

P.O. Box 20939  
Ferndale, MI 48220



Return Service Requested



CITY OF MILWAUKEE

Insurance Services  
Subrogation Department

2010 JUL 29 PM 12:05

Phone 866-889-1608 | Fax 309-820-2626

RONALD D. LEONHARDI  
CITY CLERK

07/23/2010

CITY OF MILWAUKEE  
200 E WELLS ST RM205  
C/O CITY CLERK  
MILWAUKEE, WI 53202-3591,

RE: Our File #: 000721127  
Claim #: 00-651-501423  
Insured: SARAH C WINKLER  
Date of Loss: 5/20/10  
Total Damages: \$5506.56

2010 JUL 30 PM 3:21  
CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY

Dear CITY OF MILWAUKEE:

We are contacting you today on behalf of AMERICAN FAMILY INSURANCE regarding a loss, which occurred on 5/20/10. The facts of the accident indicate that you are liable for payments that AMERICAN FAMILY INSURANCE made to its policyholder as a result of the loss. We believe that we are entitled to recover some or all of this money from you. In handling this claim with you we will take the Comparative Negligence Laws of your state into consideration. The balance due is \$5506.56.

The Department of Transportation may have been notified of this accident and will be determining your compliance with the Financial Responsibility Act. A failure to comply with this act may result in the suspension of your driving or registration privileges by the Secretary of State's Office. We are in a position to help you keep this from happening but you need to contact our office as soon as possible.

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.

If you did not have insurance coverage at the time of the loss, please pay the balance in full today. Afni accepts payments made by check, money order, Western Union Quick Collect, or check by phone. Please enclose the attached page with your payment.

We are in a position to help you find the means to pay this balance, call us toll-free at 866-889-1608 Monday through Friday 7am-9pm.

Sincerely,  
Subrogation Specialist

-----  
Please fold and tear along this line and include this portion with your payment.

RE: Our File #: 000721127  
Claim #: 00-651-501423  
Insured: SARAH C WINKLER  
Date of Loss: 5/20/10  
Total Damages: \$5506.56

CITY OF MILWAUKEE  
200 E WELLS ST RM205  
C/O CITY CLERK  
MILWAUKEE, WI 53202-3591,

If you wish to pay by credit card:  Visa  MasterCard  
Account Number \_\_\_\_\_ 3 digit code \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Amount: \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

Signature: \_\_\_\_\_

Different Credit Card Billing Address? Please check the box and enter the credit card billing address on the reverse side.

Please make checks payable to:

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





# Afni Insurance Services

P.O. Box 3068 | Bloomington, IL 61702-3068 | Phone 888-767-2361 | Fax 309-820-2626

August 10, 2010

CITY OF MILWAUKEE  
CITY CLERK  
200 E WELLS ST RM 205  
MILWAUKEE, WI 532023591

CITY OF MILWAUKEE  
2010 AUG 16 AM 10: 26  
RONALD D. LEONHART  
CITY CLERK

RE: Our File #: 721127  
Insured: SARAH C WINKLER  
AMERICAN FAMILY INSURANCE Claim #: 00-651-501423  
Date of Loss: **5/20/2010**  
Amount Claimed: \$5,506.56  
Facts: **Pot hole located on Cass St in Milwaukee, WI.**

Dear Sir or Madam:

We are contacting you today on behalf of AMERICAN FAMILY INSURANCE regarding a loss. The facts of the accident indicate your insured is liable for payments that AMERICAN FAMILY INSURANCE made to its policyholder as a result of this loss. Supporting documentation is enclosed for your review.

All payments should be made payable to Afni, include the Afni file number and must be directed to the address listed above.

Should you have any questions, please feel free to contact me at 888-767-2361.

