

GREAT WEST
Casualty Company

1100 West 29th Street • P.O. Box 277
South Sioux City, NE 68776-0277 • 402-494-2411

The Difference is Service®

July 30, 2001

CITY OF MILWAUKEE
CITY ATTORNEY'S OFFICE
ATTN MR BOB OVERHOLT
200 EAST WELLS STREET RM 800
MILWAUKEE WI 53202

CITY OF MILWAUKEE
2001 AUG - 3 PM 3:35
RONALD D. LEONHARDT
CITY CLERK

RE: O/File: 729769-M-952
O/Insured: Badger State Western, Inc.
O/Driver: Robert Schultz
D/Loss: 5/29/01
Claimant: City of Milwaukee

Dear Mr. Overholt:

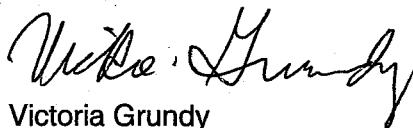
I am writing to you with regard to the above-referenced accident, which occurred on May 29, 2001 at 3154 South Chase Street in Milwaukee, when our insured struck a tree in the parking area of that address. Our insured was driving a 2000 Volvo conventional tractor/trailer unit when he was in the right lane of Chase Street. Our insured trailer struck the tree causing damages to our insured 1998 Wabash reefer trailer in the amount of \$11,362.50. Documentation of our claim is enclosed with this letter.

We are looking to your office for reimbursement of the damages sustained to our insured trailer and at this time I request that you please issue your check in the amount of \$11,362.50 made payable to Great West Casualty Company as subrogee of Badger State Western, Inc. We will then be in a position to reimburse our insured for their collision deductible of \$1,000.00.

Thank you for your assistance in this matter.

Sincerely yours,

GREAT WEST CASUALTY COMPANY



Victoria Grundy
Subrogation Specialist
402-494-7375

DVGjl30cm/mca

Cc: Badger State Western, Inc.
HNI Company, Inc.

CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY
2001 AUG - 6 PM 3:13

WE CAN PROVIDE BETTER CUSTOMER SERVICE WHEN YOU REFER TO THE ABOVE FILE NUMBER

ALL PAYEES MUST ENDORSE CHECK AS DRAWN

INSURED: BADGER STATE WESTERN INC
OWNER:
CLAIMANT: BADGER STATE WESTERN INC
VEHICLE: 1998 WABASH REEFER - 532057

CHECK NO: 1889462
DATE: 07/10/01
CLAIM NO: 729769-M U01

PAY TO THE MIDWEST TRAILER SALES
ORDER OF AND ASSOCIATED BANK

AMOUNT: *****10,362.50

REMARKS: FULL PAYMENT FOR INVOICE 2211900017 LESS DEDUCTIBLE
OUR ADJUSTER IS JEFF JACKSON. THANK YOU.

SEND TO: MIDWEST TRAILER SALES
4107 TERMINAL DRIVE
MCFARLAND WI 53558

POLICY NO: CLP04772M
AGENT: 0818
DATE OF LOSS: 05/29/01
TYPE OF LOSS: COLLISION
IRS #: 391406900
TRANS CODE: 210
O.P.: EVR9
IMG

(PLEASE DETACH BEFORE ENDORSING)

GREAT WEST CASUALTY COMPANY
1100 WEST 29TH STREET
SOUTH SIOUX CITY NE 68776

CHECK FOR
210

CHECK NO
56-382
412 1889462

PAY TO THE ORDER OF MIDWEST TRAILER SALES
AND ASSOCIATED BANK

DATE
7/10/01
AMOUNT
*****10,362.50

*****10,362DOLLARS and 50 CENTS-----

PAYABLE FOR FULL PAYMENT FOR INVOICE 2211900017 LESS DEDUCTIBLE

POLICY NUMBER	CLAIM NUMBER	INSURED	DATE OF LOSS	I.R.S. NUMBER
CLP04772M	729769-M U01	BADGER STATE WESTERN INC	05/29/01	391406900

WELLS FARGO BANK OHIO, N.A.
VAN WERT OHIO

VALID ONLY WITHIN
SIX MONTHS OF ISSUE

b1889462b a041203824a 9600005906b

CLAIM FILE COPY

VOID

AUTHORIZED SIGNATURE

Midwest Trailer Sales

REMIT TO: 4107 Terminal Drive
McFarland, Wisconsin 53558

4107 Terminal Drive
McFarland, Wisconsin 53558
608-838-4164 • Fax 608-838-8755

W4684 Highway G
Merrill, Wisconsin 54452
715-536-6364 • Fax 715-536-6219

INVOICE DATE	
07/09/2001 04:48PM	
INVOICE NO.	PAGE
2211900017	1
CUSTOMER NO.	BRANCH
04559	*2*

SOLD TO
BADGER STATE WESTERN
PO BOX N
ABBOTSFORD WI 54405

SHIP TO
BADGER STATE WESTERN
710 S 4TH ST
ABBOTSFORD WI 54405

CUSTOMER PO	ORDER NO.	PHONE	EXTENSION
001418	(715) 223-2667	JK	000/000

TERMS: (00) NET 30

UNIT: 223 YEAR: MAKE/MODEL: WABASH

SERIAL: WL532057 MILEAGE: NA

OB#01 03 001 07 REMOVE AND REINSTALL UNIT

09 (Y) - TRAILER SERVICE

REMOVE AND REINSTALL UNIT AND CHUTE TO ACCESS REPAIRS.

FITTINGS AND MISC.

MISC SUBTOTAL	25.00
PARTS SUBTOTAL	0.00
LABOR SUBTOTAL	225.00
SHOP SUPPLIES	4.50
	2.50
** JOB SUBTOTAL	257.00

OB#02 01 011 03 REPLACE NOSE RAIL

09 (Y) - TRAILER SERVICE

REPLACE NOSE RAIL

1 RVBH14X12	RIVET, 1/4 X 1/2, BRAZI \$15.44
24 RVMGLP-U8-B	RIVET MAGNA-LOK, STAINL \$1.60
1 WNO4A00735	NOSE RAIL, 102" REEFE \$130.65
2 TEM6320	SILAPRENE SEALANT/ADHE \$9.45
	MISCELLANEOUS PARTS

9.65EA	9.65
1.00EA	24.00
95.17EA*	95.17
6.31EA	12.62
	7.50
	7.50
	141.44
	270.00
	5.40
	4.05
** JOB SUBTOTAL	428.39

OB#03 01 011 05 REPLACE FRONT CORNER RADIUS POST

09 (Y) - TRAILER SERVICE

REPLACE CURBSIDE INNER AND OUTER CORNER PANELS

1 RVBH316X12	RIVET, 3/16 X 1/2, BRAZI \$8.69
1 WNO4A00331	CORNER RADIUS - WABA \$138.24
1 WNO4A01164	INNER CORNER LINER, AL \$97.69

