

CITY OF MILWAUKEE

Form CA-43

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
Deputy City Attorney

THOMAS E. HAYES
PATRICK B. McDONNELL
LINDA ULISS BURKE
Special Deputy City Attorneys



CITY OF MILWAUKEE
2003 FEB 26 AM 9:
RONALD D. LEONH
CITY CLERK

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MIRIAM R. HORWITZ
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Assistant City Attorneys

*Rec'd 2/4/03
by mail -*

January 28, 2003

Jane Borge-Eliassen
2873 North 77th Street
Milwaukee, WI 53222

OFFICE OF CITY ATTORNEY
800 CITY HALL
200 EAST WELLS STREET
MILWAUKEE, WISCONSIN 53202-3551
TELEPHONE (414) 286-2601
TDD 286-2025
FAX (414) 286-8550

RE: C.I. File No: 02-S-371

Dear Ms. Borge-Eliassen:

This office is in receipt of your claim in the amount of \$1,000.00, relating to damages you sustained on June 30, 2002 when a fire in a nearby garage caused damage to your property at 2873 North 77th Street.

Our investigation reveals that the Milwaukee Water Works and Milwaukee Fire Department records indicate that there were no problems with the water supply or the fire hydrants. As such, the City would not be liable. Accordingly, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,

[Signature]
GRANT F. LANGLEY
City Attorney

Steven M. Carini
STEVEN M. CARINI
Investigator Adjuster

SMC:beg
1061-2002-3520:63169

*Handdelivered to instructions
by Todd - Your office -
also mailed a copy*

B - Shouls

To Whom it may concern:

*I do wish to contest the denial of this
claim, & request a hearing -*

*Thank you -
Jane Borge-Eliassen
2/24/03*

02-5-371

November 24, 2002

CITY OF MILWAUKEE
RECEIVED

Jane Borge-Eliassen, Claimant
2873 N. 77th Street
Milwaukee, WI 53222

Work 875-4534 8-4:00
Home 475-5205

02 DEC -5 PM 3:42

OFFICE OF
CITY ATTORNEY

OFFICE OF THE CITY CLERK
ATTN: CLAIMS
200 E. Wells Street, Room 205
Milwaukee, WI 53202-3567

**Claim for reimbursement of deductibles paid for fire damage under
Section 893.80(1) Wisconsin Statutes**

CIRCUMSTANCES OF CLAIM

An uncontrolled garage fire resulted in total loss of garage at point of origin, loss of adjacent structure and extensive damage to three additional properties exceeding \$65,000 in total damages.

I am applying for reimbursement of property damage deductibles of \$500 each for damage caused to my car and garage during the fire involving the following properties:

INCIDENT DATE: 6/30/2002, 3:25 A.M.

ADDRESS 1: 2872 N. 78th St., Linda M. Groth, point of origin.
Total loss of garage, 1 year-old Toyota Camry, new snow blower, lawn mower, gas grill, etc.

ADDRESS 2: 7733 W. Locust, Alvin & Annabelle Hurlebaus
Total loss of two-car garage, workshop, tools, car interior and car finish damage, vinyl siding on home, shutters melted, and damage to house roof, boat & trailer.

ADDRESS 3: 2866 N. 78th, Josh Tegen
Melted asphalt roof of garage along north side, melted vinyl siding on garage.

ADDRESS 4: 2879 N. 77th St., Henry & Virginia Pinkert
Melted siding off garage

ADDRESS 5: Complainant - Jane Borge-Eliassen
2873 N. 77th Street
Melted all vinyl and rubber components on back and sides of 1995 Ford Contour, parked on parking slab; melted garage roof, blistered paint and boiled sap out of wood siding.
Singed privacy hedge and shade tree with resultant die back.

RONALD D. LEONHARDT
CITY CLERK
02 DEC -4 PM 4:05
CITY OF MILWAUKEE

INCIDENT DESCRIPTION

On the morning of 6/33/02 I was awakened at 3:25 a.m. by a neighbor's knock on the door. A bright orange glow upstairs caused my daughter to look out the back windows and exclaim that Linda's house was on fire. Our windows, siding and porch flooring were hot. The flames were 40 to 50 feet high, and wide enough to block our view of the house behind the garage. The fire was melting all wiring to that and adjacent houses.

We watched the fire from our porch for five minutes, during which time the garage roof to the north (Address 2) began to smoke. In the alley and street were several fire trucks and numerous firemen, laying out hose.

Amid continued sounds of explosions and heightened bursts of flame from the first garage, Butane tanks, a full 20-gallon Toyota Camry, and tanks on a snow blower & lawn mower contributed to the flames. Al was allowed to back a car out of his garage.

My daughter and I dressed and went out to the alley between 77/78th on Locust Street. We joined neighbors who were all wondering why they weren't using water on the fire yet, since hoses were laid out, several trucks and at least 12 firemen on the site.

The firefighters explained that a pumper truck's water pressure is supplied by a 500 gallon water tank which, in this case, was empty on arrival. The delay was due to the need to fill the tank first, in order to get enough water pressure.

Meanwhile, firemen began to break all the windows in Al's (Address 2) garage, after which it began burning also.

At about 3:55 water was being delivered to the flames, and we were driven back by the resulting smoke in dense, airless and humid waves.

Adjourning to 77th Street, I talked to Officer Brad Blume of the MPD, who reported that there had just been another garage fire on 75th Street, which also involved a Toyota Camry and a garage break-in. He and his partner were undertaking a routine investigation, and also attempting to rouse Mr. Pinkert, at Address 4. The Pinkerts were awakened at about 4:15 A.M. by Officer Blume's partner. I retired from the scene at 4:25 A.M.

The cause of the fire was ruled to be arson by use of an accelerant in the back seat of Linda's new Toyota Camry. The garage was broken into, the car was broken into, and there was evidence of attempted auto theft.

ARGUMENTS for Claim

1. Fire Department equipment failure

The Fire Department arrived, without sirens, with an empty pumper truck. Firemen called for water almost twelve minutes, but there were complications with the "fill." Although firefighters explained this, the fire chief, on his arrival, was asked about this oversight. His response was, "No Comment."

2. Failure to order more equipment due to underestimation of damage and risk

One would hope that in the case of a house fire, a backup pumper truck would be ordered immediately. The Fire Department Captain's damage estimates, even *after the fact*, were 75% less than actual damages to the 5 (five) properties affected by the fire. His low damage estimates, (attached) would seem to justify not calling a second pumper truck, whereas the actual the damages were excess of \$65,000.

3. Extent of fire damage due to failure to engage the fire.

The ensuing delay allowed the garage fire at point of origin (Address 1, below), to rage for over twenty minutes. In this time, flames reached forty and fifty feet at Address 1, melted roofing, siding materials and shutters on all adjacent properties in a radius of sixty feet.

All garbage carts melted and poured into the alley, leaving only metal frames and black pruned ovals where tires had been.

The only wood garage (mine) reached such a heat that pitch or sap in the fifty-year old wood bubbled out, not to mention blistering the paint.

On my property a 1995 Ford Contour parked on a slab across from the original fire was melted: All vinyl, hard rubber, gaskets for side windows and the side view mirror in the heat corridor between the driver's side and the garage began to cook and boil.

PETITION FOR RELIEF

I am petitioning for relief for my loss of \$1000 in deductibles on the following damages (attached in Appendix 2):

Auto: \$922.55, per attached schedule, paid \$500 deductible to Quinn Auto Body
\$422.55 paid by insurance, \$500 by me

Home: \$1827.35 per attached, depreciated schedule
\$1147 payout from insurance company, \$500 paid by me to my roofer

I have also experienced an increase in insurance rates due to these claims.

DOCUMENTATION

Attached are copies of

1. The Fire Department's reports with official damage estimates
2. Actual cost of damages to my auto and property as scheduled by my insurance company
(Please note that the \$500 deductible on my home owner's was divided between the roofing damage damage to paint and wood framing.)
3. My contractor's paid invoices for damages.

I hereby swear and attest to the accuracy of this account in all details, and reiterate my hope of restitution in the amount of \$1000 due to the negligence and unreponsiveness on the occasion of this fire by MFD officials.

