# SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Robert MIIIs	Notice of Circumstances
Date: 5/14/2020  In-person  Process Server  Claimant  Other	MAY 1 4 2020 CITY OF WEST ALLIS CITY CLERK
By mail Certified  By email  By fax	
Received by: Demonsiq  Hand deliver to: Ann Marie or Janel  Forwarded to Attorney's Office by Ann Marie  Response from Attorney's Office  Common Council Agenda: Yes No	or Janel 🗓



RECEIVED

MAY 1 4 2020

CITY OF WEST ALLIS CITY CLERK

May 7, 2020

CITY CLERK City of West Allis 7525 W. Greenfield Ave. Room 108 to 110 West Allis, Wisconsin 53214

Re:

Notice of Circumstances of Claim

For Robert Mills

Dear City Clerk,

Please see the enclosed Notice of Circumstances of Claim along with the accident report. We have attempted to deliver service via process server on May 7, 2020; however, we were unsuccessful due to your office not being open to the public. In an addition, we have attempted to contact you via telephone on May 7, 2020. With COVID-19 we are requesting that you accept service via U.S. Mail. Furthermore, I am requesting that you please sign the enclosed document agreeing to accept service via U.S. Mail and use the enclosed prepaid return envelope to send said document back to my office. If possible, please contact me upon your review. If there is anything that I am able to assist with further, please do not hesitate with contacting my office.

Very Truly Yours,

Phillip S. Georges, PLLC

Phillip S. Georges

Attorney

Enclosure

The Law Offices of Phillip S. Georges, PLLC  ("The Wolf Pack")  2303 21 <sup>st</sup> Ave S. Suite 204  Nashville, TN 37212
/2020
Re: Notice of Circumstances of Claim For Robert Mills
I hereby accept service provided by U.S. Mail from The Law Offices of Phillip S. Georges, PLLC ("The Wolf Pack").
(Signature)  Phillip S. Georges, Esq.
(Print Name)

#### Sec 893.80 Wis. Stats. Notice of Circumstances of Claim

TO: CITY CLERK
City of West Allis
7525 W. Greenfield Ave.
Room 108 to 110
West Allis, Wisconsin 53214

Mr. Patrick L. Samz 2448 S. 79<sup>th</sup> St. West Allis, WI 53219

RE: Robert Mills

1717 S. 115<sup>th</sup> Court

Apt. #1

West Allis, WI 53214

Date of Accident: April 27, 2020

Location: S. 116<sup>th</sup> St. and W. Rogers St.

PLEASE TAKE NOTICE, pursuant to § 893.80, Wis. Stats., that on April 27, 2020, Robert Mills suffered injuries and damages in a motor vehicle accident that occurred when Patrick L. Samz, operator of a City of West Allis vehicle with a license plate of ACR1675, VIN 1FM5K8D82JGB47259, negligently operated his vehicle and negligently struck another vehicle causing a collision with Robert Mills' vehicle, while upon information and belief was in the course and scope of his employment with the City of West Allis.

Liability for Robert Mills' injuries and damages are attributed to the City of West Allis pursuant to the theory of *Respondent Superior*, in that the City of West Allis are liable for the acts of their employee, herein, Patrick L. Samz while in the course and scope of his employment. Robert Mills suffered damage to his vehicle and injury to

his neck and back for which he is seeking medical treatment. Damages for these injuries and property may exceed \$250,000.00.

Dated at Milwaukee, Wisconsin this \_\_\_\_\_ day of May, 2020.

Phillip S. Georges, PLLC Attorneys for Robert Mills

Phillip S. Georges

State Bar No. 1056511

POST OFFICE ADDRESS: 2303 21st Ave. S Suite 204 Nashville, TN 37212

615-577-1014

#### WISCONSIN MOTOR VEHICLE CRASH REPORT

	Document Number Overr	ide	Primary Crash I	Document #	Agenc	/ Crash Number	Investigatin	_		RE	
74	Crash Date 04/27/2020	20 09:25 A			Date Arrived         Time Arrive           04/27/2020         09:28 AM						
SLU349IVIA4	i I		Time Notified 09:27 AM		Total U	nits	Total Injure	d	Total Kille	d	
, 0.0	On Emergency	t and Run	Lane Clos		Work Zone	Traile	r or T	owed	Reporting Threshold		
2	Government Property			hool Zone	School NO	Bus Related	Tags				
	Reportable		Crash Type DT4000 (STA	NDARD CRASH	i)		Amend	ded		Secondary Crash	
	Description   Diagram								onstruction		
		Vehic		Verticle 3		W. Rogers St.		PO	tos By AGÓR Itional Inforr DTOS, WI	nation TNESS STATEMENTS	
H	I, a sworn law enfo	GERS S	T. FROM STOP SI	GN AT S. 116TH S	T., FAILS	TO YIELD THE RIGHT O	WAY TO VEHIC	LE #2	N/B ON S.	116TH ST. VEHICLE #2	
	STRIKES VEHICLE #1. VEH VEHICLE #3 S/B ON S. 116	TH ST. V	RULLS ONTO RO EHICLE #2 CONT	OOF, AS VEHICLE # INUES NW JUMPIN	2 CONTIN IG THE C	NUES IN A NW DIRECTIC URB. WITNESS CONFIR	IN, ENTERING TH IMS NARRATIVE.	HE S/B	BLANES OF	S. 116TH ST., STRIKING	

