

07-5-90-1



AMERICAN FAMILY INSURANCE GROUP

W236 N1402 BUSSE ROAD • WAUKESHA WI 53188 • PHONE: 262-446-6500 or 800-374-1111 • FAX: 800-977-9029

Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

April 3, 2007

City of Milwaukee
220 E. Wells Street, Room 205
Milwaukee, WI 53202

CITY OF MILWAUKEE
2007 APR -4 AM 11:53
RONALD D. LEONHARDT
CITY CLERK

RE: Our File No.: 00-651-402787-0518
Our Insured: Jane S Frinzi
Date of Loss: February 23, 2007
Amt. of Loss: \$6733.00

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to an accident that occurred on February 23, 2007, involving a vehicle owned by American Family Insurance Company's insured, Jane S Frinzi, and an improperly secured manhole cover. The accident occurred at W Winfield Ave. and N 76th St..

As a result of the negligence by the city, the vehicle insured by American Family Mutual Insurance Company was damaged in the reasonable and necessary sum of \$6733.00. The vehicle was considered a total loss. This amount reflects salvage recovery.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$6233.00 and the insured incurred a deductible loss of \$500.00.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of \$6733.00.

Respectfully,

Tamara S Koss
Casualty Senior Adjuster
Milwaukee Branch Claim Office
Ph. No. 262-446-6501, Ext. 48314
FAX: 1-866-381-7712

tsk

CITY OF MILWAUKEE
RECEIVED
2007 APR -4 PM 3:19
OFFICE OF
CITY ATTORNEY

April 3, 2007

NOTICE OF CLAIM

Name: American Family Mutual Insurance Company
P. O. Box 2927
Milwaukee, WI 53201-2927

Date of Accident/Loss: February 23, 2007

Brief Facts of Accident/Loss: Insured was unable to avoid a manhole cover which was not properly secured in the roadway.

Amount Claimed: \$6733.00

Signature:



Daytime Telephone No.: 262-446-6501, Ext. 48314

Date: April 3, 2007

STATE OF WISCONSIN)
)SS
COUNTY OF MILWAUKEE)

I, Tamara Koss, being duly sworn on oath, deposes and states that she/he is a Casualty Claim Desk Senior Adjuster employed with American Family Mutual Insurance Company, that I have been involved in the investigation of the afore-described claim, that I have reviewed the foregoing Notice of Claim and am familiar with the factual averments contained therein, and that all such statements and averments are true and correct to the best of my knowledge and information based upon my investigation and adjustment of the claim referenced above.

Dated this 3rd day of April, 2007
Tamara Koss

Tamara Koss
Signature of Affiant

Personally appears before me this 3rd day of April, 2007, the above administration of oath executed the foregoing instrument and acknowledged the truth and accuracy of the same.

[Signature]

Notary Public, State of Wisconsin
My Commission: 15 permanent

Claim Number: 00651402787 **ID:** 00 **Adjuster:** 651655 PIOTROWSKI, GILBERT M
Date Of Loss: 2/23/2007 **Peril Code:** 025 **Ins/Climnt Name:** FRINZI, JANE S
Date Assigned: 2/27/2007

Date Opened: 3/5/2007	Title Sent Date: 3/19/2007	Recovery Information Insurance AUTO AUCTION - SUSSEX - JAAS Salvage Buyer:
Vehicle Damages PDRs Estimate: \$5,447.00 Hidden Damage: \$0.00 Damage Percent: 62.63%	Pool Dates Date Called: 2/26/2007 Date Moved: 2/27/2007 Pool To Move: 1	
Settlement Information Amount Paid: \$8,197.00 Deduct: \$500.00 ACV: \$8,697.00 Book: \$8,100.00 Verified Take: \$0.00 Automated: \$0.00 Rating: 91% Book ACV: \$7,371.00 Tax Paid: \$0.00	Towing & Storage Towing: \$95.00 Labor: \$0.00 Storage Cost: \$80.00 Days In Storage: 4 Average Storage: \$20.00	
Keys: <input type="checkbox"/> Junked: <input type="checkbox"/>		Estimated Salvage: \$2,609.00 Pool Charge: \$161.00 Net Recovery: \$1,964.00 Percent Recovery: 23.96% Comments:
Update Delete Cancel New Search		

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-651-402787 ST: 48 POLICY: 17-157734-02 INCURRED: 02/23/2007
INSURED: FRINZI, JANE S BENEFITS/LOSSES PAID TO DATE: 6233.00

LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 0.00

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
01	03/30/2007	CREDIT	06	00	025		1964.00	

PAYEE/PAYOR: INSURANCE AUTO AUCTIONS
RECONCILED: 04/02/2007

02	03/19/2007	0065092732	01	00	025	8197.00		
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IN PAYMENT OF: COLLISION LOSS OCCURRING 02/23/2007 500 DEDUCTIBLE APPLIED
TOTAL LOSS SETTLEMENT
PAYEE/PAYOR: FRINZI, JANE S
RECONCILED: ISSUED TIN: * NONE * WITH TAKEN: N

NEXT --
OPT -- POL -- ----- CLM -- ----- DRFT -----
ALL PAYMENTS FOR THIS CLAIM HAVE BEEN DISPLAYED. PF3=COPS MENU PA2=COMPANY

INSURANCE AUTO AUCTIONS

No. 800543232

Date: 03/29/2007

To: American Family Insurance - Milwaukee

Invoice No.
800543232

Date
03/29/2007

Description
CLM#00651402787650518/STK#02910

U50518

TOTALS:

Amount	Discount	Paid Amount
\$1,964.00		\$1,964.00
\$1,964.00		\$1,964.00

Owner: Jane Frinzi
 Claim #: 00651402787650518
 Policy #:
 Vehicle: 2002 TOYOTA COROLLA (U.S.)
 Damage: Front end/Undercarriage
 VIN: 1NXBR12E82Z623922
 ACV: \$8,697.00
 NICB Date: 3/29/2007

Buyer Information

Latin Automotive Center LLC
 208 N Henry St
 Green Bay, WI 54302
 Resale Certificate # : 004000172030901 (WI)

