October 14, 2013

Certified Mail, Return Receipt Requested

Milwaukee City Clerk
200 East Wells Street
Room 205
Milwaukee, WI 53202

RE: C.I. File No. 1032-2013-1981
Communication from the Office of the City Attorney

To Whom It May Concern:

By this letter, we are writing to appeal the denial of our claim in the amount of $1,626.55 as reflected in the letter dated September 26, 2013, from the Office of the City Attorney (attn: Grant F. Langley, City Attorney, and Kari Gipson, Investigator Adjuster), and request a hearing. A copy of the letter from the Office of the City Attorney is included for your reference.

We would appreciate notice of our hearing date and the procedure for the hearing as soon as possible. To allow us to prepare for the hearing, we request information regarding the following prior to the hearing date:

1. Details regarding the emergency call which underlines the denial of our claim e.g., (i) where was the squad headed; (ii) what was the emergency; and (iii) when the squad stopped after damaging our vehicle, which squad was the emergency call transferred to?

2. The number of property damage claims submitted to the MPD in the prior 5-year period for reimbursement through the MPD's self-insurance plan and the number of those claims paid out vs. denied.

3. Whether MPD policy for its self-insurance plan regards colliding with a parked vehicle as "reckless" or operating without "due regard" within the meaning of Wis. Stats. 346.03(5).

4. Any prior property damage claims against the Officer involved in our claim during the prior 5-year period.

5. A copy of the MPD's written guidelines required by Wis. Stats. 346.03(6).

If it's more efficient, you can reach us by email at bkoeller@gklaw.com, or by phone 414-287-9445.

Thank you for your consideration. We reserve the right to supplement this information request.

Brett and Karen Koeller
4841 North Woodruff Avenue
Whitefish Bay, WI 53217

10256376.1

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,

GRANT F. LANGLEY
City Attorney

KARI GIPSON
Investigator Adjuster

KBG:cdr

1032-2013-1981/196296

Agent Phone 608-723-6441, ext 1134 Marcia

AUTOMOBILE LOSS NOTICE

MLEIBFRIED

DATE (MM/DD/YYYY): 7/18/2013

AGENCY: TRICOR, Inc. PO Box 450 Lancaster, WI 53813	INSURED LOCATION CODE:
	DATE OF LOSS AND TIME: 6/26/2013 12:00 X AM ☐ PM
	CARRIER: NAIC CODE: N/A
	POLICY NUMBER:
CONTACT NAME: Marcia Leibfried Agent PHONE (A/C, No, Ext): (608) 723-6441 ext-1134 FAX (A/C, No): (608) 723-6440 E-MAIL ADDRESS: CODE: 48307 SUBCODE: AGENCY CUSTOMER ID: KOELLEBR01	POLICY TYPE: Personal Package

CITY OF MILWAUKEE
2013 JUL 18 PM 12:18
CITY CLERK'S OFFICE

INSURED

NAME OF INSURED (First, Middle, Last): BRETT KOELLER& KAREN KOELLER		INSURED'S MAILING ADDRESS: 4841 N Woodruff Whitefish Bay, WI 53217
DATE OF BIRTH: 10/27/1976	FEIN (If applicable):	MARITAL STATUS: Married
PRIMARY PHONE #: ☐ HOME ☐ BUS ☒ CELL (414) 287-9445	SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL	PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:

CONTACT ☐ CONTACT INSURED

NAME OF CONTACT (First, Middle, Last): Brett Koeller 414-287-9445	CONTACT'S MAILING ADDRESS
PRIMARY PHONE #: ☐ HOME ☒ BUS ☐ CELL	SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
WHEN TO CONTACT: Daytime	PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:

LOSS

LOCATION OF LOSS STREET: Silver Spring Dr	POLICE OR FIRE DEPARTMENT CONTACTED
CITY, STATE, ZIP: Milwaukee WI	REPORT NUMBER: QQ9TL63
COUNTRY:	
DESCRIBE LOCATION OF LOSS IF NOT AT SPECIFIC STREET ADDRESS:	

