

March 11, 2016

Catherine Linscott
7710 W. Auer Ave.
Milwaukee, WI 53222
Cell 414-315-7257
Work 414-335-0634

CITY OF MILWAUKEE
2016 MAR 16 A 11: 31
CITY CLERK'S OFFICE

Re: C.I. File No. 1030-2016-440

To Whom It May Concern,

I am requesting an appeal hearing regarding the denial of claim number 1030-2016-440.
Attached you will find a photocopy of the letter's envelope, showing the postmark.

Thank you,



Catherine Linscott

RECEIVED
MAR 17 2016
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE

2016 FEB 22 P 1:19

CITY CLERK'S OFFICE

Catherine Linscott
7710 W. Auer Ave.
Milwaukee, WI 53222
catherinelinscott@yahoo.com
Cell: (414) 315-7257
Work: (414) 335-0634

Claim of Catherine Linscott Against Milwaukee County

The claimant's name is Catherine Linscott, 7710 W. Auer Ave, Milwaukee, Wisconsin 53222.

All notices regarding this claim should be sent to 7710 W. Auer Ave, Milwaukee, Wisconsin 53222.

This claim arises from a city plow hitting a parked SUV (Black 2016 Toyota 4 Runner) before 8:30 am February 8th, 2016. The "City" Vehicle number is 25318.

The police contact, who responded to the call at approximately 8:45am Monday February, 8th, 2016 was Officer Kenneth Lipinski. Badge number 009324, computer dispatch number 160390654.

Milwaukee Police Department District 7
3626 W. Fond Du Lac Ave.
Milwaukee, WI 53216.

The City of Milwaukee employee who came out to document, report and photo the incident was Martin Bachh. He visited the above residence on Feb 9th, 2016 at 7:50am. His contact email is mbachh@milwaukee.gov. He was issued an email with the above information and included photos.

Damage is on the driver side front panel above the wheel resulting in loss of use of the driver side door.

Attached you will find two document estimates for the cost of repairs to the vehicle, as well as the police report.

I claim compensation in the amount of \$ 2857.77

(#2677.70 TRUCK REPAIR
+ #179.99 RENTAL CAR)

February 9, 2016

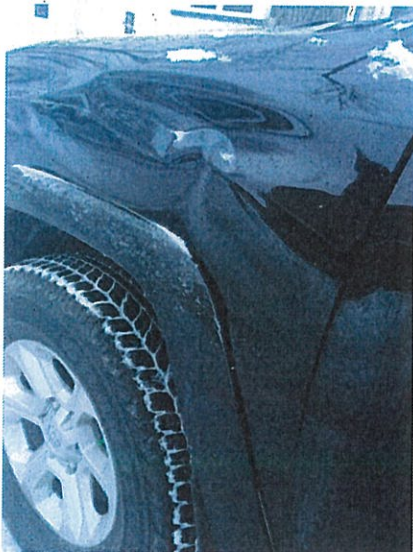
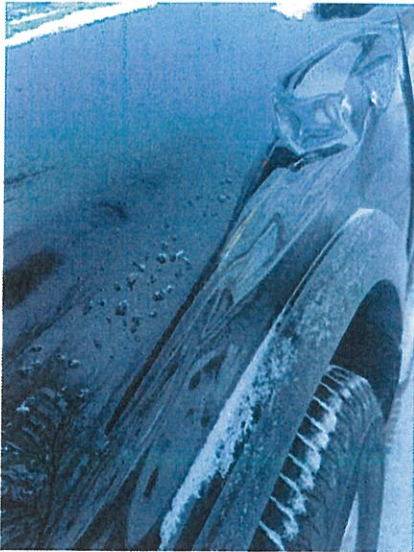
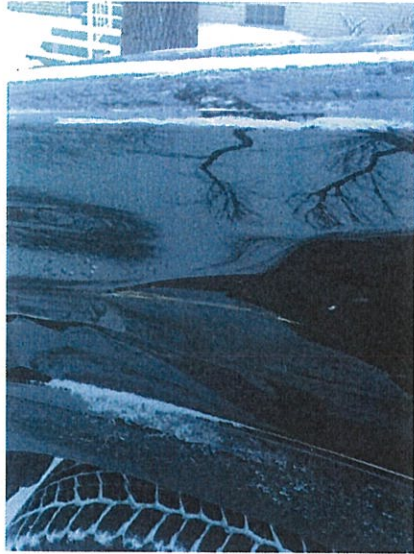
Catherine Linscott

