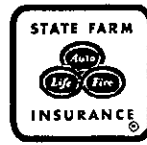


State Farm Insurance Companies



07-5-368

February 12, 2010

State Farm Insurance
PO Box 82613
Lincoln, NE 68501-2613

Watts: (866) 610-3924
Fax: (888) 577-4670

City Clerk
ATTN: Claims
200 East Wells Street, Room 205
Milwaukee, WI 53202-3567

RE: Claim Number: 15-3386-307
Date of Loss: August 28, 2007
Our Insured: Michelle Williams

Dear Sir/Madam:

This is a follow up to our letter of October 24, 2007 in which we put you on notice regarding the Bodily Injury accident which occurred on August 28, 2007.

We have conclude the property damage and Bodily Injury claims involved in this accident.

We now requesting contribution from the City of Milwaukee for the Property Damage and Bodily Injury claims which occurred due to the stop sign on South Bound North 15th Street at West State Street had been damaged and was facing East Bound traffic on West State Street. This was verified by Officer Richard Schneier.

Enclosed please find a copy of our October 24, 2007 letter, proof of claim including our payment log.

Please call me if you have any questions.

Sincerely,

Beth A. DeRosier
Claim Representative
1-(800) 457-5371
Ext: 3817

State Farm Mutual Automobile Insurance Company

CITY OF MILWAUKEE
RECEIVED
2010 FEB 17 PM 2:42
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
2010 FEB 17 AM 8:05
RONALD D. LEONARD
CITY CLERK

COPY

October 24, 2007

State Farm Insurance
PO Box 82613
Lincoln, NE 68501-2613

Watts: (866) 610-3924
Fax: (888) 577-4670

City Clerk
ATTN: Claims
200 East Wells St, Room 205
Milwaukee, WI 53202-3567

RE: Claim Number: 15-3386-307
Date of Loss: August 28, 2007
Our Insured: Michelle Williams

Dear Sir/Madam:

The purpose of this letter is to put you, The City of Milwaukee on notice regarding a Bodily Injury accident which occurred on August 28, 2007 at the intersection of 15th Street and State Street in Milwaukee, WI.

The driver's involved in this accident were Mary Willams and Nancy Marquardt-O'Keefe. The police case number is 8688312.

Responding officer Richard Schnier inspected the stop sign and observed that someone had removed the wedge that holds the sign in place and moved the sign and pole so the sign faced eastbound traffic on W State Street.

State Farm Insurance will be looking to the City of Milwaukee for contribution for the Bodily Injury claim of Nancy Marquardt-O'Keefe.

Please call me if you have any questions.

Sincerely,

Beth A. DeRosier
Claim Representative
1-(800) 457-5371
Ext: 3817

State Farm Mutual Automobile Insurance Company

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710



RBZ0003H
date: 02-05-10

page: 1

route to: Beth A. DeRosier

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

AUTO PAYMENTS

claim number

15-3386-307

named insured

WILLIAMS, MICHELLE

policy number

0163-751-15A

date of loss

08-28-07

C denotes consolidated payment

E denotes EFT payment

P denotes previous date

payment number	payee	total amount	issued	status
106860003J	CANNON & DUNPHY, S.C. TR	15,000.00	11-12-09	PAID
106087011J	WEST BEND MUTUAL	11,488.18	04-04-08	PAID
106084876J	MICHELLE WILLIAMS	10,580.00	09-06-07	PAID

DON JACOBS TOYOTA
5727 27TH STREET
MILWAUKEE, WI 53221
OFFICE: 414-281-3100 FAX: 414-423-2077
FEDERAL ID# 39-1288187

CD LOG NO 19008-1 DATE 09/05/07

SHOP: DON JACOBS TOYOTA INSP DATE: 08/29/07
ADDRESS: 5727 S 27TH ST CONTACT: ERIK STRASSER
CITY STATE: MILWAUKEE, WI PHONE 1: (414)281-3100 EXT 163
ZIP: 53221- PHONE 2: (800)572-6490 EXT 163
FAX: (414)423-2077

OWNER: WILLIAMS, MICHELLE HOME PHONE: (563)382-0614
ADDRESS: 314 DAY ST WORK PHONE: (563)387-0593
CITY STATE: DECORAH, IA
ZIP: 52101-2217

CLAIM#: 15-3386-30701 TYPE OF LOSS: COLLISION
INSURED: WILLIAMS, MICHELLE
LOSS DATE: 08/28/07
POINT OF IMPACT: 4

PROMISE DATE: 09/26/07 DAYS TO REPAIR: 15
VEH. DROP OFF DATE/TIME: 08/30/07 02:18 PM

INS. CO: STATE FARM CONTACT: BREMER, BECKY
ADDRESS: 2747 N MAYFAIR RD PHONE 1: (414)778-0500
CITY STATE: WAUWATOSA, WI FAX: (414)256-6299
ZIP: 53213-

LIC#: 650KAH STATE: IA VIN: 4T1BG22K71U088498
BODY COLOR: SILVER MILEAGE: 75,281
CONDITION: ACCTNG CTL#:

DRIVEABLE: NO VEH. INSP#:

*=USER-ENTERED VALUE	E=NEW PART	NG=REPLACE NAGS
EC=QUALITY REPLACEMENT PART		UE=DISABLED
UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT	EU=QUALITY RECYCLED PART
EP=SEE PX REPORT	OE=DISABLED	PC=PXN RECONDITIONED
PM=PXN REMAN/REBUILT	TE=PART/PARTIAL REPLACE	ET=LABOR/PARTIAL REPLACE
IT=LABOR/PARTIAL REPAIR	I=REPAIR	L=REFINISH
BR=BLEND REFINISH	TT=TWO-TONE	CG=CHIPGUARD
SB=SUBLET	N=ADDITIONAL OPERATION	RI=R&I ASSEMBLY
P=CHECK	AA=APPEARANCE ALLOWANCE	RP=RELATED PRIOR DAMAGE
UP=UNRELATED PRIOR DAMAGE		

