



Insurance Solutions Group  
Subrogation Department

P.O. Box 3068 | Bloomington, IL 61702 | Phone 888-879-6814 | Fax 309-820-2626

December 29, 2002

CITY OF MILWAUKEE-OFC OF CITY ATTORNEY  
ATTN:STEVEN CARINI  
200 EAST WELLS ST-800 CITY HALL  
MILWAUKEE, WI 53202-3551

CITY OF MILWAUKEE  
2003 JAN -3 PM 4:04  
RONALD D. LEONHARDT  
CITY CLERK

RE: Our File #: 173778  
GENERAL CASUALTY Claim #: 0970236215  
Insured: MICHELLE MAHLIK  
Date of Loss: August 27, 2002  
Total Damages: \$4,109.03  
Your Claim #: 02-V-173  
Your Insured: CITY OF MILWAUKEE

Dear: SIR:

I am in receipt of your letter dated 12/17/2002. Although this appeal will probably not change your mind, I would request the courtesy of a second look. The statement of Ms. Mahlik is enclosed. She vigorously disputes the report that states that she was pulling out. She states that she was stopped and starting to back into the space while within the confines of the loading zone when the large city truck went by and struck the left front of the vehicle.

I await your response.

Sincerely,

BOB BARNARD EXT 3620  
Subrogation Analyst

CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY  
2003 JAN -6 PM 3:28

Was either car entering or crossing an arterial highway?

no

Which car?

Number of traffic lanes? one (one lane is a loading/bicycle zone)

What type of traffic control were you faced with? parked in loading zone  
What type of traffic control was other car faced with?

Did you yield or make full stop as required? N/A

Did other driver? no

Was view obstructed from either direction?

What were road conditions? (Circle answers)

Concrete, Gravel, Blacktop, Dirt, Wet, Dry, Icy, Narrow, Crooked

What were weather conditions?

Clear, Foggy, Raining, Other:

Were the lights lighted on your car? no

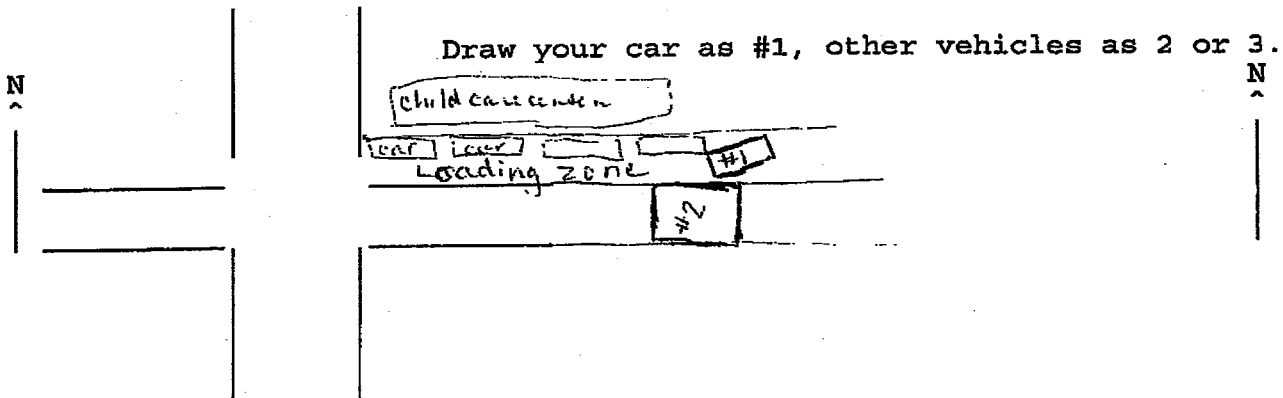
Were the lights lighted on other car? no

Driver's Signature Marshall Mallick

Date

State in your own words how accident happened: I was parallel parked in a loading zone in front of a University child care center. The road had very recently been re-constructed to create a wider loading zone + a three-lane driving lane. I have a wide + long vehicle, so was pulling back a foot to get my front end ready to pull out into the driving lane. I pulled forward then suddenly reversed + at the moment I switched to reverse a city utility vehicle (a very wide truck) came by + its back end scraped across my front right end. I was not yet pulling into the driving lane, so had not looked to see what was coming. Non-~~reversed~~ reversed my vehicle across the solid white center line. The driving lane is very thin at this spot as the loading lane has very recently been greatly widened.

