



# EMC Insurance Companies

Subrogation Department

P.O. Box 908 • Washington, IA 52353-0908  
Tel. (319) 653-4132 • FAX (319) 653-5336

April 18, 2002

Milwaukee City Clerk  
200 E. Wells Street  
Room 205  
Milwaukee, WI 53202

CITY OF MILWAUKEE  
2002 APR 22 PM 1:02  
RONALD D. LEONHARDT  
CITY CLERK

VIA FACSIMILE: 414-286-8550

RE: Claim No: DA0 014 213  
C.I. File No: 01-V-182

Dear Milwaukee City Clerk:

Employers Mutual Casualty Company seeks to appeal the decision made by City Attorney Grant Langley and Adjuster Robert Overholt regarding the above-captioned matter. Employers Mutual Casualty Company seeks 10% contribution from the City of Milwaukee for damages paid in the above-captioned collision.

The City of Milwaukee's insured driver, Lynn Zubrod, entered the intersection and failed to maintain a proper lookout and control of his vehicle. We are seeking 10% contribution and ask for a hearing in this matter.

Sincerely,

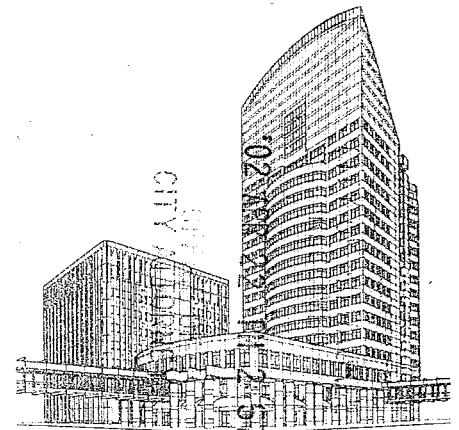
Angelia McCright, J.D.  
Office Adjuster

AM/amm

CITY OF MILWAUKEE  
RECEIVED

'02 APR 22 PM 2:57

OFFICE OF  
CITY ATTORNEY



Employers Mutual Casualty Company, Des Moines  
Employers Modern Life Company, Des Moines  
EMCASCO Insurance Company, Des Moines

EMC Reinsurance Company, Des Moines  
Farm & City Insurance Company, Des Moines  
Union Insurance Company of Providence, Des Moines  
Dakota Fire Insurance Company, Bismarck

Illinois EMCASCO Insurance Company, Oak Brook  
Hamilton Mutual Insurance Company, Cincinnati  
EMC Property & Casualty Company, Des Moines

01-V-182

**Robert Cascioli, CPCU**  
Resident Vice President — Milwaukee Branch

P.O. Box 327  
Brookfield, WI 53008-0327  
Phone 262.786.1800  
FAX 262.786.4767, Undwrtg, Audit, Mktg & Risk Impr  
FAX 262.786.3812, Claims, Accounting & Misc Dept  
www.emcinsurance.com

CITY OF MILWAUKEE

2002 MAR 21 PM 1:32

RONALD D. LEONHARDT  
CITY CLERK



March 15, 2002

City Of Milwaukee  
Clerk's Office  
200 E Wells, Room ~~405~~ <sup>205</sup>  
Milwaukee, WI 53202

Claim Number: ~~DA 004213 LR~~ DA 0014213  
Insured: Linda Post  
Claimants: Anthony Edwards and Sandra Kaye  
Date of Loss: 10/9/00

Notice of Claim

Dear County Clerk:

Please be advised that I believe there is a claim against the Milwaukee <sup>City</sup> ~~County~~ for contribution to the bodily injury claims settled by Employers Mutual Insurance for look out and control of your vehicle being driven by Lynn Zubrod. We had previously paid Milwaukee <sup>City</sup> ~~County~~ 90% of it's property damage. The accident occurred on October 9, 2000, Jeffry Post and Lynn Zubrod. It was an intersection accident. We feel Mr. Lynn Zubrod owed some lookout and control when entering the intersection. We have paid property damage to Mr. Edwards for \$3620.20 and settled his injury claim for \$6500. We paid only med pay on Sandra Kaye a passenger in Mr. Post's vehicle. We are asking for 10% contribution of the above claims. Attached is a copy of the police report.

Enclosed are our supporting documents.

Sincerely,

Lorraine Radtke  
Sr. Claims Adjuster, SCLA, CPCU, AIC  
262-786-1809 EXT. 220

The above named Lorraine Radtke personally came before me this 10th day of April, 1997.

Notary Public

My commission expires 5-19-02

CITY OF MILWAUKEE  
CLERK'S OFFICE  
102 E WELLS ST  
MILWAUKEE, WI 53202  
02 MAR 21 PM 4:15

Employers Mutual Casualty Company  
Employers Modern Life Company  
EMCASCO Insurance Company  
EMC Property & Casualty Company

EMC Reinsurance Company  
EMC Risk Services, Inc.  
EMC Underwriters, LLC  
Dakota Fire Insurance Company

Farm and City Insurance Company  
Hamilton Mutual Insurance Company  
Illinois EMCASCO Insurance Company  
Union Insurance Company of Providence



**EMC Insurance Companies**

Employers Mutual Casualty Company  
EMCASCO Insurance Company  
EMC Property & Casualty Company

Dakota Fire Insurance Company  
Hamilton Mutual Insurance Company  
Union Insurance Company of Providence

NO. 6081207 6

Brookfield, WI 10/23/00

PAY TO THE ORDER OF

Anthony Edwards

ISSUED AT

DATE 03/15/00

THE SUM OF

Three Thousand, One Hundred Fiftens and 20/100 DOLLARS

VOID IF NOT CASHED WITHIN SIX MONTHS

ADDRESS

1011 N. 15th St

NON NEGOTIABLE

INS. CLMNT STREET

Milwaukee WI 53233

AUTHORIZED SIGNATURE

Linda Post

CITY

IN PAYMENT OF

Property Damage Total Loss \$7 Cadillac

INSURED

Anthony Post

CLAIMANT

FILE COPY

CLAIM NUMBER DA 0014213		POLICY NUMBER 16A9594		AGENT	P STATE	I STATE	ADJUSTER	IRS #	LOSS DATE MO 10 DAY 23 YEAR 00	
COVERAGE 102	CAUSE 03	CLMNT 04	AMOUNT IF SPLIT	EXPENSE CODE	LOSS X	EXP	COV	CAUSE	CLMNT	AMOUNT IF SPLIT

