



May 9, 2008

MILWAUKEE CITY CLERK
200 EAST WELLS ST RM 2055
MILWAUKEE WI 53202

RE: Our Claim No.: LN2651
Our Insured: PETER SCHLACHTER
Date of Loss: 2-12-2008
C.I. File No.: 08-V-78

CITY OF MILWAUKEE
2008 MAY 13 PM 1:54
RONALD D. LEONHARDT
CITY CLERK

Dear Sir or Madam:

The City of Milwaukee has denied any liability for this motor vehicle accident. Acuity wishes to request a hearing to appeal this decision. Please forward the information for this hearing date.

If you have any questions or concerns, please contact me at 1-800-242-7666, extension 1855.

Sincerely,

Cyndy Macco
Claims Representative

CITY OF MILWAUKEE
2008 MAY 13 PM 3:08
RONALD D. LEONHARDT
CITY ATTORNEY



CITY OF MILWAUKEE

CITY OF
WI

2008 MAR -7 PM 1:01

3 3 2008

RONALD D. LEONHARDT
CITY CLERK

March 5, 2008

OFF
CITY

CITY CLERK
ATTN CLAIMS
200 E WELLS ST ROOM 205
MILWAUKEE WI 53202-3567

RE: Claim No.: LN2651
Our Insured: PETER SCHLACHTER
Date of Loss: 2-12-2008

Acuity Insurance has made payment and is seeking reimbursement. Enclosed is substantiation of payment for our insured's damages. Acuity Insurance company has made payments in the amount of \$1,627.42 and our insured's collision deductible is \$500.00. The total amount of damages are \$2,127.42.

Your prompt consideration will be appreciated.

Please be sure to include the above claim number on the payment. If you have any questions, I can be contacted at 800-242-7666, extension 1855.

Sincerely,

Cyndy Macco
Claims Representative

Enclosures

2

LN 2651

8695658

Amended Document On Emergency

Document Number Override

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:
Correct Mark:
Incorrect Marks:

Reportable Accident:

County: **40** MUN/TWP: **57**

1	0	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Accident Date

MONTH	DAY	YEAR
Jan		
Feb	12	08
Mar	0	0
Apr	1	1
May	2	2
June	3	3
July	4	4
Aug	5	5
Sept	6	6
Oct	7	7
Nov	8	8
Dec	9	9

Time of Accident (Military Time)

HOUR	MIN.
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number

UNITS INVOLVED	KILLED
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Hit & Run: Unit #

Government Property:

Fire (Narrative):

Photos Taken (Narrative): H

Trailer or Towed (Narrative):

Truck or Bus (Last Page):

Load Spillage:

Construction Zone:

Names Exchanged:

Sheet No. Of

1 / 1

ACCIDENT LOCATION

Public Highway, Intersection/Related:

Public Highway, Non-Intersection:

Parking Lot:

Private Property or Road:

Latitude (GPS) Degrees: 42 Minutes: 12 Seconds: Longitude (GPS) Degrees: 88 Minutes: 45 Seconds:

ON Hwy No. and Street Name: **11 E. BENNETT ST.** Estimated FT. MI. FROM/AT Hwy No. and Street Name: **12605**

House # Fire # Other Utility # Railroad #

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
1	1	1	N
2	2	2	N
3	3	3	N
4	4	4	N
5	5	5	N
6	6	6	N
7	7	7	N
8	8	8	N
9	9	9	N

Operator 1: **SCHLACHTER PETER H** M.I. **25** ADDRESS: **261 S. SHORE DR.** City: **MILWAUKEE WI** ZIP: **53207** Phone: **483-1754** Driver's License: **5423-683-9147-01** State: **WI** Exp. Year: **08**

Operator 2: **25** ADDRESS: **26** City: **26** ZIP: **26** Phone: **26** Driver's License: **41** State: **41** Exp. Year: **31**

Date of Birth: **04/27/39** Sex: **M** Operating as: **1** Class: **1** Endorse: **1**

On Duty Accident: Police EMT/First Responder Fire Fighter Winter Hwy Maintenance

Severity: **1** SEAT Position: **1** SAFETY Equipment: **1** AIRBAG: **1** EJECTED: **1**

