

November 15, 2007

Milwaukee City Clerk
Attn: Claims Clerk
Room 205
Milwaukee, WI 53202

Re: Claim for Damages to Vehicle

CITY OF MILWAUKEE
2007 NOV 16 PM 2:04
RONALD D. LEONARDI
CITY CLERK


Dear Sirs:

Claim is hereby made and notice of said claim is hereby served upon the City of Milwaukee for damages to the undersigned Claimant's automobile (and related costs and damages) pursuant to Wis. Stat. Sec. 893.83. The relevant facts related to this claim are as follows:

On the evening of July 21, 2007 at approximately 9:00 p.m., Claimant was travelling northbound in the 5900 block of N. Howell Ave. . Claimant's vehicle struck either a partially covered or open manhole on the city street (the manhole cover was present on the street following the accident), breaking the rear frame of Claimant's vehicle and causing the vehicle to veer on two wheels into another vehicle travelling in an adjacent lane. A copy of the police report, accompanying photos and a claim from the owner of the vehicle struck by Claimant's vehicle is enclosed. Claimant hereby submits claim for reimbursement as follows:

1. Damage to Claimant's vehicle.....	\$17,223.15
2. Towing bill from accident.....	\$132.00
3. Rental Vehicle.....	\$1,132.56
4. Damage Claim from other vehicle.....	\$4,303.48
Total Claim Amount	<u>\$22,791.19</u>

Supporting documentation, including paid receipts, for the above amounts are also included. Claimant's contact information is included below.

Sincerely,

Attorney Kevin Collins
Claimant
2896 S. Wentworth Ave.
Milwaukee, WI 53207
414.899.8916

CITY OF MILWAUKEE
RECEIVED
2007 NOV 16 PM 3:32
OFFICE OF
CITY ATTORNEY



Wisconsin Motor Vehicle Accident Report

Document Number Override

Police No. 01001564

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as Shown:

Correct Mark

Incorrect Marks

Reportable Accident

County: MILWAUKEE

MUN/TWP: 57

Accident Date

MONTH: 21

DAY: 07

YEAR: 07

Time of Accident (Military Time)

HOUR: 21

MIN: 16

Total Number

UNITS	UNINJURED	KILLED
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0

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 12

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. STA 38 (N. HOWELL AVE.)

Estimated: .2

FROM AT Hwy No. and / Street Name: 16W. BODEN ST.

House # Fire # Other: 15934 S. HOWELL AVE

Utility # Railroad # Agency Space: 18

Special Study: 1, 2, 3, 4

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)
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> W	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 13	<input checked="" type="checkbox"/> W

Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.
<input checked="" type="checkbox"/> 30	COLLINS	KEVIN	J	<input checked="" type="checkbox"/> 30	SWANIGAN	PAULA	A

ADDRESS - Street & Number

26 2895 S. WENTWORTH AVE. City & State: MILWAUKEE, WI 53207 Phone Number (414) 899-8916

26 1813 DOUGLAS AVE. City & State: RACINE, WI 53402 Phone Number (262) 898-0619

Driver's License Number State Exp. Year

29 0452-5107-2021-09 WI 15

29 5525-6617-0724-09 WI 31 11

Date of Birth	Sex	Operating as	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as	Class (Mark Only One)	Endorse (Mark All That Apply)
01-21-72	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> CMV	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> H	06-24-70	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> CMV	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> H

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

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
<input checked="" type="checkbox"/> A	39	40	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> A	39	40	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1

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

Medical Transport: Yes No

Vehicle Owner: Same Last Name: 46

Street Address: 1622 DAKES RD. City & State: RACINE, WI 53406 Phone Number (262) 886-1312

Year of Vehicle: 03 Make: AUBI Model: TT Body Style: 2DR Color: GRAY

Year of Vehicle: 04 Make: FREIGHT Model: LINER Body Style: THOMAS BUS Color: YELLOW

Vehicle ID Number: TROWT28N531018137

Vehicle ID Number: 40ZAAXD34CM41314

License Plate Number: 340-LYK Plate Type: AOT State: WI Exp. Year: 08

License Plate Number: 5603658 Plate Type: BS8 State: WI Exp. Year: 08

Policy Holder's Name: GEICO Stat. # 61

Policy Holder's Name: OLD REPUBLIC Stat. # 61

Liability Insurance Company: GEICO

Liability Insurance Company: OLD REPUBLIC

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
<input checked="" type="checkbox"/> 2	ROBERTSON	MAURA	A	02-01-69	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> A	3	1	<input checked="" type="checkbox"/> 1

Address Same as Operator: Yes No

Medical Transport: Yes No

Agency Space: Yes No

EMV Number: MV4000 899

Please Print in Ink on This Microfilm Sheet

Unit Number	KWAPIL 6 RIA J		DATE OF BIRTH	02-03-51	SEX	MALE	VERITY	SEAT Position	SAFETY Equipment	AIRBAG
ADDRESS	Street & Number		City & State		ZIP					
ADDRESS Same as Operator	EJECTED		TRAPPED/EXTRICATED		Medical Transport		Agency Space		AIRBAG	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Ejected <input type="checkbox"/> Not Applicable <input type="checkbox"/> Totally Ejected <input type="checkbox"/> Partially Ejected <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Trapped <input type="checkbox"/> Not Trapped <input type="checkbox"/> Trapped/Not Extricated <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/> Trapped/Extricated <input type="checkbox"/> Trapped/Not Extricated <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/> Trapped/Extricated <input type="checkbox"/> Trapped/Not Extricated <input type="checkbox"/> Unknown		<input type="checkbox"/> Deployed <input type="checkbox"/> Non Deployed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	

