



FARMERS

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Fax : 877-217-1389

09/15/2006

City Of Milwaukee  
Office of the City Attorney - Attn: Robert Overholt  
200 E. Wells Street  
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE  
RECEIVED  
2006 SEP 20 AM 9:50  
OFFICE OF  
CITY ATTORNEY

Re: Our Insured: Mr. Mitchell Pincus  
Our Claim #: 099 SUB 1008441281-1  
Date of Loss: 06/02/2006  
Your Insured: Milwaukee Police Department  
Your Claim #: 06-V-113-I (MILWAUKEE PD - TIMOTHY GRAHAM)  
Amount Owed: \$7,266.78

Dear Mr. Overholt:

I am in receipt of your denial dated 9/6/06 and respectfully request an appeal and notice of hearing. We have made payment to our insured for damages resulting from this accident and do not agree with your assessment of liability based on witness testimony provided at the scene by two independent witnesses. Both agree that our insured entered the intersection on a green light. Given this information, it is clear to us that your detective ran the red light and therefore is the proximate cause for our insured's damages. By virtue of our subrogation rights this letter is to advise you that we request an appeal and notice of hearing as indicated in your recent correspondence.

We very much would like to resolve this matter with you amicably, so thank you in advance for the courtesy of a prompt response.

Sincerely,  
Farmers Insurance Exchange

Teri Maxwell  
Auto Subrogation Representative  
630-907-6951

CITY OF MILWAUKEE  
2006 SEP 25 PM 4:02  
RONALD D. LEONHARDT  
CITY CLERK

06-V-113



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Fax : 877-217-1389

08/01/2006

City Of Milwaukee, City Clerk - Claims  
200 E. Wells St., Room 205  
Milwaukee, WI 53202-3567

Re: Our Insured:	Mr. Mitchell Pincus
Our Claim #:	099 SUB 1008441281-1
Date of Loss:	06/02/2006
Your Insured:	Milwaukee Police Department
Your Claim #:	MILWAUKEE PD - TIMOTHY GRAHAM
Deductible Amount:	\$1,250.00
Loss of Use Amount:	\$0.00
Total Amount Owed:	\$7,266.78

CITY OF MILWAUKEE  
 RECEIVED  
 2006 AUG -7 PM 3:41  
 OFFICE OF  
 CITY ATTORNEY

Dear City Of Milwaukee, City Clerk - Claims:

We have made payment to our insured for damages resulting from this accident. Our investigation has established that the above loss was caused by the negligence of your driver. By virtue of our subrogation rights this letter is to advise you that we expect payment from you for the amount of damages within 14 days of the receipt of this letter.

Be advised that no partial payment, which is less than the full amount claimed herein, will be considered in any way an acceptance of benefits, a novation or an accord and satisfaction of this claim without the express written release of our claim executed by an individual who identifies himself/herself as a member of our subrogation department. Therefore, our legal rights to enforce collection on the remaining amount of the claim shall not be waived or estopped due to a partial payment by you.

If you need additional support for our claim or require further information, please call me at 630-907-6951 with your FAX number so that the requested information can be sent to you.

Sincerely,  
Farmers Insurance Exchange

Teri Maxwell  
Auto Subrogation Representative

Self Insured  
ATTACHMENT(S)

CITY OF MILWAUKEE  
 2006 AUG -7 PM 2:07  
 RONALD D. LEONHARDT  
 CITY ATTORNEY



FARMERS

National Document Center  
P.O. Box 268992  
Oklahoma City, OK 73126-8992  
claimsdocument@farmersinsurance.com  
Fax : 877-217-1389

08/01/2006

Payment Log

Account Number: AAA591103  
Date of Loss: 06/02/2006  
Insured: Mr. Mitchell Pincus  
Claim Number: 099 MD 1008441281-1-1  
Loss Type: Material Damage

Proof of Payment

Date: 07/27/2006  
Payee: PRESTIGE AUTO WORKS  
6301 W DOUGLAS AVENUE  
MILWAUKEE, WI, 53218  
Payment Description: Material Damage  
Payment: \$6,016.78

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Sub Total: \$6,016.78  
Deductible Amount: \$1,250.00  
Salvage: \$0.00  
Total Amount: \$7,266.78

# ACCIDENT IN THE LINE OF DUTY

7926402

Document Number Override

## Wisconsin Motor Vehicle Accident Report

1003441231 1-2

INSTRUCTIONS Please use a Black Ink Pen or #2 Pencil. Mark Areas as shown: Correct Mark Incorrect Marks Reportable Accident	County <b>40</b>	MUN/TWP <b>57</b>	Accident Date MONTH DAY YEAR <b>0 1 0 6</b>	Time of Accident (Military Time) HOUR MIN <b>1 8 3 5</b>	Total Number UNITS INVOLVED <b>0 3 0 1 0 0</b>	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 # Sheet No. Of <b>1 2</b>
	ACCIDENT LOCATION <input checked="" type="checkbox"/> Public Highway, Intersection Related <input type="checkbox"/> Public Highway, Non-Intersection <input type="checkbox"/> Parking Lot <input type="checkbox"/> Private Property or Road						

LATITUDE (GPS) Degrees Minutes Seconds <b>ON</b> Hwy No. and Street Name <b>N 7 ST</b>	Estimated	LONGITUDE (GPS) Degrees Minutes Seconds <b>FROM</b> Hwy No. and Street Name <b>W. NORTH AV</b>
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Unit Number <b>2 3 4</b>	Unit Type <b>2 3 4</b>	Total Number of Occupants <b>0 2 3 4 5 6</b>	Direction of Travel (Before the Accident) <b>W</b>	Unit Number <b>3 4</b>	Unit Type <b>2 3 4</b>	Total Number of Occupants <b>0 2 3 4 5 6</b>	Direction of Travel (Before the Accident) <b>W</b>
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OPERATOR Last Name <b>PINCUS, MITCHELL H</b>	First <b>H</b>	M.I. <b></b>	Speed Limit <b>0</b>	OPERATOR Last Name <b>GRAHAM, TIMOTHY B</b>	First <b>B</b>	M.I. <b></b>	Speed Limit <b>0</b>
ADDRESS Street & Number <b>7045 N. BELMONT LN</b>	City & State <b>FOX POINT WI</b>	ZIP <b>53217</b>	Phone Number <b>228-7186</b>	ADDRESS Street & Number <b>749 W. STATE ST</b>	City & State <b>MILWAUKEE, WI</b>	ZIP <b>53233</b>	Phone Number <b>935-7212</b>
Driver's License Number <b>P522-5485-6144-01 WI</b>	State <b>WI</b>	Exp. Year <b>07</b>		Driver's License Number <b>6650-8026-0183-00 WI</b>	State <b>WI</b>	Exp. Year <b>08</b>	

