

# CITY OF MILWAUKEE

Form CA-43

**GRANT F. LANGLEY**  
City Attorney

**RUDOLPH M. KONRAD**  
**PATRICK B. McDONNELL**  
**LINDA ULISS BURKE**  
Deputy City Attorneys



**OFFICE OF CITY ATTORNEY**  
800 CITY HALL  
200 EAST WELLS STREET  
MILWAUKEE, WISCONSIN 53202-3551  
TELEPHONE (414) 286-2601  
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**BEVERLY A. TEMPLE**  
**THOMAS O. GARTNER**  
**BRUCE D. SCHRIMPF**  
**ROXANE L. CRAWFORD**  
**SUSAN D. BICKERT**  
**HAZEL MOSLEY**  
**HARRY A. STEIN**  
**STUART S. MUKAMAL**  
**THOMAS J. BEAMISH**  
**MAURITA F. HOUREN**  
**JOHN J. HEINEN**  
**MICHAEL G. TOBIN**  
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**GREGG C. HAGOPIAN**  
**ELLEN H. TANGEN**  
**MELANIE R. SWANK**  
**JAY A. UNORA**  
**DONALD L. SCHRIEFER**  
**EDWARD M. EHRlich**  
**LEONARD A. TOKUS**  
**MIRIAM R. HORWITZ**  
**MARYNELL REGAN**  
**G. O'SULLIVAN-CROWLEY**  
**DAWN M. BOLAND**  
  
Assistant City Attorneys

October 29, 2003

*Address Wrong*  
6160  
New  
Karen Gray  
6161 South 6<sup>th</sup> Street, C6  
Milwaukee, WI 53221

Re: C.I. File No: 03-V-120

Dear Ms. Gray:

This office is in receipt of your claim in the amount of \$5,787.25 relating to damage sustained to your vehicle on June 25, 2003 when it was struck by a City vehicle at North Jackson Street and East Michigan Street.

Our investigation reveals that the Wisconsin Motor Vehicle Accident Report and the Fleet Accident Report completed as a result of this accident note that after the traffic signal changed to green, the City vehicle moved ahead to proceed across the intersection. You made a left turn across the path of the City truck and were hit. We have evaluated the liability to be 50 percent on each vehicle. The City vehicle has no damage to claim. Pursuant to the October 22, 2003 conversation your husband had with our office, the City of Milwaukee is prepared to offer you \$2,100.00, which is 50 percent of our evaluation of your damages. As such, the City of Milwaukee proposes to settle this claim for \$2,100.00.

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

Very truly yours,

*[Signature]*  
GRANT F. LANGLEY  
City Attorney

*Steven M. Carini*  
STEVEN M. CARINI  
Investigator Adjuster

SMC:beg  
1030-2003-2849:74192

*I want to appeal this.  
Karen J. Gray  
Nov. 13, 2003*

NOV. 14 RECD  
CITY ATTORNEY

RONALD D. LEONHARDT  
CITY CLERK  
2003 NOV 14 PM 1:44  
CITY OF MILWAUKEE

City Clerk  
ATTN: CLAIMS  
200 E. Wells St. Room 205  
Milwaukee, WI 53202-3567  
September 2, 2003

CITY OF MILWAUKEE  
RECEIVED  
'03 SEP -2 PM 3:37

OFFICE OF  
CITY ATTORNEY

My name is Karen J. Gray and the vehicle in which I was driving was struck by city vehicle fleet # 22834, ID# 1GVJC34152LE232796, Plate # 17579 MUN at the intersection of N. Jackson St. and E. Michigan Ave. after executing a left turn on a green arrow. Said city truck moving into the intersection from a position of parking in the east crosswalk at the curb, struck my car's rear under skirting and continued on to puncture my driverside, rear, tire and wheel rim, and damaged the bumper cover as detailed in the attached estimates.

\$1,765 is the lower estimate for repairs which includes \$202.25 cash already paid for rim and tire replacement which had to be done immediately.

\$6.00 copayment to Dr. Nirmal K. Garg

\$50.00 deposit on the bill for physical therapy

\$1,264.00 due to Franklin Rehabilitation, Inc.

---

\$3287.25 of actual damages already incurred.

\$2500.00 Pain and suffering requested

---

Total recovery requested:

\$5787.25

Thank you for you timely attention to this matter.

