

✓

CITY

MR. & MRS. DAVID SANDERS III
1435 N. 18TH COURT
MILWAUKEE, WI 53205
(414)344-1662

TO WHOM THIS MAY CONCERN:

WE ARE WRITING TO FILE A COMPLAINT IN REGARD TO AN INCIDENT THAT ACCURRED ON THE EVENING OF MARCH 10, 2004, AT THE INTERSECTION OF 12TH & WALNUT.

ON THE NIGHT IN QUESTION AT ABOUT 22:55, I, LISA SANDERS, WAS DRIVING SOUTHBOUND ON 12TH STREET. VISIBILITY WAS VERY POOR THIS EVENING DUE TO THE FACT THAT IT WAS RAINING. AS I PROCEEDED TO CROSS THE INTERSECTION OF WALNUT & 12TH, STILL SOUTHBOUND, MY VEHICLE ELEVATED SLIGHTLY. WHILE COMING DOWN TO NORMAL POSITIONING, THE VEHICLE WAS ALMOST CAPSIZED WHEN THE DRIVER-SIDE OF THE VAN SLAMMED AGAINST THE ISLAND. BECAUSE OF THE LEFT-TURN LANE ADDITION FOR THE NORTHERLY TRAFFIC. THERE'S AN INDENTATION SINGLING THE SOUTHERLY LANES. THEREFORE A SIGN SHOULD'VE BEEN REPOSTED. AS I PULLED OVER TO TRY TO RECOVER MY VEHICLE BEGAN TO STEAM, THE AIR BAGS HAVE BEEN DEPLOYED AND I'M ATTEMPTING TO EXIT MY VEHICLE WHEN ANOTHER VEHICLE BANGED INTO THE SAME MEDIAN, THE SAME WAY AS I DID. I & MY SON WERE TAKEN TO SINAI MEDICAL CENTER FOR MINOR INJURIES AND RELEASED.

ENCLOSED IS MY PROOF OF DAMAGE WHICH INCLUDES PICTURES AND PROOF OF MEDICAL CARE. THANK YOU.

Lisa Sanders

Handwritten notes and stamps, including dates like 3/12/04 and 3/11/03, and some illegible text.

BRAEGER CHEVROLET, INC.

3441662

3 8 1 5 8 2

4100 S. 27th Street

INVOICE

MILWAUKEE, WISCONSIN 53221

(414) 281-5000

LISA SANDER
1435 N 18TH CT
MILWAUKEE, WI 53205
HOME: 414-344-1662 BUS:

PAGE 1

www.braeger.com

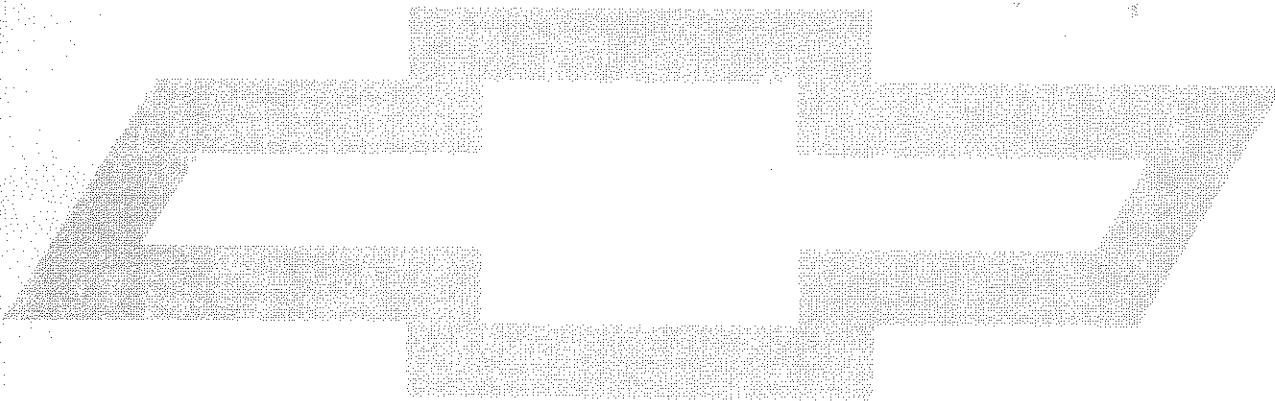
SERVICE ADVISOR: 6030 JIM MCCANN

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
BLUE	96	CHEVROLET ASTRO VAN	1GNDM19W1TB162609		127671/127671	T4531
DEL DATE	IN SERVICE DATE	WARR. EXP.	PROMISED	PO NO.	PAYMENT	INV. DATE
01JAN1996					CASH	18MAR2004