Date of Birth <b>04-24-56</b>	Sex <b>F</b>	Operating as Classified <b>CMV</b>	Class (Mark Only One) <b>A</b>	Endorse (Mark All That Apply) <b>N S F</b>	Date of Birth <b>05-23-60</b>	Sex <b>F</b>	Operating as Classified <b>CMV</b>	Class (Mark Only One) <b>A</b>	Endorse (Mark All That Apply) <b>N S F</b>
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Severity <b>K</b>	SEAT Position <b>1</b>	SAFETY Equipment <b>1</b>	AIRBAG <b>1</b>	EJECTED <b>1</b>	Severity <b>K</b>	SEAT Position <b>1</b>	SAFETY Equipment <b>1</b>	AIRBAG <b>1</b>	EJECTED <b>1</b>
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TRAPPED/EXTRICATED <b>1</b>	Medical Transport <b>Y</b>	Vehicle Owner Same <b>Y</b>	Last Name <b>MILWAUKEE POLICE DEPT</b>	First <b></b>	M.I. <b></b>	Street Address <b>749 W. STATE ST.</b>	City & State <b>MILWAUKEE, WI</b>	ZIP <b>53233</b>	Phone Number <b>933-4444</b>
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Year of Vehicle <b>06</b>	Make <b>PORSCHE</b>	Model <b>CAYAN</b>	Body Style <b>2dr</b>	Color <b>RED</b>	Year of Vehicle <b>02</b>	Make <b>CHEVY</b>	Model <b>BLAZER</b>	Body Style <b>TRK</b>	Color <b>SIL</b>
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Vehicle ID Number <b>WP0AB29836U780791</b>	License Plate Number <b>358-KKH</b>	Plate Type <b>AUT</b>	State <b>WI</b>	Exp. Year <b>07</b>	Vehicle ID Number <b>1GNDT13W42K216835</b>	License Plate Number <b>117-FNV</b>	Plate Type <b>AUT</b>	State <b>WI</b>	Exp. Year <b>07</b>
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Occupant Unit Number <b>1</b>	NAME Last <b>FARMERS</b>	First <b></b>	M.I. <b></b>	Date of Birth <b></b>	Sex <b>M</b>	Severity <b>K</b>	SEAT Position <b>1</b>	SAFETY Equipment <b>1</b>	AIRBAG <b>1</b>
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Address Same as Operator <b>Y</b>	EJECTED <b>1</b>	Medical Transport <b>Y</b>	Agency Space <b>S. D. Small</b>	EMMS Number <b></b>
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Accident No. 7926402, Date JUN 01 2006, Location N.7 ST AT W. NORTH AV

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	SEX	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number			City & State		ZIP		<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	

Address Same as Operator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ejected <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Ejected	<input type="checkbox"/> 3 Totally Ejected <input type="checkbox"/> 4 Partially Ejected <input type="checkbox"/> 5 Unknown	<input type="checkbox"/> TRAPPED/EXTRICATED <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Trapped	<input type="checkbox"/> 3 Trapped-Extricated <input type="checkbox"/> 4 Trapped/Not Extricated <input type="checkbox"/> 5 Unknown	<input type="checkbox"/> Medical Transport <input type="checkbox"/> Agency Space
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Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	SEX	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number			City & State		ZIP		<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	

Address Same as Operator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 Totally Ejected <input type="checkbox"/> 4 Partially Ejected <input type="checkbox"/> 5 Unknown	<input type="checkbox"/> TRAPPED/EXTRICATED <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Trapped	<input type="checkbox"/> 3 Trapped-Extricated <input type="checkbox"/> 4 Trapped/Not Extricated <input type="checkbox"/> 5 Unknown	<input type="checkbox"/> Medical Transport <input type="checkbox"/> Agency Space
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### Type of Accident

01 First Harmful Event

Most Harmful Event

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

(select one per vehicle)

**Collision With Object Not Fixed**

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

10 Traffic Sign Post	11 Traffic Signal	12 Utility Pole	13 Lam. 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 Sledge Rail	25 Culvert	26 Ditch	27 Curb	28 Embankment	29 Fence	30 Other Fixed Object	31 Unknown
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**Non-Collision**

32	33	34	35	36	37	38	39	40	41
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### Driver Condition

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

**Driver Factors (Or Pedestrians)**

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

Neither Alcohol nor Drugs Present

5 Yes--Alcohol Present	6 Yes--Drugs Present	7 Yes--Alcohol & Drugs Present	8 Unknown
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**Alcohol**

AC Value	AC Value
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9 Test Not Given	10 Test Refused	11 Test Given, Alcohol Unknown	12 Test Given, No Alcohol Reported
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**Drugs**

13 Test Not Given	14 Test Refused	15 Test Given, Drugs Unknown	16 Test Given, No Drugs Reported	17 Drugs Reported (Specify Below)
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18 Marijuana	19 Cocaine	20 Heroin	21 Amphetamines	22 Other
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Unit # 1 2 3 4 5 6 7 8 9 10

**Pedestrian**

Location	Action
1 In Crosswalk	2 Walking not Facing Traffic
3 In Roadway	4 Disregarded Signal
5 Not in Roadway	6 Driving into Road
7 On Sidewalk	8 Dark Clothing
	9 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
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Unit # 1 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

0 None	10 Undercarriage	11 Front Damage to Bumper	12 Other	13 Unknown
1 None	2 Very Minor	3 Major	4 Severe	5 Very Severe
6 None	7 Major	8 Unknown	9 Major	

Vehicle Towed Due to Damage  14

Vehicle Removed by LEADER TOWING

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

**Darken Numbered Area(s) of Vehicle Damage**

City of \_\_\_\_\_ Police Department

Report Number \_\_\_\_\_

Date \_\_\_\_\_

Officer \_\_\_\_\_

Station \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

License Number \_\_\_\_\_

Insurance \_\_\_\_\_

Investigator \_\_\_\_\_

Supervisor \_\_\_\_\_

Witness \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

License Number \_\_\_\_\_

Insurance \_\_\_\_\_

Investigator \_\_\_\_\_

Supervisor \_\_\_\_\_

Witness \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

7933855

Document Number Override

7926402

# Wisconsin Motor Vehicle Accident Report

**INSTRUCTIONS**

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

County	MUN/TWP		
410	57		
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Accident Date		
MO	DAY	YEAR
0	1	06
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Time of Accident (Military Time)	
HOUR	MIN
18	35
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number	
VEHICLES INVOLVED	INJURED/KILLED
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