PRELIMINARY ESTIMATE
CAR IN SHOP:

2001 TOYOTA CAMRY LE 4DOOR SEDAN 4CYL GASOLINE 2.2

2001 TOYOTA CAMRY LE 4DOOR SEDAN
 CD LOG NO 19008-1

CODE: Y1733B/E OPTNS A/24BDEIJRL

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES
 ELEC REMOTE CONTROL MIRRORS
 POWER WINDOWS
 AUTOMATIC TRANS
 U.S.A. BUILT VEHICLE

TWO-STAGE - INTERIOR SURFACES
 POWER DOOR LOCKS
 AIR CONDITIONING
 CRUISE CONTROL

OP	GDE	MC	DESCRIPTION	MFG.PART NO.	PRICE	AJ%	B%	HOURS	R
UC	0006		COVER, FRONT BUMPER	RECOND PART	166.00*			2.3	1
L	0006	13	COVER, FRONT BUMPER	REFINISH				3.7	4
E	0069		RET, FRT BUMPER COVE	LT 52115AA010	5.29			INC	1
E	0070		RET, FRT BUMPER COVE	RT 52115AA010	5.29			INC	1
E	1127		CLIP, FRT BUMPER	MULTI-PART	35.00*			INC	1
E	0023		FILLER, FRONT BUMPER	LT 5213233020	43.47			INC	1
E	0007		ABSORBER, FRONT BUMPER	52611AA030	65.90			INC	1
RI	0520		GRILLE ASSEMBLY	R&I ASSEMBLY				INC	1
RI	0041		HEADLAMP ASSY, HALOG	LT R&I ASSEMBLY				0.3	1
RI	0042		HEADLAMP ASSY, HALOG	RT R&I ASSEMBLY				0.3	1
EU	0059		LAMP, SIDE MARKER	LT RECYCLED PART	50.00*	+25		INC	1
SMART PARTS REC									
I	0083		PANEL, HOOD	REPAIR				4.0*	1
L	0083		PANEL, HOOD	REFINISH				3.6	4
E	0078	07	PANEL, RADIATOR SIDE	LT 5320306050	29.71			5.3	1
L	0078		PANEL, RADIATOR SIDE	LT REFINISH				0.5	4
RI	0755		RADIATOR	R&I ASSEMBLY				INC	1
E	0107		DEFLECTOR, RADIATOR	LT 5329406020	26.61			0.1	1
RI	0724		SHROUD, RADIATOR	LT R&I ASSEMBLY				0.6	1
RI	0725		SHROUD, RADIATOR	RT R&I ASSEMBLY				0.6	1
RI	1186		BATTERY R & I	LT R&I ASSEMBLY				INC	1
I	0965		A/C EVAC RECHRG & RCVR	REPAIR					2
N	0965		A/C EVAC RECHRG & RCVR	ADDITIONAL OPERAT				1.8	2
RI	0731		CONDENSER, A/C	R&I ASSEMBLY				INC	2
E	0105	07	PNL ASSEMBLY, INR	FN LT 5370206051	448.41			10.3	1
L	0105		PNL ASSEMBLY, INR	FN LT REFINISH				1.2	4
EU	0103		FENDER, FRONT	LT RECYCLED PART	165.00*	+25		INC	1
SMART PARTS REC.									
L	0103		FENDER, FRONT	LT REFINISH				2.8	4
BR	0104		FENDER, FRONT	RT BLEND REFINISH				1.1	4
E	1640		CLIP, FENDER MUDGUAR	LT MULTI-PART	2.49				1
E	0127	01	MLDG, FENDER SIDE	L/R 75624AA030A0	37.45			0.2	1
E	0017	01	LABEL, FENDER	2889826010	1.71			0.1	1
RI	0109		GUARD, FENDER MUD	LT R&I ASSEMBLY				INC	1
E	0152		SKIRT, INNER FENDER	LT 5387606021	91.05			INC	1
E	0201		SHIELD, FUSE BOX	LT 8266233060	12.66				2
E	0173		BLOCK, JUNCTION	LT 8272006020	237.78			0.3	2
E	0220		BOX, FUSE	LT 8266333050	7.74			INC	2
E	0131		BRACE, FRONT FENDER	LT 53846AA010	8.15			0.6	1
I	0115	07	SIDE MEMBER ASSEMBL	LT REPAIR				3.5*	1
L	0115		SIDE MEMBER ASSEMBL	LT REFINISH				1.0	4

2001 TOYOTA CAMRY LE 4DOOR SEDAN
 CD LOG NO 19008-1

Code	Description	Part No	Price	Qty	Unit
RI 0796	COVER,ENGINE FRONT	R&I ASSEMBLY			INC 2
RI 0833	COVER,ENGINE FRONT	R&I ASSEMBLY			INC 2
E 0728	AIR CLEANER ASSEMBLY	1770003090	310.83		INC 2
E 0826 01	RESONATOR,AIR CLEANER	1780574170	83.25		0.2 2
EC 0905	WHEEL,FRONT	LT ** NON-OEM PART	179.00*		0.2 1
N 0974	SUSPENSION ALIGN,FRT	ADDITIONAL OPERAT			1.2 2
N 0978	SUSPENSION R&I LT	L/F ADDITIONAL OPERAT			1.0 2
EU 0657	HUB,FRONT WHEEL	LT RECYCLED PART	50.00* +25		0.9 2
	B&M REC.				
EU 0659	STRUT ASSEMBLY,FRON	LT RECYCLED PART	75.00* +25		0.1 2
	A&D REC.				
RI 1030	NOZZLE,W/S WASHER	LT R&I ASSEMBLY			0.1 1
RI 1031	NOZZLE,W/S WASHER	RT R&I ASSEMBLY			0.1 1
I 0884	HARNES, I/P WIRING	REPAIR			2
I 0207	DOOR SHELL,FRONT	LT REPAIR			1.5*1
L 0207	DOOR SHELL,FRONT	LT REFINISH			2.3 4
RI 0256	MLDG,FRONT DOOR SCAL/F	R&I ASSEMBLY			0.4 1
RI 0258	MLDG,FRONT DOOR BEL	LT R&I ASSEMBLY			0.3 1
E 0254 01	MLDG,FRONT DOOR SID	LT 75732AA050A0	150.72		0.4 1
RI 0229	MIRROR,OUTER R/C	LT R&I ASSEMBLY			0.3 1
RI 0223	CYL,FRONT DOOR LOCK	LT R&I ASSEMBLY			0.9 1
RI 0227	HANDLE,FRONT DOOR O	LT R&I ASSEMBLY			INC 1
E M03	FLEX ADDITIVE	NEW PART	8.00*		4*
N M13	WHEEL BALANCE	ADDITIONAL OPERAT	15.00*		1
L M14	CORROSION PROTECTION	REFINISH			0.3*4*
E M17	COVER CAR EXTERIOR	NEW PART	3.00*		4*
I M18	SET-UP & MEASURE	REPAIR			2.0*3
I M32	UBODY, REALIGN, LF	REPAIR			2.0*3
I M40	FRAME SIDESWAY, F.	REPAIR			1.5*3
SB M60	HAZARD. WSTE. REM.	SUBLET REPAIR	5.00*		1*