Karen J. Gray 392-42-1415  
6161 S. 6<sup>th</sup> St. C-6  
Milwaukee, WI 53221  
Tel. 414 762-0452

*Karen J. Gray*

CITY OF MILWAUKEE  
2003 SEP -2 PM 1:46  
RONALD D. LEONHARDT  
CITY CLERK

# Wisconsin Motor Vehicle Accident Report

Document Number Override

### 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

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accident Date

MONTH	DAY	YEAR
Jan	2	5
Feb	0	3
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.
1	0
0	5
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Total Number

UNITS	INJURED	KILLED
0	2	0
0	0	0
1	1	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

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: 1/1

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

LATITUDE (GPS) Degrees: 0 Minutes: 0 Seconds: LONGITUDE (GPS) Degrees: 15 Minutes: 0 Seconds:

ON Hwy No. and / Street Name: N. Jackson St. Estimated FROM/AT Hwy No. and / Street Name: E. Michigan Ave.

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)
234	134	023456	N	134	234	013456	N

OPERATOR Last Name	First	M.I.	Speed Limit	OPERATOR Last Name	First	M.I.	Speed Limit
SCHLIEM	JERRY	N.	0	GRAY	KAREN	J.	0
ADDRESS Street & Number	City & State	ZIP	Phone Number	ADDRESS Street & Number	City & State	ZIP	Phone Number
1514 W. Canal St.	Milwaukee WI	53233	286-3488	6660 S. 6th St. #C10	Milwaukee, WI	53221	762-0452
Driver's License Number	State	Exp. Year	Driver's License Number	State	Exp. Year		
5450-4347-2016-03	WI	09	6600-5104-4843-06	WI	07		

On Duty Accident	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Medical Transport	On Duty Accident	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Medical Transport
<input type="checkbox"/>	<input type="checkbox"/>	1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Owner Same	Last Name	First	M.I.	Vehicle Owner Same	Last Name	First	M.I.
<input checked="" type="checkbox"/>	City of Milwaukee			<input checked="" type="checkbox"/>			
Street Address	City & State	ZIP	Phone Number	Street Address	City & State	ZIP	Phone Number
200 E. Wells St.	Milwaukee, WI	53203	286-2150				

Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
1990	Chevrolet	Utility Box	LTRK	YEL	1994	Dodge	Caravan	VAN	WHT
Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year	Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year
1G-VTC-34K2LE232796	17579	MUN	WI	-	1B4GH44R5RX342357	RTM 910	AUT	WI	04

Policy Holder's Name	Liability Insurance Company	Stat. #	Policy Holder's Name	Liability Insurance Company	Stat. #
Vehicle Fleet # 22834	Self Insured			GMAC Ins.	

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1	GRAY	John	E.	09-08-47	M	<input type="checkbox"/>	3	1	<input type="checkbox"/>
Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JUN 30 2003					

MV4000 899

CA07-A-035A

EMS Number

Police No. 1  
Accident No. 7270031  
Location N. Jackson & E. Michigan

Occupant Unit Number	NAME			M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	Last	First	M.I.							
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number			City & State		ZIP	(K) (N) A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N	Agency Space

Occupant Unit Number	NAME			M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	Last	First	M.I.							
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number			City & State		ZIP	(K) (N) A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N	Agency Space

### Type of Accident

**80 First Harmful Event**

**Most Harmful Event**

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 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 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

**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:

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

**91 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 2 3 4 5 6 7 8 9 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 2 3 4 5 6 7 8 9 10

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

**Extent of Damage**

0 None	4 Severe
10 Undercarriage	5 Very Severe
11 Total (Damage to All Areas)	6 Unknown
12 Other	
13 Unknown	

Vehicle Towed Due to Damage  Y  N

Vehicle Removed By: Operator

**Unit #** 1 2 3 4 5 6 7 8 9 10

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

**Extent of Damage**

0 None	4 Severe
10 Undercarriage	5 Very Severe
11 Total (Damage to All Areas)	6 Unknown
12 Other	
13 Unknown	

Vehicle Towed Due to Damage  Y  N

Vehicle Removed By: Operator

**82 Fixed Object Struck**

Unit #	Unit #	Unit #	Unit #

**PROPERTY OWNER** Last First M.I.

ADDRESS Street & Number

City & State ZIP Phone Number

**Govt. Damage Tag #**



# Officer's Opinion of Possible Contributing Circumstances

Document Number Override  
121

## Highway Factors

Unit Number					Unit Number							
1	2	3	4	5	1	2	3	4	5			
6	7	8	9	10	6	7	8	9	10			
● N/A					● N/A							
1	2	3	4	5	6	7	8	9	10	11	12	13
Exceeding Speed Limit	Speed Too Fast/Condition	Fail to Yield Right of Way	Inattentive Driving	Following Too Close	Improper Turn	Left of Center	Disregarded Traffic Control	Improper Overtaking	Unsafe Backing	Failure to Have Control	Driver Condition	Physically Disabled
1	2	3	4	5	6	7	8	9	10	11	12	13
Snow, Ice or Wet	Narrow Shoulder	Low Shoulder	Soft Shoulder	Loose Gravel	Rough Pavement	Debris From Prior Accident	Other Debris	Sign Obscured or Missing	Narrow Bridge	Construction Zone	Visibility Obscured	Other