Hit & Run	<input type="checkbox"/>	Unit #
Government Property	<input type="checkbox"/>	Sheet No.
Fire (Narrative)	<input type="checkbox"/>	Of
Photos Taken (Narrative)	<input type="checkbox"/>	
Trailer or Towed (Narrative)	<input type="checkbox"/>	
Truck or Bus (Last Page)	<input type="checkbox"/>	
Load Spillage	<input type="checkbox"/>	
Construction Zone	<input type="checkbox"/>	22
Names Exchanged	<input type="checkbox"/>	

**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: **N. 7 ST** Estimated **FROM** Hwy No and Street Name: **W. NORTH AV**

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)
1	2	40	W	1	2	0	W

**OPERATOR Last Name** **NOVAK, KRISTINE A.**

**ADDRESS Street & Number** **15246 BIG BEND RD**

**City & State** **WAUKESHA, WI** **ZIP** **53189** **Phone Number** **(262) 650-9548**

**Driver's License Number** **N120-5016-8833-01 WI** **State** **WI** **Exp. Year** **06**

**OPERATOR Last Name** **IS**

**ADDRESS Street & Number**

**City & State** **WI** **ZIP** **WI** **Phone Number**

**Driver's License Number** **WI** **State** **WI** **Exp. Year**

**Date of Birth** **09-13-68** **Sex** **M** **Operating as Classified:** **Operating** **Class (Mark Only One):** **A** **Endorse (Mark All That Apply):** **A**

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

**SEVERITY** **SEAT** **SAFETY** **AIRBAG** **EJECTED**

**SEVERITY** **SEAT** **SAFETY** **AIRBAG** **EJECTED**

**TRAPPED/EXTRICATED** **Medical Transport** **TRAPPED/EXTRICATED** **Medical Transport**

**Vehicle Owner Same** **Last Name** **MILWAUKEE COUNTY TRANSIT SYSTEM** **First** **M.I.**

**Street Address** **1942 N. 17 ST** **City & State** **MILWAUKEE WI** **ZIP** **53205** **Phone Number** **414 344-6711**

**Year of Vehicle** **04** **Make** **NEWFLYER** **Model** **DADLE** **Body Style** **BUS** **Color** **WHI**

**Vehicle ID Number** **5EYD2LV0540027117**

**License Plate Number** **6T059** **Plate Type** **MUN** **State** **WI** **Exp. Year**

**Policy Holder's Name** **W/A** **Same as (Y/N)** **Policy Holder's Name** **W/A** **Same as (Y/N)**

**Liability Insurance Company** **SELF** **Stat. #**

**Occupant Unit Number** **56** **NAME** **Last** **First** **M.I.** **Date of Birth** **Sex** **M** **F** **Severity** **SEAT** **SAFETY** **AIRBAG**

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

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

**MV4000 899** **BMS Number**

5  
 Please Do Not Write In This Marginal Space  
 Accident No. 7926402  
 N. 7 ST at N. NORTH AV JUN 01 2006

Occupant Unit Number	NAME		First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	Last	Street & Number								
1 2 3 4 5 6 7 8 9 10	ADDRESS		City & State		ZIP		Medical Transport		Agency Space	
Address Same as Operator		EJECTED	3 Fully Ejected	4 Partially Ejected	5 Unknown	1 Not Applicable	2 Not Trapped	3 Trapped-Not Extricated	4 Trapped-Extricated	5 Unknown

Occupant Unit Number	NAME		First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	Last	Street & Number								
1 2 3 4 5 6 7 8 9 10	ADDRESS		City & State		ZIP		Medical Transport		Agency Space	
Address Same as Operator		EJECTED	3 Fully Ejected	4 Partially Ejected	5 Unknown	1 Not Applicable	2 Not Trapped	3 Trapped-Not Extricated	4 Trapped-Extricated	5 Unknown

### Type of Accident

First Harmful Event

Most Harmful Event

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

select one per vehicle

#### Collision With Object Not Fixed

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

#### Collision With Fixed Object

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

#### Non-Collision

32	Reversing	32
33	Fire/Explosion	33
34	Truck Collision	34
35	Other	35

### Driver Condition

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

#### Driver Factors (Or Pedestrians)

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

#### Presence

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

#### Alcohol

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

#### Drugs

14	Test Not Given	14
15	Test Refused	15
16	Test Given, Drugs Unknown	16
17	Test Given, No Drugs Reported	17
18	Drugs Reported (Specify Below)	18

19	Marijuana	19
20	Cocaine	20
21	Heroin	21
22	Amphetamines	22
23	Other	23
24	Prescription Medication	24

### Pedestrian

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

### Vehicle Damage

Unit #	Darken Numbered Area(s) of Vehicle Damage	Extent of Damage
1 2 3 4 5 6 7 8 9 10		0 None
		10 Undercarriage
		11 Front (Damage to All Areas)
		12 Other
		13 Unknown
		14 Rear
		15 Side
		16 Very Minor
		17 Very Severe
		18 Minor
		19 Moderate

### Vehicle Damage

Unit #	Darken Numbered Area(s) of Vehicle Damage
1 2 3 4 5 6 7 8 9 10	

PO-15A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT	<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT	PAGE 1 OF 1	DATE OF REPORT 06-01-06	INCIDENT/ACCIDENT # 7926402
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INCIDENT	Squad Accident PI		DATE OF INCIDENT/ACCIDENT 06-01-06	
	VICTIM		LOCATION OF INCIDENT/ACCIDENT N/ 7 <sup>th</sup> St. at W. North Av	DIST. # 5

JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
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QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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Written by PO T. HARTER, PSD, Early Cycles.

On Thu. 06-01-06 I responded to a Squad accident involving Det. Timothy GRAHAM, Squad 218, driving unit #2, which occurred on N. 7<sup>th</sup> St. at W. North Av.

Upon arrival, I spoke to Sgt. R. JACKS, who stated that Det. GRAHAM had been treated on the scene, and conveyed to Froedtert Hospital by MFD Med unit#6, complaining of head pain and left leg laceration, in stable condition.

I spoke to the driver of unit #1, Mitchell H. PINCUS, W/M 04-24-56, who stated he had been stopped on N. 7<sup>th</sup> St at W. North Av. in the right lane. PINCUS stated as the traffic light turned green N/B, he proceeded to cross N/B and struck the right rear of a vehicle traveling E/B on W. North Av. PINCUS stated that he was unable to see the vehicle approaching from the west, due to the vehicles to his left.

I spoke to the driver of unit #3, Kristine A. NOVAK, W/F 09-13-68, who stated she was stopped at the right curb, on the S. side of 600 block W. North Av., when she heard a crash behind her and felt a vehicle strike the side of the bus. NOVAK stated that there had been about 40 passengers on the bus at the time of the accident. NOVAK stated that non of the passengers requested or received medical treatment at the scene. NOVAK further stated that she did not see what the color of the lights were at the time of the accident.