Jane Borge-Eliassen
Jane Borge-Eliassen, Claimant

Date 11/24/2002

Work - 875-4534

INCIDENT REPORT - FIRE

PRINT ONLY

B INCIDENT INFO
 INCIDENT # 66672 COMPANY # BN 5 711102
 Working Location R/O 2872 N. 78th ST Date 0320
 Time

C INCIDENT TYPE ^{p 2-3}
111 Building Fire with Contents

EXPOSURE INFO None
 Number of Exposures _____

D ACTIONS TAKEN ^{p 4}
80 Incident Command

HAZMAT RELEASED None ^{p 4}
 Type of Release _____

E MIXED USE ^{p 4}
 not mixed

DETECTOR INFO Unknown
 None Operating
 Not Required Not Operating
 * CONFINED FIRES ONLY Alerted Occupant

F PROPERTY USE ^{p 6-7}
114 Detached garage

EST \$ LOSS No Estimate
 Property \$ 7,000
 Contents \$ 2,000

G OTHER UNITS ONSCENE
 Police / Sheriff MPD #74
 Red Cross
 Pvt. Ambulance
 Other (e.g. Bus, Sail)
 None
 UTILITIES Gas Electric Water Phone Sewer Cable

MUTUAL AID None
 Received Given
 Their FDID _____
 Their INC # _____

H OCCUPANT
 Name Linda M. Groll Phone 258-3438
 OWNER Address 2872 N. 78th ST
Milwaukee WI 53222
 City State Zip

OTHER FORMS REQUIRED
 Company Report MIRS-2
 Exposure MIRS-EXPL
 Civilian Casualty MIRS-4
 Fire Service Casualty MIRS-5
 Hazmat Report MIRS-6
 Overflow MIRS-9

H OCCUPANT
 Name _____ Phone _____
 OWNER Address _____
 City State Zip

FIRE REPORT (RELATED TO INCIDENT TYPE)
 11X Building MIRS-3 Both Sides
 13X Special Structure MIRS-3 Front Only
 14X Outside Storage MIRS-3 Front Only
 15X Vehicle MIRS-3 Front Only
 16X Vegetation MIRS-3 Front Only
 10X, 12X, 17X, 18X, 19X No Fire Report Needed

I REMARKS:
Address

Z
 Pension # 46633 Rank BC Signature Gary J. Lyone

MIRS - 2



A Change

COMPANY REPORT

PRINT ONLY

INCIDENT INFO	INCIDENT # _____	COMPANY # _____	Date <u> / / </u>
	Working Location _____		Time _____

COMPANY INFORMATION		
ARE SMT TIMES CORRECT	<input checked="" type="checkbox"/> YES	USE AT ALARM
Responded _____	<input checked="" type="checkbox"/> Suppression	ACTIONS TAKEN (See Table 1D) #1 <u>80 Incident Command</u> #2 _____ #3 _____ #4 _____
Arrival _____	<input type="checkbox"/> EMS	
Inservice _____	<input type="checkbox"/> Other	
	<input type="checkbox"/> 10-19	

STAFFING		
PENSION #	RANK	NAME
46633	BC	Gary L. Moore

REMARKS:	_____

Pension # _____	Rank _____	Signature _____
-----------------	------------	-----------------

MIRS - 3



FIRE REPORT

A Change

PRINT ONLY

Front

B INCIDENT INFO

INCIDENT # 66672 COMPANY # BN 5 Date 7/1/02

R/O 2872 N. 78th ST Working Location Time 0320

C PROPERTY DETAILS:

Is This Residential Property? Yes No

Did Fire Start In Main Building? Yes No

Number Of Buildings Involved _____

Number Of Residential Units _____

Number Of Acres Burned _____

D NONE

ONSITE MATERIALS:

Bulk Storage

Processed Or Manufactured

Packaged Goods For Sale

Bulk Storage

Processed Or Manufactured

Packaged Goods For Sale

Bulk Storage

Processed Or Manufactured

Packaged Goods For Sale

E IGNITION:

p 10-11 1 47 Area Of Origin Garage

p 12 2 0 Heat Source undetermined

p 12-13 3 0 Item/Object First Ignited undetermined

p 13 4 53 Type Of Material Ignited wood-sawen

p 14 5 5 Cause Of Ignition under investigation

Yes No Did Fire Spread Beyond Area Of Origin?

Yes No Did Fire Spread Beyond Item/Object Of Origin?

F FACTORS CONTRIBUTING TO IGNITION:

NONE

p 14

1 _____ #1 Factor _____

1 _____ #2 Factor _____

2 _____ #1 Human Factor _____

2 _____ #2 Human Factor _____

2 _____ #3 Human Factor _____

G EQUIPMENT INVOLVED IN IGNITION:

NOT INVOLVED

p 15,16,17

Equipment Type 1 _____ p 17-18

Brand _____ Power Source 2 _____

Model _____ Year _____

Serial # _____

H MOBILE PROPERTY INVOLVED IN IGNITION:

NOT INVOLVED

Involved - Not Burned

Involved - Burned

p 18-19

Type 1 _____

p 19

Make 2 _____

Model _____ Year _____

License # _____ State _____

ICC/DOY# _____

I FACTORS PREVENTING FIRE SUPPRESSION:

NONE

p 20

#1 _____

#2 _____

#3 _____

MIRS - 3



FIRE REPORT

A Change

Back

PRINT ONLY

STRUCTURE:	<input type="checkbox"/> Under Construction	Floors Above Grade	.....
	<input type="checkbox"/> Occupied And Operating As Intended	Floors Below Grade	.....
	<input type="checkbox"/> Idle, Not Routinely Used Or Seasonal	Main Floor Size (SQ FT)	.....
	<input type="checkbox"/> Under Major Renovation	Fire Origin Floor <input type="checkbox"/> Below Grade
	<input type="checkbox"/> Vacant And Secured		
	<input type="checkbox"/> Vacant And Unsecured		
	<input type="checkbox"/> Being Demolished		
	<input type="checkbox"/> Other		

FIRE SPREAD:	<input type="checkbox"/> Not Beyond Room Of Origin	# of Floors Damaged By Fire (Count roof and basement as individual floors)	
	<input type="checkbox"/> Beyond Room Of Origin	1-24% :.....	Fire Damage (MINOR)
	<input type="checkbox"/> Beyond Floor Of Origin	25-49% :.....	Fire Damage (SIGNIFICANT)
	<input type="checkbox"/> Beyond Building Of Origin	50-74% :.....	Fire Damage (HEAVY)
		75-100% :.....	Fire Damage (EXTREME)

Enter the total number of floors that fall into each category

FLAME SPREAD:	<input type="checkbox"/> NONE UNDETERMINED SAME AS ORIGIN	p 21 1 :..... Item Contributing Most To Flame Spread
		p 22 2 :..... Type of Material Contributing most To Flame Spread

DETECTORS: <input type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE			
TYPE OF DETECTOR	DETECTOR POWER SUPPLY	OPERATION OF DETECTOR	DETECTOR FAILURE REASON
<input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination smoke & heat <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than one type present <input type="checkbox"/> Other	<input type="checkbox"/> Battery only <input type="checkbox"/> Hardwire only <input type="checkbox"/> Plug in <input type="checkbox"/> Hardwire with battery <input type="checkbox"/> Plug in with battery <input type="checkbox"/> Mechanical <input type="checkbox"/> Multiple detectors and power supplies <input type="checkbox"/> Other	<input type="checkbox"/> Fire too small to operate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Operated EFFECTIVENESS OF DETECTOR <input type="checkbox"/> Alerted occupants <input type="checkbox"/> Occupants failed to respond <input type="checkbox"/> There were no occupants <input type="checkbox"/> Failed to alert occupants	<input type="checkbox"/> Hardwired power failure, shutoff or disconnected <input type="checkbox"/> Improper installation or placement <input type="checkbox"/> Defective <input type="checkbox"/> Lack of maintenance, includes cleaning <input type="checkbox"/> Battery missing or disconnected <input type="checkbox"/> Battery discharged or dead <input type="checkbox"/> Other

AES: <input type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE		
TYPE OF AES	AES OPERATION	AES SYSTEM FAILURE REASON
<input type="checkbox"/> Dry chemical system <input type="checkbox"/> Foam system <input type="checkbox"/> Wet pipe sprinkler <input type="checkbox"/> Dry pipe sprinkler <input type="checkbox"/> Other sprinkler system <input type="checkbox"/> Halogen system <input type="checkbox"/> Carbon dioxide system <input type="checkbox"/> Other special hazard system	<input type="checkbox"/> Fire too small to operate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Operated AES EFFECTIVENESS <input type="checkbox"/> Effective in controlling or extinguishing fire <input type="checkbox"/> Not effective	<input type="checkbox"/> System shut off <input type="checkbox"/> Not enough agent discharged to control fire <input type="checkbox"/> Agent discharged but did not reach fire <input type="checkbox"/> System piping damaged <input type="checkbox"/> Lack of maintenance <input type="checkbox"/> Other
		:..... # OF HEADS OPERATING

