



AMERICAN FAMILY INSURANCE GROUP

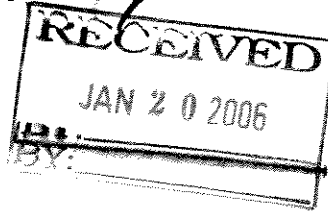
440 SOUTH EXECUTIVE DRIVE • BROOKFIELD WI 53005-4280 • PHONE: 262-784-9100; FAX: 262-784-3828

Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

January 13, 2006

CITY OF MILWAUKEE
200 E WELLS ST
MILWAUKEE WI 53233

*City Attorney
CH-800*



Re: Claim #: 00-651-369561-1322
Our Insured: Cassandra M Gomez
Date of Loss: November 19, 2005

Dear Sir or Madam:

We have received notice of the above claim from our insured. Our preliminary investigation indicates you were the cause of our insured's damages. We are of the opinion that the City of Milwaukee failed to properly replace, or attend to, a missing stop sign at the corner of 29th Street and Locust in a reasonable period of time which led to this accident occurring.

We anticipate making payments to our insured. Once payment is made, our Subrogation Department will be sending you our supporting documentation for you to reimburse our claim payment(s) and our insured's deductible.

If you have any questions in the meantime, please contact me at 262-784-2933, ext# 48242. Thank you.

Sincerely,

Brian Dooley
Casualty Claims Analyst

CITY OF MILWAUKEE
2006 JAN 25 PM 3:12
RONALD LEONHARDT
CITY CLERK



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Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

June 2, 2006

CITY OF MILWAUKEE
200 E WELLS ST
MILWAUKEE, WI 53233
ATTN: CITY CLERK'S OFFICE

CITY OF MILWAUKEE
2006 JUN -7 PM 4: 12
RONALD D. LEONHARDT
CITY CLERK

RE: Your Insured: CITY OF MILWAUKEE
Your File Number: 06-S31
Our Claim Number: 00-651-369561-1322
Our Insured: Cassandra M Gomez
Date of Accident: November 19, 2005
Total Claim: \$8517.90
Company Portion: \$8,317.90
Insured's Deductible: \$200

Dear Sir or Madam:

Please update me on the status of this case. I sent a reimbursement request to your office on January 27, 2006 but have not received a response to that request. I also have not received any correspondence from you as to whether or not you have completed your investigation into this matter.

You may send written correspondence to my attention at the above listed mailing address. I can be reached at 262-784-2933, ext# 48242 should you wish to contact me via telephone.

Respectfully,

Brian Dooley
Casualty Claims Analyst

Enc.

cc: -

CITY OF MILWAUKEE
RECEIVED
2006 JUN -7 PM 4: 36
OFFICE OF
CITY ATTORNEY



AMERICAN FAMILY INSURANCE GROUP

440 SOUTH EXECUTIVE DRIVE • BROOKFIELD WI 53005-4280 • PHONE: 262-784-9100; FAX: 262-784-3828

Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

January 27, 2006

CITY OF MILWAUKEE
200 E WELLS ST
MILWAUKEE, WI 53233
ATTN: CITY CLERK'S OFFICE

CITY OF MILWAUKEE
2006 FEB -2 AM 9:35
RONALD D. LEONARDI
CITY CLERK

RE: Your Insured: CITY OF MILWAUKEE
Your File Number: 06-S31
Our Claim Number: **00-651-369561-1322**
Our Insured: Cassandra M Gomez
Date of Accident: November 19, 2005
Total Claim: \$8517.90
Company Portion: \$8,317.90
Insured's Deductible: \$200

Dear Sir or Madam:

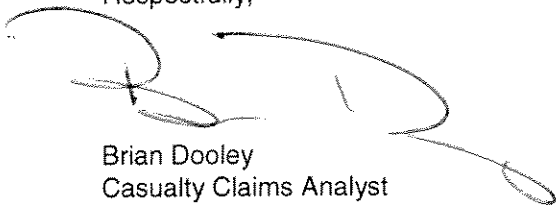
I am sending these proofs and dollar demand at the request of Steve Carini in the City Attorney's Office. Based on our review, it appears that the city was negligent in regards to the damages sustained in the loss by our insured. The amount listed above reflects vehicle damages and our insured's deductible. Medical expense benefits have been paid and are still pending at this time.

At the time of the collision, the police report indicates that the stop sign normally in place at the intersection of 29th and Locust was missing. We believe that the failure of the city to replace the sign in a reasonable and timely fashion led directly to this accident.

Once you have finished with your investigation, please contact the undersigned with a decision on this matter. I would hope that our claim receives every consideration given the circumstances.

I can be reached at 262-784-2933, ext# 48242 with any additional questions.

Respectfully,



Brian Dooley
Casualty Claims Analyst

Enc.

cc: -

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil.
Mark Areas as shown:
Correct Mark:
Incorrect Marks:

County	MUN/TWP
40	57

Accident Date		
MONTH	DAY	YEAR
Jan	19	05
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)	
HOUR	MIN.
01	15

Total Number		
UNITS	INJURED	KILLED
020	3	00

Hit & Run	<input type="checkbox"/>
Government Property	<input type="checkbox"/>
Fire (Narrative)	<input type="checkbox"/>
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"/>

Unit #
Sheet No. Of
11

Reportable Accident
 N

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 Hwy No. and Street Name: **W. Lacust** Estimated FT. MI. FROM/AT Hwy No. and Street Name: **2900 black**

House # Fire # Other Utility # Railroad # 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)
23	2	2	N	23	2	2	N

Speed Limit	OPERATOR Last NAME	First	M.I.	Speed Limit	OPERATOR Last NAME	First	M.I.
25	COPUS	Autumn	N.	25	OGLESBY	Michelle	A.
ADDRESS Street & Number	26 4550 S. Nicholson #200			ADDRESS Street & Number	26 8610 W. Allis		
City & State	ZIP	Phone Number (414)		City & State	ZIP	Phone Number (414)	
27 Cudahy WI	53210	487-9866		27 Milwaukee WI	53224	453-9126	
Driver's License Number	State	Exp. Year		Driver's License Number	State	Exp. Year	
28 0170-0138-7515-07 WI		07		28 0242-5418-2751-07 WI		11	

Date of Birth	Sex	Operating	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating	Class (Mark Only One)	Endorse (Mark All That Apply)
32 01-15-87	M	25	A	H	32 07-11-82	F	25	A	H
On Duty Accident	<input type="checkbox"/> Police	<input type="checkbox"/> EMT/First Responder	<input type="checkbox"/> Fire Fighter	<input type="checkbox"/> Winter Hwy Maintenance	On Duty Accident	<input type="checkbox"/> Police	<input type="checkbox"/> EMT/First Responder	<input type="checkbox"/> Fire Fighter	<input type="checkbox"/> Winter Hwy Maintenance

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
38	39	40	41	42	38	39	40	41	42

TRAPPED/EXTRICATED Not Applicable Trapped/Extricated Unknown Medical Transport

Vehicle Owner Same Last Name First M.I. 45 GOMEZ Cassandra M. 46 MEERS Eric D.