Percent of Sale	\$161.00	1.85
Tow Charge	\$0.00	0.00
Advance Chg Service Fee	\$0.00	0.00
Mail Plates	\$0.00	0.00
Re-Run Fee	\$0.00	0.00
VIC/FIS/SmartLoss (tm)	\$0.00	0.00
Storage Fee	\$0.00	0.00
Fast Title Fee	\$0.00	0.00
IAA - Title Processing Fee	\$0.00	0.00
State/Local Transfer Fee	\$0.00	0.00
Bundled Enhancement Fee	\$0.00	0.00
Patch	\$0.00	0.00
Less IAA Charges	(\$161.00)	1.85
Net IAA Return	\$2,139.00	24.59
Outside Charges Advanced by IAA		
Storage	\$80.00	0.92
Advance Tow	\$95.00	1.09
Less Outside Charges	(\$175.00)	2.01

Payment Amount	\$1,964.00	22.58%
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Elapsed Days Analysis

Date of Event:	Date	Days
Loss	2/23/2007	-
Assigned	2/26/2007	4
Released	2/27/2007	2
Pickup	2/27/2007	1
Title Rec'd	3/19/2007	21
Sale Doc. Rec'd	3/19/2007	1
Auction Date	3/28/2007	10
Buyer Payment	N/A	0
Remittance	3/29/2007	2
Elapsed Total Days:		35

Done
 3/30/07
TW

2910103

TOTAL LOSS WORKSHEET

CLAIM # 651-402787

OWNER'S NAME FRIOZI, JANE

DATE ASSIGNED 2-28

PDR Name: Piotrowski Date of Loss: 2-23 Contact Date: 1/1 Inspect Date: 2-28 Complete Date: 3/1

APSI

VIN 1N6R1ZE8Z7G23922

The 10th digit indicates model year on 1990 & newer vehicles:

L=90 M=91 N=92 P=93 R=94 S=95 T=96 V=97 W=98 X=99 Y=00 1=01 2=02 3=03 4=04 5=05 6=06

MAKE Toyota MODEL Corolla YEAR 2002 EDITION LE

2 DR 3 DR 4 DR WAG LIC.# 912 JUK

ENGINE 1.8 TRANS. AUTO AUTO/OD 5 SP 4 SP 3 SP OTHER

MILEAGE 53450 DRIVERS PASS SIDE

PICKUP / UTILITY / VAN
 1/2 TON 3/4 TON 1 TON 4WD
 SHORTBED LONGBED CAB & CHASSIS
 FLEETSIDE FENDERSIDE EXT. CAB
 CARGO PASSENGER CONVERSION

TIRES: [] BW [] WW [] OTHER BRAND Firestone
TREAD: LF 6 /32 RF 4 /32 LR 5 /32 RR 5 /32

VERIFIED DEALER/PRIVATE
DEALER _____ PHONE # _____ STOCK # _____ ASKING \$ _____ TAKE \$ _____ NAME _____

DECOR TRUCK/VAN/MH

- | | | | | | |
|-------------------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | AIR CONDITIONING | <input type="checkbox"/> | <input type="checkbox"/> | WINCH |
| <input type="checkbox"/> | <input type="checkbox"/> | DUAL AIR CONDITIONING | <input type="checkbox"/> | <input type="checkbox"/> | SNOW PLOW |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | TILT WHEEL | <input type="checkbox"/> | <input type="checkbox"/> | BRUSH GUARD |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | TELESCOPIC WHEEL | <input type="checkbox"/> | <input type="checkbox"/> | BUG DEFLECTOR |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | CRUISE CONTROL | <input type="checkbox"/> | <input type="checkbox"/> | RUNNING LIGHTS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | REAR DEFROST | <input type="checkbox"/> | <input type="checkbox"/> | SUN VISOR |
| <input type="checkbox"/> | <input type="checkbox"/> | REAR WIPER | <input type="checkbox"/> | <input type="checkbox"/> | RUNNING BOARDS |
| <input type="checkbox"/> | <input type="checkbox"/> | FOG LIGHTS | <input type="checkbox"/> | <input type="checkbox"/> | SLIDE REAR WINDOW |
| <input type="checkbox"/> | <input type="checkbox"/> | LEATHER SEATS | <input type="checkbox"/> | <input type="checkbox"/> | ROLL/LIGHT BAR |
| <input type="checkbox"/> | <input type="checkbox"/> | 3RD SEAT (WAGONS) | <input type="checkbox"/> | <input type="checkbox"/> | BED LINER |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 PASSENGER | <input type="checkbox"/> | <input type="checkbox"/> | SIDE RAILS |
| <input type="checkbox"/> | <input type="checkbox"/> | POWER ANTENNA | <input type="checkbox"/> | <input type="checkbox"/> | AUX FUEL TANK |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 WHL DISC BRKS | <input type="checkbox"/> | <input type="checkbox"/> | DUAL REAR WHEELS |
| <input type="checkbox"/> | <input type="checkbox"/> | ALARM SYSTEM | <input type="checkbox"/> | <input type="checkbox"/> | REAR STEP PAINT |
| <input type="checkbox"/> | <input type="checkbox"/> | TWO TONE PAINT | <input type="checkbox"/> | <input type="checkbox"/> | REAR STEP CHROME |
| <input type="checkbox"/> | <input type="checkbox"/> | DEEP TINTED GLASS | <input type="checkbox"/> | <input type="checkbox"/> | TRAILERING PACKAGE |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER _____ | <input type="checkbox"/> | <input type="checkbox"/> | ALUMINUM TOPPER |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | FIBERGLASS TOPPER |

POWER

- | | | |
|-------------------------------------|--------------------------|------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | POWER STEERING |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | POWER BRAKES |
| <input type="checkbox"/> | <input type="checkbox"/> | ABS BRAKES |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | POWER WINDOWS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | POWER MIRRORS |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | POWER LOCKS |
| <input type="checkbox"/> | <input type="checkbox"/> | POWER ANTENNA |
| <input type="checkbox"/> | <input type="checkbox"/> | PWR DRIVE SEAT |
| <input type="checkbox"/> | <input type="checkbox"/> | PWR PASS SEAT |
| <input type="checkbox"/> | <input type="checkbox"/> | PWR SLIDING DOOR |
| <input type="checkbox"/> | <input type="checkbox"/> | POWER TRUNK |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER _____ |

RADIO

- | | | |
|--------------------------|-------------------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | NONE |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AM/FM |
| <input type="checkbox"/> | <input type="checkbox"/> | AM/FM TAPE |
| <input type="checkbox"/> | <input type="checkbox"/> | EQUALIZER/VAMP |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | CD PLAYER |
| <input type="checkbox"/> | <input type="checkbox"/> | ADDITIONAL SPEAKERS |
| <input type="checkbox"/> | <input type="checkbox"/> | CD CHANGER |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER <u>FACE LIFT</u> |

