

MELNICK & MELNICK, S.C.

ATTORNEYS AT LAW

Two Plaza East
330 E. Kilbourn Avenue, Suite 1185
Milwaukee, Wisconsin 53202-3142
telephone (414) 226-4460
facsimile (414) 226-4468

May 9, 2007

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

Re: C.I. File No. 07-S-6
Claimant: David Melnick

Dear Sir or Madam:

Pursuant to the City's letter to my insurance carrier, Sentry Insurance, dated April 25, 2007, I am writing to request a hearing with regard to the above referenced claim. For your convenience a copy of the City's letter is enclosed.

Very truly yours,

MELNICK & MELNICK, S.C.


David A. Melnick

DAM/mkm
Cc: Sentry Insurance (w/o enclosures)

CITY OF MILWAUKEE
2007 MAY 10 PM 1:06
RONALD L. LEONHART
CITY CLERK

CITY OF MILWAUKEE
2007 MAY 10 PM 3:28
OFFICE OF
CITY ATTORNEY

MELNICK & MELNICK, S.C.

ATTORNEYS AT LAW

Two Plaza East
330 E. Kilbourn Avenue, Suite 1185
Milwaukee, Wisconsin 53202-3142
telephone (414) 226-4460
facsimile (414) 226-4468

January 9, 2007

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

Dear Sir or Madam:

Enclosed are copies of statements and an accident report documenting damage to my automobile, which occurred on December 15, 2006. Although the accident report is not specific, the hole in the road was more than 3 ft. by 3 ft. and there were large concrete slabs on top of the road as witnessed by both the police and fire fighters that arrived on the scene. The essence of the damage to my automobile was due to a concrete slab that penetrated the bottom of my vehicle and set off the air bags in the car. After the incident occurred, the police immediately notified the City's Department of Public Works and it is my understanding that the DPW then took away the concrete slabs and filled in the hole.

Based on the above, I am requesting reimbursement from the City of Milwaukee in the amount of \$4,901.66 as detailed below and documented by the related enclosures. Please contact me at the phone number listed above should you have any questions or require any additional information.

| | |
|--------------------------------------|-------------|
| Cost to Repair Vehicle | \$ 4,020.57 |
| Out-of-Pocket Insurance Deductible | \$ 500.00 |
| Cost of Rental Vehicle during Repair | \$ 381.09 |
| | <hr/> |
| Total | \$ 4,901.66 |

Very truly yours,

MELNICK & MELNICK, S.C.

David A. Melnick
David A. Melnick

DAM/mkm
Enclosures

CITY OF MILWAUKEE
2007 JAN 11 PM 2:35
RONALD C. LEONHARD
CITY CLERK

CITY OF MILWAUKEE
2007 JAN 11 PM 3:14
OFFICE OF
CITY ATTORNEY

Amended Document On Emergency

8540332

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

County: 40 MUN/TWP: 57

Accident Date

| MONTH | DAY | YEAR |
|-------|-----|------|
| Jan | 1 | 06 |
| Feb | 2 | 06 |
| Mar | 3 | 06 |
| Apr | 4 | 06 |
| May | 5 | 06 |
| June | 6 | 06 |
| July | 7 | 06 |
| Aug | 8 | 06 |
| Sept | 9 | 06 |
| Oct | 0 | 06 |
| Nov | 1 | 06 |
| Dec | 2 | 06 |

Time of Accident (Military Time)

| HOUR | MIN. |
|------|------|
| 16 | 20 |
| 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 | 0 | 0 |
| 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 |

Hit & Run Unit #

Government Property N

Fire (Narrative) Y

Photos Taken (Narrative) Y

Trailer or Towed (Narrative) Y

Truck or Bus (Last Page) Y

Load Spillage Y

Construction Zone Y

Names Exchanged Y

Sheet No. Of: 1/1

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 Hwy No. and / Street Name: N. Broadway Estimated 150 FROM/AT Hwy No. and / Street Name: E. Highland Av.

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

| 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: 0 OPERATOR Last NAME: MELNICK, First: David M.I. A

ADDRESS Street & Number: 26 8650 N. River Rd.

