

March 3, 2006

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

CITY OF MILWAUKEE  
06 MAR -3 PM 12:50  
RONALD D. LEONHARDT  
CITY CLERK

Reference Claim No.C.I. File # 05-V-199

Sirs:

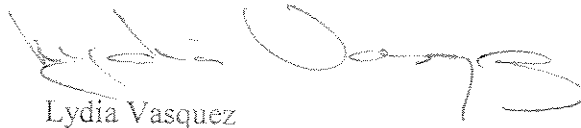
I received the claim denial letter dated February 3, 2006. I wish to appeal this decision and request a hearing in this matter.

I believe my claim should not have been denied. I am a city employee and I was the victim of a hit & run accident on city property, namely the Milwaukee Police Department parking structure located at District # 3 Data Communications Center, 2333 North 49<sup>th</sup> Street.

I also wish to correct the address you have on file for me. My correct home address is 8821 West Oklahoma Ave., #207, Milwaukee, WI 53227.

Thank you for your attention in this matter. I will await your reply.

Sincerely,



Lydia Vasquez

06 MAR -3 PM 12:50

RONALD D. LEONHARDT  
CITY CLERK

City Clerk  
City of Milwaukee

✓  
CITY OF MILWAUKEE  
RONALD D. LEONHARDI  
CITY CLERK  
05 DEC -5 PM 8:28

I Lydia Janyz, empl  
by the City of Milwaukee  
as a lead Police Telecommunicat  
arrived at work, 2334 W. 49th St,  
District 3 Data Comm Center, at  
approx 7:20 am on Saturday,  
August 13, 2005. I pulled into  
the parking structure into  
space # . There were several  
vehicles parked at an awkward  
angle but there were available  
spaces one of which I parked  
my vehicle in. As I walked away  
I looked back to check if my  
vehicle was properly aligned and  
it was. Upon leaving work, I  
approached my vehicle I saw the  
damages and thought this  
wasn't my vehicle but then  
realized this was in fact my  
vehicle and realized the vehicle  
had been hit. I looked for a  
note but none was left. I  
immediately spoke with a  
Police Officer who advised  
there were no cameras

that floor. I went home and called my supervisor and was advised that when I came into work the following week a squad would respond to the parking structure and file a report. I was then advised to call City Clerk's office regarding filing a claim.

I am enclosing 3 estimates. I work at Police Communications 935-7472, also my cell # is 241-0795.

Thank you  
Lydia Corp

# Wisconsin Motor Vehicle Accident Report

3

### INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

#### Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

County: **40** MUN/TWP: **57**

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Accident Date: **1305**

Jan	1	1
Feb	2	2
Mar	3	3
Apr	4	4
May	5	5
Jun	6	6
Jul	7	7
Aug	8	8
Sep	9	9
Oct	0	0
Nov	1	1
Dec	2	2

Time of Accident (Military Time): **1540**

Hour	Min
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number: **020000**

INS	INURED	ELDED
0	0	0
1	1	1
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3	3	3
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7	7	7
8	8	8
9	9	9

Hit & Run:  N  Y

Government Property:  Y  N

Fire (Narrative):  Y  N

Photos Taken (Narrative):  Y  N

Trailer or Towed (Narrative):  Y  N

Truck or Bus (Last Page):  Y  N

Load Spillage:  Y  N

Construction Zone:  Y  N

Names Exchanged:  Y  N

Unit #: **1**

Sheet No. Of: **1/1**

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

LATITUDE (GPS) Degrees: Minutes: Seconds: LONGITUDE (GPS) Degrees: Minutes: Seconds:

ON **PRIVATE PROPERTY** Estimated FT. N. E. FROM/AT **MILWAUKEE POLICE DEPT PAB LOT 2333 N. 49 STREET**

House # City # Fire # Railroad # Other Agency Space Special Study

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2, 3, 4	1, 2, 3, 4	0, 1, 2, 3, 4, 5, 6	N, W, E	3, 4	2, 3, 4	1, 2, 3, 4, 5, 6	N, W, E

OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit		
<b>HXR</b>			0	<b>LEGALLY PARKED</b>			0		
ADDRESS	Street & Number	City & State	ZIP	Phone Number	ADDRESS	Street & Number	City & State	ZIP	Phone Number
Driver's License Number	State	Exp. Year	Driver's License Number	State	Exp. Year				

