

**West Bend Mutual**<sup>®</sup>  
INSURANCE COMPANY • TIME TESTED SINCE 1894

(414) 545-3390

FAX (414) 545-3392

December 12, 2000

City of Milwaukee  
Attn: Claims  
200 E. Wells St. Rm. 205  
Milwaukee, WI 53202

CITY OF MILWAUKEE  
2000 DEC 14 AM 11:56  
RONALD D. LEONHARDT  
CITY CLERK

Insured: David Petska  
Date of Loss: 9/18/00  
Location: W. Capitol Dr. at N. Green Bay  
Claim Number: HHS5234420-KB

Dear Sir or Madam:

Our insured was involved in an accident on the above date. The accident occurred because a City of Milwaukee electrician switched the traffic signals from flashing red to green, and two vehicles collided in the intersection.

Our insured's 1996 Geo Metro was determined to be a total loss, having a value of \$5500.00. We paid \$5,250.00, and our insured has a \$250 deductible. We also paid \$23.28 in charges to sell the salvage. We are looking to you for reimbursement of \$5,523.28, as this accident resulted from your negligence.

We have also paid \$375.45 in medical expenses to date for injuries sustained by our driver. We are not sure at this time if there will be additional medical bills submitted.

Enclosed are copies of the police report and our supporting paperwork. Please let us know if there is any additional information you require.

Sincerely,

*Kathy Bellis*

Kathy Bellis  
Senior Claim Representative

KB/keb

CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY  
2000 DEC 14 PM 3:15

7580549

Amended Document  On Emergency

Document Number Override  
0

# Wisconsin Motor Vehicle Accident Report

**INSTRUCTIONS**

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark:

Incorrect Marks:

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

Reportable Accident:  (N)

Accident Date

MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 18	<input type="radio"/> 00
<input type="radio"/> Feb		
<input type="radio"/> Mar		
<input type="radio"/> Apr		
<input type="radio"/> May		
<input type="radio"/> June		
<input type="radio"/> July		
<input type="radio"/> Aug		
<input type="radio"/> Sept		
<input type="radio"/> Oct		
<input type="radio"/> Nov		
<input type="radio"/> Dec		

Time of Accident (Military Time)

HR	MIN
<input type="radio"/> 0	<input type="radio"/> 35
<input type="radio"/> 1	
<input type="radio"/> 2	
<input type="radio"/> 3	
<input type="radio"/> 4	
<input type="radio"/> 5	
<input type="radio"/> 6	
<input type="radio"/> 7	
<input type="radio"/> 8	
<input type="radio"/> 9	

Total Number

UNITS	INJURED	KILLED
<input type="radio"/> 02	<input type="radio"/> 01	<input type="radio"/> 00
<input type="radio"/> 1		
<input type="radio"/> 2		
<input type="radio"/> 3		
<input type="radio"/> 4		
<input type="radio"/> 5		
<input type="radio"/> 6		
<input type="radio"/> 7		
<input type="radio"/> 8		
<input type="radio"/> 9		

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

61

**ACCIDENT LOCATION**

Public Highway, Intersection/Related  
 Public Highway, Non-Intersection  
 Parking Lot  
 Private Property or Road

LATITUDE (GPS) Degrees: 12 Minutes: Seconds: LONGITUDE (GPS) Degrees: 13 Minutes: Seconds:

ON  House #  Fire #  Other  Utility #  Railroad #

Hwy No. and Street Name: **W. Capitol N** Estimated  FT.  MI. FROM/AT **N Green Bay Av.**

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
20	21	22	23	20	21	22	23

Speed Limit:  1  2  3  4  5  6  7  8  9  10

OPERATOR Last Name: **Petska Rachel A.** First Name: **A.** M.I.

ADDRESS - Street & Number: **2488 N. Frederick St.**

City & State: **Milwaukee, WI 53211** ZIP: **53211** Phone Number: **962-0629**

Driver's License Number: **P320-7218-0863-07** State: **WI** Exp. Year: **07**

Speed Limit:  1  2  3  4  5  6  7  8  9  10

OPERATOR Last Name: **Anstedt Edward J.** First Name: **E.** M.I.