Street Address 47 9009 W. Waterford Sq. 48 1618 S. 115TH ST

City & State 48 Milwaukee WI 53228 48 West Allis WI 53220

Year of Vehicle Make Model Body Style Color 50 2004 Kia Rio 4DR Silver 50 1996 Dodge Aveng 4DR BLK

Vehicle ID Number 55 KNADC125146350079 55 4B3AUS2NXTE322666

License Plate Number 56 700HHY 57 Aut 58 WI 59 06 56 License Plate Number 57 58 WI 59 06

Policy Holder's Name Same Citation 62 63 American Family 64 NONE

Liability Insurance Company 65 American Family 64 NONE

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
66	RADFORD Christian M	67	F	68	3	69	2
ADDRESS Street & Number	City & State	ZIP					
70 9009 W. Waterford ST	Milwaukee WI	53228					

Address Same as Operator EJECTED TRAPPED/EXTRICATED Medical Transport Agency Space

MV4000 899 EMS Number

Police No 7
Please Do Not Write in This Vertical Space
Accident No.
Location 2900 W Lacust

Occupant Unit Number	NAME Last MEEK	First Eric	M.I. E	Date of Birth 05-13-81	Sex M	Severity X N A B 3	SEAT Position 3	SAFETY Equipment 1	AIRBAG <input checked="" type="radio"/> Deployed <input type="radio"/> Non Deployed <input type="radio"/> Not Applicable <input type="radio"/> Unknown		
ADDRESS Street & Number 1618 S. 115TH ST	City & State West Allis WI			ZIP 53210		EJECTED <input type="radio"/> Not Ejected <input type="radio"/> Not Applicable <input type="radio"/> Totally Ejected <input type="radio"/> Partially Ejected <input type="radio"/> Unknown		TRAPPED/EXTRICATED <input type="radio"/> Not Trapped <input type="radio"/> Not Applicable <input type="radio"/> Trapped/Extricated <input type="radio"/> Trapped/Not Extricated <input type="radio"/> Unknown		Medical Transport <input type="radio"/> Y <input checked="" type="radio"/> N	Agency Space

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex M F	Severity X 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		EJECTED 1 Not Ejected 2 Not Applicable 3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED 1 Not Trapped 2 Not Applicable 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown		Medical Transport Y N	Agency Space

Type of Accident

01 First Harmful Event
Most Harmful Event

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

(select one per vehicle)

Collision With Object Not Fixed

<input type="radio"/> 1 Motor Vehicle in Transport	<input type="radio"/> 2 Parked Motor Vehicle	<input type="radio"/> 3 Deer	<input type="radio"/> 4 Pedalcycle	<input type="radio"/> 5 Pedestrian	<input type="radio"/> 6 Railway Train	<input type="radio"/> 7 Other Animal	<input type="radio"/> 8 Motor Vehicle in Transport In Other Roadway	<input type="radio"/> 9 Other Object (Not Fixed)
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Collision With Fixed Object

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

Non-Collision

<input type="radio"/> 32 Overturn	<input type="radio"/> 33 Fire/Explosion	<input type="radio"/> 34 Immersion	<input type="radio"/> 35 Jackknife	<input type="radio"/> 36 Other Non-Collision
-----------------------------------	---	------------------------------------	------------------------------------	--

Driver Condition

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

Driver Factors (Or Pedestrians)

<input type="radio"/> 1 Appeared Normal	<input type="radio"/> 2 Reduced Alertness	<input type="radio"/> 3 Ability Impaired	<input type="radio"/> 4 Not Observed
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Presence

Neither Alcohol nor Drugs Present

<input type="radio"/> 6 Yes—Alcohol Present	<input type="radio"/> 7 Yes—Drugs Present	<input type="radio"/> 8 Yes—Alcohol & Drugs Present	<input type="radio"/> 9 Unknown
---	---	---	---------------------------------

Alcohol

AC Value AC Value

<input type="radio"/> 10 Test Not Given	<input type="radio"/> 11 Test Refused	<input type="radio"/> 12 Test Given, Alcohol Unknown	<input type="radio"/> 13 Test Given, No Alcohol Reported
---	---------------------------------------	--	--

Drugs

<input type="radio"/> 14 Test Not Given	<input type="radio"/> 15 Test Refused	<input type="radio"/> 16 Test Given, Drugs Unknown	<input type="radio"/> 17 Test Given, No Drugs Reported	<input type="radio"/> 18 Drugs Reported (Specify Below)		
<input type="radio"/> 19 Marijuana	<input type="radio"/> 20 Cocaine	<input type="radio"/> 21 Opiates	<input type="radio"/> 22 Amphetamines	<input type="radio"/> 23 PCP	<input type="radio"/> 24 Other Drug Medication	<input type="radio"/> 25 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

<input type="radio"/> 1 No Collision with Motor Vehicle in Transport
<input type="radio"/> 2 Rear-end
<input type="radio"/> 3 Head On
<input type="radio"/> 4 Rear to Rear
<input type="radio"/> 5 Angle
<input type="radio"/> 6 Sideswipe, Same Direction
<input type="radio"/> 7 Sideswipe, Opposite Direction
<input type="radio"/> 8 Unknown

Unit # 2 3 4 5 6 7 8 9 10

Darken Numbered Area(s) of Vehicle Damage

9 None
 10 Undercarriage

11 Total (Damage to All Areas)
 12 Other
 13 Unknown

Extent of Damage

<input type="radio"/> 0 None	<input type="radio"/> 5 Very Severe
<input type="radio"/> 1 Very Minor	<input type="radio"/> 6 Unknown
<input type="radio"/> 2 Minor	<input type="radio"/> 3 Moderate

Vehicle Towed Due to Damage Y N

Vehicle Removed By: **CHT**

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

Darken Numbered Area(s) of Vehicle Damage

9 None
 10 Undercarriage

11 Total (Damage to All Areas)
 12 Other
 13 Unknown

Extent of Damage

<input type="radio"/> 0 None	<input type="radio"/> 5 Very Severe
<input type="radio"/> 1 Very Minor	<input type="radio"/> 6 Unknown
<input type="radio"/> 2 Minor	<input type="radio"/> 3 Moderate

Vehicle Towed Due to Damage Y N

Vehicle Removed By: **CHT**

Fixed Object Struck				PROPERTY Last	First	M.I.
Unit #	Unit #	Unit #	Unit #	OWNER #4	ADDRESS Street & Number	
Govt. Damage Tag # #4				#5	City & State	
				#6	ZIP	Phone Number ()
				#7		