Date of Birth	Sex	Operating as Classified:	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as Classified:	Class (Mark Only One)	Endorse (Mark All That Apply)
			A, D, B, M, C, O	H, P, T, N, S, F				A, D, B, M, C, O	H, P, T, N, S, F

SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
K, N, A, B, C	1, 2, 3, 4	1, 2, 3, 4	1, 2, 3, 4	1, 2, 3, 4	K, N, A, B, C	1, 2, 3, 4	1, 2, 3, 4	1, 2, 3, 4	1, 2, 3, 4

TRAPPED/EXTRICATED: 1 Not Applicable, 2 Not Trapped, 3 Trapped/Extricated, 4 Trapped/Not Extricated, 5 Unknown, Medical Transport

Vehicle Owner: Same Y/N, Last Name, First, M.I. Vehicle Owner: Same Y/N, Last Name, First, M.I.

Street Address: **3114 S. 72 STREET** Street Address: **MILWAUKEE, WI 53270**

City & State: **MILWAUKEE, WI 53270** City & State: **MILWAUKEE, WI 53270**

Year of Vehicle: **08** Make: **TOYO** Model: **COROLLA** Body Style: **4DR** Color: **SILV**

Vehicle ID Number: **1NXBR12E022569113** License Plate Number: **TNR-860**

Plate Type: **Not** State: **WI** Exp. Year: **06**

Policy Holder's Name: **SENTINEL** Liability Insurance Company: **SENTINEL**

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG

Address Same as Operator: EJECTED, TRAPPED/EXTRICATED

MV4000 899 EMS Number

7727253  
2333 N. 49 STREET

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP	A B C	Y N	Y N	1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator	EJECTED	3. Totally Ejected 4. Partially Ejected 5. Unknown		TRAPPED/EXTRICATED	3. Trapped Extricated 4. Trapped Not Extricated 5. Unknown		Medical Transport	Agency Space	

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP	A B C	Y N	Y N	1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator	EJECTED	3. Totally Ejected 4. Partially Ejected 5. Unknown		TRAPPED/EXTRICATED	3. Trapped Extricated 4. Trapped Not Extricated 5. Unknown		Medical Transport	Agency Space	

### Type of Accident

**First Harmful Event**  **Most Harmful Event**

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 3 4 5 6 7 8 9 10

(select one per vehicle)

**Collision With Object Not Fixed**

1 Motor Vehicle in Transport	2 Parked Motor Vehicle
3 Deer	4 Pedalcycle
5 Pedestrian	6 Railway Train
7 Other Animal	8 Motor Vehicle in Transport In Other Roadway
9 Other Object (Not Fixed)	

**Collision With Fixed Object**

10 Traffic Sign Post	11 Traffic Signal
12 Utility Pole	13 Lum. Light Support
14 Other Post	15 Tree
16 Mailbox	17 Guardrail Face
18 Guardrail End	19 Median Barrier
20 Bridge Parapet End	21 Bridge Pier Abut.
22 Impact Attenuator	23 Overhead Sign Post
24 Bridge Rail	25 Culvert
26 Ditch	27 Curb
28 Embankment	29 Fence
30 Other Fixed Object	31 Unknown

**Non-Collision**

32 Overturn	33 Fire Explosion
34 Immersion	35 Jackknife
36 Other Non-Collision	

### Driver Condition

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 3 4 5 6 7 8 9 10

**Driver Factors (Or Pedestrians)**

1 Appeared Normal	2 Reduced Alertness
3 Ability Impaired	4 Not Observed

**Presence**

5 Neither Alcohol nor Drugs Present	6 Yes—Alcohol Present
7 Yes—Drugs Present	8 Yes—Alcohol & Drugs Present
9 Unknown	

**Alcohol**

AC Value	AC Value
11 Test Not Given	12 Test Refused
13 Test Given, Alcohol Unknown	14 Test Given, No Alcohol Reported

**Drugs**

15 Test Not Given	16 Test Refused
17 Test Given, Drugs Unknown	18 Test Given, No Drugs Reported
19 Drugs Reported (Specify Below)	
20 Marijuana	21 Cocaine
22 Opiates	23 Amphetamines
24 PCP	25 Other Drug Medication Type Unknown