SM 10/24/00

PD

3,115.20+  
145.00+  
3,260.20\*

EMC Insurance Companies

SM ISSUE DATE 10/31/00 M510178 NO: M 510178

ISSUED AT P O BOX 927  
BROOKFIELD WI 53008-0327

CLAIM NUMBER DAD 014 213 LOSS DATE 100900 P 2  
POLICY NUMBER 16A 95 94 FROM 071600 TO 011601

(NON-NEGOTIABLE)

PAYMENT FOR ANTHONY EDWARDS FOR TOWING & STORAGE CHARGES

PAID TO THE ORDER OF CALUMET AUTO PARTS INC

\$ 145.00

INSUREDS NAME LINDA M POST  
SENT TO CALUMET AUTO PARTS INC  
OR 8501 W CALUMET RD  
C/O MILWAUKEE WI 53224

COV GS CL WE EXP AMT  
102 03 04 L 145.00

FILE COPY

# CALUMET

**AUTO PARTS INC.**

Leaders in Recycling of Automotive Parts.

8501 W. CALUMET RD. • MILWAUKEE, WISC. 53224  
 TOLL FREE: (800) 215-6500 • FAX: (414) 355-2466  
 PHONE: (414) 355-2222



14213

ORIGINAL

PLEASE SEE REVERSE SIDE FOR TERMS & CONDITIONS

REFERENCE NO.	DATE	TIME
	10/25/00	11:58am
P.O. NUMBER	CUSTOMER NO.	
	1	

S  
O  
L  
D  
  
T  
O

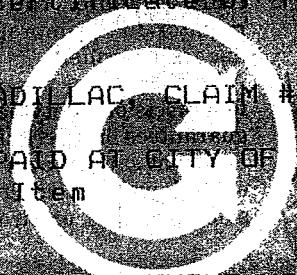
EMC INSURANCE  
 P.O. BOX 327

BROOKFIELD, WI 53008-0327

S  
H  
I  
P  
  
T  
O

102-9304  
 10-30-00 - Anthony Edward  
 for towing & storage charges

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTENSION
	FINAL SETTLEMENT		
	100.00	100.00	100.00
	STAMP	5.00	5.00
	Subtotal	145.00	145.00
	Taxable	.00	.00
	TOTAL		145.00



RECEIVED BY

Thank You

PA  
 TO  
 J.F.

# Release and Settlement Property Damage Only

The undersigned, of full lawful age, hereby acknowledges receipt from EMCASCO Insurance Company the sum of Three Thousand, One Hundred, Fifteen Dollars (\$ 3115.20) this date, which sum the undersigned acknowledges to be in full accord, satisfaction, and settlement of a disputed claim growing out of bodily injury and of property damage sustained by the undersigned as a result of an accident, occurrence or incident which occurred at or near Milwaukee, WI at 24 12th + Highland

on or about the 9th day of October, 2000 for which ~~bodily injury and~~ property damage the undersigned claimed the said EMCASCO INSURANCE CO, LINDA POST + Jeffrey Post to be liable, which liability is expressly denied, and in consideration of the sum paid, the undersigned hereby releases and forever discharges the said LINDA POST, JEFFREY POST + EMCASCO INS his heirs, successors, administrators and assigns from any and all actions, causes of actions, liability, claims and demands upon or by reason of any damage, loss, injury or suffering, known and unknown, which has been or may hereafter be sustained by the undersigned in consequence of such accident and injury.

The amount paid as herein recited is the sole consideration for this settlement, and it is expressly understood and agreed that in executing this release the undersigned does not rely upon any statement of any physician or any other person as to what the physical condition of the undersigned is or will be in the future, as a result of said injuries, and it is fully understood that the consideration recited in this release is in full settlement of all injuries and damages, known and unknown, suspected or unsuspected.

Dated this 23 day of October, 2000 at Brookfield, WI

WITNESSES:  
Mary Carlson  
[Signature]


# WISCONSIN CERTIFICATE OF TITLE FOR A VEHICLE

## DEPARTMENT OF TRANSPORTATION

VEHICLE IDENTIFICATION NUMBER: 1G6CD51B2H4335268      YEAR: 1987      MAKE: CAD      BODY-STYLE: 4DR      VEHICLE TYPE: AUTO      FLEET NUMBER: TITLE ONLY  
 TITLE NUMBER: 00293MD010-7      DATE TITLE ISSUED: 10/19/2000      ODOMETER: 4943      DISCLOSED AS ACTUAL      ODOMETER DATE: 01/11/1988

REGISTERED OWNERS: **EDWARDS ANTHONY**  
 1011 N 15TH ST  
 MILWAUKEE, WI 53233  
*claim # DA 001 4213 LR*  
*fax: to Ken Claudio Calumet Auto Parts 414-355-2466*

The person, firm or corporation named on this Title has been duly registered as the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Security Interests appear on this Title does not necessarily represent their priority.  
 CONTROL NUMBER (This is not a Title Number): **9-1394876**

PREVIOUSLY TITLED IN IL: *Tow # 107 1717*  
*3711 W Lincoln*  
*Milw WI 53215*  


**Important - Buyer and Seller must complete the section below at time of sale**

### TITLE ASSIGNMENT AND MILEAGE, SELLING PRICE AND BRAND DISCLOSURE BY REGISTERED OWNER(S) SHOWN ABOVE

Federal and State law requires that SELLER state the mileage and provide written vehicle disclosure information in connection with transfer of ownership. Failing to complete a mileage statement, disclose required information, or providing a false statement may result in fines and/or imprisonment and may make you liable for damages to the transferee (buyer).