TRAPPED/EXTRICATED: Not Applicable Trapped/Extricated Unknown Medical Transport

Vehicle Owner 1: **16** Last Name: **16** Street Address: **47** City & State: **48** ZIP: **49** Phone Number: **49**

Year of Vehicle: **50** Make: **51 BUICK** Model: **52 LUCARNE** Body Style: **53 HDR** Color: **54 RED**

Vehicle ID Number: **51 1G44D57202U132749** License Plate Number: **56 682-C6E** Plate Type: **57 AUT** State: **58 WI** Exp. Year: **59 08**

Policy Holder's Name: **61** Liability Insurance Company: **63 ACQUITY** Stat. #: **64**

Occupant 1: **66** Unit Number: **67** ADDRESS: **68** City & State: **69** ZIP: **69**

Address Same as Operator: EJECTED: TRAPPED/EXTRICATED: Medical Transport: Agency Space: **71**

Location: **MV4000 899** EMS Number: **71**

Police No. 3
Please Do Not Write In This Microfilm Space
Accident No. 8895658
Location 2605 E. BENNETT

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last	First	MI	Date of Birth	Sex M F	Severity R N	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number		City & State		ZIP				
Address Same as Operator Yes No	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 N	Agency Space			

Occupant Unit Number 1 2 3 4 5 6 7 8 9 10	NAME Last	First	MI	Date of Birth	Sex M F	Severity R N	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
	ADDRESS Street & Number		City & State		ZIP				
Address Same as Operator Yes No	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 N	Agency Space			

Type of Accident

First Harmful Event: NT

Most Harmful Event: Unit Number NT

(select one per vehicle)

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

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

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

Driver Condition

Unit Number

88 Driver Factors (Or Pedestrians)

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

89 Presence

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

90 Alcohol

AC Value AC Value

10 Test Not Given
11 Test Refused
12 Test Given, Alcohol Unknown
13 Test Given, No Alcohol Reported

91 Drugs

14 Test Not Given
15 Test Refused
16 Test Given, Drugs Unknown
17 Test Given, No Drugs Reported
18 Drugs Reported (Specify Below)

19 Marijuana
20 Cocaine
21 Opiates
22 Amphetamines
23 PCP
24 Other Drug Medication
25 Type Unknown

Unit #

Pedestrian Location

1 In Crosswalk
2 In Roadway
3 Not in Roadway
4 On Sidewalk

Action

1 Walking not Facing Traffic
2 Disregarded Signal
3 Daring Into Road
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 Slideswipe, Same Direction
7 Slideswipe, Opposite Direction
8 Unknown

Unit #

94 Darken Numbered Area(s) of Vehicle Damage

95 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: OWNER

Unit #

94 Darken Numbered Area(s) of Vehicle Damage

95 Extent of Damage

1 None
2 Undercarriage
3 Total (Damage to All Areas)
4 Other
5 Unknown


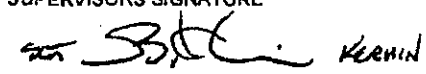
6 None
7 Very Minor
8 Minor
9 Moderate
10 Severe
11 Very Severe
12 Unknown

