

CITY OF MILWAUKEE

10-26-01

RE: C.I. file No.: 01-V-202

CITY OF MILWAUKEE PH 2: 22

2001 OCT 31 PM 2: 22

RONALD D. LEONHARDT
CITY CLERK

To whom this may concern.

CITY OF MILWAUKEE
2001 OCT 31 PM 2: 22
RONALD D. LEONHARDT
CITY CLERK

I am writing this letter in regards receiving a letter from the city attorney Grant Langley. I wish to appeal the decision made by the City of Milwaukee.

First of All, the city dump truck was going eastbound on Hampton Avenue already, so he did not make a left turn on Hampton as he stated. If you go to the location where the accident occurred, you will see there is no way the accident could have happened the way your driver says it did.

Second, your driver recieved a ticket for unattentive driving from The Milwaukee Police Department, which means the officer also ruled that it was your driver's fault the accident occurred.

Therefore, the liability for this accident rests with your driver of the city dump truck, not the driver of my vehicle.

Please respond to my letter sooner than 5 months, as it did the first letter I wrote.

I have since moved, my new address is:

3724 n. 63rd st.
Milwaukee, WI 53216

Sincerely,
Erin R. Haapakoski
Erin R. Haapakoski

CITY OF MILWAUKEE
RECEIVED

'01 OCT 31 PM 3:18

OFFICE OF
CITY ATTORNEY

8231937

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 Mark

Reportable Accident

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

Accident Date: MONTH **08** DAY **01** YEAR **01**

Time of Accident (Military Time): HOUR **08** MIN **00**

Total Number: UNITS **02** INJURED **06** KILLED **00**

Hit & Run Government Property Fire (Narrative) Photos Taken (Narrative) Trailer or Towed (Narrative) Truck or Bus (Last Page) Load Spillage Construction Zone Names Exchanged

Unit # **11** Sheet No. **11** Of **11**

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 HAMPTON AVE** Estimated **40.0** FROM/AT Hwy No. and Street Name: **HWY 181 / N 76 STREET**

House # Fire # Other Utility # Railroad # Agency Space **7531** 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)
01	01	01	01	01	01	01	01

Operator Last Name: **METCALF** First: **Anthony** M.I. _____

ADDRESS: **3353 N 17**

City & State: **Milwaukee WI 53206** ZIP: **53206** Phone Number: **372 4403**

Driver's License Number: **M1324-0005-4290-07** State: **WI** Exp. Year: **01**

Operator Last Name: **GOODRICH** First: **David A** M.I. _____

ADDRESS: **6329 N 84 Apt #2**

City & State: **Milwaukee WI 53225** ZIP: **53225** Phone Number: **760 8615**

Driver's License Number: **G314-1617-9257-00** State: **WI** Exp. Year: **00**

Date of Birth: **08-10-54** Sex: **M** Operating as Classified: **01** Class (Mark Only One): **01** Endorse (Mark All That Apply): **01**

On Duty Accident: Police EMT/First Responder Fire Fighter Winter Hwy Maintenance CMV

Date of Birth: **07-17-79** Sex: **M** Operating as Classified: **01** Class (Mark Only One): **01** Endorse (Mark All That Apply): **01**

On Duty Accident: Police EMT/First Responder Fire Fighter Winter Hwy Maintenance CMV

Severity: **01** SEAT Position: **1** SAFETY Equipment: **1** AIRBAG: Deployed Non Deployed Not Applicable Unknown EJECTED: Not Applicable Not Ejected Fully Ejected Unknown

Severity: **01** SEAT Position: **1** SAFETY Equipment: **1** AIRBAG: Deployed Non Deployed Not Applicable Unknown EJECTED: Not Applicable Not Ejected Fully Ejected Unknown

TRAPPED EXTORTIONED Not Applicable Trapped/Not Extorted Unknown Medical Transport

TRAPPED EXTORTIONED Not Applicable Trapped/Not Extorted Unknown Medical Transport

Vehicle Owner Last Name: **City of Milwaukee** M.I. _____

Vehicle Owner Last Name: **HAAPAKOSKI** First: **ERIN** M.I. _____

Street Address: **2142 W St Paul**

City & State: **Milwaukee WI 53203** ZIP: **53203** Phone Number: **414 286 5561**