ADDRESS - Street & Number: **828 W. Wash St.**

City & State: **Milwaukee, WI 53106** ZIP: **53106** Phone Number: **263-1470**

Driver's License Number: **A522-7305-6211-06** State: **WI** Exp. Year: **06**

Date of Birth: **10-03-80** Sex:  M  F Operating as Classified:  33  34  35  36  37

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

Class (Mark Only One):  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T

Endorse (Mark All That Apply):  H  P  T  N  S  E

SEVERITY:  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T

SEAT Position:  1  2  3  4  5  6  7  8  9  10

SAFETY Equipment:  1  2  3  4  5  6  7  8  9  10

AIRBAG:  1 Deployed  2 Non Deployed  3 Not Applicable  4 Unknown

EJECTED:  1 Not Ejected  2 Partially Ejected  3 Totally Ejected  4 Unknown

TRAPPED/EXTRICATED:  1 Not Applicable  2 Trapped/Extricated  3 Trapped/Not Extricated  4 Unknown

Medical Transport:  1 Not Applicable  2 Not Trapped  3 Trapped/Extricated  4 Trapped/Not Extricated  5 Unknown

Vehicle Owner: **Petska Constance** Last Name: **Petska** First Name: **Constance** M.I.

Street Address: **3414 Lindbergh Dr.** City & State: **Manitowish WI 54220** ZIP: **54220** Phone Number: **689-4228**

Year of Vehicle: **96** Make: **Chev** Model: **Metrol** Body Style: **Van** Color: **Gray**

Vehicle ID Number: **2C1MR2293T6741332** Make: **Chev** Model: **Metrol** Body Style: **Van** Color: **Gray**

Vehicle ID Number: **168EK16L3EF118604** Make: **Chev** Model: **Scottsdale** Body Style: **Pickup** Color: **Gray**

License Plate Number: **RRM 716** State: **WI** Exp. Year: **00**

License Plate Number: **TPU 827** State: **WI** Exp. Year: **01**

Policy Holder's Name: **West Bend Mutual** State: **WI** Policy Holder's Name: **None** State: **WI**

Occupant Unit Number: **65** NAME: **Anstedt Mary A.** Last Name: **Anstedt** First Name: **Mary** M.I.: **A.** Date of Birth: **11-17-18** Sex:  M  F

ADDRESS - Street & Number: **None** City & State: **None** ZIP: **None**

SEVERITY:  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T

SEAT Position:  1  2  3  4  5  6  7  8  9  10

SAFETY Equipment:  1  2  3  4  5  6  7  8  9  10

AIRBAG:  1 Deployed  2 Non Deployed  3 Not Applicable  4 Unknown

EJECTED:  1 Not Ejected  2 Partially Ejected  3 Totally Ejected  4 Unknown

TRAPPED/EXTRICATED:  1 Not Applicable  2 Not Trapped  3 Trapped/Extricated  4 Trapped/Not Extricated  5 Unknown

Medical Transport:  1 Not Applicable  2 Not Trapped  3 Trapped/Extricated  4 Trapped/Not Extricated  5 Unknown

Agency Space: **S.E.A.**

MV4000 899

EMS Number: **79**

Please Do Not Write In This Microfilm Space

SEP 18 2000 7580549

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

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

### Type of Accident

01 First Harmful Event 80

Most Harmful Event

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
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(select one per vehicle)

#### Collision With Object Not Fixed

① Motor Vehicle in Transport	②
② Parked Motor Vehicle	③
③ Deer	④
④ Pedalcycle	⑤
⑤ Pedestrian	⑥
⑥ Railway Train	⑦
⑦ Other Animal	⑧
⑧ Motor Vehicle in Transport In Other Roadway	⑨
⑨ Other Object (Not Fixed)	⑩

#### Collision With Fixed Object

⑩ Traffic Sign Post	⑪
⑪ Traffic Signal	⑫
⑫ Utility Pole	⑬
⑬ Lum. Light Support	⑭
⑭ Other Post	⑮
⑮ Tree	⑯
⑯ Mailbox	⑰
⑰ Guardrail Pace	⑱
⑱ Guardrail End	⑲
⑲ Median Barrier	⑳
⑳ Bridge Parapet End	㉑
㉑ Bridge/Pier/Abut.	㉒
㉒ Impact Attenuator	㉓
㉓ Overhead Sign Post	㉔
㉔ Bridge Rail	㉕
㉕ Culvert	㉖
㉖ Ditch	㉗
㉗ Curb	㉘
㉘ Embankment	㉙
㉙ Fence	㉚
㉚ Other Fixed Object	㉛
㉛ Unknown	㉜

