ONE WAS MAKING A WIDE RIGHT HAND TURN AND STRUCK UNIT ONE CAUSING DAMAGE.

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19-006457

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(414) 302-8000

Location

INTERSECTION ON W NATIONAL AVE (1) AT S 69TH ST IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude	Longitude
	43.013534829	-87.999007144
	X Coordinate	Y Coordinate
	418590.15625	4762802
Structure Type		
NO STRUCTURE		

Crash Scene

First Harmful Event		First Harmful Event Location	
MOTOR VEH IN TRANSPORT		ON ROADWAY	
Manner of Collision		Light Condition	
05-SIDESWIPE/SAME DIRECTION		DARK/LIGHTED	
Road Surface Condition(s)		Roadway Factor(s)	
SNOW, SLUSH		NONE	
Environment Factor(s)			
NONE			
Weather Condition(s)			
SNOW			
Animal Type		Relation To Trafficway	
		TRAFFICWAY - ON ROAD	
Crash Classification - Location		Crash Classification - Jurisdiction	
PUBLIC PROPERTY		NO SPECIAL JURISDICTION	
Tribal Land		Access Control	Special Study
		NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type	
NO	INTERSECTION	T-INTERSECTION	
Closure Type		Reasons for Closure	
FULL CLOSURE		LAW ENFORCEMENT	
Date Initial Lane/Rd Closed	Time Initial Lane/Rd Closed		
02/17/2019	10:14 PM		
Date All Lanes Open	Time All Lanes Open	Date Scene Cleared	Time Scene Cleared
02/17/2019	10:29 PM	02/17/2019	10:29 PM

Unit Summary

UNIT 01	Unit Status		Vehicle Operating As Classification		Unit Type	
	IN TRANSIT		D CLASS		AUTOMOBILE	
	Vehicle Type		Operating As Endorsements			
	PASSENGER CAR					
	Total Cops	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	1		0	0	0	
	Insurance? (Y/N)	Direction Of Travel	<input type="checkbox"/> Pre Crash Time Mark	Speed Limit	Total Lanes	
	YES	EASTBOUND		30	2	
	Most Harmful Event: Collision With		Special Function		Emergency Motor Vehicle Use	
	MOTOR VEH IN TRANSPORT		POLICE		NON-EMERGENCY, NON-TRANSPORT	
Traffic Way		Traffic Control		Traffic Control Inoperative/Missing		
TWO-WAY, NOT DIVIDED		NO CONTROL		NO		
Surface Type		Road Curvature		Road Grade		
BLACKTOP (BITUMINOUS)		STRAIGHT		LEVEL		
Truck Bus or HazMat						
NO						

Vehicle

License Plate Number	Plate Type	St	Country of Issuance
	OFF - MUNICIPAL OFFICIAL	WI	UNITED STATES
Vehicle Identification Number	Make	Year	Model
	CHEVROLET	2015	IMPALA LIM

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UNIT	VEHICLE	Color	WHI - WHITE		Body Style	4D - 4DR		Bus Use	NOT A BUS		
		Initial Contact Point	3--RIGHT SIDE MIDDLE		Vehicle Damage						
		Extent Of Damage	FUNCTIONAL DAMAGE		3--RIGHT SIDE MIDDLE, 4--RIGHT SIDE REAR						
		Towed Due To Damage	NOT TOWED		Vehicle Removed By						
		What Driver Was Doing	RIGHT TURN		Vehicle Factors						
		Driver Prior Action Other			NOT APPLICABLE						
		Driver Actions	IMPROPER TURN								
UNIT	VEHICLE	Owner Name	CITY OF WEST ALLIS (414) 302-8000		Owner Address	7525 W GREENFIELD AVE WEST ALLIS, WI 53214 , US					
		Sequence Of Events									
UNIT	VEHICLE	Event	MOTOR VEH IN TRANSPORT								
		Event									
		Event									
		Event									
UNIT	VEHICLE	Policy Holder									
		Insurance Company	CITIES-&-VILLAGES-MUTUAL-INS-CO		Government	CITY OF WEST ALLIS					
UNIT	INDIVIDUAL	Individual									
		Driver	ALLISON CAROLYNN HAKALA (414) 302-8000		Citations Issued	0		Sex	FEMALE		
		Address	11301 W LINCOLN AVE WEST ALLIS, WI 53227 , US					Race	WHITE		
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash		Safety Equipment						
		Seat Position	1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY		SHOULDER & LAP BELT						
		Helmet Use			Helmet Compliance						
		Eye Protection			Tint Compliance						
		Injury	Injury Severity		POSSIBLE INJURY		Airbag				
							NON DEPLOYED				
		Ejected	NOT EJECTED		Ejection Path		NOT EJECTED/NOT APPLICABLE		Trapped/Extinctated		
Medical Transport	LAW ENFORCEMENT		EMS Agency Identifier				EMS Run #				