I spoke to Det. GRAHAM, who stated he was following a vehicle, being driven by a drug delivery suspect, from 13<sup>th</sup> and North Av. Det. GRAHAM stated as he approached N. 7<sup>th</sup> St, E/B on W. North Av., in the right lane, he observed that the light was yellow as he proceeded to cross N. 7<sup>th</sup> St., and was struck in the right rear by a vehicle traveling N/B on 7<sup>th</sup> St. causing his vehicle to rollover, and strike a County Transit bus, which was stopped on North Av. Det. GRAHAM stated that he was able to crawl out of the vehicle, and had head pain, and a cut to his left leg.

I spoke to a witness, Willie T. JACKSON, B/F 08-31-76, 2923 N 12<sup>th</sup> St, (414) 324-8523, who stated that she was stopped in traffic, in her vehicle, directly behind unit #1. JACKSON stated she observed the traffic light turn green for N/B traffic, and that unit #1 had waited for a second, then proceed to cross North Av. JACKSON stated that as unit #1 started to cross North Av., she saw him strike a vehicle in the side, which was traveling E/B on North Av.

I spoke to another witness, Lucille (nmn) JACKSON, B/F 04-06-56, 2220 N 7<sup>th</sup> St., (414) 406-7793, who stated that she was riding in the vehicle with Wille JACKSON, directly behind unit #1, and that she observed the light turn green for N/B traffic, and as unit #1 started to cross North Av., he struck a vehicle traveling E/B in the right side.

64 photos were taken at the scene, at 8:10 pm, by Squad 385, ID Tech S. MAYS.

REPORTING OFFICER <i>PO Thomas Harter</i> PO THOMAS HARTER Payroll 012851 Loc Code 29	SUPERVISORS SIGNATURE <i>Sgt. D. Smith</i>
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# Pictorial Representation of Narrative

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



Supplemental Reports        Witness Statements        Measurements Taken   

Skidmarks to Impact

0    100

0    100

Surface Type

SEE PG 1

N  
A  
R  
R  
A  
T  
I  
V  
E

SEE PG 1

WITNESS NAME	Last	First	M.I.
ADDRESS	Street & Number		Date of Birth
City & State	ZIP	Phone Number	( )

**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
- Gore (Area between Ramp & Highway)
- On Ramp
- Unknown

Photos By:

## What Drivers Were Doing

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

## Traffic Control

Unit Number					Unit Number				
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10
1					1	No Control			
2					2	Traffic Signal Operating			
3					3	Traffic Signal Flashing			
4					4	Stop Sign			
5					5	Stop Sign with Flasher			
6					6	Warning			
7					7	Warn Sign with Flasher			
8					8	Yield Sign			
9					9	Traffic Control Person			
10					10	Reversing Signal			
11					11	Other			



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

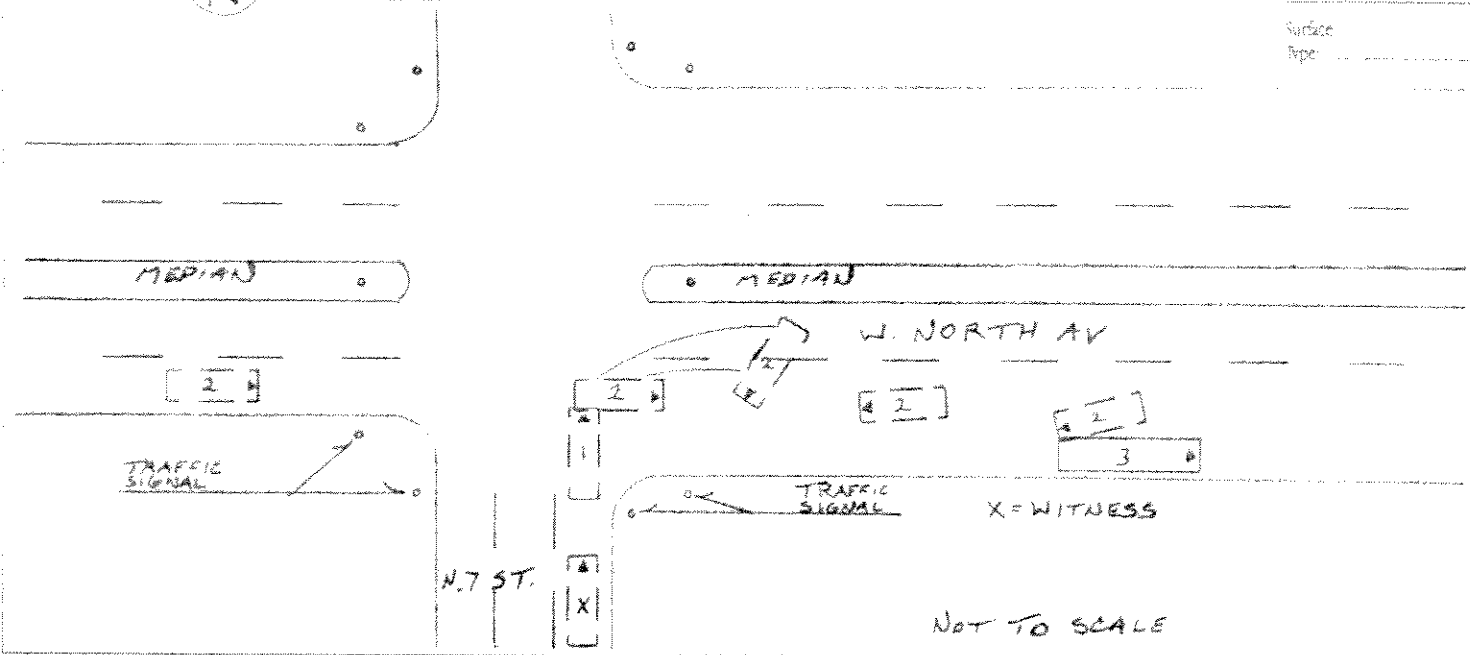


# Pictorial Representation of Narrative

Supplemental Reports  Witness Statements  Measurements Taken

Skidmarks to Impact  
Unit 1: 0 FEET Unit 2: 0

Surface Type



**N** Unit #3 was stopped in traffic, 600 block W. North Av, south side, loading passengers. Unit #2 was traveling E/B on W. North Av, in the right lane. Unit #1 was traveling N/B on N 7 St. in the right lane, attempting to cross W. North Av. As Unit #2 was crossing N 7 St, the front of unit #1 struck the right rear of unit #2, causing unit #2 to roll on its roof, and slide E/B on W. North Av. The right front of unit #2 struck the left rear of unit #3. The listed witness was in a vehicle directly behind unit #1, and stated the N/B 7 St. signal was green.