Sincerely,

*Karyn Schellenger*

KARYN SCHELLENGER, AIC EXT 3181  
Subrogation Specialist

```

  _____
 | Macro | SCP | FileNet | Outlook | Desktop | Utilities | RECORD OF PAYMENT DISPLAY | _____ | Exit |
  _____
 CLAIM: 00-651-501423 ST: 48 POLICY: 19-563131-01 INCURRED: 05/20/2010
 INSURED: WINKLER, SARAH C BENEFITS/LOSSES PAID TO DATE: 5006.56
                                LEGAL EXPENSE: 0.00
                                MEDICAL EXPENSE: 0.00
                                OTHER EXPENSE: 9.00
                                LOSS PAYMENTS CREDITS EXPENSE PAYMENTS
 NO DATE PAYMT# TYPE ID PER AMOUNT AMOUNT AMOUNT
 01 07/15/2010 0065278195 05 00 025 9.00
 IN PAYMENT OF: GROUP PAYMENT FOR PAYEE CODE 609
 PAYEE/PAYOR: AUDATEX
 RECONCILED: ISSUED TIN: 942617005-1 WITH TAKEN: N
 -----
 02 07/02/2010 0094668463 01 00 022 128.91
 IN PAYMENT OF: RENTAL REIMBURSEMENT
 PAYEE/PAYOR: SARAH WINKLER
 RECONCILED: 00 07162010 TIN: * NONE * WITH TAKEN: N
  
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\*\*\* THERE ARE MORE PAYMENTS ON THE NEXT PAGE \*\*\*

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NEXT -
OPT -- POL -- ----- CLM -- ----- DRFT -----
ENTER OR PF8=PAGE FORWARD PF3=COPS MENU PA2=COMPANY MENU
  
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  _____
 | Macro | SCP | FileNet | Outlook | Desktop | Utilities | RECORD OF PAYMENT DISPLAY | _____ | Exit |
  _____
 CLAIM: 00-651-501423 ST: 48 POLICY: 19-563131-01 INCURRED: 05/20/2010
 INSURED: WINKLER, SARAH C BENEFITS/LOSSES PAID TO DATE: 5006.56
                                LEGAL EXPENSE: 0.00
                                MEDICAL EXPENSE: 0.00
                                OTHER EXPENSE: 9.00
                                LOSS PAYMENTS CREDITS EXPENSE PAYMENTS
 NO DATE PAYMT# TYPE ID PER AMOUNT AMOUNT AMOUNT
 03 06/30/2010 0094667412 01 00 022 592.96
 IN PAYMENT OF: GROUP PAYMENT FOR PAYEE CODE C98
 PAYEE/PAYOR: HERTZ HLE INS
 RECONCILED: 00 07062010 TIN: 131938568-1 WITH TAKEN: N
 -----
 04 06/23/2010 0065K72813 01 00 025 630.65
 IN PAYMENT OF: SUPPLEMENT
 PAYEE/PAYOR: ANDREW TOYOTA
 RECONCILED: 00 06302010 TIN: 391386404-1 WITH TAKEN: N
  
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\*\*\* THERE ARE MORE PAYMENTS ON THE NEXT PAGE \*\*\*

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NEXT -
OPT -- POL -- ----- CLM -- ----- DRFT -----
ENTER OR PF8=PAGE FORWARD PF7=PAGE BACK PF3=COPS MENU PA2=COMPANY MENU
  
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  _____
 | Macro | SCP | FileNet | Outlook | Desktop | Utilities | RECORD OF PAYMENT DISPLAY | _____ | Exit |
  _____
  
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CLAIM: 00-651-501423 ST: 48 POLICY: 19-563131-01 INCURRED: 05/20/2010  
 INSURED: WINKLER, SARAH C BENEFITS/LOSSES PAID TO DATE: 5006.56  