#### Non-Collision

㉜ Overturn	㉝
㉝ Fire/Explosion	㉞
㉞ Immersion	㉟
㉟ Jackknife	㊱
㊱ Other Non-Collision	㊲

### Driver Condition

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

#### 88 Driver Factors (Or Pedestrians)

① Appeared Normal	②
② Reduced Alertness	③
③ Ability Impaired	④
④ Not Observed	⑤

#### 89 Presence

① Neither Alcohol nor Drugs Present

② Yes - Alcohol Present	③
③ Yes - Drugs Present	④
④ Yes - Alcohol & Drugs Present	⑤
⑤ Unknown	⑥

#### 90 Alcohol

AC Value: [ ] [ ]

① Test Not Given	②
② Test Refused	③
③ Test Given, Alcohol Unknown	④
④ Test Given, No Alcohol Reported	⑤

#### 91 Drugs

① Test Not Given	②
② Test Refused	③
③ Test Given, Drugs Unknown	④
④ Test Given, No Drugs Reported	⑤
⑤ Drugs Reported (Specify Below)	⑥
⑥ Marijuana	⑦
⑦ Cocaine	⑧
⑧ Opates	⑨
⑨ Amphetamines	⑩
⑩ PCP	⑪
⑪ Other Drug Medication	⑫
⑫ Type Unknown	⑬

### Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

#### Pedestrian 92

Location

① In Crosswalk	① Walking not Facing Traffic
② In Roadway	② Disregarded Signal
③ Not in Roadway	③ Darting into Road
④ On Sidewalk	④ Dark Clothing
	⑤ Walking Facing Traffic

#### Manner of Collision 93

① No Collision with Motor Vehicle in Transport

② Rear-end	③ Head On	④ Rear to Rear	⑤ Angle	⑥ Sideswipe, Same Direction	⑦ Sideswipe, Opposite Direction	⑧ Unknown
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### Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

#### 94 Darken Numbered Area(s) of Vehicle Damage

① None  
⑩ Undercarriage  
⑪ Total (Damage to All Areas)  
⑫ Other  
⑬ Unknown

#### 95 Extent of Damage

① None	⑤ Severe
② Very Minor	⑥ Very Severe
③ Minor	⑦ Unknown
④ Moderate	

Vehicle Towed Due to Damage:  Yes  No

Vehicle Removed By: *CHI Towing*

### Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

#### 94 Darken Numbered Area(s) of Vehicle Damage

① None  
⑩ Undercarriage  
⑪ Total (Damage to All Areas)  
⑫ Other  
⑬ Unknown

#### 95 Extent of Damage

① None	④ Severe
② Very Minor	⑤ Very Severe
③ Minor	⑥ Unknown
④ Moderate	

Vehicle Towed Due to Damage:  Yes  No

Vehicle Removed By: *OWNER*

#### 82 Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
--------	--------	--------	--------

Govt. Damage Tag # 83

#### PROPERTY List

OWNER: [ ] First M.I. [ ]

ADDRESS: Street & Number [ ]

City & State [ ] ZIP [ ] Phone Number ( ) [ ]

INCIDENT INFORMATION	INCIDENT		DATE OF INCIDENT/ACCIDENT 09-18-2000		
	P.I. Accident		LOCATION OF INCIDENT/ACCIDENT W. Capitol Dr. @ N. M.L. King Dr.		
VICTIM		DIST. # 5			
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER	
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE

This report was written by P.O. Gerald Bolyard, Patrol Support Days. On Monday, September 18, 2000 I was sent to investigate a PI accident at W. Capitol Dr. at N. Martin Luther King Dr. Upon arrival I observed that a green GEO Metro was West Bound on W. Capitol Dr. and had collided with a gray Chevrolet pickup that was North Bound on N. Martin Luther King Dr. I interviewed the following witnesses:

Joseph Rudolf 02-16-56 of 3818 S. 77 St. Milwaukee, WI 53220 phone 321-4696. Mr. Rudolf stated he is employed as an electrician for the city of Milwaukee. He was working on the traffic signals at this location. The signals were flashing red in all four directions. The pickup truck was stopped north bound on N. Martin Luther King Dr. As the pickup truck proceeded into the intersection, a member of the crew working on the signals switched the north and south signals red and the east and west signals green. The Geo was west bound on W. Capitol and continued into the intersection and collided with the pickup truck.