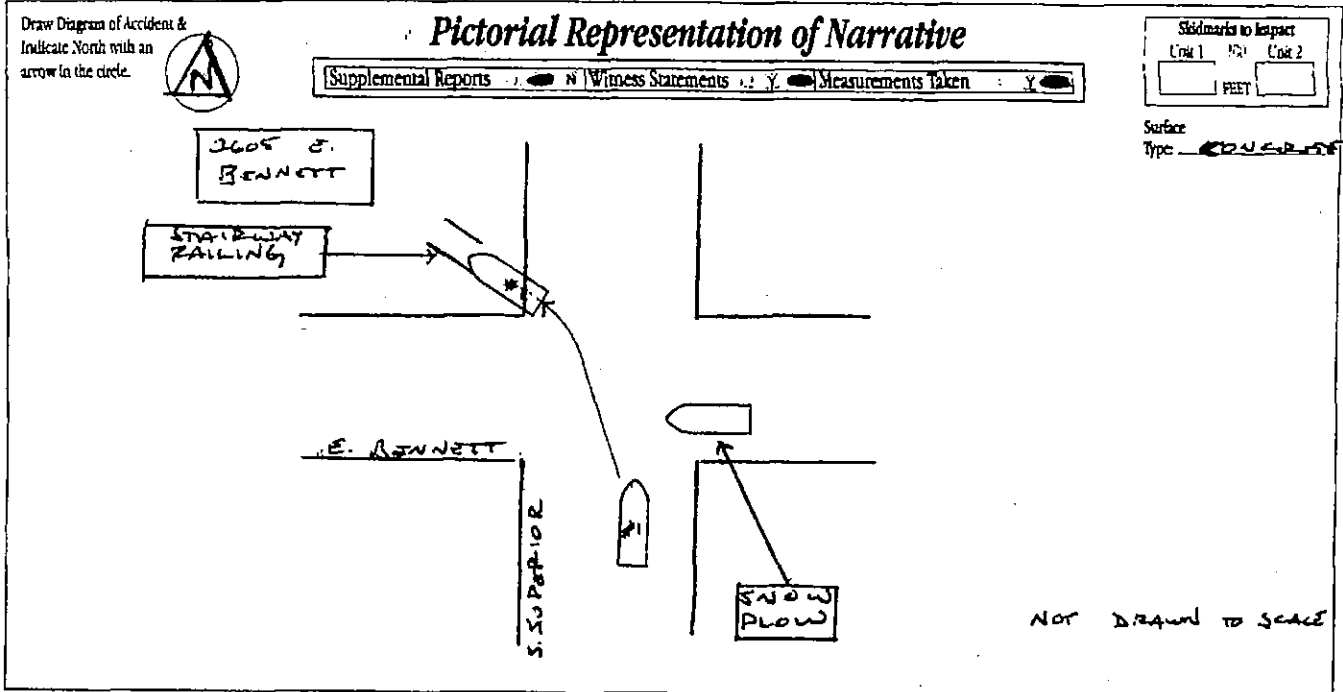
Vehicle Towed Due to Damage: (Y) (N)

Vehicle Removed By:

PROPERTY Last OWNER 84	First KINSEY	MI GINA
ADDRESS Street & Number 85 2605 E. BONNETT ST		
City & State 86 MILWAUKEE WI		ZIP 53207
Phone Number (414) 456-3657		

Govt. Damage Tag # 83

PO-15A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT		<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT		PAGE 1 OF 1	DATE OF REPORT 02/12/08	INCIDENT/ACCIDENT # 8695656
INCIDENT INFORMATION	INCIDENT PDO Accident			DATE OF INCIDENT/ACCIDENT 02/12/08		
	VICTIM			LOCATION OF INCIDENT/ACCIDENT 2605 E. Bennett Street		DIST. # 2
JUVENILE LAST NAME FIRST MIDDLE			DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER		
QUANTITY	TYPE OF PROPERTY	DESCRIPTION		SERIAL #	CODE #	VALUE
<p>This report was written by P.O. Christopher Allen, MPD District 2, Day Shift.</p> <p>On Tuesday 02/12/08, at 9:00 Am, Squad 2123 (Allen) was dispatched to a PDO Accident at E. Bennet/S. Superior.</p> <p>During my investigation I interviewed the operator of Unit #1, whom I identified as Peter H. Schlacter (W/M 04/27/39) 2651 S. Shore Dr., #483-1784. Schlacter stated that he was operating his vehicle southbound on S. Shore Dr. when he observed a snowplow partially obstructing the southbound lane while eastbound on E. Bennett Street. Schlacter stated that he thought that the snowplow was going to continue to cross S. Shore Drive so he took evasive action and veered his vehicle to the left to avoid colliding with the snowplow. Schlacter stated that due to slippery road conditions (snow) he was unable to stop his vehicle and it ran up the curb on the southeast corner of this intersection and struck a stairway railing at the residence at 2605 E. Bennett. There was minimal front end damage to Schlacter's vehicle, a 207 Buick Lucerne, VIN 1G4HD57207U132749.</p> <p>I also interviewed the driver of the plow, whom I identified as Thomas J. Dominguez (W/M 12/26/61) 5016 S. 22nd Place, #817-9766. Dominguez is a plow driver for the City of Milwaukee Department of Public Works, 2142 W. Canal, #286-5561. Dominguez stated that he was attempting to cross Superior Street while E/B on E. Bennet and had to pull partially into the intersection to check for cross traffic because of parked cars on the west side of S. Superior Street. Dominguez stated that he saw Schlacter's vehicle coming southbound on Superior so he stopped his plow. He stated that he saw Schlacter's vehicle then swerve and end up on the front curb at 2605 E. Bennett Street. The plow that Dominguez was operating, a 2006 International truck, VIN 1HTWAAAR36J323359 was not struck and therefore suffered no damage.</p> <p>I also interviewed Daniel J. Cotrone (W/M 03/14/43) 901 E. Lancaster Avenue, Whitefish Bay WI 53217, #962-8601. Cotrone stated that he was taking care of his daughter's house while she is out of town. Cotrone stated that he didn't see the accident but was notified by Schlacter that he possibly hit the railing at this address. Cotrone wasn't sure how damaged the railing was. He identified his daughter as Gina M. Kinsey (W/F 04/21/77) 2605 E. Bennett, #486-3657.</p> <p>There were no citations issued in this investigation.</p>						
REPORTING OFFICER  P.O. Christopher Allen				SUPERVISORS SIGNATURE  Kevin		
Payroll Loc Code 00799.2 21						