RE: Photos of damage

RECEIVED

FEB 23 2016

OFFICE OF
CITY ATTORNEY



<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number QPWD87W		Document Override Number	
Agency Accident Number 160390654				Police Number					
4 - Accident Date 02/08/2016		5 - Time of Accident (Military Time) 0000		6 - Total Units 02		7 - Total Injured		8 - Total Killed	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.		14 - On Street Name W AUER AVE			14 - Bus/Frt/Rmp		15 - Est. Distance 35 FT		15 - Hwy. Dir WEST
16 - Fr/At Hwy No.		16 - From/At Street Name N 77TH ST			16 - Business/Frontage/Ramp				
17 - Structure Type UTILITY #		17 - Structure Number 7711		12 - Latitude 43.076830		13 - Longitude -88.008777			
80 - First Harmful Event PARKED MOTOR VEHICLE				93 - Manner of Collision SIDESWIPE. SAME DIRECTION					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP, BITUMINOUS, OR ASPHALT - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition UNKNOWN			116 - Road Surface Condition SNOW/SLUSH			118 - Weather CLEAR			
9 <input checked="" type="checkbox"/> Hit and Run		9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire		9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed	
9 <input type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone			9 <input type="checkbox"/> Names Exchanged	
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken			79 - E M S Number		

GENERAL INFORMATION

POLICE #

ACCIDENT # 160390654

Operator/Pedestrian

Unit Status H - HIT AND RUN		81 - Most Harmful Event: Collision With PARKED MOTOR VEHICLE		23 - Dir Of Travel EAST		24 - Speed Limit 30		
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle				
29 - Drivers License Number		30 - State		31 - Expiration Year		34 - On Duty/Accident		
25 - Operator/Pedestrian Last Name		25 - First Name		25 - Middle Initial		25 - Suffix		
32 - Date Of Birth		33 - Sex						
26 - Address Street & Number						26 - PO Box		
27 - City			27 - State		27 - Zip Code		28 - Telephone Number	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment RESTRAINT-USE-UNKNOWN				
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag UNKNOWN		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued		
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
122 - Driver Factors INATTENTIVE-DRIVING								
88 - Driver or Pedestrian Cond NOT OBSERVED			89 - Substance Presence UNKNOWN					
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content			91 - Drug Test TEST NOT GIVEN		

OPERATOR/PEDESTRIAN 01

91 - Drugs Reported
124 - Highway Factors SNOW,-ICE,-OR-WET

NOT OFFICIAL COPY

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number		57 - Plate Type	58 - State	59 - Exp Year	55 - Vehicle Identification Number
	50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color YEL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage UNKNOWN					
	95 - Extent Of Damage UNKNOWN		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name					
	47 - Address Street & Number			47 - PO Box		
	48 - City		48 - State	48 - Zip Code	49 - Telephone Number	

Insurance

INS 01	63 - Liability Insurance Company NONE		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company		

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status L - LEGALLY PARKED		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel	24 - Speed Limit 30
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number		30 - State	31 - Expiration Year	34 - On Duty/Accident	
25 - Operator/Pedestrian Last Name		25 - First Name		25 - Middle Initial	25 - Suffix
32 - Date Of Birth		33 - Sex			

PK2012

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number				26 - PO Box	
	27 - City			27 - State	27 - Zip Code	
	28 - Telephone Number					
	39 - Seat Position			40 - Safety Equipment NOT-APPLICABLE-NONMOTORIST		
	38 - Injury Severity		41 - Airbag NOT APPLICABLE		42 - Ejected NOT-APPLICABLE	
	44 <input type="checkbox"/> Medical Transport					
	43 - Trapped/Extricated NOT-APPLICABLE		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing LEGALLY-PARKED			120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.		64 - 5th Statute No.
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond		89 - Substance Presence			
	90 - Alcohol Test		90 - Alcohol Content		91 - Drug Test	
91 - Drugs Reported						
124 - Highway Factors SNOW,-ICE,-OR-WET						

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR			22 - Total Occupants 0
	56 - License Plate Number 431PPK		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2016	55 - Vehicle Identification Number JTEBU5JR7G5285165	
	50 - Year 2016	51 - Make TOYT	52 - Model 4RUNNER SR	53 - Body Style UT - SPORT UTILITY	54 - Color BLK	100 - Skidmarks to Impact (Ft)	
	94 - Vehicle Damage FRONT DRIVER SIDE						
	95 - Extent Of Damage MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OWNER		
	123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name LINSCOTT		46 - First Name CATHERINE		46 - Middle Initial E	46 - Suffix
	Date Of Birth 11/07/1991					
	46 - Company Name					
	47 - Address Street & Number 7710 W AUER ST			47 - PO Box		
48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53222		49 - Telephone Number (414) 315-7257 EXT.	