 LEGAL EXPENSE: 0.00  
 MEDICAL EXPENSE: 0.00  
 OTHER EXPENSE: 9.00

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
05	06/03/2010	0065K72774	01	00	025	3654.04		

IN PAYMENT OF: VEHICLE DAMAGES  
 PAYEE/PAYOR: WINKLER, SARAH C & ANDREW TOYOTA  
 RECONCILED: 00 06292010 TIN: 391386404-1 WITH TAKEN: N

NEXT **█**  
 OPT -- POL -- ----- -- CIM -- ---- ----- DRFT -----  
 ALL PAYMENTS FOR THIS CLAIM HAVE BEEN DISPLAYED. PF7=PAGE BACK PF3=COPS MENU

AMERICAN FAMILY INSURANCE  
SCANNING CENTER  
6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001  
1-800-MYAMFAM (1-800-692-6326)

\*\*\* SUPPLEMENT 1 \*\*\*

S1 05/24/2010 10:20 AM  
06/23/2010 03:58 PM

Owner

Owner: SARAH C WINKLER  
Address: 6100 W STATE ST APT 503 (414)405-5284  
(414)465-8562  
City State Zip: WAUWATOSA, WI 53213-4603 FAX:

Control Information

Claim #: 00651501423-0 Insured Policy #: 1956313101  
Loss Date/Time: 05/20/2010 07:00 AM Loss Type: Collision  
Deductible: \$500.00  
Ins. Company: American Family Insurance  
Company Contact: ROBERT WILCOTT Cell: (414)630-7238  
Address: FAX: (866)381-7713  
City State Zip: Milwaukee, WI 53209 Email: RWILCOTT@AMFAM.COM  
Insured: SARAH C WINKLER  
Address: (414)405-5284  
(414)465-8562

Inspection

Inspection Date: 05/24/2010 10:05 AM Inspection Type: Field  
Inspection Location: Andrew Toyota Contact: (414)228-1450  
Address: 1620 W Silver Spring Dr  
City State Zip: Milwaukee, WI 53209  
Primary Impact: Undercarriage Secondary Impact:  
Driveable: No Rental Assisted:  
Assigned Date/Time: Received Date/Time: 05/21/2010 10:17 AM  
First Contact Date/Time: Appointment Date/Time: 05/24/2010 08:00 AM  
Company: AMERICAN FAMILY Appraiser License #:  
Contact: ROBERT WILCOTT Cell: (414)630-7238  
Address: PO BOX 2927 Work/Day: (800)692-6326x21817  
City State Zip: MILWAUKEE, WI 53201 FAX: (866)381-7713  
Email: RWILCOTT@AMFAM.COM  
Orig Company: AMERICAN FAMILY Appraiser License #:  
Contact: ROBERT WILCOTT Cell: (414)630-7238  
Address: PO BOX 2927 Work/Day: (800)692-6326x21817  
City State Zip: MILWAUKEE, WI 53201 FAX: (866)381-7713  
Email: RWILCOTT@AMFAM.COM

Repairer

Repairer: ANDREW TOYOTA SERVICE Contact:  
Address: 1600 W SILVER SPRING DR Work/Day: (414)228-6200  
FAX: (414)228-5048  
City State Zip: MILWAUKEE, WI 53209

Target Complete Date/Time:

Days To Repair: 5

**Vehicle**

2010 Toyota Camry LE 4 DR Sedan  
 4cyl Gasoline 2.5  
 6-Speed Automatic

Lic.Plate: 481-BBB	Lic State: WI
Lic Expire:	VIN: 4T4BF3EK9AR075763
Prod Date:	Mileage: 3,926
Veh Insp# :	Mileage Type: Actual
Condition: Good	Code: Y1753B
Ext. Color: BLACK ONYX	Int. Color:
Ext. Refinish: Two-Stage	Int. Refinish:
Ext. Paint Code: 202	Int. Trim Code:

**Options**

AM/FM CD Player	Air Conditioning	Alarm System