67 ITEMS

MC MESSAGE(S)

- 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
- 07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
- 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS					1,614.51
OTHER PARTS					700.00
LINE ITEM MARKUP					85.00+
PAINT MATERIAL					462.00
PARTS & MATERIAL TOTAL					2,861.51
TAX ON PARTS & MATERIAL @				5.600%	160.24
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	50.00	23.4	9.0		1,620.00
2-MECH/ELEC	84.50	1.5	4.0		464.75
3-FRAME	50.00		5.5		275.00
4-REFINISH	50.00	16.5			825.00

2001 TOYOTA CAMRY LE 4DOOR SEDAN
CD LOG NO 19008-1

5-PAINT MATERIAL	28.00		
LABOR TOTAL			3,184.75
TAX ON LABOR	@	5.600%	178.35
SUBLET REPAIRS			5.00
TAX ON SUBLET	@	5.600%	0.28
TOWING			121.51
TAX ON TOWING	@	5.600%	6.80
STORAGE			
GROSS TOTAL			6,518.44
LESS: DEDUCTIBLE			250.00-
NET TOTAL			6,268.44

SHOPLINK U4249 ES CD LOG 19008-1 DATE 09/05/07 12:19:49AM R6.37 CD 08/07
PXN: NO GEOCODE
HOST LOG
(C) 1998 - 2007 AUDATEX NORTH AMERICA, INC.

3.5 HRS WERE ADDED TO THIS EST. BASED ON AUDATEX 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.

THIS IS NOT AN AUTHORIZATION TO REPAIR. ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL BY A STATE FARM CLAIM REPRESENTATIVE.

Date: 11/15/2007 05:55 AM
 Estimate ID: AB46494
 Estimate Version: 1
 Supplement: 1 (F) 11/15/2007 05:51:38 AM
 Profile ID: CUSTOMIZED

RAC Adjustments, Inc.

bwishard@racadj.com, PO Box 1839, Rockford, IL 61110
 (815) 968-7688
 Fax: (815) 968-7691

Damage Assessed By: Jim McCann
 Supplemented By: Bryan Wishard

Condition Code: Good
 Date of Loss: 9/5/2007
 Contact Date: 9/4/2007
 Deductible: 250.00
 File Number: 234276
 Policy No: HHV5449053
 Type of Loss: Collision
 Claim Number: AB46494
 Insured: NANCY OKEEFE
 Owner: NANCY OKEEFE
 Address: 9510 W RIDGE BLVD, WAUWATOSA, WI 53226
 Telephone: Work Phone: (414) 273-1173 Home Phone: (414) 871-5365

Mitchell Service: 917752

Description: 2004 Toyota RAV4
 Body Style: 4D Ut
 VIN: JTEHD20V140025831
 Mileage: 25,260
 OEMALT: A
 Color: BLACK
 Options: 4WD OR AWD, ALUMALLOY WHEELS, AIR CONDITIONING, POWER STEERING, POWER BRAKES
 POWER WINDOWS, POWER DOOR LOCKS, TILT STEERING WHEEL, CRUISE CONTROL
 ELECTRIC DEFOGGER, AUTOMATIC TRANSMISSION, STEP BUMPER
 AM-FM STEREO/CDPLAYER(SINGLE), FOG LIGHTS, CENTER CONSOLE, REAR GATE WIPER
 PASSENGER-FRONT AIR BAG, POWER REMOTE MIRROR, SINGLE EXHAUST, L-4 ENGINE, 4-DOOR
 MULTI-PURPOSE VEHICLE, DRIVER-FRONT AIR BAG
 Drive Train: 2.4L Inj 4 Cyl 4WD
 License: 45591T WI
 Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	700001	BDY	REMOVE/REPLACE	INFORM LABEL A/C REFRIGERANT	88723-07030	0.58	
2	702300	BDY	REMOVE/REPLACE	INFORM LABEL EMISSION CONTROL	11298-28300	0.89	
3	702303	BDY	REMOVE/REPLACE	INFORM LABEL ENGINE DATA	11291-28120	2.89	
4	700007	BDY	REMOVE/REPLACE	INFORM LABEL BATTERY CAUTION	74548-42021	3.86	
5	700010	BDY	REMOVE/REPLACE	INFORM LABEL AIR COND CAUTION	87529-0E010	1.94	
6	700011	BDY	REMOVE/REPLACE	INFORM LABEL SPARK PLUG CAUTION	11289-28010	1.46	
7	AUTO	BDY	OVERHAUL	FRT BUMPER COVER ASSY			2.3 #
8	702304	BDY	REMOVE/REPLACE	FRT BUMPER COVER	Remanufactured	147.00	INC #
9	AUTO	REF	REFINISH	FRT BUMPER COVER			C 2.3
10	AUTO	BDY	REMOVE/REPLACE	FRT ADD WWHEEL OPENING FLARES			0.3
11	702322	BDY	REMOVE/REPLACE	R FRT BUMPER EXTENSION	52112-42050-C0	46.01	INC #
12	702323	BDY	REMOVE/REPLACE	L FRT BUMPER EXTENSION	52113-42050-C0	46.01	INC #
13	702316	BDY	REMOVE/REPLACE	R FRT BUMPER PAD	53851-42100-C0	4.60	INC #
14	702317	BDY	REMOVE/REPLACE	L FRT BUMPER PAD	53851-42100-C0	4.60	INC #
15	702340	BDY	REMOVE/REPLACE	R FRT OTR BUMPER BRACKET	52535-42010	9.89	INC
16	702341	BDY	REMOVE/REPLACE	L FRT OTR BUMPER BRACKET	52536-42010	9.89	INC
17	702314	BDY	REMOVE/REPLACE	R FRT INR BUMPER BRACKET	** QUAL REPL PART	16.00	INC
18	702315	BDY	REMOVE/REPLACE	L FRT INR BUMPER BRACKET	** QUAL REPL PART	16.00	INC
19	702342	BDY	REMOVE/REPLACE	FRT BUMPER REINFORCEMENT BAR	** QUAL REPL PART	84.00	0.2 #
20	702343	BDY	REMOVE/REPLACE	GRILLE	** QUAL REPL PART	66.00	INC