Street Address: **6329 N 84 Apt #2**

City & State: **Milwaukee WI 53225** ZIP: **53225** Phone Number: **414 760 8615**

Year of Vehicle: **00** Make: **Navistar** Model: **02** Body Style: **01** Color: **Yel**

Year of Vehicle: **91** Make: **Buick** Model: **LESABRE** Body Style: **4d** Color: **GRY**

Vehicle ID Number: **1H1TSDAAR2YH2S3529**

Vehicle ID Number: **1G4HP54C4MH413901**

License Plate Number: **SS611** Plate Type: **57** State: **WI** Exp. Year: **59**

License Plate Number: **RMX 198** Plate Type: **Auto** State: **WI** Exp. Year: **02**

Policy Holder's Name: **SELF INSURED** Coverage: 1 2 3

Policy Holder's Name: **ALL STATE** Coverage: 1 2 3

Liability Insurance Company: **SELF INSURED** Stat. # **01**

Liability Insurance Company: **ALL STATE** Stat. # **343.44(1)(b)**

Occupant Unit Number: **01** NAME Last: **FRANCO** First: **Felape** M.I. _____ Date of Birth: **10-27-62** Sex: **M**

ADDRESS: **2635 S 14 Milwaukee WI 53215** City & State: **WI 53215** ZIP: **53215**

Severity: **01** SEAT Position: **3** SAFETY Equipment: **1** AIRBAG: Deployed Non Deployed Not Applicable Unknown

EJECTED: Not Applicable Not Ejected Unknown TRAPPED/EXTORTIONED: Not Applicable Not Trapped Unknown Medical Transport: Agency Space:

Medical Transport: Agency Space:

MV4000 899 EMS Number _____

C/P 6/15/01 (6)

Occupant Unit Number: **COPELAND JAGUON D 1061781**

ADDRESS: **5327 N 33 Milwaukee WI 53209**

City & State: **City & State** ZIP: **ZIP**

Position: **3** Equipment: **1**

Is Operator: Yes No

EJECTED: Not Ejected Partially Ejected Totally Ejected

TRAPPED/EXTRICATED: Not Trapped Trapped Trapped/Extricated Trapped Not Extricated Unknown

Medical Transport: Y N

Agency Space: Y N

Occupant Unit Number: **Occupant Unit Number**

NAME: **NAME** Last: **Last** First: **First** M.I.: **M.I.** Date of Birth: **Date of Birth** Sex: **Sex**

ADDRESS: **ADDRESS** Street & Number: **Street & Number** City & State: **City & State** ZIP: **ZIP**

Severity: **Severity** SEAT Position: **SEAT Position** SAFETY Equipment: **SAFETY Equipment** AIRBAG: **AIRBAG**

Is Operator: Yes No

EJECTED: Not Ejected Partially Ejected Totally Ejected

TRAPPED/EXTRICATED: Not Trapped Trapped Trapped/Extricated Trapped Not Extricated Unknown

Medical Transport: Y N

Agency Space: Y N

Type of Accident

First Harmful Event

Most Harmful Event

Unit Number	Unit Number
1-10	1-10

(select one per vehicle)

Collision With Object Not Fixed

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

Collision With Fixed Object

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

Non-Collision

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

Driver Condition

Unit Number	Unit Number
1-10	1-10

Driver Factors (Or Pedestrians)

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

Presence

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

Alcohol

AC Value: AC Value:

- 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

Pedestrian

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

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

- 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

Damage

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 Moderate
- 10 Severe
- 11 Very Severe
- 12 Unknown

Vehicle Towed Due to Damage: Y N

Vehicle Removed by: **OPERATOR**

Damage

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 Moderate
- 10 Severe
- 11 Very Severe
- 12 Unknown