DESCRIPTION OF ACCIDENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Milwaukee City Police in emergency went to pass Karen Koeller he struck Karens vehicle causing damage to rear taillamp and vehicle- estimate $1626.55 w/Bodyworks, Milwaukee WI 414-290-4360 officer that had accident was Guy Farley Milwaukee City Police

INSURED VEHICLE

VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	PLATE NUMBER	STATE
2	2011	MBNZ	GLK350	Private Passenger Automobile Make	WDCGG8HB7BF609451		WI

OWNER'S NAME AND ADDRESS ☐ (Check if same as insured) BRETT KOELLER& KAREN KOELLER Karen Koeller 4841 N Woodruff Whitefish Bay, WI 53217	PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL (414) 289-9240	SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:	
DRIVER'S NAME AND ADDRESS ☐ (Check if same as owner) Karen Phone 414-333-5344	PRIMARY PHONE #: ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE #: ☐ HOME ☐ BUS ☐ CELL
	PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS:	

RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? (Y/N)
					N

DESCRIBE DAMAGE
rearend

1. WAS A STANDARD CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT?	Y/N
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) IN USE BY A CHILD DURING THE TIME OF THE ACCIDENT?	Y/N
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT?	Y/N

ESTIMATE AMOUNT: 1,627	WHERE CAN VEHICLE BE SEEN?:	WHEN CAN VEHICLE BE SEEN?:	
OTHER INSURANCE ON VEHICLE - CARRIER: West Bend Mutual		POLICY NUMBER:	

OTHER VEHICLE / PROPERTY DAMAGED NON - VEHICLE? [X] AGENCY CUSTOMER ID: KOELLEBR01 MLEIBFRIED

VEH #	YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
		MODEL:	V.I.N.:		

DESCRIBE PROPERTY (Other Than Vehicle) | OTHER VEH/PROP INS? (Y/N) [N]

CARRIER OR AGENCY NAME | NAIC CODE | POLICY NUMBER

OWNER'S NAME AND ADDRESS | PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL | SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

DRIVER'S NAME AND ADDRESS ☐ (Check if same as owner) | PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL | SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:

DESCRIBE DAMAGE

ESTIMATE AMOUNT | WHERE CAN DAMAGE BE SEEN?

INJURED

NAME & ADDRESS	PHONE (A/C, No)	PED	INS VEH	OTH VEH	AGE	EXTENT OF INJURY
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
		☐	☐	
		☐	☐	
		☐	☐	

Thor Insurance Co

Agent

Marcia Leibfried

REPORTED BY: Brett Koeller | REPORTED TO: Marcia Leibfried

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Karen Koeller would like to be paid for damages to her vehicle $1626.55 - Attached is Accident Report & Estimate of Damages - Please Contact them ASAP Please

— Accident Report —

Wisconsin Motor Vehicle Accident Report QQ9TL63 MV4000e 01/2005

PK2011

POLICE # DISTRICT 4 SQD

ACCIDENT # 131771785

GENERAL INFORMATION

☐ Reportable Accident	☐ On Emergency	☐ Amended	DOT Document Number: QQ9TL63	Document Override Number:

Agency Accident Number: 131771785	Police Number: DISTRICT 4 SQD

4 - Accident Date: 06/26/2013	5 - Time of Accident (Military Time): 1620	6 - Total Units: 02	7 - Total Injured: 00	8 - Total Killed: 00

2 - County: MILWAUKEE - 40	3 - Municipality: MILWAUKEE - 57, CITY	11 - [illegible]: INTERSECTION

14 - On Hwy No.	14 - On Street Name: SILVER SPRING DR W	14 - Bus/Frnt/Rmp	15 - Est. Dist	Ft/Mi	15 - Hwy. Dir

16 - Fr/At Hwy No.	16 - From/At Street Name: 60TH ST N	16 - Business/Frontage/Ramp