Pension # <u>46633</u> Rank <u>BC</u> Signature <u>[Handwritten Signature]</u>
--

8 HRS - EXP



A Change

EXPOSURE REPORT

PRINT ONLY

Front

INCIDENT INFO

INCIDENT # 66672 COMPANY # B.W. 5 711 102
 Working Location R/O 7733 W. LOCUST ST Date 0320
Type

INCIDENT TYPE p 2-3 111 Building Fire

DETECTOR INFO Unknown

None Operating
 Not Required Not Operating

* CONFINED FIRES ONLY Alarmed Occup

ACTIONS TAKEN p 4 80 Incident Command

EST \$ LOSS No Estimate

Property \$ 4,000
 Contents \$ 1,000

MIXED USE p 4 not mixed

PROPERTY DETAILS:

Is This Residential Property? Yes No
 Did Fire Start in Main Building? Yes No
 Number Of Buildings Involved 1
 Number Of Residential Units 0
 Number Of Acres Burned 0

PROPERTY USE p 6-7 114 detached garage

OCCUPANT Name ALVIN & ANNAELLE HURLEBAUS 258-5381 Phone
7733 W. LOCUST ST
 OWNER Address MILWAUKEE WI 53222
City State Zip

OCCUPANT Name _____ Phone _____
 OWNER Address _____
City State Zip

EXPOSURE REPORT (RELATED TO INCIDENT TYPE)

11X Building Both Sides
 13X Special Structure Front Only
 14X Outside Storage Front Only
 15X Vehicle Front Only
 16X Vegetation Front Only

IGNITION:

p 10-11 1 47 Area Of Origin Garage
 p 12 2 1,3 Heat Source HOSTILE FIRE, EXPOSURE FIRE
 p 12-15 3 16 Item/Object First Ignited structural members
 p 13 4 5,3 Type Of Material Ignited WOOD - sawn
 p 14 5 1,0 Cause Of Ignition EXPOSURE

MOBILE PROPERTY INVOLVED IN IGNITION:

Involved - Not Burned
 Involved - Burned p 18-19

Type 1 _____
 Make 2 _____
 Model _____ Year _____
 License # _____ State _____
 ICC/DOT# _____

NOT INVOLVED

address 2

FACTORS PREVENTING FIRE SUPPRESSION: p 20

#1 _____
 #2 _____
 #3 _____

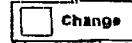
NONE

MFRS - EXP



EXPOSURE REPORT

A



Back

PRINT ONLY

3 J

STRUCTURE:	<input type="checkbox"/> Under Construction	Floors Above Grade	1
	<input type="checkbox"/> Occupied And Operating As Intended	Floors Below Grade	0
	<input type="checkbox"/> Idle, Not Routinely Used Or Seasonal	Main Floor Size (SQ FT)	2,000
	<input type="checkbox"/> Under Major Renovation	Fire Origin Floor	<input type="checkbox"/> Below Grade
	<input type="checkbox"/> Vacant And Secured		
<input type="checkbox"/> Vacant And Unsecured			
<input type="checkbox"/> Being Demolished			
<input type="checkbox"/> Other			

3 K

FIRE SPREAD:	<input type="checkbox"/> Not Beyond Room Of Origin	1-24%	1	Fire Damage (MINOR)
	<input type="checkbox"/> Beyond Room Of Origin	25-49%	1	Fire Damage (SIGNIFICANT)
	<input type="checkbox"/> Beyond Floor Of Origin	50-74%		Fire Damage (HEAVY)
	<input type="checkbox"/> Beyond Building Of Origin	75-100%		Fire Damage (EXTREME)

3 M

DETECTORS: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE			
TYPE OF DETECTOR	DETECTOR POWER SUPPLY	OPERATION OF DETECTOR	DETECTOR FAILURE REASON
<input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination smoke & heat <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than one type present <input type="checkbox"/> Other	<input type="checkbox"/> Battery only <input type="checkbox"/> Hardwire only <input type="checkbox"/> Plug in <input type="checkbox"/> Hardwire with battery <input type="checkbox"/> Plug in with battery <input type="checkbox"/> Mechanical <input type="checkbox"/> Multiple detectors and power supplies <input type="checkbox"/> Other	<input type="checkbox"/> Fire too small to operate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Operated <input type="checkbox"/> Alerted occupants <input type="checkbox"/> Occupants failed to respond <input type="checkbox"/> There were no occupants <input type="checkbox"/> Failed to alert occupants	<input type="checkbox"/> Hardwired power failure, shutoff or disconnect <input type="checkbox"/> Improper installation or placement <input type="checkbox"/> Defective <input type="checkbox"/> Lack of maintenance, includes cleaning <input type="checkbox"/> Battery missing or disconnected <input type="checkbox"/> Battery discharged or dead <input type="checkbox"/> Other

3 N

AES: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE		
TYPE OF AES	AES OPERATION	AES SYSTEM FAILURE REASON
<input type="checkbox"/> Dry chemical system <input type="checkbox"/> Foam system <input type="checkbox"/> Wet pipe sprinkler <input type="checkbox"/> Dry pipe sprinkler <input type="checkbox"/> Other sprinkler system <input type="checkbox"/> Halogen system <input type="checkbox"/> Carbon dioxide system <input type="checkbox"/> Other special hazard system	<input type="checkbox"/> Fire too small to operate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Operated <input type="checkbox"/> Effective in controlling or extinguishing fire <input type="checkbox"/> Not effective	<input type="checkbox"/> System shut off <input type="checkbox"/> Not enough agent discharged to control fire <input type="checkbox"/> Agent discharged but did not reach fire <input type="checkbox"/> System piping damaged <input type="checkbox"/> Lack of maintenance <input type="checkbox"/> Other
		# OF HEADS OPERATING

0

REMARKS:

2

Pension # 46633 Rank BC Signature Ray J Moore

A Change

EXPOSURE REPORT

PRINT ONLY

Front

INCIDENT INFO

INCIDENT # 66672 COMPANY # BN 5 711102
 Working Location R/O 2866 N-78th ST Date 0320
 Time

INCIDENT TYPE p 2-3 11.1 Building Fire

ACTIONS TAKEN p 4 PO Incident Command

MIXED USE p 4 0 not mixed

PROPERTY USE p 5-7 11.4 Detached garage

OCCUPANT Josh TEGEN 476-8781
 Name Phone
2866 N. 78th ST
 Address
 OWNER Milwaukee WI
 City State Zip

OCCUPANT
 Name Phone
 OWNER
 Address
 City State Zip

DETECTOR INFO Unknown

None Operating
 Not Required Not Operating

* CONFINED FIRES ONLY Alerted Occup

EST \$ LOSS No Estimate

Property \$ 500
 Contents \$

PROPERTY DETAILS:

Is This Residential Property? Yes No
 Did Fire Start In Main Building? Yes No
 Number Of Buildings Involved 1
 Number Of Residential Units 0
 Number Of Acres Burned 0

EXPOSURE REPORT (RELATED TO INCIDENT TYPE)

11X Building	Both Sides
13X Special Structure	Front Only
14X Outside Storage	Front Only
15X Vehicle	Front Only
16X Vegetation	Front Only

IGNITION:

p 10-11 1 4.1 Area Of Origin Garage
 p 12 2 1.3 Heat Source HOSTILE FIRE, EXPOSURE FIRE
 p 12-13 3 1.2 Item/Object First Ignited exterior trim
 p 13 4 6.4 Type Of Material Ignited plastic
 p 14 5 0 Cause Of Ignition EXPOSURE

MOBILE PROPERTY INVOLVED IN IGNITION:

Involved - Not Burned
 Involved - Burned p 18-19

Type 1 _____
 p 19
 Make 2 _____
 Year _____
 Model _____
 License # _____ State _____
 ICC/DOT# _____