Anti-lock Brakes	Auto Headlamp Control	Bucket Seats
Center Console	Cruise Control	Daytime Running Lights
Digital Signal Processor	Driver Knee Airbag	Dual Airbags
Halogen Headlights	Head Airbags	Intermittent Wipers
Keyless Entry System	Lighted Entry System	MP3 Player
Overhead Console	Power Brakes	Power Door Locks
Power Drivers Seat	Power Mirrors	Power Steering
Power Windows	Pwr Driver Lumbar Supp	Rear Window Defroster
Rem Trunk-L/Gate Release	Side Airbags	Split Folding Rear Seat
Stability Cntrl Suspensn	Steel Wheels	Strg Wheel Radio Control
Tachometer	Theft Deterrent System	Tilt & Telescopic Steer
Tinted Glass	Traction Control System	Velour/Cloth Seats

**Damages**

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
1	RI	775		Engine Assembly	R & I Assembly				9.9	ME
2	E	701		Cover,Engine Front RT	5144106110	\$74.51			INC	ME
3	E	1700	01	Cover,Timing Belt	113100V010	\$360.30		S1	INC	ME
4	E	778	01	Pan,Engine Oil	121010V010	\$135.30*			INC	ME
5	E	1404		Pump,Oil	151150P030	\$27.58*			4.8	ME
6	EC			Anti-Freeze	Replace Economy	\$39.32*				SM
				>> 2 GALLONS @ \$19.66 EACH						
7	E			CAM SHAFT EXHAUST GEAR	Replace OEM	\$267.96*				SM*
8	E			FRONT OVERHAUL KIT	Replace OEM	\$326.57*				SM*
9	E			OIL FILTER	Replace OEM	\$5.41*				SM*
10	EC			ENGINE OIL	Replace Economy	\$34.23*				SM*
11	EC			TRANS FLUID	Replace Economy	\$46.68*				SM*
				>> 6 QTS @ \$7.78 EACH						
12	E			MAIN BEARING	Replace OEM	\$75.15*				SM*
				>> 5 @ \$15.03 EACH						
13	E			BEARING KIT	Replace OEM	\$220.38*		S1		SM*
14	E			ROD BEARINGS	Replace OEM	\$53.92*		S1		SM*
				>> 8 @ \$6.74 EACH						
15	E			BEARINGS,ROD	Replace OEM	\$51.55*		S1		SM*
				>> 5 @ \$10.31 EACH						
16	N			DISASSEMBLE ENGINE	Additional Labor	\$0.00*			10.3*	ME*
17	E			(2) CRANKSHAFT WASHERS	Replace OEM	\$44.88*		S1		SM*
18	E			(1) O RING	Replace OEM	\$0.63*		S1		SM*
19	E			O RING (1)	Replace OEM	\$3.45*		S1		SM*
20	E			LOCK NUT	Replace OEM	\$13.14*		S1		SM*
				>> 2 TOTAL						
20 Items										

MC Message

01 CALL DEALER FOR EXACT PART # / PRICE

**Estimate Total & Entries**

Gross Parts		\$1,660.73	
Other Parts		\$120.23	
Parts & Material Total			\$1,780.96
Tax on Parts & Material	@ 5.600%		\$99.73

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$52.00				
Mech/Elec (ME)	\$110.00	14.7	10.3	25.0	\$2,750.00
Frame (FR)	\$52.00				
Refinish (RF)	\$52.00				
Paint Materials	\$32.00				

Labor Total			25.0 Hours	\$2,750.00
Tax on Labor	@ 5.600%			\$154.00
Gross Total				\$4,784.69
Less: Deductible				\$500.00-
Net Total				\$4,284.69
Actual Supplement Total		\$630.65		
Less: Previous Net Total				\$3,654.04-
Net Supplement Total				\$630.65

Alternate Parts C/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53072 Milwaukee  
 Recycled Parts NOT REQUESTED

Audatex Estimating 6.0.253 S1 06/23/2010 04:35 PM REL 6.0.253 DT 05/01/2010 DB 06/15/2010  