SELLER (Print Person's Name signing as Seller): <b>Anthony Edwards</b> Print Seller's Address, City, State, Zip if different than shown above: <b>1011 N. 15th ST.</b>	ODOMETER NOW READS (No Ten's) and to the best of my knowledge is actual mileage of this vehicle unless one of the following statements is checked: <input checked="" type="checkbox"/> The odometer reading reflects the amount of mileage in excess of its mechanical limit. <input type="checkbox"/> The odometer reading is NOT actual mileage. <b>WARNING ODOMETER DISCREPANCY</b>
BRAND DISCLOSURE (will be printed on future titles) Check all that apply: <input type="checkbox"/> Flood damaged vehicle <input type="checkbox"/> Previous police vehicle <input type="checkbox"/> Previous taxcab <input checked="" type="checkbox"/> Salvage vehicle	I, the seller, certify that to the best of my knowledge the information contained on this document is true and correct and that I have entered the vehicle odometer reading, brand disclosure, and selling price herein in compliance with federal and state law as referenced above. For value received, I hereby sell, assign or transfer the vehicle described on this document and warrant title to Purchaser as shown. Signature of Seller(s): See "REGISTERED OWNERS" above. If joint ownership with only one seller's signature required, use "and" all seller's signatures required.
SELLING PRICE (Seller enters): <b>3115.00</b>	Signature of Seller(s): <i>[Signature]</i> Date: <b>10-23-00</b>

BUYER (Purchaser) (Print Name): <b>EMC Insurance Co</b> Print Buyer's Address, City, State, Zip: <b>P.O. Box 327</b> <b>BROOKFIELD WI 53008-0327</b>	If Buyer is a business, Print Name of authorized person signing as Purchaser: <b>Lorraine Radtke</b> Signature of Purchaser(s): <i>[Signature]</i> Date:
---------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------

If registered owner is a dealer and first assignment is through auction or salvage pool, complete the following:  
 Print Consigning Auction Dealer Name or Consigning Salvage Pool Name: \_\_\_\_\_ Auction or Salvage Pool Dealer No.: \_\_\_\_\_ Sale Date: \_\_\_\_\_

The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title, or for errors in recording by the department. The department makes no warranties, express or implied, about the vehicle or operating condition and any statements about vehicle inspections are only administrative.

PURCHASER - Attach form MV1 (Wisconsin Application for Title) to this document and mail or deliver immediately to the Wisconsin Department of Transportation. Form MV1 is available at Wisconsin DMV Service Centers and police stations.

MAIL ADDRESS - Wisconsin Dept. of Transportation, P.O. Box 7949, Madison, WI 53707-7949

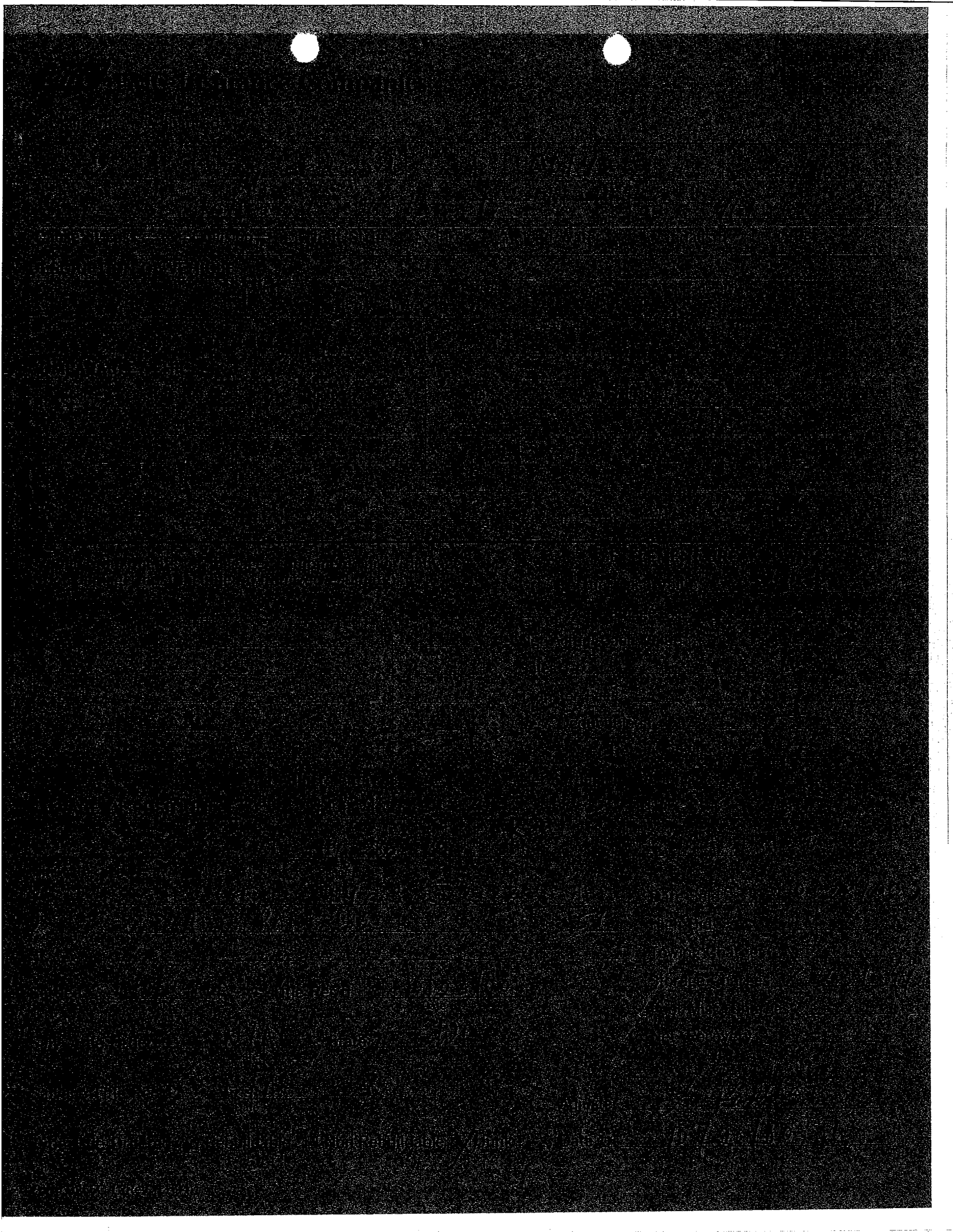
QUESTIONS - Contact nearest Motor Vehicle Service Center, or call (608) 266-1466

MV2269 597(6) pursuant to ch. 342, Wis. Stats.