NOT INVOLVED

Address 3

FACTORS PREVENTING FIRE SUPPRESSION: p 20

NONE #1 _____
 #2 _____
 #3 _____

MIRS - EXP



EXPOSURE REPORT

A Change

PRINT ONLY

Back

3 J

STRUCTURE:	<input type="checkbox"/> Under Construction	Floors Above Grade	1
	<input type="checkbox"/> Occupied And Operating As Intended	Floors Below Grade	0
	<input type="checkbox"/> Idle, Not Routinely Used Or Seasonal	Main Floor Size (SQ FT)	200
	<input type="checkbox"/> Under Major Renovation	Fire Origin Floor	<input type="checkbox"/> Below Grade
	<input type="checkbox"/> Vacant And Secured		
<input type="checkbox"/> Vacant And Unsecured			
<input type="checkbox"/> Being Demolished			
<input checked="" type="checkbox"/> Other			

3 K

FIRE SPREAD:	<input type="checkbox"/> Not Beyond Room Of Origin	1-24% : 1	# of Floors Damaged By Fire (Count roof and basement as individual floors)	1
	<input type="checkbox"/> Beyond Room Of Origin	25-49% : :	Fire Damage (MINOR)	
	<input type="checkbox"/> Beyond Floor Of Origin	50-74% : :	Fire Damage (SIGNIFICANT)	
	<input type="checkbox"/> Beyond Building Of Origin	75-100% : :	Fire Damage (HEAVY)	
			Fire Damage (EXTREME)	

Enter the total number of floors that fall into each category

3 M

DETECTORS: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE			
TYPE OF DETECTOR	DETECTOR POWER SUPPLY	OPERATION OF DETECTOR	DETECTOR FAILURE REASON
<input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination smoke & heat <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than one type present <input type="checkbox"/> Other	<input type="checkbox"/> Battery only <input type="checkbox"/> Hardwire only <input type="checkbox"/> Plug in <input type="checkbox"/> Hardwire with battery <input type="checkbox"/> Plug in with battery <input type="checkbox"/> Mechanical <input type="checkbox"/> Multiple detectors and power supplies <input type="checkbox"/> Other	<input type="checkbox"/> Fire too small to operate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Operated EFFECTIVENESS OF DETECTOR <input type="checkbox"/> Alerted occupants <input type="checkbox"/> Occupants failed to respond <input type="checkbox"/> There were no occupants <input type="checkbox"/> Failed to alert occupants	<input type="checkbox"/> Hardwired power failure, shutoff or disconnect <input type="checkbox"/> Improper installation or placement <input type="checkbox"/> Defective <input type="checkbox"/> Lack of maintenance, includes cleaning <input type="checkbox"/> Battery missing or disconnected <input type="checkbox"/> Battery discharged or dead <input type="checkbox"/> Other

3 N

AES: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE		
TYPE OF AES	AES OPERATION	AES SYSTEM FAILURE REASON
<input type="checkbox"/> Dry chemical system <input type="checkbox"/> Foam system <input type="checkbox"/> Wet pipe sprinkler <input type="checkbox"/> Dry pipe sprinkler <input type="checkbox"/> Other sprinkler system <input type="checkbox"/> Halogen system <input type="checkbox"/> Carbon dioxide system <input type="checkbox"/> Other special hazard system	<input type="checkbox"/> Fire too small to operate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Operated AES EFFECTIVENESS <input type="checkbox"/> Effective in controlling or extinguishing fire <input type="checkbox"/> Not effective	<input type="checkbox"/> System shut off <input type="checkbox"/> Not enough agent discharged to control fire <input type="checkbox"/> Agent discharged but did not reach fire <input type="checkbox"/> System piping damaged <input type="checkbox"/> Lack of maintenance <input type="checkbox"/> Other
		# OF HEADS OPERATING

0

REMARKS:

2

Pension # 44633 Rank BC Signature Gary L. Moore

A Change

EXPOSURE REPORT

PRINT ONLY

Front

INCIDENT INFO

INCIDENT # 66672 COMPANY # BN 5 Date 7/1/02
 Working Location R/O 2879 N. 77th ST Time 0320

INCIDENT TYPE p 2-3 1111 Building Fire

ACTIONS TAKEN p 4 80 Incident Command

MIXED USE p 4 not mixed

PROPERTY USE p 6-7 1114 detached garage

OCCUPANT HENRY + VIRGINIA PICKERT 453-1853 Phone
OWNER 2879 N. 77th ST Address
Milwaukee WI City State Zip

OCCUPANT Name _____ Phone _____
OWNER Address _____
 City _____ State _____ Zip _____

DETECTOR INFO Unknown

None Operating
 Not Required Not Operating

* CONFINED FIRES ONLY Alerted Occup

EST \$ LOSS No Estimate

Property \$ 500
 Contents \$ —

PROPERTY DETAILS:

Is This Residential Property? Yes No
 Did Fire Start In Main Building? Yes No
 Number Of Buildings Involved 1
 Number Of Residential Units 0
 Number Of Acres Burned 0

EXPOSURE REPORT (RELATED TO INCIDENT TYPE)

11X Building	Both Sides
13X Special Structure	Front Only
14X Outside Storage	Front Only
15X Vehicle	Front Only
16X Vegetation	Front Only

IGNITION:

p 10-11 1 4/ Area Of Origin Garage
 p 12 2 1, 3 Heat Source HOSTILE FIRE, EXPOSURE FIRE
 p 12-13 3 1, 2 Item/Object First Ignited step in train
 p 13 4 6, 4 Type Of Material Ignited plastic
 p 14 5 0 Cause Of Ignition EXPOSURE

MOBILE PROPERTY INVOLVED IN IGNITION:

Involved - Not Burned
 Involved - Burned p 18-19

Type 1 _____ p 19
 Make 2 _____ Year _____
 Model _____ State _____
 License # _____
 NOT INVOLVED ICC/DOT# _____

FACTORS PREVENTING FIRE SUPPRESSION: p 20

NONE #1 _____
 #2 _____
 #3 _____

address

MIRS - EXP



EXPOSURE REPORT

A Change

PRINT ONLY

Back

3
J

STRUCTURE:	<input type="checkbox"/> Under Construction	Floors Above Grade	1
	<input type="checkbox"/> Occupied And Operating As Intended	Floors Below Grade	0
	<input type="checkbox"/> Idle, Not Routinely Used Or Seasonal	Main Floor Size (SQ FT)	200
	<input type="checkbox"/> Under Major Renovation	Fire Origin Floor	<input type="checkbox"/> Below Grade
	<input type="checkbox"/> Vacant And Secured		
	<input type="checkbox"/> Vacant And Unsecured		
	<input type="checkbox"/> Being Demolished		
	<input checked="" type="checkbox"/> Other		

3
K

FIRE SPREAD:	<input type="checkbox"/> Not Beyond Room Of Origin	1-24% <input type="checkbox"/> 1	# of Floors Damaged By Fire (Count roof and basement as individual floors)	
	<input type="checkbox"/> Beyond Room Of Origin	25-49% <input type="checkbox"/>	Fire Damage (MINOR)	
	<input type="checkbox"/> Beyond Floor Of Origin	50-74% <input type="checkbox"/>	Fire Damage (SIGNIFICANT)	Enter the total number of floors that fall into each category
	<input type="checkbox"/> Beyond Building Of Origin	75-100% <input type="checkbox"/>	Fire Damage (HEAVY)	
			Fire Damage (EXTREME)	

3
M

DETECTORS: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE			
TYPE OF DETECTOR	DETECTOR POWER SUPPLY	OPERATION OF DETECTOR	DETECTOR FAILURE REASON
<input type="checkbox"/> Smoke	<input type="checkbox"/> Battery only	<input type="checkbox"/> Fire too small to operate	<input type="checkbox"/> Hardware power failure, shutoff or disconnect
<input type="checkbox"/> Heat	<input type="checkbox"/> Hardwire only	<input type="checkbox"/> Failed to operate	<input type="checkbox"/> Improper installation or placement
<input type="checkbox"/> Combination smoke & heat	<input type="checkbox"/> Plug in	<input type="checkbox"/> Operated	<input type="checkbox"/> Defective
<input type="checkbox"/> Sprinkler, water flow detection	<input type="checkbox"/> Hardwire with battery	EFFECTIVENESS OF DETECTOR	<input type="checkbox"/> Lack of maintenance, includes cleaning
<input type="checkbox"/> More than one type present	<input type="checkbox"/> Plug in with battery		<input type="checkbox"/> Battery missing or disconnected
<input type="checkbox"/> Other	<input type="checkbox"/> Mechanical		<input type="checkbox"/> Battery discharged or dead
	<input type="checkbox"/> Multiple detectors and power supplies	<input type="checkbox"/> Alerted occupants	<input type="checkbox"/> Other
	<input type="checkbox"/> Other	<input type="checkbox"/> Occupants failed to respond	
		<input type="checkbox"/> There were no occupants	
		<input type="checkbox"/> Failed to alert occupants	