N UNIT #1, SOUTHBOUND ON S. SUPERIOR ST
A AT E. BENNETT ST. TOOK EVASIVE MANUEVER
R TO AVOID COLLIDING WITH A SNOW PLOW
R THAT WAS STOPPING WHILE CROSSING S.
A SUPERIOR WHILE E/B ON E. BENNETT. DUE
T TO ROAD CONDITIONS (SNOW) UNIT #1
I WAS UNABLE TO STOP AND STRUCK A
V STAIRWAY RAILING AT 2605 E. BENNETT.

Photos By: 1-5

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5)	<input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5)
<input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10)	<input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10)
<input checked="" type="radio"/> Going Straight (1)	<input type="radio"/> Making Left Turn (2)
<input type="radio"/> Making Right Turn (3)	<input type="radio"/> Slowing or Stopping (4)
<input type="radio"/> Stopped in Traffic (5)	<input type="radio"/> Legally Parked (6)
<input type="radio"/> Violating No Passing Zone (7)	<input type="radio"/> Illegally Parked (8)
<input type="radio"/> Parking Maneuver (9)	<input type="radio"/> Backing Maneuver (10)
<input type="radio"/> Changing Lanes (11)	<input type="radio"/> Overtaking on Left (12)
<input type="radio"/> Overtaking on Right (13)	<input type="radio"/> Making U Turn (14)
<input type="radio"/> Turning on Red (15)	<input type="radio"/> Merging (16)
<input type="radio"/> Negotiating Curve (17)	<input type="radio"/> Other (18)

WITNESS NAME <u>10</u>	FLIRT	M.I.
ADDRESS Street & Number <u>108</u>	Date of Birth <u>109</u>	
City & State <u>110</u>	ZIP	Phone Number <u>111</u> ()

ACCESS CONTROL 112

No Control (Unlimited Access)

Full Control (Only Ramp Entry/Exit)

Partial Control

ROAD TERRAIN 115

Part A

Straight

Curve

Part B

Level/Flat

Hill

LIGHT CONDITION 114

Daylight

Dark—Not Lighted

Dark—Lighted

Dawn

Dusk

Unknown

TRAFFIC WAY 115

Not Physically Divided (2-Way Traffic)

Divided Highway, Median Strip, without Traffic Barrier

Divided Highway, Median Strip, with Traffic Barrier

One-Way Traffic

Parking Lot or Private Property

ROAD SURFACE CONDITION 116

Dry

Wet

Snow/Slush

Ice

Sand, Mud, Dirt, Oil

Other

Unknown

WEATHER 118

Clear

Cloudy

Rain

Snow

Fog, Smog, Smoke

Sleet, Hail

Freezing Rain or Drizzle

Blowing Sand, Soil, Dirt, Snow

Severe Crosswinds

Other

Unknown

RELATION TO ROADWAY 117

On Roadway

Parking Lot or Private Property

Shoulder (Other Than Shoulder within Median or Gore)