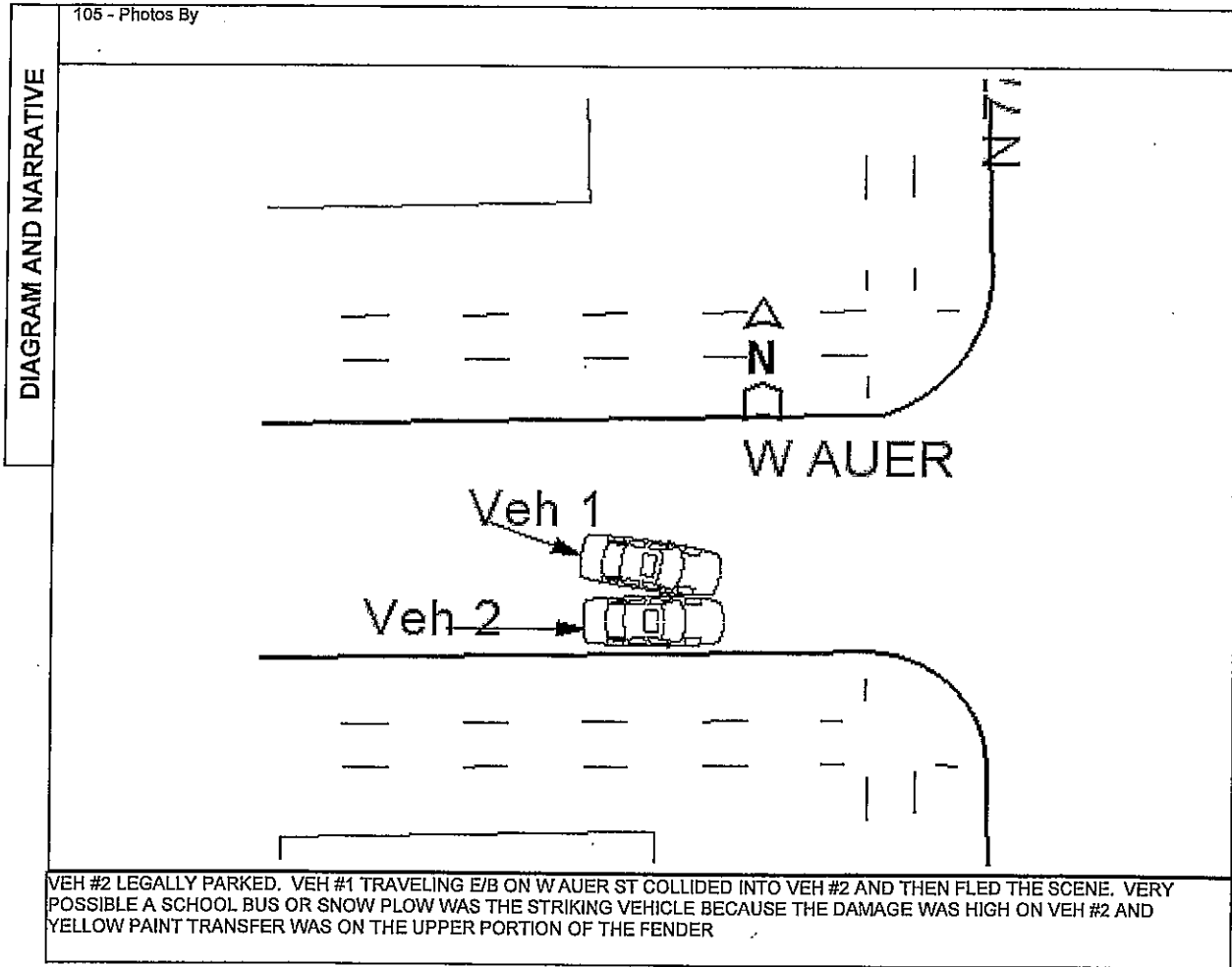
Insurance

INS 02	63 - Liability Insurance Company NOT-REQUIRED			60 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name			61 - Policy Holder First Name		
	61 - Policy Holder Company					