CYCLE

- | | | |
|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | FULL FAIRING |
| <input type="checkbox"/> | <input type="checkbox"/> | PLEXI FAIRING |
| <input type="checkbox"/> | <input type="checkbox"/> | HEADERS |
| <input type="checkbox"/> | <input type="checkbox"/> | ENGINE GUARD |
| <input type="checkbox"/> | <input type="checkbox"/> | CUSTOM SEAT |
| <input type="checkbox"/> | <input type="checkbox"/> | BACK REST |
| <input type="checkbox"/> | <input type="checkbox"/> | SADDLE BAGS |
| <input type="checkbox"/> | <input type="checkbox"/> | TRAVEL TRUNK |
| <input type="checkbox"/> | <input type="checkbox"/> | LUGGAGE RACK |
| <input type="checkbox"/> | <input type="checkbox"/> | TRAILER |
| <input type="checkbox"/> | <input type="checkbox"/> | SIDE CAR |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER _____ |

ROOF

- | | | |
|--------------------------|--------------------------|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | VINYL ROOF |
| <input type="checkbox"/> | <input type="checkbox"/> | MANUAL SUNROOF |
| <input type="checkbox"/> | <input type="checkbox"/> | ELECTRIC SUNROOF |
| <input type="checkbox"/> | <input type="checkbox"/> | T-TOPS |
| <input type="checkbox"/> | <input type="checkbox"/> | ROOF RACK |
| <input type="checkbox"/> | <input type="checkbox"/> | CONVERTIBLE |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER _____ |

WHEELS

- | | | |
|-------------------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | ALUMINUM |
| <input type="checkbox"/> | <input type="checkbox"/> | STYLED STEEL |
| <input type="checkbox"/> | <input type="checkbox"/> | WIRE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | WIRE COVERS |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER <u>Missing</u> |

Add'l Options	

Establishes Adjusted NADA Value

	EXTERIOR	TIRE	INTERIOR	MECHANICAL
SUPERB	35	(See reverse side for SUPERB explanation)	30	35
DEALER	30	15	25	30
PRIVATE	28	13	23	28
FAIR	25	10	20	25
TOTAL	28	12	23	20

BOOK RATING 91 NADA RETAIL 9100

ACV Calculations

NADA:	\$ <u>9100</u>
= ADJUSTED NADA	\$ <u>8281</u>
AUTOMATED: Autosource, Autobid, etc.	\$ -
Dealer Average/Verified Take: <u>Corolla</u>	\$ <u>9995</u>
OTHER SOURCE: Newspaper, <u>Internet</u> , Private, etc.	\$ <u>7815</u>
RETAIL VALUE:	\$ <u>8697</u>
OLD DAMAGE: (-) (prior claim, major dmg, etc.)	\$ -
Reconditioning: (-) (not used with rating %)	\$ -
Miscellaneous: (+/-)	\$ -
ACV:	\$ <u>8697</u>
Sales Tax: (if appl): (+)	\$ -
License Transfer: (+)	\$ -
Miscellaneous describe:	\$ -
Deductible: (-)	\$ <u>500</u>
TOTAL:	\$ <u>8197</u>
Estimated Salvage Value or Owner Retains:	\$ <u>2609</u>
Net Loss:	\$ <u>5588</u>

Repair Option	
Repair Estimate: (minus Tax if Appl.)	\$ <u>5447</u>
+ Hidden Damage:	\$ <u>MIN</u>
+ Rental:	\$
- Tow / Storage:	\$
- Deductible:	\$ <u>500</u>
Net Cost to Repair Vehicle:	\$ <u>4947</u>
Net Cost to Replace Vehicle:	\$ <u>5588</u>

PAYMENT INFORMATION	
Total Payment Due:	\$ <u>8197</u>
Partial Payment Made:	\$
BALANCE DUE:	\$
DRAFT ISSUED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	\$
DRAFT ISSUED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	\$
TAX PD: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>4.0</u>	\$ <u>8197</u>

DO NOT USE RATINGS ON BASIC TRANS. OR CURRENT MODEL YEAR

BASIC TRANSPORT AGREED ACV

\$ _____

OWNER KEPT SALVAGE

DEDUCTIBLE

\$ _____

DRAFT AMOUNT

8281 ADJUSTED NADA

+ 7815 AUTOMATED SOURCE

+ 9995 DEALER TAKE PRIVATE TAKE

||

26091 ÷ 3 OF ACVS = 8697 AVERAGE ACV

IN RENTAL: YES NO

Is current title a salvage title? Yes No

? Info Not given

1/26

ICS

Claim Number: 00-651-402787
Date of Loss: 02/23/2007
Line Type: Family Private Passenger Auto

Policyholder: FRINZI, JANE S
Policy: 17157734-02

Status: Open
File Type: Folder

Claim Overview - Claim Number: 00-651-402787

<u>Summary</u>	<u>Documents/Images</u>	<u>Activity Record</u>	<u>Notes</u>
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Filtered by: No filter applied. All notes displayed

Display by: Expanded Notes Abbreviated Notes

Displaying 1 - 9 of 9 notes.

Entered	Party Name(s)	Type(s)	Note For	Actions	Entered By
03/01/2007 (04:24 PM CST)	FRINZI, JANE S (00)	<u>Vehicle</u>		<u>Update</u>	GMP006
settled with Jane, explained total loss process, explained total loss worksheet and how i established the acv. Jane states no lien. Informed jane that i was going to mail to her the t/i pac (C444 with cutoff date of 4/1/07 and return envelopes for title and tax) Jane states she will mail her title to the tlc, tlc to issue draft upon rec. of title. acv = 8697 ded = 500 tax = 487.03 title = insured paid claim salvage = 2609 mileage = 53450 net est = 5447 <u>Less</u>					
03/01/2007 (03:47 PM CST)	FRINZI, JANE S (00)	<u>Vehicle</u>		<u>Update</u>	GMP006
called and left voice mail for Jane.					
02/28/2007 (08:36 AM CST)	FRINZI, JANE S (00)	<u>Vehicle</u>			CJM002
iaa stock#2910103 gilly piotrowski vic 2/28/07					
02/27/2007 (11:45 AM CST)	FRINZI, JANE S (00)	<u>Vehicle</u>			TSK002
VM from Jane - signed off last night for IAA to pick up					
02/26/2007 (10:09 AM CST)	FRINZI, JANE S (00)	<u>Claim Activity Log</u> <u>Vehicle</u>			TSK002
Jane called back - was in left lane, traffic in right of 76th st - median/blvd on left. No cones or signs indicating problem up ahead. All of a sudden manhole cover, center of her lane, was there - part of it up out of road. Slammed on brakes as all she could do but still hit it - damaged the entire underside of car. As drove over it it came up over car and came through windshield - glass shattered all over car. Face is bruised and puffy - possibly from airbag. ER and now waiting					