17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude: -

80 - First Harmful Event: MOTOR VEHICLE IN TRANSPORT	93 - Manner of Collision: SIDESWIPE, SAME DIRECTION

112 - Access Control: NO CONTROL	113 - Road Curvature: STRAIGHT	113 - Road Terrain: LEVEL/FLAT	Surface Type: BLACKTOP (BITUMINOUS) - 2

115 - Traffic Way: DIVIDED-HIGHWAY-MEDIAN-STRIP-WITHOUT-TRAFFIC-BARRIER

117 - Relation To Roadway: ON-ROADWAY

114 - Light Condition: DAYLIGHT	116 - Road Surface Condition: DRY	118 - Weather: CLEAR

9 ☐ Hit and Run	9 ☒ Government Property	9 ☐ Fire	9 ☐ Photos Taken	9 ☐ Trailer or Towed

9 ☐ Truck, Bus, or Hazardous Materials	9 ☐ Load Spillage	9 ☐ Construction Zone	9 ☐ Names Exchanged

101 ☐ Supplemental Reports	102 ☐ Witness Statements	103 ☐ Measurements Taken	79 - E M S Number

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

Unit Status: E - ON EMERGENCY	81 - Most Harmful Event: Collision With: MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel: EAST	24 - Speed Limit: 15

36 - Operating as Classified: D CLASS	37 - Endorsements	36 ☐ Operating Commercial Motor Vehicle

29 - Driver's License Number: F6402607339006	30 - State: WI	31 - Expiration Year: 20[illegible]	31 - On Duty Accid: [illegible]

25 - Operator/Pedestrian Last Name: [illegible]	25 - [illegible]: GUY	[illegible]: [illegible]	25 - Suffix

32 - Date Of Birth: 10/30/1973	33 - Sex: MALE

26 - Address Street & Number: 749 W STATE ST	26 - PO Box

27 - City: MILWAUKEE	27 - State: WI	27 - Zip Code: 53233	28 - Telephone Number: (414) 933-4444 EXT.

39 - Seat Position: FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)	40 - Safety Equipment: SHOULDER-BELT-AND-LAP-BELT-USED

38 - Injury Severity: N - NO APPARENT INJURY	41 - Airbag: NON-DEPLOYED	42 - Ejected: NOT-EJECTED	44 ☐ Medical Transport

43 - Trapped/Extricated: NOT-TRAPPED	92 - Pedestrian Location	92 - Pedestrian Action

119 - What Driver Was Doing: OTHER	120 - Traffic Control: TRAFFIC-SIGNAL-OPERATING	62 - No. of Citations Issued: 0

64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.

122 - Driver Factors: NOT-APPLICABLE

88 - Driver or Pedestrian Cond: APPEARED NORMAL	89 - Substance Presence: NEITHER-ALCOHOL-NOR-DRUGS-PRESENT

90 - Alcohol Test: TEST NOT GIVEN	90 - Alcohol Content	91 - Drug Test: TEST-NOT-GIVEN

Wisconsin Motor Vehicle Accident Report MV4000e 01/2005 **QQ9TL63** of

PK2011

91 - Drugs Reported	
124 - Highway Factors NOT-APPLICABLE	

VEHICLE 01

21 - Unit Type AUTOMOBILE		Vehicle Type POLICE-ON-EMERGENCY			22 - Total Occupants 2
66 - License Plate Number 62169	67 - Plate Type GOV	68 - State WI	69 - Exp Year	70 - Vehicle Identification Number 2FAFP71V28X181624	
50 - Year 2008	51 - Make FORD	52 - Model CROWN VIC	53 - Body Style 4D	54 - Color WHI	100 - Skidmarks to Impact (Ft) 000
94 - Vehicle Damage NONE					
95 - Extent Of Damage NONE	96 ☐ Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
123 - Vehicle Factors NOT-APPLICABLE					

VEH OWNER 01

45 ☐ Vehicle Owner Same As Operator				
46 - Vehicle Owner Last Name	46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth 10/27/1976
46 - Company Name CITY OF MILWAUKEE				
47 - Address Street & Number 749 W STATE ST		47 - PO Box		
48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53233	49 - Telephone Number (414) 933-4444 EXT.	