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity	
	School District Contracted With				
Trailer					
TRL 01	106 - Power Unit Number	License Plate Number	Plate Type	State	Expiration Year
	Trailer Make		Unit Type	Vehicle Identification Number	

Diagram and Narrative



Officer Information

OFFICER INFORMATION	125 - Officer Last Name LIPINSKI	125 - First Name KENNETH	125 - Middle Initial	131 - Officer ID 09324
	129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT		
	128 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET			
	127 - City MILWAUKEE	127 - State WI	127 - Zip Code 53201	128 - Telephone Number (414) 933-4444 EXT.
	132 - Date Notified 02/08/2016	133 - Time Notified (Military Time) 0842	134 - Time Arrived (Military Time) 0847	135 - Date Of Report 02/08/2016
	160390654	19 - Special Study		
	18 - Agency Space			

CREST CADILLAC INC.
12800 W. CAPITOL DRIVE/P.O. BOX 629
BROOKFIELD, WI 53005
OFFICE: 262-781-2800 FAX: 262-781-1047
FEDERAL ID.#39-1361550

*** PRELIMINARY ESTIMATE ***

02/10/2016 04:44 PM

Owner

Owner: Catherine Linscott
Address: 7710 W. Auer Av.
City State Zip: Milwaukee, WI 53222

Work/Day: (414)315-7257
Home/Evening: (414)335-0634
FAX:

Inspection

Inspection Date: 02/10/2016 04:45 PM

Inspection Type:

Repairer

Repairer: CREST CADILLAC
Address: 12800 WEST CAPITOL DRIVE
PO BOX 629
City State Zip: BROOKFIELD, WI 53005

Contact: DAVE CESEL
Work/Day: (262)781-2800
Home/Evening:
FAX: (262)781-1047

Target Complete Date/Time:

Days To Repair: 12

Vehicle

2016 Toyota 4Runner SR5 Premium 4 DR Wagon
6cyl Gasoline 4.0
5 Speed Automatic

Lic.Plate: 431PPK
Lic Expire:
Prod Date:
Veh Insp# :
Condition:
Ext. Color: Black
Ext. Refinish: Two-Stage

Lic State: WI
VIN: JTEBU5JR7G5285165
Mileage: 900
Mileage Type: Actual
Code: Y6644A
Int. Color:
Int. Refinish: Two-Stage

Options

1st Row LCD Monitor(s)
4-Wheel Drive
Alarm System
Auto Locking Hubs (4WD)
Bucket Seats
Cruise Control
Dual Airbags
Fender Flares
Garage Door Opener
Heated Power Mirrors
High Intensity Headlamps
Keyless Entry System
Leather Shift Knob

2nd Row Head Airbags
AM/FM CD Player
Aluminum/Alloy Wheels
Automatic Dimming Mirror
Camper/Towing Package
Daytime Running Lights
Dual Power Seats
Fog Lights
Head Airbags
Heated W/S Wiper Washers
Illuminated Visor Mirror
Knee Air Bags
Leather Steering Wheel

3rd Row Head Airbags
Air Conditioning
Anti-Lock Brakes
Auxiliary Audio Input
Center Console
Driver Information Sys
Ext Mirror Turn Signals
Full Size Spare Tire
Heated Front Seats
High Definition Radio
Intermittent Wipers
LED Brakelights
Lighted Entry System