Rachel K. Guy 01-09-79 of 4303 W. Fox Run Mequon, WI 53092 phone 262-242-5965. Ms. Guy stated she was stopped south bound on N. Green Bay Av. in the left turn lane for the red light at W. Capitol Dr. She observed the Geo west bound on W. Capitol Dr. As the Geo entered the intersection a pickup truck drove north bound in front of the Geo and they collided.

The driver of unit 1, Rachel Petska, stated she was driving westbound on W. Capitol Dr. As she approached N. Green Bay Av. the signal turned green. She continued west bound and struck a pickup truck that suddenly pulled in front of her.

The driver of unit 2, Edward Anstedt, stated he was north bound on N. Martin Luther King Dr. and stopped for the flashing red light at W. Capitol Dr. He waited for east bound traffic to go. Then he entered the intersection to continue north bound. As he was crossing the westbound lanes of W. Capitol Dr. his vehicle was struck.

REPORTING OFFICER P.O. Gerald Bolyard	PAYROLL # 41364	LOC CODE 18	SUPERVISORS SIGNATURE <i>SGT Robert Herson</i>
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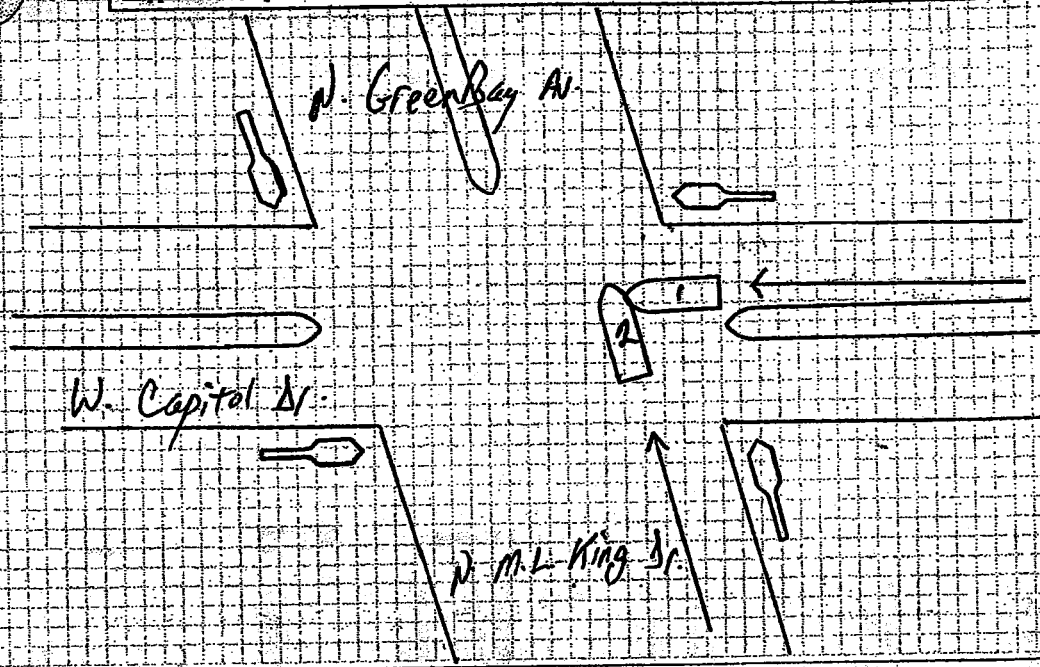
Draw Diagram of Accident & Indicate North with an arrow in the circle.



# Pictorial Representation of Narrative

Supplemental Reports 101  Witness Statements 102  Measurements Taken 103

Skidmarks to Impact  
Unit 1 100 Unit 2 0  
Surface Type: Cement



**N** Unit 1 was W/B on W. Capitol Av. Unit 2 was N/B on N. Martin Luther King Jr. The signals were flashing red in all directions. Unit 2 stopped at W. Capitol. **A** When it was his turn to go Unit 2 proceeded into the intersection. At that time the city electricians switched the signals to green for east and west. Red for north and south. Unit 1 **R** continued W/B and struck unit 2. Driver of unit 1 sustained lacerations to her face and will seek medical attention on her own. **V** Witness - Joseph Radoff 2-10-56 3818 S. 7757 Milwaukee, WI 53220 414-321-9696