Vehicle Towed Due to Damage: Y N

Vehicle Removed by: **OWNER**

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

ovt. Damage Tag # 1 2 3 4 5 6 7 8 9 10

PROPERTY: **Loss** First: **First** M.I.: **M.I.**

OWNER: **B1**

ADDRESS: **Street & Number**

City & State: **City & State** ZIP: **ZIP** Phone Number: **Phone Number**

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

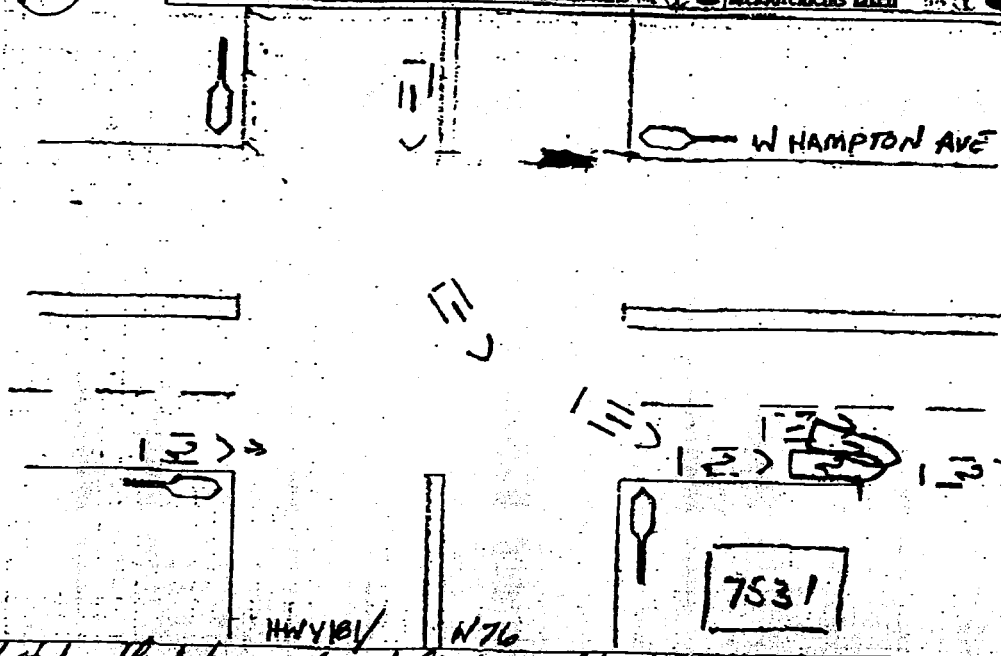


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Sidebars to Impact
 Side 1 Side 2

Surface Type: ASPHALT



Unit #1 states that he made a left turn off of Hwy 101/N76 onto W Hampton Ave. Unit #1 was in the RT lane attempting to turn into the alley when Unit #2 attempted to pass him on the right as he was turning. Unit #1 was unable to avoid the collision.

Unit #2 states that he was in the bus lane coming across Hwy 101/N76 when Unit #1 turned right and he was unable to avoid the collision.

Photos By: 165 NPD 50385

What Drivers Were Doing

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18

- 1. Going Straight
- 2. Making Left Turn
- 3. Making Right Turn
- 4. Slowing or Stopping
- 5. Stopped in Traffic
- 6. Legally Parked
- 7. Violating No Passing Zone
- 8. Illegally Parked
- 9. Parking Maneuver
- 10. Backing Maneuver
- 11. Changing Lanes
- 12. Overtaking on Left
- 13. Overtaking on Right
- 14. Making U Turn
- 15. Turning on Red
- 16. Merging
- 17. Negotiating Curve
- 18. Other

WITNESS Last Name First MI
 ADDRESS Street & Number Date of Birth
 City & State ZIP Phone Number

ACCESS CONTROL

- 1. No Control (Unlimited Access)
- 2. Full Control (Only Ramp Entry/Exit)
- 3. Partial Control

ROAD TERRAIN

Part A

- 1. Straight
- 2. Curve

Part B

- 1. Level/Flat
- 2. Hill

LIGHT CONDITION

- 1. Daylight
- 2. Dark-Not Lighted
- 3. Dark-Lighted
- 4. Dawn
- 5. Dusk
- 6. Unknown

ROAD SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Snow/Slush
- 4. Ice
- 5. Sand, Mud, Dirt, Oil
- 6. Other
- 7. Unknown