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 09/07/2007 05:58:00 AB46494

Mitchell Data Version: OCT_07_A
 UltraMate Version: 6.0.028

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Page 1 of 4

Date: 11/15/2007 05:55 AM
 Estimate ID: AB46494
 Estimate Version: 1
 Supplement: 1 (F) 11/15/2007 05:51:36 AM
 Profile ID: CUSTOMIZED

QTY	DESCRIPTION	UNIT	PRICE	AMOUNT	REMARKS
21	702345 BDY REMOVE/REPLACE	GRILLE FILLER PANEL	** QUAL REPL PART	108.00	INC #
22	AUTO REF REFINISH	FILLER PANEL			C 1.2
23	700070 BDY REMOVE/REPLACE	R GRILLE CLIP	53145-42010	3.72	
24	700071 BDY REMOVE/REPLACE	L GRILLE CLIP	53145-42010	3.72	
25	700072 BDY REMOVE/REPLACE	R GRILLE PROTECTOR 2@1.29	53149-46010	2.58	
26	700073 BDY REMOVE/REPLACE	L GRILLE PROTECTOR 2@1.29	53149-46010	2.58	
27	703431 BDY REMOVE/INSTALL	L FRT COMBINATION LAMP			INC #
28	702352 BDY REMOVE/REPLACE	R FRONT COMBINATION LAMP LENS & HOUSING	** QUAL REPL PART	226.00	INC #
29	AUTO BDY CHECK/ADJUST	HEADLAMPS			0.4
30	702370 BDY REMOVE/REPLACE	R FRONT COMBINATION LAMP BRACKET	53271-44010	9.23	
31	702372 BDY REMOVE/REPLACE	R FOG LAMP LENS & HOUSING	** QUAL REPL PART	104.00	INC #
32	702373 BDY REMOVE/REPLACE	L FOG LAMP LENS & HOUSING	** QUAL REPL PART	104.00	INC #
33	702374 BDY REMOVE/REPLACE	R FOG LAMP BULB	90981-13047	19.61	INC #
34	702376 BDY REMOVE/REPLACE	R FOG LAMP BRACKET	81218-42050	14.66	
35	702377 BDY REMOVE/REPLACE	L FOG LAMP BRACKET	81228-42050	14.66	
36	700127 BDY REMOVE/REPLACE	HOOD PANEL	** QRP CAPA	241.00	1.0
37	AUTO REF REFINISH	HOOD OUTSIDE			C 2.4
38	AUTO REF REFINISH	HOOD UNDERSIDE			C 1.2
39	700134 BDY REMOVE/REPLACE	R INR HOOD SEAL	53381-42020	12.52	0.1
40	700145 BDY REMOVE/REPLACE	HOOD LATCH	53510-42060	42.47	INC
41	700151 BDY REMOVE/REPLACE	R HOOD HINGE	53410-42030	26.89	0.2 #
42	AUTO REF REFINISH	R HINGE			C 0.5
43	700152 BDY REMOVE/REPLACE	L HOOD HINGE	53420-42030	26.89	0.2 #
44	AUTO REF REFINISH	L HINGE			C 0.5
45	702385 BDY REMOVE/REPLACE	COOLING RADIATOR	** QUAL REPL PART	444.00	INC #
46	700167 BDY REMOVE/REPLACE	R COOLING FAN BLADE	16361-28070	37.25	0.3 #
47	700169 BDY REMOVE/REPLACE	R COOLING FAN SHROUD	16711-28180	52.25	INC #
48	700171 BDY REMOVE/REPLACE	R COOLING FAN MOTOR	** QUAL REPL PART	121.00	INC #
49	702387 MCH REMOVE/REPLACE	AIR COND CONDENSER ASSY -M	** QUAL REPL PART	195.00	INC #
50	700242 BDY REMOVE/REPLACE	R FENDER PANEL	** QRP CAPA	205.00	1.4 #
51	AUTO REF REFINISH	R FENDER OUTSIDE			C 1.6
52	AUTO REF REFINISH	R FENDER EDGE			C 0.5
53	700254 BDY REMOVE/REPLACE	R FENDER LINER	** QUAL REPL PART	50.50	INC
54	700274 BDY REMOVE/INSTALL	R FENDER ANTENNA ASSY	Existing		1.3
55		R&R Time Used In R&I Operation			
56	700280 BDY REMOVE/REPLACE	R FENDER WHEEL OPENING FLARE	** QUAL REPL PART	111.00	INC #
57	700292 BDY REMOVE/REPLACE	R FENDER FLARE PAD	53851-42140-C0	11.52	INC #
58	702406 BDY REMOVE/REPLACE	FRONT BODY RADIATOR SUPPORT -S	** QUAL REPL PART	199.00	10.2 #
59	AUTO REF REFINISH	RADIATOR SUPPORT COMPLETE			1.5
60	700337 BDY REMOVE/REPLACE	FRONT BODY HOOD LATCH SUPPORT	53217-42050	21.76	INC
61	700350 BDY REMOVE/REPLACE	R UPR FRONT BODY UPPER APRON REINF -S	53731-42040	50.30	2.5
62	702412 BDY REMOVE/REPLACE	R FRONT BODY FRONT APRON PANEL -S	53711-42030	41.44	3.5 #
63	AUTO REF REFINISH	R APRON PANEL			0.5
64	700356 BDY REMOVE/REPLACE	R FRONT BODY SUPPORT	55168-42010	10.06	0.4
65	700392 MCH REMOVE/REPLACE	DISABLE & ENABLE AIR BAG SYSTEM -M			0.3
66	702422 MCH REMOVE/REPLACE	AIR BAG MODULE-DRIVER FRONT -M	45130-42120-C0	661.24	INC
67	702423 MCH REMOVE/REPLACE	AIR BAG MODULE-PASSENGER FRONT -M	73970-42060-B0	700.59	0.4 #
68	702425 MCH REMOVE/REPLACE	AIR BAG SPIRAL CABLE -M	84308-42010	239.50	0.7
69	702427 MCH REMOVE/REPLACE	CTR AIR BAG SENSOR -M	89170-42160	286.46	0.8 #
70	702428 MCH REMOVE/REPLACE	R FRT AIR BAG SENSOR -M	89173-49295	80.48	0.5
71	702429 MCH REMOVE/REPLACE	L FRT AIR BAG SENSOR -M	89173-49295	80.48	0.5
72	700480 MCH REMOVE/REPLACE	R FRT SUSP BEARING -M	90369-43009	66.10	1.9 #
S1 73		R FRT SUSP BEARING -M %16.00		10.58	
S1 74	700486 MCH REMOVE/REPLACE	R FRT SUSP STEERING KNUCKLE -M	43211-42060	216.40	INC #
S1 75	702496 MCH REMOVE/REPLACE	R FRT SUSP STRUT -M	48510-49535	173.48	0.8 #
S1 76		R FRT SUSP STRUT -M %16.00		27.76	
S1 77	900500 MCH* REMOVE/REPLACE	R AND L FRONT SEAT BELTS, INC LABOR PER INV	Sublet	912.39*	0.0*
S1 78	931061 BDY ADD'L LABOR OP	EVACUATE & RECHARGE	Sublet	96.46*	0.0*
79	702628 BDY REMOVE/REPLACE	W/SHIELD WASHER RESERVOIR	85315-42190	86.62	INC #