Photos By: \_\_\_\_\_

### What Drivers Were Doing

Unit Number	119	Unit Number	119
1	<input checked="" type="checkbox"/>	1	<input checked="" 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	<input type="checkbox"/>
12	<input type="checkbox"/>	12	<input type="checkbox"/>
13	<input type="checkbox"/>	13	<input type="checkbox"/>
14	<input type="checkbox"/>	14	<input type="checkbox"/>
15	<input type="checkbox"/>	15	<input type="checkbox"/>
16	<input type="checkbox"/>	16	<input type="checkbox"/>
17	<input type="checkbox"/>	17	<input type="checkbox"/>
18	<input type="checkbox"/>	18	<input type="checkbox"/>

WITNESS Last Guy Rachel First R MI  
 ADDRESS Street & Number 4303 W. Fox Run Date of Birth 01-09-79  
 City & State Meyerton WI 53092 Phone Number 812-247-5965

**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	120	Unit Number	120
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	9	<input type="checkbox"/>
10	<input type="checkbox"/>	10	<input type="checkbox"/>
11	<input type="checkbox"/>	11	<input type="checkbox"/>

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

Unit Number ● 2 3 4 5 ● 6 7 8 9 10 ● N/A	Unit Number ● 1 3 4 5 ● 6 7 8 9 10 ● N/A
122	122

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 ● 2 3 4 5 ● 6 7 8 9 10 ● N/A	Unit Number ● 1 3 4 5 ● 6 7 8 9 10 ● N/A
123	123

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 ● 2 3 4 5 ● 6 7 8 9 10 ○ N/A	Unit Number ● 1 3 4 5 ● 6 7 8 9 10 ○ N/A
124	124

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 Name: Bolgard First Name: Gerald M.I. \_\_\_\_\_

Law Enforcement Agency Address: 749 W State St

City & State: Milwaukee WI ZIP: 53233

Phone Number: (414) 935-7216

Agency #: 18 Enforcement Agency: Milwaukee PD Officer ID #: 41364

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
Jan	18	00	09	39	09	45	Jan	18	00
Feb							Feb		
Mar							Mar		
Apr							Apr		
May							May		
June							June		
July							July		
Aug							Aug		
Sept							Sept		
Oct							Oct		
Nov							Nov		
Dec							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... 136

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

137

• Hazardous Material Class Numbers (1-2digit): \_\_\_\_\_

• 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

Interstate Carrier?  Y  N 140

Carrier Name: 139

### Carrier Identification Numbers

US DOT: 140 ICC/MC: 140

Carrier Address: \_\_\_\_\_

Source:  Vehicle Side 141  
 Shipping Papers  
 Trip Manifest  
 Driver  
 Log Book

### Vehicle Information

Gross Vehicle Weight Rating: 143 LBS Total # of Axles: 144

Vehicle Configuration

1 Bus 2 Single unit truck, 2 axles, 6 tires 3 Single unit truck, 3 axles 4 Truck/Trailer 5 Tractor/Tractor 6 Tractor/Semi-Trailer 7 Tractor/Tractor 8 Tractor/Triples 9 Unknown Heavy Truck 10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 146 (Mark a total of one to four events in the order that they occurred.)

1 2 3 4 Ran off Road  
 1 2 3 4 Jackknife  
 1 2 3 4 Overtaken (rollover)  
 1 2 3 4 Downhill Runaway  
 1 2 3 4 Cargo Loss or Shift  
 1 2 3 4 Explosion or Fire  
 1 2 3 4 Separation of Units  
 1 2 3 4 Collision Involving Pedestrian

1 2 3 4 Collision Involving Motor Vehicle in Transp.  
 1 2 3 4 Collision Involving Parked Motor Vehicle  
 1 2 3 4 Collision Involving Train  
 1 2 3 4 Collision Involving Pedalcycle  
 1 2 3 4 Collision Involving Animal  
 1 2 3 4 Collision Involving Fixed Object  
 1 2 3 4 Collision Involving Other Object  
 1 2 3 4 Other