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

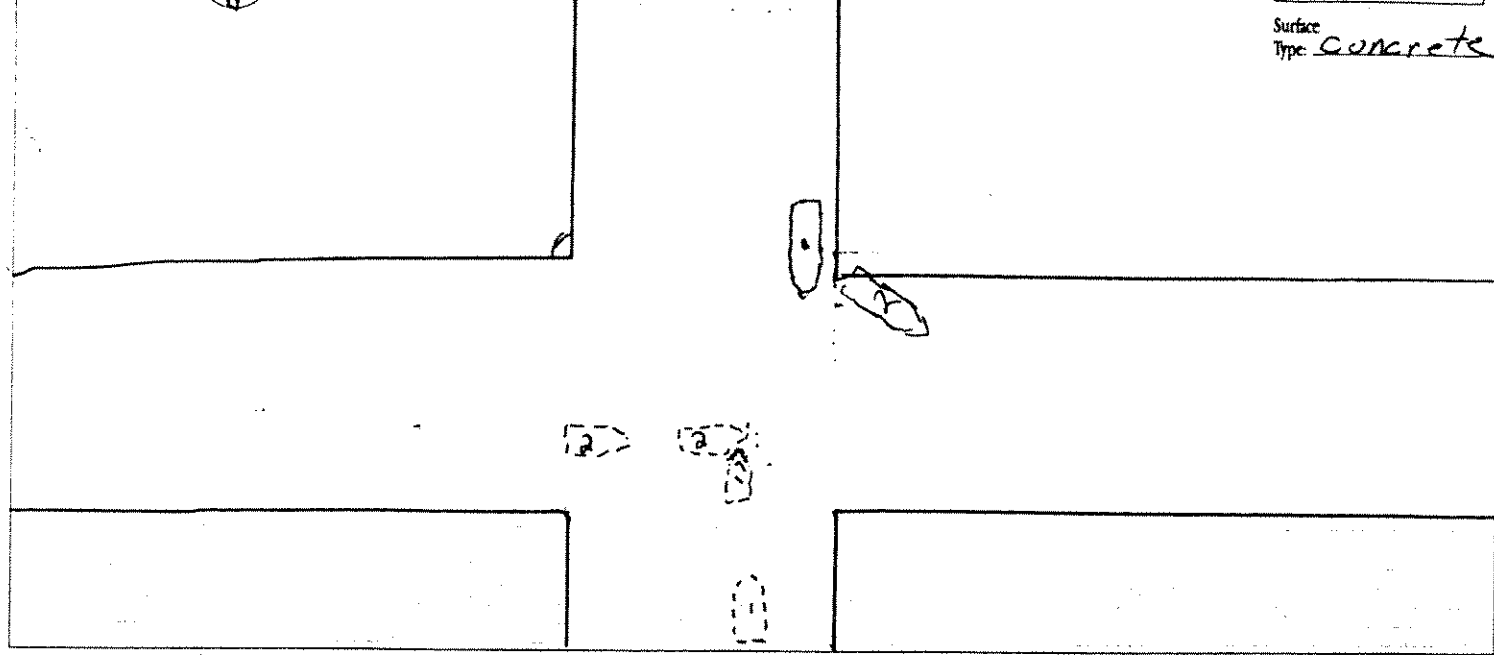


Diagrammatic Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 Unit 2
FEET

Surface Type: concrete



NARRATIVE
 Unit #1 was traveling southbound on N 29th street and struck unit #2 traveling westbound on W Locust st. Both autos came to rest on the southwest corner.

Photos By: 105

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	119 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

- 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 NAME	Last: 107	First:	M.I.:
ADDRESS	Street & Number: 108	Date of Birth:	106
CITY & STATE	ZIP: 110	PHONE NUMBER	111 ()

ACCESS CONTROL

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

ROAD TERRAIN

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

LIGHT CONDITION

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

TRAFFIC WAY

- 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

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

WEATHER

- 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

- 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	119 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

- 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-xing Signal
- Other

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10 N/A	1 2 3 4 5 6 7 8 9 10 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 N/A	1 2 3 4 5 6 7 8 9 10 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 N/A	1 2 3 4 5 6 7 8 9 10 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	First	M.I.
125 Filsinger	James	
Law Enforcement Agency Address		
126 749 W. State ST.		
City & State		ZIP
127 Milwaukee WI		53233
Phone Number		
(414) 128 935-4444 67426		
Agency #	Enforcement Agency	Officer ID #
129 7	140 M.P.D.	131 012995

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HR	MIN.	HR	MIN.	MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 1	<input type="radio"/> 1905	<input type="radio"/> 0	<input type="radio"/> 15	<input type="radio"/> 0	<input type="radio"/> 17	<input type="radio"/> Jan	<input type="radio"/> 1	<input type="radio"/> 1905
<input type="radio"/> Feb	<input type="radio"/> 2	<input type="radio"/> 05	<input type="radio"/> 1	<input type="radio"/> 15	<input type="radio"/> 1	<input type="radio"/> 17	<input type="radio"/> Feb	<input type="radio"/> 2	<input type="radio"/> 05
<input type="radio"/> Mar	<input type="radio"/> 3	<input type="radio"/> 05	<input type="radio"/> 2	<input type="radio"/> 15	<input type="radio"/> 2	<input type="radio"/> 17	<input type="radio"/> Mar	<input type="radio"/> 3	<input type="radio"/> 05
<input type="radio"/> Apr	<input type="radio"/> 4	<input type="radio"/> 05	<input type="radio"/> 3	<input type="radio"/> 15	<input type="radio"/> 3	<input type="radio"/> 17	<input type="radio"/> Apr	<input type="radio"/> 4	<input type="radio"/> 05
<input type="radio"/> May	<input type="radio"/> 5	<input type="radio"/> 05	<input type="radio"/> 4	<input type="radio"/> 15	<input type="radio"/> 4	<input type="radio"/> 17	<input type="radio"/> May	<input type="radio"/> 5	<input type="radio"/> 05
<input type="radio"/> June	<input type="radio"/> 6	<input type="radio"/> 05	<input type="radio"/> 5	<input type="radio"/> 15	<input type="radio"/> 5	<input type="radio"/> 17	<input type="radio"/> June	<input type="radio"/> 6	<input type="radio"/> 05
<input type="radio"/> July	<input type="radio"/> 7	<input type="radio"/> 05	<input type="radio"/> 6	<input type="radio"/> 15	<input type="radio"/> 6	<input type="radio"/> 17	<input type="radio"/> July	<input type="radio"/> 7	<input type="radio"/> 05
<input type="radio"/> Aug	<input type="radio"/> 8	<input type="radio"/> 05	<input type="radio"/> 7	<input type="radio"/> 15	<input type="radio"/> 7	<input type="radio"/> 17	<input type="radio"/> Aug	<input type="radio"/> 8	<input type="radio"/> 05
<input type="radio"/> Sept	<input type="radio"/> 9	<input type="radio"/> 05	<input type="radio"/> 8	<input type="radio"/> 15	<input type="radio"/> 8	<input type="radio"/> 17	<input type="radio"/> Sept	<input type="radio"/> 9	<input type="radio"/> 05
<input type="radio"/> Oct	<input type="radio"/> 0	<input type="radio"/> 05	<input type="radio"/> 9	<input type="radio"/> 15	<input type="radio"/> 9	<input type="radio"/> 17	<input type="radio"/> Oct	<input type="radio"/> 0	<input type="radio"/> 05
<input type="radio"/> Nov	<input type="radio"/> 1	<input type="radio"/> 05	<input type="radio"/> 0	<input type="radio"/> 15	<input type="radio"/> 0	<input type="radio"/> 17	<input type="radio"/> Nov	<input type="radio"/> 1	<input type="radio"/> 05
<input type="radio"/> Dec	<input type="radio"/> 2	<input type="radio"/> 05	<input type="radio"/> 1	<input type="radio"/> 15	<input type="radio"/> 1	<input type="radio"/> 17	<input type="radio"/> Dec	<input type="radio"/> 2	<input type="radio"/> 05