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

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

LO	cation ====									
1	TERSECTION					Latitude			Longitu	ıde
	S 116TH ST					43.008	370189		-88.05	6881755
	W ROGERS ST	1110				X Coord	inate		Y Coor	dinate
	THE CITY OF WEST A MILWAUKEE COUNT					413866	.65625		47622	86
""	MILITAGREE GOORT	•				Structure	е Туре			
						NO ST	RUCTURE			
Cra	ash Scene 💳									
Firs	st Harmful Event					First Har	mful Event	Location		
MC	TOR VEH IN TRANSP	ORT				1	ADWAY			
Ма	nner of Collision					Light Co	ndition			
01	- ANGLE					DAYLIC	SHT			
Roa	ad Surface Condition(s)					Roadwa	y Factor(s)			
DR	Υ									
Env	vironment Factor(s)					-				
NO	INE					NONE				
We	ather Condition(s)				-	1				
CL	EAR									
Anii	mal Type					Relation	To Trafficwa	ay		
						TRAFF	CWAY - C	N ROAD		
	sh Classification - Location							- Jurisdiction		
	BLIC PROPERTY							RISDICTION		
Trib	al Land					Access C				Special Study
With	nin Interchange Area	Junction Location			Intersection	n Type				<u> </u>
NO		INTERSECTION			FOUR-W	AY INTE	RSECTIO	N		
Clos	sure Type			Reaso	ons for Closu	иге				**
CL	OSURE-ONE DIRECTION	ON								
Date	e Initial Lane/Rd Closed	Time Initial Lane/F	Rd Closed	LAW	ENFORC	EMENT,	TOW TRU	CK, FIRE/EN	IS	
	27/2020	09:28 AM								
1	e All Lanes Open	Time All Lanes Op	oen	Date 9	Scene Clear	ed	Tir	ne Scene Clea	red	
04/	27/2020	10:15 AM		04/27	//2020		10	1:15 AM		
Uni	t Summary 👅									
Unit	Status				erating As C	assificatio	1	Unit Type		
	TRANSIT		DC	LASS				AUTOMOE	BILE	
	icle Type		·					Operating A	s Endorser	ments
`	ORT) UTILITY VEHICL									
1	l Occs	Train/Bus # Recorde	1	l # Citat	tions Issued		Total Trai	lers		Mat Types
1		Discretion Of Toront	0				0		0	
YES	rance?	Direction Of Travel WESTBOUND			CrashTire Mark		Speed Lir 25	nit	Total Lane 2	es
	t Harmful Event: Collision \			ial Fun				Emergency I		cle Use
МО	TOR VEH IN TRANSPO	ORT	NO	SPEC	IAL FUNC	TION		NOT APPL	IÇABLE	
Traf	fic Way		Traff	ic Contr	ol			Traffic Contr	ol Inoperat	ive/Missing
DIV	IDED HWY W/O TRAF	FIC BARRIER	STO	P SIG	N			NO		
Surf	асе Туре		Road	Curva	ture			Road Grade		
BLA	ACKTOP (BITUMINOUS	S)	STR	AIGH	Γ			LEVEL		
Truc	k Bus or HazMat							•		
	Vehicle									
	License Plate Number		Plat	е Туре			St	Country of Iss	uance	
	ACR1675				TOMOBIL	E	wı	UNITED ST		
100	Vehicle Identification Nun	nber	Mak	e			Year	Model		
2	1FM5K8D82JGB4725	59	FOI	RD			2018	EXR		