3
N

AES: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE		
TYPE OF AES	AES OPERATION	AES SYSTEM FAILURE REASON
<input type="checkbox"/> Dry chemical system	<input type="checkbox"/> Fire too small to operate	<input type="checkbox"/> System shut off
<input type="checkbox"/> Foam system	<input type="checkbox"/> Failed to operate	<input type="checkbox"/> Not enough agent discharged to control fire
<input type="checkbox"/> Wet pipe sprinkler	<input type="checkbox"/> Operated	<input type="checkbox"/> Agent discharged but did not reach fire
<input type="checkbox"/> Dry pipe sprinkler	AES EFFECTIVENESS	<input type="checkbox"/> System piping damaged
<input type="checkbox"/> Other sprinkler system		<input type="checkbox"/> Effective in controlling or extinguishing fire
<input type="checkbox"/> Halogen system		<input type="checkbox"/> Not effective
<input type="checkbox"/> Carbon dioxide system		<input type="checkbox"/> Lack of maintenance
<input type="checkbox"/> Other special hazard system		<input type="checkbox"/> Other
		# OF HEADS OPERATING

0

REMARKS:

Z

Pension # 46633 Rank BC Signature Gary Simpson

A Change

EXPOSURE REPORT

PRINT ONLY

Front

INCIDENT INFO

INCIDENT # 66672 COMPANY # BN 5 Date 7/1/02
 Working Location R/O 2873 N. 77th St Time 0320

INCIDENT TYPE

p 2-3 151 Vehicle fire

ACTIONS TAKEN

p 4 80 Incident Command

MIXED USE

p 4 not mixed

PROPERTY USE

p 6-7

OCCUPANT

Name JANE BORGE-TIASSEN Phone 475-5205
 Address 2873 N. 77th St
 OWNER City Milwaukee State WI Zip

OCCUPANT

Name _____ Phone _____
 Address _____
 OWNER City _____ State _____ Zip _____

DETECTOR INFO

None Operating
 Not Required Not Operating
 * CONFINED FIRES ONLY Alerted Occupant

EST \$ LOSS

No Estimate
 Property \$ 500
 Contents \$ _____

PROPERTY DETAILS:

Is This Residential Property? Yes No
 Did Fire Start In Main Building? Yes No
 Number Of Buildings Involved _____
 Number Of Residential Units _____
 Number Of Acres Burned _____

EXPOSURE REPORT (RELATED TO INCIDENT TYPE)

11X Building	Both Sides
13X Special Structure	Front Only
14X Outside Storage	Front Only
15X Vehicle	Front Only
16X Vegetation	Front Only

IGNITION:

p 10-11 1 4.7 Area Of Origin Garage
 p 12 2 1.3 Heat Source HOSTILE FIRE, EXPOSURE FIRE
 p 12-13 3 0 Item/Object First Ignited undetermined
 p 13 4 81 Type Of Material Ignited Plastic
 p 14 5 0 Cause Of Ignition EXPOSURE

MOBILE PROPERTY INVOLVED IN IGNITION:

Involved - Not Burned
 Involved - Burned
 p 18-19
 Type 1 _____
 Make 2 _____
 Model _____ Year _____
 License # _____ State _____
 NOT INVOLVED ICC/DOT# _____

FACTORS PREVENTING FIRE SUPPRESSION:

NONE #1 _____ #2 _____ #3 _____

address 5
claimant



EXPOSURE REPORT

A Change

PRINT ONLY

Back

3
J

STRUCTURE:	<input type="checkbox"/> Under Construction	Floors Above Grade	.....
	<input type="checkbox"/> Occupied And Operating As Intended	Floors Below Grade	.....
	<input type="checkbox"/> Idle, Not Routinely Used Or Seasonal	Main Floor Size (SQ FT)	.....
	<input type="checkbox"/> Under Major Renovation	Fire Origin Floor	<input type="checkbox"/> Below Grade
	<input type="checkbox"/> Vacant And Secured		
	<input type="checkbox"/> Vacant And Unsecured		
	<input type="checkbox"/> Being Demolished		
	<input type="checkbox"/> Other		

3
K

FIRE SPREAD:	<input type="checkbox"/> Not Beyond Room Of Origin	1-24%	Fire Damage (MINOR)	Enter the total number of floors that fall into each category
	<input type="checkbox"/> Beyond Room Of Origin	25-49%	.....	Fire Damage (SIGNIFICANT)
	<input type="checkbox"/> Beyond Floor (If Origin)	50-74%	.....	Fire Damage (HEAVY)
	<input type="checkbox"/> Beyond Building Of Origin	75-100%	.....	Fire Damage (EXTREME)

3
M

DETECTORS: <input type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE			
TYPE OF DETECTOR	DETECTOR POWER SUPPLY	OPERATION OF DETECTOR	DETECTOR FAILURE REASON
<input type="checkbox"/> Smoke	<input type="checkbox"/> Battery only	<input type="checkbox"/> Fire too small to operate	<input type="checkbox"/> Hardwired power failure, shutoff or disconnect
<input type="checkbox"/> Heat	<input type="checkbox"/> Hardwire only	<input type="checkbox"/> Failed to operate	<input type="checkbox"/> Improper installation or placement
<input type="checkbox"/> Combination smoke & heat	<input type="checkbox"/> Plug in	<input type="checkbox"/> Operated	<input type="checkbox"/> Defective
<input type="checkbox"/> Sprinkler, water flow detection	<input type="checkbox"/> Hardwire with battery	EFFECTIVENESS OF DETECTOR	<input type="checkbox"/> Lack of maintenance, includes cleaning
<input type="checkbox"/> More than one type present	<input type="checkbox"/> Plug in with battery	<input type="checkbox"/> Alerted occupants	<input type="checkbox"/> Battery missing or disconnected
<input type="checkbox"/> Other	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Occupants failed to respond	<input type="checkbox"/> Battery discharged or dead
	<input type="checkbox"/> Multiple detectors and power supplies	<input type="checkbox"/> There were no occupants	<input type="checkbox"/> Other
	<input type="checkbox"/> Other	<input type="checkbox"/> Failed to alert occupants	

3
N

AES: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FIRE OUT OF RANGE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> FIRE IN RANGE EXPECTED TO OPERATE		
TYPE OF AES	AES OPERATION	AES SYSTEM FAILURE REASON
<input type="checkbox"/> Dry chemical system	<input type="checkbox"/> Fire too small to operate	<input type="checkbox"/> System shut off
<input type="checkbox"/> Foam system	<input type="checkbox"/> Failed to operate	<input type="checkbox"/> Not enough agent discharged to control fire
<input type="checkbox"/> Wet pipe sprinkler	<input type="checkbox"/> Operated	<input type="checkbox"/> Agent discharged but did not reach fire
<input type="checkbox"/> Dry pipe sprinkler	AES EFFECTIVENESS	<input type="checkbox"/> System piping damaged
<input type="checkbox"/> Other sprinkler system	<input type="checkbox"/> Effective in controlling or extinguishing fire	<input type="checkbox"/> Lack of maintenance
<input type="checkbox"/> Halogen system	<input type="checkbox"/> Not effective	<input type="checkbox"/> Other
<input type="checkbox"/> Carbon dioxide system		
<input type="checkbox"/> Other special hazard system		
		# OF HEADS OPERATING

0

REMARKS: Exposure damage to Auto: 1995 FORD Contour

Z

Pump # 46633 Rank BC Signature Gary Lopez



4145 Kennedy Circle North Colgate, WI 53017

Metro Milwaukee
414-299-9500
262-628-7898
FAX: 262-628-2628

October 23, 2002
Invoice #A160703

Jane Borge
2873 N. 77th St.
Milwaukee, WI 53222

Re: Roof Replacement

The following was done:

1. Completion of roof contract #A160296	\$3485.00
2. Shingle upgrade	\$220.00
3. Garage gutters	\$225.00
4. Roof gutter	\$180.00

Job was completed on September 6, 2002

Project total \$4110.00
Down payment \$370.50
Partial Payment \$3344.50
Total Balance Due: \$395.00
Please pay upon receipt