March 1, 2007

AMERICAN FAMILY INS.
PO BOX. 371308
Milwaukee, WI. 53237-1308

JANE FRINZI
2621 N. FREDERICK AVE. APT # 101
MILWAUKEE WI. 53211

RE: Claim Number: 651-402787
Date of Loss: 2/18/07

Dear JANE

Based on your disclosure of a **clear/non branded** title, I am enclosing necessary papers which concern settlement for the total loss of your vehicle.

Based on a visual inspection and evaluation of your 2002 TOYOTA COROLLA LE VIN.#. 1NXBR12E82Z623922 and the title disclosure stated above, its actual cash value at the time of loss was determined to be \$ 8697.00 Less a deductible of \$500.00 a net payment, could result in the amount of **\$8197.00**

You are entitled to sales tax reimbursement of .056% once we receive proof of purchase of a replacement vehicle. Tax will be paid based on the cost of the replacement vehicle up to the value of your previous vehicle or \$487.03 Sales tax reimbursement does not apply to lease agreements, unless you replace your owned vehicle with a leased vehicle.

To accept, sign the forms where indicated, and return in the envelope provided.

THE FORMS BELOW SHOULD ALL BE SIGNED AND DATED WHERE INDICATED.

- () Proof of loss/statement of claim
- () Lien release
- () Vehicle Brand Disclosure Statement (WI. MV 2848)
- (X) "certificate of Title" to your vehicle, signed by all persons named as owners. **Please sign where it says "Signature of seller"**, just as names appear printed on the title. Please fill in the current odometer mileage in the space provided on the title. The odometer now reads 53450 miles.

(Note: If a lien appears on your title, the lien holder will be named as co-pay on the draft.)

For sales tax reimbursement, please send a copy of your proof of purchase (showing purchase price and tax paid), or a copy of State Form MV-1 which shows the amount of tax you paid to the State.

Our company will pay towing and storage charges through 4/1/07. Charges beyond that date will be your responsibility. If you have not already done so, please remove your license plates and only your personal property from your vehicle as soon as possible. **If you did not leave keys with your vehicle, please include a set with your title.**

Please return the above items in the envelope provided. If you have any questions, please contact our office and refer to the claim number indicated on the top of this form.

GILLY PIOTROWSKI
Physical Damage Analyst



Stuck# 000-02910103

IAA Tow Bln - (A) 3546988

From: City of Milwaukee Impound Lot
3811 W Lincoln Ave,
Milwaukee, WI 53215-2338
(414) 286-2700
Milwaukee

To: Milwaukee
N70W25277 Indian Grass Lane,
Sussex, WI 53089-2578
(262) 246-8822
Waukesha

Date: 2/27/2007

VIC



Handwritten notes: 025, Bullt, 2/28/07

Tower: Morison Transport Dispatcher: James Naja Dispatch Time: 2/27/2007
Tow Zone: 3 Mileage: 23 10:02:51AM
Pick Up Date: 2/27/2007 Pick Up Time: 8:40 am Direction: SouthEast
Release Contact: Reference: 1291571 Weight:
Hours:
Vehicle: 2002 TOYOTA COROLLA (U.S.) Damage:
Loss Type: Collision Color: Primary: Front end
Towable: Yes Truck: No Secondary: Undercarriage

Storage Started: 2/23/2007 Storage Ended: 2/27/2007

Total

Release Requirements:

Blocked In? No

Call 1st? No

Payment Method:

Pay At: 3811 W Lincoln Ave

Provider: American Family Insurance - Milwaukee

Owner: Jane Frinzi

Claim: 00651402787650518

Adjuster: Tammy Koss

VIN: 1NXBR12E82Z623922

Table with 17 empty cells for VIN digits

VIN IS 1. OK 2. Missing 3. Damaged 4. Altered

Plate: State: No. of Plates:

Odometer: Actual / Not Actual / Inop. Dig. / Exceeds Mech. / Broken / Burnt / Missing

Radio CD Player CD Changer Cassette Add Audio DVD Screen DVD Player Phone Keys Make Keys
Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N

Primary Damage Secondary Damage Condition
Starts: Y/N/ Can't Test Runs and Drives: Y/N Shrinkwrap: P/B/F

#Wheels Wheel Type Driver Airbag Passenger Airbag Side Airbag
I/D/M I/D/M I/D/M

DATE OF PICKUP
TOWER COMMENTS
SHOP SIGNATURE
TOWER SIGNATURE

TOW NOTES:

Okay to pay charges. Charges unknown.



<IAAI TOW 3049414#7833589 TOWDOCE>

AMERICAN FAMILY INSURANCE
W236 N1402 BUSSE RD
WAUKESHA, WI 53188
(262)446-6500

*** ASSIGNMENT ***

02/27/2007 04:36 PM

Owner:

Owner: JANE S FRINZI
Address: 2621 N FREDERICK AVE Apt # 101 : (414)736-4314
: (414)272-9990
City State Zip: MILWAUKEE, WI 53211-0000 :

Control Information

Claim #: 00651402787-0 Insured Policy #: 1715773402
Loss Date/Time: 02/23/2007 Loss Type: Collision
Deductible: \$500.00

Ins. Company: American Family Insurance

Insured: JANE S FRINZI
Address: : (414)736-4314
: (414)272-9990

Inspection

Inspection Date: 02/27/2007 04:36 PM Inspection Type:
Inspection Location: iaa sussex Contact:
Address: stock 2910103 :
City State Zip: iaa sussex, :
Driveable: No Rental Assisted:
First Contact Date/Time: Appointment Date/Time: 02/28/2007 01:00 PM

Appraiser Name: GILLY PIOTROWSKI Appraiser License #:
Address: Po Box 332 Work/Day: (262)446-6500x48505
City State Zip: Sussex, WI 53089 FAX: (262)820-2283
Email: gpiotrow@amfam.com

Repairer

Remarks

Vehicle

2002 TOYOTA COROLLA CE/LE/S

Lic Expire: VIN: 1NXBR12E82Z623922
Veh Insp#: Mileage Type: Actual

Options

2002 TOYOTA COROLLA CE/LE/S
Claim #: 00651402787-0

02/27/2007 04:36 PM

Assignment Message

Claim Notes: INSD STATED THAT SHE WAS TRAVELING ON 76TH ST WHEN SHE RAN OVER A
MANHOLE COVER THAT SEVERLY DAMAGED HER VEH.