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

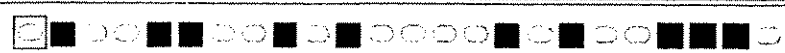
List the Hazardous Material(s) by Name in this Load:

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

Carrier Information	Carrier Identification Numbers	Source:
• Interstate Carrier? <input checked="" type="radio"/> Y <input type="radio"/> N 138	US DOT 140	<input type="radio"/> Vehicle Side
Carrier Name 139	ICC MC	<input type="radio"/> Shipping Papers
	Carrier Address 142	<input type="radio"/> Trip Manifest
		<input type="radio"/> Driver
		<input type="radio"/> Log Book

Vehicle Information	Gross Vehicle Weight Rating	LBS	Total # of Axles
<h4>Vehicle Configuration</h4> <p> <input checked="" type="radio"/> 1 Bus <input type="radio"/> 2 Single unit truck, 2 axles, 6 tires <input type="radio"/> 3 Single unit truck + 3 axles <input type="radio"/> 4 Truck/Trailer <input type="radio"/> 5 Tractor <input type="radio"/> 6 Tractor/Trailer <input type="radio"/> 7 Tractor/Double <input type="radio"/> 8 Tractor/Triples <input type="radio"/> 9 Unknown Heavy Truck <input type="radio"/> 10 Log Truck </p>	143	145	144
<h4>SEQUENCE OF EVENTS FOR THIS VEHICLE</h4> <p>(Mark a total of one to four events in the order that they occurred.)</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Ran off Road <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Overturn (Rollover) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Downhill Runaway <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Cargo Loss or Shift <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Explosion or Fire <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Separation of Units <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Collision Involving Pedestrian <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Collision Involving Motor Vehicle in Transp. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Collision Involving Parked Motor Vehicle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Collision Involving Train <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Collision Involving Pedalcycle <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Collision Involving Animal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Collision Involving Fixed Object <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Collision Involving Other Object <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Other </p>			
<h4>Cargo Body Type</h4> <p> <input type="checkbox"/> 1 Bus <input type="checkbox"/> 2 Van/Enclosed box <input type="checkbox"/> 3 Cargo Tank <input type="checkbox"/> 4 Flatbed <input type="checkbox"/> 5 Dump <input type="checkbox"/> 6 Concrete Mixer <input type="checkbox"/> 7 Auto Transporter <input type="checkbox"/> 8 Garbage/Refuse <input type="checkbox"/> 9 Other <input type="checkbox"/> 10 Log Truck </p>			

NOV 25 2005



Printed in U.S.A. GS03 654321 NCS MMS7108-3

INCIDENT INFORMATION	INCIDENT <u>P/E Accident</u>	DATE OF INCIDENT ACCIDENT <u>11-19-05</u>	
	VICTIM	LOCATION OF INCIDENT / ACCIDENT <u>2900 W. Locust St.</u>	DIST.# <u>7</u>

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="radio"/> DETAINED <input type="radio"/> ORDERED TO MCCC <input type="radio"/> OTHER
--------------------	-------	--------	---------------	--

QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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This report is written by P.O. Jimmy CASTELLO assigned to District 7, Late Shift.

On Saturday, 11-19-05, at about 1:16 am P.M., P.O. CASTELLO and my partner - P.O. FALSINGER (Sgd. 706) were dispatched to a P/E Accident at 2900 W. Locust St.

Upon arrival, we observed two autos in the intersection of N. 29th St and W. Locust St. One auto was a 2004 Silver Kia Rio, 4 door with WI plates 700 Hty and a vin of KNAPC12514635007A. This auto was located on the southwest corner of the intersection. Second auto was a 1996 2 door black Dodge Avenger with a vin of 4B3AUS8NXTE3226060. Occupants of the Kia were Autumn M. COPUS w/f, 1-15-87 of 4550 S. Nicholson Ave. Apt # 20, ph # 484-9866 (driver). Passenger was Christina L. RADFORD #, 9-4-87, of 9009 W. Waterford Sq. N. ph # 403-0867. Both occupants of the Kia refused medical attention.

Occupants of the Dodge were Michelle A. OGLESBY B/F, 7-11-82 of 8610 W. Allyn, ph # 4530120 (driver). The passenger was Eric F. MEKES B/m, 05-13-81 of 1018 S. 115th St of West Allis. Both Subjects complained of pain to the head and neck. Both were transported to St. Joseph hospital by Medacare 223 and 203.

We later were at St. Joseph to check on the subjects where they were treated and released.

PO-15 A 3/98 SUPPLEMENT REPORT MILWAUKEE POLICE DEPARTMENT	<input type="radio"/> INCIDENT SUPPLEMENT <input checked="" type="radio"/> ACCIDENT SUPPLEMENT <input type="radio"/> JUVENILE SUPPLEMENT	PAGE <u>2</u> OF <u>2</u>	DATE OF REPORT <u>11-11-05</u>	INCIDENT / ACCIDENT <u>[REDACTED]</u>
---	--	---------------------------	-----------------------------------	--

INCIDENT INFORMATION	INCIDENT <u>P/I Accident</u>	DATE OF INCIDENT / ACCIDENT <u>11-11-05</u>
	VICTIM	LOCATION OF INCIDENT / ACCIDENT <u>2100 W Locust St.</u>

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="radio"/> DETAINED <input type="radio"/> ORDERED TO MCCC <input type="radio"/> OTHER
--------------------	-------	--------	---------------	--

QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
----------	------------------	-------------	----------	--------	-------

It should be noted the kia was traveling south bound on N. 21st st. At that intersection a stop sign for the south bound traffic has been removed. The city was notified and the sign was replaced. The stop sign for north bound traffic was still in place.

