SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Sherillia Jefferson - Notice of Injury 4-27-2020
Date: 5/7/2020
In-person
Process Server
Claimant
Other Margaret, Juty
☐ By mail
☐ By email
☐ By fax
Received by: <u>Alamana Re</u>
 ➢ Hand deliver to: Ann Marie □ or Janel □ ➢ Forwarded to Attorney's Office by Ann Marie or Janel □ ➢ Response from Attorney's Office □ ➢ Common Council Agenda: Yes □ No □



NATASHA MISRA LAW LLC

759 NORTH MILWAUKEE STREET, SUITE 208, MILWAUKEE, WI 5320Z | P: 414-210-3834 | F: 414-210-3517 INFO@NATASHAMISRALAW.COM (NATASHAMISRA.COM

May 7, 2020

VIA CERTIFIED MAIL & FAX: 1-414-302-8207, p. 1 of 9

City Clerk's Office – City of West Allis 7525 W. Greenfield Avenue Room 108 to 110 West Allis, WI 53214

Re:

Our Client:

Sherillia Jefferson

Your Insured:

Owner of Vehicle: City of West Allis Driver of Vehicle: Patrick L. Samz

Your Claim No.

Unknown

Type of Accident:

Automobile 04/27/2020

Date of Loss:

Dear City Clerk:

Please be advised that Natasha Misra Law, LLC has been retained by the above named client to represent a claim for property damage and injuries sustained on the above date when our client was involved in an automobile incident with your insured. Attached is a courtesy copy of the accident report relating to this matter. Please be further notified of our attorney's lien in reference to this case pursuant to the statutes of the State of Wisconsin.

We are hereby revoking any authorizations signed by our client and are requesting copies of any written or recorded statements our client may have given.

As a result of this accident, our client sustained property damage to her vehicle along with personal injuries which necessitated medical care and attention. Upon receipt of your acknowledgement of this letter, we will forward the appropriate medicals and specials after they have all been received by our office.

Thank you in advance for your anticipated cooperation.

Sincerely,

Natasha R. Misra

Attorney at Law

ce: City Attorney's Office - City of West Allis: Via Fax Only: 414-302-8444

NRM/fr

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	The state of the s							(414) 302-6000
Document Number Override	Primary Crash	Document#	Agency	/ Crash Number				
Crash Date 04/27/2020	Crash Time 09:25 AM			Date Arrived 04/27/2020		Time Arrived 09:28 AM		
Date Notified 04/27/2020	Time Notified 09:27 AM	<u> </u>	Total U	nils	_			
On Emergency	Hit and Run	Lane Clos	шгө	Work Zone	Trailer			Reporting Threshold
Government Property	Active Sc	hool Zone	School NO	Bus Related	Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Ameno	led		Secondary
Description								
Diagram						Recons	truction By	
V	Vehicle 1			W. Rogers St.				ESS STATEMENTS
EHICLE #1 W/B ON W. ROGERS	ST. FROM STOP SIG	N AT S. 118TH ST.	, FAILS T	O YIELD THE RIGHT OF	WAY TO VEHICL	E #2 N/B E S/B LAN	ON 5. 11611 IES OF S. 11	H ST. VEHICLE #2 16TH ST., STRIKING
	Crash Date 04/27/2020 Date Notified 04/27/2020 On Emergency Government Property Reportable Description Diagram I, a sworn law enforcement EHICLE #1 W/B ON W. ROGERS TRIKES VEHICLE #1 VEHICLE #1	Crash Date 04/27/2020 Date Notified 04/27/2020 Date Notified 04/27/2020 Date Notified 09:27 AM On Emergency Hit and Run Government Property Crash Type DT4000 (STA Description Diagram Vehicle 2 I, a sworn law enforcement officer, agree EHICLE #1 WB ON W. ROGERS ST. FROM STOP SG TRIKES VEHICLE #1 VEHICLE #4 ROLLS ONTO BRITE FRIKES VEHICLE #1 VEHICLE #4 ROLLS ONTO BRITE FRIES VEHICLE #1 VEHICLE #4 ROLL	Crash Date 04/27/2020 09:25 AM Date Notified 04/27/2020 09:27 AM On Emergency Hit and Run Lane Close Government Property Cresh Type DT4000 (STANDARD CRASH Description Diagram Vehicle 2 Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 3	Crash Date 04/27/2020 Date Notified 08:27 AM Cash Time Notified 08:27 AM Date Closure Active School Zone School Notified Notifi	Crash Date 04/27/2020 09:25 AM 04/27/2020 Date Notified 04/27/2020 09:27 AM 09:27 AM 03 On Emergency Hit and Run Lane Closure Work Zone Government Property Active School Zone No Reportable DT4000 (STANDARD CRASH) Description Diagram Vehicle 1 Wilness W. Rogers St. Wilness W. Rogers St.	Crash Date 04/27/2020 09:26 AM 04/27/2020 09:27 AM 04/27/2020 09:27 AM 04/27/2020 09:28 AM 03 03 03 03 03 03 03 03 03 03 03 03 03	Crash Date 04/27/2020 09:26 AM 04/27/2020 09:26 AM 04/27/2020 09:26 AM 04/27/2020 09:28 AM 04/27/2020 09/20 AM 04/27/2020 09/20 AM 04/27/2020 09/20 AM 04/27/2020 09/20 AM 04/20 AM 04/	Crash Date 04277/2020 05:28 AM 03 03 07 07 08:27 AM 03 07 08:27 AM 03 08:27 AM 03 08 08:27 AM 03 08 09:28 AM 04277/2020 05:28 AM 0427/2020 05:28 AM 0427

