

Dear City Attorney,

I would just like to say the person who was driving the vehicle that hit me, the driver didn't have Insurance and the ~~the~~ person who owns the vehicle doesn't have insurance. I was told police don't do high speed chases anymore. When I was hit it was only about 10 inches from the gas tank. I just bought the vehicle about a week before it got hit. I didn't even say anything about the other problems occurred after ~~it~~ got hit.

⊙ The alarm keep going off by itself, the fog lights went out, and the heater on the right side went out. That stuff wasn't even in my claim. I would just like my bumped Fixed.

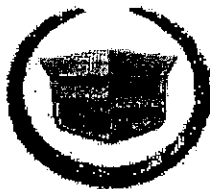
Thank you  
Saint E. Giff

0/19

C.F. File No. 08-5-352

Claim # 084712414

# CREST



# Cadillac

Accounting Copy

12800 W. CAPITOL DRIVE

BROOKFIELD, WI 53003

Phone: (262) 781-2800

www.crestmotors.com

SA 08:32 PM Page 1 of 2

Printed 1 Time

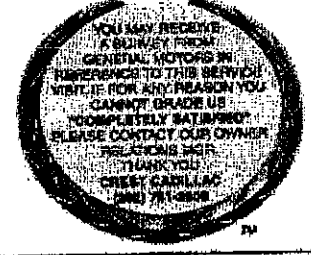
THANK YOU FOR CHOOSING CREST CADILLAC FOR YOUR SERVICE NEEDS		I ACKNOWLEDGE RECEIPT OF THE SERVICES LISTED BELOW <input checked="" type="checkbox"/>	
INVOICE TO GRIFFIN, SAINT		ADDRESS 143 - STEVE AHRENS	INVOICE NO. 12/19/07
1858 N. COMMERCE ST MILWAUKEE WI 53212		VEHICLE ID NO. GYEK13R4XR414043	YEAR 12/19/07
C08276		RELEASE TO 93442 OUT	PLATE NO. 141
(414) 736-2165		YEAR 99	MODEL CADILLAC ESCALADE
		STOCK #	LICENSE NO. WI NA
		Acci #	IN SERVICE DATE

CONCERN	CORRECTION	OPERATION	TECH	AMOUNT
51	CUSTOMER STATES THE RETAINED ACCESSORY POWER SHORT IN INTERIOR LAMP CIRCUIT. DECLINED FURTHER DIAGNOSIS. TO PLACE SHORT MAY EXCEED \$400.00+TAX	MM	112	100.00
TYPE: C		SUBTOTAL		100.00
		TOTAL CHARGE FOR CONCERN		100.00
52	CUSTOMER STATES BOTH FOG LIGHTS DON'T WORK. ADVISE CORRECTION NEEDS FOG LAMPS. DECLINED \$390.00+TAX	MM	112	.00
TYPE: C		SUBTOTAL		.00
		TOTAL CHARGE FOR CONCERN		.00
53	CUSTOMER STATES THE RIGHT FRONT SEAT HEATER DOESN'T WORK. ADVISE CORRECTION NEEDS SEAT MODULE \$370.00+TAX. DECLINED	MM	112	.00
TYPE: C		SUBTOTAL		.00
		TOTAL CHARGE FOR CONCERN		.00
54	CUSTOMER STATES THE DOME LIGHTS DON'T ALWAYS WORK. ADVISE CORRECTION DECLINED FURTHER DIAGNOSIS	MM	112	.00
TYPE: C		SUBTOTAL		.00
		TOTAL CHARGE FOR CONCERN		.00
55	ADVISED CUSTOMER THAT ELECTRICAL DIAGNOSIS IS TIME AND MATERIALS AND CUSTOMER WOULD LIKE TO BE ADVISED AFTER ONE HOUR OF TIME	MM	112	.00
TYPE: C		SUBTOTAL		.00
		TOTAL CHARGE FOR CONCERN		.00
56	CUSTOMER STATES THE ALARM BOUNCS BY ITSELF. SOMETIMES THE BATTERY GOES DEAD. CUSTOMER WANTS TO KNOW IF PROBLEM STARTED WHEN THE ALARM STARTED MALFUNCTIONING. CUSTOMER DOESN'T OWN CAR. ADVISE CORRECTION DECLINED FURTHER DIAGNOSIS	MM	112	.00
TYPE: C		SUBTOTAL		.00
		TOTAL CHARGE FOR CONCERN		.00

**DISCLAIMER OF WARRANTIES**  
 Any warranties on the products sold hereby are those made by the manufacturer. The seller, CREST CADILLAC, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither seller nor authorized any other person to assume for it any liability in connection with the sale of said products.