**ANY ALTERATION OR ERASURE VOIDS THIS TITLE - KEEP IN A SAFE PLACE**

(Seller must give to purchaser at time of sale)

*orig sent state 10/23*





STAT ADJUSTMENT BUREAU

14213-UP

614 CROCUS COURT  
WEST BEND, WI 53095  
(262) 338-9495 / FAX 338-0242

ESTIMATE # 2483 by Appraiser: JERRY K. License #: 7343

Date: 10-16-2000 Time: 11:03

\*\*POST  
1015 N. 15TH STREET  
MILWAUKEE, WI 53233  
Home phone 414-344-2106  
Work phone  
87 4DR/ CADILLAC  
Model SEDAN DEVILLE  
Cylinders 8CYL/400/AUTO  
Vin 1G6CD5182H4335268  
License # WCT-322

Claimant EDWARDS, ANTHONY  
Body Shop CITY TOW LOT  
Address TOW #1071797  
City, St. Zip  
Phone 414-286-2700  
Insurance EMPLOYERS MUTUAL/R  
Inspected @/TOW LOT  
File/Claim DA0014213  
Attention: LORRAINE R.  
Color GRAY

Frame UNIBODY  
Repair Day -  
Total Loss YES/PROP/DMG  
Loss Date 10-09-00  
Assigned D 10-16-00  
Contact Dt 10-17-00  
SAB # 1000EM5491J  
Mileage 163,043  
Condition AVE  
Shop Agree PH/MAIL/FAX

#	DESCRIPTION	EST PRICE	LABOR	PAINT
1	***FRONT FENDER***			
2	LKQ FRONT FENDER W/TRIM -USED -U	300.00	2.5	2.8
3	***DOORS***			
4	LKQ L/FRONT DOOR USED -U	450.00	2.0	2.6
5	LKQ PART PREP		1.0	
6	NEW DOOR SIDE MLDG	38.60	0.3	
7	NEW LOWER DOOR MLDG	75.60	0.2	
8	LKQ DOOR TRIM PANEL -U	90.00		
9	NEW L/REAR DOOR PANEL	223.65	7.0	2.4
10	NEW DOOR SIDE MLEG	34.80	0.2	
11	NEW LOWER MLDG	68.90	0.3	
12	REPAIR DOOR FRAME		1.0	
13	***HINGE PILLAR***			
14	REPAIR HINGE PILLAR		4.5	1.0
15	LKQ WINDSHIELD-USED -U	150.00	2.0	
16	***QUARTER PANEL***			
17	LKQ L/REAR QUARTER PANEL -USED -U	312.50	15.0	2.8
18	REPAIR WHEELHOUS		2.0	
19	NEW W/OPENING MLDG	67.00	0.3	
20	NEW NAMEPLATE	11.80	0.2	
21	***WHEELS/SUSPENSION***			
22	LKQ LEFT FRONT WHEEL USED -U	50.00		
23	MOUNT AND BAL -M	4.00	0.4	
24	LKQ L/FRONT WIRE WHEEL COVER (LOCKING) -U	125.00		
25	*****			
26	CLEAR/COAT & FINISH MATCH			2.1
27	TOW/STORAGE -T	135.00		

Continued on next page ...

ATTN: LORRAINE R. PAGES

JR 10/19/00 TOTAL LOSS

1

# DESCRIPTION

EST PRICE | LABOR | PAINT |

ESTIMATE SUMMARY

ESTIMATE SUMMARY	EST PRICE	LABOR	PAINT	DESCRIPTIVE ITEMS	PRICE
PAINT	13.7 @ 40.00	548.00		PARTS	524.35
BODY	38.5 @ 40.00	1540.00		PAINT MAT.	274.00
MECH	0.4 @ 65.00	26.00		BETTERMENT	0.00
FRAMF	0.0 @ 40.00	0.00		ALLOWANCE	0.00
UNIBODY	0.0 @ 40.00	0.00		TOWING	135.00
DETAIL	0.0 @ 26.00	0.00		USED PTS.	1477.50
	0.0 @ 0.00	0.00		RUST PROOF	0.00
GLASS	0.0 @ 36.00	0.00		NON OEM PTS.	0.00
BENCH MT.	0.0 @ 0.00	0.00		ALIGNMT	0.00
	0.0 @ 0.00	0.00		SUBLET	0.00
52.8 Labor hrs.				Items	2,410.85
				Labor	2,114.00
				Subtotal	4,524.85
				Tax @ .05600	253.39
				Grand Total	\$4,778.24

THIS IS NOT AN AUTHORIZATION TO REPAIR!  
NO SUPPLEMENTS WITHOUT PRIOR APPROVAL!