Occupant Unit Number	NAME Last First MI.		Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
ADDRESS	Street & Number		City & State		ZIP			
ADDRESS Same as Operator	EJECTED		TRAPPED/EXTRICATED		Medical Transport		Agency Space	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Ejected <input type="checkbox"/> Not Applicable <input type="checkbox"/> Totally Ejected <input type="checkbox"/> Partially Ejected <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Trapped <input type="checkbox"/> Not Trapped <input type="checkbox"/> Trapped/Not Extricated <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/> Trapped/Extricated <input type="checkbox"/> Trapped/Not Extricated <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/> Trapped/Extricated <input type="checkbox"/> Trapped/Not Extricated <input type="checkbox"/> Unknown	

Type of Accident

310 First Harmful Event

Most Harmful Event

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

(select one per vehicle)

Collision With Object Not Fixed

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

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

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

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

Driver Factors (Or Pedestrians)

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

Presence

Neither Alcohol nor Drugs Present

<input type="checkbox"/> 5 Yes—Alcohol Present	<input type="checkbox"/> 6 Yes—Drugs Present	<input type="checkbox"/> 7 Yes—Alcohol & Drugs Present	<input type="checkbox"/> 8 Unknown
------------------------------------------------	----------------------------------------------	--------------------------------------------------------	------------------------------------

Alcohol

AC Value

<input type="checkbox"/> 9 Test Not Given	<input type="checkbox"/> 10 Test Refused	<input type="checkbox"/> 11 Test Given, Alcohol Unknown	<input type="checkbox"/> 12 Test Given, No Alcohol Reported
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Drugs

<input type="checkbox"/> 13 Test Not Given	<input type="checkbox"/> 14 Test Refused	<input type="checkbox"/> 15 Test Given, Drugs Unknown	<input type="checkbox"/> 16 Test Given, No Drugs Reported	<input type="checkbox"/> 17 Drugs Reported (Specify Below)
<input type="checkbox"/> 18 Marijuana	<input type="checkbox"/> 19 Cocaine	<input type="checkbox"/> 20 Opiates	<input type="checkbox"/> 21 Amphetamines	<input type="checkbox"/> 22 PCP
<input type="checkbox"/> 23 Other Drug/Medication	<input type="checkbox"/> 24 Type Unknown	<input type="checkbox"/> 25		

Unit # 2 3 4 5 6 7 8 9 10

Pedestrian

Location	Action
<input type="checkbox"/> 1 In Crosswalk	<input type="checkbox"/> 1 Walking not Facing Traffic
<input type="checkbox"/> 2 In Roadway	<input type="checkbox"/> 2 Disregarded Signal
<input type="checkbox"/> 3 Not in Roadway	<input type="checkbox"/> 3 Daring into Road
<input type="checkbox"/> 4 On Sidewalk	<input type="checkbox"/> 4 Dark Clothing
	<input type="checkbox"/> 5 Walking Facing Traffic

Manner of Collision

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

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

Darken Numbered Area(s) of Vehicle Damage

Extent of Damage

<input type="checkbox"/> 9 None	<input type="checkbox"/> 10 Undercarriage	<input type="checkbox"/> 11 Total (Damage to All Areas)	<input type="checkbox"/> 12 Other	<input type="checkbox"/> 13 Unknown
<input type="checkbox"/> 14 None	<input type="checkbox"/> 15 Very Minor	<input type="checkbox"/> 16 Minor	<input type="checkbox"/> 17 Moderate	<input type="checkbox"/> 18 Severe
<input type="checkbox"/> 19 Very Severe	<input type="checkbox"/> 20 Unknown			

Vehicle Towed Due to Damage N

Vehicle Removed By: **91N AND S TOWING**

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

Darken Numbered Area(s) of Vehicle Damage

Extent of Damage

<input type="checkbox"/> 9 None	<input type="checkbox"/> 10 Undercarriage	<input type="checkbox"/> 11 Total (Damage to All Areas)	<input type="checkbox"/> 12 Other	<input type="checkbox"/> 13 Unknown
<input type="checkbox"/> 14 None	<input type="checkbox"/> 15 Very Minor	<input type="checkbox"/> 16 Minor	<input type="checkbox"/> 17 Moderate	<input type="checkbox"/> 18 Severe
<input type="checkbox"/> 19 Very Severe	<input type="checkbox"/> 20 Unknown			

Vehicle Towed Due to Damage N

Vehicle Removed By: **FLOYD S TOWING**

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

PROPERTY Last First MI. OWNER S.

ADDRESS Street & Number

City & State ZIP Phone Number

Govt. Damage Tag #

Indicate North with an arrow in the circle.