2002 Toyt Corolla; vin: 1NXBR12E82Z623922; 00-025 500.00 ded; no lien; mike
voss is agent; non-drive - hit a manhole cover - damge to frt undercarriage;
ws; transmission; dash - wires hanging out (?) no prior known; VEA at 25 -
will move to IAA; no rental; apsd tkoss 2/26/07 tkoss@amfam.com x48314

Instructions: APSD - Agreed Price Settle - Draft

Agent/District Codes:125/047

Lien Holder 1:

Lien Holder 2:

Title Holder:

Endorsements:

iaa sussex

stock 2910103

iaa sussex

Audatex Estimating 4.0.450 SCH 02/27/2007 04:42 PM REL 4.0.450 DT 02/01/2007 DB 02/15/2007



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AMERICAN FAMILY INSURANCE
W236 N1402 BUSSE RD
WAUKESHA, WI 53188
(262)446-6500

*** ESTIMATE ***

02/27/2007 04:36 PM

Owner:

Owner: JANE S FRINZI
Address: 2621 N FREDERICK AVE : (414)736-4314
: (414)272-9990
City State Zip: MILWAUKEE, WI 53211-0000 :

Control Information

Claim #: 00651402787-0 Insured Policy #: 1715773402
Loss Date/Time: 02/23/2007 Loss Type: Collision
Deductible: \$500.00
Ins. Company: American Family Insurance
Insured: JANE S FRINZI
Address: : (414)736-4314
: (414)272-9990

Inspection

Inspection Date: 02/27/2007 04:36 PM Inspection Type: Field Inspection Center
Inspection Location: iaa sussex Contact:
Address: stock 2910103 :
City State Zip: iaa sussex, :
Primary Impact: Right Front Corner Secondary Impact:
Driveable: No Rental Assisted:
Assigned Date/Time: 02/28/2007 12:00 PM Received Date/Time:
First Contact Date/Time: 02/28/2007 12:00 PM Appointment Date/Time: 02/28/2007 01:00 PM
Appraiser Name: GILLY PIOTROWSKI Appraiser License #:
Address: Po Box 332 Work/Day: (262)446-6500x48505
City State Zip: Sussex, WI 53089 FAX: (262)820-2283
Email: gpiotrow@amfam.com

Repairer

Target Complete Date/Time: Days To Repair: 0

Remarks

Estimate for title branding only

Vehicle

2002 Toyota Corolla LE 4 DR Sedan
4cyl Gasoline 1.8
4 Speed Automatic

Lic.Plate: 912 JUK Lic State: WI
Lic Expire: VIN: 1NXBR12E82Z623922
Prod Date: Mileage: 53,450

2002 Toyota Corolla LE 4 DR Sedan
 Claim #: 00651402787-0

02/27/2007 04:36 PM

Veh Insp#:
 Condition: Fair
 Ext. Color: SANDRIFT PEARL MET
 Ext. Refinish: Two-Stage
 Ext. Paint Code: 3M5

Mileage Type: Actual
 Code: Y2104C
 Int. Color:
 Int. Refinish:
 Int. Trim Code:

Options

Air Conditioning	Center Console	Cruise Control
Digital Clock	Dual Airbags	Intermittent Wipers
Leather Steering Wheel	Power Brakes	Power Door Locks
Power Mirrors	Power Steering	Power Windows
Rear Window Defroster	Rem Trunk-L/Gate Release	Remote Control Side Mirrors
Split Folding Rear Seat	Tachometer	Tilt Steering Wheel
Tinted Glass	U.S.A. Built Vehicle	Velour/Cloth Seats
Compact Disc Player		

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
1	EU	6	46	Bumper Assembly,Front	RECYCLED PART	\$250.00*	+20		1.1	SM
2	L	6	13	Cover,Front Bumper	Refinish				3.6	RF
3	E	76	07	Crsmbr,Rad Pnl Lower	5710412080	\$194.42			6.5	SM
4	L	76		Crsmbr,Rad Pnl Lower	Refinish				0.5	RF
5	E	678		Crsmbr,Front Susp	5120112380	\$478.03			1.7	ME
6	EP	104		Fender,Front RT	Replace PXN	\$61.00			1.3	SM
7	L	104		Fender,Front RT	Refinish				2.9	RF
8	EP	153		Skirt,Inner Fender RT	Replace PXN	\$55.00			INC	SM
9	E	277		Airbag Sensor,Fender RT	8917319095	\$61.25			0.3	ME
10	E	658		Hub,Front Wheel RT	4350212090	\$101.37			INC	ME
11	E	656		Knuckle,Steering R/F	4321112290	\$204.60			1.8	ME
12	E	654		Arm,Lower Control R/F	4806812160	\$167.91			0.7	ME
13	EP	668		Bearing,Front Axle RT	Replace PXN	\$37.99			INC	ME
14	NG	143	46	Windshield,Tinted	NAGS FW2168-GT	\$185.15	-40		2.9	SM
15	E	151	01	Mldg Assy,W/S Reveal	7553102050	\$71.68			INC	SM
16	I	160		Cowl & Dash Assembly	Repair				3.0*	SM
17	L	160		Cowl & Dash Assembly	Refinish				1.0*	RF
18	E	878	01	Airbag,Steering Wheel	4513002112B0	\$659.25			0.3	ME
19	E	937	01	Airbag,Instrument Pnl	7397002031B0	\$759.62			1.1	ME
20	NG	216	46	Glass,Front Door T RT	NAGS FD20297-GT	\$168.45	-40		1.0	SM
21	N			Two Wheel Alignment	Additional Labor	\$59.00*				SM*
22	EC			Anti-Freeze	Replace Economy	\$12.00*				SM*
23	EC			Corrosion Protection	Replace Economy	\$10.00*			0.3*	SM*
24	I			Set-Up And Measure	Repair				1.5*	FR*
25	N			Evac Recharg	Additional Labor	\$100.00*				SM*
25 Items										