-----SKETCH ACCIDENT, SHOWING LOCATION AND POSITIONS OF AUTOS (Indicate Directions)





Insurance Solutions Group  
Subrogation Department

P.O. Box 3068 | Bloomington, IL 61702 | Phone 888-879-6814 | Fax 309-820-2626

November 21, 2002

CITY OF MILWAUKEE  
City Clerk ATTN: CLAIMS  
200 E WELLS ST  
Room 205  
MILWAUKEE, WI 532023567

CITY OF MILWAUKEE  
2002 NOV 25 AM 10:42  
RONALD D. LEONHARDT  
CITY CLERK

Re: Our File #: 173778  
Claim #: 0970236215  
Insured: MICHELLE MAHLIK  
Date of Loss: August 27, 2002  
Total Damages: \$4,109.03

Dear CITY OF MILWAUKEE:

We are contacting you today on behalf of GENERAL CASUALTY regarding a loss, which occurred on August 27, 2002. The facts of the incident indicate that an employee of the City of Milwaukee was responsible for damages that payments made by GENERAL CASUALTY made to its policyholder as a result of the loss. The balance due is \$4,109.03.

AFNI Insurance Services is a third party administrator for General Casualty Insurance, the insurer of the party, Michelle Mahlik, involved in this loss.

If you believe you had insurance coverage at the time of the loss, notify us by mailing back the attached page immediately. A reply envelope is enclosed for your convenience, or you may fax the information to us at 309-820-2626.

Call immediately if you have questions about this claim.

Sincerely,

BOB BARNARD EXT 3620  
Subrogation Analyst

CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY  
2002 NOV 25 PM 3:32

Return this page to notify Afni of insurance coverage, enclose with your payment, or notify us of a change of address. Use the enclosed reply envelope, or mail to:

**Afni Subrogation Unit  
P.O. Box 3068  
Bloomington, IL 61702-3608**

CITY OF MILWAUKEE  
200 E WELLS ST  
Room 205  
MILWAUKEE, WI 532023567

Re: Our File #: 173778  
Claim #: 0970236215  
Insured: MICHELLE MAHLIK  
Date of Loss: August 27, 2002  
Total Damages: \$4,109.03

Insurance carrier: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Policy #: \_\_\_\_\_

Agent: \_\_\_\_\_

---

**Change of Address:**

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

OFFICE OF THE CITY CLERK  
Milwaukee, Wisconsin

097023.6215

# INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City, a claimant must comply with Section 893.90(1), Wis. Stats., a copy of which is printed on the reverse side of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours.
3. As detailed a description of the incident as possible, including the date, time and place. Include the "City" vehicle #.

All information should be submitted to:

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

## ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.



097 023-6215

**§93.80 Claims against governmental bodies or officers, agents or employees; notice of injury; limitation of damages and suits.** (1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employe of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employe under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employe; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

To File A CLAIM with The **CITY OF MILWAUKEE**:

You will need the following information

DATE of Incident Aug 27-02

"City" Vehicle Number 25098

# Wisconsin Motor Vehicle Accident Report

Document Number Override

Police No. 276957

Please Do Not Write In This Microfilm Space

Can No. 276957

Location 2100 E. Kenwood Ave

**INSTRUCTIONS**

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown: Correct Mark  Incorrect Marks