City & State: 27 River Hills, WI ZIP: 53217 Phone Number (914): 28 352-6620

Driver's License Number: 29 M452-144-3443-00 State: WI Exp. Year: 31 10

Date of Birth: 32 12-03-43 Sex: 33 CMV: 34 Y

Operating as Classified: 36 Operating Class: 37

On Duty Accident: 34 (H) Winter Hwy Maintenance

Severity: 38 SEAT Position: 39 SAFETY Equipment: 40 AIRBAG: 41 EJECTED: 42

TRAPPED/EXTRICATED: 43

Vehicle Owner: 45 Last Name: 46

Street Address: 47

City & State: 48 ZIP: 49 Phone Number: 49

Year of Vehicle: 50 Make: Mercedes Model: E320 Body Style: 53 4dr Color: 54 Tan

Vehicle ID Number: 55 WDBUF26J25A719522

License Plate Number: 56 712-HYA Plate Type: 57 Aut State: WI Exp. Year: 59 07

Policy Holder's Name: 60

Liability Insurance Company: 63 Sentry Stat. #: 64

Occupant Unit Number: 65 NAME: Last: First: M.I. Date of Birth: 67 Sex: 69

Address: 68 Street & Number: City & State: ZIP: 68

Address Same as Operator: 74

EJECTED: 75 TRAPPED/EXTRICATED: 76

MV4000 899 EMS Number: 79

Please Do Not Write In This Macrofilm Space

Accident No. 8540332

1104 N. Broadway

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

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

Type of Accident

30 First Harmful Event 80
Most Harmful Event

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

(select one per vehicle)

Collision With Object Not Fixed

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

Collision With Fixed Object

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

Non-Collision

| | |
|-----------------------|---|
| ㉜ Overtum | ㉜ |
| ㉝ Fire/Explosion | ㉝ |
| ㉞ Immersion | ㉞ |
| ㉟ Jackknife | ㉟ |
| ㊱ Other Non-Collision | ㊱ |

Driver Condition

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

88 Driver Factors (Or Pedestrians)

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

89 Presence

① Neither Alcohol nor Drugs Present

| | |
|-------------------------------|---|
| ② Yes—Alcohol Present | ② |
| ③ Yes—Drugs Present | ③ |
| ④ Yes—Alcohol & Drugs Present | ④ |
| ⑤ Unknown | ⑤ |

90 Alcohol

AC Value: [] []

| | |
|-----------------------------------|---|
| ① Test Not Given | ⑩ |
| ② Test Refused | ⑪ |
| ③ Test Given, Alcohol Unknown | ⑫ |
| ④ Test Given, No Alcohol Reported | ⑬ |

91 Drugs

| | |
|----------------------------------|---|
| ① Test Not Given | ⑭ |
| ② Test Refused | ⑮ |
| ③ Test Given, Drugs Unknown | ⑯ |
| ④ Test Given, No Drugs Reported | ⑰ |
| ⑤ Drugs Reported (Specify Below) | ⑱ |
| ⑥ Marijuana | ⑲ |
| ⑦ Cocaine | ⑳ |
| ⑧ Opiates | ㉑ |
| ⑨ Amphetamines | ㉒ |
| ⑩ PCP | ㉓ |
| ⑪ Other Drug Medication | ㉔ |
| ⑫ Type Unknown | ㉕ |

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

| Location | Action |
|------------------|------------------------------|
| 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 |

93 Manner of Collision

① No Collision with Motor Vehicle in Transport

| | |
|---------------------------------|-----------|
| ② Rear-end | ➡➡➡ |
| ③ Head On | ➡➡➡ ←←← |
| ④ Rear to Rear | ➡➡➡ ←←← |
| ⑤ Angle | ➡➡➡ ↗ |
| ⑥ Sideswipe, Same Direction | ➡➡➡ ↗ |
| ⑦ Sideswipe, Opposite Direction | ➡➡➡ ↗ ←←← |
| ⑧ Unknown | |

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 |
| ⑦ Moderate | |

Vehicle Towed Due to Damage (Y) (N) 96
Vehicle Removed By: 97 *Owner*

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 |
| ⑦ Moderate | |

Vehicle Towed Due to Damage (Y) (N) 96
Vehicle Removed By: 97

| | | | |
|-----------------------|-------------------------------|-------------------|-----------|
| Fixed Object Struck | PROPERTY Last | City of Milwaukee | M.I. |
| Unit # / Unit # | OWNER 84 | City of Milwaukee | |
| 30 | ADDRESS Street & Number | 200 E. Wells St | |
| | City & State | Milwaukee, WI | ZIP 53202 |
| Govt. Damage Tag # 83 | Phone Number (414) 8-286-7200 | | |