The undersigned garage agrees to complete repairs as itemized including all towing and storage for the total price shown above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

EQUIPMENT LIST:

- 1)AM 2)AM/PM 3)AM/PM STERE 4)M/TAPE 5)TAPB DECK 6)C/B 7)ALARM 8)AUTO/TRANS 9)STAND/TRANS 10)P/C FACTORY
- 11)A/C ADD ON 12)P/S 13)P/B 14)RRAR DEFOGGER 15)TINTED GLASS 16)P/WINDOWS 17)P/SEATS 18)VINYL ROOF 19)TILT WHEEL

APC / WOC - PROOF - RELEASE

"PROMPT"... "EFFICIENT"... "PROFESSIONAL"

DEP

TOTAL LOSS

TOTAL LOSS

(2)

**TOTAL LOSS EVALUATION REPORT  
REDBOOK**

OWNER ANTHONY EDWARDS DATE 10/17/00  
 YEAR 1987 MAKE CADILLAC MODEL SEDAN BODY 4DR COLOR GRAY  
 MILEAGE 163,043 ENGINE V8 400 TRANS. Auto  
 TIRES: White Wall  Black  WEAR. L.F. 10% R.F. 10% R.R. 10% L.B. 0%

LIST	ACV	LIST	REDBOOK	ACV	FOB NEW VALUE	RED BOOK EVALUATION	
						LOW VALUE	HIGH VAL
✓ Air Conditioning	75	✓ Radio FM AM			22637	2650	4250
Vinyl Roof		✓ Stereo				Medium Value	
Roof Rack		✓ Tape Player		25		Special Equipment Add	675
T Top Roof		✓ Rear Glass Defogger				TOTAL	3575
Sun Roof		Fact. C B				RETAIL RED BOOK	3575
Power Windows		4 Wheel Drive				RETAIL NADA BOOK	3325
Power Seat		Power Steering				Replacement Value in Local Market \$	3300
8 Way Seat	25	Mag. Wheels				Depreciation for Prior Damage and Condition \$	400
3 Seat Station Wagon		Tires (Special)				TRUE VALUE \$	2900
Power Locks	25	Interior (Special)					
Power Brakes		Engine (Special)					
Tilt Wheel	25	Low Mileage		150			
Cruise Control		Paint (Special)					
Misc		Misc.		150			
Misc		Misc.					
Misc		Misc.					
TOTAL	150	TOTAL		675			

**FOR DAMAGE PRIOR DAMAGE AND CONDITION**  
 EXTERIOR \$ 400  
 INTERIOR \$  
 ENGINE \$  
 TIRES \$  
 TOTAL \$ 400

REPAIR COST	\$	4775.54	TRUE VALUE	\$	3000
OPEN ITEMS	\$	700	DEDUCTIBLE	\$	
TOTAL	\$	5475.54	TOTAL	\$	3000
DEDUCTIBLE	\$		LESS SALVAGE	\$	100
NET LOSS	\$	5375.54	NET LOSS	\$	

SALVAGE BIDS: \$ 100 FROM: COLUMBI AUTO SAL 414-355-2222  
 SALVAGE BIDS: \$ 50 FROM: AUTO PARADISE 414-762-2650

REMARKS/ PRIOR DAMAGE DESCRIPTION  
SEE REPORT

EVALUATOR: J. KLING

DOMESTIC CARS

Trade-In	BODY TYPE	Model No.	I.P.	Weight	Loan	Repl
<b>1992 CADILLAC Continued</b>						
<b>FLEETWOOD-FWD</b>						
6100	Sedan 4D	C85	\$38390	3642	6500	8050
6950	Coupe 2D	CB1	36380	3596	5375	7000
<b>FLEETWOOD SIXTY SPECIAL-FWD</b>						
6978	Sedan 4D	CG6	\$39980	3653	6300	8000
<b>ELDORADO-FWD</b>						
7925	Coupe 2D	EL1	\$32470	3804	7150	10025
<b>BROUGHAM-FWD</b>						
6650	Sedan 4D	DW5	\$31740	4278	6000	8650
<b>ALLANTE-FWD</b>						
16200	Convertible 2D	VS3	\$57170	3491	14600	18800
16850	Hardtop Convertible 2D	VR3	62780	3555	14175	18500
<b>1991 CADILLAC</b>						
Veh. Ident.: 1G6(Model)(0)(M)100001 Up.						
<b>SEVILLE-FWD</b>						
6150	Sedan 4D	K55	\$33935	3513	4650	7025
6475	Sedan 4D 875	KY5	37135	3585	4850	7375
<b>DEVILLE-FWD</b>						
4700	Sedan 4D	CD6	\$30455	3623	4250	6525
4575	Coupe 2D	CD1	30205	3545	4125	6275
4975	Sedan 4D Touring	CT5	33455		4500	6825
<b>FLEETWOOD-FWD</b>						
6200	Sedan 4D	C85	\$34825	3876	6700	7075
6075	Coupe 2D	CB1	34675	3594	4575	6925
<b>FLEETWOOD SIXTY SPECIAL-FWD</b>						
6180	Sedan 4D	CG5	\$38325	3707	5550	8125
<b>ELDORADO-FWD</b>						
6100	Coupe 2D	EL1	\$31245	3470	6500	8075
<b>BROUGHAM</b>						
6800	Sedan 4D	DW5	\$30225	4282	6225	7725
<b>ALLANTE-FWD</b>						
13725	Convertible 2D	VS3	\$55250	3480	12275	16200
14300	Hardtop Convertible 2D	VR3	60800	3537	12875	16800
<b>1990 CADILLAC</b>						
Veh. Ident.: 1G6(Model)(0)(L)000001 Up.						
<b>SEVILLE-FWD</b>						
4925	Sedan 4D	K55	\$31630	3481	3800	6100
4550	Sedan 4D 875	KY5	36320	3557	4100	6350
<b>DEVILLE-FWD</b>						
3925	Sedan 4D	CD5	\$27540	3546	3550	5650
3775	Coupe 2D	CD1	26960	3466	3400	5500
<b>FLEETWOOD-FWD</b>						
4350	Sedan 4D	C85	\$32980	3618	3925	6125
4225	Coupe 2D	CB1	32400	3538	2825	5975
<b>FLEETWOOD SIXTY SPECIAL-FWD</b>						
6225	Sedan 4D	CS5	\$36980	3657	4725	7100
<b>ELDORADO-FWD</b>						
4850	Coupe 2D	EL1	\$28825	3426	4975	6675
<b>BROUGHAM</b>						
4460	Sedan 4D	DW5	\$27400	4283	4025	6225
<b>ALLANTE-FWD</b>						
12275	Convertible 2D	VS3	\$51650	3470	11050	14675
12750	Hardtop Convertible 2D	VR3	57183	3522	11475	16175