**Reportable Accident**

**County** 90 **MUN/TWP** 57

**Accident Date**

MONTH	DAY	YEAR
Jan	7	02
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

**Time of Accident (Military Time)** 1235

**Total Number**

COUNTY	INJURED	KILLED
02	00	00
03	00	00
04	00	00
05	00	00
06	00	00
07	00	00
08	00	00
09	00	00
10	00	00
11	00	00
12	00	00

**Hit & Run**  **Unit #**

**Government Property**

**Fire (Narrative)**

**Photos Taken (Narrative)**

**Trailer or Towed (Narrative)**

**Truck or Bus (Last Page)**

**Load Spillage**

**Construction Zone**

**Names Exchanged**

**Sheet No. Of** 11

**ACCIDENT LOCATION**

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

**LATITUDE (GPS)** Degrees: Minutes: Seconds: **LONGITUDE (GPS)** Degrees: Minutes: Seconds:

**ON** Hwy No. and Street Name: **EAST KENWOOD AVE 90.0** **FROM/AT** Hwy No. and Street Name: **NORTH MARYLAND AVE**

**House #** **Fire #** **Other** **2120** **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)
1	1	1	1	1	1	1	1

OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit
OKSALA	KARLSEN	R	25	MAHLIK	MICHELLE	F	1
ADDRESS Street & Number	City & State	ZIP	Phone Number (414)	ADDRESS Street & Number	City & State	ZIP	Phone Number (414)
2931 S. 57th ST	MILWAUKEE WI	53219	341-8779	7000 N. PLUG CIR	FOX POINT WI	53217	540-2164
Driver's License Number	State	Exp. Year	Driver's License Number	State	Exp. Year		
0264-5165-9864-04 WI	WI	08	C530-5466-4865-05 WI	WI	08		

Date of Birth	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as Classified	Class (Mark Only One)	Endorse (Mark All That Apply)
10-04-59	M	1	1	1	10-05-64	F	1	1	1
On Duty Accident	On Duty Accident								
1: Police 2: EMT/First Responder 3: Fire Fighter 4: Winter Hwy Maintenance	1: Police 2: EMT/First Responder 3: Fire Fighter 4: Winter Hwy Maintenance								

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
1	1	1	1	1	1	1	1	1	1
TRAPPED/EXTRICATED	TRAPPED/EXTRICATED								
1: Not Applicable 2: Not Trapped 3: Trapped/Extricated 4: Trapped/Not Extricated	1: Not Applicable 2: Not Trapped 3: Trapped/Extricated 4: Trapped/Not Extricated								

Vehicle Owner Same	Last Name	First	M.I.	Vehicle Owner Same	Last Name	First	M.I.
1	MAHLIK	JESSICA	H	1	MAHLIK	MICHELLE	F
Street Address	City & State	ZIP	Phone Number (414)	Street Address	City & State	ZIP	Phone Number (414)
2140 W CANAL ST	MILWAUKEE WI	53233	645-5564				
Year of Vehicle	Model	Body Style	Color	Year of Vehicle	Model	Body Style	Color
2000	GM	300	RD	2000	LAOUR	4DR	4DR
Vehicle ID Number	Vehicle ID Number						
160JC34R1YF495450	3AGT124BYA220E60						

License Plate Number	Plate Type	State	Exp. Year	License Plate Number	Plate Type	State	Exp. Year
5631B	MU	WI		516-ASN	AD	WI	03
Policy Holder's Name	Policy Holder's Name						
Same as 5631B	Same as 516-ASN						
Liability Insurance Company	Liability Insurance Company						
SELF INSURED	GENERAL CASUALTY						

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1	MAHLIK	JESSICA	H	03-21-89	F	1	3	1	1
ADDRESS Street & Number	City & State	ZIP							
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space					
1	1	1	1	AUG 30 2002					

**MV4000 899**

**EMS Number**

CAC9-03-025A

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG						
	ADDRESS Street & Number	City & State			ZIP		6	4	1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown						
Address Same as Operator	EJECTED	1. Not Applicable	2. Not Ejected	3. Totally Ejected	4. Partially Ejected	5. Unknown	TRAPPED/EXTRICATED	1. Not Applicable	2. Not Trapped	3. Trapped/Extricated	4. Trapped/Not Extricated	5. Unknown	Medical Transport	Y	Agency Space
	Yes	No													

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG						
	ADDRESS Street & Number	City & State			ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown						
Address Same as Operator	EJECTED	1. Not Applicable	2. Not Ejected	3. Totally Ejected	4. Partially Ejected	5. Unknown	TRAPPED/EXTRICATED	1. Not Applicable	2. Not Trapped	3. Trapped/Extricated	4. Trapped/Not Extricated	5. Unknown	Medical Transport	Y	Agency Space
	Yes	No													