8.00EA*	8.00
100.78EA*	100.78
71.16EA*	71.16
	179.94
	270.00
	5.40
	4.05
** JOB SUBTOTAL	459.39

OB#04 01 012 06 REPLACE SIDE POST

09 (Y) - TRAILER SERVICE

REPLACE 14 CURBSIDE POSTS AND FIRING

FREIGHT	SUB TOTAL	TAX STATUS/STATE	SALES TAX	PLEASE PAY V
				CONTINUED

Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

CUSTOMER SIGNATURE

Midwest Trailer Sales

REMIT TO: 4107 Terminal Drive
McFarland, Wisconsin 53558

4107 Terminal Drive
McFarland, Wisconsin 53558
608-838-4164 • Fax 608-838-8755

W4684 Highway G
Menill, Wisconsin 54452
715-536-6364 • Fax 715-536-6219

INVOICE DATE	
07/09/2001 04:48PM	PAGE
INVOICE NO.	
2211900017	2
CUSTOMER NO.	BRANCH
04550	*2*

SOLD TO
BADGER STATE WESTERN
PO BOX N
ABBOTSFORD WI 54405

SHIP TO
BADGER STATE WESTERN
710 S 4TH ST
ABBOTSFORD WI 54405

CUSTOMER P.O.	TRADE ORDER NO.	QUANTITY	PRICE PER	EXTENSION
001418	(715) 223-2567			000/000
14 WNE515112A	SIDE POST, REEFER, 1" A	\$28.11	20.62EA	288.68
100 FSFS14X2	FLOOR SCREW, 1/4 X 2, TORX HD.		0.12EA*	12.00
56 RVMGLP-U8-6	RIVET MAGNA-LOK, STAINL \$1.60		1.00EA	56.00
	FIRING			45.00
	MISC SUBTOTAL			45.00
	PARTS SUBTOTAL			356.68
	LABOR SUBTOTAL			315.00
	SHOP SUPPLIES			6.30
	** JOB SUBTOTAL			0.75
				723.73
7.00 HOURS				
DOB#05 01 012 05 REPLACE SIDE PANEL				
09 (Y) - TRAILER SERVICE				
REPLACE 3 CURBSIDE PANELS				
3 WND1C00059	SIDE SHEET, 15 CORRUG	\$116.85	85.69EA	257.07
1 WNE0821200	J-MOLDING #5035	\$10.89	7.98EA	7.98
2 RVBH316X12	RIVET, 3/16 X 1/2, BRAZI	\$8.69	8.00EA*	16.00
2 RVBH14X12	RIVET, 1/4 X 1/2, BRAZI	\$15.44	9.65EA*	19.30
	MISCELLANEOUS PARTS			10.00
2 TEM6328	SILAPRENE SEALANT/ADHE \$9.45		6.31EA	12.62
	100			10.00
	MISC SUBTOTAL			312.97
	PARTS SUBTOTAL			630.00
	LABOR SUBTOTAL			12.60
	SHOP SUPPLIES			5.40
	** JOB SUBTOTAL			970.97
14.00 HOURS				
DOB#06 01 012 01 REPLACE UPPER SIDE RAIL				
09 (Y) - TRAILER SERVICE				
REPLACE CURBSIDE TOP RAIL				
53 WNE3216260	TOP RAIL-UPPER, 2-PC, 51	\$3.25	3.12EA*	165.36
53 WNE3226260	TOP RAIL-LOWER, 2-PC, 51	\$7.62	6.16FT*	326.48
60 RVMGLP-U8-6	RIVET MAGNA-LOK, STAINL \$1.60		1.00EA	60.00
2 RVUH14X12	RIVET, 1/4 X 1/2, UNIVE	\$16.88	10.55EA	21.10
1 RVUH14X58	RIVET, 1/4 X 5/8, UNIVE	\$15.44	9.65EA	9.65
2 TEM6328	SILAPRENE SEALANT/ADHE \$9.45		6.31EA	12.62
	MISCELLANEOUS PARTS			10.00
	MISC SUBTOTAL			10.00
	PARTS SUBTOTAL			595.21
	LABOR SUBTOTAL			900.00
	SHOP SUPPLIES			18.00
				15.00

FREIGHT	SUB TOTAL	TAX STATUS/STATE	SALES TAX	PLEASE PAY
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CONTINUED

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CUSTOMER SIGNATURE

Midwest Trailer Sales

REMIT TO: 4107 Terminal Drive
McFarland, Wisconsin 53558

4107 Terminal Drive
McFarland, Wisconsin 53558
608-838-4164 • Fax 608-838-8755

W4684 Highway O
Merrill, Wisconsin 54452
715-536-6364 • Fax 715-536-6219

INVOICE DATE	
07/09/2001	04:48PM
INVOICE NO.	PAGE
2211900017	3
CUSTOMER NO.	BRANCH
04559	*2*

SOLD TO
BADGER STATE WESTERN
PO BOX N
ABBOTSFORD WI 54405

SHIP TO
BADGER STATE WESTERN
710 S 4TH ST
ABBOTSFORD WI 54405

CUSTOMER P.O.	AS ORDER NO.	(715) 223-2667	JK	000/000
001418			PRICE/PER	EXTENSION

** JOB SUBTOTAL 1538.21

OB#07 01 010 01 REPLACE ROOF BOW
09 (Y) - TRAILER SERVICE

REPLACE 10 ROOF BOWS

10 WND7200043	ROOF BOW, WNC	\$25.06	18.25EA*	182.50
40 RVMGLP-U8-6	RIVET MAGNA-LOK, STAINL	\$1.60	1.00EA	40.00
100 F5FS14X2	FLOOR SCREW, 1/4 X 2, TORX HD,		0.12EA*	12.00
	FIRING			35.00
	MISCELLANEOUS PARTS			15.00
	MISC SUBTOTAL			50.00
	PARTS SUBTOTAL			234.50
	LABOR SUBTOTAL			225.00
	SHOP SUPPLIES			4.50
				0.45