## Vehicle Factors

Unit Number					Unit Number						
1	2	3	4	5	1	2	3	4	5		
6	7	8	9	10	6	7	8	9	10		
● N/A					● N/A						
1	2	3	4	5	6	7	8	9	10	11	12
Brake System	Tires	Steering System	Turn Signals	Head Lamps	Stop Lamps	Tail Lamps	Disabled in Prior Accident	Other Disabled	Mirrors	Suspension System	Other

## Driver Factors

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

### OFFICER INFORMATION

Last: P.O. Dumke First: Jeffrey M.I. \_\_\_\_\_

Law Enforcement Agency Address: 749 W. State St.

City & State: Milwaukee WI ZIP: 53233

Phone Number: (414) 933-4444

Agency #: 1218 Enforcement Agency: Milwaukee PD Officer ID #: 56983

Date Notified: MONTH 2 DAY 5 YEAR 03

Time Notified (Military Time): HOUR 10 MIN 55

Time Arrived (Military Time): HOUR 11 MIN 00

Date of Report: MONTH 2 DAY 5 YEAR 03

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

When To Use This Section: **Part A** Did the accident involve...  
 A truck with at least two axles and six tires?  
 A truck with a hazardous materials placard?  
 A bus designed to carry 16 or more persons, including the driver?  
**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?  
 Any injured person who required transport for immediate medical treatment?  
 One or more vehicles that had to be towed from the scene as a result of the accident?  
**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

• Interstate Carrier?  Y  N

Carrier Name: \_\_\_\_\_

### Carrier Identification Numbers

US DOT: 140 LC: \_\_\_\_\_

ICC/MC: \_\_\_\_\_ IC: \_\_\_\_\_

Carrier Address: 142

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

### Vehicle Information

Vehicle Configuration:  Bus  Single unit truck + 2 axles  Truck/Tractor  Tractor/Double  Unknown Heavy Truck

Single unit truck, 2 axles, 6 tires  Truck-Trailer  Tractor/Semi-Trailer  Tractor-Triples  Log Truck

Gross Vehicle Weight Rating: 145 LBS Total # of Axles: 144

### SEQUENCE OF EVENTS FOR THIS VEHICLE

(Mark a total of one to four events in the order that they occurred.)

<input type="checkbox"/> 1 Ran off Road	<input type="checkbox"/> 1 Collision Involving Motor Vehicle in Transp.
<input type="checkbox"/> 2 Jackknife	<input type="checkbox"/> 2 Collision Involving Parked Motor Vehicle
<input type="checkbox"/> 3 Overtake (Rollover)	<input type="checkbox"/> 3 Collision Involving Train
<input type="checkbox"/> 4 Downhill Runaway	<input type="checkbox"/> 4 Collision Involving Pedalcycle
<input type="checkbox"/> 5 Cargo Loss or Shift	<input type="checkbox"/> 5 Collision Involving Animal
<input type="checkbox"/> 6 Explosion or Fire	<input type="checkbox"/> 6 Collision Involving Fixed Object
<input type="checkbox"/> 7 Separation of Units	<input type="checkbox"/> 7 Collision Involving Other Object
<input type="checkbox"/> 8 Collision Involving Pedestrian	<input type="checkbox"/> 8 Other

### Cargo Body Type

<input type="checkbox"/> 1 Bus	<input type="checkbox"/> 6 Concrete Mixer
<input type="checkbox"/> 2 Van-enclosed box	<input type="checkbox"/> 7 Auto Transporter
<input type="checkbox"/> 3 Cargo Tank	<input type="checkbox"/> 8 Garbage/Refuse
<input type="checkbox"/> 4 Flatbed	<input type="checkbox"/> 9 Other
<input type="checkbox"/> 5 Dump	<input type="checkbox"/> 10 Log Truck