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

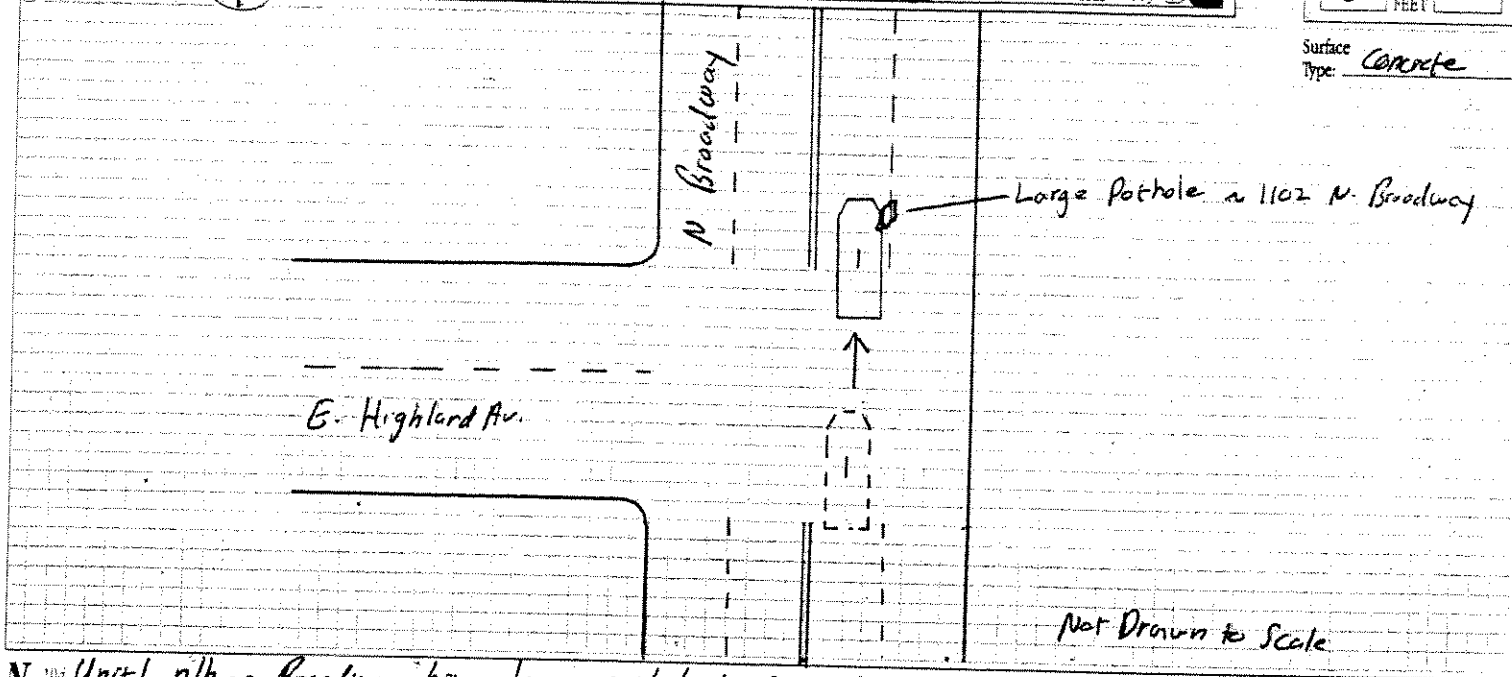


Pictorial Representation of Narrative

Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 100 Unit 2
0 FEET

Surface Type: Concrete



NARRATIVE
Unit 1 n/b on Broadway hit a large pothole & piece of concrete at 1102 N. Broadway, causing air bags to deploy.