\$992



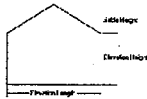
FARMERS

National Claims Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
claimsdocuments@farmersinsurance.com
Fax Number: (877) 217-1389

Claim Number	Policy Number	Type of Loss	Deductible
1001679125	34	Fire	\$ 250
Insured: Jane Bor Eliassen		Home: (414) 687-4428	
Property: 2873 N. 77th Street Milwaukee, WI			
Claim Rep.: Jim Golen			
Estimator: Jim Golen			
Date of Loss: 6/30/2002		Date Received: 7/3/2002	
Date Inspected: 7/3/2002		Date Entered: 7/11/2002	
Price List: WDMW1S2C			
Estimate: 1001679125			



1001679125

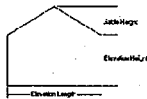


Room: North Elevation

Formula Elevation 20'6" x ... x 8'0"

164.00 SF Walls	SF Ceiling
164.00 SF Walls & Ceiling	SF Floor
SY Flooring	20.50 LF Floor Perimeter
164.00 SF Long Wall	164.00 SF Short Wall
20.50 LF Ceil. Perimeter	

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
Scrape the walls and ceiling & prep for paint	164.00 SF	0.00	0.34	55.76
Paint the walls and ceiling - two coats	164.00 SF	0.00	0.53	86.92
Room Totals: North Elevation				142.68

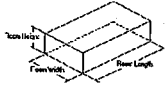


Room: West Elevation

Formula Elevation 12'4" x ... x 8'0"

126.42 SF Walls	SF Ceiling
126.42 SF Walls & Ceiling	SF Floor
SY Flooring	12.33 LF Floor Perimeter
126.42 SF Long Wall	126.42 SF Short Wall
15.27 LF Ceil. Perimeter	

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
Scrape the walls & prep for paint	126.42 SF	0.00	0.34	42.98
Paint the walls - two coats	126.42 SF	0.00	0.53	67.00
Framing repair - Minimum chargeq	1.00 EA	0.00	130.00	130.00
Minimum for any boards that need replacement.				
Room Totals: West Elevation				239.98



Room: Roof

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
Remove 3 tab - 20 yr. - composition shingle roofing - incl. felt	3.06 SQ	23.18	0.00	70.93
3 tab - 20 yr. - composition shingle roofing - incl. felt	3.33 SQ	0.00	83.29	277.36
Dumpster load - Small	1.00 EA	270.47	0.00	270.47
Room Totals: Roof				618.76



Room: Landscaping

DESCRIPTION	QNTY	REMOVE	REPLACE	TOTAL
7 arborvitae trees remove and replace	1.00 EA	1,105.93	0.00	1,105.93
Trees price \$59.99 for 4 to 5 foot arborvitae, \$98.00 labor to replace each tree and stump removal of original trees. Hawks Nursery.				
Room Totals: Landscaping				1,105.93
Line Item Totals: 1001679125				2,107.35

Grand Total Areas:			
290.42 SF Walls	0.00 SF Ceiling	290.42 SF Walls & Ceiling	
0.00 SF Floor	0.00 SY Flooring	32.83 LF Floor Perimeter	
290.42 SF Long Wall	290.42 SF Short Wall	35.77 LF Ceil. Perimeter	



FARMERS

National Claims Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
claimsdocuments@farmersinsurance.com
Fax Number: (877) 217-1389

Summary for Fire		
Line Item Total		2,107.35
Material Sales Tax	@ 5.500%	153.41
		8.44
Subtotal		2,115.79
Replacement Cost Value		2,115.79
Less Depreciation		(721.30)
Actual Cash Value		1,394.49
Less Deductible		(250.00)
Net Claim		1,144.49
Total Recoverable Depreciation		721.30
Net Claim if Depreciation is Recovered		1,865.79

Jim Golen

1001679125

08/14/2002 Page: 4



FARMERS

National Claims Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
claimsdocuments@farmersinsurance.com
Fax Number: (877) 217-1389

Recap by Room		
Estimate: 1001679125		
North Elevation	142.68	6.77%
West Elevation	239.98	11.39%
Roof	618.76	29.36%
Landscaping	1,105.93	52.48%
Subtotal of Areas	2,107.35	100.00%
Total	2,107.35	100.00%

1001679125

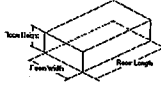
08/14/2002 Page: 5



FARMERS

National Claims Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
claimsdocuments@farmersinsurance.com
Fax Number: (877) 217-1389

Recap by Category with Depreciation			
O&P Items	RCV	Deprec.	ACV
GENERAL DEMOLITION	1,447.33	502.49	944.84
FRAMING & ROUGH CARPENTRY	130.00	26.00	104.00
PAINTING	252.66	50.53	202.13
ROOFING	277.36	138.68	138.68
Subtotal	2,107.35	717.70	1,389.65
Material Sales Tax @ 5.500%	8.44	3.60	4.84
O&P Items Subtotal	2,115.79	721.30	1,394.49
Subtotal	2,115.79	721.30	1,394.49
Less Deductibles	(250.00)		(250.00)
Total	1,865.79	721.30	1,144.49



Room: Roof

DESCRIPTION	QNTY	UNIT COST	RCV	DEPREC	ACV
Remove 3 tab - 20 yr. - composition shingle roofing - incl. felt	3.06 SQ	23.18	70.93	35.47	35.46
3 tab - 20 yr. - composition shingle roofing - incl. felt	3.33 SQ	83.29	277.36	138.68	138.68
Dumpster load - Small	1.00 EA	270.47	270.47	135.24	135.23
Room Totals: Roof			618.76	309.39	309.37



Room: Landscaping

*1800
249-*

DESCRIPTION	QNTY	UNIT COST	RCV	DEPREC	ACV
7 Arborvitae trees remove and replace	1.00 EA	825.93	825.93	412.97	412.96
Trees price \$59.99 for 4 to 5 foot arborvitae, \$58.00 labor to replace each tree. Hawks Nursery.					
Room Totals: Landscaping			825.93	412.97	412.96
Line Item Totals: 1001679125			1,827.35	798.89	1,028.46

Grand Total Areas:					
290.42 SF Walls	0.00 SF Ceiling	290.42 SF Walls & Ceiling			
0.00 SF Floor	0.00 SY Flooring	32.83 LF Floor Perimeter			
290.42 SF Long Wall	290.42 SF Short Wall	35.77 LF Ceil. Perimeter			



Summary for Fire			
Line Item Total			1,827.35
Material Sales Tax	@	5.500%	153.41
Subtotal			8.44
Replacement Cost Value			1,835.79
Less Depreciation			(802.49)
Actual Cash Value			1,033.30
Less Deductible			(250.00)
Net Claim			783.30
Total Recoverable Depreciation			802.49
Net Claim if Depreciation is Recovered			1,585.79

Jim Golen



Recap by Room		
Estimate: 1001679125		
North Elevation		
West Elevation	142.68	7.81%
Roof	239.98	13.13%
Landscaping	618.76	33.86%
	825.93	45.20%
Subtotal of Areas	1,827.35	100.00%
Total	1,827.35	100.00%



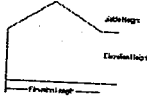
Recap by Category with Depreciation			
O&P Items	RCV	Deprec.	ACV
GENERAL DEMOLITION	1,167.33	583.68	583.65
FRAMING & ROUGH CARPENTRY	130.00	26.00	104.00
PAINTING	252.66	50.53	202.13
ROOFING	277.36	138.68	138.68
Subtotal	1,827.35	798.89	1,028.46
Material Sales Tax @ 5.500%	8.44	3.60	4.84
O&P Items Subtotal	1,835.79	802.49	1,033.30
Subtotal	1,835.79	802.49	1,033.30
Less Deductibles	(250.00)		(250.00)
Total	1,585.79	802.49	783.30



FARMERS

Claim Number	Policy Number	Type of Loss	Deductible
1001679125	34	Fire	\$ 250
Insured: Jane Bor Eliassen		Home: (414) 687-4428	
Property: 2873 N. 77th Street Milwaukee, WI			
Claim Rep.: Jim Golen			
Estimator: Jim Golen			
Date of Loss: 6/30/2002		Date Received: 7/3/2002	
Date Inspected: 7/3/2002		Date Entered: 7/11/2002	
Price List: WIMW1S2C			
Estimate: 1001679125			

1001679125

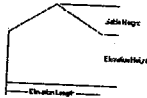


Room: North Elevation

Formula Elevation 20'6" x ... x 8'0"