REPORTING OFFICER: <u>CASTILLO</u> <u>Jimmy Castillo</u>	PAYROLL # <u>015879</u>	LOC CODE <u>73</u>	SUPERVISORS SIGNATURE <u>[Signature]</u>
---	----------------------------	-----------------------	---

BOOK RATING DEFINITIONS

CONDITIONS OF THE VEHICLE TO BE RATED ARE COMPARED TO OTHER VEHICLES OF THE SAME YEAR, MAKE, AND MODEL - NOT COMPARED TO ALL VEHICLES.

	EXTERIOR	TIRES	INTERIOR	MECHANICAL
FAIR	HEAVY RUST, BAD PAINT, MISSING OR DAMAGED BODY PARTS	CAR 3/32nds OR LESS TREAD DEPTH TRUCK 5/32nds OR LESS	MAJOR FLAWS, INCLUDES TEARS, HOLES, CRACKS OR MISSING ITEMS	NEEDS SOME WORK: EITHER MANY SMALL ITEMS (TUNEUP, GASKETS, HOSES, CARBURETOR, NEW BATTERY, etc.) or POSSIBLY ONE LARGE ITEM (MAJOR ENGINE OR TRANSMISSION WORK)
PRIVATE	MINOR SHORTCOMINGS, NICKS, SCRATCHES, DOOR DINGS, etc. WHICH COULD REQUIRE DEALER ATTENTION <i>Small dent in Rear of</i>	CAR 4 TO 7/32nds TREAD DEPTH TRUCK 6 TO 10/32nds	NORMAL WEAR AND USE FOR THE VEHICLE'S AGE: MAY NEED CLEANING OR VERY MINOR REPAIRS SHOULD HAVE NO MAJOR COMPONENTS MISSING, MAJOR RIPS OR MISCELLANEOUS DAMAGE <i>Edgy Power - Black Interior</i>	MANY VEHICLES FALL INTO THIS CATEGORY, THEY'RE THE TYPICAL VEHICLE ON THE ROAD TODAY, HOWEVER THEY HAVE MINOR SHORTCOMINGS WHICH REQUIRE DEALER PREPARATION BEFORE SALE. (i.e. NEEDS EXHAUST MUFFLER, HAS RUST HOLES, ENGINE COMPARTMENT VERY OILY, NEEDS GASKETS OR SEALS, ETC.) <i>STEAM CLEAN</i>
DEALER	WELL MAINTAINED VEHICLE, EQUAL TO A COMPARABLE CAR ON A DEALER'S LOT	CAR 8/32nds OR BETTER TREAD DEPTH AND OF EQUAL QUALITY TO THE OEM RECOMMENDED TIRES FOR THIS VEHICLE TRUCK 11/32nds OR ABOVE	NO VISIBLE DAMAGE OR WEAR; CLEAN; INTACT.	MOST VEHICLES SHOULD BE DEALER UNLESS INFO TO THE CONTRARY CAN BE SUPPORTED AND DOCUMENTED.
SUPERB	IN EXCEPTIONAL CONDITION FOR ITS YEAR, MAKE, MODEL. THIS VEHICLE IS BETTER THAN ONE FOR SALE ON A DEALER LOT. USE THIS RATING SELECTIVELY. FEW CARS MEET THIS STANDARD.	TOP QUALITY OR SPECIALTY TIRES. ADDITIONS, IF ANY, SHOULD BE DETERMINED ON A CLAIM-BY-CLAIM BASIS. MAY REQUIRE A MANUAL DOLLAR ADJUSTMENT.	IN EXCEPTIONAL CONDITION FOR ITS YEAR, MAKE, MODEL. THIS VEHICLE IS BETTER THAN ONE FOR SALE ON A DEALER'S LOT. USE THIS RATING SELECTIVELY. FEW CARS MEET THIS STANDARD.	IN EXCEPTIONAL CONDITION FOR ITS YEAR, MAKE, MODEL. THIS VEHICLE IS BETTER THAN ONE FOR SALE ON A DEALER'S LOT. USE THIS RATING SELECTIVELY. FEW CARS MEET THIS STANDARD.

LIENHOLDER INFORMATION

Lienholder:	Acct. #	Lienholder Payoff: \$	Fax #:
-------------	---------	-----------------------	--------

SALVAGE INFORMATION

Rebuildable: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Borderline <input type="checkbox"/>	Total Burn: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Basket Case: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Storage per Day: \$	Storage Cost: \$	Towing: \$
Salvage Location/Pool:	Date Called:	Date Moved:
Salvage Bid From:	Amount: \$	Salvage Bid From:
Salvage Bid From:	Amount: \$	Stock #: 12619155
TITLE TO BE TRANSFERRED AS: CLEAR <input type="checkbox"/> INSUR <input type="checkbox"/> SALVAGE <input checked="" type="checkbox"/> JUNK <input type="checkbox"/> OTHER <input type="checkbox"/>	Owner Retains: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	NOTIFY DOT? Yes <input type="checkbox"/> No <input type="checkbox"/>
OBTAINED KEYS: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

VEHICLE OWNER CONTACTS/ADDITIONAL COMMENTS/RECONDITIONING COMMENTS, ETC.

DATE & TIME	INITIALS	COMMENTS
		<i>Hit very hard FRt.</i>
		<i>Complete FRt section w/ both Reils</i>
		<i>Air Bags</i>

ADDITIONAL T/L DOCUMENTATION FOUND ON T-LOG OPTION 18 PHOTOLINK PICTURE/IMAGES YES NO

NOTE: SHADED AREAS ARE REQUIRED PDC LOG ENTRY FIELDS.

Agent Notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	INSPECTED BY: <i>Guyt</i>	T/L SETTLED BY: <i>Guyt</i>
Date:		

Date: 11/28/2005 10:45 AM
 Estimate ID: 00651369561-0
 Estimate Version: 0
 Committed
 Profile ID: MILWAUKEE

AMERICAN FAMILY INSURANCE

4825 S. WHITNALL AVE. CUDAHY, WI 53110
 (414) 744-8325
 Fax: (414) 744-1535

Damage Assessed By: GILLY PIOTROWSKI

Condition Code: Excellent
 Date of Loss: 11/19/2005
 Deductible: 200.00
 Policy No: 0769543307
 Type of Loss: Collision
 Claim Number: 00651369561-0
 Insured: CASSANDRA M GOMEZ
 Address: 9009 W WATERFORD SQ N GREENFIELD, WI 53228-0000
 Telephone: Home Phone: (414) 403-4915

Mitchell Service: 910765

Description: 2004 Kia Rio
 Body Style: 4D Sed
 VIN: KNADC125146350079
 Mileage: 30,496
 OEM/ALT: A
 Color: SILVER
 Options: AIR CONDITIONING, POWER STEERING, POWER BRAKES, ELECTRIC DEFOGGER
 AUTOMATIC TRANSMISSION, AM-FM STEREO/CDPLAYER(SINGLE), PASSENGER-FRONT AIR BAG
 4-DOOR, DRIVER-FRONT AIR BAG
 Drive Train: 1.6L Inj 4 Cyl 4A FWD
 Search Code: WMILWAUKEE

THIS ESTIMATES IS BEING PREPARED FOR TITLE BRANDING PURPOSES ONLY.