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

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

Location										
INTERSECTION ON S 116TH ST					Letitud	_		Longit	ude	
AT W ROGERS ST					43.001	837D189		-88.08	56881755	
IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY					X Coor				rdinate	
IN MILWAUKEE COUNTY						413866.65625 4762286				
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Crash Scene 🕒	Crash Scene									
First Harmful Event					First Ha	rmful Even	t Location			
MOTOR VEH IN TRANS	SPORT				ON RO	ADWAY				
Manner of Collision					Light Co	ondition				
01 - ANGLE					DAYLI	GHT				
Road Surface Condition(s)					Roadwa	y Factor(a)				
DRY ·					1					
Environment Factor(s)		·			1					
NONE					NONE					
Weather Condition(s)					1					
CLEAR									e:	
Animal Type					Relation	To Trafficy	ual.		, N	
					1		ON ROAD			
Crash Classification - Locatio	חכ						- Jurisdiction			
PUBLIC PROPERTY					NO SP	ECIAL JU	RISDICTION			
Tribal Land					Access (Special Study	
SAFAC A A A					NO CO	NTROL				
Within Interchange Area	Junction Location			Intersection	on Type VAY INTERSECTION					
Closure Type	INTERSECTION		I B			RSECTIO	DN			
CLOSURE-ONE DIRECT	ION		Reasons for Closure							
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04/27/2020	10:15 AM			/2020			0:15 AM	ai Cu		
Jnit Summary 💻										_
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N TRANSIT		DC	LASS				AUTOMO	BILE		
/shicle Type							Operating As Endorsements		nents	
SPORT) UTILITY VEHIC	LE Train/Bus # Recorded	<u> </u>								
Orea Octos	Deproces & Recorded	Total 0	# Citati	one Issued		Total Tra	ilera	Total Hazi	Viat Types	
laurance?	Direction Of Travel	- "	-			O Speed Lis	it	0	•	
'ES	WESTBOUND			rashTire Vlark		25	TIN.	Total Lane 2	18	-
lost Harmful Event: Collision	With		ial Fund	tion			Emergency		de Use	
OTOR VEH IN TRANSP	ORT			AL FUNCT	ION		NOT APPL	CABLE	900	
raffic Way		Traff	c Contro) l			Traffic Contr	ol Inoperati	ve/Missing	
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urface Type LACKTOP (BITUMINOU:	<u></u>	- 1	Curvati							
uck Bus or HazMat	<u>-) </u>	STR	AIGHT				LEVEL			
O DOS OF MAZIMAL						•				
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License Plate Number	<u> </u>	Plate	Туре		··· -	St	Country of lee	uance		
ACR1675				OMOBILE		St Country of Issuance WI UNITED STATES				
Vehicle Identification Num		Make	_			Year	Model			_
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WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