164.00 SF Walls	SF Ceiling
164.00 SF Walls & Ceiling	SF Floor
SY Flooring	20.50 LF Floor Perimeter
164.00 SF Long Wall	164.00 SF Short Wall
20.50 LF Ceil. Perimeter	

DESCRIPTION	QTY	UNIT COST	RCY	DEPREC	ACT
Scrape the walls and ceiling & prep for paint	164.00 SF	0.34	55.76	11.15	44.61
Paint the walls and ceiling - two coats	164.00 SF	0.53	86.92	17.38	69.54
Room Totals: North Elevation			142.68	28.53	114.15



Room: West Elevation

Formula Elevation 12'4" x ... x 8'0"

126.42 SF Walls	SF Ceiling
126.42 SF Walls & Ceiling	SF Floor
SY Flooring	12.33 LF Floor Perimeter
126.42 SF Long Wall	126.42 SF Short Wall
15.27 LF Ceil. Perimeter	

DESCRIPTION	QTY	UNIT COST	RCY	DEPREC	ACT
Scrape the walls & prep for paint	126.42 SF	0.34	42.98	8.60	34.38
Paint the walls - two coats	126.42 SF	0.53	67.00	13.40	53.60
Framing repair - Minimum chargeq	1.00 EA	130.00	130.00	26.00	104.00
Room Totals: West Elevation			239.98	48.00	191.98

1001679125



FARMERS

Supplement
return 1/4 rpt

07/05/2002 AT 09:48 AM
17612

1001679119-1-1

FARMERS
MILWAUKEE BRANCH CLAIMS OFFICE
300 CORPORATE DRIVE SUITE 310
BROOKFIELD, WI 53045
(262) 549-5183 FAX: (262) 548-6346*

ESTIMATE OF RECORD

WRITTEN BY: KEVIN GELLER # 07/05/2002 09:11 AM
ADJUSTER: KEVIN GELLER # (262) 853-4736

INSURED: JANE BOR ELIASEN
OWNER: JANE BOR ELIASEN
ADDRESS: 2873 N 77TH ST
MILWAUKEE, WI 53222
BUSINESS: (414) 875-4534
DAY: (414) 687-4428

CLAIM #1001679119-1-1
POLICY #01479963940
DATE OF LOSS: 06/30/2002 AT 03:30 AM
TYPE OF LOSS: COMPREHENSIVE
POINT OF IMPACT: 6. REAR

INSPECT MILWAUKEE, WI 53222
LOCATION:

OTHER

REPAIR QUINN AUTO BODY
FACILITY:

DAYS TO REPAIR
LICENSE #

1995 FORD CONTOUR GL 4-2.0L-FI 4D SED INT:
VIN: 1FALP6539SK193910 LIC:

PROD DATE: ODOMETER:
INTERMITTENT WIPERS
DUAL MIRRORS
POWER BRAKES
PASSENGER AIR BAG
RECLINE/LOUNGE SEATS

AIR CONDITIONING REAR DEFOGGER
TINTED GLASS BODY SIDE MOLDINGS
CLEAR COAT PAINT POWER STEERING
POWER MIRRORS DRIVER AIR BAG
CLOTH SEATS BUCKET SEATS

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		REAR BUMPER				
2		O/H REAR BUMPER			1.0	
3*		REPL LKQ BUMPER COVER +25%	1	243.75	INCL.*	2.4*
4		ADD FOR CLEAR COAT				1.0
5		TRUNK LID				
6		REPL LICENSE PANEL	1	107.95	0.3	0.5
7		OVERLAP MINOR PANEL				-0.2
8		ADD FOR CLEAR COAT				0.1
9		REPL CYL & KEYS BRACKET	1	6.75		
10		REPL CYL & KEYS SLEEVE	1	4.13		
11		REPL EMBLEM FORD OVAL	1	9.75	0.2	
12		REPL NAMEPLATE CONTOUR	1	9.75	0.2	
13		REPL NAMEPLATE GL	1	9.75	0.2	
14		REAR LAMPS				
15*		REPL LKQ RT TAIL LAMP ASSY TO 8/15/94 +25%	1	25.00	0.4*	
16*		REPL LKQ LT TAIL LAMP ASSY TO 8/15/94 +25%	1	25.00	0.4*	
17*		REPL LKQ RT BACKUP LAMP ASSY +25%	1	25.00	0.3*	

Handwritten notes:
Total paid
616050003 - 42255
USA 500.00
7-29-02



FARMERS

07/05/2002 AT 09:48 AM
17612

1001679119-1-1

FARMERS
MILWAUKEE BRANCH CLAIMS OFFICE
300 CORPORATE DRIVE SUITE 310
BROOKFIELD, WI 53045
(262) 549-5183 FAX: (262) 548-6346

ESTIMATE OF RECORD

WRITTEN BY: KEVIN GELLER # 07/05/2002 09:11 AM
ADJUSTER: KEVIN GELLER # (262) 853-4736

INSURED: JANE BOR ELIASEN	CLAIM #1001679119-1-1
OWNER: JANE BOR ELIASEN	POLICY #01479963940
ADDRESS: 2873 N 77TH ST	DATE OF LOSS: 06/30/2002 AT 03:30 AM
MILWAUKEE, WI 53222	TYPE OF LOSS: COMPREHENSIVE
BUSINESS: (414) 875-4534	POINT OF IMPACT: 6. REAR
DAY: (414) 687-4428	

INSPECT MILWAUKEE, WI 53222
LOCATION:

OTHER

REPAIR QUINN AUTO BODY
FACILITY:

DAYS TO REPAIR
LICENSE #

1995 FORD CONTOUR GL 4-2.0L-FI 4D SED INT:
VIN: 1FALP6539SK193910 LIC:

PROD DATE:

ODOMETER:

AIR CONDITIONING	REAR DEFOGGER	INTERMITTENT WIPERS
TINTED GLASS	BODY SIDE MOLDINGS	DUAL MIRRORS
CLEAR COAT PAINT	POWER STEERING	POWER BRAKES
POWER MIRRORS	DRIVER AIR BAG	PASSENGER AIR BAG
CLOTH SEATS	BUCKET SEATS	RECLINE/LOUNGE SEATS

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		REAR BUMPER				
2		O/H REAR BUMPER			1.0	
3*	REPL	LKQ BUMPER COVER +25%	1	243.75	INCL.*	2.4*
4		ADD FOR CLEAR COAT				1.0
5		TRUNK LID				
6	REPL	LICENSE PANEL	1	107.95	0.3	0.5
7		OVERLAP MINOR PANEL				-0.2
8		ADD FOR CLEAR COAT				0.1
9	REPL	CYL & KEYS BRACKET	1	6.75		
10	REPL	CYL & KEYS SLEEVE	1	4.13		
11	REPL	EMBLEM FORD OVAL	1	9.75	0.2	
12	REPL	NAMEPLATE CONTOUR	1	9.75	0.2	
13	REPL	NAMEPLATE GL	1	9.75	0.2	
14		REAR LAMPS				
15*	REPL	LKQ RT TAIL LAMP ASSY TO 8/15/94 +25%	1	25.00	0.4*	
16*	REPL	LKQ LT TAIL LAMP ASSY TO 8/15/94 +25%	1	25.00	0.4*	
17*	REPL	LKQ RT BACKUP LAMP ASSY +25%	1	25.00	0.3*	



FARMERS

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ESTIMATE OF RECORD
1995 FORD CONTOUR GL 4-2.0L-FI 4D SED INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
18*	REPL LKQ LT	BACKUP LAMP ASSY +25%	1		25.00	0.3*	
SUBTOTALS ==>					491.83	3.3	3.8

- LINE 3 : DAMAGE HOURS: 1 SUPPLIERS PART DESCRIPTION: RR BUMPER ASSY; FEW MINOR SCRATCHES, W/O HORIZONTAL PAD
- LINE 15 : DAMAGE HOURS: 0 SUPPLIERS PART DESCRIPTION: RT TAIL LAMP; 4DR, GL, 10-95, LID MTD, LID MTD.
- LINE 16 : DAMAGE HOURS: 0 SUPPLIERS PART DESCRIPTION: LT TAIL LAMP; 4DR, GL, 11-96, LID MTD, LID MTD.
- LINE 17 : DAMAGE HOURS: 0 SUPPLIERS PART DESCRIPTION: RT TAIL LAMP; INNER, LID MTD.
- LINE 18 : DAMAGE HOURS: 0 SUPPLIERS PART DESCRIPTION: LT TAIL LAMP; 4DR, GL, 11-96, LID MTD, LID MTD.