Wisconsin Motor Vehicle Crash
Form DT4000

This report does not include any CJIS data.
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Crash Date 02/17/2019
Crash Time 10:14 PM

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(414) 302-8000

UNIT INDIVIDUAL 01 001	Hospital AURORA MED CTR-WEST ALLIS		Date of Death	Time of Death
	Distracted By Source			
	Distracted By Action NOT DISTRACTED			
	Striking Unit #		Location	
	Prior Action			
	Action			
	Action: Other			
	To/From School			
	Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
Drug Type				
Individual Condition APPEARED NORMAL				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel EASTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 02	License Plate Number [REDACTED]		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number [REDACTED]		Make MERCURY	Year 2001	Model GRAND MARQ
	Color BLU - BLUE		Body Style 4D - 4DR		Bus Use NOT A BUS

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UNIT VEHICLE	Initial Contact Point	Vehicle Damage	
	11--LEFT FRONT CORNER	11--LEFT FRONT CORNER	
	Extent Of Damage		
	MINOR DAMAGE		
	Towed Due To Damage	Vehicle Removed By	
NOT TOWED	OPERATOR		
What Driver Was Doing	Vehicle Factors		
GOING STRAIGHT	NOT APPLICABLE		
Driver Prior Action Other			
Driver Actions			
NO CONTRIBUTING ACTION			
Owner Name	Owner Address		
DAVID ALAN MADAUS	2013 S 72ND ST		
(920) 757-3519	WEST ALLIS, WI 53219 , US		
Sequence Of Events			
Event	MOTOR VEH IN TRANSPORT		
Event			
Event			
Event			
Policy Holder			
Insurance Company	Individual		
PROGRESSIVE-DIRECT-INSURANCE-CO	DAVID MADAUS		
Individual			
Driver	Citations Issued	Sex	
DAVID ALAN MADAUS	0	MALE	
(920) 757-3519	Date of Birth	Race	
		WHITE	
Address	Driver License Number		
2013 S 72ND ST			
WEST ALLIS, WI 53219 , US	STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment	On Duty Crash	Safety Equipment	
Seat Position	SHOULDER & LAP BELT		
1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Compliance		
Helmet Use	Tint Compliance		
Eye Protection	Airbag		
Injury	Injury Severity	NON DEPLOYED	
NO APPARENT INJURY			
Ejected	Ejection Path	Trapped/Extricated	
NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED	
Medical Transport	EMS Agency Identifier	EMS Run #	
NOT TRANSPORTED	Date of Death	Time of Death	
Hospital			

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Crash Time 10:14 PM

Scanned with CamScanner

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UNIT INDIVIDUAL 02 002	Distracted By		Distracted By Source	
	Distracted By Action NOT DISTRACTED			
	Non Motorist	Striking Unit #	Location	
	Prior Action			
	Action			
	Action Other			Ta/ from School
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
Individual Condition APPEARED NORMAL				