**Unit #** 2 3 4 5 6 7 8 9 10

**Pedestrian**

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

**Manner of Collision**

No Collision with Motor Vehicle in Transport

2 Rear-end	3 Head On
4 Rear to Rear	5 Angle
6 Sideswipe, Same Direction	7 Sideswipe, Opposite Direction
8 Unknown	

**Unit #** 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

0 None  
10 Undercarriage  
11 Total (Damage to All Areas)  
12 Other  
● Unknown

**Extent of Damage**

0 None	4 Severe
1 Very Minor	5 Very Severe
2 Minor	● Unknown
3 Moderate	

Vehicle Towed Due to Damage:   
Vehicle Removed By: *OPERATOR*

**Unit #** 1 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

0 None  
10 Undercarriage  
11 Total (Damage to All Areas)  
12 Other  
● Unknown

**Extent of Damage**

0 None	4 Severe
1 Very Minor	5 Very Severe
2 Minor	● Unknown
3 Moderate	

Vehicle Towed Due to Damage:   
Vehicle Removed By: *OWNER*

**Fixed Object Struck**

Unit #	Unit #	Unit #	Unit #
1	2	3	4

**PROPERTY OWNER**

Last	First	M.I.

ADDRESS Street & Number  
City & State ZIP Phone Number

Govt. Damage Tag #

Draw Diagram of Accident & Indicate North with an arrow in the circle



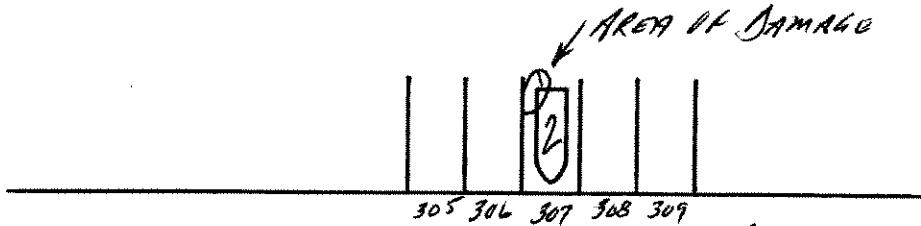
# Pictorial Representation of Narrative

Supplemental Reports  Witness Statements  Measurements Taken

Skidmarks to Impact  
Unit 1  Unit 2

Surface Type: \_\_\_\_\_

MILWAUKEE POLICE DEPARTMENT  
PARKING STRUCTURE  
3RD LEVEL



(NOT DRAWN TO SCALE)

N  
A  
R  
R  
A  
T  
I  
V  
E

UNIT 1 TRAVELING UNKNOWN DIRECTION, MADE CONTACT WITH UNIT 2 WHICH WAS PARKED IN SPACE #307 OF THE THIRD DISTRICT POLICE STATION PARKING STRUCTURE.  
UNIT 1 THEN LEFT THE SCENE.  
NO INFORMATION AVAILABLE ON UNIT 1.

Photos By: SA. 3, SGT. C. BROWN, 6 PHOTOS

## What Drivers Were Doing

Unit Number					Unit Number				
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1	2	3	4	5	6	7	8	9	

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
N/A	N/A
1 Exceeding Speed Limit	1
2 Speed Too Fast Condition	2
3 Fail to Yield Right of Way	3
4 Inattentive Driving	4
5 Following Too Close	5
6 Improper Turn	6
7 Left of Center	7
8 Disregarded Traffic Control	8
9 Improper Overtaking	9
10 Unsafe Backing	10
11 Failure to Have Control	11
12 Driver Condition	12
13 Physically Disabled	13
14 Other	14

### Vehicle Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
N/A	N/A
1 Brake System	1
2 Tires	2
3 Steering System	3
4 Turn Signals	4
5 Head Lamps	5
6 Stop Lamps	6
7 Tail Lamps	7
8 Disabled in Prior Accident	8
9 Other Disabled	9
10 Mirrors	10
11 Suspension System	11
12 Other	12

### Highway Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
N/A	N/A
1 Snow, Ice or Wet	1
2 Narrow Shoulder	2
3 Low Shoulder	3
4 Soft Shoulder	4
5 Loose Gravel	5
6 Rough Pavement	6
7 Debris from Prior Accident	7
8 Other Debris	8
9 Sign Obscured or Missing	9
10 Narrow Bridge	10
11 Construction Zone	11
12 Visibility Obscured	12
13 Other	13

### OFFICER INFORMATION

Last Borkowski First JAMES M. M.I.