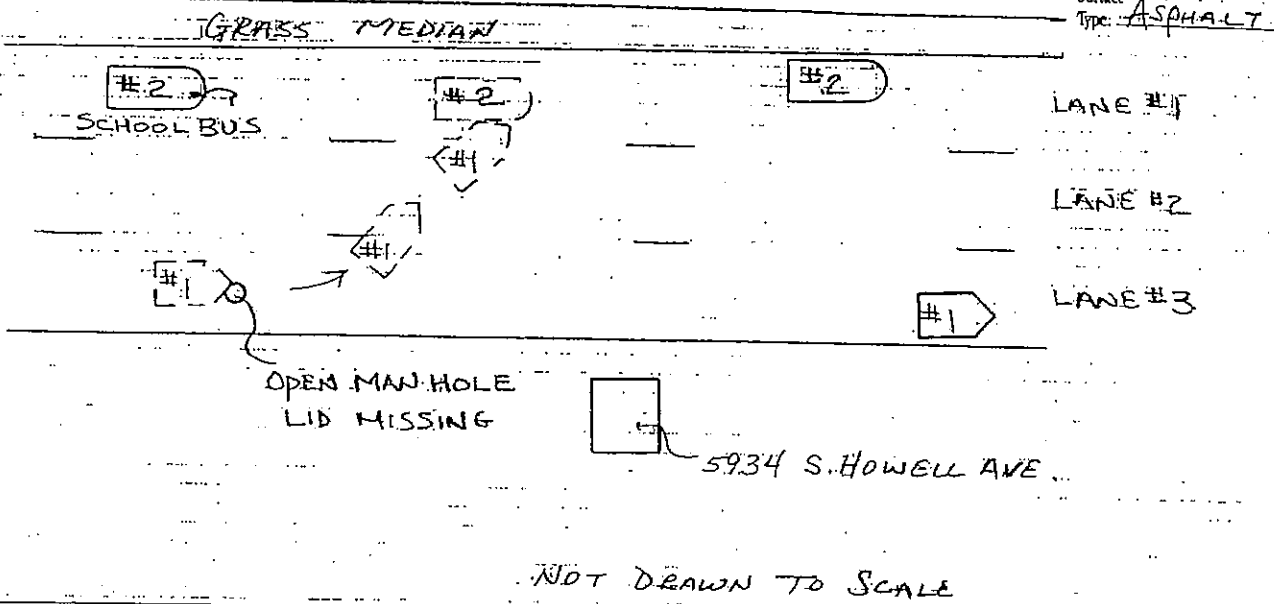
Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1: FEET
Unit 2: FEET

N. S. H. 38 (HOWELL AVE) 1/2 MILE NORTH OF W. BODEN ST.

Surface: ASPHALT
Type: ASPHALT



N UNIT #1 NORTHBOUND IN LANE #3. SCHOOL BUS
A (UNIT #2) NORTHBOUND IN LANE #1.
R UNIT #1 STRUCK OPEN MANHOLE WHICH
R CAUSED UNIT #1 TO SPIN OUT OF CONTROL.
A UNIT #1 CROSSED TRAFFIC AND STRUCK
A RIGHT FRONT SIDE OF UNIT #2.
T EIGHT OCCUPANTS OF UNIT #2 COMPLAINED
I OF NECK OR LOWER BACK PAIN, HOWEVER
V ALL REFUSED MEDICAL ATTENTION.
E

Photos By: 105

What Drivers Were Doing	
Unit Number	Unit Number
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2
<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4
<input checked="" 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

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

ACCESS CONTROL	<input checked="" type="checkbox"/> No Control (Unlimited Access)
	<input type="checkbox"/> Full Control (Only Ramp Entry/Exit)
	<input type="checkbox"/> Partial Control

ROAD TERRAIN	Part A
	<input checked="" type="checkbox"/> Straight
	<input type="checkbox"/> Curve
	Part B
	<input checked="" type="checkbox"/> Level/Flat
	<input type="checkbox"/> Hill

LIGHT CONDITION	<input checked="" type="checkbox"/> Daylight
	<input type="checkbox"/> Dark - Not Lighted
	<input type="checkbox"/> Dark - Lighted
	<input type="checkbox"/> Dawn
	<input type="checkbox"/> Dusk
	<input type="checkbox"/> Unknown

TRAFFIC WAY	<input type="checkbox"/> Not Physically Divided (2-Way Traffic)
	<input checked="" type="checkbox"/> Divided Highway, Median Strip, without Traffic Barrier
	<input type="checkbox"/> Divided Highway, Median Strip, with Traffic Barrier
	<input type="checkbox"/> One-Way Traffic
	<input type="checkbox"/> Parking Lot or Private Property

ROAD SURFACE CONDITION	<input checked="" type="checkbox"/> Dry
	<input type="checkbox"/> Wet
	<input type="checkbox"/> Snow/Slush
	<input type="checkbox"/> Ice
	<input type="checkbox"/> Sand, Mud, Dirt, Oil
	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown

WEATHER	<input checked="" type="checkbox"/> Clear
	<input type="checkbox"/> Cloudy
	<input type="checkbox"/> Rain
	<input type="checkbox"/> Snow
	<input type="checkbox"/> Fog, Smog, Smoke
	<input type="checkbox"/> Sleet, Hail
	<input type="checkbox"/> (Freezing Rain or Drizzle)
	<input type="checkbox"/> Blowing Sand, Soil, Dirt, Snow
	<input type="checkbox"/> Severe Crosswinds
	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown

Traffic Control	
Unit Number	Unit Number
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<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

RELATION TO ROADWAY	<input checked="" type="checkbox"/> On Roadway
	<input type="checkbox"/> Parking Lot or Private Property
	<input type="checkbox"/> Shoulder (Other Than Shoulder within Median or Gore)
	<input type="checkbox"/> Median (Other Than Median within Gore)
	<input type="checkbox"/> Outside Shoulder - Left
	<input type="checkbox"/> Outside Shoulder - Right
	<input type="checkbox"/> Off Roadway - Location Unknown
	<input type="checkbox"/> On Ramp
	<input type="checkbox"/> Gore (Area between Ramp & Highway)
	<input type="checkbox"/> Unknown