01

### WISCONSIN MOTOR VEHICLE CRASH REPORT

1								
	100	Color GRY - GRAY		Body Style	Bus Use			
LIND	102			UT - SPORT UTILITY VEHICLE				
	Ë	08 - LEFT SIDE REAR		Vehicle Damage				
Z	읃	Extent Of Damage		15 - ALL AREAS				
)	VEHICLE	DISABLING DAMAGE		15 - ALL AREAS				
	>	Towed Due To Damage		Vehicle Removed By				
		TOWED DUE TO DISABL	ING DAMAGE	N & S TOWING				
l	31	What Driver Was Doing		Vehicle Factors				
ľ	100	GOING STRAIGHT						
		Driver Prior Action Other	****	NOT APPLICABLE				
	8.0							
	100	Driver Actions						
١.	Щ	FAILED TO YIELD RIGHT	-OF-WAY					
UNIT	<u> </u>							
5	VEHICLE							
	>							
	H.	Owner Name		10				
		CITY OF WEST ALLIS		Owner Address 7525 W GREENFIELD AVE				
01	10	(414) 302-8200		WEST ALLIS, WI 53214 , US				
	115							
	115	Sequence Of Events						
		Event						
	01	MOTOR VEH IN TRANSPO	ORT					
	02	Event						
	0							
	03	Event						
	0							
	04	Event		·				
		Policy Holder						
LIND		Insurance Company SELF-INSURED		Organization/Company				
		L		CITY OF WEST ALLIS				
	-17	Individual						
		Driver PATRICK L SAMZ		Citations Issued	Sex			
	AL	TATALON E GAME		0	MALE			
	DO.			Date of Birth 11/11/1979	Race WHITE			
LINO	INDIVIDUAL	Address		Driver License Number	12			
$\supset$	D	2448 S 79TH ST		S5206727941100				
	2	WEST ALLIS, WI 53219 , I	US	STATE: WISCONSIN COUNTRY: U	INITED STATES			
	0-4	On Duty	Crash	Safety Equipment				
	Sar	ety Equipment						
		Row	Seat Position	SHOULDER & LAP BELT				
	No.	01 - FRONT ROW	07 - LEFT					
		Helmet Use		Helmet Compliance				
		Eye Protection						
		Eye Flotection		Tint Compliance				
_ [	_	Injury Sev	verity	Airbag				
9	001	Ann Charge	CTED MINOR INJURY	DEPLOYED-COMBINATION				
			Ejection Path		Trapped/Extricated			
	HI.		NOT EJECTED/NOT APP	PLICABLE	NOT TRAPPED			
- 1	100	Medical Transport		EMS Agency Identifier	EMS Run #			
		NOT TRANSPORTED						
		NOT TRANSPORTED						

### WISCONSIN MOTOR VEHICLE CRASH REPORT

		Hospital			Date of Death		Time of De	eath		
	1,0	Dis	tracted By Source	. <u> </u>						
Distracted By NOT APPLICABLE (NOT DISTRACTED)										
	Distracted By Action NOT DISTRACTED									
		Non Motorist Str	iking Unit#	Location				-		
		Prior Action		<u></u>						
İ		Action			<del></del>					
L	INDIVIDUAL									
UNIT	S									
	=									
	11/20									
	281	Action Other							To/From School	
		Sus	pected Alcohol U	se	Suspected Drug Use				L	
	L	Drug & Alcohol NO	1		NO					
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Typ	е		Alcohol Tes	Alcohol Test Results		
	U.	Drug Test Given	_	Drug Test Type	Drug Test Results					
		TEST NOT GIVEN								
01	001	Drug Type								
		Individual Condition								
		Individual Condition								
		APPEARED NORMAL								
l i	Unit	Summary ===								
	Unit	Status			ehicle Operating As Class	ification	Unit Type			
		RANSIT cle Type		1	CLASS		AUTOMO	BILE is Endorsemi	onto	
02		SENGER CAR					Operating A	is Endorsemi	ents	
		Occs	Train/Bus # Red		otal # Citations Issued	Total Tra	ailers	Total HazM	at Types	
	1	ance?	Direction Of Tra	0		imit	0 Total Lanes			
⊢	NO	arice :	NORTHBOUN	1 -	Pre CrashTire Mark	Speed L 30	arin.	4	,	
LIND		Harmful Event: Collision W			pecial Function	— · · · · · · · · · · · · · · · · · · ·		Motor Vehicl	e Use	
_		OR VEH IN TRANSPO	RT		NO SPECIAL FUNCTIO	'N	NOT APP	rol Inoperativ	o/Missing	
		DED HWY W/O TRAFFI	C BARRIER		IO CONTROL		NO	or moperativ	e/iviissiiig	
		се Туре			Road Curvature		Road Grade	<del>)</del>		
		CKTOP (BITUMINOUS) Bus or HazMat	)	S	TRAIGHT		LEVEL	LEVEL		
	NO	. Bus of Haziviat								
	1	/ehicle						VIII I		
		License Plate Number		I	Plate Type	St	Country of Is:			
	111	544YLG Vehicle Identification Numb	vor.		AUT - AUTOMOBILE  Make	WI Year	UNITED ST	ATES		
02		1C3CCBAB8EN121826			CHRYSLER	2014	Model 200 LX			
	-	Color			Body Style		Bus Use			
		BGE - BEIGE			4D - 4DR					