Median (Other Than Median within Gore)

Outside Shoulder—Left

Outside Shoulder—Right

Off Roadway—Location Unknown

On Ramp

Gore (Area between Ramp & Highway)

Unknown

Traffic Control

Unit Number	Unit Number
<input checked="" type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5)	<input type="radio"/> (1) <input type="radio"/> (2) <input type="radio"/> (3) <input type="radio"/> (4) <input type="radio"/> (5)
<input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10)	<input type="radio"/> (6) <input type="radio"/> (7) <input type="radio"/> (8) <input type="radio"/> (9) <input type="radio"/> (10)
<input checked="" type="radio"/> No Control (1)	<input type="radio"/> Traffic Signal Operating (2)
<input type="radio"/> Traffic Signal Flashing (3)	<input type="radio"/> Stop Sign (4)
<input type="radio"/> Stop Sign with Flasher Warning (5)	<input type="radio"/> Warn Sign with Flasher (6)
<input type="radio"/> Yield Sign (7)	<input type="radio"/> Traffic Control Person (8)
<input type="radio"/> RR-xing Signal (9)	<input type="radio"/> Other (10)

Officer's Opinion of Possible Contributing Circumstances

Document Number Override

121

Driver Factors	
Unit Number <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	Unit Number <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
<input type="radio"/> N/A	<input type="radio"/> N/A
<input type="radio"/> 1 Exceeding Speed Limit	<input type="radio"/> 11 Disregarded Traffic Control
<input type="radio"/> 2 Speed Too Fast/Condition	<input type="radio"/> 12 Improper Overtaking
<input type="radio"/> 3 Fail to Yield Right of Way	<input type="radio"/> 13 Unsafe Backing
<input type="radio"/> 4 Inattentive Driving	<input type="radio"/> 14 Failure to Have Control
<input type="radio"/> 5 Following Too Close	<input type="radio"/> 15 Driver Condition
<input type="radio"/> 6 Improper Turn	<input type="radio"/> 16 Physically Disabled
<input type="radio"/> 7 Left of Center	<input type="radio"/> 17 Other
<input type="radio"/> 8 Disregarded Traffic Control	
<input type="radio"/> 9 Improper Overtaking	
<input type="radio"/> 10 Unsafe Backing	

Vehicle Factors	
Unit Number <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	Unit Number <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
<input type="radio"/> N/A	<input type="radio"/> N/A
<input type="radio"/> 1 Brake System	<input type="radio"/> 11 Disabled in Prior Accident
<input type="radio"/> 2 Tires	<input type="radio"/> 12 Other Disabled
<input type="radio"/> 3 Steering System	<input type="radio"/> 13 Mirrors
<input type="radio"/> 4 Turn Signals	<input type="radio"/> 14 Suspension System
<input type="radio"/> 5 Head Lamps	<input type="radio"/> 15 Other
<input type="radio"/> 6 Stop Lamps	
<input type="radio"/> 7 Tail Lamps	

Highway Factors	
Unit Number <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	Unit Number <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
<input type="radio"/> N/A	<input type="radio"/> N/A
<input type="radio"/> 1 Snow, Ice or Wet	<input type="radio"/> 11 Construction Zone
<input type="radio"/> 2 Narrow Shoulder	<input type="radio"/> 12 Visibility Obscured
<input type="radio"/> 3 Low Shoulder	<input type="radio"/> 13 Other
<input type="radio"/> 4 Soft Shoulder	
<input type="radio"/> 5 Loose Gravel	
<input type="radio"/> 6 Rough Pavement	
<input type="radio"/> 7 Debris From Prior Accident	
<input type="radio"/> 8 Other Debris	
<input type="radio"/> 9 Sign Obscured or Missing	
<input type="radio"/> 10 Narrow Bridge	