### Cargo Body Type

147

1 Bus 2 Van/enclosed box 3 Cargo Tank 4 Flatbed 5 Dump

6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Log Truck

Printed in U.S.A. GS03 654321 Mark Reflector by NCS MIM97108-3

COVG TYPE 170  
 MEMBER LOSS DIS  
 RESERVE CATG 1  
 CLAIM PAYEE

ALL LOSS TRANSACTIONS

					DRAFT NUMB	TRANS DATE	RESV HISTORY	TR TC	AMOUNT
<b>A</b>	<b>DAVID J PETSKA &amp; CON</b>				<b>0001388129</b>	<b>100200</b>	<b>1750.00 FP</b>		<b>5250.00</b>
<b>PY I</b>	<b>ML I</b>	<b>P 00</b>	<b>M 76</b>	<b>ADJ XAH EX X80</b>	<b>CS COLL</b>	<b>AIA 04NF</b>	<b>BR 00</b>	<b>OFF 000</b>	<b>000</b>
<b>B</b>						<b>091900</b>	<b>3500.00 CC</b>		<b>.00</b>
<b>PY</b>	<b>ML</b>	<b>P</b>	<b>M</b>	<b>ADJ XAH EX X80</b>	<b>CS COLL</b>	<b>AIA 04</b>	<b>BR 00</b>	<b>OFF 000</b>	<b>000</b>
<b>C</b>						<b>100200</b>	<b>-500.00 SR</b>		<b>-500.00</b>
<b>PY</b>	<b>ML</b>	<b>P</b>	<b>M</b>	<b>ADJ XAH EX X80</b>	<b>CS COLL</b>	<b>AIA 04NF</b>	<b>BR 00</b>	<b>OFF 000</b>	<b>000</b>
<b>D</b>									
<b>PY</b>	<b>ML</b>	<b>P</b>	<b>M</b>	<b>ADJ EX</b>	<b>CS</b>	<b>AIA</b>	<b>BR</b>	<b>OFF</b>	
<b>E</b>									
<b>PY</b>	<b>ML</b>	<b>P</b>	<b>M</b>	<b>ADJ EX</b>	<b>CS</b>	<b>AIA</b>	<b>BR</b>	<b>OFF</b>	
<b>F</b>									
<b>PY</b>	<b>ML</b>	<b>P</b>	<b>M</b>	<b>ADJ EX</b>	<b>CS</b>	<b>AIA</b>	<b>BR</b>	<b>OFF</b>	

MORE TRANSACTIONS?. N LOSS TRANS?. NEW ENTRY? REINS?. N NEXT: COV?. N

COVG TYPE 170  
 MEMBER LOSS DIS  
 RESERVE CATG 1  
 CLAIM PAYEE

**ALL LOSS TRANSACTIONS**

	DRAFT NUMB				TRANS DATE		RESV HISTORY	TR TC	AMOUNT
<b>A</b>	<b>COPART INC - MILWAUK</b>	<b>0001519693</b>	<b>121200</b>				<b>.00 SP</b>	<b>23.28</b>	
<b>B</b>	PY H ML H P 00 M	ADJ GB5 EX X80	CS COLL	AIA	<b>04NF</b>	BR 00	OFF 000		
<b>C</b>	PY ML P M	ADJ EX CS	AIA	BR	OFF				
<b>D</b>	PY ML P M	ADJ EX CS	AIA	BR	OFF				
<b>E</b>	PY ML P M	ADJ EX CS	AIA	BR	OFF				
<b>F</b>	PY ML P M	ADJ EX CS	AIA	BR	OFF				

MORE TRANSACTIONS?. N LOSS TRANS?. NEW ENTRY? REINS?. N NEXT: COV?. N



WEST BEND  
WEST BEND MUTUAL INSURANCE CO.  
DANIEL J. FILO  
1900 S. 18TH AVE  
WEST BEND, WI 53095  
(800)236-5010x6397

ESTIMATE OF RECORD

Written by: DANIEL FILO # 09/22/2000 09:01 AM  
Adjuster: KB #

Insured: DAVID PETSKA  
Owner: DAVID PETSKA  
Address: 3414 LINDBERG  
MANITOWOC, WI 54220  
Day: (920)683-3711

Claim #HHS5234420KB  
Policy #  
Date of Loss: 09/18/2000  
Type of Loss: Collision  
Point of Impact: 12. Front

Inspect SILVER SPRING AUTO BODY  
Location: MILWAUKEE, WI

REPAIR\_SHOP

Repair SILVER SPRING AUTO BODY  
Facility: MILWAUKEE, WI

Business: (414)352-8955  
20 Days to Repair  
License #

1996 CHEV GEO METRO LSI 4-1.3L-FI 3D GREEN Int:

VIN: 2C1MR2293T6741332 Lic:

Prod Date:

Odometer: 44912

Intermittent Wipers

Body Side Moldings

Dual Mirrors

Clear Coat Paint

Power Brakes

Driver Airbag

Passenger Airbag

Cloth Seats

Hiback Bucket Seats

Recline/Lounge Seats

Automatic Transmission

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		RESTRAINT SYSTEMS					
2	Repl	Air bag module driver side	1	631.25	m	0.5	M
3	Repl	Air bag module passenger	1	631.25	m	0.7	M
4		RECYCLED ASSEMBLIES					
5*	Repl	LKQ R&R compl inr struct +20%	1	960.00		12.0	6.0
6#	Algn	Set up guage & measure				2.0	F
7#	Algn	Uni-body / structure				8.0	F
8#	FEA		1				
9#	ReFn	Color match / tint & blend					1.0
10#		Rustproof / Undercoat / Corros	1	10.00	T	0.2	
11		OTHER CHARGES					
12#	Towing		1	73.00			
Subtotals ==>				2305.50		23.4	7.0

ESTIMATE OF RECORD  
1996 CHEV GEO METRO LSI 4-1.3L-FI 3D GREEN Int:

Parts		2222.50
Body Labor	12.2 hrs @ \$ 40.00/hr	488.00
Paint Labor	7.0 hrs @ \$ 40.00/hr	280.00
Mechanical Labor	1.2 hrs @ \$ 58.00/hr	69.60
Frame Labor	10.0 hrs @ \$ 40.00/hr	400.00
Paint Supplies	7.0 hrs @ \$ 20.00/hr	140.00
Sublet/Misc.		10.00
Other Charges		73.00
-----		
SUBTOTAL		\$ 3683.10
Sales Tax	\$ 3610.10 @ 5.6000%	202.17
-----		
TOTAL COST OF REPAIRS		\$ 3885.27
ADJUSTMENTS:		
Deductible		250.00
-----		
TOTAL ADJUSTMENTS		\$ 250.00
NET COST OF REPAIRS		\$ 3635.27

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

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(\*) items are derived from the Guide DR1HC95. Database Date 9/2000. Double asterisk(\*\*) items indicate parts supplied by a supplier other than the original equipment manufacturer. Pound sign (#) items indicate manual entries. CAPA items have been certified for fit and finish by the Certified Auto Parts Association. NAGS Part Numbers, Prices and Labor Times are provided from National Auto Glass Specifications, Inc.

Pathways - A product of CCC Information Services Inc.



**official WISCONSIN  
AUTOMOBILE  
VALUATION GUIDE**

**CARS**



**Wisconsin Automobile & Truck  
Dealers Association**

*An Endorsed Service*

**An Edition of Auto Blue Book**

August 15 — September 30, 2000





MILEAGE CHART

Table with multiple columns and rows showing vehicle values. Includes handwritten 'M=1', 'M=2', and 'M=3' annotations. Large 'ADD' and 'DEDUCT' labels are overlaid on the table.

DO NOT USE THIS CHART UNTIL YOU HAVE READ THE INSTRUCTIONS PERTAINING TO MILEAGE. SEE INDIVIDUAL LISTINGS FOR OPTION & MILEAGE CLASSIFICATIONS. MAXIMUM ADDITION OR DEDUCTION SHOULD NOT EXCEED 50% OF THE PUBLISHED WHOLESALE VALUE. VALUES SHOWN ARE MID-POINT VALUES.

Popular Option Valuation Chart

Table showing option valuations for years 1990 through 1995. Columns include Year, Add, and Deduct values for various options like Air Conditioning, Power Steering, etc.

Table with columns for 'C' CODE CLASS ARE ALSO VALUED WITH THE FOLLOWING EQUIPMENT and 'D' CODE CLASS. Lists equipment like ABS, Air, etc.

Table for 'ADD FOR ALL CARS IF SO EQUIPPED' with columns for Year and various equipment categories like Tires, Equalizer, Compand Disc Player, etc.

- List of options: B. Includes Air Conditioning, Automatic Transmission, Air-FM Stereo, Power Steering, Power Brakes and Rear Delogger. C. Includes B\* equipment plus Power Windows, Power Door Locks, Power Drivers Seat, Cruise Control and Tilt Wheel.

Options must be factory installed and operable to qualify for additions. 3rd Seat Wagons & DFRS - Add value for 3rd seat only when not shown in specific model. DFRS = Dual Facing Rear Seats.

SEE INDIVIDUAL LISTINGS FOR MILEAGE CLASSIFICATIONS.