Photos By: SQD 385  
IDTECH S. MAYS

## What Drivers Were Doing

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

- 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: JACKSON, WILLIE First: T. M.I.  
 ADDRESS Street & Number: 2923 N 12 ST Date of Birth: 08-31-76  
 City & State: MILWAUKEE, WI ZIP: 53206 Phone Number: (414) 324-8523

**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**

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- 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
- Unknown

## Traffic Control

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

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

7926402

Document Number Override

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

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

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	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
NA	NA

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	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10
NA	NA

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: HARTER First: THOMAS MI: C

Law Enforcement Agency Address: 749 W. STATE ST

City & State: MILWAUKEE, WI ZIP: 53233

Phone Number: (414) 935-7219

Agency #: 29 Enforcement Agency: MILWAUKEE PD Officer ID #: 012851

### Date Notified

MONTH	DAY	YEAR
Jan		
Feb	01	06
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

### Time Notified

Hour	Min.
1	8
2	
3	
4	
5	
6	
7	
8	
9	

### Time Arrived

Hour	Min.
1	9
2	
3	
4	
5	
6	
7	
8	
9	

### Date of Report

MONTH	DAY	YEAR
Jan		
Feb	01	06
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

### 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 ID Number (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

Interstate Carrier?  Y  N

Carrier Name: MILWAUKEE TRANSPORT SERVICES, INC

### Carrier Identification Numbers

US DOT: 1942 ICC: MI 53205

ICC MC: MI 53205

Carrier Address: 1942 N 7 ST MILWAUKEE WI 53205

Gross Vehicle Weight Rating: 40130 Tires: 2

### Source:

Vehicle Side

Shipping Papers

Trip Manifest

Driver

Log Book

### Vehicle Information

Vehicle Configuration:  2  3  4  5  6  7  8  9  10

Cargo Body Type:  1  2  3  4  5  6  7  8  9  10

SEQUENCE OF EVENTS FOR THIS VEHICLE

1	Run off Road	1	Driver Injured
2	De-Loaded	2	Vehicle Disabled
3	Overturned/Rollover	3	Collision with Object
4	Loss of Control	4	Loss of Control
5	Loss of Control	5	Loss of Control
6	Loss of Control	6	Loss of Control
7	Loss of Control	7	Loss of Control
8	Loss of Control	8	Loss of Control
9	Loss of Control	9	Loss of Control
10	Loss of Control	10	Loss of Control

Printed in U.S.A. 48503 8/04/01 Mark Printing, Inc. LP 58, 8848-1-01

07/08/2006 AT 11:05 AM  
73711

JOB NUMBER: 91

PRESTIGE AUTO WORKS INC.  
WORLD CLASS COLLISION REPAIR  
6301 WEST DOUGLAS AVE  
MILWAUKEE, WI 53218  
(414)466-2111 FAX: (414)466-9992

SUPPLEMENT OF RECORD 2 WITH SUMMARY

WRITTEN BY: KEITH RASKIN 07/08/2006 11:05 AM  
ADJUSTER: JOHN SCHANOWSKI (262)617-9757

INSURED: MITCHELL PINCUS CLAIM #1008441281-1-1  
OWNER: MITCHELL PINCUS POLICY #0170867802  
ADDRESS: 7045 N BELMONT LN DEDUCTIBLE: \$1250.00  
MILWAUKEE, WI 53217 DATE OF LOSS: 06/02/2006 AT 12:00 AM  
EVENING: (414)228-7186 TYPE OF LOSS: COLLISION  
OTHER: (414)659-5334 POINT OF IMPACT: 12. FRONT

INSPECT PRESTIGE AUTO WORKS INC. BUSINESS: (414)466-2111  
LOCATION: 6301 WEST DOUGLAS AVE  
MILWAUKEE, WI 53218

INSURANCE FARMERS BUSINESS: (262)617-9757  
COMPANY: MILWAUKEE, WI 15 DAYS TO REPAIR

2005 PORS 911 CARRERA 6-3.6L-FI 2D CPE RED INT:BLK  
VIN: WP0AB29836U780791 LIC: 358KKH WI PROD DATE: 11/2005 ODOMETER: 2972  
AIR CONDITIONING REAR DEFOGGER CRUISE CONTROL  
TELESCOPIC WHEEL KEYLESS ENTRY THEFT DETERRENT/ALARM  
DUAL MIRRORS ROOF CONSOLE ELECTRIC STEEL SUNROOF  
TRACTION CONTROL FOG LAMPS REAR SPOILER  
CLEAR COAT PAINT POWER STEERING POWER BRAKES  
POWER WINDOWS POWER LOCKS POWER MIRRORS  
AM RADIO FM RADIO STEREO  
SEARCH/SEEK CD PLAYER ANTI-LOCK BRAKES (4)  
DRIVER AIR BAG PASSENGER AIR BAG FRONT SIDE IMPACT AIR BAG  
4 WHEEL DISC BRAKES ROLL BAR LEATHER SEATS  
BUCKET SEATS 6 SPEED TRANSMISSION ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2		O/H FRONT BUMPER				4.0	
N 3*	S02	REPL BUMPER COVER MANUAL TRANS W/LAMP WASHER	1		700.52*	INCL.	2.6
4		ADD FOR CLEAR COAT					1.0
5		R&R BUMPER ADD FOR LAMP WASHERS				0.2	
6		REPL REINFORCE BAR	1		140.09	INCL.	
7		REPL RT ENERGY ABSORBER	1		117.22	INCL.	
8		REPL LT ENERGY ABSORBER	1		117.22	INCL.	
9*	S02	REPL BUMPER COVER NUT	3		1.11*	INCL.	
10*	S02	REPL BUMPER COVER SCREW	3		1.11*	INCL.	