Officer's Opinion of Possible Contributing Circumstances

Document Number Override

121

Driver Factors

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

Vehicle Factors

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

Highway Factors

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

OFFICER INFORMATION

Last 125 NELL	First GARY	M.I. S
Law Enforcement Agency Address 126 801 W. STATE ST.		
City & State 127 MILWAUKEE, WI.		ZIP 53233
Phone Number 128 (414) 278-4703		
Agency # 129 409	Enforcement Agency 130 MILW. SO.	Officer ID # 131 691

Date Notified

MONTH	DAY	YEAR
Jan	21	07
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time Notified (Military Time)

HOUR	MIN.
21	19
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

Time Arrived (Military Time)

HOUR	MIN.
21	23
00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09

Date of Report

MONTH	DAY	YEAR
Jan	23	07
Feb		
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... 134

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

135

- Hazardous Material Class Numbers (1-2 digit):
- Hazardous Material "UN" Numbers (4 digit):
- Hazardous Material Placard Displayed? Y N
- Hazardous Cargo was Released? Y N

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

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

Carrier Information

136

Interstate Carrier? Y N

Carrier Name: 137 139 138 ST. JOHNS SCHOOL SERV.

Carrier Identification Numbers

Source: Vehicle Side Shipping Papers Trip Manifest Driver Log Book

US DOT: 140 350651 LC

ICC MC: 250907 IC

Carrier Address: 142 141 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

Vehicle Information

138

Gross Vehicle Weight Rating: 139 20,000 LBS

Total # of Axles: 140 3

Vehicle Configuration

141

142

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Wisconsin Motor Vehicle Accident Report Supplement

Document Number Override 0 7947608	
Sheet No. OF	
2	2
10	

Occupant and Fixed Object Struck Supplement

INSTRUCTIONS: This supplement may be used to list additional occupant and fixed object struck information associated with an accident. Enter the original accident report document number in the "Document Number Override" box, enter the correct page number in the "Sheet No. Of" box. Then, follow the instructions for fields 65-78 (occupants) and/or fields 82-87 (fixed objects struck), as appropriate, in the Law Enforcement Officer's Instruction Manual.

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
66	CHECKANOFF	MEGAN	L	04-01-87	F	1	11	0	1
ADDRESS Street & Number		City & State		ZIP					
68		0327 ASHLEY LN.		RACINE, WI		53406			
Address Same as Operator		EJECTED		TRAPPED/ EXTRICATED		Medical Transpon		Agency Space	
Yes		1 Not Applicable		1 Not Applicable		1 Not Applicable		1 Not Applicable	
No		2 Not Ejected		3 Unknown		4 Trapped/Not Extricated		5 Unknown	
66	BRADLEY	JENNIFER	L	04-13-82	F	1	11	0	1
ADDRESS Street & Number		City & State		ZIP					
68		6022 LEONARD		RACINE, WI		53406			
Address Same as Operator		EJECTED		TRAPPED/ EXTRICATED		Medical Transpon		Agency Space	
Yes		1 Not Applicable		1 Not Applicable		1 Not Applicable		1 Not Applicable	
No		2 Not Ejected		3 Unknown		4 Trapped/Not Extricated		5 Unknown	
66	SIMONSON	NICOLE	M	01-28-81	F	1	11	0	1
ADDRESS Street & Number		City & State		ZIP					
68		4570 CAROLINE DR.		RACINE, WI		53405			
Address Same as Operator		EJECTED		TRAPPED/ EXTRICATED		Medical Transpon		Agency Space	
Yes		1 Not Applicable		1 Not Applicable		1 Not Applicable		1 Not Applicable	
No		2 Not Ejected		3 Unknown		4 Trapped/Not Extricated		5 Unknown	
66	SLONE	REBECCA	E	01-12-81	F	1	11	0	1
ADDRESS Street & Number		City & State		ZIP					
68		PSC B0 BOX 21895		APO AP		96367			
Address Same as Operator		EJECTED		TRAPPED/ EXTRICATED		Medical Transpon		Agency Space	
Yes		1 Not Applicable		1 Not Applicable		1 Not Applicable		1 Not Applicable	
No		2 Not Ejected		3 Unknown		4 Trapped/Not Extricated		5 Unknown	
66	KWAPIL	REBECCA	E	02-14-83	F	1	11	0	1
ADDRESS Street & Number		City & State		ZIP					
68		4600 CAROLINE DR		RACINE, WI		53405			
Address Same as Operator		EJECTED		TRAPPED/ EXTRICATED		Medical Transpon		Agency Space	
Yes		1 Not Applicable		1 Not Applicable		1 Not Applicable		1 Not Applicable	
No		2 Not Ejected		3 Unknown		4 Trapped/Not Extricated		5 Unknown	
66	NGUYEN	HEATH	E	06-11-82	M	1	11	0	1
ADDRESS Street & Number		City & State		ZIP					
68		1011 STRATFORD CT		RACINE, WI		53406			
Address Same as Operator		EJECTED		TRAPPED/ EXTRICATED		Medical Transpon		Agency Space	
Yes		1 Not Applicable		1 Not Applicable		1 Not Applicable		1 Not Applicable	
No		2 Not Ejected		3 Unknown		4 Trapped/Not Extricated		5 Unknown	
66	WALTON	RACHEL	L	05-16-81	F	1	11	0	1
ADDRESS Street & Number		City & State		ZIP					
68		1507 92ND ST #B		STURTEVANT, WI		53405			
Address Same as Operator		EJECTED		TRAPPED/ EXTRICATED		Medical Transpon		Agency Space	
Yes		1 Not Applicable		1 Not Applicable		1 Not Applicable		1 Not Applicable	
No		2 Not Ejected		3 Unknown		4 Trapped/Not Extricated		5 Unknown	
66	SCHRIMPF	NIKKI	L	06-03-83	F	1	11	0	1
ADDRESS Street & Number		City & State		ZIP					
68		W157N5649 BETTE DR		MENDOTA FALLS, WI		53051			
Address Same as Operator		EJECTED		TRAPPED/ EXTRICATED		Medical Transpon		Agency Space	
Yes		1 Not Applicable		1 Not Applicable		1 Not Applicable		1 Not Applicable	
No		2 Not Ejected		3 Unknown		4 Trapped/Not Extricated		5 Unknown	