Insurance

INS 01

63 - Liability Insurance Company SELF-INSURED	60 ☒ Policy Holder Same As Owner
61 - Policy Holder Last Name	61 - Policy Holder First Name
61 - Policy Holder Company CITY OF MILWAUKEE	

School Bus

BUS 01

Bus Travelling to/from ○ To ○ From	School Name	Body Make	Seating Capacity
School District Contracted With			

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel EAST	24 - Speed Limit 10
36 - Operating as Classified D CLASS	37 - Endorsements		35 ☐ Operating Commercial Motor Vehicle	
25 - Driver's License Number K460512788503	26 - State WI	27 - Expiration Year 2019	24 - On-Duty Accident	
28 - Operator/Pedestrian Last Name KOELLER	29 - First Name KAREN		30 - Middle Initial M	31 - Suffix
32 - Date Of Birth 12/03/1976	33 - Sex FEMALE			

Wisconsin Motor Vehicle Accident Report MV4000e 01/2005 **QQ9TL63**

PK2011

OPERATOR/PEDESTRIAN 02

26 - Address Street & Number 4841 N WOODRUFF AV				26 - PO Box
27 - City MILWAUKEE White Fish Bay	27 - State WI	27 - Zip Code 53217	28 - Telephone Number (414) 332-2542 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)		40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
38 - Injury Severity N - NO APPARENT INJURY	41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED	44 ☐ Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED	92 - Pedestrian Location	92 - Pedestrian Action		
119 - What Driver Was Doing SLOWING-OR-STOPPING	120 - Traffic Control TRAFFIC-SIGNAL-OPERATING	62 - No. of Citations Issued 0		
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.
122 - Driver Factors NOT-APPLICABLE				
88 - Driver or Pedestrian Cond APPEARED NORMAL	89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
90 - Alcohol Test TEST NOT GIVEN	90 - Alcohol Content	91 - Drug Test TEST-NOT-GIVEN		
91 - Drugs Reported				
124 - Highway Factors NOT-APPLICABLE				

Vehicle

VEHICLE 02

21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 1
53 - License Plate Number	57 - Plate Type AUT	58 W	Identification Number WDBFF61J4B		
50 - Year 2011	51 - Make MERZ	52 - Model GLK350	53 - Body Style 4H	54 - Color BLK	100 - Skidmarks to Impact (Ft) 000
94 - Vehicle Damage REAR DRIVER SIDE					
95 - Extent Of Damage VERY-MINOR	96 ☐ Vehicle Towed Due To Damage	97 - Vehicle Removed By OPERATOR			
123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02

45 ☐ Vehicle Owner Same As Operator				
46 - Vehicle Owner Last Name KOELLER	46 - First Name BRETT	46 - Middle Initial D	46 - Suffix	Date Of Birth 10/27/1976
46 - Company Name				
47 - Address Street & Number 4841 N WOODRUFF AV		47 - PO Box		
48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53217	49 - Telephone Number (414) 332-2542 EXT.	

Insurance

Wisconsin Motor Vehicle Accident Report

QQ9TL63

MV4000e 01/2005

PK2011

INS 02

63 - Liability Insurance Company	60
WEST-BEND-MUTUAL-INS-CO	☐ Policy Holder Same As Owner

61 - Policy Holder Last Name	61 - Policy Holder First Name

61 - Policy Holder Company

School Bus

BUS 02

Bus Travelling to/from	School Name	Body Make	Seating Capacity
○ To ○ From			

School District Contracted With

Occupant

OCCUPANT 01

☒ Address Same As Operator

65 - Unit No	66 - Occupant Last Name	66 - First Name	66 - Middle Initial	66 - Suffix
01	VILJEVAC	PAUL	J	