DATE VEHICLE RECEIVED: 10:47 18MAR04 CUSTOMER NOTIFIED DATE: 14:39 18MAR04 OPTIONS: DLR:47062 ENG:4.3 Liter CPI 90 Deg. WRN

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A HOLD FOR AUTHORIZATION							
NWP NO WORK PERFORMED							
999 CBT0							
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A:	0.00

EST: 0.00 18MAR04 10:47 SA: 603



DISCLAIMER OF WARRANTIES
The dealer is not a party to any Manufacturer's warranty on parts or service contained herein. THE DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO ANY PARTS, LABOR OR DIAGNOSTIC SERVICES FURNISHED UNDER THIS ORDER.

WE SERVICE CHEVROLET -GEO AND MOST GENERAL MOTORS CARS AND TRUCKS
SERVICE DEPT. HOURS
MONDAY-THURSDAY
7:00 am - 9:00 pm
FRIDAY
7:00 am - 6:00 pm
SATURDAY
8:00 am - 5:00 pm
PARTS DEPT. HOURS
MONDAY - THURSDAY
7:30 am - 9:00 pm
FRIDAY
7:30 am - 6:00 pm
SATURDAY
8:00 am - 5:00 pm

SERVING MILWAUKEE MOTORISTS SINCE 1923
"Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911."

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00

CUSTOMER SIGNATURE

CUSTOMER COPY

1996 CHEVROLET ASTRO STD 2DOOR PASS. VAN EXTENDED
CD LOG NO 10493-1

EC 0705	ARM,STEERING PITMAN CAR QUEST	ECONOMY PART	79.95*	0.6 2
E 0738	CLOCK SPRING	26087273 GM PART	133.84	1.0 2
E 0070	MODULE,AIRBAG CONTR LT	9378225 GM PART	355.76	0.3 2
E 0878 01	AIRBAG,STEERING WHEEL	16760187 GM PART	670.49	0.2 2
E 0881 01	AIRBAG,INSTRUMENT PNL	16824433 GM PART	670.49	0.5 2

8 ITEMS

MC MESSAGE(S)
01 CALL DEALER FOR EXACT PART NUMBER / PRICE
13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	1,876.72
OTHER PARTS	317.95
PAINT MATERIAL	65.00
PARTS & MATERIAL TOTAL	2,259.67
TAX ON PARTS & MATERIAL @	5.600% 126.54

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	46.00	2.0		92.00
2-MECH/ELEC	80.00	2.9		232.00
3-FRAME	46.00			
4-REFINISH	46.00	2.5		115.00
5-PAINT MATERIAL	26.00			
LABOR TOTAL				439.00
TAX ON LABOR @			5.600%	24.58
SUBLET REPAIRS				
TOWING				
STORAGE				

GROSS TOTAL 2,849.79

NET TOTAL 2,849.79

ADP SHOPLINK U3708 ES CD LOG 10493-1 DATE 03/16/04 02:42:56PM R6.35 CD 02/04
HOST LOG
(C) 1998 - 2003 ADP CLAIMS SOLUTIONS GROUP, INC.

0.9 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-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.