### WISCONSIN MOTOR VEHICLE CRASH REPORT

	Ш	Initial Contact Point	Vehicle Damage						
<b>-</b>	긋	12 - FRONT							
LINO	VEHICLE	Extent Of Damage	12 - FRONT						
$\supset$	亩	DISABLING DAMAGE	12 - FRONT						
	>								
		Towed Due To Damage	Vehicle Removed By						
		TOWED DUE TO DISABLING DAMAGE	N & S TOWING						
		What Driver Was Doing	Vehicle Factors						
		GOING STRAIGHT							
		Driver Prior Action Other	NOT APPLICABLE						
		Driver Actions							
	ш	NO CONTRIBUTING ACTION							
$\vdash$	2								
UNIT	VEHICLE								
ر	回								
		Owner Name	Owner Address						
	100	SHERILLA C JEFFERSON	6701 W BLUEMOUND RD #	3					
02	02	(262) 993-8347	MILWAUKEE, WI 53213 , US						
_		,	,						
- 0		equence Of Events							
	07	Event MOTOR VEH IN TRANSPORT							
	0	MOTOR VEH IN TRANSPORT							
	07	Event							
	0	MOTOR VEH IN TRANSPORT							
- 1	60	Event							
	03	CURB							
	<b>*</b>	Event							
	04								
- 1									
- 1	1	ndividual							
		ndividual Driver	Citations Issued	TSay					
		Driver	Citations Issued	Sex FEMALE					
			0	FEMALE					
		Driver SHERILLA C JEFFERSON	0 Date of Birth	FEMALE Race					
LP		Driver SHERILLA C JEFFERSON (262) 993-8347	0 Date of Birth 01/24/1987	FEMALE					
LINIT		Driver SHERILLA C JEFFERSON (262) 993-8347  Address	0 Date of Birth 01/24/1987 Driver License Number	FEMALE Race					
UNIT	IDIVIDUAL	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3	0 Date of Birth 01/24/1987 Driver License Number J1627838752407	FEMALE Race BLACK					
LIND	IDIVIDUAL	Driver SHERILLA C JEFFERSON (262) 993-8347  Address	0 Date of Birth 01/24/1987 Driver License Number	FEMALE Race BLACK					
LIND	IDIVIDUAL	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US	0 Date of Birth 01/24/1987 Driver License Number J1627838752407	FEMALE Race BLACK					
	INDINIDUAL	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US	0 Date of Birth 01/24/1987 Driver License Number J1627838752407	FEMALE Race BLACK					
	INDINIDUAL	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR	FEMALE Race BLACK					
	NDINIDNAL	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR	FEMALE Race BLACK					
	NDINIDNAL	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  On Duty Crash	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR	FEMALE Race BLACK					
	Saf	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  On Duty Crash Row Seat Position	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR	FEMALE Race BLACK					
	Saf	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  On Duty Crash  Row O1 - FRONT ROW  Seat Position 07 - LEFT	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT	FEMALE Race BLACK					
	Saf	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  On Duty Crash  Row O1 - FRONT ROW  Seat Position 07 - LEFT	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT	FEMALE Race BLACK					
	Saf	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  On Duty Crash ety Equipment  Row 01 - FRONT ROW Helmet Use	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance	FEMALE Race BLACK					
	Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  Pety Equipment Row 01 - FRONT ROW 01 - FRONT ROW Helmet Use  Eye Protection  Injury Severity	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance	FEMALE Race BLACK					
	Saf	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  On Duty Crash ety Equipment Row 01 - FRONT ROW Helmet Use  Eye Protection	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance Tint Compliance	FEMALE Race BLACK					
	O02 Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  On Duty Crash  ety Equipment  Row 01 - FRONT ROW Helmet Use  Eye Protection  Injury Severity	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance Tint Compliance	FEMALE Race BLACK					
	O02 Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  ety Equipment Row 01 - FRONT ROW 01 - FRONT ROW Helmet Use Eye Protection  Injury Severity SUSPECTED MINOR INJURY	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance Tint Compliance  Airbag DEPLOYED-FRONT	FEMALE Race BLACK RY: UNITED STATES  Trapped/Extricated					
	O02 Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  Pety Equipment  Row On Duty Crash Position 01 - FRONT ROW 07 - LEFT  Helmet Use  Eye Protection  Injury  Injury  SUSPECTED MINOR INJURY  Ejected Ejection Path	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	FEMALE Race BLACK RY: UNITED STATES					
	Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  Pety Equipment  Row On Duty Crash  Pety Equipment  On Duty Crash  On O'r - LEFT  Helmet Use  Eye Protection  Injury  Injury  Suspected Minor Injury  Ejected Ejection Path NOT EJECTED/NOT A  Medical Transport	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance Tint Compliance  Airbag DEPLOYED-FRONT	FEMALE Race BLACK RY: UNITED STATES  Trapped/Extricated NOT TRAPPED					
	005 Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  Pety Equipment On Duty Crash  Seat Position On 7 - LEFT  Helmet Use  Eye Protection  Injury Severity SUSPECTED MINOR INJURY  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT  APPLICABLE EMS Agency Identifier	FEMALE Race BLACK RY: UNITED STATES  Trapped/Extricated NOT TRAPPED EMS Run #					
	005 Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  Pety Equipment  Row On Duty Crash  Pety Equipment  On Duty Crash  On O'r - LEFT  Helmet Use  Eye Protection  Injury  Injury  Suspected Minor Injury  Ejected Ejection Path NOT EJECTED/NOT A  Medical Transport	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT	FEMALE Race BLACK RY: UNITED STATES  Trapped/Extricated NOT TRAPPED					
	005 Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  Pety Equipment On Duty Crash  Pety Equipment On Duty Crash  Provided Seat Position O7 - LEFT  Helmet Use  Eye Protection  Injury Severity SUSPECTED MINOR INJURY  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital	0 Date of Birth 01/24/1987 Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment SHOULDER & LAP BELT  Helmet Compliance Tint Compliance Airbag DEPLOYED-FRONT  APPLICABLE EMS Agency Identifier	FEMALE Race BLACK RY: UNITED STATES  Trapped/Extricated NOT TRAPPED EMS Run #					
	000 Safe	Driver SHERILLA C JEFFERSON (262) 993-8347  Address 6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US  Pety Equipment On Duty Crash  Seat Position On 7 - LEFT  Helmet Use  Eye Protection  Injury Severity SUSPECTED MINOR INJURY  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED	Date of Birth 01/24/1987  Driver License Number J1627838752407 STATE: WISCONSIN COUNTR  Safety Equipment  SHOULDER & LAP BELT  Helmet Compliance  Tint Compliance  Airbag DEPLOYED-FRONT  APPLICABLE  EMS Agency Identifier  Date of Death	FEMALE Race BLACK RY: UNITED STATES  Trapped/Extricated NOT TRAPPED EMS Run #					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