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	100007	BDY	REMOVE/REPLACE	REPLACE FRT SHEET METAL	Qual Recycled Part	2,000.00 *	5.3
2	AUTO	REF	REFINISH	FRONT SHEET METAL			C 5.8
3	AUTO	REF	REFINISH	ADD FOR EDGES & UNDERSIDE			C 2.0
4				inc. all coolers and fan assy.			
5				LINE MARKUP %20.00		400.00	
6	100014	BDY	REMOVE/REPLACE	REPLACE FRONT INNER STRUCTURE ASSY	-S Qual Recycled Part	INC*18.0	#
7	AUTO	REF	REFINISH	FRONT INNER STRUCTURE ASSY			3.0
8				*** END OF ATG SECTION ***			
9	002381	MCH	REMOVE/REPLACE	AIR BAG MODULE-DRIVER FRONT	-M 0K32A 57K00A08	499.95	0.3
10	002382	MCH	REMOVE/REPLACE	AIR BAG MODULE-PASSENGER FRONT	-M 56920 FD00008	549.95	0.4 #
11	900500	FRM*	ADD'L LABOR OP	SET UP & MEASURE UNIBODY	Existing		2.0*
12	900500	FRM*	REPAIR	PULL & SQUARE UNIBODY / FRAME	Existing		4.0*
13	900500	REF *	REFINISH/REPAIR	CORROSION PROTECTION	Sublet	10.00 *	0.3*
14	AUTO	REF	ADD'L OPR	CLEAR COAT			3.1
15	AUTO		ADD'L COST	PAINT/MATERIALS		397.60 *	

ESTIMATE RECALL NUMBER: 11/28/2005 10:44:59 00651369561-0

Mitchell Data Version: OCT_05_A
 UltraMate Version: 5.0.212
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Images



Description : Image 1

Comments : Nov-28-2005 10:34a



Description : Image 2

Comments : Nov-28-2005 10:34a



Description : Image 3

Comments : Nov-28-2005 10:34a



Research & Compare

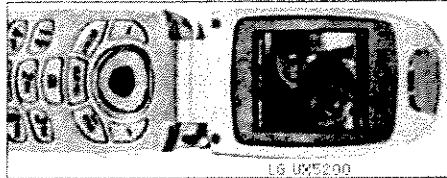
Find Your Car

Sell Your Car

New Cars

Car Loans

Insurance



FREE
Camera Phone

When you buy one for
\$49.99

[DETAILS](#)



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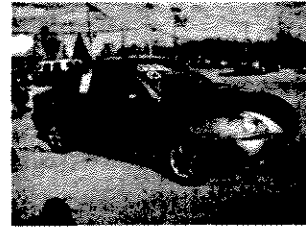
Compare Cars

[Back to Results](#)

Vehicle



2004 Kia Rio



2004 Kia Rio

Price \$9,997
MSRP N/A
Body Style Sedan
Mileage 12,698
Comments RIO * 9 Photos! * VISIT US DIRECT AT www.russdarrowford.com CONTACT JUSTIN @ 888-832-5552 FOR ASSISTANCE ON ANY OF OUR PRE-OWNED VEHICLES. ALL PRICES ARE PLUS T.T.L. AND \$129 SERVICE FEE. * Vehicle includes: Power Steering, Power Brakes, Power Door Locks, Power Windows, AM/FM Stereo Radio, Compact Disc Player, Dual Air Bags, Tachometer, Air Conditioning, Tilt Steering Wheel, Rear Defroster, and Remote Trunk Lid.
Exterior Color Silver
Interior Color N/A
Doors Four Door
Engine 4 Cylinder Gasoline

\$8,997
 N/A
 Sedan
 40,675
 CARFAX CERTIFIED!! PRINT OUT THIS AD AND BRING IT IN TO RECIEVE AN ADDITIONAL \$100 OFF ONLY AVAILABLE THROUGH DAN ABERNATHY!! CALL DAN ABERNATHY AT 1-866-809-6594. YOU MUST DEAL WITH DAN ABERNATHY IN ORDER TO RECIEVE THIS SPECIAL INTERNET OFFER!!
 Silver
 Grey
 Four Door
 4 Cylinder Gasoline

Trans.	Automatic	Automatic
Drive	2 wheel drive - front	2 wheel drive - front
Fuel Type	Gasoline	Gasoline
VIN	KNADC125946329304	KNADC125446293912
Stock No.	50985A	477P
Seller Info	Russ Darrow Ford Wauwatosa, WI 53226 Get Phone No. Email Seller See More Cars Like This	Schlossmann's Honda City Milwaukee, WI 53227 Get Phone No. Email Seller See More Cars Like This

The price tag is yours

Not a pe



PRICE YOU

AN AMERICAN

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Preliminary Valuation Report
AMERICAN FAMILY INSURANCE CO

Date: 11/28/2005
 Claim: 00651369561-0
 Policy: 0769543307
 Customer: CASSANDRA M GOMEZ
 Loss Date: 11/19/2005
 Deductible: \$200
 Payer Code:

Valuation ID: 00651369561-0
 Type of Loss: Collision
 Classification: Total Loss
 Assessor: GILLY PIOTROWSKI
 Assessor ID: GPIOTROW
 Profile: DEFAULT
 State: WI

Vehicle: 2004 Kia Rio 4D Sed 1.6L Inj 4 Cyl 4A
 VIN: KNADC125146350079
 Mileage: 30,496
 Condition: Excellent

Type: Auto
 License:
 Color: SILVER

N.A.D.A.(C)

CENTRAL VALUES

DC125 RIO-4 CYL. Sedan 4D

Base Value	\$8,425
Mileage Adjustment	No Adjustment
Air Conditioning	Standard
Power Steering	Standard
Automatic Transmission	Standard
Compact Disc Player	\$125

Total Retail Value \$8,550

Mitchell International, Inc. warrants that this valuation is an accurate representation of the electronic data provided by N.A.D.A.(c).