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 09/07/2007 05:58:00 AB46494

Mitchell Data Version: OCT_07_A
 UltraMate Version: 6.0.028

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Page 2 of 4

Date: 11/15/2007 05:55 AM
Estimate ID: AB46494
Estimate Version: 1
Supplement: 1 (F) 11/15/2007 05:51:36 AM
Profile ID: CUSTOMIZED

I.	Total Labor:	3,377.05
II.	Total Replacement Parts:	6,911.30
III.	Total Additional Costs:	497.38
	Gross Total:	10,785.73
IV.	Total Adjustments:	290.49-
	Net Total:	10,495.24
	Less Original Net Total:	8,763.50
	Net Supplement Amount:	1,731.74
	S1: Bryan Wishard	1,731.74

Point(s) of Impact

12 Front Center (P)

Insurance Co: WEST BEND INS CO

Inspection Site: NOT TO WORRY BODY SHOP
Address: 4319 W NORTH AVE
MILWAUKEE, WI
Inspection Date: 9/5/2007

Body Shop: NOT TO WORRY BODY AND PAINT
Address: 4319 W NORTH AVE
MILWAUKEE, WI 53208
Telephone: (414) 449-2477
Fax Phone: (414) 449-9222
State Lic. No: 39 1790533

PERSUANT TO SECTION 5-301 OF THE ILLINOIS MOTOR VEHICLE CODE, VEHICLE REPAIRERS MUST BE LICENSED. AUTHORIZATION TO REPAIR MUST COME FROM VEHICLE OWNER (NO SUPPLEMENTS WITHOUT INSPECTION AND PRIOR APPROVAL)

This estimate has been re-calculated with a modified profile.

ESTIMATE RECALL NUMBER: 09/07/2007 05:58:00 AB46494

Mitchell Data Version: OCT_07_A
UltraMate Version: 6.0.028

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Page 4 of 4

Date: 11/15/2007 06:55 AM
 Estimate ID: AB46494
 Estimate Version: 1
 Supplement: 1 (F) 11/15/2007 05:51:38 AM
 Profile ID: CUSTOMIZED

RAC Adjustments, Inc.

bwishard@racadj.com, PO Box 1839, Rockford, IL 61110
 (815) 968-7686
 Fax: (815) 968-7691

Supplement Delta Report
 Comparison of Estimate AB46494 Supplement 0 and Supplement 1

Damage Assessed By: Jim McCann
 Supplemented By: Bryan Wis hard

Insured: NANCY OKEEFE
 Owner: NANCY OKEEFE
 Vehicle Description: 2004 Toyota RAV4
 Date of Loss: 9/5/2007