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
166	KWAPIL THERESA L	670-26-78	F	(K) (N)	71	72	(1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown
ADDRESS Street & Number City & State ZIP	4600 CAROLINE DR. RACINE, WI 53405						
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space			
Yes	(1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown	(1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	(Y) (N)	78			
No							

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
166	LENTZ PAMELA J	6712-03-82	F	(K) (N)	71	72	(1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown
ADDRESS Street & Number City & State ZIP							
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space			
Yes	(1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown	(1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	(Y) (N)	78			
No							

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
166				(K) (N)	71	72	(1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown
ADDRESS Street & Number City & State ZIP							
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space			
Yes	(1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown	(1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	(Y) (N)	78			
No							

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
166				(K) (N)	71	72	(1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown
ADDRESS Street & Number City & State ZIP							
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space			
Yes	(1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown	(1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	(Y) (N)	78			
No							

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
166				(K) (N)	71	72	(1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown
ADDRESS Street & Number City & State ZIP							
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space			
Yes	(1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown	(1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	(Y) (N)	78			
No							

Occupant Unit Number	NAME Last First M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
166				(K) (N)	71	72	(1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown
ADDRESS Street & Number City & State ZIP							
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space			
Yes	(1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown	(1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	(Y) (N)	78			
No							

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
82					

Govt. Damage Tag # 83

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
82					

Govt. Damage Tag # 83

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
82					

Govt. Damage Tag # 83

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
82					

Govt. Damage Tag # 83

Fixed Object Struck					
Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
82					

Govt. Damage Tag # 83

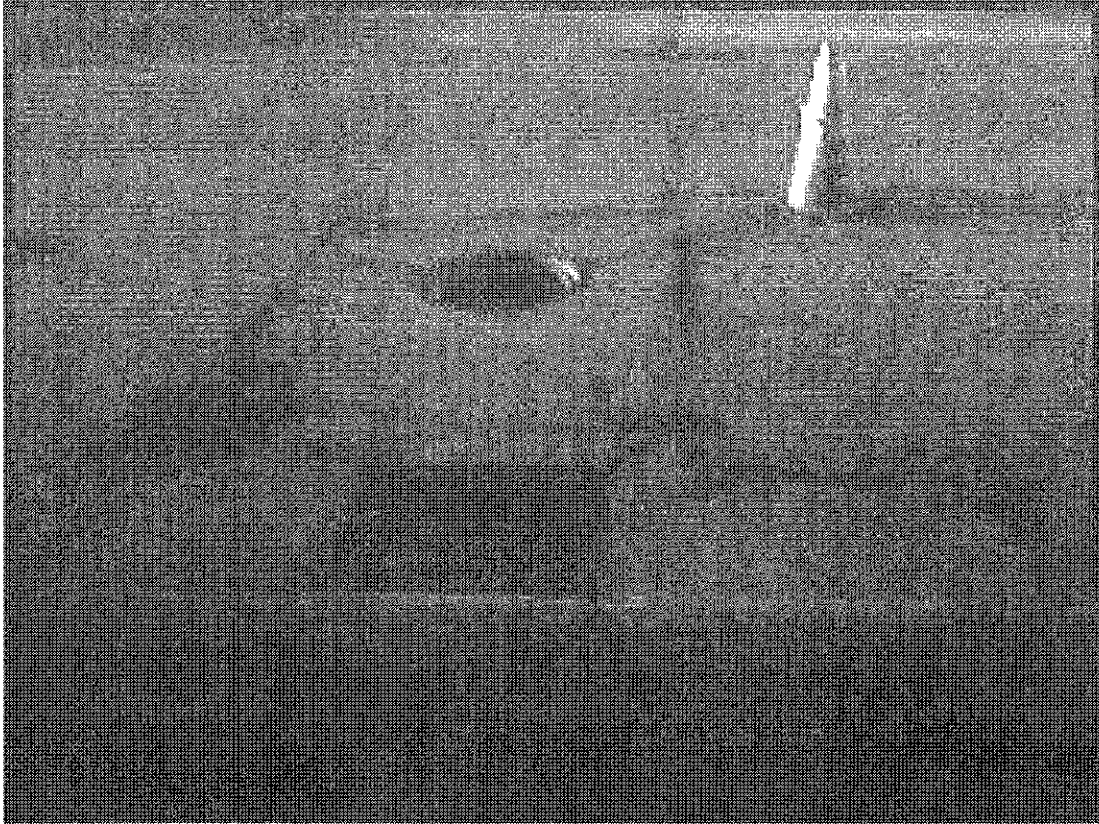
PROPERTY OWNER	Last First M.I.
84	
ADDRESS Street & Number	85
City & State	ZIP Phone Number ()
84	87

PROPERTY OWNER	Last First M.I.
84	
ADDRESS Street & Number	85
City & State	ZIP Phone Number ()
84	87

PROPERTY OWNER	Last First M.I.
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ADDRESS Street & Number	85
City & State	ZIP Phone Number ()
84	87