**ALL GENUINE GM PARTS AND LABOR ARE GUARANTEED FOR 12 MONTHS OR 12,000 MILES WHICHEVER OCCURS FIRST.**

**ALL PARTS IDENTIFIED BY AN ASTERISK (\*) ARE COVERED BY THE "GM GOODWRENCH" LIMITED LIFETIME WARRANTY.**



**WE SERVICE & MAINTAIN ALL GM VEHICLES.**

**SERVICE HOURS:  
MONDAY THRU FRIDAY  
7:30 AM - 7:00 PM**

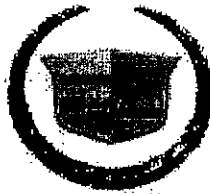
**Goodwrench**

\*Each vehicle repair practice are registered 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 53708-6811.

# CREST

12900 W. CAPITOL DRIVE

Phone: (262) 781-2800



# Cadillac

BROOKFIELD, WI 53005



Printed 1 Time

www.crestmotors.com

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THANK YOU FOR CHOOSING CREST CADILLAC FOR YOUR SERVICE NEEDS		I ACKNOWLEDGE RECEIPT OF THE SERVICES LISTED BELOW	
INVOICE TO GRIFFIN, SAINT		ADVISOR 143 - STEVE AHRENS	INVOICE DATE Begin: 12/19/07 End: 12/19/07
1858 N. COMMERCE ST MILWAUKEE WI 53212		VEHICLE ID NO. 1GYEK13R4XR414043	COLOR
INVOICE G88276	PHONE (414) 739-2185	MESSAGE In: 93442 Out:	YEAR MAKE MODEL 99 CADILLAC ESCALADE
		BANK ADDRESS Stock #	ACCOUNT NO. WI NA
		Acct #	Invoice # 68276
			PLATE NO. 141

**SUMMARY OF CHARGES FOR INVOICE C88276**

LABOR MECHANICAL	100.00
SUB-TOTAL	100.00
TAX	\$5.10
<b>TOTAL CHARGE</b>	<b>105.10</b>

IF YOU HAVE ANY QUESTIONS - PLEASE SEE STEVE A. AHRENS  
CREST CADILLAC - ENVIRONMENTALLY SMART SERVICE  
"WE WANT YOU TO BE COMPLETELY SATISFIED"

**PAYMENT DISTRIBUTION FOR INVOICE C88276**

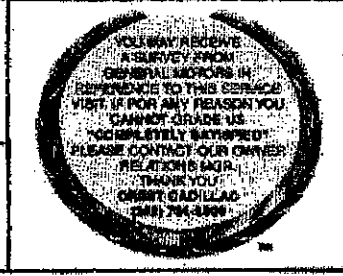
<b>TOTAL CHARGE</b>	105.10
<b>CASH DUE</b>	105.10

**PAID**  
DEC 19 2007  
**RECEIVED PAYMENT**  
DEC 19 2007  
BY CHECK / CASH/ET  
CREST CADILLAC, INC.

**DISCLAIMER OF WARRANTIES**  
Any warranties on the products sold hereby are those made by the manufacturer. The seller, CREST CADILLAC, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

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**WE SERVICE & MAINTAIN ALL GM VEHICLES**

**SERVICE HOURS:  
MONDAY THROUGH FRIDAY  
7:30 AM - 7:00 PM**

**GM Goodwrench**

\*Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Admin. Code administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

THE SNOW PILE AND COLLIDES WITH MARKED POLICE VEHICLE (UNIT TWO ACCIDENT # 9GW99BP) CAUSING MINOR DAMAGE. UNIT ONE THEN FLEES E/B IN W/B LANES OF W. HAMPTON AVE.

