

BACKGROUND INFORMATION SECTION

Employee Name: Gene Rowley
Department: DPW Hire Date: 5-13-13
Work #: (920) 686-6500
City Vehicle License #: 92 Fleet # _____

ACCIDENT DESCRIPTION SECTION

Date: 2-25-22 Time: 2 [] AM. [X] PM.
Location: (Street, Intersection) 300 QUAY ST.

Est Speed 2 MPH Seat Belt Worn: [X] YES [] NO
Weather Conditions: (check all that apply) [] Cloudy
[] Bright [] Foggy [X] Snow [] Rain [] Sleet
Road Conditions: (check all that apply) [] Dry [] Wet
[] Snow [X] Ice [] Unpaved [] Other

How did the accident happen? Be specific on your description of what you were doing when the accident occurred.
WAS LOADING TRUCKS WITH SNOW. TRAFFIC WAS BUSY. SEMI TRUCK AND OTHER VEHICLES WERE DRIVING ON QUAY. I MANEUVERED LOADER TO STEER CLEAR OF SEMI BACKWARDS ON QUAY AND HIT CITIZENS TRUCK IN THE REAR.

ACCIDENT DIAGRAM SECTION

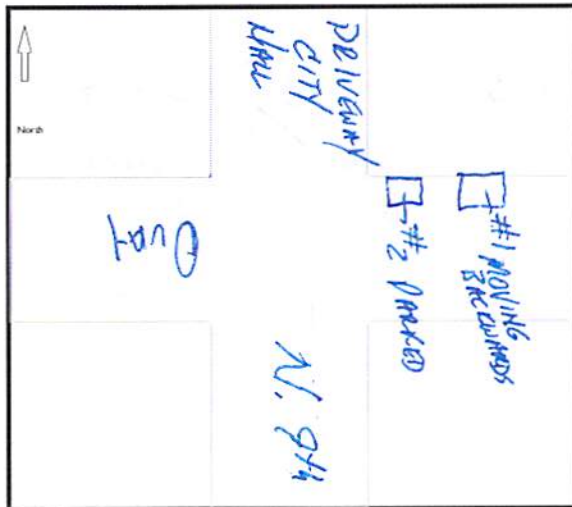
DRAW A SIMPLE PICTURE THAT DEPICTS WHAT HAPPENED IN THE ACCIDENT.

IDENTIFY EACH VEHICLE AND DIRECTION BY USING A NUMBERED ARROW:

City/Village Vehicle #1 #1

Other Vehicle #2 #2

Show each vehicle's position at the moment that the accident happened. TAKE PICTURES OF VEHICLES AND DAMAGED AREAS WHENEVER POSSIBLE.



OTHER VEHICLE DAMAGE SECTION

Driver's Name: _____
Address: _____
Telephone: () _____
Vehicle Make: _____ Model: _____ Year: _____
Driver's License #: _____
Policy #: _____

Insurance Company: _____
Driven By: _____
Address: _____
Telephone: () _____
Description of Damage: _____

OBSERVATIONS OF POSSIBLE INJURIES

[X] No Injuries
Name 1: _____
Address 1: _____
Telephone 1: () _____
[] City/Village Employee [] Other Vehicle
Seat Belt Worn [] YES [] NO

[] No Injuries
Name 2: _____
Address 2: _____
Telephone 2: () _____
[] City/Village Employee [] Other Vehicle
Seat Belt Worn [] YES [] NO

Was anyone taken to the hospital in an ambulance?
[] YES [] NO

**POLICE REPORT
INFORMATION SECTION**

Name of Officer: COOPER SCHMIDT
Officer #: 610 Report #: 23615
Municipality: DPW
Citation Issued: [] YES [] NO
If yes, to whom and why?

WITNESS SECTION

If you can safely gather this information, please do.

Name 1: _____
Address 1: _____
Telephone 1: () _____
[] City/Employee [] Other Vehicle
Name 2: _____
Address 2: _____
Telephone 2: () _____
[] City/Employee [] Other Vehicle
Name 3: _____
Address 3: _____
Telephone 3: () _____
[] City/Employee [] Other Vehicle

IMPORTANT NOTE: A post vehicle accident drug and alcohol test can be administered at the City's discretion based on reasonable suspicion and the Employee Policy Manual or your union contract.

**INSURANCE IDENTIFICATION
Policy Holder INFORMATION**

Insured: City of Manitowoc

Insurance Agency

Cities and Villages Mutual Insurance Company
Allison DeFranze, Liability Claims Manager
PO Box 26648
Wauwatosa, WI 53226-0648
(262) 784-5666

Auto Policy for non-transit vehicles

Policy Number: CAP-15-018 (Auto Damage)
PEL 124 (Auto Liability)
Insurance Company: CVMIC
Effective Date: January 1, 2021

REVIEW PROCESS

Signature of Employee Completing Report:

[Signature] Date: 2-25-22

Department Head/Manager Review:

[Signature] Date: 2-25-22

Please forward to cityattorney@manitowoc.org
once completed.

Accident Review Committee Review:

_____ Date: _____

Any recommendations from the Accident Review Committee will be provided in a separate memo.

Revision Date: March 9, 2021

RECEIVED

FEB 28 2022

CITY ATTORNEY

**CITY OF
MANITOWOC
VEHICLE
ACCIDENT
REPORT**

Follow these instructions in the event of an accident with a City vehicle where there is any damage due to a collision with another vehicle, personal injury in a vehicle accident, or where there is a City vehicle which has caused property damage.

- Stop!
- Contact the Police if there are any injuries, vehicle damage, or more than one car involved.
- Get medical help for injured people right away.
- Contact your supervisor or your department head immediately.
- Do not admit fault or liability to anyone.
- Only discuss the accident with City staff, the City's insurance carrier, and the Police.
- Do not sign any statement other than those from law enforcement.
- Get names, addresses, and phone numbers of any witnesses
- Complete this form to the best of your ability within 24 hours and give it to your supervisor.

**Manitowoc
Police Department**

910 Jay Street Manitowoc, WI 54220

Officer Cooper Schmidt #610

Hours: 2:45 p.m. to 11:00 p.m.

E-Mail: cschmidt@manitowoc.org

www.manitowoc.org/police

Phone (920) 686-6500
Fax (920) 686-6588



To request a copy of your accident report, please stop at the police department at 910 Jay St, Monday-Friday, 7:30 a.m. to 4:30 p.m., or contact the Accident Records Clerk by phone (920) 686-6587 or email (swhite@marlowoc.org) for further information. Requests for accident report under \$1,000 damage may take several days for processing. The police department will only release accident reports to individuals who are authorized to obtain a copy of the report under federal law. The State Department of Transportation (DOT) will release a full accident report, if total damage exceeds \$1,000. You can obtain the report from the DOT by calling (608) 266-8753.

Report #: 20 22 2345 Accident Document #:

Accident Date: 2-25-22