Mark Reflex® by MCS MMB7108-3 GS03 Printed in U.S.A. 654321

JUL 01 2003

LOU'S AUTO BODY - A CARSTAR COLLISION REPAIR CENTER

3940 S. 13TH ST.

MILWAUKEE, WI 53221

(414) 481-9449 FAX: (414) 481-7415

CD LOG NO 3969-1 DATE 06/26/03

SHOP: LOU'S AUTO BODY CARSTAR  
ADDRESS: 3940 S. 13TH STREET  
CITY STATE: MILWAUKEE, WI  
ZIP: 53221-

INSP DATE: 06/26/03  
CONTACT: DAVE COOK  
PHONE 1: (414) 481-9449  
FAX: (414) 481-7415

OWNER: GRAY, KAREN  
ADDRESS: 6160 S. 6TH ST  
CITY STATE: MILWAUKEE, WI  
ZIP: 53221-

HOME PHONE: (414) 762-0452

POINT OF IMPACT: 7

TYPE OF LOSS: /DRV

RENTAL ASSISTED: NO

LIC#: RTM-910 STATE: WI  
BODY COLOR: WHITE  
CONDITION: GOOD

VIN: 1B4GH44R5RX342357  
MILEAGE: 120,248  
ACCTNG CTL#:

DRIVEABLE: YES

VEH. INSP#:

\*=USER-ENTERED VALUE  
EC=REPLACE ECONOMY  
EU=REPLACE SALVAGE  
PM=PXN REMAN/REBUILT  
IT=PARTIAL REPAIR  
BR=BLEND REFINISH  
SB=SUBLET  
P=CHECK  
UP=UNRELATED PRIOR

E=REPLACE OEM  
UC=RECONDITIONED PRT  
EP=REPLACE PXN  
TE=PARTL REPL PRICE  
I=REPAIR  
TT=TWO-TONE  
N=ADDITIONAL LABOR  
AA=APPEAR ALLOWANCE

NG=REPLACE NAGS  
UM=REMAN/REBUILT PRT  
PC=PXN RECONDITIONED  
ET=PARTL REPL LABOR  
L=REFINISH  
CG=CHIPGUARD  
RI=R&I ASSEMBLY  
RP=RELATED PRIOR

\*\*\*\*\*  
PRELIMINARY ESTIMATE, SUBJECT TO DISASSEMBLY AS HIDDEN DAMAGES MAY EXIST  
PARTS PRICES SUBJECT TO DEALER INVOICES  
\*\*\*\*\*

1994 DODGE CARAVAN GRAND SE 2DOOR PASSENGER VAN 6CYL GASOLINE 3.3  
CODE: N6614B/D OPTNS K/24DGHJUMLVPCSW

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES  
ELEC REMOTE CONTROL MIRRORS  
POWER WINDOWS  
LUGGAGE RACK  
REAR WIPER  
TILT STEERING WHEEL  
AUTOMATIC TRANS  
DRIVER SIDE AIR BAG

TWO-STAGE - INTERIOR SURFACES  
POWER DOOR LOCKS  
PRIVACY SIDE & BACK GLASS  
HEATED TAILGATE GLASS  
COMPLETE BODY GLASS  
AIR CONDITIONING  
CRUISE CONTROL

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
EC	0919	01	WHEEL, REAR	LT ECONOMY PART	199.00*			0.3	1
I	0389		PANEL, BODYSIDE OUTE	LT REPAIR				8.0	1
L	0389	#	PANEL, BODYSIDE OUTE	LT REFINISH				4.5	4
			# = 13, 10 lower portion only						
RI	0353	01	MLDG, BODY SIDE LOW L/F	R&I ASSEMBLY				0.6	1
RI	1126	01	PNL, INNER QTR TRIM	LT R&I ASSEMBLY				1.0	1
EC	0566	01	COVER, REAR BUMPER	ECONOMY PART	295.00*			1.1	1
L	0566		COVER, REAR BUMPER	REFINISH				2.4	4
L	M14		CORROSION PROTECTION	REFINISH	10.00*		-	0.4	1*
EC	M27		VALVE STEM	ECONOMY PART	2.50*		-		1
EC			TIRE, LR	ECONOMY PART	85.00*				1*
N			MOUNT & BALANCE TIRE	ADDNL LABOR OPERA	15.00*				1*
N			THRUST ANGLE ALIGNMENT	ADDNL LABOR OPERA	89.95*				1*
SB			HAZARDOUS WASTE REMOVA	SUBLET REPAIR	4.00*				1*

13 ITEMS

MC MESSAGE(S)

- 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
- 10 INCLUDES ADP TIME TO CLEAR ENTIRE PANEL
- 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