UNIT ONE THEN MAKES A LEFT TURN AND GOES N/B ON N. 54TH ST. UNIT ONE COLLIDES WITH A VEHICLE BACKING OUT OF A DRIVE AT 4878 N. 54TH ST. (UNIT TWO ON ACCIDENT #9GW99BQ) MARKED POLICE VEHICLE IS STILL IN PURSUIT OF UNIT ONE. UNIT ONE CONTINUES N/B ON N. 54TH ST.

UNIT ONE THEN DRIVES W/B ON VILLARD AVE, STILL FLEEING POLICE. AT N. 64TH ST, UNIT ONE COLLIDES WITH A FIRE HYDRANT ON THE N/W CORNER OF N. 64TH AND W. VILLARD AVE. (SEE ACCIDENT #9GW99BR) DRIVER OF UNIT ONE FLEES ON FOOT BUT IS QUICKLY APPREHENDED BY UNIFORMED MEMBERS OF THE MILWAUKEE POLICE DEPARTMENT.

SQ 1823 (ID TECH D. YOUNG) RESPONDED AND CAPTURED 13 IMAGES OF THE VEHICLES AT 8:55PM.

MARKED POLICE VEHICLE IS MPD FLEET #0089 BEING DRIVEN BY PO D. ZIEBELL (PS#009137) ASSIGNED TO DISTRICT #4 EARLY SHIFT SQ 4222.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name <b>HONZELKA</b>		125 - First Name <b>JOSEPH</b>		125 - Middle Initial <b>W</b>		131 - Officer ID <b>08508</b>	
	129 - Law Enforcement Agency No. <b>006</b>		130 - Law Enforcement Agency Name <b>MILWAUKEE POLICE DEPARTMENT</b>					
	126 - Law Enforcement Agency Address Street & Number <b>749 WEST STATE STREET</b>							
	127 - City <b>MILWAUKEE</b>		127 - State <b>WI</b>		127 - Zip Code <b>53233</b>		128 - Telephone Number <b>(414) 933-4444 EXT.</b>	
	132 - Date Notified <b>12/03/2007</b>		133 - Time Notified (Military Time) <b>1959</b>		134 - Time Arrived (Military Time) <b>2008</b>		135 - Date Of Report <b>12/03/2007</b>	
	Agency Accident Number <b>073771378</b>		Police Number <b>D7 *F*</b>		19 - Special Study			
	18 - Agency Space							

On Dec 3, 2007, I (Saint E Griffin)  
 Coming out of Driveway at 4874 n 84th  
 When a fast moving car struck my vehicle  
 from the rear ruining my bumper. About  
 seconds later the police came down the  
 street chasing such car. ~~the~~ I then  
 followed the police car which ended up  
 on 64th Villard Ave. The police then took  
 my statement after telling them the car  
 had hit my bumper.

RONALD D. DEONHARDI  
 CITY CLERK  
 2008 APR -9 PM 4:37  
 CITY OF MILWAUKEE

CITY ATTORNEY  
 2008 APR 10 PM 3:32

Saint E. Griffin  
 1808 n Commerce St # 312  
 milw WI 53212  
 # 721

PK2007

POLICE # D7 \*F\*  
ACCIDENT # 073771378

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9GW99BQ		Document Override Number	
Agency Accident Number 073771378				Police Number D7 *F*					
4 - Accident Date 12/03/2007		5 - Time of Accident (Military Time) 1954		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.		14 - On Street Name 54TH ST N			14 - Bus/Frnt/Rmp		15 - Est. Dist 250	Ft/Mi F	15 - Hwy. Dir NORTH
16 - Fr/At Hwy No.		16 - From/At Street Name HAMPTON AVE W			16 - Business/Frontage/Ramp				
17 - Structure Type HOUSE #		17 - Structure Number 4878		12 - Latitude			13 - Longitude		
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				93 - Manner of Collision ANGLE					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DARK-LIGHTED			116 - Road Surface Condition WET			118 - Weather CLOUDY			
9 <input checked="" type="checkbox"/> Hit and Run		9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire		9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed	
9 <input type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone		9 <input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements			103 <input type="checkbox"/> Measurements Taken			79 - E M S Number	