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Fog, Smog, Smoke
- 6. Sleet, Hail
- 7. Blowing Sand, Soil, Dirt, Snow
- 8. Severe Crosswinds
- 9. Other
- 10. Unknown

TRAFFIC WAY

- 1. Not Physically Divided (2-Way Traffic)
- 2. Divided Highway, Median Strip, without Traffic Barrier
- 3. Divided Highway, Median Strip, with Traffic Barrier
- 4. One-Way Traffic
- 5. Parking Lot of Private Property

RELATION TO ROADWAY

- 1. On Roadway
- 2. Parking Lot or Private Property
- 3. Shoulder (Other Than Shoulder within Median or Gore)
- 4. Median (Other Than Median within Gore)
- 5. Outside Shoulder-Left
- 6. Outside Shoulder-Right
- 7. Off Roadway-Location Unknown
- 8. On Ramp
- 9. Gore (Area between Ramp & Highway)
- 10. Unknown

Traffic Control

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

- 1. No Control
- 2. Traffic Signal Operating
- 3. Traffic Signal Flashing
- 4. Stop Sign
- 5. Stop Sign with Flasher
- 6. Warning
- 7. Warn Sign with Flasher
- 8. Yield Sign
- 9. Traffic Control Person
- 10. RR-Crossing Signal
- 11. Other

Officer's Opinion of Possible Contributing Circumstances

Document Number Override

Driver Factors

Unit Number	Unit Number
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14
N/A	N/A

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

Vehicle Factors

Unit Number	Unit Number
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12
N/A	N/A

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

Highway Factors

Unit Number	Unit Number
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14
N/A	N/A

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

OFFICER INFORMATION

Last Name: **JOHNSON Patrick** MI

Law Enforcement Agency Address: **3626 W Fond du Lac Ave**

City & State: **Milwaukee WI** ZIP: _____

Phone Number: **(414) 933 4444**

Agency # **7** Enforcement Agency **Milwaukee PD** Officer ID # **52115**

Date Notified: MONTH **02** DAY **01** YEAR **01**

Time Notified (Military Time): HOUR **18** MIN **15**

Time Arrived (Military Time): HOUR **08** MIN **23**

Date of Report: MONTH **03** DAY **01** YEAR **01**

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... YES NO

Part A

- A truck with at least two axles and six tires? YES NO
- A truck with a hazardous materials placard? YES NO
- A bus designed to carry 16 or more persons, including the driver? YES NO

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? YES NO
- Any injured person who required transport for immediate medical treatment? YES NO
- One or more vehicles that had to be towed from the scene as a result of the accident? YES NO

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

1. Hazardous Material Class Numbers (1-2 digit): _____

2. Hazardous Material "UN" Numbers (1 digit): _____

3. Hazardous Material Placard Displayed? YES NO

4. Hazardous Cargo was Released? YES NO

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

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

Carrier Information

Carrier Identification Numbers

US DOT (40)	LC
ICC MC	IC

Carrier Address: _____

Source: Vehicle Side Shipping Papers Trip Manifest Driver Log Book

Vehicle Information

Vehicle Configuration: Single unit truck, 2 axles Truck Trailer Trailer-Drawbar Trailer-Triples Log Truck

Gross Vehicle Weight Rating: _____ LBS Total # of Axles: _____

Cargo Body Type: Box Dump Garbage Refuse Other

SEQUENCE OF EVENTS FOR THIS VEHICLE

(Mark a box of one to five in the circle that they occurred)

- 1 Collision Involving Motor Vehicle in Transp.
- 2 Collision Involving Parked Motor Vehicle
- 3 Collision Involving Train
- 4 Collision Involving Pedalcycle
- 5 Collision Involving Animal
- 6 Collision Involving Fixed Object
- 7 Collision Involving Other Object
- 8 Other

JUN 15 2001

Printed in U.S.A. G.S.G. 854321 Mail Refuse by NCS M197106-3

199

G.B. BODYWORKS PLUS INC.
PHONE: (414)251-0062 FAX: (414-251-1092
W197 N7533 F&W COURT UNIT 2
LANNON, WI 53046-9777
FED TAX ID# 391772091