OTHER PARTS						696.45
PAINT MATERIAL						165.60
PARTS TOTAL						862.05
TAX ON PARTS & MATERIAL @				5.600%		48.27
LABOR	RATE	REPLACE HRS	REPAIR HRS			
1-SHEET METAL	44.00	3.4	8.0			501.60
2-MECH/ELEC	68.00					
3-FRAME	54.00					
4-REFINISH	44.00	6.9				303.60
5-PAINT MATERIAL	24.00					
LABOR TOTAL						805.20
TAX ON LABOR				5.600%		45.09
SUBLET REPAIRS						4.00
TAX ON SUBLET		@		5.600%		0.22
TOWING						
STORAGE						

GROSS TOTAL 1,764.83

NET TOTAL 1,764.83

ADP SHOPLINK U3498 ES CD LOG 3969-1 DATE 06/26/03 11:22:11AM R6.3 CD 06/03  
 HOST LOG

(C) 1998 - 2002 ADP CLAIMS SOLUTIONS GROUP, INC.

1.9 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.



DODGE CITY OF MILWAUKEE, INC.  
 4640 SOUTH 27TH STREET  
 MILWAUKEE, WI 53221  
 PHONE: (414)281-9100  
 FAX: (414)281-4780

CD LOG NO 1893-1 DATE 06/26/03

SHOP: DODGE CITY OF MILWAUKEE INSP DATE: 06/26/03  
 ADDRESS: 4640 SOUTH 27TH STREET CONTACT: PAUL EDWARD MOLL  
 CITY STATE: MILWAUKEE, WI PHONE 1: (414)281-9100 EXT 234  
 ZIP: 53221- FAX: (414)281-4780

OWNER: GRAY, KAREN HOME PHONE: (414)762-0452  
 ADDRESS: 6160 SOUTH 6TH STREET  
 CITY STATE: MILWAUKEE, WI  
 ZIP: 53221-

POINT OF IMPACT: 7

LIC#: STATE: WI VIN: 1B4GH44R5RX342357  
 BODY COLOR: WHITE MILEAGE: 120,240  
 CONDITION: FAIR ACCTNG CTL#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT
EU=REPLACE SALVAGE	EP=REPLACE PXN	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		

SUSPENSION OPEN

1994 DODGE CARAVAN GRAND SE 2DOOR PASSENGER VAN 6CYL GASOLINE 3.3  
 CODE: N6614B/D OPTNS K/24DLPCS

OPTIONS:  
 TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES  
 ELEC REMOTE CONTROL MIRRORS REAR WIPER  
 TILT STEERING WHEEL AUTOMATIC TRANS  
 CRUISE CONTROL

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
UM	0919	01	WHEEL, REAR GOLD FINISH	LT REMAN/REBUILT PAR	150.00*			0.3	1
I	0389		PANEL, BODYSIDE OUTE	LT REPAIR				8.0	*1
L	0389		PANEL, BODYSIDE OUTE	LT REFINISH				5.3	4
E	0353	01	MLDG, BODY SIDE LOW	L/F 5012266AA	151.00			0.6	1
L	0353	13	MLDG, BODY SIDE LOW	L/F REFINISH				1.8	4
I	0566		COVER, REAR BUMPER	REPAIR				1.5	*1

1994 DODGE CARAVAN GRAND SE 2DOOR PASSENGER VAN  
 CD LOG NO 1893-1

L	0566	COVER, REAR BUMPER	REFINISH		2.4	4
N	0992	SUSPENSION ALIGN REAR	ADDNL LABOR OPERA		1.0	2
E	M17	COVER CAR EXTERIOR	NEW PART	5.00*	0.2*4*	
EC		P205/70R15 TIRE	ECONOMY PART	99.95*	0.2*1*	
		GOODYEAR WEATHERGARD LS				
E		VALVE STEM / BALANCE	NEW PART	4.75*		1*
I		FOUR WHEEL ALIGNMENT	SUBLET REPAIR	79.95*		2*

12 ITEMS

MC MESSAGE(S)  
 01 CALL DEALER FOR EXACT PART NUMBER / PRICE  
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS					160.75
OTHER PARTS					249.95
PAINT MATERIAL					232.80
PARTS TOTAL					643.50
TAX ON PARTS & MATERIAL @				5.600%	36.04
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	44.00	1.1	9.5		466.40
2-MECH/ELEC	75.00		1.0		75.00
3-FRAME	44.00				
4-REFINISH	44.00	9.7			426.80
5-PAINT MATERIAL	24.00				
LABOR TOTAL					968.20
TAX ON LABOR				5.600%	54.22
SUBLET REPAIRS					79.95
TAX ON SUBLET		@		5.600%	4.48
TOWING					
STORAGE					
GROSS TOTAL					1,786.39
NET TOTAL					1,786.39

ADP SHOPLINK U1666 ES CD LOG 1893-1 DATE 06/26/03 09:24:17AM R6.3 CD 06/03  
 HOST LOG

(C) 1998 - 2002 ADP CLAIMS SOLUTIONS GROUP, INC.