EVIDENCE
106 Power Unit #
107 Trailer Make
108 Speed
109 VIN
110 License Plate #
111 State
112 Year

Photos By: 105

What Drivers Were Doing

| Unit Number | 119 | Unit Number | 119 |
|------------------------------------|-----------------------|--------------------------|-----------------------|
| <input checked="" type="radio"/> 2 | <input type="radio"/> | <input type="radio"/> 1 | <input type="radio"/> |
| <input type="radio"/> 3 | <input type="radio"/> | <input type="radio"/> 2 | <input type="radio"/> |
| <input type="radio"/> 4 | <input type="radio"/> | <input type="radio"/> 3 | <input type="radio"/> |
| <input type="radio"/> 5 | <input type="radio"/> | <input type="radio"/> 4 | <input type="radio"/> |
| <input type="radio"/> 6 | <input type="radio"/> | <input type="radio"/> 5 | <input type="radio"/> |
| <input type="radio"/> 7 | <input type="radio"/> | <input type="radio"/> 6 | <input type="radio"/> |
| <input type="radio"/> 8 | <input type="radio"/> | <input type="radio"/> 7 | <input type="radio"/> |
| <input type="radio"/> 9 | <input type="radio"/> | <input type="radio"/> 8 | <input type="radio"/> |
| <input type="radio"/> 10 | <input type="radio"/> | <input type="radio"/> 9 | <input type="radio"/> |
| <input type="radio"/> 11 | <input type="radio"/> | <input type="radio"/> 10 | <input type="radio"/> |
| <input type="radio"/> 12 | <input type="radio"/> | <input type="radio"/> 11 | <input type="radio"/> |
| <input type="radio"/> 13 | <input type="radio"/> | <input type="radio"/> 12 | <input type="radio"/> |
| <input type="radio"/> 14 | <input type="radio"/> | <input type="radio"/> 13 | <input type="radio"/> |
| <input type="radio"/> 15 | <input type="radio"/> | <input type="radio"/> 14 | <input type="radio"/> |
| <input type="radio"/> 16 | <input type="radio"/> | <input type="radio"/> 15 | <input type="radio"/> |
| <input type="radio"/> 17 | <input type="radio"/> | <input type="radio"/> 16 | <input type="radio"/> |
| <input type="radio"/> 18 | <input type="radio"/> | <input type="radio"/> 17 | <input type="radio"/> |
| <input type="radio"/> 19 | <input type="radio"/> | <input type="radio"/> 18 | <input type="radio"/> |
| <input type="radio"/> 20 | <input type="radio"/> | <input type="radio"/> 19 | <input type="radio"/> |

WITNESS Last First M.I.
NAME 107
ADDRESS Street & Number Date of Birth
108 109
City & State 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
 Gore (Area between Ramp & Highway)
 On Ramp
 Unknown

Traffic Control

| Unit Number | 120 | Unit Number | 120 |
|------------------------------------|-----------------------|--------------------------|-----------------------|
| <input checked="" type="radio"/> 2 | <input type="radio"/> | <input type="radio"/> 1 | <input type="radio"/> |
| <input type="radio"/> 3 | <input type="radio"/> | <input type="radio"/> 2 | <input type="radio"/> |
| <input type="radio"/> 4 | <input type="radio"/> | <input type="radio"/> 3 | <input type="radio"/> |
| <input type="radio"/> 5 | <input type="radio"/> | <input type="radio"/> 4 | <input type="radio"/> |
| <input type="radio"/> 6 | <input type="radio"/> | <input type="radio"/> 5 | <input type="radio"/> |
| <input type="radio"/> 7 | <input type="radio"/> | <input type="radio"/> 6 | <input type="radio"/> |
| <input type="radio"/> 8 | <input type="radio"/> | <input type="radio"/> 7 | <input type="radio"/> |
| <input type="radio"/> 9 | <input type="radio"/> | <input type="radio"/> 8 | <input type="radio"/> |
| <input type="radio"/> 10 | <input type="radio"/> | <input type="radio"/> 9 | <input type="radio"/> |
| <input type="radio"/> 11 | <input type="radio"/> | <input type="radio"/> 10 | <input type="radio"/> |
| <input type="radio"/> 12 | <input type="radio"/> | <input type="radio"/> 11 | <input type="radio"/> |