11301 WEST LINCOLN AVENUE **WEST ALLIS, WI 53227** 10

1	. 220	6° [- 1			(414) 302-80					
-	1.3.	GRY - GRAY		Body Style	Bus Use					
		V 4		UT - SPORT UTILITY VEHICLE						
l۳	VEHICLE	08 - LEFT SIDE REAR		Vehicle Damage						
LNO	¥	Extent Of Damage		45 411 45546						
=	- iii	DISABLING DAMAGE		15 - ALL AREAS						
		Towed Due To Damage		N-K-1 D						
l	Fr.	TOWED DUE TO DISAB	LING DAMAGE	Vehicle Removed By N & S TOWING						
ĺ		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT		Verilian / Adials						
		Oriver Prior Action Other		NOT APPLICABLE						
		Driver Actions								
	Ш	FAILED TO YIELD RIGH	T-OF-WAY							
Ė	VEHICLE	\$								
LIND										
	5									
	6-26				4.					
		Owner Name		Owner Address						
2	2	(414) 302-8200		7525 W GREENFIELD AVE						
0		(4777) 002-0200		WEST ALLIS, WI 53214 , US	i					
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	5	Event MOTOR VEH IN TRANSP			The state of the s					
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	F-670									
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	i jav	Event								
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±	3	Event Policy Holder								
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LIND	3	Policy Holder Insurance Company SELF-INSURED								
LIND	3	Policy Holder Insurance Company		Organization/Company						
LIND	3	Policy Holder Insurance Company SELF-INSURED INDIVIDUAL Driver		Organization/Company						
LNO		Policy Holder Insurance Company SELF-INSURED Individual		Organization/Company CITY OF WEST ALLIS	Sex					
LNO		Policy Holder Insurance Company SELF-INSURED INDIVIDUAL Driver		Organization/Company CITY OF WEST ALLIS Citationa issued	Sex MALE					
The same and continued speaks.		Policy Holder Insurance Company SELF-INSURED INDIVIDUAL Driver		Organization/Company CITY OF WEST ALLIS Citations issued 0	Sex					
The same and control of the same		Policy Holder Insurance Company SELF-INSURED Adividual Driver PATRICK L SAMZ		Organization/Company CITY OF WEST ALLIS Citations issued 0 Date of Birth 11/11/1979	Sex MALE Race					
		Policy Holder Insurance Company SELF-INSURED INDIVIDUAL Driver PATRICK L SAMZ Address 2448 S 79TH ST		Organization/Company CITY OF WEST ALLIS Citationa leaued 0 Date of Birth 11/11/1979 Driver License Number 95206727941100	Sex MALE Race WHITE					
		Policy Holder Insurance Company SELF-INSURED Adividual Driver PATRICK L SAMZ		Organization/Company CITY OF WEST ALLIS Citations issued 0 Date of Birth 11/11/1979 Driver License Number	Sex MALE Race WHITE					
		Policy Holder Insurance Company SELF-INSURED INDIVIDUAL Driver PATRICK L SAMZ Address 2448 S 79TH ST		Organization/Company CITY OF WEST ALLIS Citationa leaued 0 Date of Birth 11/11/1979 Driver License Number 95206727941100	Sex MALE Race WHITE					
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UNIT	INDIVIDUAL	Policy Holder Insurance Company SELF-INSURED Individual Driver PATRICK L SAMZ Address 2448 S 79TH ST WEST ALLIS, WI 53219 ,	us	Organization/Company CITY OF WEST ALLIS Citationa leaued 0 Date of Birth 11/11/1979 Driver License Number S5206727941100 STATE: WISCONSIN COUNTRY	Sex MALE Race WHITE					
	S INDIKIDUAL	Policy Holder Insurance Company SELF-INSURED Individual Driver PATRICK L SAMZ Address 2448 S 79TH ST WEST ALLIS, WI 53219 ,	us	Organization/Company CITY OF WEST ALLIS Citationa leaued 0 Date of Birth 11/11/1979 Driver License Number S5206727941100 STATE: WISCONSIN COUNTRY	Sex MALE Race WHITE					
	S INDIKIDUAL	Policy Holder Insurance Company SELF-INSURED Individual Driver PATRICK L SAMZ Address 2448 S 79TH ST WEST ALLIS, WI 53219,	U S Crash	Organization/Company CITY OF WEST ALLIS Citationa Issued 0 Date of Birth 11/11/1979 Driver License Number 95206727941100 STATE: WISCONSIN COUNTRY Safety Equipment	Sex MALE Race WHITE					
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	S INDIVIDUAL 64	Policy Holder Insurance Company SELF-INSURED Individual Driver PATRICK L SAMZ Address 2448 S 79TH ST WEST ALLIS, WI 53219 , PATRICK L SAMZ On Duty PATRICK L SAMZ On Duty PATRICK L SAMZ	US Crash Seat Position	Organization/Company CITY OF WEST ALLIS Citationa leaued 0 Date of Birth 11/11/1979 Driver License Number 95/2067/2794/100 STATE: WISCONSIN COUNTRY Safety Equipment SHOULDER & LAP BELT	Sex MALE Race WHITE					
	S INDIVIDUAL 64	Policy Holder Insurance Company SELF-INSURED Individual Driver PATRICK L SAMZ Address 2448 S 79TH ST WEST ALLIS, WI 53219 , Party Equipment Row 01 - FRONT ROW	US Crash Seat Position	Organization/Company CITY OF WEST ALLIS Citationa leaued 0 Date of Birth 11/11/1979 Driver License Number 95/2067/2794/100 STATE: WISCONSIN COUNTRY Safety Equipment SHOULDER & LAP BELT	Sex MALE Race WHITE					
	S INDIVIDUAL 64	Policy Holder Insurance Company SELF-INSURED Individual Driver PATRICK L SAMZ Address 2448 S 79TH ST WEST ALLIS, WI 53219 , Province of the same of	US Crash Seat Position 07 - LEFT	Organization/Company CITY OF WEST ALLIS Citationa leaued 0 Date of Birth 11/11/1979 Driver License Number 95/2067/2794/100 STATE: WISCONSIN COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance	Sex MALE Race WHITE					
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	0001 Section of the contract o	Policy Holder Insurance Company SELF-INSURED Individual Driver PATRICK L SAMZ Address 2448 S 79TH ST WEST ALLIS, WI 53219 , PATRICK L SAMZ Address CON Duty PATRICK DESCRIPTION ADDRESS CON DUTY PROW O1 - FRONT ROW Helmet Use Eye Protection Injury Set SUSPECE Ejected	US Crash Seat Position 07 - LEFT Verity CTED MINOR INJURY Ejection Path	Citatione leaued O Date of Birth 11/11/1979 Driver License Number 95206727941100 STATE: WISCONSIN COUNTRY Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag DEPLOYED-COMBINATION	Sex MALE Race WHITE Y: UNITED STATES					