* 5.00 HOURS

** JOB SUBTOTAL 514.45

OB#08 01 010 02 REPLACE ROOF SHEET COMPLETE
09 (Y) - TRAILER SERVICE

REPLACE COMPLETE SOLAR GUARD ROOF

53 WND7100252	SOLARGUARD ROOF, .075x	\$22.19	17.25EA*	914.25
11 WNE0821200	J-MOLDING #5035	\$10.89	7.21EA*	79.31
6 RVUH14X12	RIVET, 1/4 X 1/2, UNIVE	\$16.88	10.55EA	63.30
15 TEM6325	SILAPRENE - GRAY	\$9.45	5.31EA*	79.65
	MISCELLANEOUS PARTS			15.00
	MISC SUBTOTAL			15.00
	PARTS SUBTOTAL			1136.51
	LABOR SUBTOTAL			900.00
	SHOP SUPPLIES			18.00
				12.00

* 20.00 HOURS

** JOB SUBTOTAL 2081.51

OB#09 01 007 04 INSTALL REEFER CEILING KEMLITE LINER
09 (Y) - TRAILER SERVICE

REPLACE FRONT 12' OF CEILING KEMLITE

14 KE060X102X53	CEILING LINER, .060X10	\$12.43	9.06FT*	126.84
60 RVTH14X1-NT	RIVET, 1/4 X 1, TRUSS HE	\$0.16	0.10EA	6.00
2 TEM6328	SILAPRENE SEALANT/ADHE	\$9.45	6.31EA	12.62
	TIGER HAIR			36.08
	MISCELLANEOUS PARTS			12.50
	MISC SUBTOTAL			48.58
	PARTS SUBTOTAL			145.46
	LABOR SUBTOTAL			180.00
	SHOP SUPPLIES			0.36

* 4.00 HOURS

FREIGHT	SUB TOTAL	TAX STATUS/STATE	SALES TAX	PLEASE PAY V
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CONTINUED

CUSTOMER SIGNATURE

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W4684 Highway G
Merrill, Wisconsin 54452
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INVOICE DATE	
07/08/2001 04:48PM	PAGE
INVOICE NO.	
2211800017	4
CUSTOMER NO.	BRANCH
04558	*2*

SOLD TO BADGER STATE WESTERN
PO BOX N
ABBOTSFORD WI 54405

SHIP TO BADGER STATE WESTERN
710 S 4TH ST
ABBOTSFORD WI 54405

CUSTOMER P.O.	R/S ORDER NO.	PRICE PER	EXTENSION
001418	(715) 223-2667	JK	000/000

		** JOB SUBTOTAL	0.90
			375.30
JB#10	01 007 03 INSTALL KEMLITE ON REEFER WALL		
	09 (Y) - TRAILER SERVICE		
	REPLACE COMPLETE CURBSIDE WALL KEMLITE		
53	KE120X48X48 WALL LINER - BES-485 48"	13.46EA*	713.38
72	VAVITI987 PANEL ADHESIVE \$10.08	9.12EA*	656.64
72	RVTH14X1-NT RIVET, 1/4 X 1, TRUSS HE \$0.16	0.10EA*	7.20
	MISCELLANEOUS PARTS		15.00
3	TEM6328 SILAPRENE SEALANT/ADHE \$9.45	6.31EA	18.93
	MISC SUBTOTAL		15.00
	PARTS SUBTOTAL		1396.15
	LABOR SUBTOTAL		540.00
	SHOP SUPPLIES		10.80
			7.20
	** JOB SUBTOTAL		1969.15
JB#11	01 007 09 SPRAY FOAM INSULATION PER PANEL		
	09 (Y) - TRAILER SERVICE		
	REFOAM WORK AREA		
2	WNFOMII-605 FROTH PAK/FOAM KIT, \$1208.93	776.57KT*	1553.14
	PARTS SUBTOTAL		1553.14
	LABOR SUBTOTAL		270.00
	SHOP SUPPLIES		5.40
			1.80
	** JOB SUBTOTAL		1830.34
JB#12	01 008 00 MISC ELECTRICAL LABOR		
	09 (Y) - TRAILER SERVICE		
	REPAIR LIGHTS AND WIRING		
60	PH2-122 PRIMARY WIRE, 14 GA., 10 \$0.18	0.12FT	7.20
2	GR45263 MARKER LIGHT, OVAL, AMBE \$4.04	2.96EA	5.92
6	TTST04-01-3 SHRINK TUBE - DUAL WAL \$1.15	0.69EA	4.14
	PARTS SUBTOTAL		17.26
	LABOR SUBTOTAL		45.00
	SHOP SUPPLIES		0.90
			0.90
	** JOB SUBTOTAL		64.06
OB#13	01 000 00 MISC. REPAIRS		
	09 (Y) - TRAILER SERVICE		
	SERVICE CALL TO WAUKESHA TO STRAP TRAILER		
	TO RETURN TO MCFARLAND		

SERVICE CALL	SUB TOTAL	TAX STATUS/STATE	SALES TAX	150.00	PLEASE PAY
			CONTINUED		

CUSTOMER SIGNATURE

Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

Midwest Trailer Sales

REMIT TO: 4107 Terminal Drive
McFarland, Wisconsin 53558

MIDWEST TRAILER

4107 Terminal Drive
McFarland, Wisconsin 53558
608-838-4164 • Fax 608-838-8755

W4684 Highway G
Merrill, Wisconsin 54452
715-536-6364 • Fax 715-536-6219

PAGE 06

INVOICE DATE	
07/09/2001	04:48PM
INVOICE NO.	PAGE
2211900017	5
CUSTOMER NO.	BRANCH
04559	*2*

SOLD
TO

BADGER STATE WESTERN

PO BOX N
ABBOTSFORD WI 54405

SHIP
TO

BADGER STATE WESTERN

710 S 4TH ST
ABBOTSFORD WI 54405

CUSTOMER P.O.	ORDER NO.	PRICE PER	EXTENSION
001418	(715) 223-2667	JK	000/000

MISC SUBTOTAL	150.00
PARTS SUBTOTAL	0.00
LABOR SUBTOTAL	0.00
** JOB SUBTOTAL	150.00

*TOTAL PARTS:	6069.26
*TOTAL LABOR:	4770.00
*TOTAL OTHER:	376.08
*TOTAL SHOP SUPPLIES:	92.16
*TOTAL DISPOSAL FEE:	55.00

NEW MCFARLAND HOURS
M-F 7AM - 8PM
SATURDAYS 8AM - NOON.