OFFICER INFORMATION

Last	First	M.I.
ALLEN	CHRISTOPHER	R
Law Enforcement Agency Address		
126	749 W. STATE ST	
City & State		ZIP
MILWAUKEE WI		53233
Phone Number		
(414) 287-3572		
Agency #	Enforcement Agency	Officer ID #
129	130 MILW PD	131 027872

Date Notified

MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 1	<input type="radio"/> 08
<input type="radio"/> Feb	<input type="radio"/> 2	<input type="radio"/> 08
<input type="radio"/> Mar	<input type="radio"/> 3	<input type="radio"/> 08
<input type="radio"/> Apr	<input type="radio"/> 4	<input type="radio"/> 08
<input type="radio"/> May	<input type="radio"/> 5	<input type="radio"/> 08
<input type="radio"/> June	<input type="radio"/> 6	<input type="radio"/> 08
<input type="radio"/> July	<input type="radio"/> 7	<input type="radio"/> 08
<input type="radio"/> Aug	<input type="radio"/> 8	<input type="radio"/> 08
<input type="radio"/> Sept	<input type="radio"/> 9	<input type="radio"/> 08
<input type="radio"/> Oct	<input type="radio"/> 10	<input type="radio"/> 08
<input type="radio"/> Nov	<input type="radio"/> 11	<input type="radio"/> 08
<input type="radio"/> Dec	<input type="radio"/> 12	<input type="radio"/> 08

Time Notified (Military Time)

HOUR	MIN.
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11
<input type="radio"/> 12	<input type="radio"/> 12

Time Arrived (Military Time)

HOUR	MIN.
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11
<input type="radio"/> 12	<input type="radio"/> 12

Date of Report

MONTH	DAY	YEAR
<input type="radio"/> Jan	<input type="radio"/> 1	<input type="radio"/> 08
<input type="radio"/> Feb	<input type="radio"/> 2	<input type="radio"/> 08
<input type="radio"/> Mar	<input type="radio"/> 3	<input type="radio"/> 08
<input type="radio"/> Apr	<input type="radio"/> 4	<input type="radio"/> 08
<input type="radio"/> May	<input type="radio"/> 5	<input type="radio"/> 08
<input type="radio"/> June	<input type="radio"/> 6	<input type="radio"/> 08
<input type="radio"/> July	<input type="radio"/> 7	<input type="radio"/> 08
<input type="radio"/> Aug	<input type="radio"/> 8	<input type="radio"/> 08
<input type="radio"/> Sept	<input type="radio"/> 9	<input type="radio"/> 08
<input type="radio"/> Oct	<input type="radio"/> 10	<input type="radio"/> 08
<input type="radio"/> Nov	<input type="radio"/> 11	<input type="radio"/> 08
<input type="radio"/> Dec	<input type="radio"/> 12	<input type="radio"/> 08

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...* 134

Part A

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

A truck with a hazardous materials placard? (Y) (N)

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

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

Part B

Any person who was fatally injured? (Y) (N)

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

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

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

Hazardous Material Information

137 • Hazardous Material Class Numbers (1-2 digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed? (Y) (N)

• Hazardous Cargo was Released? (Y) (N)

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

• Interstate Carrier? (Y) (N) 138

Carrier Name: 139

Carrier Identification Numbers

US DOT: 140 LC

ICC MC: IC

Carrier Address: 142

Source:

Vehicle Side 141

Shipping Papers

Trip Manifest

Driver

Log Book

Vehicle Information

Gross Vehicle Weight Rating: 143 LBS

Total # of Axles: 144

Vehicle Configuration

1 Single unit truck, 2 axles, 6 tires

2 Single unit truck, 3 axles, 6 tires

3 Single unit truck + 3 axles

4 Truck/Tractor

5 Tractor/Double

6 Tractor/Single

7 Tractor/Triples

8 Tractor/Heavy Truck

9 Log Truck

SEQUENCE OF EVENTS FOR THIS VEHICLE 145 (Mark a total of one to four events in the order that they occurred.)