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

11301 WEST LINCOLN AVENUE WEST ALLIS, WI 53227

									(414) 302-800	
		Hospital			Date of Death		Time of I	Death		
	MANA AND AND AND	Distracted By								
	26.12	Distracted By Action NOT DISTRACTED								
	9000	Non Motorist	triking Unit#	Location					,	
		Prior Action				- W	_			
		Action								
	INDIVIDUAL									
LIND	QIA M									
	Z	e.								
		Action Other					·		To/From School	
		Drug & Alcohol N	spected Alcohol L	lse	Suspected Drug Use NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	<u> </u>		Alcohol Te	est Resujts	*6	
		Drug Test Given TEST NOT GIVEN		Orug Test Type		Drug Test Rea	ılta			
2	100	Drug Type	-				- 0			
	0									
		Individual Condition APPEARED NORMAL	ı							
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		RANSIT			enicie Operating As Class CLASS	incation	Unit Type	DU C		
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02	PAS	SENGER CAR								
	Total	Occs	Train/Bus # Rec	1	otal # Citationa leaued	Total Tra	allers	Total HazM	at Types	
		ance?	Direction Of Tra	vel 0		Speed L	Imila	O Total Lanes		
<u> </u>	NO	•	NORTHBOUN	ID C	Pre CrashTire Mark	30	1,111,1	4		
3		Harmful Event; Collision V OR VEH IN TRANSPO			oscial Function O SPECIAL FUNCTIO	N	NOT APP	Emergency Motor Vehicle Use NOT APPLICABLE		
ĺ		: Way		Tra	affic Control		Traffic Conf	rol Inoperativ	e/Missing	
		DED HWY W/O TRAFF	IC BARRIER		CONTROL		NO			
ı		CKTOP (BITUMINOUS	.	1	ed Curvature		Road Grade	2	<u> </u>	
		Bus or HazMat	/	1 21	TRAIGHT		LEVEL			
- 1	NO									
į	Y	ehicle							A STATE OF THE PARTY OF THE PAR	
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	V1947	Vehicle Identification Numb)er		UT - AUTOMOBILE	WI	UNITED ST	TATES		
02	02	1C3CCBAB8EN121826			HRYSLER	Year 2014	Model 200 LX			
1	OH 1/16 .	Color			ody Style	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bus Use			
J.	gar L	BGE - BEIGE		40	0 - 4DR					