ADJUST FOR MILEAGE:  
SEPTEMBER THRU DECEMBER 2000

DOMESTIC CARS

Trade In	BODY TYPE	Model No.	M.S.R.P.	Weight	Loan	Repl
<b>1989 CADILLAC</b>						
Veh. Ident.: 1G6(Model)(0)(K)200000 Up.						
<b>SEVILLE-FWD</b>						
3525	Sedan 4D	K55	\$28750	3422	3175	5200
<b>DEVILLE-FWD</b>						
3150	Sedan 4D	CD6	\$25435	3470	2650	4800
3025	Coupe 2D	CD1	24980	3397	2725	4650
<b>FLEETWOOD-FWD</b>						
2800	Sedan 4D	C85	\$30300	3543	3150	5175
3350	Coupe 2D	CB1	29825	3459	3025	5025
<b>FLEETWOOD SIXTY SPECIAL-FWD</b>						
4800	Sedan 4D	C85	\$34230	3598	4325	6625
<b>ELDORADO-FWD</b>						
3750	Coupe 2D	EL1	\$28730	3422	3375	6475
<b>BROUGHAM</b>						
3200	Sedan 4D	DW5	\$25680	4190	2900	4650
<b>ALLANTE-FWD</b>						
10720	Convertible 2D	VR3	\$57183	3492	8675	13025
<b>1988 CADILLAC</b>						
Veh. Ident.: 1G6(Model)(0)(J)500001 Up.						
<b>CIMARRON-FWD</b>						
1400	Sedan 4D	JG5	\$16071	2756	1275	2800
<b>SEVILLE-FWD</b>						
2075	Sedan 4D	K55	\$27627	3449	2700	4600
<b>DEVILLE-FWD</b>						
2300	Sedan 4D	CD5	\$23404	3437	2075	3825
2180	Coupe 2D	CD1	23049	3397	1950	3675
<b>FLEETWOOD D'ELEGANCE-FWD</b>						
2575	Sedan 4D	C85	\$28024	3463	2325	4150
<b>FLEETWOOD SIXTY SPECIAL-FWD</b>						
2900	Sedan 4D	CS5	\$34750	3547	2625	4500
<b>ELDORADO-FWD</b>						
3050	Coupe 2D	EL1	\$24891	3399	2750	4675
<b>BROUGHAM</b>						
2550	Sedan 4D	DW5	\$23840	4158	2300	4125
<b>ALLANTE-FWD</b>						
8575	Convertible 2D	VR3	\$56533	3489	8625	11800
<b>1987 CADILLAC</b>						
Veh. Ident.: 1G6(Model)(0)(H)000001 Up.						
<b>CIMARRON-FWD</b>						
1550	Sedan 4D	JG5	\$15032	2715	1200	2625
<b>SEVILLE-FWD</b>						
2075	Sedan 4D	K55	\$28328	3420	1875	3575
1775	Sedan 4D	CD5	27188	3377	1700	3250
2130	Sedan 4D	CD1	21316	3312	1650	3150
<b>FLEETWOOD D'ELEGANCE-FWD</b>						
2025	Sedan 4D	C85	\$26104	3421	1825	3325
<b>FLEETWOOD SIXTY SPECIAL-FWD</b>						
2475	Sedan 4D	CS5	\$34850	3408	2250	4025
<b>ELDORADO-FWD</b>						
2550	Coupe 2D	EL1	\$23740	3380	2300	4125
<b>BROUGHAM</b>						
2100	Sedan 4D	DW5	\$22637	4048	1900	3600

DEDUCT FOR RECONDITIONING  
SEPTEMBER THRU DECEMBER 2000

NADA Book

3575

Miles - 250

3325

Adj. Book

(4)

Ads having all of the keywords: CADILLAC, DEVILLE  
Year Low: 1987 Year High: 19



**CADILLAC 1988 Sedan DeVille: V8, loaded, new tires, hwy mi., no rust,  
\$3450/obo (262)375-9488.**



**CADILLAC 1988 Sedan Deville: Loaded, w/ luxury options, leather!  
\$3,995 Ernie von Schledorn BUDGET 253-8965 1,000 Vehicles-1 Location**



**CADILLAC 1987 Sedan DeVille: Great body, motor needs work, it runs &  
drives, \$750. 920-206-0376**



**CADILLAC 1988 Deville blue, clean, 60K. \$4500/obo (414)760-6760.**

Search Results (All Automotive)

1987 Cadillac Sedan Deville, 20,000 miles on new engine, excellent  
condition, A/C, automatic, all power, \$3,800 Firm. Call 244-5158.\*

Date Posted: 10/17/2000

Source: Register-News

Location: Mount Vernon IL Area Code: 618



**CADILLAC 1988 Sedan DeVille: V8, loaded, new tires, hwy  
mi., no rust, \$3450/obo (262)375-9488. Date Posted: 10/17/2000**

Source: Milwaukee Journal Sentinel

Location: Milwaukee WI Area Code: 414

5

TO: DA 4213

- Assign to: \_\_\_\_\_
- Close for: \_\_\_\_\_
- Re-assign to: \_\_\_\_\_
- Register Draft
- Copy to:
  - Branch \_\_\_\_\_
  - Adjuster \_\_\_\_\_
  - Other \_\_\_\_\_
- Prepare Attorney File
- Convert File to Major
- Status Report From: \_\_\_\_\_
- Transcribe Statement
- Index Report: \_\_\_\_\_
- Other: \_\_\_\_\_

608 1360-5  
6500.00

10% = 650.00

**EMC Insurance Companies**

Employers Mutual Casualty Company  
EMCASCO Insurance Company  
EMC Property & Casualty Company

Dakota Fire Insurance Company  
Hamilton Mutual Insurance Company  
Union Insurance Company of Providence

NO. **6081360 5**

Brookfield WI 11/29/01  
ISSUED AT \$ 6500 DATE 00

PAY TO THE ORDER OF

Anthony Edwards

THE SUM OF ADDRESS

Six Thousand Five Hundred Dollars and no/100 DOI

VOID IF NOT CASHED WITHIN SIX MONTHS

John P. ...  
**NON NEGOTIABLE**

INS.  CLMT.