PROPERTY OWNER	Last First M.I.
84	
ADDRESS Street & Number	85
City & State	ZIP Phone Number ()
84	87

PROPERTY OWNER	Last First M.I.
84	
ADDRESS Street & Number	85
City & State	ZIP Phone Number ()
84	87



→ Manhole
Cover

Date: 9/19/2007 10:47 AM
 Estimate ID: 47
 Estimate Version: 0
 Preliminary
 Profile ID: REFLECTIONS

REFLECTIONS AUTO BODY

1804 E LAYTON AVE, ST. FRANCIS, WI 53235
 (414) 482-2110
 Fax: (414) 482-0025

Damage Assessed By: MIKE KRUEGER

Deductible: UNKNOWN

Owner: KEVIN COLLINS
 Address: 2896 S WENTWORTH AVE, MILW, WI 53207
 Telephone: Work Phone: (414) 899-8916 Home Phone: (847) 465-2577

Mitchell Service: 918214

Description: 2003 Audi TT Quattro
 Body Style: 2D Cpe
 VIN: TRUWT28N531018737
 OEM/ALT: O
 Options: LEATHER SEATS

Drive Train: 1.8L Turbo Inj 4 Cyl 6M AWD
 Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	800004	BDY	REMOVE/INSTALL	FRT BUMPER COVER			INC #
2	803842	BDY	REPAIR	FRT BUMPER COVER	Existing		4.0*#
3	AUTO	REF	REFINISH	FRT BUMPER COVER			C 2.6
4	803476	BDY	REMOVE/REPLACE	L FRT BUMPER GUIDE	8N0 807 183 C	14.03	
5	803931	BDY	REMOVE/INSTALL	FRT CTR BUMPER COVER GRILLE	Existing		0.2 #
6				R&R Time Used in R&I Operation			
7	800014	BDY	REMOVE/INSTALL	L FRT BUMPER COVER GRILLE	Existing		0.1 #
8				R&R Time Used in R&I Operation			
9	800016	BDY	REMOVE/INSTALL	FRT BUMPER LICENSE BRACKET	Existing		0.2
10				R&R Time Used in R&I Operation			
11	804223	BDY	REMOVE/INSTALL	GRILLE ASSY			0.2 #
12	802228	BDY	REMOVE/REPLACE	L FRT COMBINATION LAMP ASSEMBLY	8N0 941 003 BK	974.02	0.7 #
13	AUTO	BDY	CHECK/ADJUST	HEADLAMPS			0.4
14	800067	BDY	REMOVE/REPLACE	HOOD PANEL	8N0 823 029 A	495.32	1.5
15	AUTO	REF	REFINISH	HOOD OUTSIDE			C 2.8
16	AUTO	REF	REFINISH	HOOD UNDERSIDE			C 1.4
17	800167	REF	BLEND	R FENDER OUTSIDE			C 0.8
18	800174	BDY	REMOVE/REPLACE	L FENDER PANEL	8N0 821 105	200.33	2.5 #
19	AUTO	REF	REFINISH	L FENDER OUTSIDE			C 1.6
20	AUTO	REF	REFINISH	L FENDER EDGE			C 0.5
21	800176	BDY	REMOVE/REPLACE	L FENDER PLATE	8N0 821 111 A	11.70	
22	800178	BDY	REMOVE/REPLACE	L FENDER SUPPORT	8N0 821 135 A	27.88	
23	800180	BDY	REMOVE/REPLACE	L FENDER LINER	8N0 821 171 B	61.62	INC
24	800188	BDY	REPAIR	FRONT BODY RADIATOR SUPPORT	Existing		2.0*#
25	800190	BDY	REMOVE/REPLACE	L UFR FRONT BODY COVER	8N0 860 441 E	71.90	0.1
26	800210	BDY	REPAIR	L FRONT BODY APRON ASSY	Existing		5.0*
27	AUTO	REF	REFINISH	L APRON PANEL			1.0
28	800233	MCH	REMOVE/REPLACE	DISABLE & ENABLE AIR BAG SYSTEM	-M		INC
29	800234	MCH	REMOVE/REPLACE	AIR BAG SYSTEM DIAGNOSIS	-M		0.5 #