Law Enforcement Agency Address 749 W. STATE STREET

City & State MILWAUKEE, WI 53233 ZIP

Phone Number (414) 933-4444

Agency # 28 Enforcement Agency MILWAUKEE P.D. Officer ID # 55641

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HR	MIN.	HR	MIN.	MONTH	DAY	YEAR
Jan							Jan		
Feb	16	05	12	05	00	00	Feb	16	05
Mar	0	0	0	0	0	0	Mar	0	0
Apr	1	1	1	1	1	1	Apr	1	1
May	2	2	2	2	2	2	May	2	2
June	3	3	3	3	3	3	June	3	3
July	4	4	4	4	4	4	July	4	4
Aug	5	5	5	5	5	5	Aug	5	5
Sept	6	6	6	6	6	6	Sept	6	6
Oct	7	7	7	7	7	7	Oct	7	7
Nov	8	8	8	8	8	8	Nov	8	8
Dec	9	9	9	9	9	9	Dec	9	9

### Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: *Did the accident involve...*

Part A

A truck with at least two axles and six tires?  Y  N

A truck with a hazardous materials placard?  Y  N

A bus designed to carry 16 or more persons, including the driver?  Y  N

**STOP!** If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured?  Y  N

Any injured person who required transport for immediate medical treatment?  Y  N

One or more vehicles that had to be towed from the scene as a result of the accident?  Y  N

**STOP!** If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

### Hazardous Material Information

• Hazardous Material Class Numbers (1-2digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed?  Y  N

• Hazardous Cargo was Released?  Y  N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

### Carrier Information

• Interstate Carrier?  Y  N

Carrier Name 139

### Carrier Identification Numbers

US DOT 139 LC

ICC MC  IC

Carrier Address 141

### Source:

Vehicle Side

Shipping Papers

Trip Manifest

Driver

Log Book

### Vehicle Information

Gross Vehicle Weight Rating  LBS

Total # of Axles 1

#### Vehicle Configuration

1 2 3 4 5 6 7 8 9 10

#### SEQUENCE OF EVENTS FOR THIS VEHICLE

1 2 3 4 Ran off Road

1 2 3 4 Jackknife

1 2 3 4 Overturn (Rollover)

1 2 3 4 Downhill Runaway

1 2 3 4 Cargo loss or Shift

1 2 3 4 Explosion or Fire

1 2 3 4 Separation of Tires

1 2 3 4 Collision Involving Other Object

#### Cargo Body Type

1 2 3 4 5 6 7 8 9 10

36- F 910-KV-11125-0007-018-3 654921 GS603 Prepared to U.S.A.

PO-15A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT	<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT	PAGE 1 OF 1	DATE OF REPORT 08-16-2005	INCIDENT/ACCIDENT # 7727253
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INCIDENT INFORMATION	INCIDENT PDO HIT & RUN ACCIDENT	DATE OF INCIDENT/ACCIDENT 08-13-2005
	VICTIM	LOCATION OF INCIDENT/ACCIDENT 2333 N. 49 <sup>TH</sup> STREET
		DIST. # 3

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
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QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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THIS REPORT IS WRITTEN BY POLICE OFFICER JAMES BORKOWSKI, PATROL SUPPORT DIVISION, MOTORCYCLE UNIT, DAY SHIFT.

ON TUESDAY, 08-16-2005, AT ABOUT 12:05PM, I WAS DISPATCHED TO THE THIRD DISTRICT POLICE STATION, TOP LEVEL OF THE PARKING STRUCTURE, REGARDING A PDO HIT & RUN ACCIDENT.

UPON ARRIVAL, I INTERVIEWED THE OWNER OF UNIT 2, POLICE TELECOMMUNICATOR LYDIA VASQUEZ, WHO SAID THAT ON SAT. 08-13-2005, AT ABOUT 7:20AM, SHE PARKED HER CAR IN PARKING SPOT #307 NEXT TO A VEHICLE PARKED IN AN AKWARD POSITION. SHE SAID SHE DOESN'T REMEMBER WHAT THE VEHICLE LOOKED LIKE. SHE SAID AS SHE WALKED TOWARDS THE DOOR, SHE LOOKED BACK AT HER CAR AND DID NOT SEE ANY DAMAGE. AFTER WORK, ABOUT 3:40PM, SHE WALKED BACK TO HER CAR AND NOTICED DAMAGE TO THE RIGHT QUARTER PANEL AND THOUGHT TO HERSELF THAT THE CAR WASN'T HERS. SHE THEN REALIZED THE VEHICLE WAS IN FACT HERS AND THAT SOMEONE HIT IT. SHE SAID SHE DID NOT FIND ANY NOTE ON HER CAR THAT HER VEHICLE WAS HIT.