AVERAGE VEHICLE VALUE	\$8,550.00
Taxable Adjustments	
Taxable Adjustments Total	\$0.00
Pre-Tax Subtotal	\$8,550.00
Post-Tax Subtotal	\$8,550.00
Non-Taxable Adjustments	
Deductible	<\$200.00>
Non-Taxable Adjustments Total	<\$200.00>
NET TOTAL	\$8,350.00

Customer: CASSANDRA M GOMEZ
 : 9009 W WATERFORD SQ N
 : GREENFIELD, WI
 532280000

Inspection Site: copart
 : copart lot# 12619655

Impact Points: Total Loss

WISCONSIN TITLE & LICENSE PLATE APPLICATION
MV11 2/2005

Processor ID No. Received - Date - Opened

Title No. New License Plate No.

Amount Received, Document Number
Check Cash

DO NOT WRITE ABOVE THIS LINE.
Complete form using BLUE or BLACK INK.

Section A - Vehicle Owner Information

Application Type (check one) Title Transfer Original Title Title Only Salvage Title Check if also IRP

Owner Legal Name - Last, First, Middle Initial: Robert Fossard Birth Date: 01-16-69 Owner Social Security # or Driver License # or FEIN - Required: 6320-1136-9415-03

CO-Owner (if any) Name - Last, First, Middle Initial: _____ Birth Date: _____ Co-Owner Social Security # or Driver License # or FEIN - Required: _____

OR AND (check one)

Street Address: 9009 W Waterford Sq N City: Greenfield State: WI ZIP Code: 53228 Area Code - Telephone #: 414-546-2895

If leased vehicle, Lessee Name - Last, First, Middle Initial: _____ Lessee Signature: X Lessee Social Security # or Driver License #: _____

Street Address: _____ City: _____ State: _____ ZIP Code: _____ Area Code - Telephone #: _____

Section B - Vehicle Information

VEHICLE IDENTIFICATION NUMBER (frame number of cycle/moped): KM9FE1215351420A9 Year: 2005 Make: KIA Model: SPECTRA EX Type (car, truck, van, etc): Car Color: IMPERIAL BLUE

WI License Plate to Transfer (Plate may be transferred from husband or wife only): _____ Temporary License Plate Number: _____ Check box if plates transferred from husband/wife. License plates cannot be transferred between other family members.

Vehicle kept in County: OF: Milwaukee City: Greenfield Village: _____ Town: _____ Date First Operated this vehicle in Wis. as resident: 11-29-2005 Registration Period: _____ Gross Weight: _____

Section C - Loan Information

Secured Party Number(s): 040755 List all SECURED PARTY NAME(S) (lienholders): Americredit Financial Services, Street Address, City, State, ZIP Code: P.O. Box 182673, Arlington, Tx 76096-2673 Area Code-Phone Number: _____

If no secured party, check None

Section D - Odometer Mileage

Selling Dealer completes: Federal and State law requires that seller state the mileage in connection with the transfer of ownership. Failure to complete a mileage statement or providing a false mileage statement may result in fines and/or imprisonment and may make you liable for damages to your transferee (Purchaser).

Exempt from odometer disclosure because vehicle is: 10 or more model years old Gross vehicle weight rating exceeds 16,000 lbs.

ODOMETER NOW READS (No Tenths): 111,279 The odometer reading reflects the amount of mileage in excess of its mechanical limit. The odometer reading is NOT actual mileage. **WARNING ODOMETER DISCREPANCY**

Section E - Vehicle Transaction

a. Cash price (vehicle described in section "B") 18018.90

b. Less trade-in allowance N/A

Note: WI Dealers need not complete item c below

c. Amount subject to tax (line a minus line b) 18018.90

State Sales Tax (5% of line c) 900.95

County Sales Tax, Standard Tax 100.00

Local Sales Tax (if applicable, see local sales tax chart) _____

Fee Computation

Title Fee \$35 (replacement \$8) 45.00

Loan Filing Fee \$4 4.00

License Plate Fee (see section "H") 55.00

Miscellaneous Fees

Municipal Wheel Tax (Below-\$10; Sheboygan-see instructions) N/A

Motor Carrier Class Fee (see section "H") N/A

Optional Fees (customer initials to OK)

Priority Service Fee \$4 (see address below) N/A

Counter Service Fee \$5 (If you apply in person at DOT) N/A

Electronic Title/License Plate Filing Fee \$19.50 19.50

ENTER FEE TOTAL \$ 123.90

Make check payable to: Registration Fee Trust

Tax Statement

Date Vehicle Purchased: 11-29-2005 Used New Date Delivered: 11-29-2005

Describe Year Make Vehicle Identification Number

Trade-In: _____

If tax exempt, enter exemption code and reason (see instructions back of page 3)

Licensed Dealer's Statement of Sale and Warranty

For value received I hereby sell, assign or trade the vehicle described on this document to the purchaser(s) named in section "A" and I certify that all liens shown on the Certificate of Title are paid.

DEALER Name: Rosen Nissan, Inc. Area Code - Phone #: 414-282-9300

Required Title Brand (See instructions back of page 3): _____ Dealer #: 3195

Police Taxi Flood Damage MFR Buyback Hail Damaged

Wisconsin Dealer signature also serves as evidence of application for title/registration and payment of fees.

Bill Shepard
(Print Name of Selling Dealer's Authorized Agent)

X [Signature] 11-29-2005
(Signature of Selling Dealer's Authorized Agent) (Date)

Certification

All parties certify with their signature that to the best of their knowledge the information and statements on this application are true and correct. The prior owner's odometer statement has been shown to the applicant and a copy of this completed application including odometer statement has been furnished the applicant.

COMMERCIAL CARRIERS - I further certify knowledge of applicable federal and state motor carrier safety rules, regulations, standards and orders, and declare that all operations will be conducted in compliance with such requirements.

X [Signature] 11-29-2005
(Owner Signature shown in section A) (Date)

X [Signature] 11-29-2005
(Co-Owner Signature) (Date)

Mail application and check for Title and Plate fees to: Wisconsin Dept. of Transportation, PO Box 7949, Madison, WI 53707-7949.

Priority Service processing (Mail-in) - Remit an extra \$4 fee to: WI Dept of Transportation, PO Box 7306, Madison, WI 53707-7306

WI Dealers: Remit state, county and local tax with form ST-12 to WI Department of Revenue.