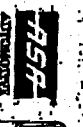
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REGIONAL MANAGERS: NEW ENGLAND: Bill Engler @ enter.com; MIDWEST: Gerald H. O'Connell; SOUTHWEST: Tom Brown @ enter.com; SOUTHEAST: Steve Argente @ enter.com.

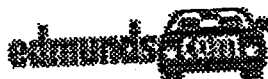
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John Heflinger, General Manager, National Market Reports. Contact: 913-654-5776.



Used Car Appraiser



**1996 Geo Metro 2 Dr LSi Hatchback  
(Odometer: 44,912)**

Prices valid through September 2000

- [New Cars](#)
- [New Trucks](#)
- [Used Vehicles](#)
- [Consumer Advice](#)
- [Road Tests](#)
- [Safety Info.](#)
- [Editorial](#)
- [Town Hall](#)

Year: 1996  
 Make: Geo  
 Model: Metro  
 Trim: LSi  
 Mileage: 44,912  
 Class: Economy  
 Body Style: Hatchback  
 Engine Type: 3 cyl 1.0 L  
 Transmission: 5-Speed

**Options selected:**

Auto 3-Speed \$190 Rcar Window Defroster \$65

**Related Items:**

- ◆ [Other Geo Models](#)
- ◆ [Comprehensive Guide to Buying \(and Selling!\) a Used Car](#)
- ◆ [Recalls](#)
- ◆ [Repair Manual](#)

	Trade-in	Market
Base Price	\$3,080	\$4,050
Optional Equipment	\$255	\$255
Mileage Adjustment	\$1,145	\$1,145
<b>Total</b>	<b>\$4,480</b>	<b>\$5,450</b>
<a href="#">[Recalculate]</a>		

**Standard Equipment:**

3 cyl 1.0 L Engine, 5-Speed Transmission, Dual Air Bag Restraints, Power Brakes, Remote Trunk Release, Velour/Cloth Seats

autocalc.com

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Zip Code:

- 72 Hour Money Back Guarantee
- 3-month/3000-mile Warranty
- 135-point inspection.

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Low rates, unmatched customer service and the most convenient, innovative loan process available anywhere.

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See Payments for 1996 Geo Metro 2 Dr

COPART SALVAGE AUTO AUCTIONS  
P O BOX 371308  
MILWAUKEE, WI 53237 1308  
PHONE (414) 769-7665  
TAX ID# 942867490

Date 11/20/00

Visit us at www.copart.com

FINAL INVOICE

Copart Lot# 5537850 39 MILWAUKEE  
Loss Date 9/18/00  
Called In 9/22/00  
P/U Cleared 9/22/00  
Pickup Date 9/22/00  
Original Title 10/05/00  
Trans Title 10/05/00  
Salvage Cert 11/09/00  
Loss Type COLLISION  
Description 96 GEO METRO GREEN  
Vehicle ID# 2C1MR2293T6741332  
License#/ST  
Mileage 44,910  
Pickup From SILVER SPRING AUTO BODY  
1621 W LASALLE  
GLENDALE, WI 53209  
(414) 352-8955

WBM7 PIP134A  
DAN FILO  
WEST BEND MUTUAL INS CO  
1900 SOUTH 18TH AVENUE  
WEST BEND, WI 53095

Claim# HHS5234420KB  
Policy#  
Loss Code  
Reference#  
Insured CONNIE PETSKA  
Owner CONNIE PETSKA

ADVANCE CHARGES PAID BY COPART

TOW SERVICE . . . . .	77.08	
TOTAL ADVANCE CHARGES . . . . .	77.08	
COPART SERVICE CHARGES		
TITLE PROCESSING . . . . .	26.00	INSURANCE CLAIM
PIP PROGRAM CHARGE . . . . .	15.20	
TOTAL COPART SERVICE CHARGES . . . . .	41.20	
TOTAL DUE COPART . . . . .	118.28	
PROCEEDS FROM SALE . . . . .	95.00CR	
NET DUE COPART . . . . .	\$ 23.28	

SALE INFORMATION

Lot# 5537850  
Sale Date 11/15/00  
Sale Amount 95.00  
ACV 5500.00  
Repair Est 3683.00  
Return 1.7%  
Cert# 00308400236

Sold To ALS AUTO SALVAGE & SALE  
10942 S 124TH ST  
FRANKLIN, WI 53132  
(414) 425-1890

Item# 215

WBM-HO NOV 22 2000

Payment From Buyer 11/17/00

Invoice Date 11/20/00  
Invoice Amount 23.28