1011 N 15th St  
Milwaukee WI 53233

AUTHORIZED SIGNATURE ANTHONY EDWARDS  
INSURED ANTHONY EDWARDS

IN PAYMENT OF

CLAIMANT

CLAIM NUMBER	POLICY NUMBER	AGENT	P STATE	L STATE	ADJUSTER	IRS #	LOSS DATE			
DA 0014213	16A 7574					MR	MO 7			
COVERAGE	CAUSE	CLMNT	AMOUNT IF SPLIT	EXPENSE CODE	LOSS	EXP	COV	CAUSE	CLMNT	AMOUNT IF SPLIT
101	01	04			X					

SM 1-30-01

EMC Insurance Companies

DA 0014213 L

RELEASE OF ALL CLAIMS

FOR AND IN CONSIDERATION of the payment to me/us at this time of the sum of Six Thousand Five Hundred Dollars and No/100 (6500.00) the receipt of which is hereby acknowledged, I/we, of lawful age, do hereby release, acquit and forever discharge, Jeffrey Post, Lynn Zubrod, Linda Post City of Milwaukee and EMCASCO Insurance Company, and any and all other persons, firms and corporations who might be liable of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation, on account of, or in any way growing out of, any and all known and unknown personal injuries and property damage resulting or to result from an accident that occurred on or about the 9th day of October, 2000 at or near Milwaukee WI.

I/we hereby declare and represent that the injuries sustained are permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this release and agreement it is understood and agreed that I/we rely wholly upon my/our own judgment, belief and knowledge of the nature, extent and duration of said injuries, and that I/we have not been influenced to any extent whatever in making this release by any representations or statements regarding said injuries, or regarding any other matters, made by the persons, firms or corporations who are hereby released, or by any person or persons representing him or them, or by any physician or surgeon by him or them employed.

It is further understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment is not to be construed as an admission of liability on the part of insured & driver, Jeffrey Post whose liability is expressly denied.

I/we agree to be responsible for any subrogation interests or liens of medical providers or insurance companies and further agree to indemnify and hold harmless the above named parties from any harm resulting from said liens or interests.

I/we further agree that this release shall not be pleaded by me/us as a bar to any claim or suit.

This release contains the ENTIRE AGREEMENT between the parties hereto, and the terms of this release are contractual and not a mere recital.

I/we further state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the same as my/our own free act.

WITNESS my hand and seal this 29 day of January, 2001.

In presence of

Jouaine Padde

CAUTION! READ BEFORE SIGNING

X Anthony Edwards (SEAL)

297.22+  
204.00+  
97.00+  
598.22\*

EMC Insurance Companies

SM ISSUE DATE 05/19/01 M678685 NO. M 678685

ISSUED AT P O BOX 527  
BROOKFIELD WI 53008-0327

CLAIM NUMBER DA0 014 213 LOSS DATE 100900

POLICY NUMBER 16A 95 94 FROM 071600 TO 011601

(NON-NEGOTIABLE)

PAYMENT FOR 10-09-00 SANDRA C KAYE

DATE 1  
BELL AMBULANCE

\$297.22

INSURED'S NAME LINDA M POST  
SENT TO BELL AMBULANCE SERVICE  
OR P O BOX 07550  
C/O MILWAUKEE WI 53207-0550

COV GS QL L/E EXP AMT  
101 02 05 L 297.22

FILE COPY





(264-2355)

P. O. BOX 070550  
MILWAUKEE, WI 53207-0550

*PAY TO*

CLIENT NAME: KAYE, SANDRA C

SERVICE DATE: 10/09/2000

TRIP NUMBER:

*DAY 213*

AMOUNT DUE: 303.16

BILLING DATE: 03/13/2001

KAYE, SANDRA C

509 N 33RD ST  
MILWAUKEE

WI 53208

BILLING DEPARTMENT: (414) 486-4055

WISCONSIN TOLL-FREE NUMBER: (800) 896-6200



(264-2355)

BILLING DEPARTMENT: (414) 486-4055  
WISCONSIN TOLL-FREE NUMBER: (800) 896-6200  
(OUTSIDE MILWAUKEE COUNTY)

P. O. BOX 070550  
MILWAUKEE, WI 53207-0550

BILLING DATE

BILL TO:

KAYE, SANDRA C

03/13/2001

509 N 33RD ST  
MILWAUKEE

WI 53208

DUE DATE

CLIENT:

KAYE, SANDRA C

*MRD-05*

11/08/2000

509 N 33RD ST  
MILWAUKEE

WI 53208

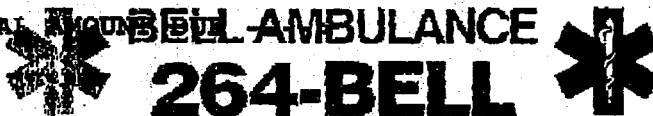
2001031316104200109

IR-1

TRIP NUMBER	SERVICE DATE	SERVICE DESCRIPTION	AMOUNT
B2000283028	10/09/2000	FROM: 1218 W HIGHLAND AV TO: SINAI-SAMARITAN MSC 945 N 12TH ST	
	10/09/2000	1-BASE RATE	252.55
	10/09/2000	.6-MILEAGE EMS	6.74
	10/09/2000	1-C-COLLAR	22.88
	10/09/2000	1-HEAD IMMOBILIZE	13.43
	10/09/2000	1-GLOVES (PAIR)	1.62
	11/11/2000	LATE PAYMENT PENALTY	<del>2.97</del>
	12/11/2000	LATE PAYMENT PENALTY	<del>2.97</del>
	12/28/2000	LATE PAYMENT PENALTY	<del>5.94</del>
	01/27/2001	LATE PAYMENT PENALTY	<del>2.97</del>
	02/26/2001	LATE PAYMENT PENALTY	<del>2.97</del>
TOTAL AMOUNT			303.16

*101-02-05  
SM  
3-19-01*

TOTAL AMOUNT



(264-2355)