1		1							
		Distracted By Action NOT DISTRACTED							
	AL.	L	iking Unit#	Location					
		Prior Action		1					
İ		Action							<del></del> -
	J								
	INDIVIDUAL								
UNIT	JDI.								
	Z								
	li.	Action Other							To/From School
		I Cur	nested Alashal I		I Commented Development		<u> </u>		
	1	Drug & Alcohol NO	pected Alcohol U	se	Suspected Drug Use NO				
		Alcohol Test Given		Alcohol Test Type			Alcohol Te	st Results	***************************************
		TEST NOT GIVEN							
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Resu	ults		
02	002	Drug Type						<u></u>	
		Individual Condition							
		APPEARED NORMAL							
	ll nii	Supreme and							
		t Summary Status			chicle Operating As Class	ification	Linit Type		
	Unit :				chicle Operating As Class	ification	Unit Type AUTOMO	BILE	
	Unit : IN T Vehice	Status <b>RANSIT</b> cle Type				ification	АИТОМО	BILE As Endorsemen	nts
03	Unit : IN T Vehic (SPC	Status RANSIT cle Type ORT) UTILITY VEHICLE		D	CLASS		AUTOMO Operating A	As Endorsemer	
	Unit : IN T Vehic (SPC	Status <b>RANSIT</b> cle Type	E   Train/Bus#Red	D		Total Tr.	AUTOMO Operating A		
03	Unit: IN T Vehice (SPC Total 1	Status RANSIT cle Type ORT) UTILITY VEHICLE Occs ance?	Train/Bus # Red	D To O O O O O O O O O O O O O O O O O O	class  tal # Citations Issued  Pre CrashTire	Total Tro	AUTOMO Operating A	Total HazMai  Total Lanes	
03	Vehice (SPC) Total 1 Insur. YES	Status RANSIT cle Type ORT) UTILITY VEHICLE Occs ance?	Train/Bus # Red Direction Of Tra	corded To 0 vel 4D	class  tal # Citations Issued  Pre CrashTire Mark	Total Tr	AUTOMO Operating A ailers	Total HazMat  O  Total Lanes	t Types
	Unit : IN T Vehice (SPC Total 1 Insur: YES	Status RANSIT cle Type ORT) UTILITY VEHICLE Occs ance?	Train/Bus # Red Direction Of Tra SOUTHBOUN	Doorded To 0 vel Sp	class  tal # Citations Issued  Pre CrashTire	Total Tro 0 Speed L 30	AUTOMO Operating A ailers	Total HazMat  0 Total Lanes 4 Motor Vehicle	t Types
03	Unit: IN T Vehice (SPC Total 1 Insur: YES Most MOT Traffi	Status  RANSIT cle Type  ORT) UTILITY VEHICLE  Occs  ance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  ic Way	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT	poorded To 0 vel NO Sp No 1 Tra	class  tal # Citations Issued  Pre CrashTire Mark  ecial Function D SPECIAL FUNCTIO	Total Tro 0 Speed L 30	AUTOMO Operating A ailers imit Emergency NOT APP	Total HazMat  0 Total Lanes 4 Motor Vehicle	t Types
03	Vehice (SPC) Total 1 Insur- YES Most MOT Traffi	Status  RANSIT cle Type  ORT) UTILITY VEHICLE  Occs  ance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  ic Way  DED HWY W/O TRAFFI	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT	D D D D D D D D D D D D D D D D D D D	class  tal # Citations Issued  Pre CrashTire Mark  ecial Function O SPECIAL FUNCTIO  affic Control D CONTROL	Total Tro 0 Speed L 30	AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Cont	Total HazMai  0  Total Lanes  4  Motor Vehicle LICABLE  rol Inoperative/	t Types
03	Unit: IN T Vehic (SPC Total 1 Insur- YES Most MOT Traffi DIVII Surfa	Status  RANSIT cle Type  ORT) UTILITY VEHICLE  Occs  ance?  Harmful Event: Collision W  FOR VEH IN TRANSPO ic Way  DED HWY W/O TRAFFI ice Type	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT C BARRIER	poorded To 0 vel NO Sp No No No Ro	class  tal # Citations Issued  Pre CrashTire Mark  ecial Function D SPECIAL FUNCTIO	Total Tro 0 Speed L 30	AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Cont	Total HazMai  0  Total Lanes  4  Motor Vehicle LICABLE  rol Inoperative/	t Types