MC	Message
01	CALL DEALER FOR EXACT PART # / PRICE
07	STRUCTURAL PART AS IDENTIFIED BY I-CAR
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE
46	PRINTABLE ALTERNATE PARTS COMPARE

Estimate Total & Entries

Gross Parts		\$2,698.13
Other Parts		\$938.59
Paint Materials		\$240.00
Line Item Discount		\$141.44
Line Item Markup		\$50.00
Parts & Material Total		\$3,785.28
Tax on Parts & Material	@ 5.600%	\$211.98

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$50.00	13.1	3.0	16.1	\$805.00
Mech/Elec (ME)	\$65.00	5.9		5.9	\$383.50
Frame (FR)	\$50.00		1.5	1.5	\$75.00
Refinish (RF)	\$50.00	8.0		8.0	\$400.00
Paint Materials	\$30.00				

Labor Total			31.5 Hours	\$1,663.50
Tax on Labor	@		5.600%	\$93.16
Gross Total				\$5,753.92
Less: Deductible				\$500.00-
Net Total				\$5,253.92 TOTAL LOSS

Alternate Parts Y/06/03/00/03/02 CUM 06/03/00/03/02 Zip Code: 53072 Milwaukee

Recycled Parts Y/7/0 Zip Code: 53072 INV DATE: 02/28/2007

Audatex Estimating 4.0.450 ES 02/28/2007 12:20 PM REL 4.0.450 DT 02/01/2007 DB 02/15/2007

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

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

Op Codes

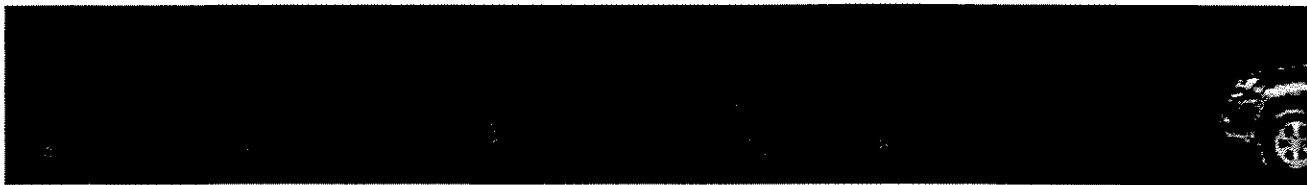
* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = RECYCLED PART
TE = Partial Replace Price	PM = Replace PXN Reman/Rebit	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chippguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



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2002 Toyota Corolla

\$9,995 >> [Save this Car](#)

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Wilde Toyota

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1-866-233-5859

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Next Steps

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Rates as low as 5.99% for this Toyota.

powered by LendingTree

Insurance

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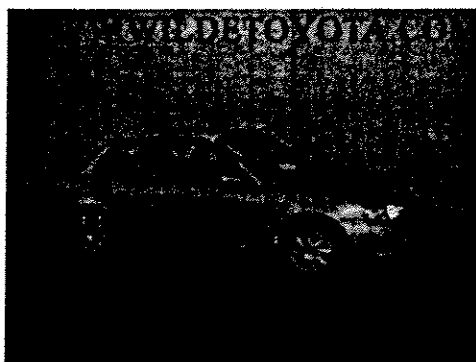
Credit Report

Monitor your credit score.

Vehicle Pricing

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Photos



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[Model Info](#)

[Safety Info](#)

Specific information about this car. AT Car ID: AT-CF2A2E4 [?](#)

[Buy With Confidence](#)

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 this Toyota](#)

Price	\$9,995
Body Style	Sedan
Mileage	60,057
Exterior Color	Silver
Engine	4 Cylinder Gasoline
Transmission	Automatic
Drive Type	2 wheel drive - front
Fuel Type	Gasoline
Doors	Four Door
Stock No.	U45047
VIN	1NXBR12E92Z569448

Seller's Comments

LE AM/FM, Daytime Running Lights, Dusk Sensing Headlights, Front F
 Intermittent Windshield Wipers, Power Mirrors, Remote Trunk Release

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 business transactions in one month. We have one of the largest vehicle
 nation. We are simply unable to update our hourly inventory reports on
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2001 Mitsubishi
 \$9,995

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Toyota Corolla

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Private Party

2002 Toyota Corolla LE Sedan 4D

Trade-In Value

Private Party Value

Suggested Retail Value

Photo Gallery

Blue Book Review

Specifications

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More Photos

Condition <small>WHAT'S THIS?</small>	Value
Excellent	\$9,245
Good	\$8,615
Fair	\$7,815

NEXT STEPS:

- [Search Local Listings](#)
- [Sell Your Sedan](#)

Vehicle Highlights

Mileage: 53,450
Engine: 4-Cyl. 1.8 Liter
Transmission: Automatic
Drivetrain: FWD

Selected Equipment

[Change Equipment](#)

Vehicle Summary With NADA Values
N.A.D.A Official Used Car Guide
Wednesday, February 28, 2007

Guide Edition: Central Used Car Guide - February 2007

Vehicle Description: 2002 TOYOTA
 Corolla-4 Cyl. Sedan 4D LE

VIN: 1NXBR12E82Z623922 **Weight:** 2445
Stock #: **MSRP:** \$13,383

N.A.D.A. Base Values:	Retail:	\$8,375	Trade:	\$6,775	Loan:	\$6,100
Mileage Value (53450 Miles)		\$350				
Accessories Values		\$375		\$300		\$300

N.A.D.A Adjusted Values:	Retail:	\$9,100	Trade:	\$7,425	Loan:	\$6,750
Appraiser Adjustment Value		\$0				

Adjusted Values:	Retail:	\$9,100	Trade:	\$7,425	Loan:	\$6,750
-------------------------	----------------	----------------	---------------	----------------	--------------	----------------

Accessories:				
	Retail	Trade	Loan	
Cruise Control	\$125	\$100	\$100	
Power Door Locks	\$125	\$100	\$100	
Power Windows	\$125	\$100	\$100	

Appraiser Adjustments:

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS Please use a Black Ink Pen or #2 Pencil. Mark Areas as shown: Correct Mark Incorrect Marks Reportable Accident

Country MUN/TWP 40 57

Accident Date MONTH: YEAR: 23 07

Time of Accident (Military Time) HOUR: MIN: 10 50

Total Number UNITS INJURED KILLED 03 01 00

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

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 Estimated FROM/AT Hwy No. and Street Name

House # Fire # Other Utility # Railroad # Agency Space Special Study

Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)

Speed Limit OPERATOR Last NAME First M.I.