FREIGHT	SUB TOTAL	TAX STATUS/STATE	SALES TAX	PLEASE PAY \$
	11362.50	EXEMPT WI	0.00	11362.50

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06/11/01 14:18:27

->1 715 223 3623

Page 002

SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

FAX

HILL COMPANY INC PO BOX 510187 NEW BERLIN, WI 53151

TO GREAT WEST CASUALTY COMPANY P.O. Box 4555 Bloomington, IN 47 ("Company")

POLICY #	CLAIM #	LOSS DATE	TYPE OF LOSS
CLP04772M	729769	5/29/2001	COLLISION

By your Policy of Insurance above described, you insured:
BADGER STATE WESTERN INC

("Insured")

according to the terms and conditions contained therein, including the written portion thereof and all endorsements, transfers and assignments attached thereto, on automobile described as follows:

MAKE	BODY TYPE	YEAR	SERIAL NUMBER
WABASH	REEFER TRAILER	1998	532057

against the peril(s) of: COLLISION

which loss upon the best knowledge and belief of the Insured was caused by said peril(s). A Loss occurred on May 29, 2001

ACTUAL LOSS AND DAMAGE to above-described automobile as a result of said loss was	11,363.54
Less deductible	1,000.00
INSURED HEREBY CLAIMS OF THIS COMPANY and will accept from this Company in full release and satisfaction in compromise settlement of all claims under this policy the sum of	10,363.54

ASSIGNMENT OF INTEREST: Upon payment of claim for total loss by theft of automobile above described, the Insured does undertake to execute all instruments necessary to transfer, assign and set over unto the Company all rights, title, and interest in said automobile, and will help the said Company, or proper authorities, to identify said automobile, if found, and will render all assistance possible to recover the said automobile or to apprehend the thieves.

SUBROGATION: The Insured hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the Insured and the Insured in consideration of the payment made under this policy hereby subrogates the said Company, to the extent of payments made by the Company under this policy, to all rights and causes of action the said Insured has against any person, persons or corporation who/whomever for damage arising out of or incident to said loss or damage to said property and authorizes said Company to sue in the name of the Insured any such third party, pleading full cooperation in such action.

STATEMENTS OF INSURED: The said automobile has not been used for carrying passengers for compensation, or rented, or leased, or operated in any race or speed contest, nor for any illegal purpose, during the term of this policy. The said loss did not originate by any act, design or procurement on the part of the Insured or this affiant; nothing has been done by or with the privity or consent of Insured or this affiant, to violate the conditions of this policy, or render it void; all articles mentioned herein or in the schedule annexed hereto belong to said automobile and were in possession of the Insured at the time of said loss; no property saved has been in any manner concealed, no attempt to deceive the said Company, as to the extent of said loss, has in any manner been made, and no material fact is withheld that the said Company should be advised of. Any other information that may be required will be furnished on demand and considered a part of this proof.

CERTIFICATE OF SATISFACTION AND AUTHORIZATION TO PAY OTHER THAN INSURED: The loss or damage for which this claim is made good to my/our entire satisfaction and I/we hereby release and discharge the Company from all claims and demands for loss or damage described above and authorize

payment to MIDWEST TRAILER SALES AND ASSOCIATED BANK-MARSHFIELDthe sum of \$10,363.54

State of _____ County of _____

(X) Kathy Lindgren for Badger State Western, Inc.Insured
Subscribed and sworn to before me this _____ day of _____