Operator/Pedestrian

Unit Status H - HIT AND RUN		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel NORTH		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number E4005218641706		30 - State WI	31 - Expiration Year 1900	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name EALY			25 - First Name LAMONTAE		25 - Middle Initial A	25 - Suffix	
32 - Date Of Birth 11/17/1986		33 - Sex MALE					
26 - Address Street & Number 9125 A W ALLYN ST						26 - PO Box	
27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53224		28 - Telephone Number (000) 000-0000 EXT.		
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 01	
64 - 1st Statute No. 346.04(3)	64 - 2nd Statute No.	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.	
122 - Driver Factors SPEED-TOO-FAST-FOR-CONDITIONS, INATTENTIVE-DRIVING, OTHER							
88 - Driver or Pedestrian Cond NOT OBSERVED		89 - Substance Presence UNKNOWN					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN		

OPERATOR/PEDESTRIAN 01

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type <b>AUTOMOBILE</b>		Vehicle Type <b>PASSENGER-CAR</b>			22 - Total Occupants <b>01</b>
	56 - License Plate Number <b>862JVN</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2008</b>	55 - Vehicle Identification Number <b>3MARM10J6RR618625</b>
	50 - Year <b>1994</b>	51 - Make <b>MERC</b>	52 - Model <b>TRACER</b>	53 - Body Style <b>4D</b>	54 - Color <b>BLU</b>	100 - Skidmarks to Impact (Ft) <b>00</b>
	94 - Vehicle Damage <b>FRONT</b>					
	95 - Extent Of Damage <b>MINOR</b>		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By <b>OPERATOR</b>	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name <b>BYNUM</b>		46 - First Name <b>CORI</b>		46 - Middle Initial <b>D</b>	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number <b>4626 N 46TH ST</b>			47 - PO Box		
	48 - City <b>MILWAUKEE</b>		48 - State <b>WI</b>	48 - Zip Code <b>53218</b>		49 - Telephone Number <b>(414) 241-2177 EXT.</b>

Insurance

INS 01	63 - Liability Insurance Company <b>UNKNOWN</b>		60 <input type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name		61 - Policy Holder First Name		
	61 - Policy Holder Company				

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With <b>MOTOR VEHICLE IN TRANSPORT</b>		23 - Dir Of Travel <b>WEST</b>	24 - Speed Limit <b>25</b>
36 - Operating as Classified <b>D CLASS</b>		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number <b>G6157855845001</b>		30 - State <b>WI</b>	31 - Expiration Year <b>2007</b>	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name <b>GRIFFIN</b>		25 - First Name <b>SAINT</b>		25 - Middle Initial <b>E</b>	25 - Suffix
32 - Date Of Birth <b>12/10/1958</b>		33 - Sex <b>MALE</b>			

PK2007

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 2035 N HUBBARD ST				26 - PO Box	
	27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53212	28 - Telephone Number (414) 736-2165 EXT.	
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location	92 - Pedestrian Action		
	119 - What Driver Was Doing BACKING-MANEUVER		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued 00	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 02
	56 - License Plate Number		57 - Plate Type AUT	58 - State	59 - Exp Year	55 - Vehicle Identification Number 1GYEK13R4X414043
	90 - Year 2000	51 - Make CADI	52 - Model ESCALADE	53 - Body Style 4D	54 - Color WHI	100 - Skidmarks to Impact (Ft) 00
	94 - Vehicle Damage REAR					
	95 - Extent Of Damage MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OWNER	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name GRIFFIN		46 - First Name SAINT	46 - Middle Initial E	46 - Suffix
	46 - Company Name				
	47 - Address Street & Number 2035 N HUBBARD ST			47 - PO Box	
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53212	49 - Telephone Number (414) 736-2165 EXT.

Insurance

<b>INS 02</b>	63 - Liability Insurance Company <b>NONE</b>		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name	
	61 - Policy Holder Company		

**School Bus**

<b>BUS 02</b>	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Occupant**

<b>OCCUPANT 01</b>	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No <b>02</b>	66 - Occupant Last Name <b>GRAY</b>	66 - First Name <b>NORRIS</b>	66 - Middle Initial <b>A</b>	66 - Suffix <b>JR</b>
	68 - Address Street & Number <b>3002 N 54TH ST</b>		68 - PO Box		
	68 - City <b>MILWAUKEE</b>		68 - State <b>WI</b>	68 - Zip Code <b>53210</b>	
	67 - Date of Birth <b>10/20/1978</b>		69 - Sex <b>MALE</b>		
	71 - Seat Position <b>FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)</b>			72 - Safety Equipment <b>SHOULDER-BELT-AND-LAP-BELT-USED</b>	
	70 - Injury Severity <b>N - NO APPARENT INJURY</b>		73 - Airbag <b>NON-DEPLOYED</b>	75 - Ejected <b>NOT-EJECTED</b>	77 <input type="checkbox"/> Medical Transport
	76 - Trapped/Extricated <b>NOT-TRAPPED</b>		78 - Agency Space		