07/08/2006 AT 11:05 AM  
73711

JOB NUMBER: 91

SUPPLEMENT OF RECORD 2 WITH SUMMARY  
2005 PORS 911 CARRERA 6-3.6L-FI 2D CPE RED INT:BLK

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
11*	S02	REPL RT BUMPER COVER RETAINER STRIP OUTER	1		11.83*	INCL.	
12		RESTRAINT SYSTEMS					
13*	S02	REPL DRIVER AIR BAG W/O SPORT W/LEATHER BLACK	1		737.08	MINCL.*	M
N 14	S02	SYSTEM DIAGNOSIS				M 0.5	1
15*	S02	REPL LT BELT & RETRACTOR BLACK FRONT LAMPS	1		168.50	INCL.*	
16							
17*		REPL LT HEADLAMP ASSY	1		936.13*	0.4	
18*		REPL LT MARKER LAMP ASSY/	* 1		16.95	INCL.	
19*		REPL LT NOZZLE CAP/99762823100	* 1		30.38*		
20		REPL AIM HEADLAMPS	1			0.5	
21		HOOD					
22*		REPL FRONT COVER UNDER HOOD/99750481103	* 1		22.51*		
23		FENDER					
N 24*		RPR RT FENDER				1.0*	0.0*
25*	S02	REPL RT FENDER LINER FRONT	1		67.55*	0.3	
26		FRONT STRUCTURAL COMPONENTS					
27*		RPR FT INR STRUCTURE				6.0*	2.0*
28#		REPL LWR GRILLE ASSY	1		85.00		
29#		RPR FRAME SET UP AND MEASURE F				2.0	
30#		RPR STRUCTUAL REALIGNMENT				4.0	F
31#		CAR COVER F	1		5.00		
32#		CORR PROTECTION F	1		4.00	0.2	
33#		FLEX F	1		6.00		
34#		SUBL HAZ MAT F	1		4.00		
35#		REPL GRILL CVR 98750575100	1		50.00		
36#		REPL LT FOG LAMP/98753108300	1		187.24		
37#		RPR AIM FGLTS				0.4	
38#		REPL LT FT SPOILER	1		80.05	0.5	
39#		REPL RT FT SPOILER	1		80.05		
40#		REPL FOG LAMP RETAINER	2		200.18		
41#		REPL FOG LAMP CVR	2		120.10		
42#		REPL CVR RETAINER	2		144.06		
N 43#		REFN COLOR TINT F					1.0
44	S01	REPL CROSSMEMBER	1		73.34	6.5	
45	S02	COOLING					
46*	S02	REPL LT AIR DUCT	1		69.75*	M 0.2	
47	S02	PILLARS, ROCKER & FLOOR					
48*	S02	RPR RT ROCKER PANEL				S 0.5*	0.8*
49	S02	OVERLAP MAJOR NON-ADJ. PANEL					-0.2
50	S02	ADD FOR CLEAR COAT					0.1
51*	S02	RPR LT ROCKER PANEL				S 0.5*	INCL.
N 52#	S02	REFN LT RKR REFINISH					0.6
N 53#	S02	REFN FOG LAMP COVER RT					0.5
N 54#	S02	REFN FOG LAMP COVER LT					0.5
N 55#	S02	SUBL SRS PRTS INSTALL +10%	1		333.64	X	

07/08/2006 AT 11:05 AM  
73711

JOB NUMBER: 91

SUPPLEMENT OF RECORD 2 WITH SUMMARY  
2005 PORS 911 CARRERA 6-3.6L-FI 2D CPE RED INT:BLK

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
56	S02	ELECTRICAL				
57	S02	REPL HORN HIGH NOTE	1	28.78	0.2	
58	S02	REPL HORN LOW NOTE	1	28.78	0.2	
N 59#	S02	O/H NEW XENON HDLT	1		0.5	
N 60#	S02	FREIGHT AND FUEL SRCHARGE	1	24.00		
61#	S02	TRANSPORT TO/FROM CONCOURS	1	90.00		
62#	S02	PLASTIC RIVETS	6	1.74		
63#	S02	PULL AWAY BOLTED ASSYS	1		0.5	
64#	S02		1			
		*** FINAL BILL ***				
65		OTHER CHARGES				
66#		TOWING	1	150.00		
SUBTOTALS ==>				4833.91	29.1	8.9

LINE 3 : LESS PER INV  
 LINE 14 : CHANGED RATE TO USER DEFINED 1 0'D LABOR RATE SO NO \$ AMOUNT WILL  
 APPEAR ONEE ST ONLY LBR AS INCLUDED IN SUBLET CCC WILL NOT ALLOW  
 DELETE  
 LINE 24 : CHIPPED AT RR UPPER WILL ATTEMPT TU TO AVOID COMPLETE REF/DISCUSSSED  
 AND OK WITH CUST  
 LINE 43 : ATTEMPT TO AVOID FDR BLENDS  
 LINE 52 : LINE ITEM OK PER MP  
 LINE 53 : SUPPLIED PTM FROM OE  
 LINE 54 : SUPPLIED PTM FROM OE  
 LINE 55 : PER CONCOURS INVOICE  
 LINE 59 : NEW HDLT COMES W/OUT BULB AND MOTOR PARTS MUST BE TRANSFERRED  
 TO NEW HDLT  
 LINE 60 : PER INVOICE

PARTS			4350.27
BODY LABOR	24.6 HRS	@\$ 48.00/HR	1180.80
PAINT LABOR	8.9 HRS	@\$ 48.00/HR	427.20
FRAME LABOR	4.0 HRS	@\$ 52.00/HR	208.00
PAINT SUPPLIES	8.9 HRS	@\$ 28.00/HR	249.20
SUBLET/MISC.			333.64
OTHER CHARGES			150.00
SUBTOTAL			\$ 6899.11
SALES TAX	\$ 6565.47	@ 5.6000%	367.67
GRAND TOTAL			\$ 7266.78
ADJUSTMENTS:			
DEDUCTIBLE			1250.00
CUSTOMER PAY			\$ 1250.00
INSURANCE PAY			\$ 6016.78

07/08/2006 AT 11:05 AM  
73711

JOB NUMBER: 91

SUPPLEMENT OF RECORD 2 WITH SUMMARY  
2005 PORS 911 CARRERA 6-3.6L-FI 2D CPE RED INT:BLK

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. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE ERQ6933 DATABASE DATE 06/2006, CCC DATA DATE 06/2006, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. OPT OEM (OPTIONAL OEM) PARTS ARE OEM PARTS THAT MAY BE PROVIDED BY OR THROUGH ALTERNATE SOURCES OTHER THAN THE OE/VEHICLE DEALERSHIPS. OPT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. ASTERISK (\*) OR DOUBLE ASTERISK (\*\*) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. TILDE SIGN (~) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECON. RECORDED 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 2006 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 PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.