Line Item	Labor Type	Operation	Line Item Description	Part Type	Dollar Amount	Labor Units	CEG Unit
Deleted Entries							
49	MCH	REMOVE/REPLACE	A/C REFRIGERANT RECOVERY -M			0.3	0.3
51	MCH	REMOVE/REPLACE	EVACUATE & RECHARGE A/C -M			1.4	1.4
76		ADD'L COST	FREON & OIL		17.50 *	0.0	T
Added Entries							
S1 72	MCH	REMOVE/REPLACE	R FRT SUSP BEARING -M	New	66.10	1.9	1.9T
S1 73		BETTERMENT - P	R FRT SUSP BEARING -M %16.00		10.58	0.0	T
S1 74	MCH	REMOVE/REPLACE	R FRT SUSP STEERING KNUCKLE -M	New	216.40	INC	1.9T
S1 75	MCH	REMOVE/REPLACE	R FRT SUSP STRUT -M	New	173.48	0.8	1.7T
S1 76		BETTERMENT - P	R FRT SUSP STRUT -M %16.00		27.76	0.0	T
S1 77	MCH	REMOVE/REPLACE	R AND L FRONT SEAT BELTS, INC LABOR PER INV	Sublet	912.39 *	0.0*	T
S1 78	BDY	ADD'L LABOR OP	EVACUATE & RECHARGE	Sublet	96.46 *	0.0*	T
S1 81	BDY	REMOVE/REPLACE	AIR BAG PIGTAIL	New	16.12 *	0.2*	T
S1 82	MCH	ALIGN	FRONT SUSPENSION	Sublet	96.80 *	0.0*	

Global Changes

No Deductible, Customer Responsibility, Labor Rate, or Part Adjustment changes were made.

Estimate profile calculation settings (other than labor rates and adjustments) have changed.

	<u>Amount</u>
Original Estimate:	8,763.50
Supplement 1	1,731.74
Orig Total Tax	478.00
Supp 1 Total Tax	571.98
Net Supplement Amount	1,731.74
Net Total	10,495.24
Supp 0	6.0026
Supp 1	6.0028
Program Calc Versions	Data Versions
	AUG_07_A
	OCT_07_A

ESTIMATE RECALL NUMBER: 9/7/2007 05:58:00 AB46494

UltraMate Version: 6.0.028

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Page 1 of 1

8688312

Amended Document On Emergency

Wisconsin Motor Vehicle Accident Report

Document Number Override

Hit & Run	<input type="checkbox"/>	Unit #	
Government Property	<input type="checkbox"/>	Sheet No.	
Fire (Narrative)	<input type="checkbox"/>	Of	
Photos Taken (Narrative)	<input type="checkbox"/>		
Trailer or Towed (Narrative)	<input type="checkbox"/>		
Truck or Bus (Last Page)	<input type="checkbox"/>		
Load Spillage	<input type="checkbox"/>		
Construction Zone	<input type="checkbox"/>		
Names Exchanged	<input type="checkbox"/>		

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

INSTRUCTIONS	
Please use a Black Ink Pen or #2 Pencil.	
Mark Areas as shown:	
Correct Mark	
Incorrect Marks	
Reportable Accident <input checked="" type="checkbox"/>	

County	40	MUN/TWP	57
Accident Date			
MONTH	DAY	YEAR	
Jan	28	07	
Feb			
Mar			
Apr			
May			
June			
July			
Aug			
Sept			
Oct			
Nov			
Dec			

Time of Accident (Military Time)	
HOUR	MIN.
17	37

Total Number	
UNITS INJURED	KILLED
020100	00

Police No. DIST 3

Accident No. 8688312

Location W. State St

LATITUDE (GPS) Degrees: 12 Minutes: Seconds:		LONGITUDE (GPS) Degrees: 12 Minutes: Seconds:	
ON Hwy No. and Street Name		FROM/AT Hwy No. and Street Name	
14 W. State St		16 N. 15th St	
House # Fire # Other		Agency Space	
Utility # Railroad #		Special Study	
Unit Number Unit Type Total Number of Occupants Direction of Travel		Unit Number Unit Type Total Number of Occupants Direction of Travel	
Operator Last Name First M.I.		Operator Last Name First M.I.	
25 Marguerite O'Keefe Nancy L		25 Williams Mary M	
ADDRESS Street & Number		ADDRESS Street & Number	
26 9510 Ridge Blvd		26 314 Day St	
City & State ZIP Phone Number		City & State ZIP Phone Number	
27 Wauwatosa WI 53226 456-1590		27 Decorah IA 52001 801-0077	
Driver's License Number State Exp. Year		Driver's License Number State Exp. Year	
29 M626-6325-1908-02 WI 09		29 905226260 IA 08	
Date of Birth		Date of Birth	
32 11-08-51		32 09-16-85	
Sex Operating Class		Sex Operating Class	
33 M 35		33 M 35	
On Duty Accident		On Duty Accident	
34 (H) Winter Hwy Maintenance		34 (H) Winter Hwy Maintenance	
Severity SEAT SAFETY AIRBAG EJECTED		Severity SEAT SAFETY AIRBAG EJECTED	
38 39 40 41		38 39 40 41	
TRAPPED/ EXTRICATED		TRAPPED/ EXTRICATED	
43 44		43 44	
Vehicle Owner Last Name First M.I.		Vehicle Owner Last Name First M.I.	
45 Same 46		45 Same 46 Williams Michelle	
Street Address		Street Address	
47		47 314 Day St	
City & State ZIP Phone Number		City & State ZIP Phone Number	
48		48 Decorah IA 52101 382-0614	
Year of Vehicle Make Model Body Style Color		Year of Vehicle Make Model Body Style Color	
51 2004 Toyota Rav-4 SUV BK		51 2001 Toyota Camry 4-Dr S-1	
Vehicle ID Number		Vehicle ID Number	
53 JTEHD20V140025831		53 4T1B62AK71U038498	
License Plate Number		License Plate Number	
56 45591T		56 650-KAH	
Policy Holder's Name		Policy Holder's Name	
57 Same 58		57 Same 58	
Liability Insurance Company		Liability Insurance Company	
59 West Bend		59 State Farm	
Occupant Unit Number		Occupant Unit Number	
65 66		65 66	
NAME Last First M.I.		NAME Last First M.I.	
67		67	
ADDRESS Street & Number		ADDRESS Street & Number	
68		68	
City & State ZIP		City & State ZIP	
69		69	
Address Same as Operator		Address Same as Operator	
70		70	
EJECTED TRAPPED/ EXTRICATED		EJECTED TRAPPED/ EXTRICATED	
71 72		71 72	
Medical Transport Agency Space		Medical Transport Agency Space	
73 74		73 74	
MV4000 899		75	