### Type of Accident

First Harmful Event:  1  
Most Harmful Event:  2

Unit Number	Unit Number
1-10	1-10

(select one per vehicle)

**Collision With Object Not Fixed**

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

**Collision With Fixed Object**

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

**Non-Collision**

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

### Driver Condition

Unit Number	Unit Number
1-10	1-10

**Driver Factors (Or Pedestrians)**

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

**Presence**

- 1. Neither Alcohol nor Drugs Present
- 2. Yes—Alcohol Present
- 3. Yes—Drugs Present
- 4. Yes—Alcohol & Drugs Present
- 5. Unknown

**Alcohol**

AC Value:  AC Value:

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

**Drugs**

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

Unit #  1-10

**Pedestrian**

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

**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 #  1-10

**Darken Numbered Area(s) of Vehicle Damage**

**Extent of Damage**

- 1. None
- 2. Undercarriage
- 3. Total (Damage to All Areas)
- 4. Other
- 5. Unknown
- 6. None
- 7. Very Minor
- 8. Minor
- 9. Moderate
- 10. Severe
- 11. Very Severe
- 12. Unknown

Vehicle Towed Due to Damage:  Y  N

Vehicle Removed By:  *OPELAR*

Unit #  1-10

**Darken Numbered Area(s) of Vehicle Damage**

**Extent of Damage**

- 1. None
- 2. Undercarriage
- 3. Total (Damage to All Areas)
- 4. Other
- 5. Unknown
- 6. None
- 7. Very Minor
- 8. Minor
- 9. Moderate
- 10. Severe
- 11. Very Severe
- 12. Unknown

Vehicle Towed Due to Damage:  Y  N

Vehicle Removed By:  *OPELAR*

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

PROPERTY OWNER:  Last  First  M.I.

ADDRESS:  Street & Number

City & State:  ZIP:  Phone Number:

Govt. Damage Tag #:



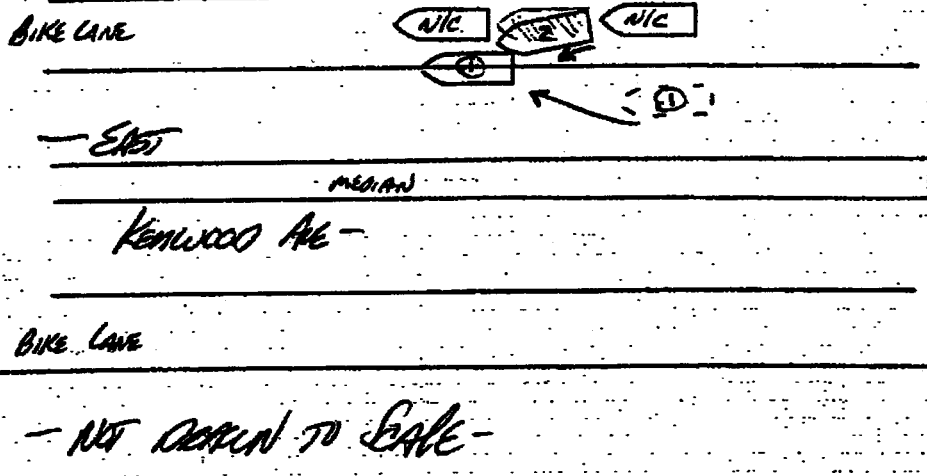
Draw Diagram of Accident & Indicate North with an arrow in the circle.



# Accidental Representation of Narrative

Supplemental Reports  Witness Statements  Measurements Taken

Slidemarks to Impact  
Unit 1  Unit 2   
FEBT   
Surface Type: CRACK



**NARRATIVE**

UNIT ONE TAKING LEFT HAND ON E. KENWOOD AVE. APPROXIMATE TO MERGE TO PARK, WHEN UNIT TWO TRAVELING INTO TRAFFIC FROM A PARKED POSITION, COLLIDED WITH UNIT ONE.