ESTIMATE RECALL NUMBER: 09/19/2007 10:45:37 47

Mitchell Data Version: JUL_07_A
 UltraMate Version: 6.0.026

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30	802617	MCH	REMOVE/REPLACE	AIR BAG MODULE-PASSENGER SEAT	-M	8N0 880 242 J 25D	285.21	1.2
31	802618	MCH	REMOVE/REPLACE	AIR BAG MODULE-DRIVERS SEAT	-M	8N0 880 241 J 25D	332.75	1.2
32	802647	MCH	REMOVE/REPLACE	R AIR BAG SENSOR	-M	8N0 959 643 A	151.22	0.5 #
33	802648	MCH	REMOVE/REPLACE	L AIR BAG SENSOR	-M	8N0 959 643 A	151.22	0.5 #
34	803552	BDY	REMOVE/REPLACE	ALLOY WHEEL 4@390.06		8N0 601 025 AA Z17	1,560.24	1.2
35	900500	BDY *	REMOVE/REPLACE	4 TIRES @ 172.95		New	691.80 *	0.0*
36	800307	MCH	REMOVE/REPLACE	L FRT SUSP WHEEL HUB	-M	8N0 407 613 A	198.13	INC #
37	800309	MCH	REMOVE/REPLACE	L FRT SUSP WHEEL BEARING	-M	1J0 498 625	128.08 *	INC #
38	900500	MCH*	REMOVE/REPLACE	RT REAR HARNESS		New	78.83 *	0.0*
39	900500	MCH*	REMOVE/REPLACE	LINKAGE		New	66.62 *	0.0*
40	803567	MCH	REMOVE/REPLACE	L FRT SUSP STEERING KNUCKLE	-M	ORDER FROM DEALER	355.25	2.2 #
41	801374	MCH	REMOVE/REPLACE	L FRT SUSP STRUT	-M	ORDER FROM DEALER	149.72	0.5 #
42	800375	MCH	REMOVE/REPLACE	L STEERING TIE ROD	-M	ORDER FROM DEALER	186.02	0.6 #
43	802363	GLS	REMOVE/REPLACE	W/SHIELD GLASS		8N0 845 099 K NVB	277.77	2.5 #
44	800549	BDY	REMOVE/REPLACE	R W/SHIELD WASHER RESERVOIR		8N0 955 453 A	49.13	0.8
45	801480	BDY	REMOVE/INSTALL	R W/SHIELD WASHER NOZZLE		Existing		0.2
46				R&R Time Used in R&I Operation				
47	801481	BDY	REMOVE/INSTALL	L W/SHIELD WASHER NOZZLE		Existing		0.2
48				R&R Time Used in R&I Operation				
49	800810	BDY	REMOVE/REPLACE	R FRT SEAT BELT		8N8 857 706 F V04	217.46	1.2 #
50	802384	BDY	REMOVE/REPLACE	L FRT DOOR SHELL		8N0 831 051 C	454.87	5.6 #
51	AUTO	REF	REFINISH	L FRT DOOR OUTSIDE				C 1.9
52	AUTO	REF	REFINISH	L FRT ADD FOR JAMBS & INSIDE				C 1.0
53	800907	BDY	REMOVE/REPLACE	L FRT DOOR LATCH ASSEMBLY		8N1 837 015 C	141.23	INC #
54	803217	BDY	REMOVE/REPLACE	L ROCKER MOULDING		8N0 853 563 A	163.77	0.6 #
55	AUTO	REF	REFINISH	L ROCKER MOULDING				C 1.6
56	800991	BDY	REMOVE/REPLACE	L QUARTER OUTER PANEL		8N8 809 605	293.17	18.0 #
57	AUTO	REF	REFINISH	L QUARTER PANEL OUTSIDE				C 1.8
58	AUTO	REF	REFINISH	L QUARTER PANEL EDGE				C 0.5
59	AUTO	REF	REFINISH	L ADD FOR PILLAR				C 0.5
60	AUTO	BDY	CHECK/ADJUST	L REAR ADJUST/ALIGN COMBINATION LAMP				0.5
61	800995	BDY	REMOVE/REPLACE	L INR QUARTER WHEELHOUSE PANEL	-S	8N0 809 411 A	204.72	2.5
62	801810	BDY	REMOVE/REPLACE	L QUARTER WHEELHOUSE LINER		8N0 810 171 A	93.73	INC
63	803311	BDY	REMOVE/REPLACE	L QUARTER TRIM PANEL		8N8 867 035 E HKV	374.15	INC #
64	801025	GLS	REMOVE/INSTALL	L QUARTER GLASS				0.3 #
65	801909	MCH	REMOVE/REPLACE	R REAR SUSP HUB ASSY	-M	1J0 407 613 G	181.30	1.5 #
66	801911	MCH	REMOVE/REPLACE	R REAR SUSP WHEEL BEARING	-M	1J0 598 625	202.95 *	INC #
67	802480	MCH	REMOVE/REPLACE	L LWR REAR SUSP CONTROL ARM	-M	1J0 505 223 M	355.25 *	1.5 #
68	900500	MCH*	ADD'L LABOR OP	4 WHEEL ALIGNMENT		Sublet	79.95 *	0.0*
69	802493	MCH	REMOVE/REPLACE	R REAR SUSP SHOCK ABSORBER	-M	8N0 512 011 AG	213.32	0.7 #
70	802025	BDY	REPAIR	REAR BODY PANEL		Existing		7.0* #
71	AUTO	REF	REFINISH	REAR BODY PANEL				C 1.6 #
72	AUTO	BDY	CHECK/ADJUST	R REAR ADJUST/ALIGN COMBINATION LAMP				0.5
73	801164	BDY	REMOVE/REPLACE	L REAR COMBINATION LAMP ASSEMBLY		8N0 845 095 C	125.92	INC
74	801180	BDY	REPAIR	REAR BUMPER COVER		Existing		4.0*
75	AUTO	REF	REFINISH	REAR BUMPER COVER COMPLETE				C 2.6
76	801187	BDY	REMOVE/REPLACE	L REAR BUMPER GUIDE		8N0 807 453	13.78	0.1 #
77	801189	BDY	REMOVE/REPLACE	L REAR OTR BUMPER GUIDE		8N0 807 483 A	27.97	0.1 #
78	801197	BDY	REMOVE/REPLACE	REAR BUMPER ADHESIVE NAMEPLATE		8N0 853 743 C ZZZ	30.95	0.2 #
79	802301	BDY	REMOVE/REPLACE	REAR BUMPER ADHESIVE NAMEPLATE		4B0 853 737 D ZZZ	17.52	0.2 #
80	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL			3.00 *	
81	936014		ADD'L COST	FLEX ADDITIVE			6.00 *	
82	933006	FRM	ADD'L OPR	FRAME/RACK SET UP				2.0*
83	933035	FRM	ADD'L OPR	UNIBODY PULL				6.0*
84	AUTO	REF	ADD'L OPR	CLEAR COAT				4.8
85	933005	BDY	ADD'L OPR	RESTORE CORROSION PROTECTION			10.00 *	0.3*