B R A E G E R
 4100 S. 27TH STREET
 MILWAUKEE, WI 53221
 PHONE: (414) 281-5000 FAX: (414) 281-8363
 TIN 39-0394520

CD LOG NO 10493-1 DATE 03/16/04

SHOP: 27TH STREET AUTO BODY	INSP DATE: 03/16/04
ADDRESS: 4100 S. 27TH STREET	CONTACT: JIM MCCANN
CITY STATE: MILWAUKEE, WI	PHONE 1: (414)281-0454
ZIP: 53221-	PHONE 2: (414)281-5000 EXT 265
	FAX: (414)281-8363

OWNER: SANDERS, LISA	HOME PHONE: (414)344-1662
ADDRESS: 1435 N 18TH CT	
CITY STATE: MILWAUKEE, WI	
ZIP: 53205-	

LIC#:	STATE:	VIN: 1GNDM19W1TB162609
BODY COLOR:		MILEAGE:
CONDITION:		ACCTNG CTL#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT
EU=REPLACE SALVAGE	EP=REPLACE PXN	PC=PXN RECONDITIONED
PM=PXN REMAN/REBUILT	TE=PARTL REPL PRICE	ET=PARTL REPL LABOR
IT=PARTIAL REPAIR	I=REPAIR	L=REFINISH
BR=BLEND REFINISH	TT=TWO-TONE	CG=CHIPGUARD
SB=SUBLET	N=ADDITIONAL LABOR	RI=R&I ASSEMBLY
P=CHECK	AA=APPEAR ALLOWANCE	RP=RELATED PRIOR
UP=UNRELATED PRIOR		

ESTIMATE IS BASED ON VISIBLE DAMAGE ONLY-ADDITIONAL DAMAGE MAY BE PRESENT
 PARTS PRICES ARE SUBJECT TO INVOICE
 ESTIMATE WRITTEN OUTSIDE WITH NO TEAR DOWN
 POSSIBLE SUSPENSION DAMAGE
 POSSIBLE UNDER CARRAIGE DAMAGE

1996 CHEVROLET ASTRO STD 2DOOR PASS. VAN EXTENDED 6CYL GASOLINE 4.3
 CODE: U6412B/B OPTNS F/24S

OPTIONS:
 TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES
 AIR CONDITIONING

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R

UC	0010		COVER, FRONT BUMPER BADGER	RECONDITIONED PAR	238.00*			2.0	1
L	0010	13	COVER, FRONT BUMPER	REFINISH				2.5	4
				1.6 SURFACE					
				0.6 TWO STAGE SETUP					
				0.3 TWO STAGE					
E	0081		AIRBAG SENSOR, FRONT	16203545 GM PART	46.14			0.3	2

Allis Auto Body COLLISION & REFINISHING SPECIALISTS

6821 W. Burnham Street, West Allis, Wisconsin 53219

Phone 541-0581

Fax 541-0832

ESTIMATE OF REPAIR

NAME Lisa Sanders DATE 3-19-04
 STREET 4100 S 27th ST PHONE 344-1662
 CITY Milwaukee WI STATE _____ ZIP _____
 INSURED BY _____ ADJUSTER _____ PHONE _____

MAKE - MODEL - YEAR	LICENSE NO.	COLOR	SERIAL NO.	MILEAGE
96 Chevy Astro				

REPAIR	REPLACE	PARTS NECESSARY AND ESTIMATE OF LABOR REQUIRED	PARTS & MATERIAL	LABOR	REFINISH
	✓	Front Bumper Cover	235 00	2 0	2 5
		Flex adhesive	12 00		
	✓	Front Airbag Sensor	46 14	. 3	
	✓	Pittman arm	79 95	. 5	
		Align Front Suspension		1 5	
	✓	Clock Spring	133 84	1 0	
	✓	Airbag Module	355 76	. 5	
	✓	Driver air bag	670 49	. 5	
	✓	passenger airbag	670 49	. 8	
		paint Material	66 00		
		Clear Coat			. 5
		SUBLET			

SUBTOTAL	2269 67	312 40	132 00
TOTAL	2714 00		
SALES TAX	149 27		
GRAND TOTAL	2863 27		

The above report is based on our inspection and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally after the work has been started, damaged or broken parts are discovered which are not evident on the first inspection. Because of this, above prices cannot be guaranteed. This estimate is for immediate acceptance only. I hereby grant you and/or your employees permission to operate the car, truck or vehicle described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs thereto.

AUTHORIZATION FOR REPAIRS - You are hereby authorized to make the above specified repairs.