68 - Address Street & Number	68 - PO Box
749 W STATE ST	

68 - City	68 - State	68 - Zip Code
MILWAUKEE	WI	53233

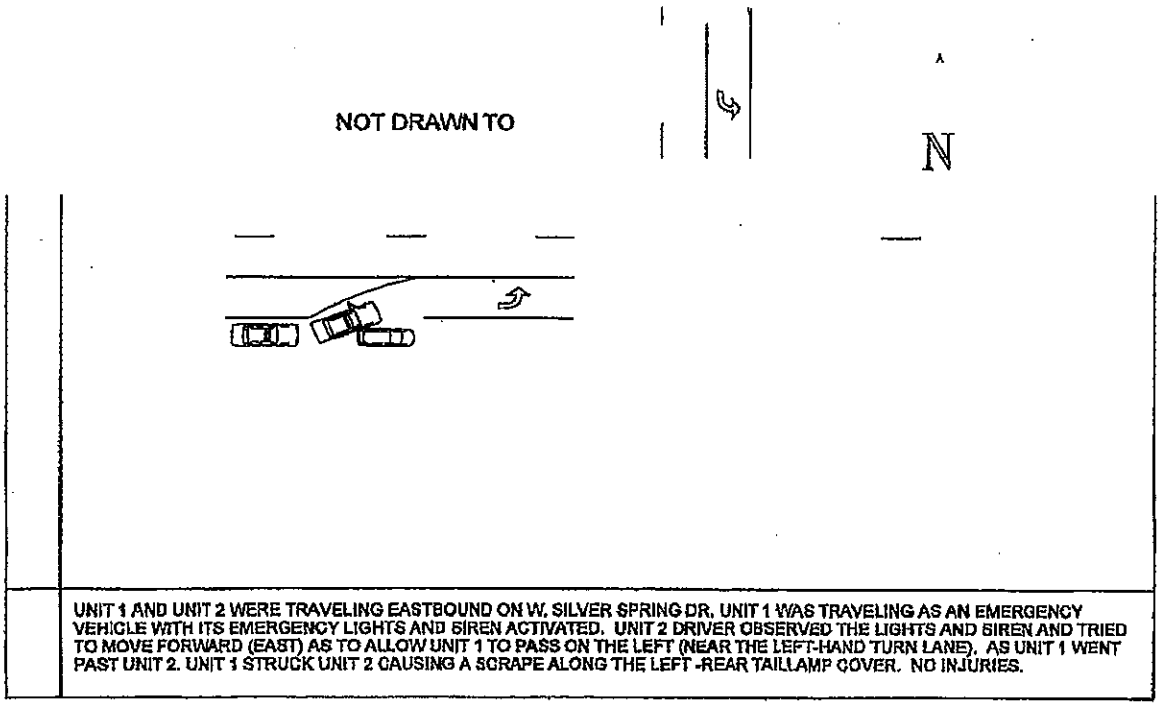
67 - Date of Birth	69 - Sex
04/21/1983	MALE

71 - Seat Position	72 - Safety Equipment
FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)	SHOULDER-BELT-AND-LAP-BELT-USED

70 - Injury Severity	73 - Airbag	75 - Ejected	77
N - NO APPARENT INJURY	NON-DEPLOYED	NOT-EJECTED	☐ Medical Transport

75 - Trapped/Extricated	78 - Agency Space
NOT-TRAPPED	

Diagram and Narrative



UNIT 1 AND UNIT 2 WERE TRAVELING EASTBOUND ON W. SILVER SPRING DR. UNIT 1 WAS TRAVELING AS AN EMERGENCY VEHICLE WITH ITS EMERGENCY LIGHTS AND SIREN ACTIVATED. UNIT 2 DRIVER OBSERVED THE LIGHTS AND SIREN AND TRIED TO MOVE FORWARD (EAST) AS TO ALLOW UNIT 1 TO PASS ON THE LEFT (NEAR THE LEFT-HAND TURN LANE). AS UNIT 1 WENT PAST UNIT 2. UNIT 1 STRUCK UNIT 2 CAUSING A SCRAPE ALONG THE LEFT -REAR TAILLAMP COVER. NO INJURIES.