Officer's Opinion of Possible Contributing Circumstances

Document Number Override
121

Driver Factors

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

Vehicle Factors

| | |
|--|--|
| Unit Number | Unit Number |
| <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 <input type="radio"/> 10 <input type="radio"/> N/A | <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 <input type="radio"/> 10 <input type="radio"/> N/A |
| <input type="radio"/> 1 Brake System <input type="radio"/> 2 Tires <input type="radio"/> 3 Steering System <input type="radio"/> 4 Turn Signals <input type="radio"/> 5 Head Lamps <input type="radio"/> 6 Stop Lamps <input type="radio"/> 7 Tail Lamps <input type="radio"/> 8 Disabled in Prior Accident <input type="radio"/> 9 Other Disabled <input type="radio"/> 10 Mirrors <input type="radio"/> 11 Suspension System <input type="radio"/> 12 Other | <input type="radio"/> 1 Brake System <input type="radio"/> 2 Tires <input type="radio"/> 3 Steering System <input type="radio"/> 4 Turn Signals <input type="radio"/> 5 Head Lamps <input type="radio"/> 6 Stop Lamps <input type="radio"/> 7 Tail Lamps <input type="radio"/> 8 Disabled in Prior Accident <input type="radio"/> 9 Other Disabled <input type="radio"/> 10 Mirrors <input type="radio"/> 11 Suspension System <input type="radio"/> 12 Other |

Highway Factors

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

OFFICER INFORMATION

Last: SOUSEK First: Gregory M.I.: K.

Law Enforcement Agency Address: 749 W. State St.

City & State: Milwaukee, WI ZIP: 53233

Phone Number: (414) 935-7216

Agency #: 129 Enforcement Agency: Milwaukee PD Officer ID #: Q10765

| Date Notified | Time Notified (Military Time) | Time Arrived (Military Time) | Date of Report |
|--|--------------------------------|--------------------------------|--|
| MONTH: Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec DAY: <u>15</u> YEAR: <u>06</u> | HOUR: <u>16</u> MIN: <u>27</u> | HOUR: <u>16</u> MIN: <u>35</u> | MONTH: Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec DAY: <u>16</u> YEAR: <u>06</u> |

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: Did the accident involve:...

Part A

A truck with at least two axles and six tires? Y N

A truck with a hazardous materials placard? Y N

A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? Y N

Any injured person who required transport for immediate medical treatment? Y N

One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

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

Carrier Name: 139

Carrier Identification Numbers

US DOT: 140 LC

ICC MC: IC

Carrier Address: 142

Source: Vehicle Side 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 Truck/Tractor, 6 Tractor/Semi-Trailer, 7 Tractor/Trailers, 8 Tractor/Triples, 9 Unknown Heavy Truck, 10 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE (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 Overturn (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

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 65432 Mark Reflex® by NCS MM97108-3

DEC 19 2006

SENTRY INSURANCE
SENTRY CLAIMS SERVICE-
"CUSTOMER SERVICE IS OUR PRIORITY ! "
PO BOX 224
MAYVILLE, WI 53050
(920)387-4194 Fax: (920)387-4194

ESTIMATE OF RECORD

Written By: TERRY GIZEWSKI #907 12/20/2006 03:07 PM
Adjuster: CUSTOMER SERVICE 9 (920)387-4194

Insured: DAVID MELNICK **Claim #** 74A104426A
Owner: DAVID MELNICK **Policy #** 82218695400
Address: & NANCY **Date of Loss:** 12/15/2006 at 04:30 PM
8650 N RIVER RD
RIVER HILLS, WI 53217
Evening: (414)352-6620 **Type of Loss:** Collision
Day: (414)807-4468 **Point of Impact:** 21. Undercarriage

Inspect CONCOURSE MOTORS **Day:** (414)290-1400
Location: UNK SILVERSPRINGS OTHER
GLENDALE, WI

Repair CONCOURS MOTORS **Other:** (414)290-1400
Facility: 1400 W SILVER SPRING 2 Days to Repair
GLENDALE, WI 53209 **License #**

2005 BENZ E320 CDI 6-3.2L-TD 4D SED PEUTE Int:
VIN: WDBUF26J25A719522 **Lic:** 712-HYA **WI Prod Date:** **Odometer:** 33273
Air Conditioning Rear Defogger Tilt Wheel
Cruise Control Telescopic Wheel Intermittent Wipers
Climate Control Keyless Entry Theft Deterrent/Alarm
Steering Wheel Controls Dual Mirrors Traction Control
Fog Lamps Clear Coat Paint Power Steering
Power Brakes Power Windows Power Locks
Power Driver Seat Power Passenger Seat Power Mirrors
Power Trunk/Tailgate AM Radio FM Radio
Stereo Search/Seek CD Player
Anti-Lock Brakes (4) Driver Air Bag Passenger Air Bag
Front Side Impact Air Bag Rear Side Impact Air Bags 4 Wheel Disc Brakes
Leather Seats Bucket Seats Recline/Lounge Seats
Automatic Transmission Overdrive Aluminum/Alloy Wheels