"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!" SM

*297<sup>22</sup>  
OK TO  
PAY  
FR*

**SUPERIOR HEALTH SERVICES has rejected our claim, therefore payment in full is now your responsibility. Please forward payment in full immediately or call 414-486-4055 to make payment arrangements. Thank you.**

*3/16*

EMC Insurance Companies

ISSUE DATE 03/13/01 NO. M 678342

NO. M 678342

ISSUED AT P O BOX 327  
BROOKFIELD WI 53008-0327

CLAIM NUMBER DAO 014 213 LOSS DATE 100900 P 2

POLICY NUMBER 16A 95 94 FROM 071600 TO 011601

(NON-NEGOTIABLE)

PAYMENT FOR SANDRA KAYE 10-13/11-01-00

PA THE ORDER MAEDKE CHIROPRACTIC CENTER

\$ 204.00

INSURED'S NAME LINDA M POST  
SENT TO OR C/O MAEDKE CHIROPRACTIC CENTER  
DR ANNE K MAEDKE  
715 E LOCUST ST  
MILWAUKEE WI 53212

COV CS GL LVE EXP AMT  
101 02 05 L 204.00

FILE COPY

FROM:

Maedke Chiropractic Center  
Dr. Anne K. Maedke  
715 E. Locust St.  
Milwaukee, WI 53212  
414 263-7066

PAY TO

114 001721000  
DATE: 12/27/00

DR.'S S.S. NUMBER: 396-70-0442

FEDERAL NUMBER: 396-70-0442

MEDICARE NUMBER: 75680

Employers Mutual Company  
Claims Department  
P. O. Box 327  
TO Brookfield, WY 53008-0327

SUBSCRIBER  
Post, Linda

EMPLOYER

GROUP MEMBER NUMBER SOCIAL SECURITY NUMBER

INITIAL TREATMENT DATE ONSET OF INJURY DATE  
10/13/00 10/16/00

PLACE OF INJURY

FOR

PATIENT  
Kaye, Sandra  
509 N. 33rd Street  
Milwaukee, WI 53208-3820

Med 205

DIAGNOSIS

723.1 Cervicalgia

COMMENT:

DATE	CODE	DESCRIPTION	AMOUNT
10/13/00	99202	Limited Exam	60.00
10/18/00	98941	Manipulation 3-4 areas	48.00
10/25/00	98941	Manipulation 3-4 areas	48.00
11/01/00	98941	Manipulation 3-4 areas	48.00

101-02-05  
SN  
3-13-01

OK TO  
PAY FR  
3/13/01

204.00

TOTAL ▶

Lance Companies

SM ISSUE DATE 02/21/01 M516015 NO M 516015

BOY 327  
DOKFIELD WI 53008-0327

CLAIM NUMBER DAO 014 213 LOSS DATE 100900  
POLICY NUMBER 16A 95 94 FROM 071000 TO 011601

ON-NEGOTIABLE)

PAYMENT FOR

ACCT NO 050702770669 10-9-00  
JOHN H KAYE

LAKE RADIOLOGISTS SC

\$ 97.00

NAME LINDA M POST  
AT LAKES RADIOLOGISTS SC  
BOY 510350  
BERLIN WI 53151-3200

COV CS CL LE EXP AMT  
101 02 05 L 97.00

COPY

02718/01 WI 530 500 314 800 1100  
**MAKE CHECKS PAYABLE TO:**  
 GREAT LAKES RADIOLOGISTS, S.C.  
 P.O. BOX 510350  
 NEW BERLIN, WI 53151-3200

Forwarding Service Requested

SHOW AMOUNT PAID HERE \$

**STATEMENT**

Phone No: **262-780-0355**

GREAT LAKES RADIOLOGISTS, S.C.  
 P.O. BOX 510350  
 NEW BERLIN, WI 53151-3200

ACCOUNT NO.	STATEMENT DATE	DATE THIS BILLING
05-07-02770669	12/15/00	97.00

Tax Id: 39-1936263 **Regardless of insurance coverage you are responsible for this bill.**  
 PAGE - 1

\*\*\*\*\* 3-DIGIT 532  
 00002398 1 FP 0.305 01  
 JOHN H KAYE  
 509 N 33 ST  
 MILWAUKEE WI 53208

2-13-02-1- -0- - - -99998-00000-131-0

Check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

If payment has been sent, please disregard this notice.

RETAIN THIS PORTION OF STATEMENT FOR YOUR TAX RECORDS.

DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

ACCOUNT NO.	STATEMENT DATE	PATIENT PHONE NO.	PATIENT
05-07-02770669	12/15/00	414/342-2542	DR KAYE, SANDRA <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MED 05</span>

DATE	PROCEDURE CODE	DESCRIPTION	DX CODE	AMOUNT
10/09/00	4 72052-26	CERVICAL SPINE W/OBL, FLEX, EXT	723.1	67.00
10/09/00	4 73590-26	TIBIA & FIBULA 2 VIEWS	729.5	30.00

*Claim # DA 4213 LR*

*101-02-05  
 sm  
 2-21-01*

*OK TO  
 PAY  
 2/20/01  
 LR*

REFERRING PHYSICIAN	DATE ADMITTED	DATE DISCHARGED	PHYSICIAN PERFORMING SERVICE	BALANCE DUE
LAZARIDES, TOULA M.D.	10/09/00		JOHNSON, HOWARD H M.D.	97.00

PLACE OF SERVICE	DATE OF BIRTH	INJURY DATE
SINAI CAMPUS 945 N. 12TH STREET MILWAUKEE WI 53233	01/15/81	

**NOTE**  
 WE BILLED YOUR INSURANCE COMPANY OVER\*\*\*  
 30 DAYS AGO. THEY HAVE NOT RESPONDED\*\*\*\*  
 THIS BILL IS YOUR RESPONSIBILITY \*\*\*\*\*  
 \*WE ACCEPT VISA AND MASTERCARD\*\*\*\*\*

EMPLOYER	UNKNOWN
PRIMARY INSURANCE	398503780
SECONDARY INSURANCE	