MP3 Decoder	Navigation System	Overhead Console
Power Brakes	Power Door Locks	Power Moonroof
Power Quarter Windows	Power Steering	Power Windows
Privacy Glass	Pwr Driver Lumbar Supp	Pwr Sliding Rear Window
Rear Spoiler	Rear Step Bumper	Rear View Camera
Rear Window Defroster	Rear Window Wiper/Washer	Roof Rails
Side Airbags	SiriusXM Satellite Radio	Skid Plates
Split Folding Rear Seat	Stability Cntrl Suspensn	Strg Wheel Radio Control
Tachometer	Theft Deterrent System	Tilt & Telescopic Steer
Tire Pressure Monitor	Tow Hooks	Traction Control System
Trailer Hitch	Trip Computer	Vinyl Seats
Wireless Audio Streaming	Wireless Phone Connect	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
Stripes And Mouldings									
1	E	1020		Clip,Fender Mldg LT	MULTI-PART	\$9.57			SM
2	E	1521		Clip,Fender Mldg LT	MULTI-PART	\$7.42			SM
3	E	114		Flare,Wheel Opening LT	5384835906	\$156.33		INC	SM
4	L	114		Flare,Wheel Opening LT	Refinish			1.2	RF
					1.0 Surface				
					0.2 Two-stage				
Front Bumper									
5	N	8		Frnt Bumper Cvr Overhau	Additional Labor			4.2	SM
6	I	30		Cover,Front Bumper	Repair			4.0*	SM
7	L	30	13	Cover,Front Bumper	Refinish			4.4	RF
					3.2 Surface				
					0.6 Two-stage setup				
					0.6 Two-stage				
Front End Panel And Lamps									
8	RI	43		Lens,Headlamp LT	R & I Assembly			INC	SM
Front Body And Windshield									
9	E	103		Fender,Front LT	5381235510	\$342.48		2.8	SM
				High Strength Steel					
10	L	103		Fender,Front LT	Refinish			3.6	RF
					2.5 Surface				
					0.5 Edge				
					0.6 Two-stage				
11	E	456		Seal,Inner Fender LT	5382835070	\$54.10		INC	SM
Front Body Interior Sheetmetal									
12	E	105		Skirt,Inner Fender LT	5387635150	\$96.91		0.1	SM
Front Doors									
13	E	207		Door Shell,Front LT	6700235631	\$796.57		5.3	SM
				High Strength Steel					
14	L	207		Door Shell,Front LT	Refinish			3.7	RF
					2.1 Surface				
					1.0 Edge				
					0.6 Two-stage				
15	RI	1400		Mldg,Front Door Belt LT	R & I Assembly			INC	SM
16	E	1248		Applique,Frnt Door Fram LT	7575635020	\$43.44		INC	SM
17	E	157		Tape,Front Door LT	7592235030	\$24.51		0.2	SM
18	RI	242		Handle,Front Door Otr LT	R & I Assembly			INC	SM

19	E	212	Clip,Frt Door W/Strip LT	MULTI-PART	\$55.10		SM	
Manual Entries								
20	L	M03	Flex Additive	Refinish	\$5.00*		RF	
21	L	M14	Corrosion Protection	Refinish		0.5*	RF	
22	L	M17	Cover Car Exterior	Refinish	\$5.00*		RF	
23	I	M18	Set-Up And Measure	Repair		2.0*	FR	
24	SB	M60	Hazardous Waste Removal	Sublet Repair	\$3.00*		SM	
25	L	M66	Color Sand And Buff	Refinish		2.5*	RF	
26	I	M68	Caulk	Sublet Repair	\$30.00*	1.0*	SM	
27	I		align wheels	Sublet Repair	\$104.95*		SM*	
28	I		balance lf wheel	Sublet Repair	\$25.00*		SM*	
29	I		align lf gaps	Repair		1.5*	SM*	
29	Items							

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts	\$1,586.43	
Other Parts	\$10.00	
Paint & Materials	15.9 Hours @ \$36.00	\$572.40
Parts & Material Total		\$2,168.83
Tax on Parts & Material	@ 5.100%	\$110.61

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$56.00	8.4	10.7	19.1	\$1,069.60
Mech/Elec (ME)	\$105.00				
Frame (FR)	\$56.00		2.0	2.0	\$112.00
Refinish (RF)	\$56.00	15.9		15.9	\$890.40

Labor Total			37.0 Hours	\$2,072.00
Tax on Labor	@ 5.100%			\$105.67
Sublet Repairs				\$162.95
Tax on Sublet	@ 5.100%			\$8.31
Gross Total				\$4,628.37
Net Total				\$4,628.37

Audatex Estimating 7.0.712 ES 02/10/2016 04:57 PM REL 7.0.712 DT 01/01/2016 DB 02/08/2016
 Copyright (C) 2016 Audatex North America, Inc.