| NO. | OP. | DESCRIPTION | QTY | EXT. | PRICE | LABOR | PAINT |
|-----|------|---------------------------|-----|--------|-------|-------|-------|
| 1 | | RESTRAINT SYSTEMS | | | | | |
| 2 | Repl | RT Side air bag rear door | 1 | 260.00 | m | 0.7 | M |
| 3 | Repl | RT Head air bag sedan | 1 | 358.00 | m | 0.6 | M |
| 4 | Repl | RT Sensor side sedan | 1 | 110.00 | m | 0.3 | M |
| 5 | Repl | LT Retractor assy | 1 | 264.00 | | 1.5 | M |
| 6* | Repl | Sensor diagnostic | 1 | 400.00 | m | 0.8 | M |
| 7 | | REAR DOOR | | | | | |

ESTIMATE OF RECORD
2005 BENZ E320 CDI 6-3.2L-TD 4D SED PEUTE Int:

| NO. | OP. | DESCRIPTION | QTY | EXT. PRICE | LABOR | PAINT |
|------|------|--|-----|------------|-------|-------|
| 8 | Repl | RT Door trim panel w/sunshade charcoal | 1 | 925.00 | 0.8 M | |
| 9# | | LT Rear Seat Belt | 1 | 180.00 | 1.7 M | |
| 10 | | ROOF | | | | |
| N 11 | R&I | Headliner w/sunroof w/o panorama roof | | | 5.3 M | |
| 12# | | UNDER BODY SHEILD | 1 | 87.00 | 0.5 M | |
| 13# | | 4 WHEEL ALIGNMENT | 1 | 139.95 | | |
| 14# | | DIAG TIME | 1 | | 1.0 M | |
| 15# | | RESET CODES | 1 | | 1.0 M | |
| 16# | | HAZ WASTE | 1 | 23.29 | | |
| 17# | | NOTE POSSIBLE SUPPLEMENT HIGH | 1 | | | |
| 18# | | TO REPLACE HEADLINER IF CREASE | 1 | | | |
| 19# | | IN HEADLINER DOES NOT RELAX OUT | 1 | | | |

Subtotals ==> 2747.24 14.2 0.0

Line 11 : POSSIBLE HIGH HEADLINER WILL NEED TO BE REPLACED IF CREASES DO NOT RELACK BACK OUT.

| | | |
|-----------------------|------------------------|------------|
| Parts | | 2747.24 |
| Mechanical Labor | 14.2 hrs @ \$108.00/hr | 1533.60 |
| ----- | | |
| SUBTOTAL | | \$ 4280.84 |
| Sales Tax | \$ 4280.84 @ 5.6000% | 239.73 |
| ----- | | |
| TOTAL COST OF REPAIRS | | \$ 4520.57 |
| ADJUSTMENTS: | | |
| Deductible | | 500.00 |
| ----- | | |
| TOTAL ADJUSTMENTS | | \$ 500.00 |
| NET COST OF REPAIRS | | \$ 4020.57 |

NO ADDITIONS TO THIS APPRAISAL WITHOUT PRIOR APPROVAL.

This instrument is not an authorization to repair. It is understood that the undersigned is prepared to complete and guarantee the above repairs at a price of \$_____ including all charges incidental thereto.

Signature _____

Shop _____

Tax Identification/Social Security Number _____

Sentry Claims Service
Box 8026
Stevens Point, WI 54481

715 346-6000
1-800-638-8763



SENTRY®
INSURANCE

David Melnick
8650 N River Rd
River Hills, WI 53217

CLAIM NUMBER: 74A104426A
DATE OF LOSS: 12-15-06
INSURED: _____
CLAIMANT: _____

1. Enclosed you will find the appraisal I wrote for the damages on your vehicle. Please take this appraisal to a body shop of your choice. If the shop has any problems with the appraisal, please have them call me at the above listed number or (920) 387-4194.
2. I have also enclosed a check for your damages made payable to you and the shop of your choice. When the repairs are completed, please pay the shop your deductible of \$ 500.00 and sign the check over to them.
3. When you have decided on a body shop, please call our Auto Claims Department and advise the name of the shop. At that time, a check will be mailed to you, payable to you and the shop.
4. Our office will be in touch with you in regard to the settlement of your claim.
5. 12-20-06 Fixed To Shop For you.