Notary Public

State of _____ County of _____

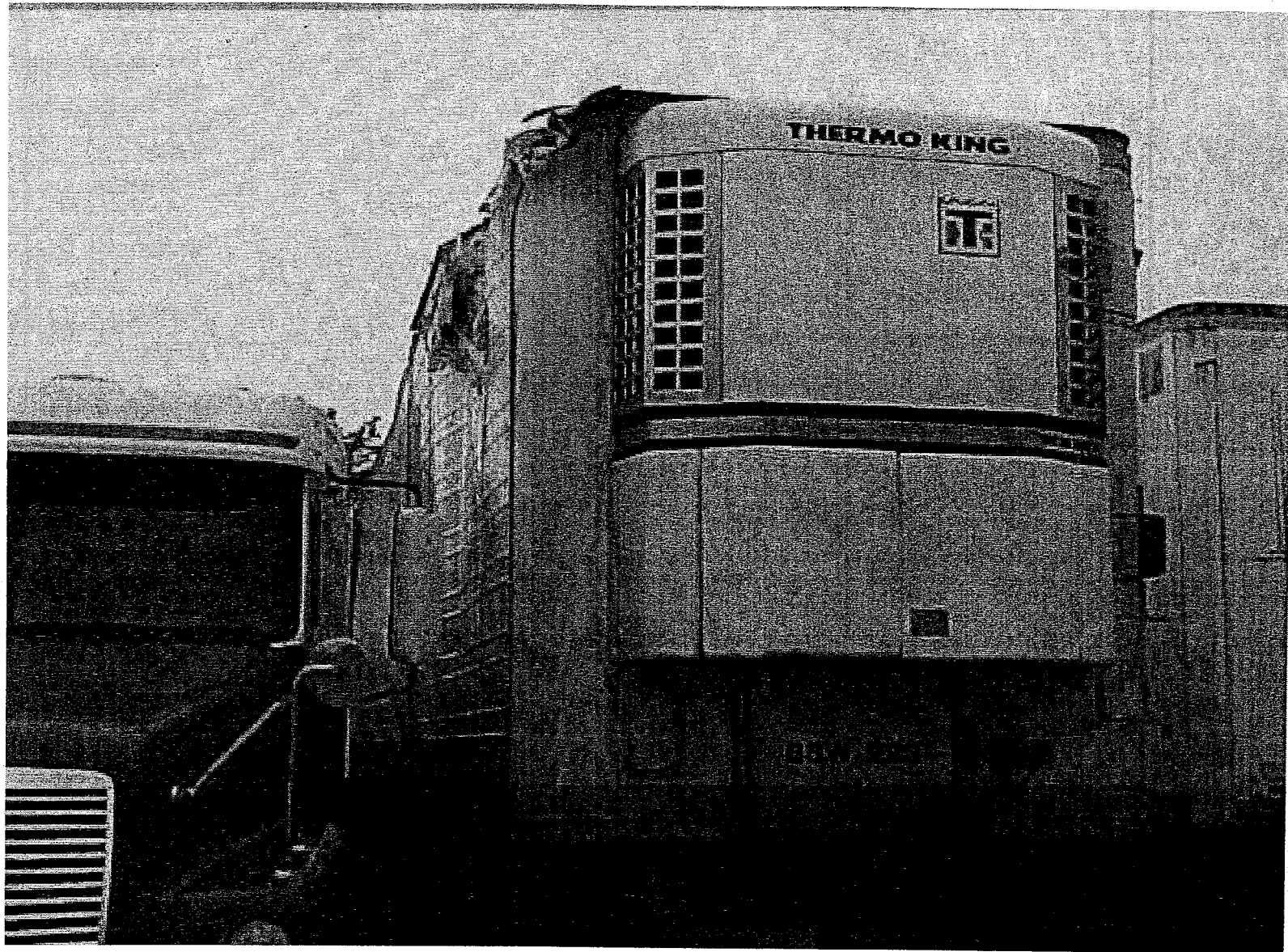
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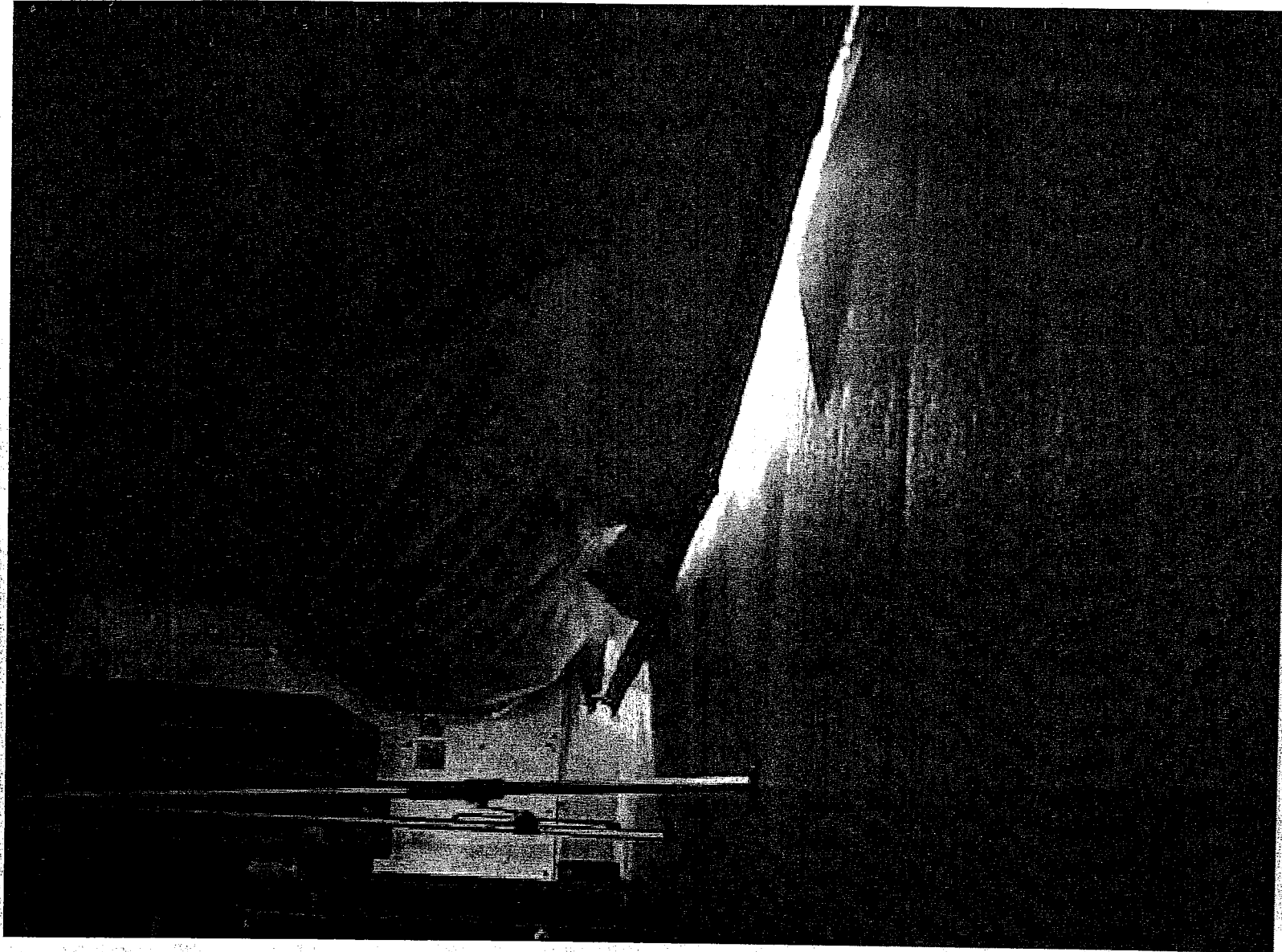
Loss Payee

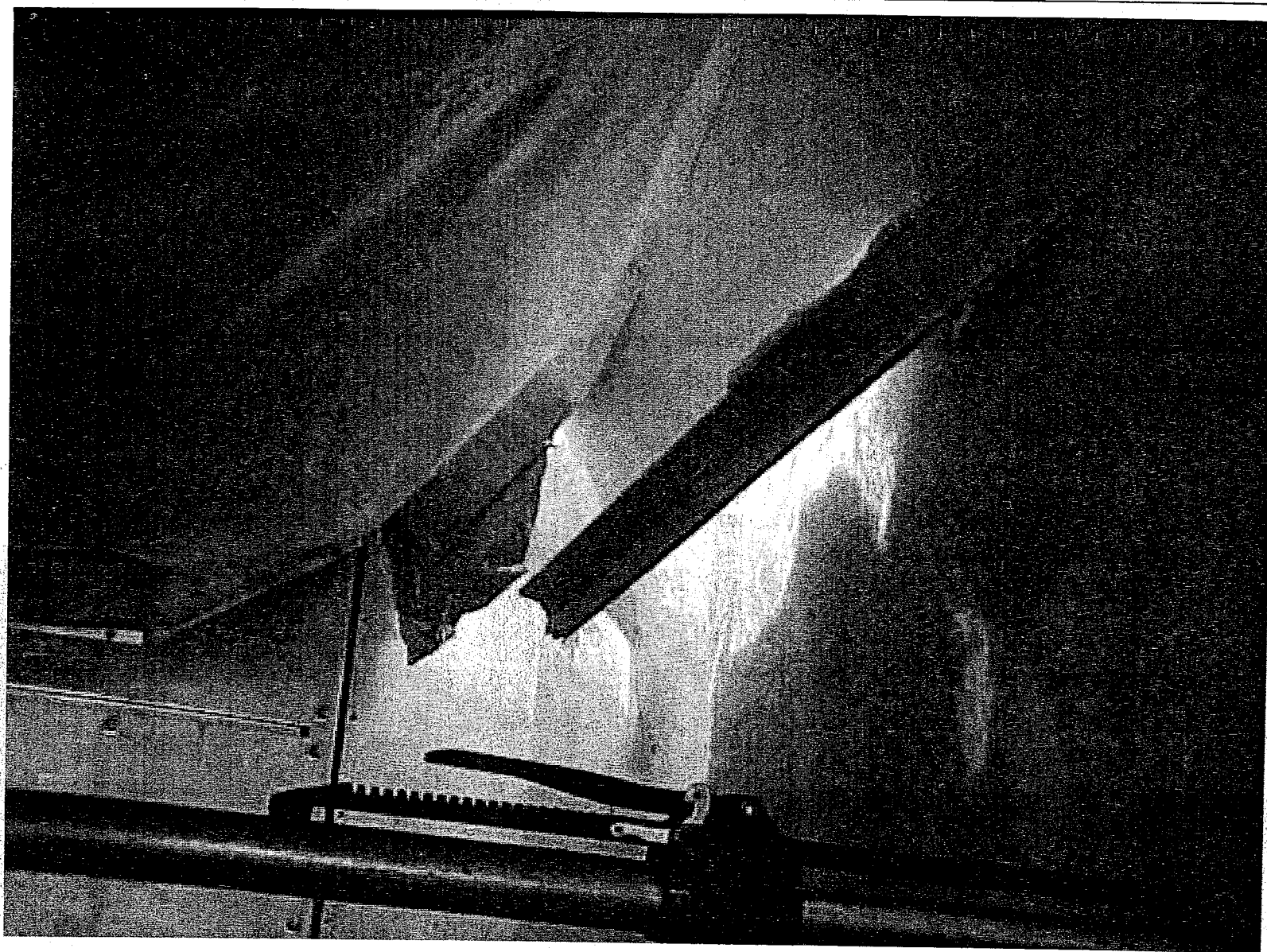
Subscribed and sworn to before me this _____ day of _____