03	Unit: IN T Vehice (SPC Total 1 Insur- YES Most MOT Traffi DIVII Surfa BLA	Status  RANSIT cle Type  ORT) UTILITY VEHICLE  Occs  ance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  ic Way  DED HWY W/O TRAFFI	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT C BARRIER	poorded To 0 vel NO Sp No No No Ro	class  tal # Citations Issued  Pre CrashTire Mark ecial Function O SPECIAL FUNCTIO  affic Control O CONTROL ead Curvature	Total Tro 0 Speed L 30	AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Cont NO Road Grade	Total HazMai  0  Total Lanes  4  Motor Vehicle LICABLE  rol Inoperative/	t Types
03	Unit: IN T Vehice (SPC Total 1 Insur- YES Most MOT Traffi DIVII Surfa BLA Truck	Status  RANSIT  cle Type  ORT) UTILITY VEHICLE  Occs  rance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  ic Way  DED HWY W/O TRAFFI  ice Type  CKTOP (BITUMINOUS)  K Bus or HazMat	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT C BARRIER	poorded To 0 vel NO Sp No No No Ro	class  tal # Citations Issued  Pre CrashTire Mark ecial Function O SPECIAL FUNCTIO  affic Control O CONTROL ead Curvature	Total Tro 0 Speed L 30	AUTOMO Operating A ailers  imit  Emergency NOT APP Traffic Cont NO Road Grade	Total HazMai  0  Total Lanes  4  Motor Vehicle LICABLE  rol Inoperative/	t Types
03	Unit: IN T Vehic (SPC Total 1 Insur YES Most MOT Traffi DIVII Surfa BLA Truck NO	Status  RANSIT  cle Type  ORT) UTILITY VEHICLE  Occs  rance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  IC Way  DED HWY W/O TRAFFI  ICC Type  CKTOP (BITUMINOUS)  K Bus or HazMat	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT C BARRIER	D D D D D D D D D D D D D D D D D D D	class  tal # Citations Issued  Pre CrashTire Mark ecial Function O SPECIAL FUNCTIO  affic Control O CONTROL ead Curvature  RAIGHT	Total Tr. 0 Speed L 30	AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL	Total HazMari  0  Total Lanes  4  Motor Vehicle LICABLE  rol Inoperative/	t Types
03	Unit: IN T Vehic (SPC Total 1 Insur YES MOT Traffi DIVII Surfa BLA Truck NO	Status  RANSIT  cle Type  ORT) UTILITY VEHICLE  Occs  ance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  IC Way  DED HWY W/O TRAFFI  ICC Type  CKTOP (BITUMINOUS)  K Bus or HazMat  /ehicle  License Plate Number	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT C BARRIER	D D D D D D D D D D D D D D D D D D D	class  tal # Citations Issued  Pre CrashTire Mark ecial Function O SPECIAL FUNCTIO  affic Control O CONTROL ead Curvature RAIGHT  ate Type	Total Tr. 0 Speed L 30	AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of is	Total HazMari 0 Total Lanes 4 Motor Vehicle LICABLE rol Inoperative/	t Types
UNIT 03	Unit: IN T Vehic (SPC Total 1 Insur YES Most MOT Traffii DIVII Surfa BLA NO	Status  RANSIT  cle Type  ORT) UTILITY VEHICLE  Occs  rance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  IC Way  DED HWY W/O TRAFFI  ICC Type  CKTOP (BITUMINOUS)  K Bus or HazMat	Train/Bus # Reconstruction Of Train/Bus # Reconstruction Of Train SOUTHBOUN ith RT  C BARRIER	D D D D D D D D D D D D D D D D D D D	class  tal # Citations Issued  Pre CrashTire Mark ecial Function O SPECIAL FUNCTIO  affic Control O CONTROL ead Curvature  RAIGHT	Total Tr. 0 Speed L 30	AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL	Total HazMari 0 Total Lanes 4 Motor Vehicle LICABLE rol Inoperative/	t Types
03	Unit: IN T Vehic (SPC Total 1 Insur YES Most MOT Traffi DIVII Surfa BLA Truck NO	Status RANSIT cle Type ORT) UTILITY VEHICLE Occs rance? Harmful Event: Collision W FOR VEH IN TRANSPO IC Way DED HWY W/O TRAFFI ICE Type CKTOP (BITUMINOUS) K Bus or HazMat  /ehicle License Plate Number 50662DS Vehicle Identification Number 2HKYF18523H507741	Train/Bus # Reconstruction Of Train/Bus # Reconstruction Of Train SOUTHBOUN ith RT  C BARRIER	D D D D D D D D D D D D D D D D D D D	class  tal # Citations Issued  Pre CrashTire Mark  ecial Function O SPECIAL FUNCTION  offic Control O CONTROL  add Curvature  rAIGHT  ate Type IS - DISABLED  ake ONDA	Total Tr. 0 Speed L 30 DN	AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model PLT	Total HazMari 0 Total Lanes 4 Motor Vehicle LICABLE rol Inoperative/	t Types