EMS Number

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP	Medical Transport Y N	Agency Space		
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected	Totally Ejected 3 Partially Ejected 4 Unknown	TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped	Trapped/Extricated 3 Trapped/Not Extricated 4 Unknown	

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last First M.I. Date of Birth Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number City & State ZIP	Medical Transport Y N	Agency Space		
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected	Totally Ejected 3 Partially Ejected 4 Unknown	TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped	Trapped/Extricated 3 Trapped/Not Extricated 4 Unknown	

Type of Accident

First Harmful Event
Most Harmful Event

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

- 10 Test Not Given
- 11 Test Refused
- 12 Test Given, Alcohol Unknown
- 13 Test Given, No Alcohol Reported

Drugs

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

Unit # 1 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 Daring into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

- 1 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 # 1 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

Extent of Damage

- 1 None
- 2 Undercarriage
- 3 Total (Damage to All Areas)
- 4 Other
- 5 Unknown
- 6 None
- 7 Very Minor
- 8 Minor
- 9 Severe
- 10 Very Severe
- 11 Unknown
- 12 Moderate

Vehicle Towed Due to Damage: 96 (N)

Vehicle Removed By: 97 *aaa*

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

Darken Numbered Area(s) of Vehicle Damage

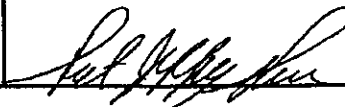
Extent of Damage

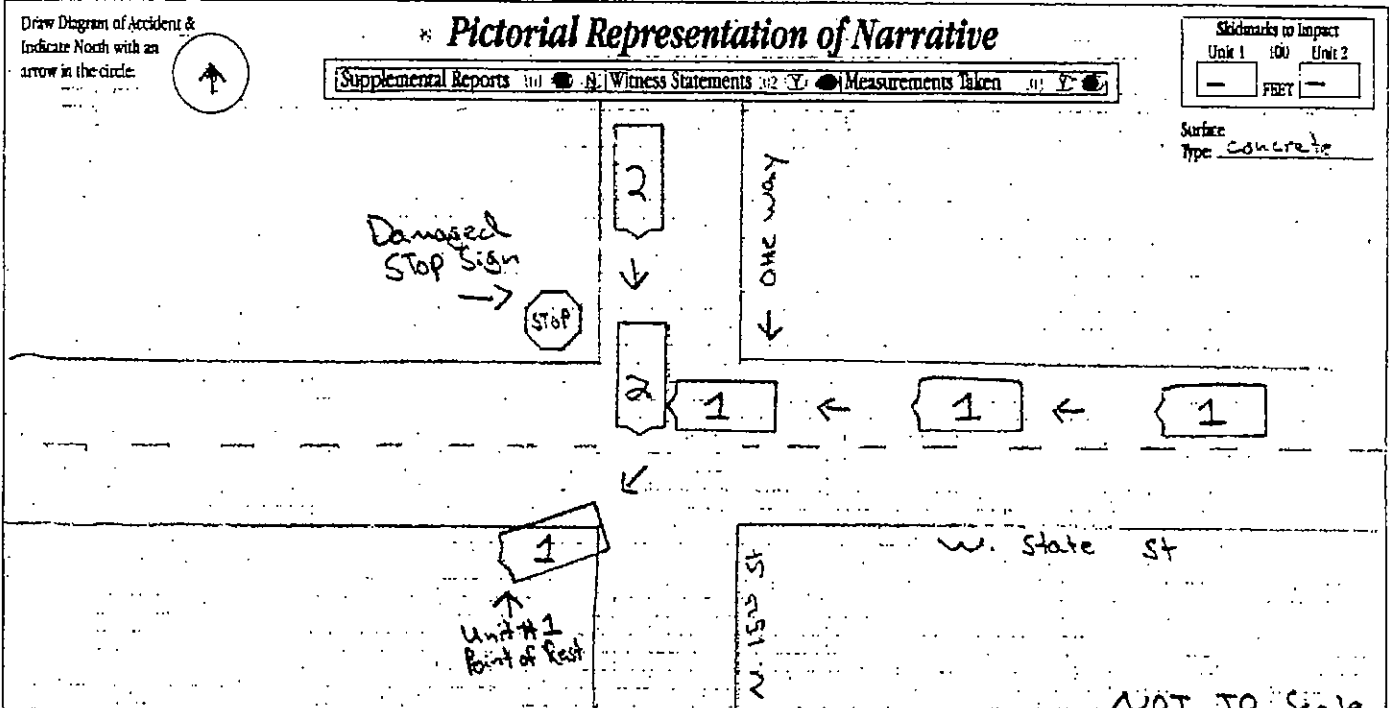
- 1 None
- 2 Undercarriage
- 3 Total (Damage to All Areas)
- 4 Other
- 5 Unknown
- 6 None
- 7 Very Minor
- 8 Minor
- 9 Severe
- 10 Very Severe
- 11 Unknown
- 12 Moderate

Vehicle Towed Due to Damage: 96 (N)

Vehicle Removed By: 97 *Kays Towing*

32 Fixed Object Struck	PROPERTY OWNER Last First M.I.
Unit # Unit # Unit # Unit #	ADDRESS Street & Number City & State ZIP
Govt. Damage Tag # 83	Phone Number ()