ESTIMATE RECALL NUMBER: 09/19/2007 10:45:37 47

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Mitchell Data Version: JUL_07_A
UltraMate Version: 6.0.026

MILWAUKEE COUNTY FREEWAY TOWING
INVOICE FOR SERVICE PERFORMED

044-1188
033641

Tow Contr:

N & S Towing
 1719 S. 83rd Street
 West Allis, WI 53214
 (414) 476-8697

NAME: *Kevin Collins*

Address: *2896 S Walnutwood*

Yr/Make of Veh: *2002 Ford*

License No: *340 21*

Vin No: (If Needed)

Date: *10/17/07* Arv: *9:50* Dept: *10210*

Sector: *I II III IV V VI VII VIII IX X XI XII XIII XIV XV XVI XVII XVIII XIX XX XXI XXII XXIII XXIV XXV XXVI XXVII XXVIII XXIX XXX* Location: *3700 S Highway*

Circle: Disabled Abandoned Accident Arrest/Police Other

Personal Effects Visible in Vehicle

1. Towing (up to 5 mi. or to Contractor's Storage Facility) _____ \$ _____

Preparation to Tow, Specialty Vehicle Flat Rate _____ Type _____

2. Cont'd Towing (up to 20 mi.): Miles _____ Rate _____ \$ _____

3. Road Service Flat Rate _____ Type _____ \$ _____

4. Outside Storage: Days _____ Hrs _____ Rate _____ \$ _____

5. Inside Storage: Days _____ Hrs _____ Rate _____ \$ _____

(Inside Storage Cap of 21 Days)

6. Winching (up to 15 min): Flat Rate _____ \$ _____

7. Cont'd Winching: Rate/Hr _____ Time _____ Hrs _____ \$ _____

8. Hydraulic Wrecker: Rate/Hr _____ Time _____ Hrs _____ \$ _____

9. Extra Truck(s) (up to 15 min) _____ \$ _____

10. Extra Truck(s) (After 15 min): Rate/Hr _____ Time _____ \$ _____

11. Flat Bed (Flat Rate) _____ \$ _____

12. Other Fees (Description) _____ \$ _____

Milwaukee County Invoicing/Administration Fee **\$5100**

Vehicle Owner Signature: *[Signature]*

Subtotal \$ *100*

Tax \$ *13*

TOTAL \$ *113*

Auth 033641

ENTERPRISE RENT-A-CAR COMPANY, INC., 1714 PARAMOUNT DRIVE, WAUKESHA, WI 53186 (262) 549-8106

SUMMARY OF CHARGES

RENTAL AGREEMENT REF# 1WHJSQ
311023

RENTER
NEHLS, MICHELLE

DATE & TIME OUT 08/09/2007 09:08 AM
DATE & TIME IN 09/20/2007 12:05 PM

BILLING CYCLE
24-HOUR

Charge Description	Date	Quantity	Per	Price	Total
TIME & DISTANCE	08/09 - 09/08	1	MONTH	\$699.99	\$699.99
TIME & DISTANCE	09/08 - 09/20	2	WEEK	\$179.99	\$359.98
REFUELING CHARGE	08/09 - 09/20			\$0.00	\$0.00
Subtotal:					\$1,059.97
Taxes & Surcharges					
SALES TAX	08/09 - 09/20			5.1%	\$54.96
TITLE & REGISTRATIONS	08/09 - 09/20	43	DAY	\$0.41	\$17.63
RECOVERY FEE					
Total Charges:					\$1,132.56

VEH # 1 2006 CHEV MALI 4DLT Total Amount Due \$0.00

VIN# 1G1ZT51F86F295457
LIC# Wfz372
MILES DRIVEN 4225

PAYMENT INFORMATION
AMOUNT PAID \$1,132.56
TYPE Mastercard

CREDIT CARD NUMBER
XXXXXXXXXXXX4408 PENDING



Hertz Claim Management

Hertz Claim Management Corporation
P.O. Box 719, Park Ridge, NJ 07656-0719
Phone: (201)307-5866
Fax: (201)307-5890

08/22/2007

For any questions, please contact:

KATHLEEN A. JONES
201 -307 -2858
kjones@hertz.com

Re: Our Case Number: 04-2007-07580
Date of Loss: 07/21/2007

ACCOUNT DETAIL

Property Damage Amount:	\$3,718.48
Loss of Use:	\$585.00
Tow/Storage:	\$0.00
TP Payout:	\$0.00
Admin Fee:	\$0.00
Deductible:	\$0.00
Expense:	\$0.00
Deminuation of Value:	\$0.00
Total Amount Due:	\$4,303.48

BALANCE SUMMARY

Total Amount Due:	\$4,303.48
Payment (s):	\$0.00
New Balance:	\$4,303.48

(PLEASE INCLUDE THE REMITTANCE ADVICE BELOW ALONG WITH YOUR PAYMENT)

HERTZ REMITTANCE ADVICE

New Balance:	\$4,303.48
Minimum Amount Due:	\$4,303.48
Amount of Payment: (Please enter)	\$ _____

Remit To: The Hertz Claim Management Corporation
P.O. Box 716
Park Ridge, NJ 07656

File Number: 04-2007-07580
Desk Location: S2
Recovery Specialist: KATHLEEN A. JONES
E-mail: kjones@hertz.com

HCM-HIN)