12/7/05
Max Tapp
PAID
424.40
12/7/05
Rosen

Claim Number: 00651369561

ID: 00

Adjuster: 650659 PIOTROWSKI, GILLY

Date Of Loss: 11/19/2005

Peril Code: 025

Ins/Clmnt Name: GOMEZ, CASSANDRA M

Date Assigned: 11/28/2005

Date Opened: 12/7/2005		Title Sent Date: 12/28/2005	
Vehicle Damages PDRs Estimate: \$5,978.00 Hidden Damage: \$0.00 Damage Percent: 72.08%		Pool Dates Date Called: 11/22/2005 Date Moved: 11/22/2005 Pool To Move: 0 Date Sold: 1/4/2006 Completed: 1/16/2006 Pay Days: 8	
Settlement Information Amount Paid: \$8,093.00 Deduct: \$200.00 ACV: \$8,293.00 Book: \$8,550.00 Verified Take: \$0.00 Automated: \$0.00 Rating: 97% Book ACV: \$8,293.50 Tax Paid: \$0.00		Towing & Storage Towing: \$155.00 Labor: \$0.00 Storage Cost: \$0.00 Days In Storage: 0 Average Storage: \$0.00	
Recovery Information Salvage Buyer: COPART - MILWAUKEE - COP1 Pool Number: 12619655 Gross Bid: \$475.00 Estimated Salvage: \$1,409.00 Pool Charge: \$80.50 Net Recovery: \$239.50 Percent Recovery: 2.96% CRP: <input type="checkbox"/> Keys: <input checked="" type="checkbox"/> Junked: <input type="checkbox"/>			
Comments [Empty text area] [Empty text area]			
Update Delete Cancel New Search			

COPART AUTO AUCTIONS
P O BOX 371308
MILWAUKEE, WI 53237 1308
PHONE (414) 769-7665
TAX ID# 942867490

Date 1/13/06
Visit us at www.copart.com

FINAL SETTLEMENT STATEMENT

Copart Lot# 12619655 39 WI - MILWAUKEE
Loss Date 11/19/05
Called In 11/22/05
P/U Cleared 11/22/05
Pickup Date 11/22/05
Original Title 12/30/05
Trans Title 12/30/05
Sale Document 1/04/06
Loss Type COLLISION
Description 04 KIA RIO TAN
Vehicle ID# KNADC125146350079
License#/ST 700 HHY WI
Mileage 30,496
Pickup From MILWAUKEE CITY TOW LOT
3811 WEST LINCOLN AVE
MILWAUKEE, WI 53215
(414) 286-2700

AF65 PIP342A
AL ARZBERGER
AMERICAN FAMILY INSURANCE
P.O. BOX 2927
440 S EXECUTIVE DR SUITE 100
MILWAUKEE, WI 53201

Claim# 651369561651322
Policy#
Loss Code
Reference#
Insured KASSANDRA GOMEZ
Owner KASSANDRA GOMEZ

ADVANCE CHARGES PAID BY COPART

TOW SERVICE	155.00

TOTAL ADVANCE CHARGES	155.00

COPART SERVICE CHARGES

TITLE PROCESSING.	52.00	TRANSFERS
PIP PROGRAM CHARGE.	28.50	

TOTAL COPART SERVICE CHARGES.	80.50	

TOTAL DUE COPART	235.50	
PROCEEDS FROM SALE	475.00CR	*Sold Via Internet Bid*

NET PROCEEDS	\$ 239.50CR	

SALE INFORMATION

Lot# 12619655	Sold To 67711 HUSTISFORD AUTO CO. INC.
Sale Date 1/11/06	N4079 HWY E
Sale Amount 475.00	HUSTISFORD, WI 53034
ACV 8293.00	(800) 349-5850 RES# 01983042776 SH
Repair Est 5978.00	
Return 5.7%	Item# 194
	Proceeds Check# 4737460
Cert# 06003C5470041	

Payment From Buyer 1/12/06

Check Date 1/13/06
Check Amount 239.50CR USD

City of Milwaukee
Tax Lot

Master Station ID : scvlotreg02
Branch ID : 10002

Identification
Sta. Acct. No. : 25540
Invoice
Station Acct. : 09403

Receipt Number : 1091638
Invoice Date : 01/02/2002
Payment Time : 01:44 PM

Item Description : Tax
Invoice # : 1268873
Invoice Date : 01/01/02
Invoice Total : \$103.00
Balance Due : \$0.00

Receipts : CHECK
Amount Due : \$ 103.00
Amount Paid : \$103.00
Amount Refunded : \$0.00
Amount Change : \$0.00
Customer ID : 0014

Thank you for your payment.

04 KIA RIO TAN



12619655 A Advance Charges

680

12:12:11 Fri Jan 27, 2006

CREDIT RECEIVABLE RECORD DISPLAY

CLAIM-NO 00-651-369561 POLICY 07-695433-07

INSURED: GOMEZ, CASSANDRA M CREDIT-TYPE ID PERIL AMOUNT

SEQUENCE: 01 ENTRY-DATE: 1 16 2006 SALVAGE 00 025 239.50

PAYOR: COPART TOTAL AMOUNT 239.50

STATUS: RECONCILED

DATE-REC: 1 19 2006

OPT -- POL -- ----- CLM -- ----- DRFT -----
ALL RECORDS DISPLAYED FOR THIS CLAIM

12:12:18 Fri Jan 27, 2006

PAYMENT RECORD DISPLAY

ISSUED ACTIVITY
 DRAFT 0065003366 CLAIM 00-651-369561 POLICY 07-695433-07 CJM002 SYSTEM
 PAYEE: AMERICREDIT FINANCIAL SERVICES INC 12/08/2005 12/19/2005
 IN PAYMENT OF: COLLISION LOSS OCCURRING 11/19/2005 200 DEDUCTIBLE APPLIED
 LIEN PAYOFF, ACCT#424027498
 MAILED TO: AMERICREDIT FINANCIAL SERVICES INC SERIES:
 ATTN: PYMT PROCESSING PAGE:
 P O BOX 99605
 ARLINGTON TX 76096
 COMMENTS: PLEASE FORWARD LIEN RELEASE IN ENVELOPE PROVIDED,
 THANK YOU.

STATUS: 05 RECONCILED TYPE: 01 CLAIMANT LOSS ACCTG:
 ID PERIL AMOUNT TOTAL: 8,093.00 TIN:
 00 025 8,093.00 TIN WITHHOLDING: 0.00 TYPE:
 ----- HANDLING:
 PAYMENT AMOUNT: \$8,093.00
 OPT -- POL -- ----- -- CLM -- --- ----- DRFT -----

12:12:23 Fri Jan 27, 2006

PAYMENT RECORD DISPLAY

DRAFT 0065003085 CLAIM 00-651-369561 POLICY 07-695433-07 ISSUED BMD006 ACTIVITY
PAYEE: GOMEZ, CASSANDRA M 12/07/2005 12/14/2005 SYSTEM
IN PAYMENT OF: SALES TAX REIMBURSEMENT

MAILED TO: CASSANDRA GOMEZ
9009 WATERFORD SQUARE N

SERIES:
PAGE:

GREENFIELD WI 53228
COMMENTS: ISSUED BY BRIAN DOOLEY

STATUS: 05 RECONCILED TYPE: 01 CLAIMANT LOSS ACCTG:
ID PERIL AMOUNT TOTAL: 464.40 TIN:
00 025 464.40 TIN WITHHOLDING: 0.00 TYPE:
PAYMENT AMOUNT: \$464.40 HANDLING:

OPT -- POL -- ----- -- CLM -- --- ----- DRFT -----