If you have any questions, please call our Auto Claims Department at the above number.

Very truly yours,


Claims Department



INVOICE

Rebecca

OWNER OF VEHICLE ENTERPRISE RENT-A-CAR COMPANY, INC.
BRANCH ADDRESS 8823 N GREEN BAY AVE
BLENDALE WI 53207-4426

MO 7:30A-6:00P TU 7:30A-6:00P
WE 7:30A-6:00P TH 7:30A-6:00P
FR 7:30A-6:00P SA 7:30A-12:00P
SU CLOSED

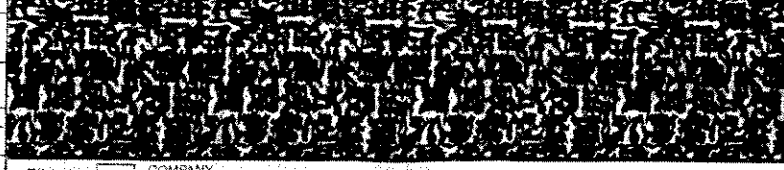
RENTAL TYPE: SNT623E RENTAL AGREEMENT NO. D428953

0515 PM 12/15/06

RENTER: MELNICK, DAVID

DAY = CALENDAR DAY

ORIGINAL VEHICLE
COLOR: Red
MODEL: Saturn

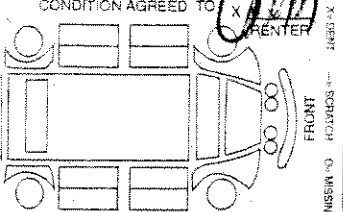


NO CHARGE FOR MILES

MILEAGE IN: 9060

BILL TO: SENTRY INS-DAVENPORT

DAYS @ 27.49/DAY



REFERENCE NUMBER: CL#

TRAFF 27 DAY

CONDITION SAME ON RETURN Yes No

ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. NO OTHER DRIVER PERMITTED.

PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S): WI ONLY

OPTIONAL PRODUCTS NOTICE: OUR CONTRACT OFFERS FOR AN ADDITIONAL CHARGE AS OPTIONAL PRODUCTS: DAMAGE WAIVER, PERSONAL ACCIDENT INSURANCE, AND SUPPLEMENTAL LIABILITY PROTECTION. BEFORE DECIDING WHETHER TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE OR CREDIT CARD PROVIDES YOU COVERAGE DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF THESE PRODUCTS IS NOT REQUIRED TO RENT VEHICLE

RENTER DECLINES OPTIONAL DAMAGE WAIVER (DW) AND ASSUMES DAMAGE RESPONSIBILITY. RENTER ACCEPTS OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO RIGHT.

DW 11.99/DAY

REPLACEMENT VEHICLE

ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, PAGES 1 THROUGH 6. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 6 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE "RENTER" UNDER THIS AGREEMENT.

FUEL @ 2.98/BALLON

OWNER REP: X

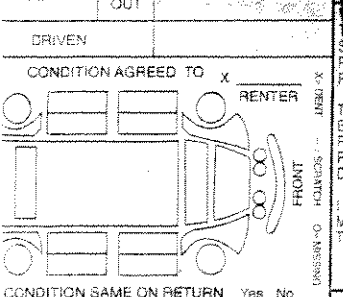
DEPOSIT(S): 50.00

TAX 5.5%

DATE: 12/15/06 TIME: 05:51P

WISCONSIN DEPARTMENT OF REVENUE - CERTIFICATION OF EXEMPTION FOR RENTAL VEHICLES

AMOUNT DUE



THE UNDERSIGNED HEREBY CLAIMS EXEMPTION FROM THE LOCAL EXPOSITION TAX ON THE RENTAL OF TYPE 1 AUTOMOBILES AND/OR THE RENTAL VEHICLE FEE ON THE RENTAL OF VEHICLE WITHOUT DRIVERS FOR 30 DAYS OR LESS AND/OR REGIONAL TRANSIT AUTHORITY FEE BECAUSE THE RENTAL IS BEING USED AS A REPLACEMENT DURING THE SERVICE OR REPAIR OF ANOTHER VEHICLE OR IS OTHERWISE EXEMPT.

TOTAL CHARGES 381.09

CONDITION SAME ON RETURN Yes No

SENTRY/FULL/500

RECEIPT OF CASH REFUND