Wisconsin Motor Vehicle Accident Report MV4000e 01/2005 **QQ9TL63**

PK2011

Officer Information

OFFICER INFORMATION

125 - Officer Last Name	125 - First Name	125 - Middle Initial	131 - Officer ID
BABICH	REBECCA	L	09328

129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name
42	MILWAUKEE POLICE DEPARTMENT

126 - Law Enforcement Agency Address Street & Number
749 WEST STATE STREET

127 - City	127 - State	127 - Zip Code	128 - Telephone Number
MILWAUKEE	WI	53233	(414) 933-4444 EXT.

132 - Date Notified	133 - Time Notified (Military Time)	134 - Time Arrived (Military Time)	135 - Date Of Report
06/26/2013	1525	1525	07/06/2013

Agency Accident Number	Police Number	19 - Special Study
131771785	DISTRICT 4 SQD	

18 - Agency Space

BODYWORKS BY CONCOURS

COLLISION REPAIR & REFINISHING
1711 West Florist Avenue • Milwaukee, WI 53209 • Phone (414) 290-4360 • Fax (414) 290-4359
Tax ID: 39.087.3125

Brett 414-287-9445
Karen 414-333-5344

Date: 6/27/2013 01:25 PM
Estimate ID: 15016
Estimate Version: 0
Preliminary
Profile ID: Mitchell

Damage Assessed By: DAN ANDERSON

Claimant Estimate

Deductible: UNKNOWN

Owner: BRETT KOELLER
Address: ~~4841 N WOODRUFF~~ AVE, WHITEFISH BAY, WI 53217
Telephone: Home Phone: (414) 332-2542

Mitchell Service: 911165

Description: 2011 Mercedes-Benz GLK350
Body Style: 4D Ut
Drive Train: 3.5L Inj 6 Cyl AWD
VIN: WDCGG8HB7BF609451
Mileage: 35,087
OEM/ALT: O
Search Code: None
Color: BLACK
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW
REAR WINDOW DEFOGGER, CRUISE CONTROL, TILT STEERING COLUMN, POWER PASSENGER SEAT
TELESCOPIC STEERING COLUMN, ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS
ALUM/ALLOY WHEELS, AUXILIARY INPUT, LEATHER STEERING WHEEL, 4WD OR AWD
FRONT AIR DAM, TINTED GLASS, GENUINE WOOD TRIM, AUTO AIR CONDITION
TRIP COMPUTER, VARIABLE ASSISTED STEERING, SIDE AIRBAGS, ANTI-THEFT SYSTEM
AUTOMATIC HEADLIGHTS, SIDE HEAD CURTAIN AIRBAGS, DAYTIME RUNNING LIGHTS
ADAPTIVE VARIABLE SUSPENSION, AM/FM STEREO CD/MP3 PLAYER
ELECTRONIC STABILITY CONTROL, FRONT BUCKET SEATS, INTERIOR AIR FILTER
KEYLESS ENTRY SYSTEM, POWER DISC BRAKES, POWER HEATED EXTERIOR MIRRORS
REAR SPOILER, REAR WINDOW WIPER, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type		Line Item	Part Type/ Part Number	Dollar	Labor
1	100327	BDY	REMOVE/INSTALL	L Rocker Cover			1.0
				Front Door			
2	100277	BDY	REMOVE/INSTALL	L Frt Door Weatherstrip	Existing		0.3*
3				TO REFINISH ROOF RAIL			
				Rear Door			
4	101706	BDY	REMOVE/INSTALL	L Rear Door Weatherstrip	Existing		0.3*
5				TO REFINISH ROOF RAIL			
				Roof			
6	100100	BDY	REMOVE/INSTALL	L Roof Rail			
7		BDY	REMOVE/INSTALL	Roof Headliner			6.5
8	102615	BDY	REMOVE/INSTALL	L Rear Roof Moulding	Existing		
				Quarter Panel			