1 Ran off Road

2 Collision Involving Motor Vehicle in Transp.

3 Jackknife

4 Collision Involving Parked Motor Vehicle

5 Overtorn (Rollover)

6 Collision Involving Train

7 Downhill Runaway

8 Collision Involving Pedalcycle

9 Cargo Loss or Shift

10 Collision Involving Animal

11 Explosion or Fire

12 Collision Involving Fixed Object

13 Separation of Units

14 Collision Involving Other Object

15 Collision Involving Pedestrian

16 Other

Cargo Body Type 147

1 Flatbed

2 Enclosed box

3 Concrete Mixer

4 Cargo Tank

5 Auto Transporter

6 Tank

7 Garbage Refuse

8 Other

9 Log Truck

Printed in U.S.A. CS03 65432 Mark Refuse by MCS M1607100-3

FEB 16 2008

Claim LN2651 PAYMENT LISTING
Policy N02371 SCHLACHTER, PETER H

INQUIRY
OPEN

----- Payment Filters -----

IRS	IRS Nbr	Pmt Date	Clmt	Invoice	Rmk	Acct	MCP
Sel	Pmt Date	Nbr	Amount	Status	Invoice		
	02 13 08	09366917	1,519.50	ISSUED			H
		PETER H SCHLACHTER					-
		COLLISION \$500 DD		07 BUICK LUCERNE			
	02 22 08	09374400	107.92	ISSUED			H
		ENTERPRISE RENT A CAR CO INC					-
		D215143-4400					-

PF7-Bwd PF8-Fwd PF12-New Sort

Select

KLSNF43

BOB TOLKAN BUICK
"BEST IN CLASS" BODY SHOP
5700 SOUTH 27TH STREET
MILWAUKEE, WI 53221

OFFICE: 414-282-3000 FAX: 414-282-2511

ACTIVITY
CL# LN2651

CD LOG NO 2980-1 DATE 02/12/08

SHCP: BOB TOLKAN
ADDRESS: 5700 S 27 TH ST
CITY STATE: MILWAUKEE, WI
ZIP: 53221-

INSP DATE: 02/12/08
PHONE 1: (414)282-3000
FAX: (414)282-2511

OWNER: SCHLACHTER, PETER
ADDRESS: 2651 S. SHORE DR.
CITY STATE: MILWAUKEE, WI
ZIP: 53207

HOME PHONE: (414)433-1784

POINT OF IMPACT: 5

LIC#: 682CGF
BODY COLOR: RED
CONDITION:

STATE: WI

VIN: 1G4HD57207U132749
MILEAGE: 12,371
ACCTNG CTL#:

*=USER-ENTERED VALJE
EC=REPLACE ECONOMY
UM=REMAN/REBUILT PRT
OE=REPLACE PXN OE SRPLS
TE=PARTL REPL PRICE
I=REPAIR
TT=TWO-TONE
N=ADDITIONAL LABOR
AA=APPEAR ALLOWANCE

E=REPLACE OEM
UE=REPLACE OE SURPLUS
EU=REPLACE SALVAGE
PC=PXN RECONDITIONED
ET=PARTL REPL LABOR
L=REFINISH
CG=CHIPGUARD
RI=R&I ASSEMBLY
RP=RELATED PRIOR

NG=REPLACE NAGS
UC=RECONDITIONED PRT
EP=REPLACE PXN
PM=PXN REMAN/REBUILT
IT=PARTIAL REPAIR
BR=BLEND REFINISH
SB=SUBLET
P=CHECK
UP=UNRELATED PRIOR

2007 BUICK LUCERNE CXL V6 4DOOR SEDAN 6CYL GASOLINE 3.8
CODE: S4353B/B OPTNS K/24A

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES
HEATED REMOTE CONTRCL MIRRORS

TWO-STAGE - INTERIOR SURFACES

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0006		COVER, FRONT BUMPER	19120958 GM PART	547.05			3.2	1
L	0006	13	COVER, FRONT BUMPER	REFINISH				3.7	4
RI	0035		DEFL, FRONT BUMPER	R&I ASSEMBLY				INC	1
E	0041		HEADLAMP ASSY, HALOG LT	25754861 GM PART	233.97			0.3	1
N	0973		HEADLAMPS AIM	ADDNL LABOR OPERA				0.4	1
I	0103		FENDER, FRONT	LT REPAIR				5.5	*1
L	0103		FENDER, FRONT	LT REFINISH				2.3	4
E	0C97		ORNAMENT, FENDER	LT 10397807 GM PART	35.68			0.2	1
E	0537		EMBLEM, FRONT FENDER	LT 15223484 GM PART	4.75			0.2	-
N	0987		SUSP ALIGN, 4 WHEEL	ADDNL LABOR OPERA	89.95*			INC	*2