NO CHARGES ISSUED ONE TO THE CHIEF AND THE REASON OF THE POINT OF IMPACT.

Photos By: 105

### What Drivers Were Doing

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20

WITNESS NAME: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 ADDRESS: Street & Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City & State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

#### ACCESS CONTROL

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

#### ROAD TERRAIN

Part A  
 Straight  
 Curve  
 Part B  
 Level/Flat  
 Hill

#### LIGHT CONDITION

Daylight  
 Dark-Not Lighted  
 Dark-Lighted  
 Dawn  
 Dusk  
 Unknown

#### TRAFFIC WAY

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

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

#### WEATHER

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

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	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20

# Officer's Opinion of Possible Contributing Circumstance

Document Number Override

Driver Factors	
Unit Number	Unit Number
1 Exceeding Speed Limit	11 Unsate Backing
2 Speed Too Fast/Condition	12 Driver Condition
3 Fail to Yield Right of Way	13 Physically Disabled
4 Inattentive Driving	14 Other
5 Following Too Close	
6 Improper Turn	
7 Left of Center	
8 Disregarded Traffic Control	
9 Improper Overtaking	
10 Failure to Have Control	

Vehicle Factors	
Unit Number	Unit Number
1 Brake System	11 Mirrors
2 Tires	12 Suspension System
3 Steering System	13 Other
4 Turn Signals	
5 Head Lamps	
6 Stop Lamps	
7 Tail Lamps	
8 Disabled in Prior Accident	
9 Other Disabled	

Highway Factors	
Unit Number	Unit Number
1 Snow, Ice or Wet	11 Construction Zone
2 Narrow Shoulder	12 Visibility Obscured
3 Low Shoulder	13 Other
4 Soft Shoulder	
5 Loose Gravel	
6 Rough Pavement	
7 Debris From Prior Accident	
8 Other Debris	
9 Sign Obscured or Missing	
10 Narrow Bridge	

## OFFICER INFORMATION

Last Name: Reed First Name: Chris M.I.:

Law Enforcement Agency Address: 709 W. Base St

City & State: Delaware DE ZIP: 19733

Phone Number: 302-444-4444

Agency: PD Enforcement Agency: Delaware PD Officer ID #: 60851

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
Jan	27	02	12	43	12	45	Jan	28	02
Feb							Feb		
Mar							Mar		
Apr							Apr		
May							May		
June							June		
July							July		
Aug							Aug		
Sept							Sept		
Oct							Oct		
Nov							Nov		
Dec							Dec		

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

When to Use This Section: *Did the accident involve...* 159

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

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	Carrier Identification Numbers	Source:
Interstate Carrier? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	US DOT: <u>140</u> EC: <u></u>	<input type="checkbox"/> Vehicle Side
Carrier Name: <u></u>	ICC MC: <u></u> IC: <u></u>	<input type="checkbox"/> Shipping Papers
Carrier Address: <u>142</u>		<input type="checkbox"/> Trip Manifest
		<input type="checkbox"/> Driver
		<input type="checkbox"/> Log Book

Vehicle Information	Cargo Body Type
Gross Vehicle Weight Rating: <u>142</u> LBS	Total # of Axles: <u>4</u>
Vehicle Configuration: <input checked="" type="checkbox"/> Single unit truck, 3 axles, 6 tires	<input type="checkbox"/> Bus
SEQUENCE OF EVENTS FOR THIS VEHICLE	<input type="checkbox"/> Concrete Mixer
1. Ran off Road	<input type="checkbox"/> Van Enclosed bus
2. Jackknife	<input type="checkbox"/> Cargo Tank
3. Overturn (Rollover)	<input type="checkbox"/> Flatbed
4. Downhill Runaway	<input type="checkbox"/> Dump
5. Cargo Loss or Shift	
6. Explosion or Fire	
7. Separation of Units	
8. Collision Involving Pedestrian	
9. Collision Involving Motor Vehicle in Transp.	
10. Collision Involving Parked Motor Vehicle	
11. Collision Involving Train	
12. Collision Involving Pedalcycle	
13. Collision Involving Animal	
14. Collision Involving Fixed Object	
15. Collision Involving Other Object	
16. Other	