UNIT 03	Unit: IN T Vehice (SPC Total 1 InsurryYES Most MOT Traffi DIVII Surfa BLA NO	Status  RANSIT  cle Type  ORT) UTILITY VEHICLE  Occs  ance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  IC Way  DED HWY W/O TRAFFI  ICCE Type  CKTOP (BITUMINOUS)  IC Bus or HazMat  /ehicle  License Plate Number  50662DS  Vehicle Identification Numbe  2HKYF18523H507741  Color	Train/Bus # Recommendation Direction Of Train/BOUN SOUTHBOUN ith RT C BARRIER	D D D D D D D D D D D D D D D D D D D	class  Ital # Citations Issued  Pre CrashTire Mark  ecial Function O SPECIAL FUNCTION  OFFICIAL FUNCTION OFFICIAL FUNCTION  ACTION OF THE PROPERTY OF THE PROP	Speed L 30 ON	AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of is UNITED ST	Total HazMari 0 Total Lanes 4 Motor Vehicle LICABLE rol Inoperative/	t Types
03 UNIT 03	Unit: IN T Vehic (SPC Total 1 Insur YES MOST MOST Traffi DIVII Surfa BLA Truck NO	Status RANSIT cle Type ORT) UTILITY VEHICLE Occs rance? Harmful Event: Collision W FOR VEH IN TRANSPO IC Way DED HWY W/O TRAFFI ICE Type CKTOP (BITUMINOUS) K Bus or HazMat  /ehicle License Plate Number 50662DS Vehicle Identification Number 2HKYF18523H507741	Train/Bus # Recommendation Direction Of Train/BOUN SOUTHBOUN ith RT C BARRIER	D D D D D D D D D D D D D D D D D D D	class  tal # Citations Issued  Pre CrashTire Mark  ecial Function O SPECIAL FUNCTION  offic Control O CONTROL  add Curvature  rAIGHT  ate Type IS - DISABLED  ake ONDA	Speed L 30 ON	AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model PLT	Total HazMari 0 Total Lanes 4 Motor Vehicle LICABLE rol Inoperative/	t Types
03 UNIT 03	Unit: IN T Vehic (SPC Total 1 Insur YES MOST MOST Traffi DIVII Surfa BLA Truck NO	Status RANSIT cle Type ORT) UTILITY VEHICLE Occs ance? Harmful Event: Collision W FOR VEH IN TRANSPO IC Way DED HWY W/O TRAFFI ICE Type CKTOP (BITUMINOUS) IC Bus or HazMat  /ehicle License Plate Number 50662DS Vehicle Identification Numb 2HKYF18523H507741 Color SIL - SILVER (ALUMIN Initial Contact Point 01 - RIGHT FRONT CO	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT C BARRIER )	D D D D D D D D D D D D D D D D D D D	class  tal # Citations Issued  Pre CrashTire Mark ecial Function D SPECIAL FUNCTION OFFICIAL FUNCTION	St WI Year 2003	AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model PLT	Total HazMari 0 Total Lanes 4 Motor Vehicle LICABLE rol Inoperative/	t Types
03 UNIT 03	Unit: IN T Vehice (SPC Total 1 Insur YES Most MOT Traffi DIVII Surfa BLA Truck NO	Status  RANSIT  cle Type  ORT) UTILITY VEHICLE  Occs  ance?  Harmful Event: Collision W  FOR VEH IN TRANSPO  IC Way  DED HWY W/O TRAFFI  ICE Type  CKTOP (BITUMINOUS)  K Bus or HazMat  Vehicle  License Plate Number  50662DS  Vehicle Identification Number  2HKYF18523H507741  Color  SIL - SILVER (ALUMIN  Initial Contact Point	Train/Bus # Rec Direction Of Tra SOUTHBOUN ith RT C BARRIER )	D D D D D D D D D D D D D D D D D D D	class  tal # Citations Issued  Pre CrashTire Mark  ecial Function O SPECIAL FUNCTION  affic Control O CONTROL  add Curvature  RAIGHT  ate Type IS - DISABLED  ake ONDA  ody Style T - SPORT UTILITY V	St WI Year 2003	AUTOMO Operating A ailers  Emergency NOT APP Traffic Cont NO Road Grade LEVEL  Country of Is UNITED ST Model PLT	Total HazMari  0 Total Lanes  4 Motor Vehicle LICABLE rol Inoperative/	t Types