07/08/2006 AT 11:05 AM  
73711

JOB NUMBER: 91

SUPPLEMENT OF RECORD 2 WITH SUMMARY  
2005 PORS 911 CARRERA 6-3.6L-FI 2D CPE RED INT:BLK

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
----- CHANGED ITEMS-----							
2		REPL BUMPER COVER MANUAL TRANS	1				
		W/LAMP WASHER		-920.59		INCL.	-2.6
N 3*	S02	REPL BUMPER COVER MANUAL TRANS	1				
		W/LAMP WASHER		700.52*		INCL.	2.6
8		REPL BUMPER COVER NUT	3	-1.20		INCL.	
9*	S02	REPL BUMPER COVER NUT	3	1.11*		INCL.	
9		REPL BUMPER COVER SCREW	3	-1.50		INCL.	
10*	S02	REPL BUMPER COVER SCREW	3	1.11*		INCL.	
12		SYSTEM DIAGNOSIS				M -0.5	M
N 14	S02	SYSTEM DIAGNOSIS				M 0.5	1
14		REPL LT BELT & RETRACTOR BLACK	1	-168.50		-1.2	
15*	S02	REPL LT BELT & RETRACTOR BLACK	1	168.50		INCL.*	
----- DELETED ITEMS-----							
14		REPL CLOCKSPRING	1	-176.89		M -1.0	M
----- ADDED ITEMS -----							
11*	S02	REPL RT BUMPER COVER RETAINER	1				
		STRIP OUTER		11.83*		INCL.	
25*	S02	REPL RT FENDER LINER FRONT	1	67.55*		0.3	
45	S02	COOLING					
46*	S02	REPL LT AIR DUCT	1	69.75*		M 0.2	
47	S02	PILLARS, ROCKER & FLOOR					
48*	S02	RPR RT ROCKER PANEL				S 0.5*	0.8*
49	S02	OVERLAP MAJOR NON-ADJ. PANEL					-0.2
50	S02	ADD FOR CLEAR COAT					0.1
51*	S02	RPR LT ROCKER PANEL				S 0.5*	INCL.
N 52#	S02	REFN LT RKR REFINISH					0.6
N 53#	S02	REFN FOG LAMP COVER RT					0.5
N 54#	S02	REFN FOG LAMP COVER LT					0.5
N 55#	S02	SUBL SRS PRTS INSTALL +10%	1	333.64	X		
56	S02	ELECTRICAL					
57	S02	REPL HORN HIGH NOTE	1	28.78		0.2	
58	S02	REPL HORN LOW NOTE	1	28.78		0.2	
N 59#	S02	O/H NEW XENON HDLT	1			0.5	
N 60#	S02	FREIGHT AND FUEL SRCHARGE	1	24.00			
61#	S02	TRANSPORT TO/FROM CONCOURS	1	90.00			
62#	S02	PLASTIC RIVETS	6	1.74			
63#	S02	PULL AWAY BOLTED ASSYS	1			0.5	
64#	S02		1				
*** FINAL BILL ***							
SUBTOTALS ==>				258.63		0.7	2.3

LINE 3 : LESS PER INV

LINE 14 : CHANGED RATE TO USER DEFINED 1 O'D LABOR RATE SO NO \$ AMOUNT WILL  
APPEAR ONEE ST ONLY LBR AS INCLUDED IN SUBLET CCC WILL NOT ALLOW  
DELETE

LINE 52 : LINE ITEM OK PER MP

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JOB NUMBER: 91

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LINE 53 : SUPPLIED PTM FROM OE  
LINE 54 : SUPPLIED PTM FROM OE  
LINE 55 : PER CONCOURS INVOICE  
LINE 59 : NEW HDLT COMES W/OUT BULB AND MOTOR PARTS MUST BE TRANSFERRED  
TO NEW HDLT  
LINE 60 : PER INVOICE

PARTS				-75.01
BODY LABOR	1.7 HRS	@\$ 48.00/HR		81.60
PAINT LABOR	2.3 HRS	@\$ 48.00/HR		110.40
MECHANICAL LABOR	-1.5 HRS	@\$ 80.00/HR		-120.00
PAINT SUPPLIES	2.3 HRS	@\$ 28.00/HR		64.40
SUBLET/MISC.				333.64
-----				
SUBTOTAL				\$ 395.03
SALES TAX	\$ 61.39	@ 5.6000%		3.44
-----				
TOTAL SUPPLEMENT AMOUNT				\$ 398.47
NET COST OF SUPPLEMENT				\$ 398.47

ESTIMATE	6615.35	KEITH RASKIN
SUPPLEMENT S01	252.96	KEITH RASKIN
SUPPLEMENT S02	398.47	KEITH RASKIN

JOB TOTAL \$ 7266.78

CUSTOMER PAY \$ 1250.00  
INSURANCE PAY \$ 6016.78

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JOB NUMBER: 91

SUPPLEMENT OF RECORD 2 WITH SUMMARY  
2005 PORS 911 CARRERA 6-3.6L-FI 2D CPE RED INT:BLK

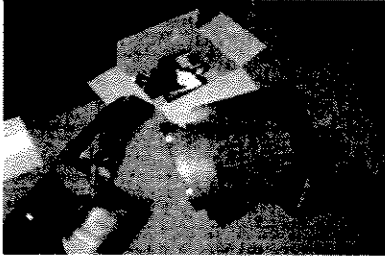
ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 0

NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0



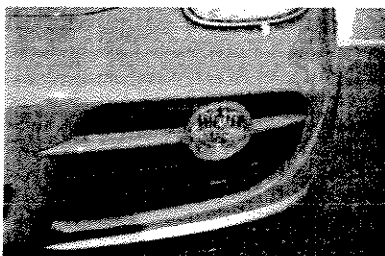
FDR LINER/AIR DUCT/HOR

Claim Reference Id 1008441281-1-1  
 File Name PHOTO31  
 File Date 07/08/2006  
 Label FDR LINER/AIR DUCT/HORNS/SRS MOD/BE  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



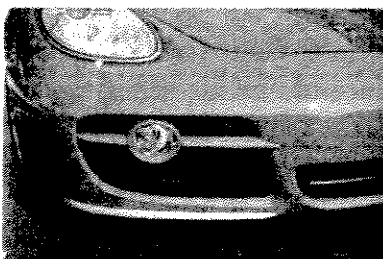
COMPLETE

Claim Reference Id 1008441281-1-1  
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 File Date 07/08/2006  
 Label COMPLETE  
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 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



LT FOG LT CVR

Claim Reference Id 1008441281-1-1  
 File Name PHOTO29  
 File Date 07/06/2006  
 Label LT FOG LT CVR  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



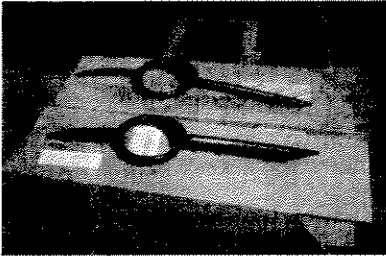
RT FOG LT CVR

Claim Reference Id 1008441281-1-1  
 File Name PHOTO28  
 File Date 07/06/2006  
 Label RT FOG LT CVR  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



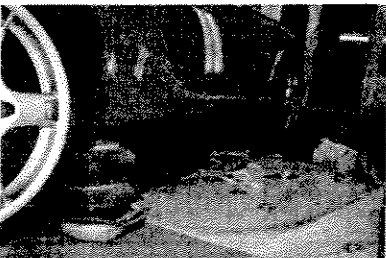
NEW HDLT REQ O/H

Claim Reference Id 1008441281-1-1  
 File Name PHOTO27  
 File Date 07/06/2006  
 Label NEW HDLT REQ O/H  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