SEP 03 2002

Printed in U.S.A. 65-6321 Mark Reflected by NCS M1097101-3







**TBC**  
**APPRAISERS, INC.**  
 TRUCKS AND TRAILERS

# Appraisal Report

3205 Latham Drive  
 Madison WI 53713

608-274-6776

Fax:

608-274-3032

Our File: M5802

Date: 09/12/2002

Estimate #: M5802

Appraiser: Darrel Mihlbauer

License #:

<p><b>Appraised For -</b>          General Casualty Insurance          P.O. Box 1135</p> <p>Appleton WI 54912          800-345-2065 Fax: 920-739-0490          Attention: AUTO CLAIMS          Point of Impact: LEFT FRONT          Location: FOX POINT, WI</p>	<p><b>File Information -</b>          Claim #: 097-02-36215          Policy #: Not Available          Insured: DANIEL J. MAHLIK          Date of Loss: 08/27/2002          Date Received: 09/09/2002          Date Contacted: 09/09/2002          Date Inspected: 09/12/2002 Days to Repair: 4          Loss Type: Collision</p>
<p><b>Vehicle Owner -</b>          DANIEL J. MAHLIK          7880 N. CLUB CIRCLE          FOX POINT WI 53217-</p> <p>Home Telephone: - -          Work Telephone: 414-254-7940 Ext:</p>	<p><b>Vehicle Information -</b>          Make: 2000 LAND ROVER          Model: DISCOVERY II          Style: UTILITY WGN.          Color: BLACK          Plate: 536-ASN Mileage: 26271          VIN: SALTY1248YA280860</p>

I have inspected this vehicle and have an agreed figure to repair with:

Repairer: Van Collision & Alterations  
 Address: 938 W National Avenue  
 Milwaukee, WI 53204  
 414-389-9999 Fax: 414-389-9940

Registration #:

A copy of the appraisal has been left with or faxed to this shop.

Accepted by \_\_\_\_\_ Date 09/09/2002  Phone  In Person

Damages appraised at	4169.03
Suggested Settlement	4169.03
Deductible	1000.00
Suggested Payment	3169.03

A copy of the appraisal has been left with or faxed to the owner.

Appraiser

Comments: NO PAYMENT WAS MADE ON THIS FILE. THANK YOU FOR THIS ASSIGNMENT.

Appraiser Darrel Mihlbauer

MEMBER I.A.D.A.  
T.E.C. DAMAGE APPRAISERS  
3205 LATHAM DRIVE  
MADISON, WI 53713  
PHONE: 608-274-6776 FAX: 608-274-3032

CD LOG NO 395 -0

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ESTIMATE

CLAIM INFORMATION

CLAIM #	097-02-36215	POLICY #	
COMPANY	General Casualty Insurance	CLAIM REP	
INSURED	DANIEL J. MAHLIK	LOSS DATE	08-27-02
CLAIMANT		LOSS TYPE	COLLISION
FILE HNDLR		FILE #	M5802

INSPECTION

COMPANY	TEC Appraisers, Inc.		
TYPE	INDEPENDENT FIELD		
PRIMARY POI	FRONT END LEFT	SECOND POI	FRONT END RIGHT
APPRAISER NAME	DARREL MIHLBAUER		
WORK PHONE	(262) 363-2748	FAX	(262) 363-2748
ADDRESS	304 LINCOLN AVE	INSP DATE	09-12-02
CITY STATE	MUKWONAGO WI	LOCATION	7880 N. CLUB CIRCLE
ZIP	53149-	CITY STATE	FOX POINT WI

OWNER

DANIEL J. MAHLIK	WORK#(414) 254-7940
7880 N. CLUB CIRCLE	HOME#
FOX POINT WI 53217-	

REPAIR

ATTN AL	SHOP LIC#
VAN COLLISION & ALTERATIONS	CAR IN
938 W. NATIONAL AVE.	CAR OUT
MILWAUKEE WI 53204-	REPAIR 5 DAYS
	REG. ID 39-1892773
SHOP PHONE (414) 389-9999	FAX (414) 389-9940