2.1 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.

EROMANS



5848 South 13th Street  
Milwaukee, WI 53221  
414-282-9862  
Specializing in Import Cars

**BUYER READ** NO CASH REFUNDS. INSPECT MERCHANDISE. Sold as is with a 30 day warranty covering defective parts only. No merchandise returnable without our consent and a copy of the original invoice. We reserve the right to charge a 25% handling fee (cost of total sale).  
CORE REFUNDS: All merchandise is sold with exchange core that must be returned complete within 30 days of sale for core refund.  
MOTOR COVERAGE: We warranty our long block engine against cracked block, rod knock and burning of excessive oil (determined by Roz Auto). We do not cover gaskets. Any accessories, sensors or electrical parts left on engine are not warranted. While we stand behind our engines, this warranty does not extend to commercial use.  
TOWING: Roz Auto is not responsible for items left in vehicle, damages that might occur while being towed or vandalism while on Roz premises.  
TRANSMISSION WARRANTIES will be voided if improperly installed or incorrect fluid levels are found (determined by Roz Auto).  
We make no other promise, guarantee or warranty.

REFERENCE#	DATE
01068290	6/26/03 9:02am
PO#	CUSTOMER #
	1

112.49  
89.76  
20225

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SALES PERSON: TIM-1 TYPE OF SALE: CASH COUNTER SALE TAX CODE: SHIP VIA: Page 1

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTENSION
1U-	560-01721 FOR 94 VOYAGER. GOLD	85.00	85.00
			DEP 40 BAL 4976  PDM full
	Thank you.		
	Charge .00 Card 0 .00 Subtotal	85.00	
	Cash 89.76 Other .00		WI 4.76
	Check .00 Change .00 Taxable	85.00	TAX
	RECEIVED BY X John E. Droy 762-0452 Parts	85.00	TOTAL 89.76

<b>CUSTOMER INFORMATION</b> NAME: GRAY, KAREN ADDRESS: 6160 S. 6TH ST. CITY/ST/ZIP: MILWAUKEE, WI 53221 HOME PHONE: (414) 762-0452		TAG # 11	<b>VEHICLE INFORMATION</b> YEAR/MAKE/MODEL 1994 DODGE CARAVAN/MINI RAM VAN V6-201ci 3.3L Nat		<b>INITIAL ESTIMATE</b> PARTS \$89.98 LABOR \$18.47 OTHER \$0.00 TAX \$4.07 TOTAL \$112.52	<b>REVISED ESTIMATE</b> \$97.98 \$18.47 \$0.00 \$5.96 \$112.43	CREATED BY: 472134 INVOICED BY: 310003
<b>STORE INFORMATION</b> 4511 S. SEARS 5200 S. 76th St. Greendale, WI 53129 (414) 423-4915		TIME IN: 11:23 AM ODOMETER IN: 120278	COLOR: WHITE LOCATION: SOUTH TIME OUT: 06/28/2003 11:47 AM ODOMETER OUT:	DATE/TIME OF ESTIMATE: 06/26/2003 09:33 AM DATE/TIME OF REVISED: 06/28/2003 01:21 PM	PAYMENT TYPE CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> CHECK <input type="checkbox"/>		
WAITING: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DROP-OFF: NO <input type="checkbox"/> PROMISED TIME: 06/28/2003 02:00 PM	<b>TIRE INSTALLATION INSTRUCTIONS</b> LF RF SP BW WW LR RR SAVE OLD TIRES Y ROWL		LOCKS: Y	PHONE AUTHORIZATION <input type="checkbox"/> PHONE NUMBER CALLED:			
REFERENCE NUMBER: 10474477 PRINTED ON: 06/28/2003 01:21 PM	<b>AIR PRESSURE FRONT/REAR</b> 205/70R15-95T 35/35 Base, SE & LE		<b>WHL TORQUE SPECIFICATION</b> 110/95		CONTACTED BY: DATE: TIME:		