**Diagram and Narrative**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY
<p>UNIT ONE N/B ON N. 54TH ST COLLIDES WITH UNIT TWO BACKING OUT OF DRIVE AT 4878 N 54TH ST.</p> <p>UNIT ONE (94 MERCURY TRACER) WAS FLEEING A MARKED POLICE VEHICLE S/B ON N. 60TH ST FROM SILVER SPRING. UNIT ONE MAKES A LEFT TURN ONTO HAMPTON AVE AND THEN ATTEMPTS TO MAKE LEFT TURN ONTO N. 58TH ST. IN DOING SO, UNIT ONE GETS STUCK ON A SNOW PILE (N/E CORNER OF 58TH AND HAMPTON). A MARKED POLICE VEHICLE STOPS BEHIND UNIT ONE WITH LIGHTS AND SIREN ACTIVATED. UNIT ONE BACKS OFF</p>	



03/11/2008 at 04:32 PM  
34435

Job Number:

**MIDTOWNE AUTO BODY**  
MEMBER BETTER BUSINESS BUREAU OF WISCONSIN  
3901 N. MARTIN LUTHER KING DR.  
WWW.MIDTOWNEAUTOBODY.COM  
MILWAUKEE, WI 53206  
(414)562-8411 Fax: (414)562-8414

**PRELIMINARY ESTIMATE**

Written By: DARRELE HILLMAN  
Adjuster:

**Insured:** SAINT GRIFFIN  
**Owner:** SAINT GRIFFIN  
**Address:**  
  
**Day:**  
**Evening:**

**Claim #**  
**Policy #**  
**Deductible:**  
**Date of Loss:**  
**Type of Loss:**  
**Point of Impact:**

**Inspect**  
**Location:**

**Insurance**  
**Company:**

Days to Repair

1999 CADI ESCALADE AWD 8-5.7L-FI 4D UTV Int:

<b>VIN:</b> UNK	<b>Lic:</b>	<b>Prod Date:</b>	<b>Odometer:</b>
Air Conditioning	Rear Defogger	Tilt Wheel	
Cruise Control	Intermittent Wipers	Climate Control	
Keyless Entry	Theft Deterrent/Alarm	Rear Wiper	
Dual Mirrors	Console/Storage	Roof Console	
Woodgrain	Luggage/Roof Rack	Fog Lamps	
Clear Coat Paint	Power Steering	Power Brakes	
Power Windows	Power Locks	Power Driver Seat	
Power Passenger Seat	Power Mirrors	AM Radio	
FM Radio	Stereo	Cassette	
Search/Seek	Equalizer	CD Changer/Stacker	
BOSE Radio	Anti-Lock Brakes (4)	Driver Air Bag	
Passenger Air Bag	Positraction	Leather Seats	
Bucket Seats	Running Boards/Side Steps	Trailer Package	
Automatic Transmission	4 Wheel Drive	Overdrive	
Aluminum/Alloy Wheels			

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		REAR BUMPER				
2		O/H rear bumper			1.8	
3	Repl	Bumper cover	1	388.17	Incl.	2.4
4		Add for Clear Coat				1.0
5	Repl	Impact bar	1	416.71	Incl.	
Subtotals ==>				804.88	1.8	3.4

03/11/2008 at 04:32 PM  
34435

Job Number:

**PRELIMINARY ESTIMATE**

1999 CADI ESCALADE AWD 8-5.7L-FI 4D UTV Int:

Parts		804.88
Body Labor	1.8 hrs @ \$ 50.00/hr	90.00
Paint Labor	3.4 hrs @ \$ 50.00/hr	170.00
Paint Supplies	3.4 hrs @ \$ 30.00/hr	102.00
-----		
SUBTOTAL		\$ 1166.88
Sales Tax	\$ 1166.88 @ 5.6000%	65.35
-----		
GRAND TOTAL		\$ 1232.23