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

11301 WEST LINCOLN AVENUE WEST ALLIS, WI 53227

	ששעע				(414) 30	2-800	
l ⊢	- C	Initial Contact Point		Vehicle Damage			
UNIT	읃	12 - FRONT Extent Of Damage		40 EDONE			
ב	E H	DISABLING DAMAGE		12 - FRONT			
		Towed Due To Damage		Vehicle Removed By			
		TOWED DUE TO DISAB	LING DAMAGE	N & S TOWING			
		What Driver Was Doing GOING STRAIGHT		Vehicle Factors			
		Driver Prior Action Other		NOT APPLICABLE			
		Driver Actions					
_	Щ	NO CONTRIBUTING AC	TION				
FNS	WEMICLE						
5	, III	i					
	74	Owner Name	A.I	Owner Address			
02	8	SHERILLA C JEFFERSO (262) 993-8347	N	6701 W BLUEMOUNI MILWAUKEE, WI 532	DRD#3		
_				MILVAOREE, VVI 532	(13 , 04		
		Sequence Of Events	in the second		The second secon		
	2	Event MOTOR VEH IN TRANSP		50 to 1972 325. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		ENTTY N. B	
		Event					
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į		ndividual	Managery of managery and the second	The state of the s		A 1 1 - 7	
100		Driver	and the same of th	Citations (saued	Sex		
10	4	SHERILLA C JEFFERSOI	V	0	FEMALE		
	5	(262) 993-8347		Date of Birth	Race		
	NDIMBUAL		<u>.</u>	01/24/1987	BLACK		
5	ត	Address 6701 W BLUEMOUND RD	#3	Driver License Number J1627838752407 STATE: WISCONSIN COUNTRY: UNITED STATES			
		MILWAUKEE, WI 53213 ,					
3: h:				•			
10	Səf	ety-Equipment	Crash	Safety Equipment			
	-	Control of the second of the s	Towns III	EUGUL DED A LAB DE	_		
原	50 C P 4	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BEL	.t		
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		Eye Protection		Tint Compliance			
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3			CTED MINOR INJURY				
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Į,		NOT EJECTED Medical Transport	NOT EJECTED/NOT		NOT TRAPPED		
91 91		NOT TRANSPORTED		EMS Agency Identifier	EMS Run #		
	X)	Hospital		Date of Death	Time of Death	-	
	:»L	Managara a statut a specific personal	d Du Course				
		Distracted By NOT AP	By Source PLICABLE (NOT DIS	TRACTED)		\neg	
E.	Life de la	DAM SECUEDE ENHANCE OF YOU	4	· · · · · · · · · · · · · · · · · · ·		- 1	

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

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

	M 4									, ,
		Distracted By Action NOT DISTRACTED								
		Non Motorist	triking Unit#	Location		<u> </u>				
		Prior Action		<u></u>						
		Action								* * * * * * * * * * * * * * * * * * * *
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i		TEST NOT GIVEN		Alcohol Test Ty	Ье			Alcohol Te	st Reaulta	
l	Ñ.Z.	Drug Test Given		Drug Test Type		Deur	Test Resu	ılan		
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	Unit 8	Status			Vehicle Operating As	Classification	1	Unit Type		
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	Unit : IN Ti Vehic	Status RANSIT Je Type				Classification	1	AUTOMO	BILE 1s Endorsem	nents
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	Volt : IN Ti Vehic (SPC Total	Status RANSIT De Type DRT) UTILITY VEHICLE	E Train/Bus # Red	corded	D GLASS Total # Citations Issu		Total Tra	AUTÓMO Operating /	As Endorsem	
	Unit S IN Ti Vehic (SPC Total 1	Status RANSIT de Type DRT) UTJLITY VEHICLE Occs	Train/Bus # Red	corded	D GLASS Total # Citations Issue	ed	Total Tra	AUTOMO Operating /	Total Hazh	Mat Types
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WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