VEHICLE

2000 LAND ROVER DISCOVERY SERIES II 4 DR WAGON  
8CYL GASOLINE 4.0

OPTIONS

TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES  
BUMPER COVER MOUNTED FOG LAMPS

BODY COLOR	BLACK	MILEAGE	26,271
CONDITION	GOOD	VIN	SALTY1248YA280860
LICENSE #	536-ASN	CODE	LR31
LICENSE STATE	WI	VEH INSP #	

REMARKS:

OP CODES:

\* = USER-ENTERED VALUE E = REPLACE OEM NG = REPLACE NAGS

EC = QUALITY REPL. PART UC = RECONDITIONED PRT UM = REMAN/REBUILT PRT  
 EU = LIKE KIND & QUAL. PRT EP = QUAL. REPL. PRT. RPT 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

OP	GDE	MC	DESCRIPTION	MFR. PART NO.	PRICE	AJ% B%	HOURS	R
E	0004	01	BUMPER, FRONT	DPB104620	584.83		2.7	1
L	0004		BUMPER, FRONT	REFINISH			3.4	4
				2.3 Surface				
				0.6 Two-stage setup				
				0.5 Two-stage				
E	0017		FILLER, FRONT BUMPER LT	AWR4715	43.88		INC	1
L	0017		FILLER, FRONT BUMPER LT	REFINISH			0.4	4
				0.3 Surface				
				0.1 Two-stage				
E	0011		BRKT, FRONT BUMPER M LT	ABU700031	12.01		INC	1
E	0012		BRKT, FRONT BUMPER M RT	ABU700041	12.01		INC	1
E	0041		HEADLAMP ASSY, HALOG LT	XBC105170	65.00		INC	1
N	0954		FOG LAMPS AIM	ADDITIONAL LABOR			0.3	1
N	0973		HEADLAMPS AIM	ADDITIONAL LABOR			0.5	1
E	0034		BULB, HALOGEN HEADLA LT	589783	23.45		INC	1
E	0045		PNL, HEADLAMP TRIM O LT	DH100710PCM	55.53		INC	1
L	0045		PNL, HEADLAMP TRIM O LT	REFINISH			0.6	4
				0.5 Surface				
				0.1 Two-stage				
E	0067		ADJUSTER, HEADLAMP	LT STC1232	22.31			1
E	0367	04	MOTOR, HEADLAMP	LT AWR2706			INC	1
E	0360		SOCKET, HEADLAMP	LT STC1240	5.07		INC	1
E	0071		PARKLAMP ASSEMBLY	LT XBD100880	38.99		INC	1
RI	0057		LAMP, SIDE MARKER	LT R&I ASSEMBLY			INC	1
RI	0058		LAMP, SIDE MARKER	RT R&I ASSEMBLY			0.1	1
E	0083		PANEL, HOOD	BKA700040	571.03		1.9	1
L	0083		PANEL, HOOD	REFINISH			4.8	4
				3.0 Surface				
				1.0 Edge				
				0.8 Two-stage				
E	0079	01	N/PLATE, HOOD PANEL	DAG100370LQQ	42.86		0.2	1
E	0084		HINGE, HOOD PANEL	LT BKB700030	39.40		0.2	1
L	0084		HINGE, HOOD PANEL	LT REFINISH			0.4	4
				0.3 Surface				
				0.1 Two-stage				
E	0085		HINGE, HOOD PANEL	RT BKB700020	39.40		0.2	1
L	0085		HINGE, HOOD PANEL	RT REFINISH			0.4	4
				0.3 Surface				
				0.1 Two-stage				
E	1360		CLIP, HOOD INSULATOR	MULTI-PART	8.50*			1
E	0103		FENDER, FRONT	LT ASB700110	393.87		2.6	1
L	0103		FENDER, FRONT	LT REFINISH			3.0	4