ALL WORK GURANTEED

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

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DE1GC92, CCC Data Date 01/01/2008, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries. Some 2006 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

AMATO COLLISION CENTER  
 5200 N PORT WASHINGTON ROAD  
 GLENDALE, WISCONSIN 53217  
 OFFICE: 414-964-4400 FAX: 414-964-1433

CD LOG NO 9714-1      DATE 03/17/08

SHOP:            AMATO COLLISION CENTER EAST      INSP DATE:      03/17/08  
 ADDRESS:       5200 N. PORT WASHINGTON RD.      CONTACT:       STEVE ITALIANO  
 CITY STATE:    GLENDALE, WI                      PHONE 1:       (414) 964-4400  
 ZIP:            53217-                                FAX:            (414) 964-1433

OWNER:          GRIFFIN, SAINT                      CELL PHONE:     (414) 736-2165  
 ADDRESS:       1858 N COMMERCE ST  
                   APT 312  
 CITY STATE:    MILWAUKEE, WI  
 ZIP:            53212

POINT OF IMPACT: 0

LIC#:            516MWK                                STATE: WI                              VIN:                1GYEK13R4XR414043  
 BODY COLOR:    PEWTER                                MILEAGE:           96,386  
 CONDITION:                            ACCTNG CTL#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UE=REPLACE OE SURPLUS	UC=RECONDITIONED PRT
UM=REMAN/REBUILT PRT	EU=REPLACE SALVAGE	EP=REPLACE PXN
OE=REPLACE PXN OE SRPLS	PC=PXN RECONDITIONED	PM=PXN REMAN/REBUILT
TE=PARTL REPL PRICE	ET=PARTL REPL LABOR	IT=PARTIAL REPAIR
I=REPAIR	L=REFINISH	BR=BLEND REFINISH
TT=TWO-TONE	CG=CHIPGUARD	SB=SUBLET
N=ADDITIONAL LABOR	RI=R&I ASSEMBLY	P=CHECK
AA=APPEAR ALLOWANCE	RP=RELATED PRIOR	UP=UNRELATED PRIOR

1999 CADILLAC ESCALADE    STD 4DOOR WAGON    8CYL GASOLINE 5.7  
 CODE:    T7104A/A OPTNS R/24

OPTIONS:  
 TWO-STAGE - EXTERIOR SURFACES                      TWO-STAGE - INTERIOR SURFACES

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0565		BUMPER, REAR STEP	15738346 GM PART	416.71			INC	1
E	0563		COVER, REAR BUMPER	12471913 GM PART	388.17			2.6	1
L	0563	13	COVER, REAR BUMPER	REFINISH				3.6	4
E	0570		PAD, REAR BUMPER STE LT	15738679 GM PART	39.78			INC	1
E	0571		PAD, REAR BUMPER STE RT	15738680 GM PART	39.78			INC	1
E	0573		PAD, REAR BUMPER STEP	15738682 GM PART	37.69			INC	1
EC	M03		FLEX ADDITIVE	ECONOMY PART	10.00*				4

7 ITEMS

MC MESSAGE(S)

1999 CADILLAC ESCALADE STD 4DOOR WAGON  
CD LOG NO 9714-1

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS					922.13
OTHER PARTS					10.00
PAINT MATERIAL					115.20
PARTS & MATERIAL TOTAL					1,047.33
TAX ON PARTS & MATERIAL @				5.600%	58.65
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	52.00	2.6			135.20
2-MECH/ELEC	98.00				
3-FRAME	52.00				
4-REFINISH	52.00	3.6			187.20
5-PAINT MATERIAL	32.00				
LABOR TOTAL					322.40
TAX ON LABOR		@		5.600%	18.05
SUBLET REPAIRS					
TOWING					
STORAGE					

GROSS TOTAL 1,446.43

NET TOTAL 1,446.43

SHOPLINK U7008 ES CD LOG 9714-1 DATE 03/17/08 02:02:19PM R6.37 CD 02/08  
PXN: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE 53217  
HOST LOG  
(C) 1998 - 2007 AUDATEX NORTH AMERICA, INC.

1.1 HRS WERE ADDED TO THIS EST. BASED ON AUDATEX TWO-STAGE REFINISH FORMULA.

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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.