**See reverse for important warranty terms and other information.**

**CUSTOMER COMMENTS**

**CUSTOMER WORK AUTHORIZATION**

QTY	ITEM #	DESCRIPTION OF MERCHANDISE	PRICE EA	EXTENSION	TECH.
1	PS 09589313	TIRE 20570S15 BY WPLB W	\$84.99	\$84.99	
1	LB 19012000	TIRE BALANCE PERFORMANCE	\$9.99	\$9.99	767731
1	PS 09598741	VALVE RUBBER STEM	\$2.99	\$2.99	
1	LB 19019505	ROAD HAZARD PLUS SCREEN	\$8.50	\$8.50	

<b>RETAIN FOR COMPARISON WITH MONTHLY STATEMENT OR FOR RETURN OR EXCHANGE</b>	
09589313 QTY:1	TIRE 20570S15 B \$84.99
19012000 QTY:1	TIRE BALANCE PER \$9.99
09598741 QTY:1	VALVE RUBBER STE \$2.99
19019505 QTY:1	ROAD HAZARD PLUS \$8.50
<b>Parts SubTotal: \$87.98</b> <b>Labor SubTotal: \$18.47</b> <b>Reductions SubTotal: \$0.00</b> <b>SubTotal: \$106.47</b> <b>Tax: 5.600% \$5.96</b> <b>Total: \$112.43</b>	
<b>Credit Tended: \$112.43</b>	
<b>CARDTYPE: MASTERCARD</b> <b>ACCT #: WXXXXXXXXXX7928</b> <b>AUTH CODE: 025119</b> <b>MASTERCARD TOTAL: \$112.43</b>	

ALL NEW, NON-OEM PARTS UNLESS OTHERWISE SPECIFIED.

**ITEM / WARRANTY INFORMATION / CSA COMMENTS / TECHNICIAN COMMENTS**

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

ALL LUG NUTS ON CUSTOM AND ALLOY WHEELS MUST BE RE-TORQUED AFTER 25 MILES AND CHECKED PERIODICALLY. If you did not receive your Survey Coupon today with this invoice, please see the Customer Service Manager.

**ITEM COMMENTS:**  
 19012000: For the Life of the Tire, to address an uneven or imbalanced tire, we will adjust tire pressure, remove old weights, computer spin balance. Priced EACH.  
 19019505: ROAD HAZARD PLUS SERVICE AGREEMENT. THIS AGREEMENT PROVIDES ADDED BENEFITS OVER AND ABOVE YOUR TIRE WARRANTY. ASK YOUR SALES ASSOCIATE FOR DETAILS.

**WARRANTY:**  
 09589313 : 65,000 MILE; Tread Depth: 11

**CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF \$112.43 AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH IN THE CARDHOLDER'S AGREEMENT WITH THE ISSUER IDENTIFIED HEREON**

*Karen J Gray*  
 PURCHASED BY

**NOTICE: YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.**

SALES CHECK # 063110451476  
 SATISFACTION GUARANTEED

I request an estimate in writing before you begin repairs. SIGNED \_\_\_\_\_ Date: \_\_\_\_\_  
 Please proceed with repairs, but call me before continuing if the price will exceed \$\_\_\_\_\_  
 SIGNED \_\_\_\_\_ Date: \_\_\_\_\_  
 I do not want any estimate. SIGNED \_\_\_\_\_ Date: \_\_\_\_\_

RETURN OLD PARTS TO CUSTOMER

**YOU ARE ENTITLED TO RECEIVE REPLACED AND REMOVED PARTS, OTHER THAN EXCHANGED OR WARRANTED PARTS WHICH WILL BE AVAILABLE FOR YOUR INSPECTION. TO OBTAIN FULL WARRANTY BENEFITS, YOU MUST PRESENT YOUR RECEIPT AND THE DEFECTIVE PRODUCT OR THE VEHICLE ON WHICH THE SERVICE WAS PERFORMED.**

**NIRMAL K. GARG, M.D.**

Physical Medicine & Rehabilitation

3238 South 16th Street, Milwaukee, WI 53215 By Appointment 643-4882

Karen Gray

DATE:

7/15/03

584 P.

1 Acute (L) Cervical strain  
& (L) Trapezius &  
Latissimus Dorsi strain.  
2 to MVA June 25th 03

2 Multiple other medical  
problems.

PT 3xwk x 4 wks.

2 U.S. & message

To painful areas

3 EMS if needed

4 Therapeutic Exercise

5 MEP.

PT is wheel chair Bound.