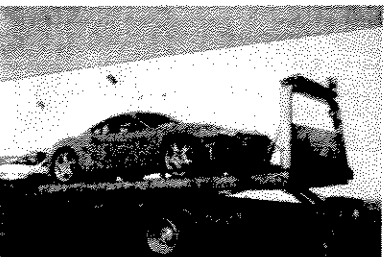
FOGLT CVRS SUPPLIED PTM

Claim Reference Id 1008441281-1-1  
 File Name PHOTO26  
 File Date 07/06/2006  
 Label FOGLT CVRS SUPPLIED PTM  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO25  
 File Date 07/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



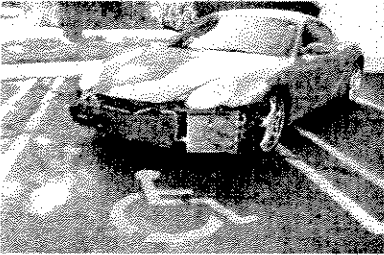
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Claim Reference Id 1008441281-1-1  
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 File Date 07/06/2006  
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 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



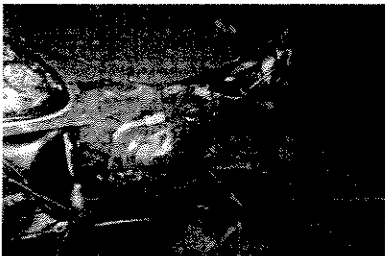
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Claim Reference Id 1008441281-1-1  
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 File Date 07/06/2006  
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 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO22  
 File Date 07/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO21  
 File Date 07/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



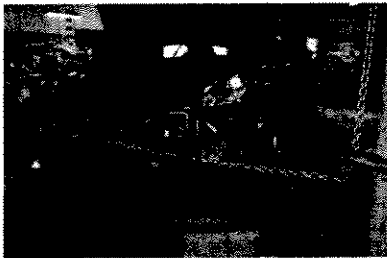
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Claim Reference Id 1008441281-1-1  
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 File Date 07/06/2006  
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 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO19  
 File Date 07/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO18  
 File Date 07/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO17  
 File Date 07/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator S02



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO16  
 File Date 07/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01





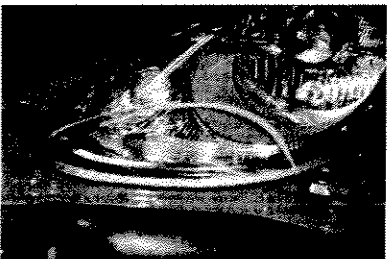
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Claim Reference Id 1008441281-1-1  
 File Name PHOTO16  
 File Date 07/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



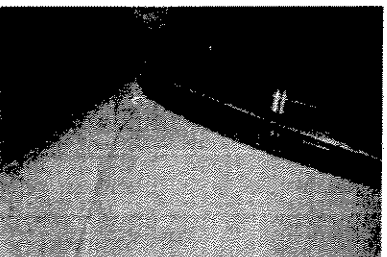
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Claim Reference Id 1008441281-1-1  
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 File Date 06/06/2006  
 Label  
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 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO13  
 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO12  
 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO11  
 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO10  
 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO9  
 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO8  
 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



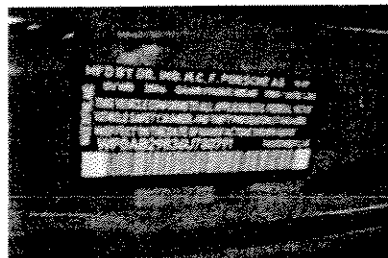
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Claim Reference Id 1008441281-1-1  
 File Name PHOTO7  
 File Date 06/06/2006  
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 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



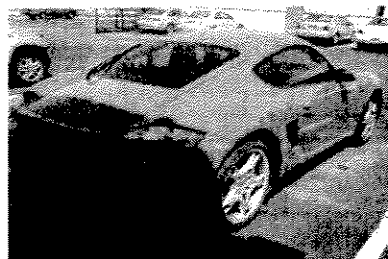
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Claim Reference Id 1008441281-1-1  
 File Name PHOTO6  
 File Date 06/06/2006  
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 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



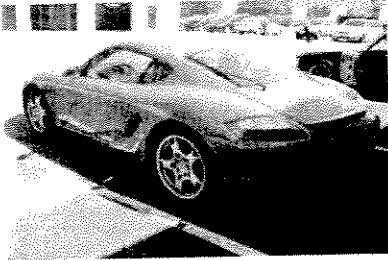
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Claim Reference Id 1008441281-1-1  
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 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



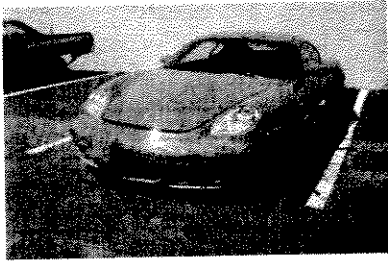
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Claim Reference Id 1008441281-1-1  
 File Name PHOTO4  
 File Date 06/06/2006  
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 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS, MITCHELL| LossDate:06/02/06| ClaimNumber:1008441281-1-1| PolicyNumber:0170867802| ClaimRepresent  
 Photo Location PRESTIGE AUTO WORKS INC.  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



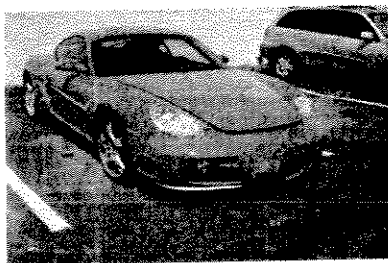
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Claim Reference Id 1008441281-1-1  
 File Name PHOTO3  
 File Date 06/06/2006  
 Label  
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 MITCHELL| LossDate:06/02/06|  
 ClaimNumber:1008441281-1-1|  
 PolicyNumber:0170867802| ClaimRepresent  
 PRESTIGE AUTO WORKS INC.  
 Photo Location  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO2  
 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS,  
 MITCHELL| LossDate:06/02/06|  
 ClaimNumber:1008441281-1-1|  
 PolicyNumber:0170867802| ClaimRepresent  
 PRESTIGE AUTO WORKS INC.  
 Photo Location  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01



No Label

Claim Reference Id 1008441281-1-1  
 File Name PHOTO1  
 File Date 06/06/2006  
 Label  
 Note Style:5, PORS, 911 CARRERA| Insured:PINCUS,  
 MITCHELL| LossDate:06/02/06|  
 ClaimNumber:1008441281-1-1|  
 PolicyNumber:0170867802| ClaimRepresent  
 PRESTIGE AUTO WORKS INC.  
 Photo Location  
 Photo Taken By Keith Raskin  
 Estimate Indicator E01