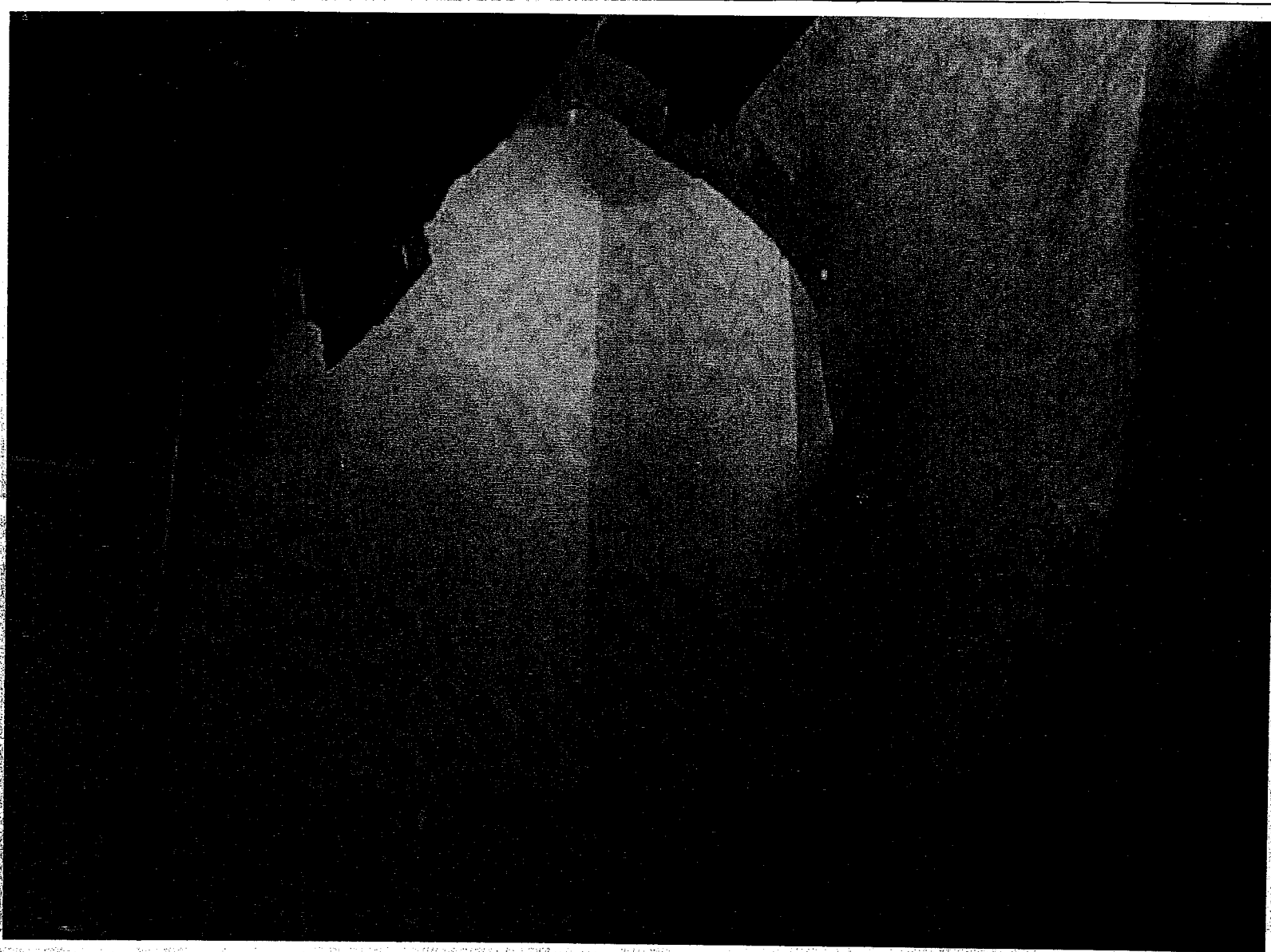
by _____ on behalf of Loss Payee _____

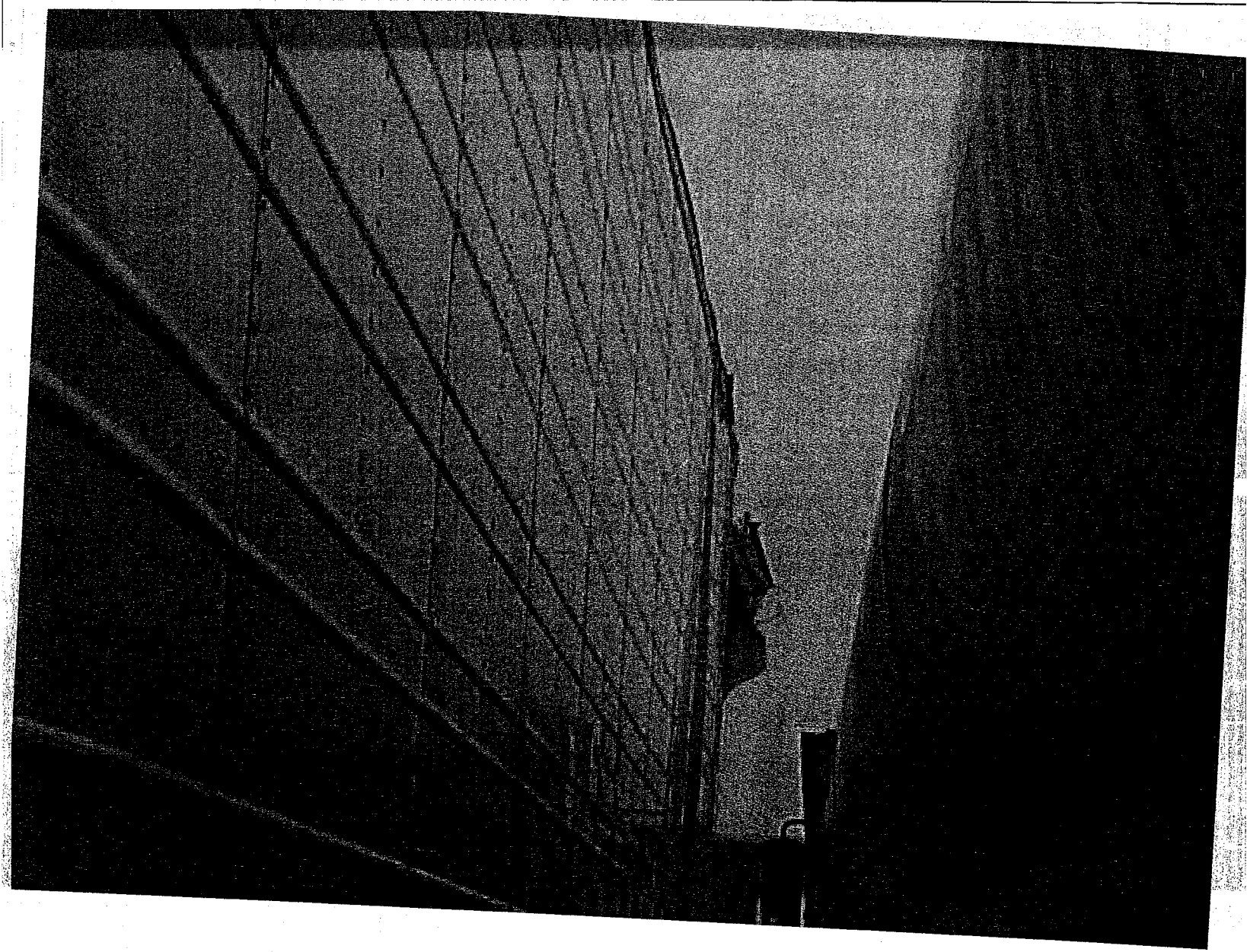
Notary Public

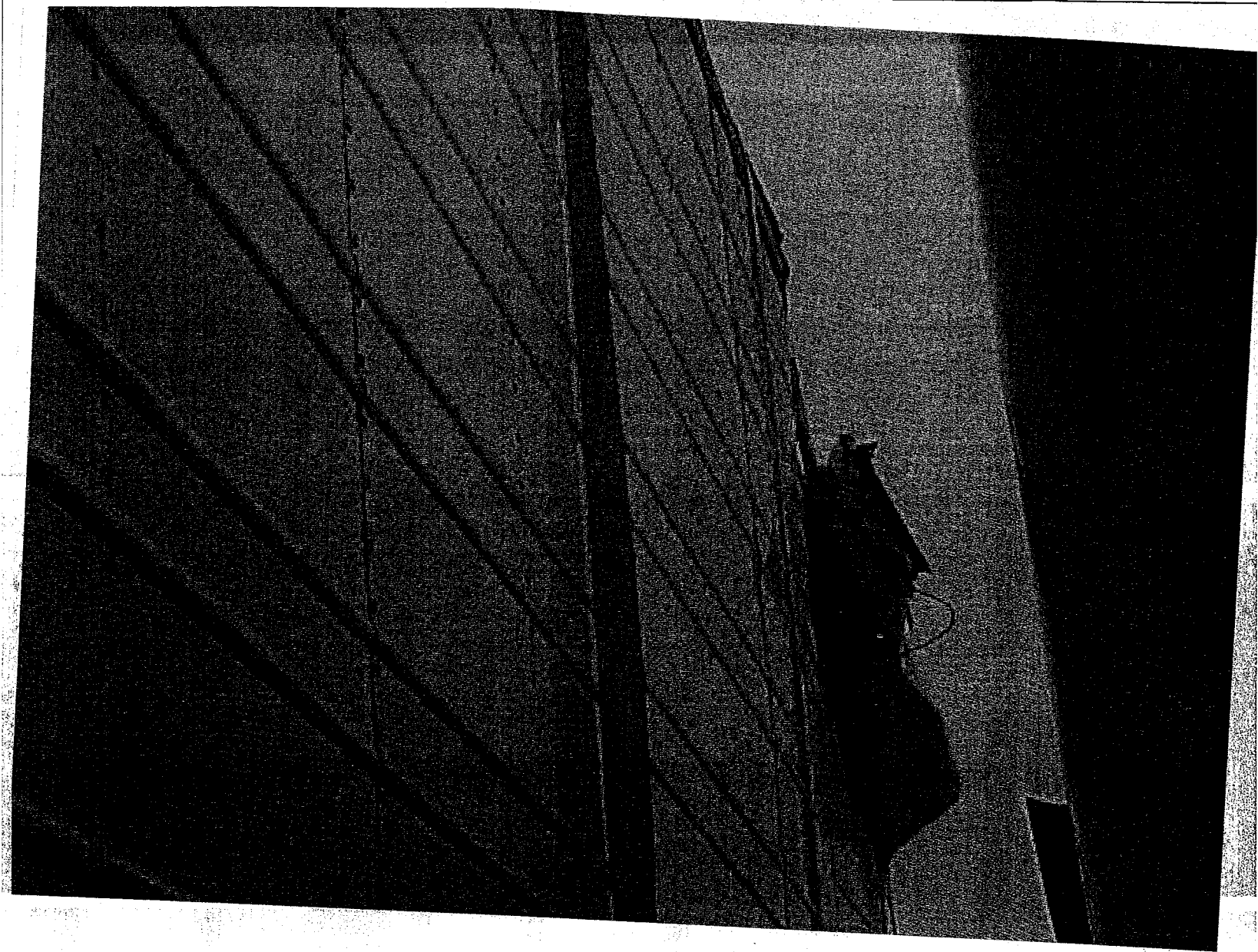


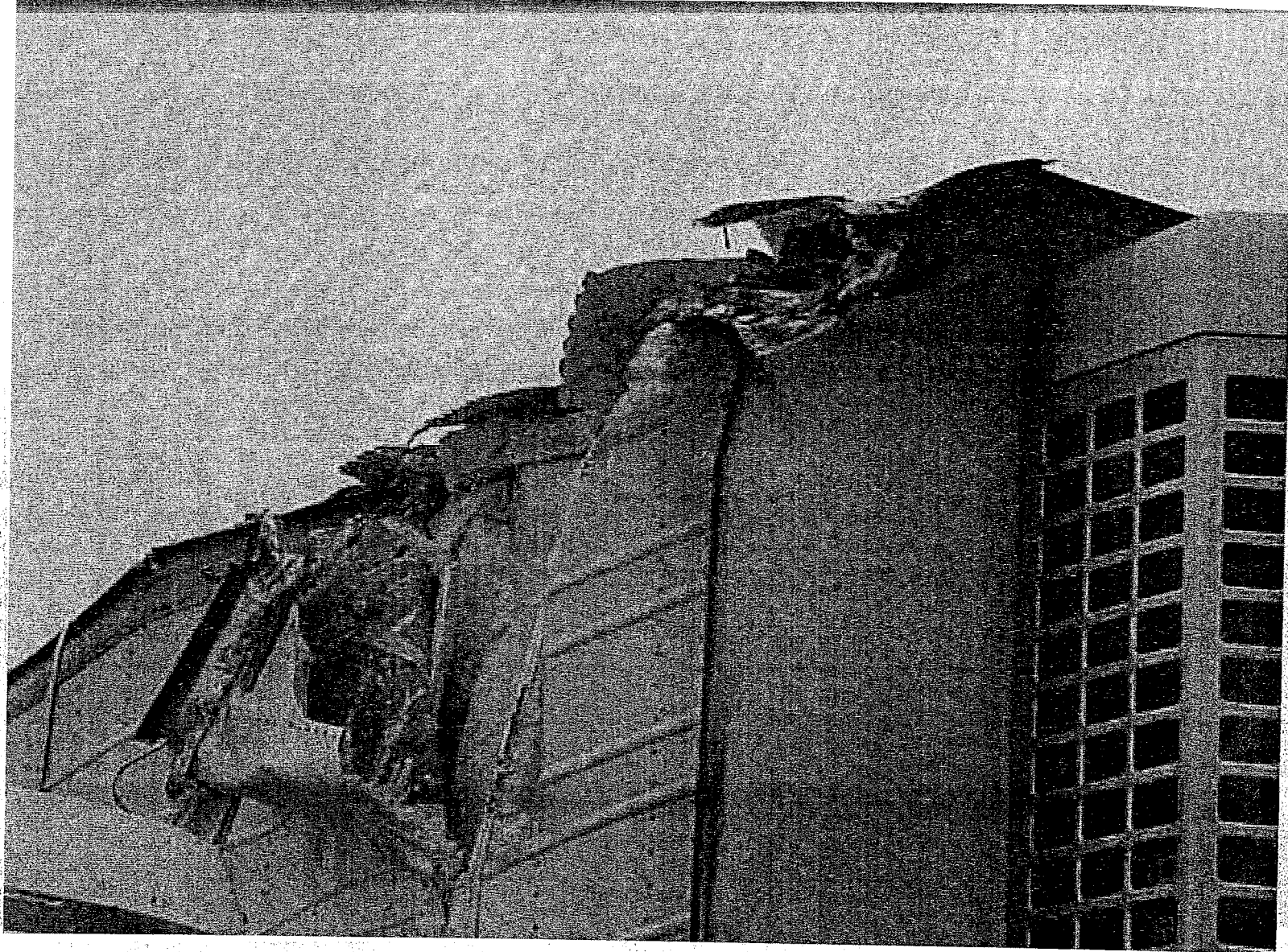












CUSTARD INSURANCE ADJUSTERS, INC.

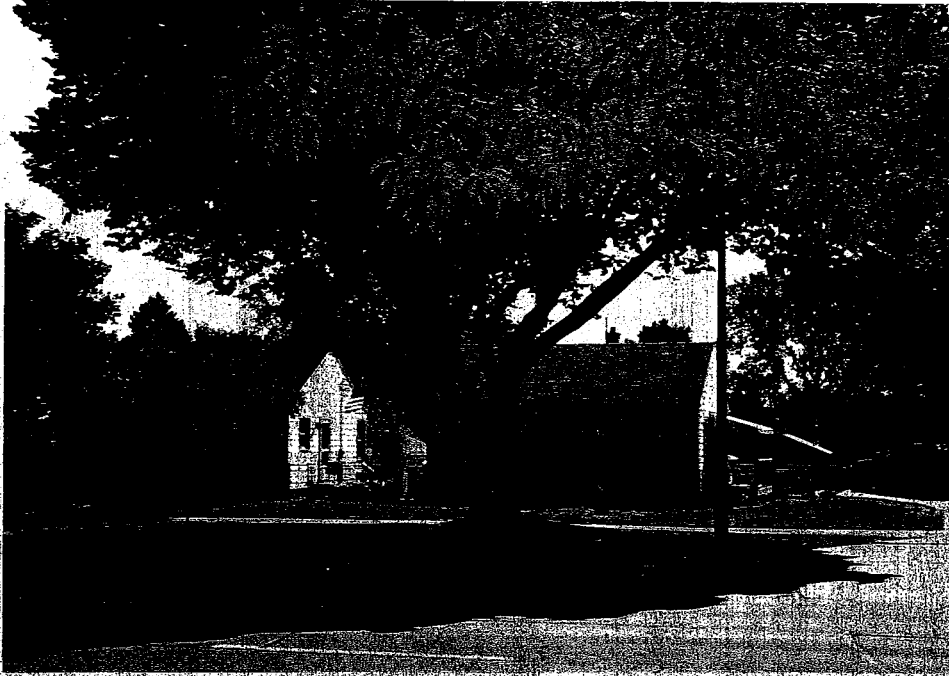


Photo # 3 Date Taken 7-16-01 Time _____ By _____
Description Photo facing E/B - dmy to tree



Photo # 4 Date Taken 7-16-01 Time _____ By _____
Description Facing N/B. on S. Chase Ave. 2 lanes w/ a
fdg lane on R against curb

CUSTARD INSURANCE ADJUSTERS, INC.



Photo # 5 Date Taken 7-16-01 Time _____ By _____
Description Facing N/E on Chase Ave.



Photo # 6 Date Taken 7-16-01 Time _____ By _____
Description Up close dmg to tree

CUSTARD INSURANCE AD



Photo # 7 Date Taken 7-16-01 Time _____ By _____
Description along to tree limit



Photo # 8 Date Taken 7-16-01 Time _____ By _____
Description Close up of tree along to limit of tree.