ESTIMATE RECALL NUMBER: 06/27/2013 13:25:04 15016
Mitchell Data Version: OEM: MAY_13_V

BODYWORKS
BY
CONCOURS
COLLISION REPAIR & REFINISHING
1711 West Florist Avenue • Milwaukee, WI 53209 • Phone (414) 290-4360 • Fax (414) 290-4359
Tax ID: 39.087.3125

Date: 6/27/2013 01:25 PM
Estimate ID: 15018
Estimate Version: 0
Preliminary
Profile ID: Mitchell

9	101143	BDY	REPAIR	L Quarter Outer Panel	Existing		0.5*
10		REF	REFINISH	L Quarter Panel Outside		C	2.0
				Quarter Glass			
11	101532	GLS	REMOVE/INSTALL	L Quarter Glass			2.6
12	102246	BDY	REMOVE/REPLACE	Qtr Glass Adhesive	N.A.	20.00 *	
				Rear Lamps			
13	101184	BDY	REMOVE/INSTALL	L Rear Combination Lamp			INC
14	100545	BDY	REMOVE/REPLACE	L Rear Combination Lamp Assembly	204 820 33 64	254.00	0.4
				Rear Bumper			
15	101258	BDY	REMOVE/INSTALL	Rear Bumper Cover			2.4 #
				Additional Costs & Materials			
16	936006		ADD'L COST	Rust Coating		----	
				ADDITIONAL OPERATIONS			
17		REF	ADD'L OPR	Clear Coat			
18	933005	REF *	ADD'L OPR	Restore Corrosion Protection			
19	933017	REF	ADD'L OPR	Finish Sand And Buff			
20	933018	REF	ADD'L OPR	Mask For Overspray			
				Additional Costs & Materials			
21			ADD'L COST	Paint/Materials			
22			ADD'L COST	Hazardous Waste Disposal			
				MANUAL ENTRIES			
23	900500	REF *	REFINISH/REPAIR	Blend L Roof Rail	Existing		0.5*
24	900500	BDY *	REMOVE/REPLACE	Misc clips and fasteners	New	5.00	0.0*

*** - Judgment Item**
 # - Labor Note Applies
C - Included in Clear Coat Calc
r - CEG R&R Time Used For This Labor Operation

ESTIMATE RECALL NUMBER: 06/27/2013 13:25:04 15018
Mitchell Data Version: OEM: MAY_13_V

BODYWORKS
BY
CONCOURS
COLLISION REPAIR & REFINISHING
1711 West Florist Avenue • Milwaukee, WI 53209 • Phone (414) 290-4360 • Fax (414) 290-4359
Tax ID: 39.087.3125

Date: 6/27/2013 01:25 PM
Estimate ID: 15018
Estimate Version: 0
Preliminary
Profile ID: Mitchell

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	
Body	12.7	56.00	0.00	0.00	711.20	T
Refinish	4.7	56.00	10.50	0.00	273.70	T
Glass	2.6	56.00	0.00	0.00	145.60	T
Taxable Labor					1,130.50	
Labor Tax		@	5.600 %		63.31	
Labor Summary	20.0				1,193.81	

II. Part Replacement Summary			Amount
Taxable Parts			279.00
Sales Tax	@	5.600%	15.62
Total Replacement Parts Amount			294.62

III. Additional Costs

Taxable Costs			
Sales Tax	@	5.600%	7.32
Total Additional Costs			138.12

Paint Material Method: Rates
Init Rate = 36.00 , Init Max Hours = 99.9, Addl Rate = 0.00

IV.	Amount
	0.00

I.	Total Labor:	1,193.81
II.	Total Replacement Parts:	294.62
III.	Total Additional Costs:	138.12
	Gross Total:	1,626.55
IV.	Total Adjustments:	0.00
	Net Total:	1,626.55

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

ESTIMATE RECALL NUMBER: 06/27/2013 13:25:04 15018
Mitchell Data Version: OEM: MAY_13_V