CD LOG NO 324-1 DATE 06/14/01

SHOP: G.B. BODYWORKS PLUS INC. INSP DATE: 06/14/01
ADDRESS: W197 N7533 F & W CT. CONTACT: GLENN BENISHEK
CITY STATE: LANNON, WI PHONE 1: (262)251-0062
ZIP: 53046-9777 FAX: (262)251-1092

OWNER: HAAPAKOSKI, ERIN HOME PHONE: (414)760-8615
ADDRESS: 6329 N 84 ST #2 FAX: (414)228-9946
CITY STATE: MILWAUKEE, WI
ZIP: 53225-

POINT OF IMPACT: 6

LIC#: STATE: WI VIN: 1G4HP54C4MH413901
BODY COLOR: BROWN MILEAGE:
CONDITION: FAIR ACCTNG CTL#:

DRIVEABLE: Yes VEH. INSP#:

*=USER-ENTERED VALUE E=NEW PART EC=ECONOMY PART
EU=SALVAGE PART EP=SEE PX REPORT ET=LABOR PARTIAL REPLACE
IT=LABOR PARTIAL REPAIR I=REPAIR/ALIGN/SUBLET L=REFINISH
N=ADDNL LABOR OPERATION P=CHECK TE=PART/PARTIAL REPLACE
AA=APPEARANCE ALLOWANCE RP=RELATED PRIOR DAMAGE UP=UNRELATED PRIOR DAMAGE
RI=R&I ASSEMBLY

1991 BUICK LE SABRE CUSTOM 4DR SEDAN S4313A/B OPTNS A/24

OPTIONS: TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	HOURS	R
I	0103		FENDER, FRONT	LT REPAIR			2.0	*1
L	0103	09	FENDER, FRONT	LT REFINISH			3.6	4
E	G0143	40	WINDSHIELD, TINTED	25553858 GM PART	267.04		3.1	1
E	G0255		GLASS, MIRROR SPORT R/C	LT 20576393 GM PART	45.70		0.2	1
EU	0287		DOOR ASSEMBLY, REAR	LT SALVAGE PART	350.00*		3.5	1
L	0287		DOOR SHELL, REAR	LT REFINISH			3.6	4
I	0389	#	PANEL, QUARTER	LT REPAIR			3.0	*1
			# = 01, 02					
L	0389		PANEL, QUARTER	LT REFINISH			2.5	4
I	0409	07	PNL, WHEELHOUSE OUTER	LT REPAIR			2.0	*1
L	M15		COLOR TINT	REFINISH		*	1.5	*4*
I	M60		HAZARD. WSTE. REM.	SUBLET REPAIR	4.00*			*1*

11 ITEMS

MC MESSAGE(S)

- 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
- 02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO
- 07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
- 09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE
- 40 PXN SEARCHED BUT NOT COMPARED

FINAL CALCULATIONS & ENTRIES

GROSS PARTS					312.74
OTHER PARTS					350.00
PAINT MATERIAL					246.40
PARTS TOTAL					909.14
TAX ON PARTS @				5.100%	33.80
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	40.00	6.8	7.0		552.00
2-MECH/ELEC	65.00				
3-FRAME	65.00				
4-REFINISH	40.00	11.2			448.00
5-PAINT MATERIAL	22.00				
LABOR TOTAL					1,000.00
TAX ON LABOR		@		5.100%	51.00
SUBLET REPAIRS					4.00
TAX ON SUBLET		@		5.100%	0.20
TOWING					
STORAGE					
GROSS TOTAL					1,998.14
NET TOTAL					1,998.14

ADP SHOPLINK UB870 ES CD LOG 324-1 DATE 06/14/01 06:47:06PM R6.1 CD 04/01
 PXN:Y/01/00/00/00 CUM:01/00/00/00 HOST LOG
 COPYRIGHT 1999, AUTOMATIC DATA PROCESSING, INC.

2.1 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS 0.6 HOURS FOR THE FIRST MAJOR PANEL, WHERE NOTED.