2.6 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value E = Replace OEM NG = Replace NAGS

BROOKFIELD PONTIAC GMC

13000 W CAPITOL DR, BROOKFIELD, WI 53005
Phone: (262) 781-1300 x240

Workfile ID: 7c578a53
Federal ID: 392011256

Preliminary Estimate

Customer: LINSKOTT, CATHERINE

Job Number:

Written By: JOHN DONAGHY

Insured: LINSKOTT, CATHERINE
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
LINSKOTT, CATHERINE
2746 N 73 RD ST
WAUWATOSA, WI 53210
(414) 732-1190 Day

Inspection Location:
BROOKFIELD PONTIAC GMC
13000 W CAPITOL DR
BROOKFIELD, WI 53005
Repair Facility
(262) 781-1300 x240 Business

Insurance Company:

DAYS TO REPAIR (5)

VEHICLE

Year: 2016
Make: TOYO
Model: 4RUNNER 4X4 SR5
PREMIUM
Color: BLACK Int:

Body Style: 4D UTV
Engine: 6-4.0L-FI
Production Date:
Condition:

VIN: JTEBU5JR7G5285165
License: 431PPK
State: WI
Job #:

Mileage In:
Mileage Out:
Vehicle Out:

TRANSMISSION

Automatic Transmission
Overdrive
4 Wheel Drive
POWER
Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Power Passenger Seat

DECOR

Dual Mirrors
Privacy Glass
Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Navigation System
Backup Camera w/Parking Sensors
Home Link

RADIO

AM Radio
FM Radio

Stereo

Search/Seek
CD Player
Auxiliary Audio Connection
Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags

Head/Curtain Air Bags
Hands Free Device

ROOF

Luggage/Roof Rack
Electric Glass Sunroof

SEATS

Bucket Seats
Leather Seats
Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Rear Spoiler
Signal Integrated Mirrors
California Emissions

TRUCK

Rear Step Bumper
Power Rear Window
Trailer Hitch
Trailer Package

Preliminary Estimate

Customer: LINSOTT, CATHERINE

Job Number:

Vehicle: 2016 TOYO 4RUNNER 4X4 SR5 PREMIUM 4D UTV 6-4.0L-FI BLACK

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2		O/H front bumper				3.4	
3	Repl	Bumper cover SR5	5211935912	1	287.57	Incl.	3.2
4		Add for Clear Coat					1.3
5	Repl	LT Retaining brkt	5213435070	1	52.93	0.1	
6		FENDER					
7	Repl	LT Fender (HSS)	5381235510	1	342.48	2.9	2.2
8		Add for Clear Coat					0.9
9		Add for Edging					0.5
10		Deduct for Overlap				-0.4	
11	Repl	LT Flare	5384835906	1	156.33	Incl.	1.1
12		Add for Clear Coat					0.2
13	* Repl	LT Fender liner	5380635030	1	165.53	Incl.	
14		FRONT DOOR					
15	Refn	LT Outer panel (HSS)					2.3
16		Overlap Major Adj. Panel					-0.4
17		Add for Clear Coat					0.4
18	R&I	LT Belt molding black				0.3	
19	R&I	LT R&I mirror				0.3	
20	R&I	LT Handle, outside chrome w/smart key				0.4	
21	R&I	LT R&I trim panel				0.5	
22	# Repl	CORROSION PROTRECTION		1	10.00	0.3	
23	# Subl	HAZARDOUS WASTE		1	3.00 T		
24	# Rpr	JAMBS MASK OUT				0.3	
SUBTOTALS					1,017.84	8.1	11.7

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			1,014.84
Body Labor	8.1 hrs @	\$ 56.00 /hr	453.60
Paint Labor	11.7 hrs @	\$ 56.00 /hr	655.20
Paint Supplies	11.7 hrs @	\$ 36.00 /hr	421.20
Miscellaneous			3.00
Subtotal			2,547.84
Sales Tax	\$ 2,547.84 @	5.1000 %	129.94
Grand Total			2,677.78
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			2,677.78

Preliminary Estimate

Customer: LINSKOTT, CATHERINE

Job Number:

Vehicle: 2016 TOYO 4RUNNER 4X4 SR5 PREMIUM 4D UTV 6-4.0L-FI BLACK

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARM8418, CCC Data Date 2/15/2016, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2016 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

Preliminary Estimate

Customer: LINSOTT, CATHERINE

Job Number:

Vehicle: 2016 TOYO 4RUNNER 4X4 SR5 PREMIUM 4D UTV 6-4.0L-FI BLACK

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

REVIEW & RESERVE

Price Details

VEHICLE CLASS	CHANGE VEHICLE
Economy For 1 week(s) - \$169.99 / week	\$169.99
VEHICLE MILEAGE	
Unlimited Mileage	Included
TAXES & FEES	LEARN MORE ABOUT TAXES AND FEES
STATE RENTL VEH FEE	\$ 8.17
TITLE/REGISTRAT FEE	\$ 3.50
SALES TAX (5.0%)	\$ 8.17
SALES TAX (0.1%)	\$ 0.16
ESTIMATED TOTAL	

\$179.99

Are you an Enterprise Plus Member? Sign in to speed through the form below.



Rental Summary



ECONOMY
Kia Rio or similar

[MODIFY](#)

Get the Intermediate for only \$11.01 more.
UPGRADE



PICK-UP/RETURN LOCATION
Brookfield

[MODIFY](#)

DATES & TIMES

12:00 PM
Monday, March 14, 2016

[MODIFY](#)

12:00 PM
Saturday, March 19, 2016

Wisconsin Motor Vehicle
Driver Exchange Of Crash Information

BDS331 01/2005

PK 2012

	<input checked="" type="checkbox"/> Reportable Accident	Agency Accident Number 160390654	Police Number	DOT Document Number QPWD87W			
OFFICER INFO	125 - Officer Last Name LIPINSKI	125 - First Name KENNETH	125 - Middle Initial	131 - Officer ID 09324			
	129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT					
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET						
	127 - City MILWAUKEE	127 - State WI	127 - Zip Code 53201	128 - Telephone Number (414) 933-4444			
GENERAL INFO	4 - Accident Date 02/08/2016		6 - Total Units 02				
	2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				
	14 - On Hwy No.	14 - On Street Name W AUER AVE	14 - Bus/Fmt/Rmp	15 - Est. Distance 35 FT			
	16 - Fr/At Hwy No.	16 - From/At Street Name N 77TH ST	16 - Business/Frontage/Ramp				
	17 - Structure Type U		17 - Structure Number 7711				
UNIT 01	29 - Driver's License Number		30 - State	31 - Expiration Year			
	25 - Operator/Pedestrian Last Name		25 - First Name	25 - Middle Initial			
	25 - Operator/Pedestrian Last Name		25 - First Name	25 - Middle Initial	25 - Suffix	32 - Date Of Birth	33 - Sex
	26 - Address Street & Number				26 - PO Box		
	27 - City		27 - State	27 - Zip Code	28 - Telephone Number		
	56 - License Plate Number		57 - Plate Type	58 - State	55 - Vehicle Identification Number		
	50 - Year	51 - Make	52 - Model				
61 - Policy Holder Company NONE							
UNIT 02	29 - Driver's License Number		30 - State	31 - Expiration Year			
	25 - Operator/Pedestrian Last Name		25 - First Name	25 - Middle Initial	25 - Suffix	32 - Date Of Birth	33 - Sex
	26 - Address Street & Number				26 - PO Box		
	27 - City		27 - State	27 - Zip Code	28 - Telephone Number		
	56 - License Plate Number 431PPK		57 - Plate Type AUT	58 - State WI	55 - Vehicle Identification Number JTEBU5JR7G5285165		
	50 - Year 2016	51 - Make TOYT	52 - Model 4RUNNER SR				
	61 - Policy Holder Company NOT-REQU'RED						
PROPERTY	Organization Type	84 - Property Owner Last Name		84 - First Name	84 - Middle Initial	84 - Suffix	
	84 - Company Name			Government Property Type			
	85 - Address Street & Number			85 - PO Box			
	86 - City		86 - State	86 - Zip Code	87 - Telephone Number		

OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City, a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed on the reverse side of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours.
3. As detailed a description of the incident as possible, including the date, time and place. Include the "City" vehicle #.

All information should be submitted to:

City Clerk
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.



893.80 Claims against governmental bodies or officers, agents or employes; notice of injury; limitation of damages and suits. (1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employe of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employe under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employe; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

To File A CLAIM with The *CITY OF MILWAUKEE*:

You will need the following information

DATE of Incident Feb 8 2016 (MO)

"City" Vehicle Number 25318