ADDRESS Street & Number City & State ZIP Phone Number (414)

Driver's License Number State Exp. Year

Date of Birth Sex Operating as Classified: Class (Mark Only One) Endorse (Mark All That Apply)

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

Severity SEAT SAFETY AIRBAG EJECTED

TRAPPED/EXTRICATED Vehicle Owner Last Name First M.I.

Street Address City & State ZIP Phone Number

Year of Vehicle Make Model Body Style Color

Vehicle ID Number License Plate Number Plate Type State Exp. Year

Policy Holder's Name Citation Liability Insurance Company Stat. #

Occupant Unit Number NAME Last First M.I. Date of Birth Sex

ADDRESS Street & Number City & State ZIP

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

MV4000 899 EMS Number

Police No. 4 Accident No. 8904907 Date FEB 23 2007 6:26 PM

Sheet No. Cf 112

Handwritten signature and notes

Amended Document On Emergency

Wisconsin Motor Vehicle Accident Report

Document Number Override
8904907

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil.
Mark Areas as shown:
Correct Mark
Incorrect Marks

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

0	0	0
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

Accident Date

MONTH	DAY	YEAR
Jan	2	307
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time of Accident (Military Time)

HOUR	MIN.
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number

UNITS INJURED	KILLED
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

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

Unit #
Sheet No. Of
22

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 Estimated FT. MI. FROM/AT Hwy No. and Street Name

Agency Space
 House # Fire # Other
 Utility # Railroad #
 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)

Operator Last Name: **PERRY** Mothaniel
 Address: **7030 H N. Presidio Dr.**
 City & State: **Milwaukee, WI**
 ZIP: **53223** Phone Number: **759-1407**
 Driver's License Number: **P600-6227-9365-07** State: **WI** Exp. Year: **2014**

Date of Birth: **10-05-79** Sex: Male Female
 Operating as Classified: Police EMT/First Responder Fire Fighter Winter Hwy Maintenance
 On Duty Accident: Police EMT/First Responder Fire Fighter Winter Hwy Maintenance
 Class (Mark Only One): A B C D E
 Endorse (Mark All That Apply): H P T N S E

Severity: A B C
 SEAT Position: **1**
 SAFETY Equipment: **9**
 AIRBAG: Deployed Non Deployed Not Applicable Unknown
 EJECTED: Not Applicable Not Ejected Partially Ejected Unknown
 TRAPPED/ EXTRICATED: Not Applicable Not Trapped Trapped/Extricated Trapped/Not Extricated
 Medical Transport: Y N

Vehicle Owner: Same Last Name: **1**
 Street Address: **1FAFP53US6A119950**
 City & State: **49**
 Year of Vehicle: **2006** Make: **Ford** Model: **Tau** Body Style: **4 dr** Color: **blu**
 Vehicle ID Number: **1FAFP53US6A119950**
 License Plate Number: **297HTR** State: **WI** Exp. Year: **07**
 Policy Holder's Name: **ABBA Insurance** State: **64**

Occupant Unit Number: **66** NAME Last: **67** First: **68** M.I.: **69** Date of Birth: **70** Sex: Male Female
 ADDRESS Street & Number: **71** City & State: **72** ZIP: **73**
 Address Same as Operator: Yes No
 EJECTED: Not Applicable Not Ejected Partially Ejected Unknown
 TRAPPED/ EXTRICATED: Not Applicable Not Trapped Trapped/Extricated Trapped/Not Extricated Unknown
 Medical Transport: Y N
 Agency Space: **74**
 EMS Number: **75**

Police No. 2904907
Accident No. 2904907
FEB 23 2007
6267 N. 26 St.
Location

MV4000 899

02-24-07

8904907

INCIDENT INFORMATION	INCIDENT	Personal Injury Accident			DATE OF INCIDENT / ACCIDENT	02-23-07	
	VICTIM	Frinzi, Jane Stewart			LOCATION OF INCIDENT / ACCIDENT	6267 N. 76 St.	
JUVENILE LAST NAME		FIRST	MIDDLE	DATE OF BIRTH	<input type="radio"/> DETAINED <input type="radio"/> ORDERED TO MCCC <input type="radio"/> OTHER		
QUANTITY	TYPE OF PROPERTY	DESCRIPTION			SERIAL #	CODE #	VALUE

This report was written by Police Officer Bruce PAYNE of District 4 Days. On Friday 02-23-07 at 10:59 AM, Squad 41 (Officer PAYNE) was flagged down for a Traffic accident at 6267 N. 76 St. During my initial investigation I spoke with the driver of Unit 1, Jane S. Frinzi, W/F, 12-12-78 of 2621 N. Frederick Ave. #101, phone number 736-4314. Frinzi stated that on same date of complaint at approximately 10:50 AM, while she was travelling S/B in the left lane in the 6200 block of N. 76 St. she ran over a manhole cover which was partially covering the manhole on same roadway.

Frinzi stated that the manhole cover became a projectile after she struck it. Frinzi further stated that the Underbody to her vehicle was severely damaged as a result of striking same manhole cover.

At the scene, Frinzi complained of head pain as a result of being struck in the face by the air bags which were deployed inside of her car.

Frinzi was conveyed to St. Mary's Hospital by paramedic 101 where she was treated and released for head and chest pain.

I observed damage to the windshield of Frinzi's auto, a silver 2002 Toyota Corolla 4 door bearing

02-24-07

8904907

INCIDENT INFORMATION	INCIDENT	DATE OF INCIDENT / ACCIDENT			
	Personal Injury Accident	02-23-07			
	VICTIM	LOCATION OF INCIDENT / ACCIDENT	DIST. #		
	Frinzi, Jane Stewart	6267 N. 76 St	4		
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="radio"/> DETAINED <input type="radio"/> ORDERED TO MCCC <input type="radio"/> OTHER	
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE

Wisconsin plates, 912 JUK. I also observed a 24 inch square opened manhole in the center of the roadway at 6267 N. 76 St. I observed the cover to same manhole in pieces several feet away from same manhole. I spoke with the driver of Unit 2, Douglas A. Sandrock, W/M, 12-30-67 of 9322 W. Darnel Av., phone number 217-7500.