PARTS			491.83
BODY LABOR	3.3 HRS	@ \$ 42.00/HR	138.60
PAINT LABOR	3.8 HRS	@ \$ 42.00/HR	159.60
PAINT SUPPLIES	3.8 HRS	@ \$ 22.00/HR	83.60
SUBTOTAL			\$ 873.63
SALES TAX	\$ 873.63	@ 5.6000%	48.92
TOTAL COST OF REPAIRS			\$ 922.55
ADJUSTMENTS:			
DEDUCTIBLE			500.00
TOTAL ADJUSTMENTS			\$ 500.00
NET COST OF REPAIRS			\$ 422.55

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.

RECYCLED PART COSTS BASED ON INFORMATION PROVIDED BY AUTOMOTIVE RECYCLERS ASSOCIATION (ARA). FOR ASSISTANCE, CALL CCC AT 800-777-2203.



FARMERS

07/05/2002 AT 09:48 AM
17612

1001679119-1-1

ESTIMATE OF RECORD
1995 FORD CONTOUR GL 4-2.0L-FI 4D SED INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
18*		REPL LKQ LT BACKUP LAMP ASSY +25%	1		25.00	0.3*	
SUBTOTALS ==>					491.83	3.3	3.8

- LINE 3 : DAMAGE HOURS: 1 SUPPLIERS PART DESCRIPTION: RR BUMPER ASSY; FEW MINOR SCRATCHES, W/O HORIZONTAL PAD
- LINE 15 : DAMAGE HOURS: 0 SUPPLIERS PART DESCRIPTION: RT TAIL LAMP; 4DR, GL, 10-95, LID MTD, LID MTD.
- LINE 16 : DAMAGE HOURS: 0 SUPPLIERS PART DESCRIPTION: LT TAIL LAMP; 4DR, GL, 11-96, LID MTD, LID MTD.
- LINE 17 : DAMAGE HOURS: 0 SUPPLIERS PART DESCRIPTION: RT TAIL LAMP; INNER, LID MTD.
- LINE 18 : DAMAGE HOURS: 0 SUPPLIERS PART DESCRIPTION: LT TAIL LAMP; 4DR, GL, 11-96, LID MTD, LID MTD.

PARTS			
BODY LABOR	3.3 HRS	@ \$ 42.00/HR	491.83
PAINT LABOR	3.8 HRS	@ \$ 42.00/HR	138.60
PAINT SUPPLIES	3.8 HRS	@ \$ 22.00/HR	83.60

SUBTOTAL			\$ 873.63
SALES TAX		@ 5.6000%	48.92
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RECYCLED PART COSTS BASED ON INFORMATION PROVIDED BY AUTOMOTIVE RECYCLERS ASSOCIATION (ARA). FOR ASSISTANCE, CALL CCC AT 800-777-2203.

07/05/2002 at 09:11 AM
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1001679119-1-1

FARMERS

Milwaukee Branch Claims Office
300 CORPORATE DRIVE SUITE 310
BROOKFIELD, WI 53045
(262) 549-5183 Fax: (262) 548-6346

ESTIMATE OF RECORD

Written by: KEVIN GELLER # 07/05/2002 09:11 AM
Adjuster: KEVIN GELLER # (262) 853-4736

Insured: JANE BOR ELIASEN
Owner: JANE BOR ELIASEN
Address: 2873 N 77TH ST
MILWAUKEE, WI 53222
Business: (414) 875-4534
Day: (414) 687-4428

Claim # 1001679119-1-1
Policy # 01479963940
Date of Loss: 06/30/2002 at 03:00
Type of Loss: Comprehensive
Point of Impact: 6. Rear

Inspect milwaukee, WI 53222
Location:

OTHER

Repair Facility: QUINN AUTO BODY

to Repair

1995 FORD CONTOUR GL 4-2.0L-FI 4D SED Int:

VIN: 1FALP6539SK193910 **Lic:**

Prod Date:

Odometer:

Air Conditioning	Rear Defogger	Intermittent Wipers
Tinted Glass	Body Side Moldings	Dual Mirrors
Clear Coat Paint	Power Steering	Power Brakes
Power Mirrors	Driver Air Bag	Passenger Air Bag
Cloth Seats	Bucket Seats	Recline/Lounge Seats

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		REAR BUMPER				
2		O/H rear bumper			1.0	
3*	Repl	LKQ Bumper cover +25%	1	243.75	Incl.	2.4
4		Add for Clear Coat				1.0

ESTIMATE OF RECORD

1995 FORD CONTOUR GL 4-2.0L-FI 4D SED Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
5		TRUNK LID				
6	Repl	License panel	1	107.95	0.3	0.5
7		Overlap Minor Panel				-0.2
8		Add for Clear Coat				0.1
9	Repl	Cyl & keys bracket	1	6.75		
10	Repl	Cyl & keys sleeve	1	4.13		
11	Repl	Emblem FORD oval	1	9.75	0.2	
12	Repl	Nameplate "CONTOUR"	1	9.75	0.2	
13	Repl	Nameplate "GL"	1	9.75	0.2	
14		REAR LAMPS				
15*	Repl	LKQ RT Tail lamp assy to 8/15/94 +25%	1	25.00	<u>0.4</u>	
16*	Repl	LKQ LT Tail lamp assy to 8/15/94 +25%	1	25.00	<u>0.4</u>	
17*	Repl	LKQ RT Backup lamp assy +25%	1	25.00	<u>0.3</u>	
18*	Repl	LKQ LT Backup lamp assy +25%	1	25.00	<u>0.3</u>	
Subtotals ==>				491.83	3.3	3.8

- Line 3 : Damage Hours: 1 Suppliers Part Description: Rr Bumper assy; FEW MINOR SCRATCHES, W/O HORIZONTAL PAD
- Line 15 : Damage Hours: 0 Suppliers Part Description: Rt Tail lamp; 4DR, GL, 10-95, LID MTD, LID MTD.
- Line 16 : Damage Hours: 0 Suppliers Part Description: Lt Tail lamp; 4DR, GL, 11-96, LID MTD, LID MTD.
- Line 17 : Damage Hours: 0 Suppliers Part Description: Rt Tail lamp; INNER, LID MTD.
- Line 18 : Damage Hours: 0 Suppliers Part Description: Lt Tail lamp; 4DR, GL, 11-96, LID MTD, LID MTD.

ESTIMATE OF RECORD

1995 FORD CONTOUR GL 4-2.0L-FI 4D SED Int:

Parts		491.83
Body Labor	3.3 hrs @ \$ 42.00/hr	138.60
Paint Labor	3.8 hrs @ \$ 42.00/hr	159.60
Paint Supplies	3.8 hrs @ \$ 22.00/hr	83.60

SUBTOTAL		\$ 873.63
Sales Tax	\$ 873.63 @ 5.6000%	48.92

TOTAL COST OF REPAIRS		\$ 922.55
ADJUSTMENTS:		
Deductible		500.00

TOTAL ADJUSTMENTS		\$ 500.00
NET COST OF REPAIRS		\$ 422.55

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.

Recycled Part Costs based on information provided by Automotive Recyclers Association (ARA). For assistance, call CCC at 800-777-2203.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR2JM95 Database Date 5/2002 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. 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. Non-Original Equipment Manufacturer aftermarket parts are described as AM or Qual Repl Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

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07/05/2002 at 09:11 AM
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ESTIMATE OF RECORD

1995 FORD CONTOUR GL 4-2.0L-FI 4D SED Int:

RECYCLED PART SUPPLIERS

Line	Line Description		Price
15	LKQ RT Tail lamp assy to +25%	Stock No.: 991061	\$ 25.00
16	LKQ LT Tail lamp assy to +25%	Stock No.: 991012	\$ 25.00
17	LKQ RT Backup lamp assy +25%	Stock No.: 970289	\$ 25.00
18	LKQ LT Backup lamp assy +25%	Stock No.: 991012	\$ 25.00

STAR AUTO PARTS (800)362-9451
2101 BELOIT AVENUE
JANESVILLE, WI 53545

3	LKQ Bumper cover +25%	Stock No.: G05013	\$ 243.75
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MID CITY AUTO (800)400-4617
2431 NORTH 30TH STREET
MILWAUKEE, WI 53210