G.B. BODYWORKS PLUS INC. WILL NOT BE HELD LIABLE FOR ANY DAMAGE TO VEHICLES OR PERSONAL PROPERTY THAT ARE CAUSED BY ,VANDALISM, THEFT, FIRE OR ANY ACTS OF NATURE.

STORAGE AFTER REPAIRS ARE MADE WILL BE 15.00 PER DAY. WILL BE ADDED TO THE BILL OF SERVICE

 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.

SCHLAFER AUTO BODY INC
 20691 W. MAIN STREET
 LANNON, WI 53046
 PHONE: 414-251-7390
 FAX: 414-251-4790

CD LOG NO 1872-1 DATE 06/11/01

SHOP: SCHLAFER AUTO BODY, INC.
 ADDRESS: 20691 W.MAIN STREET
 CITY STATE: LANNON, WI
 ZIP: 53046-

INSP DATE: 06/11/01
 CONTACT: ALLEN E. SCHLAFER
 PHONE 1: (262)251-7390
 FAX: (262)251-4790

OWNER: HAAPAKOSKI, ERIN
 ADDRESS: 6329 NORTH 84TH ST #2
 CITY STATE: MILWAUKEE, WI
 ZIP: 53225-

HOME PHONE: (414)760-8615

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

*=USER-ENTERED VALUE E=NEW PART EC=ECONOMY PART
 EU=SALVAGE PART EP=SEE PX REPORT ET=LABOR PARTIAL REPLACE
 IT=LABOR PARTIAL REPAIR I=REPAIR/ALIGN/SUBLET L=REFINISH
 N=ADDNL LABOR OPERATION P=CHECK TE=PART/PARTIAL REPLACE
 AA=APPEARANCE ALLOWANCE RP=RELATED PRIOR DAMAGE UP=UNRELATED PRIOR DAMAGE
 RI=R&I ASSEMBLY

1991 BUICK LE SABRE LIMITED 4DOORS SEDAN S4313B/B OPTNS A/24

OPTIONS: TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	HOURS	R
I	0103		FENDER, FRONT	LT REPAIR			1.5	1
L	0103	09	FENDER, FRONT	LT REFINISH			3.6	4
E	G0143		WINDSHIELD, TINTED	25553858 GM PART	267.04		3.1	1
I	0207	02	DOOR SHELL, FRONT	LT REPAIR			0.5	1
L	0207		DOOR SHELL, FRONT	LT REFINISH			2.2	4
E	G0255		GLASS, MIRROR SPORT R/C	LT 20576393 GM PART	45.70		0.2	1
EC	0287		DOOR SHELL, REAR	LT ECONOMY PART	275.00*		4.5	1
L	0287		DOOR SHELL, REAR	LT REFINISH			3.4	4
I	0389	#	PANEL, QUARTER	LT REPAIR			5.0	1
			# = 01, 02					
L	0389		PANEL, QUARTER	LT REFINISH			2.5	4

10 ITEMS

MC MESSAGE(S)

01 CALL DEALER FOR EXACT PART NUMBER / PRICE

02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO

09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

1991 BUICK LE SABRE LIMITED 4DOORS SEDAN
CD LOG NO 1872-1

GROSS PARTS					312.74
OTHER PARTS					275.00
PAINT MATERIAL					234.00
PARTS TOTAL					821.74
TAX ON PARTS & MATERIAL @				5.100%	41.91
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	40.00	7.8	7.0		592.00
2-MECH/ELEC	40.00				
3-FRAME	44.00				
4-REFINISH	40.00	11.7			468.00
5-PAINT MATERIAL	20.00				
LABOR TOTAL					1,060.00
TAX ON LABOR @				5.100%	54.06
SUBLET REPAIRS					
TOWING					
STORAGE					
GROSS TOTAL					1,977.71
NET TOTAL					1,977.71

ADP SHOPLINK U8312 ES CD LOG 1872-1 DATE 06/11/01 01:46:58PM R6.1 CD 05/01
PXN:N/00/00/00/00 CUM:/// HOST LOG
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2.5 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH
FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS 0.6 HOURS FOR THE FIRST
MAJOR PANEL, WHERE NOTED.

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.