2007 BUICK LUCERNE CXL V6 4DOOR SEDAN
CD LOG NO 2980-1

	VIBRATION			
EC M03	FLEX ADDITIVE	ECONOMY PART	3.00*	4
EC M14	CORROSION PROTECTION	ECONOMY PART	10.00*	0.3*1*
SB M60	HAZARD. WSTE. REM.	SUBLET REPAIR	3.00*	1

13 ITEMS

MC MESSAGE(S)
13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS		821.45
OTHER PARTS		102.95
PAINT MATERIAL		180.00
PARTS & MATERIAL TOTAL		1,104.40
TAX ON PARTS & MATERIAL @	5.600%	61.85

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	50.00	4.2	5.9	505.00
2-MECH/ELEC	88.00			
3-FRAME	55.00			
4-REFINISH	50.00	6.0		300.00
5-PAINT MATERIAL	30.00			
LABOR TOTAL				805.00
TAX ON LABOR	@		5.600%	45.08
SUBLET REPAIRS				3.00
TAX ON SUBLET	@		5.600%	0.17
TOWING				
STORAGE				

GROSS TOTAL	2,019.50
NET TOTAL	2,019.50

SHOPLINK UL206 ES CD LOG 2980-1 DATE 02/12/08 11:48:13AM R6.37 CD 12/07
PXK: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEocode 53221
HOST LOG
(C) 1998 - 2007 AUDATEX NORTH AMERICA, INC.

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

PARTS PRICES SUBJECT TO CHANGE
SUPPLEMENT MAY BE REQUIRED
NON ACCIDENT DAMAGE NOT COVERED BY THIS ESTIMATE

LN2651



Rental Company: ENTERPRISE RENT-A-CAR
 Invoice: D215143-4400

Bill To:
 ACUITY INS
 ATTN: CYNDY MACCO
 PO BOX 58
 SHEBOYGAN, WI 53082

Billing Detail:
Rental Period: 2/12/08 to 2/15/08 (4 days)
Billed Period: 2/12/08 to 2/15/08 (4 days)

RENTER INFORMATION:
 Renter: SCHLACHTER, PETER

Description	Rate:	Amount:
4 DAYS @	\$24.99	\$99.98
4 TRRF	\$0.56	\$2.24
1 SALES TAX	%5.60	\$5.72
TOTAL CHARGES:		\$107.92
Less Amount Received:		\$0.00
AMOUNT DUE.....		\$107.92

RENTAL INFORMATION:
Rental Branch Location:
 ENTERPRISE RENT-A-CAR (4400)
 6134 SOUTH HOWELL AVENUE
 MILWAUKEE, WI 532076114
 (414) 570-1800

ADDITIONAL CLAIM INFORMATION:
 Claim Number :LN2651
 Claim Type: Insured
 Vehicle Condition: Non-Driveable
 Date Of Loss:
 Insured Name:
 Owner's Vehicle: BUICK
 Additional Driver:

Repair Facility:
 BOB TOLKAN BUICK-MAZDA
 MILWAUKEE, WI 53221
 (414) 282-3000

VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Mileage
2/12/08 4:51 PM	2008	VOLK	RABB	VVWDA71K78W155127	88
2/12/08 4:51 PM	2008	VOLK	RABB	VVWDA71K78W155127	88
2/12/08 4:51 PM	2008	VOLK	RABB	VVWDA71K78W155127	88
2/12/08 4:51 PM	2008	VOLK	RABB	VVWDA71K78W155127	88

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
 ENTERPRISE RENT-A-CAR (4499)
 S17 W22650 LINCOLN AVE.
 WAUKESHA, WI 53187
 Federal ID:43-1507735

Total Charges: \$107.92
Less Amount Received: \$0.00
Total Amount Due..... \$107.92

Please include on your check:
 Invoice: D215143-4400