 Copyright (C) 2009 Audatex North America, Inc.

\_\_\_ THIS IS NOT AN AUTHORIZATION TO REPAIR, VEHICLE OWNER MUST AUTHORIZE.  
 \_\_\_ AGREED PRICE ONLY.  
 \_\_\_ WE ACCEPT AND AGREE TO DO THE DESCRIBED REPAIRS AT TOTAL REPAIR COST SHOWN.  
 \_\_\_ SIGN \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*WE WILL NOT ACCEPT ANY SUPPLEMENTS UNLESS THEY ARE WRITTEN BY  
 AND HAVE PRIOR APPROVAL OF A REPRESENTATIVE OF THIS COMPANY.\*\*\*\*\*

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.

**Op Codes**

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = RECYCLED PART
TE = Partial Replace Price	PM = Replace PXN Reman/Rebit	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



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\*\*\* SUPPLEMENT RECONCILIATION \*\*\*

Supplement S1

Claim # : 00651501423-0	Insured Policy # : 1956313101
File # :	Claim Rep:
Insured: SARAH C WINKLER	Inspection Date/Time: 05/24/2010 10:05 AM
Owner Name: SARAH C WINKLER	
Company: AMERICAN FAMILY	
Vehicle: 2010 Toyota Camry LE 4 DR Sedan	

Deleted Lines

Line	Guide	Part	Operation	Price	ADJ%	B%	Labor	Rate
1		Cover,Engine Front	Replace Economy	\$20.00*				SM*

Added Lines

Line	Guide	Part	Operation	Price	ADJ%	B%	Labor	Rate
2	1700	Cover,Timing Belt	Replace OEM	\$360.30			INC	ME
3		(2) CRANKSHAFT WASHERS	Replace OEM	\$44.88*				SM*
4		(1) O RING	Replace OEM	\$0.63*				SM*
5		O RING (1)	Replace OEM	\$3.45*				SM*
6		LOCK NUT	Replace OEM	\$13.14*				SM*

Changed Lines

Line	Guide	Part	Operation	Price	ADJ%	B%	Labor	Rate
7		BEARING KIT	Replace OEM	\$220.38*				SM*
		BEARING KIT		\$62.84*				SM*
8		ROD BEARINGS	Replace OEM	\$53.92*				SM*
		ROD BEARINGS		\$26.96*				SM*
9		BEARINGS,ROD	Replace OEM	\$51.55*				SM*
		BEARINGS,ROD		\$41.24*				SM*

Calculation Changes

	From	To	Difference
Gross Parts	\$1,043.52	\$1,660.73	\$617.21+
Other Parts	\$140.23	\$120.23	\$20.00-
Tax on Parts & Material	5.600% \$66.29	5.600% \$99.73	\$33.44+
<b>Actual Supplement 1 Net Total</b>			<b>\$630.65+</b>

Summary

	Net Total	Date	Time	Appraiser
Original Estimate	\$3,654.04	05/21/2010	10:17 AM	AMERICAN FAMILY
Supplement 1	\$4,284.69	06/23/2010	03:58 PM	AMERICAN FAMILY



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**HERTZ LOCAL EDITION**

Phone: 800-654-4173  
Fax:  
Web: www.hertz.com



Rental Agreement No: H79179461  
Invoice Date: 06/30/2010  
Document: 609007360301  
Renter: SARAH WINKLER  
Account No.: \*\*\*\*\*4993 MC

Direct All Inquiries To:  
HERTZ LOCAL EDITION  
PO BOX 26120  
OKLAHOMA CITY, OK 73126-0120  
TAX Id: 13-1938568

**REPRINT**

SARAH WINKLER  
6100 W STATE ST #503  
WAUNATOSA, WI 53213

**RENTAL REFERENCE**

Rental Agreement No: H79179461  
Reservation ID: 037-5737079

**RENTAL DETAILS**

Rate Plan: IN: HIDA OUT: HID  