### WISCONSIN MOTOR VEHICLE CRASH REPORT

	165	Towed Due To Damage  NOT TOWED	Vehicle Removed By  OPERATOR				
	XБ	What Driver Was Doing	Vehicle Factors				
		GOING STRAIGHT					
		Driver Prior Action Other	NOT APPLICABLE				
TIND	VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
03	03	Owner Name ROBERT ALLEN MILLS (414) 892-3969	Owner Address 1717 S 115TH CT # 1 WEST ALLIS, WI 53214 , US				
		Sequence Of Events					
	01	Event MOTOR VEH IN TRANSPORT					
	02	Event					
	03	Event					
	04	Event					
		Policy Holder					
UNIT	i	Insurance Company	Individual				
_		FOUNDERS-INS-CO	ROBERT MILLS				
	1	ndividual					
		Driver ROBERT ALLEN MILLS	Citations Issued  0	Sex MALE			
	JAL	(414) 892-3969	Date of Birth	Race			
LIND	Q	A.34	08/11/1961 WHITE				
5		Address 1717 S 115TH CT # 1 WEST ALLIS, WI 53214 , US	Driver License Number M4207616129101 STATE: WISCONSIN COUNTRY: UNITED STATES				
	Safe	On Duty Crash	Safety Equipment				
		Row Seat Position 01 - FRONT ROW 07 - LEFT	SHOULDER & LAP BELT				
	- 34	Helmet Use	Helmet Compliance				
		Eye Protection	Tint Compliance				
03	003	Injury Severity  Injury POSSIBLE INJURY	Airbag	· · · · · · · · · · · · · · · · · · ·			
٦		POSSIBLE INJURY Ejected Ejection Path	NON DEPLOYED	Trapped/Extricated			
	5.1	NOT EJECTED NOT EJECTED/NOT API	PLICABLE	NOT TRAPPED			
	7.25	Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #			
- 1		Hospital	Date of Death	Time of Death			
		Distracted By Source NOT APPLICABLE (NOT DISTR.	ACTED)				
	I	Distracted By Action	NOTED)				
		NOT DISTRACTED					

# WISCONSIN MOTOR VEHICLE CRASH REPORT

							( / • • • • • • • • • • • • • • • •
		Non Motorist Striking Unit #	Location				
	112	Prior Action			· · · · · · · · · · · · · · · · · · ·		
Ì		Action					
L	UAL						
UNIT	INDIVIDUAL						
	IND						
		Action Other					To/From School
	ă.						10/From School
		Drug & Alcohol NO		Suspected Drug Use NO			
	- 1	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Typ	е		Alcohol Test Results	3
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		<u> </u>
03	003	Drug Type	L				
	-UX	Individual Condition					-
		APPEARED NORMAL					
	Pro	perty Owner					
2		ernment ST ALLIS CITY OF I) 302-8200		Address 7525 W GREENFIELD	AVE	-	
PROP	(414	·) 302-6200		WEST ALLIS, WI 5321	4,05		
_	Fixe	d Objects Struck	TO UNITED THE				
	0.1	Striking Unit Struck Object  CURB			(a)	Structure Number	Damage Tag Number
	Witr	ness					
01	JAY	JOSEPH SCHWALL		Address 1953 S 89 ST		·	Date of Birth <b>09/18/1953</b>
WITN	(414	) 477-9615		WEST ALLIS, WI 53227	7 , US		33,13,1000
							1