2000 LAND ROVER DISCOVERY SERIES II 4 DR WAGON  
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			2.0 Surface	
			0.5 Edge	
			0.5 Two-stage	
I	0104	FENDER, FRONT	RT REPAIR	1.0*1
L	0104	FENDER, FRONT	RT REFINISH	2.4 4
			2.0 Surface	
			0.4 Two-stage	
RI	0110	FLARE, WHEEL OPENING	LT R&I ASSEMBLY	INC 1
RI	0111	FLARE, WHEEL OPENING	RT R&I ASSEMBLY	INC 1
N	0974	SUSPENSION ALIGN, FRT	ADDITIONAL LABOR	1.5 2
RI	1042	NOZZLE, W/S WASHER	LT R&I ASSEMBLY	INC 1
RI	1043	NOZZLE, W/S WASHER	RT R&I ASSEMBLY	INC 1
E	M03	FLEX ADDITIVE	REPLACE OEM	10.00* 0.0*4
E	M05	RUSTPROOFING	REPLACE OEM	10.00* 0.3*4
L	M14	CORROSION PROTECTION	REFINISH	0.3*4
E	M18	SET-UP AND MEASURE	REPLACE OEM	2.0*3
SB	M60	HAZARDOUS WASTE REMOVA	SUBLET	3.00* 1
I	M64	UNIBODY-FRAME ALIGNMEN	REPAIR	4.0*3
L	M66	COLOR SAND AND BUFF	REFINISH	1.5*4
I		CORE SUPPORT & INNER F	REPAIR	0.00* 1.0*1*
BR		CORE SUPORT	BLEND REFINISH	0.5*4*
			0.5* Blend	

44 ITEMS

MC MESSAGE  
 01 CALL DEALER FOR EXACT PART # / PRICE  
 04 PRICE NOT YET AVAILABLE, CALL LOCAL DEALER

FINAL CALCULATIONS & ENTRIES

PARTS

GROSS PARTS	\$ 1,978.14
OTHER PARTS	
PAINT MATERIAL	\$ 350.00 **

ADJUSTMENTS

DISCOUNT

MARKUP

PARTS TOTAL		\$ 2,328.14
TAX ON PARTS & MATERIAL @ 5.600%		\$ 130.38

LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	\$ 44.00	7.9	2.8	\$	470.80
2-MECH/ELEC	\$ 60.00		1.5	\$	90.00
3-FRAME	\$ 44.00	2.0	4.0	\$	264.00
4-REFINISH	\$ 44.00	18.0		\$	792.00
5-PAINT	\$ 24.00				

LABOR TOTAL		\$ 1,616.80
TAX ON LABOR @ 5.600%		\$ 90.54
TAX ON SUBLET @ 5.600%		\$ 0.17
SUBLET REPAIRS		\$ 3.00
TOWING		
STORAGE		



2000 LAND ROVER DISCOVERY SERIES II 4 DR WAGON  
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GROSS TOTAL	\$ 4,169.03
LESS: DEDUCTIBLE	\$ 1,000.00-
NET TOTAL	\$ 3,169.03

PXN Y/00/00/00/00/00 CUM 00/00/00/00/00 Geocode: 53214 MILWAUKEE  
ADP PENPRO W0405 ES LOG395 -0 09-12-02 13:22:24 REL 4.05 SW06/02 DT08/02  
(C) 1993 - 2002 ADP CLAIMS SOLUTIONS GROUP, INC.

\*\* USER-ESTABLISHED THRESHOLD FOR PAINT MATERIAL HAS BEEN REACHED AND  
CALCULATED IN THIS ESTIMATE. ANY ADDITIONAL MATERIALS MAY REQUIRE  
FURTHER APPROVAL. \*\*

3.2 HRS WERE ADDED TO THIS EST. BASED ON ADP'S TWO-STAGE REFINISH FORMULA.

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

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THIS IS NOT AN AUTHORIZATION TO REPAIR. AUTHORIZATION COMES FROM OWNER.  
NO SUPPLEMENTS WITHOUT PRIOR APPROVAL.

Afni Insurance Services  
P.O. Box 3068  
Bloomington IL 61702-3068

*[Faint handwritten text, possibly a name or address]*

*CITY CLERK - ATT N CLAIMS*