Rented On: 05/27/2010 10:00 Loc# 223522  
BROOKFIELD, WI  
Returned On: 06/23/2010 08:04 Loc# 599202  
GLENDALE, WI  
Car Description: SIR FUS 3.0L S 6411904  
Vehicle No/VIN: 6031157/ 3FAHPOJG2AR278173  
CAR CLASS Charged: D MILEAGE In: 11,560  
Rented: D out: 9,194  
Reserved: F Driven: 2,386

**BILLING INFORMATION**

Claim No: 00-651-501423  
Date of Loss: 2010-05-20  
Type of Loss: D  
Repair Facility: ANDREW CHEVROLET  
Authorized Rate: 30.00  
Authorized Days: 23  
Insured: 0

**RENTAL CHARGES**

DAYS	5 @	24.00	120.00
SUBTOTAL			120.00
VEHICLE LICENSE FEE			2.65
TAX	5.10%		6.26
TOTAL CHARGES			128.91 USD
AMOUNT DUE			128.91 USD

**MISCELLANEOUS INFORMATION**

CC AUTH: 09000P DATE: 2010/06/30 AMT: 50.00  
CC AUTH: 02565P DATE: 2010/05/27 AMT: 50.00  
CC AUTH: 09167P DATE: 2010/05/27 AMT: 50.00

TOTAL RENTAL DAYS 28  
BILLED TO OTHERS 592.96  
TOTAL RENTAL CHARGES 721.87

THANK YOU FOR RENTING FROM HERTZ

Direct All Inquiries To:  
HERTZ LOCAL EDITION  
PO BOX 26120  
OKLAHOMA CITY, OK 73126-0120  
UNITED STATES

ALL CHARGES HAVE BEEN BILLED TO YOUR ACCOUNT.

Phone: 800-654-4173  
Web: www.hertz.com

AMOUNT BILLED TO ACCOUNT: 128.91 USD

INVOICE



INQUIRIES ONLY:  
P.O. Box 268825  
Oklahoma City, OK 73126-8825  
1-888-777-3700

Local Edition

CENTRALIZED RENTAL DEPARTMENT  
APP-A-FABRICIUS JACCI  
88905

INVOICE NUMBER  
H79179461

ACCOUNT NUMBER

RENTING LOC: 375 SOUTH MOORLAND ROAD, BROOKFIELD, WI, 53005  
RETURN LOC: 5200 N Port Washington Road, Glendale, WI, 53217

BILL START DATE: 05/27/2010 10:00 AM  
BILL END DATE: 06/18/2010 11:59 PM

BILLING INFORMATION	DESCRIPTION	CHARGES	
CLAIM #:00-651-501423	MILES IN: 11580	DAYS 23	24.00 552.00
POLICY #:	MILES OUT: 9194	WEEKS	
DATE OF LOSS:05/20/2010	MILES DRV: 2386	MONTHS	
ADJUSTER: APP-A-FABRICIUS JACCI	MILES ALW: 0	EXTRA DAY	
INSURED:	MILES CHG:	EXTRA HOURS	
RENTER: SARAH WINKLER	RENTED: SIR FUS 3.0L S	MILES	
CLAIM TYPE: INSURED		ADJUSTMENT	
LOSS TYPE: DAMAGED		SUBTOTAL	552.00
DAYS AUTHORIZED: 23		DISCOUNT	
		SUBTOTAL	552.00
<b>REPAIR FACILITY:</b>		SERVICE CHARGE	
BODY SHOP NAME: ANDREW CHEVROLET		FUEL & SERVICE CHG	
ADDRESS: 1500 W SILVER SPRING DR		LDW	
CITY: MILWAUKEE		LIS	
STATE: WI		MISC/ADDTL CHGS	
PHONE #: 414-228-6200		PAI/PEC	
		SALES TAX 5.10%	28.77
		OTHER TAX	
		SURCHARGE	12.19
		STATE SURCHARGE	
		TOTAL CHARGES	721.87
		CUSTOMER PAID	128.91
		<b>AMOUNT DUE</b>	<b>\$592.96</b>

FOR PROPER CREDIT PLEASE REFERENCE THE INVOICE NUMBER ON YOUR REMITTANCE  
\*\*PAYMENT IS DUE UPON RECEIPT\*\*

REMIT TO: TAX ID# 131938568

INVOICE DATE  
05/26/2010 02:24:25 PM

HERTZ LOCAL EDITION  
ATTN: HLE INSURANCE - DEPT 1139  
P.O. BOX 121139  
DALLAS, TX 75312-1139

INVOICE NUMBER  
H79179461

AMOUNT DUE  
\$592.96

THANK YOU FOR CHOOSING HERTZ LOCAL EDITION