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 08/29/07	INCIDENT/ACCIDENT # 8688312
INCIDENT INFORMATION	INCIDENT Personal Injury Accident			DATE OF INCIDENT/ACCIDENT 08/28/07		
	VICTIM			LOCATION OF INCIDENT/ACCIDENT W State St / N 15 th St		DIST. # 3
JUVENILE LAST NAME FIRST MIDDLE			DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER		
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE	
<p>This report is written by Police Officer Richard SCHNIER, assigned to the Patrol Support Division-Motorcycle Unit, Early Shift.</p> <p>On Tuesday, August 28th, 2007, at 5:38 PM, I was dispatched to investigate a Personal Injury Accident at the intersection of N 15th St and W State St. Upon arrival Milwaukee Fire Department Engine 20 was onscene and was rendering aid to MARQUARDT-O'KEEFE. I interviewed WILLIAMS, who was the driver of the other vehicle involved in the accident. WILLIAMS stated that she was southbound on N 15th St approaching W State St. WILLIAMS stated she did not observe a stop sign at the intersection of N 15th St and W State St and she proceeded into the intersection. When WILLIAMS entered the intersection her auto was struck by the westbound auto driven by MARQUARDT-O'KEEFE. WILLIAMS stated that after the accident she observed the stop sign for southbound traffic on N 15th St at W State St had been damaged and was facing eastbound traffic on W State St. I inspected the stop sign and observed that someone had removed the wedge that holds the sign in place and moved the sign and pole so the sign faced eastbound traffic on W State St. I later notified the City of Milwaukee Department of Electrical Services who responded and repaired the stop sign.</p> <p>I interviewed MARQUARDT-O'KEEFE regarding the accident. MARQUARDT-O'KEEFE stated she was westbound on W State St in the 1400 block. She stated as she approached the intersection of W State St and N 15th St the southbound auto driven by WILLIAMS entered the intersection and she was unable to avoid the collision. MARQUARDT-O'KEEFE complained of pain to her mid chest and mid back. I pointed out the position of the damaged stop sign and informed MARQUARDT-O'KEEFE that an unknown person had damaged the sign and altered its position. MARQUARDT-O'KEEFE was transported to Sinia Hospital by Bell Ambulance #423 for treatment.</p>						
REPORTING OFFICER			SUPERVISORS SIGNATURE			
P.O. Richard SCHNIER			Payroll 16274	Loc Code 08		



N Unit #1 westbound on W. State St
A Unit #2 southbound on N. 15th St. Unit #2
R enters the intersection of N. 15th St and
R W. State St and is struck by Unit #1.
A The stop sign for southbound traffic on
T N. 15th St at W. State St was damaged
I prior to this accident and was not visible
V to southbound traffic on N. 15th St.
E

Photos By: NONE

What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17
<input type="checkbox"/> 18	<input type="checkbox"/> 18
<input type="checkbox"/> 19	<input type="checkbox"/> 19
<input type="checkbox"/> 20	<input type="checkbox"/> 20

- Going Straight
- Making Left Turn
- Making Right Turn
- Slowing or Stopping
- Stopped in Traffic
- Legally Parked
- Violating No Passing Zone
- Illegally Parked
- Parking Maneuver
- Backing Maneuver
- Changing Lanes
- Overtaking on Left
- Overtaking on Right
- Making U Turn
- Turning on Red
- Merging
- Negotiating Curve
- Other

WITNESS - Last First MI
 NAME 097
 ADDRESS Street & Number Date of Birth
 7085 No. 5-109
 City & State ZIP Phone Number 111

ACCESS CONTROL 112

- No Control (Unlimited Access)
- Full Control (Only Ramp Entry/Exit)
- Partial Control

ROAD TERRAIN 113

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

LIGHT CONDITION 114

- Daylight
- Dark - Not Lighted
- Dark - Lighted
- Dawn
- Dusk
- Unknown

TRAFFIC WAY 115

- Not Physically Divided (2-Way Traffic)
- Divided Highway, Median Strip, without Traffic Barrier
- Divided Highway, Median Strip, with Traffic Barrier
- One-Way Traffic
- Parking Lot or Private Property

ROAD SURFACE CONDITION 116

- Dry
- Wet
- Snow/Slush
- Ice
- Sand, Mud, Dirt, Oil
- Other
- Unknown

WEATHER 118

- Clear
- Cloudy
- Rain
- Snow
- Fog, Smog, Smoke
- Sleet, Hail
- Freezing Rain or Drizzle
- Blowing Sand, Soil, Dirt, Snow
- Severe Crosswinds
- Other
- Unknown

RELATION TO ROADWAY 117

- On Roadway
- Parking Lot or Private Property
- Shoulder (Other Than Shoulder within Median or Gore)
- Median (Other Than Median within Gore)
- Outside Shoulder - Left
- Outside Shoulder - Right
- Off Roadway - Location Unknown
- On Ramp
- Gore (Area between Ramp & Highway)
- Unknown

Traffic Control

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11

- No Control
- Traffic Signal Operating
- Traffic Signal Flashing
- Stop Sign
- Stop Sign with Flasher Warning
- Warn Sign with Flasher
- Yield Sign
- Traffic Control Person
- RR-crossing Signal
- Other

8688312

Document Number Override 121

Officer's Opinion of Possible Contributing Circumstances

Driver Factors section with checkboxes for 14 categories like Exceeding Speed Limit, Inattentive Driving, etc.

Vehicle Factors section with checkboxes for 12 categories like Brake System, Steering System, etc.

Highway Factors section with checkboxes for 13 categories like Snow, Ice or Wet, Narrow Shoulder, etc.

OFFICER INFORMATION

Officer information fields including Last Name (Schnier), First Name (Richard), M.I. (D), Agency (Milwaukee WI), and Officer ID (06274).

Date and Time notification grids for Date Notified, Time Notified, Time Arrived, and Date of Report.

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

Truck & Bus Accident Information Part A and B, including questions about hazardous materials, injuries, and towing.

Hazardous Material Information section with fields for Class Numbers, UN Numbers, and placard display.

Carrier Information section with fields for Interstate Carrier, Carrier Name, and Address.

Carrier Identification Numbers and Source fields, including US DOT, ICC MC, and Source options like Vehicle Side or Shipping Papers.

Vehicle Information section including Vehicle Configuration (Truck, Trailer, etc.) and Sequence of Events for this Vehicle.

Cargo Body Type section with checkboxes for various vehicle types like Box, Van/Enclosed box, Cargo Tank, etc.

SEP 10 2007

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