OBSERVATION OF THE VEHICLE REVEALED THE RIGHT QUARTER PANEL WAS DENTED AND HAD BLACK SCUFF MARKS ON IT, POSSIBLY FROM A RUBBER PORTION OF A BUMPER.

NO INFORMATION IS AVAILABLE ON THE STRIKING AUTO.

SQUAD 3, SERGEANT CHARLES BROWN, RESPONDED TO THE PARKING STRUCTURE AND TOOK 6 PHOTOGRAPHS.

REPORTING OFFICER  JAMES M. BORKOWSKI	Payroll 55641	Loc Code 28	SUPERVISORS SIGNATURE
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ABRA AUTO BODY & GLASS  
 1434 SOUTH 113TH STREET  
 WEST ALLIS, WI 53214  
 PHONE: 414-607-8810 FAX: 414-607-8830  
 RIGHT THE FIRST TIME ON TIME

CD LOG NO 11138-1 DATE 10/03/05

SHOP: ABRA AUTO BODY & GLASS INSP DATE: 10/03/05  
 ADDRESS: 1434 SOUTH 113TH STREET CONTACT: GUY CYPERT  
 CITY STATE: WEST ALLIS, WI PHONE 1: (414) 607-8810  
 ZIP: 53214- FAX: (414) 607-8830

OWNER: VASQUEZ, LYDIA HOME PHONE: (414) 241-0795  
 ADDRESS: 3114 S 72ND ST WORK PHONE: (414) 329-0647  
 CITY STATE: MILWAUKEE, WI  
 ZIP: 53219

POINT OF IMPACT: 10

LIC#: YNR-860 STATE: WI VIN: 1NXBR12E02Z569113  
 BODY COLOR: SILVER MILEAGE: 72,000  
 CONDITION: FAIR ACCTNG CTL#:

DRIVEABLE: YES VEH. INSP#: PAINT CODE:  
 PROD. DATE: 05/01

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UE=REPLACE OE SURPLUS	UC=RECONDITIONED PRT
UM=REMAN/REBUILT PRT	EU=REPLACE SALVAGE	EP=REPLACE PXN
OE=REPLACE PXN OE SRPLS	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

PRELIMINARY ESTIMATE ONLY/SUBJECT TO DISASSEMBLY & PARTS PRICE CHANGES

2002 TOYOTA COROLLA S 4DOOR SEDAN 4CYL GASOLINE 1.8  
 CODE: Y2104D/E OPTNS F/24WS

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES  
 BUMPER COVER MOUNTED FOG LAMPS U.S.A. BUILT VEHICLE

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
RI	0456		MLDG, ROOF DRIP	RT R&I ASSEMBLY				0.2	1
I	0388		PANEL, QUARTER	RT REPAIR				18.0	*1
L	0388	13	PANEL, QUARTER	RT REFINISH				3.5	4
				2.4 SURFACE					
				0.6 TWO STAGE SETUP					
				0.5 TWO STAGE					

2002 TOYOTA COROLLA S 4DOOR SEDAN  
 CD LOG NO 11138-1

CG 0388	PANEL, QUARTER	RT CHIPGUARD		0.3	4
E 0425	GUARD, QUARTER STONE	RT 5874102010	10.46	0.1	1
RI 0408	GUARD, MUD	RT R&I ASSEMBLY		0.2	1
I 0534	TAILLAMP ASSEMBLY	RT REPAIR		1.0	*1
	ATTEMPT TO BUFF SCUFFS ON LAMP				
RI 0534	TAILLAMP ASSEMBLY	RT R&I ASSEMBLY		0.3	1
N 0569	RR BUMPER CVR OVERHAUL	ADDNL LABOR OPERA		1.7	1
I 0566	COVER, REAR BUMPER	REPAIR		1.0	*1
L 0566	COVER, REAR BUMPER	REFINISH		2.9	4
		2.4 SURFACE			
		0.5 TWO STAGE			
L M03	FLEX ADDITIVE	REFINISH	8.00*		*4*
L M14	CORROSION PROTECTION	REFINISH		0.3	*4*
L M17	COVER CAR EXTERIOR	REFINISH		0.3	*4*
L M60	HAZARD. WSTE. REM.	REFINISH	5.00*		*1*
L	ROPE TAPE REAR MLDG	REFINISH		0.5	*4*