SANDROCK stated that he was driving S/B in the middle lane behind Frinzi's auto prior to the accident and when Frinzi's auto struck same manhole cover it flew under the right rear wheel of his truck causing damage to same. SANDROCK further stated that a third vehicle ran over same manhole cover after his vehicle had collided with same.

I observed minor damage to the rim of the right rear tire on Sandrock's sports utility vehicle, a black 1998 Ford Explorer bearing Wisconsin plates, 183 JTT. I spoke with the driver of Unit 3, Nathaniel, N/M/V, Perry, Jr., B/M, 10-05-79 of 70304 N. Presidio Dr., phone number 759-1407. PERRY stated that his vehicle too was damaged after he ran over same manhole cover at 6267 N. 76 St. I observed gasoline leaking from under PERRY's

INCIDENT: Personal Injury Accident

DATE OF INCIDENT / ACCIDENT: 02-23-07

LOCATION OF INCIDENT / ACCIDENT: 6267 N. 76 St.

DIST.#: 4

VICTIM: Frinzi Jane Stewart

DATE OF BIRTH: [blank]

DETAINED
 ORDERED TO MCCC
 OTHER

ENILE LAST NAME: [blank]

FIRST: [blank]

MIDDLE: [blank]

DESCRIPTION: [blank]

SERIAL #: [blank]

CODE #: [blank]

VALUE: [blank]

PROPERTY TYPE: auto, a bluish gray 2006 Ford Focus 4 door
 bearing Wisconsin plates, 297 HTR.
 Squad 4 (Sgt. William Pretsch) responded to the
 scene and took 12 photographs.

REPORTING OFFICER: P.O. Bruce Payne

PAYROLL #: 009211

LOC CODE: 41

SUPERVISORS SIGNATURE: Jt. Arangomas

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



Pictorial Representation of Narrative

Supplemental Reports Y N | Witness Statements Y N | Measurements Taken Y N

Skidmarks to Impact
Unit 1 100 Unit 2
FEET

Surface Type: _____

See page 1

NARRATIVE

104

106
Power Unit # _____
Farmy Plot # _____
Plot type _____

107
Street Name _____
City & State _____
ZIP _____

108
Date of Birth _____
Phone Number _____

109
City & State _____
ZIP _____
Phone Number _____

Photos By: 105

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

119

- 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

107
WITNESS NAME Last First M.I.
108
ADDRESS Street & Number Date of Birth
109
City & State ZIP Phone Number 111 ()

ACCESS CONTROL 112

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

ROAD TERRAIN 113

Part A

- 1 Straight
- 2 Curve

Part B

- 3 Level/Flat
- 4 Hill

LIGHT CONDITION 114

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

TRAFFIC WAY 115

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

ROAD SURFACE CONDITION 116

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

WEATHER 118

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

RELATION TO ROADWAY 117

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

Traffic Control

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

120

- 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
- 11

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



Proxior Representation of Narrative

Supplemental Reports

Witness Statements

Measurements Taken

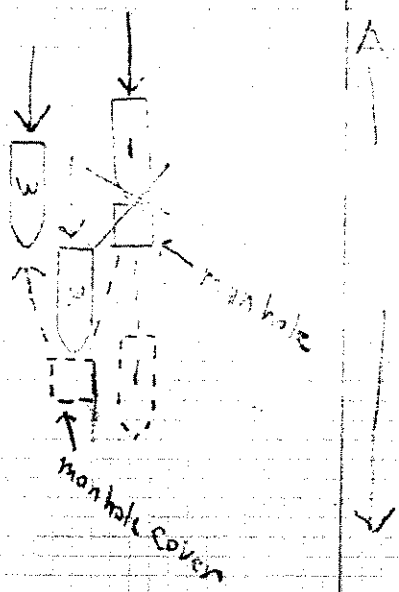
Other

Skidmarks to Impact

Unit 1: 0 FEET
Unit 2: 0 FEET

Surface Type: Asphalt

6267



NARRATIVE
 Unit 1 while travelling S/B in the 6200 block of N. 76 St. strikes the manhole cover which was partially covering the manhole located in the center of same roadway at 6267 N. 76 St. same manhole cover is then run over by Unit 2 and Unit 3 which were S/B on same roadway.

INVESTIGATION
 Squad 4 responded to the scene and took 16 photos.

Photos By: 105

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> 2	<input type="radio"/> 1
<input type="radio"/> 3	<input checked="" type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11
<input type="radio"/> 12	<input type="radio"/> 12
<input type="radio"/> 13	<input type="radio"/> 13
<input type="radio"/> 14	<input type="radio"/> 14
<input type="radio"/> 15	<input type="radio"/> 15
<input type="radio"/> 16	<input type="radio"/> 16
<input type="radio"/> 17	<input type="radio"/> 17
<input type="radio"/> 18	<input type="radio"/> 18

- Going Straight
- Making Left Turn
- Making Right Turn
- Slowing or Stopping
- Stopped in Traffic
- Legally Parked
- Violating No Passing Zone
- Illegally Parked
- Parking Maneuver
- Backing Maneuver
- Changing Lanes
- Overtaking on Left
- Overtaking on Right
- Making U Turn
- Turning on Red
- Merging
- Negotiating Curve
- Other

WITNESS Last Name: 107	First Name:	M.I.:
ADDRESS Street & Number: 108	Date of Birth: 109	
City & State: 110	ZIP:	Phone Number: 111 ()

ACCESS CONTROL 112

- No Control (Unlimited Access)
- Full Control (Only Ramp Entry/Exit)
- Partial Control

ROAD TERRAIN 113

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

LIGHT CONDITION 114

- Daylight
- Dark-Not Lighted
- Dark-Lighted
- Dawn
- Dusk
- Unknown

TRAFFIC WAY 115

- 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 116

- Dry
- Wet
- Snow/Slush
- Ice
- Sand, Mud, Dirt, Oil
- Other
- Unknown

WEATHER 118

- 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 117

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

Traffic Control

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

- No Control
- Traffic Signal Operating
- Traffic Signal Flashing
- Stop Sign
- Stop Sign with Flasher Warning
- Warn Sign with Flasher
- Yield Sign
- Traffic Control Person
- RR-xing Signal
- Other