Signed: _____ Date: _____

Ford Auto Club
P.O. Box 224688
Dallas, TX 75222-4688



To: Mr. David Sanders
1435 N. 18th Court
Milwaukee, WI 53205

From: Ford Roadside Assistance

Re: Verification of Service

Date: March 22, 2004

To Whom it May Concern:

On March 10, 2004 at 23:28 PM CT, Ford roadside assistance was called to provide a tow for David Sanders. The vehicle was a 1996 Chevrolet Astro, located at 12th in Milwaukee, WI towed to the residence, 1435 North 18th Court in Milwaukee, WI. Our service provider, Ray's Towing #56121, was dispatched and given a purchase order to pay for the services rendered.

Please contact me should you require additional information.

Sincerely,

A handwritten signature in cursive script that reads "Karen S. Bickford".

Karen S. Bickford
Customer Response Department
301-714-5904

Aclaim# 106285995

tp



AURORA SINAI MEDICAL CTR

Aurora Health Care

ITEMIZED BIL

PATIENT'S NAME	ACCOUNT NO.	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE
SANDERS, LISA R	105834316-4070 ED	03/10/04	03/11/04	03/18/04

FOR BILLING INFORMATION CALL

PHONE 414-647-3147 TOLL FREE 1-800-958-6202

GUARANTOR
MRS LISA R SANDERS 1435 N 18TH CT MILWAUKEE WI 53205 2037 USA

MAIL PAYMENT TO
AURORA SINAI MEDICAL CTR PATIENT ACCOUNTS P.O. BOX 341100 MILWAUKEE, WISCONSIN 53234-1100

INSURANCE

INSURANCE

PLEASE DETACH TOP PORTION AND RETURN WITH PAYMENT

ENTER AMOUNT PAID	
-------------------	--

PATIENT'S NAME	ACCOUNT NO.	STATEMENT DATE	PAGE NO.
SANDERS, LISA R	105834316-4070	03/18/04	1

TRANSACTION DATE	REFERENCE NUMBER	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
03/10/04	92745026	POC URINE DIP STICK	36.00		36.00
03/10/04	92744817	ED LEVEL 3	653.75		653.75
03/10/04	92744888	IV KVO OR SALINE LOCK	23.25		23.25
03/11/04	48799250	OCT PELVIS W CONTRAST	1,471.50		1,471.50
03/11/04	48799290	OCT ABDOMEN W CONTRAST	1,471.50		1,471.50
03/11/04	48807030	OCT CONTRAST OPTIRAY 320(150C	665.50		665.50
03/11/04	48802000	OCT SYRINGE POWER INJ	12.00		12.00
		SUB-TOTAL OF CHARGES	4,333.50		4,333.50
		TOTAL CHARGES AND INSURANCE	4,333.50		
		PLEASE PAY THIS AMOUNT			4,333.50



AURORA SINAI MEDICAL CTR

Aurora Health Care

ITEMIZED BILL

PATIENT'S NAME	ACCOUNT NO.	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE
PRESCOTT, MARQUIS A	105639541-4070 ED	03/10/04	03/11/04	03/18/04

FOR BILLING INFORMATION CALL

PHONE 414-647-3147 1-800-958-6202

TOLL FREE

GUARANTOR
LISA SANDERS 1435 N 18 CT MILWAUKEE WI 53205 USA

MAIL PAYMENT TO
AURORA SINAI MEDICAL CTR PATIENT ACCOUNTS P.O. BOX 341100 MILWAUKEE, WISCONSIN 53234-1100

INSURANCE

INSURANCE

PLEASE DETACH TOP PORTION AND RETURN WITH PAYMENT

ENTER AMOUNT PAID

PATIENT'S NAME	ACCOUNT NO.	STATEMENT DATE	PAGE NO.
PRESCOTT, MARQUIS A	105639541-4070	03/18/04	1

TRANSACTION DATE	REFERENCE NUMBER	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
03/10/04	92744809	ED LEVEL 1	204.75		204.75
		SUB-TOTAL OF CHARGES	204.75		204.75
		TOTAL CHARGES AND INSURANCE	204.75		
		PLEASE PAY THIS AMOUNT			204.75

FOREST HOME BILLING CENTER P.O BOX 341100, MILWAUKEE, WI 53234-1100
SEE REVERSE SIDE FOR PATIENT FINANCIAL INFORMATION