16 ITEMS

MC MESSAGE(S)  
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS				10.46
OTHER PARTS				13.00
PAINT MATERIAL				230.10
PARTS & MATERIAL TOTAL				253.56
TAX ON PARTS & MATERIAL @			5.600%	14.20
LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	48.00	0.8	21.7	1,080.00
2-MECH/ELEC	74.00			
3-FRAME	54.00			
4-REFINISH	48.00	7.8		374.40
5-PAINT MATERIAL	29.50			
LABOR TOTAL				1,454.40
TAX ON LABOR		@	5.600%	81.45
SUBLET REPAIRS				
TOWING				
STORAGE				
GROSS TOTAL				1,803.61
NET TOTAL				1,803.61

ADP SHOPLINK UE086 ES CD LOG 11138-1 DATE 10/03/05 10:47:29AM R6.37 CD 09/05  
 HOST LOG  
 (C) 1998 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.  
 1.6 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

2002 TOYOTA COROLLA S 4DOOR SEDAN  
CD LOG NO 11138-1

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.

MASTERCRAFT AUTO BODY  
 834 S. 108TH STREET  
 WEST ALLIS, WI 53214  
 PHONE: (414) 475-9610  
 FAX: (414) 475-9602

CD LOG NO 1026-1 DATE 10/03/05

SHOP: INSP DATE: 10/03/05

OWNER: VASQUEZ, LYDIA  
 ADDRESS: 3114 S72ND  
 CITY STATE: MILW, WI

POINT OF IMPACT: 11

LIC#: STATE: VIN: 1NXBR12E022569113  
 BODY COLOR: MILEAGE:  
 CONDITION: ACCTNG CTL#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UE=REPLACE OE SURPLUS	UC=RECONDITIONED PRT
UM=REMAN/REBUILT PRT	EU=REPLACE SALVAGE	EP=REPLACE PXN
OE=REPLACE PXN OE SRPLS	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

2002 TOYOTA COROLLA LE 4DOOR SEDAN 4CYL GASOLINE 1.8  
 CODE: Y2104C/E OPTNS F/24GQS

OPTIONS:  
 TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES  
 HEATED BACK GLASS TILT STEERING WHEEL  
 U.S.A. BUILT VEHICLE

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0388		PANEL, QUARTER	RT 6160102906	550.50			14.1	1
L	0388	13	PANEL, QUARTER	RT REFINISH				4.7	4
I	0566		COVER, REAR BUMPER	REPAIR				0.5	1
L	0566		COVER, REAR BUMPER	REFINISH				2.9	4
EC	M03		FLEX ADDITIVE	ECONOMY PART	3.00*				4*
L	M14		CORROSION PROTECTION	REFINISH				0.2	4
L	M16		COLOR BLEND	REFINISH				1.5	4
EC	M17		COVER CAR EXTERIOR	ECONOMY PART	5.00*				4*

8 ITEMS

MC MESSAGE(S)  
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

2002 TOYOTA COROLLA LE 4DOOR SEDAN  
CD LOG NO 1026-1

FINAL CALCULATIONS & ENTRIES

GROSS PARTS				550.50
OTHER PARTS				8.00
PAINT MATERIAL				260.40
PARTS & MATERIAL TOTAL				818.90
TAX ON PARTS & MATERIAL @			5.600%	45.86

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	48.00	14.1	0.5	700.80
2-MECH/ELEC	76.00			
3-FRAME	48.00			
4-REFINISH	48.00	9.3		446.40
5-PAINT MATERIAL	28.00			
LABOR TOTAL				1,147.20
TAX ON LABOR		@	5.600%	64.24
SUBLET REPAIRS				
TOWING				
STORAGE				

GROSS TOTAL 2,076.20

NET TOTAL 2,076.20

ADP SHOPLINK U7345 ES CD LOG 1026-1 DATE 10/03/05 11:11:19AM R6.37 CD 09/05  
PXN: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE 53214  
HOST LOG  
(C) 1998 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.

1.8 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.