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

		Towed Due To Damage		Vehicle Removed By			
1	17.	NOT TOWED		OPERATOR			
	1	What Driver Was Doing		Vehicle Fectors			
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1	1000	Owner Name		Owner Address			
62	03	ROBERT ALLEN MILLS		1717 S 115TH CT # 1			
33	9	(414) 892-3969		WEST ALLIS, WI 53214 ,	US		
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		Policy Holder	Marie Carlos Car				
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LZ.	341	Oriver ROBERT ALLEN MILLS	<u>. 4 . 4 . 51 </u>	Citations Issued D Date of Birth 08/11/1961	Sex WALE Race		
UNIT	341	Driver ROBERT ALLEN MILLS (414) 892-3969 Address 1717 S 115TH CT #1		Citations Issued 0 Date of Birth 08/11/1961 Driver License Number M4207818129101	Sex WALE Race WHITE		
LINI	NDIVIDUAL:	Driver ROBERT ALLEN MILLS (414) 892-3969		Citations Issued 0 Date of Birth 08/11/1961 Driver License Number	Sex WALE Race WHITE		
LIND	341	Driver ROBERT ALLEN MILLS (414) 892-3969 Address 1717 S 115TH CT #1		Citations Issued 0 Date of Birth 08/11/1961 Driver License Number M4207818129101	Sex WALE Race WHITE		
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	- INDIVIDUAL:	Driver ROBERT ALLEN MILLS (414) 892-3969 Address 1717 S 115TH CT # 1 WEST ALLIS, WI 53214 Con Duty Row	US Crash Seat Position	Citations Issued 0 Date of Birth 08/11/1961 Driver License Number M4207818129101 STATE: WISCONSIN COUNT	Sex WALE Race WHITE		
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	NDINIDINI S	Driver ROBERT ALLEN MILLS (414) 892-3969 Address 1717 S 115TH CT # 1 WEST ALLIS, WI 53214 , Extra Equipment Row 01 - FRONT ROW Helmat Use Eye Protection	US Crash Seat Position 07 - LEFT	Citations Issued 0 Date of Birth 08/11/1961 Driver License Number M4207818129101 STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex WALE Race WHITE		
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	. INDIVIDUM S	Onliver ROBERT ALLEN MILLS (414) 892-3969 Address 1717 S 115TH CT # 1 WEST ALLIS, WI 53214 , On Duty ety Equipment Row 01 - FRONT ROW Helmat Use Eye Protection Injury Section	Crash Seat Position 07 - LEFT	Citations Issued 0 Date of Birth 08/11/1961 Driver License Number M4207818129101 STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance	Sex WALE Race WHITE		
	IMDINIDNI S	Driver ROBERT ALLEN MILLS (414) 892-3969 Address 1717 S 115TH CT # 1 WEST ALLIS, WI 53214 , Exty Equipment Row 01 - FRONT ROW Helmat Use Eye Protection Injury Services POSSIB	Crash Seat Position 07 - LEFT Perity BLE INJURY Ejection Path	Citations Issued 0 Date of Birth 08/11/1961 Driver License Number M4207818129101 STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex WALE Race WHITE		
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	Nalyidual: S	Driver ROBERT ALLEN MILLS (414) 892-3969 Address 1717 S 115TH CT # 1 WEST ALLIS, WI 53214 , Experiment Row 01 - FRONT ROW Helmet Use Eye Protection Injury Service Figure POSSIB Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	US Crash Seat Position 07 - LEFT Verity ELE INJURY Election Path NOT EJECTED/NOT APP	Citations Issued 0 Date of Birth 08/11/1961 Driver License Number M4207818129101 STATE: WISCONSIN COUNT Safety Equipment SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	Sex WALE Race WHITE TRY: UNITED STATES Trepped/Extricated NOT TRAPPED EMS Run #		
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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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}	\$1000 pp. 1 \$1000 pp. 1 \$1000 pp. 1 \$1000 pp. 1	Non Motorist Striking Unit#	Location				
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PROP OWNER 01	Gove WES (414)	rnment 37 ALLIS CITY OF) 302-8200	1	Address 7525 W GREENFIELD WEST ALLIS, WI 5321	AVE 4 , US		
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