Nirmal K. Garg

**MAKE CHECKS PAYABLE TO:**

NIRMAL K GARG, MD  
 P O BOX 649  
 WAUKESHA WI 53187-0649

RETURN SERVICE REQUESTED

PHONE: (262)928-4959  
 PATIENT: KAREN GRAY

**IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.**

<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	
CARDHOLDER NAME		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
<b>STATEMENT DATE</b>	<b>PAY THIS AMOUNT</b>	<b>ACCOUNT NO.</b>
08/13/2003	\$6.00	1172

PAYMENTS RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT  
 MAKE CHECKS PAYABLE TO:

KAREN GRAY  
 6160 S 6TH ST C-6  
 MILWAUKEE, WI 53221-5121



NIRMAL K GARG, MD  
 P O BOX 649  
 WAUKESHA WI 53187-0649



**SHOW AMOUNT PAID HERE** \$

IF ADDRESS IS INCORRECT PLEASE INDICATE ABOVE.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PROVIDER	DESCRIPTION	CHARGES	INSURANCE PAYMENTS	ADJUSTMENTS/DISCOUNTS	PATIENT PAYMENTS	PATIENT BALANCE
07/15/03	GARG	OFFICE CONSULT COPAY DUE	281.00	95.09	182.91	.00	3.00
07/15/03	GARG	INJECT TRIGGER POINT COPAY DUE	182.00	22.63	156.37	.00	3.00

PROVIDER OF SERVICES NIRMAL K GARG, MD	<b>AMOUNT DUE FROM PATIENT</b> \$6.00
---	---------------------------------------

**YOUR INSURANCE HAS BEEN BILLED. PAYMENT DUE UPON RECEIPT.**

**STATEMENT**

*Thank You*

9200 W. Loomis Rd., Suite 107  
Franklin, WI 53132

(414)529-9162 ID # 39-1671436

Patient KAREN GRAY  
Account # GRAY,KAR  
Acct Type 3  
Referral Nirmal Garg  
Provider Sharon Cole  
Injured 06/25/2003  
Employer DISABLED  
Pri Ins None

**Diagnosis:**  
847.0 SPRAIN NECK

**KAREN GRAY**  
**6160 S 6TH STREET C-6**  
**MILWAUKEE, WI 53221**

Date	CPT	Name	Charge Amount	Patient Amount	Patient Payment	Patient Credit	Insurance Payment	Insurance Credit	Open Balance
07/17/2003	97001	Physical Therapy Evaluation	108.00	108.00	3.00	-	-	-	105.00
07/17/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00
07/17/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
07/17/2003	97110	Therapeutic Exercise	47.00	47.00	47.00	-	-	-	-
07/18/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00
07/18/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
07/18/2003	97110	Therapeutic Exercise	47.00	47.00	-	-	-	-	47.00
07/21/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00
07/21/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
07/21/2003	97110	Therapeutic Exercise	47.00	47.00	-	-	-	-	47.00
07/22/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00
07/22/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
07/22/2003	97110	Therapeutic Exercise	47.00	47.00	-	-	-	-	47.00
07/25/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00
07/25/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
07/25/2003	97110	Therapeutic Exercise	47.00	47.00	-	-	-	-	47.00
07/29/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00
07/29/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
07/29/2003	97110	Therapeutic Exercise	47.00	47.00	-	-	-	-	47.00
07/31/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00
07/31/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
07/31/2003	97110	Therapeutic Exercise	47.00	47.00	-	-	-	-	47.00
08/01/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00

**Continued on next page**

9200 W. Loomis Rd., Suite 107  
Franklin, WI 53132

(414)529-9162 ID # 39-1671436

Patient KAREN GRAY  
Account # GRAY,KAR  
Acct Type 3  
Referral Nirmal Garg  
Provider Sharon Cole  
Injured 06/25/2003  
Employer DISABLED  
Pri Ins None

**Diagnosis:**  
847.0 SPRAIN NECK

**KAREN GRAY**  
6160 S 6TH STREET C-6  
MILWAUKEE, WI 53221

Date	CPT	Name	Charge Amount	Patient Amount	Patient		Insurance		Open Balance
					Payment	Credit	Payment	Credit	
08/01/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
08/01/2003	97110	Therapeutic Exercise	47.00	47.00	-	-	-	-	47.00
08/06/2003	97035	Ultrasound	40.00	40.00	-	-	-	-	40.00
08/06/2003	97140	Manual Therapy Technique	47.00	47.00	-	-	-	-	47.00
08/06/2003	97110	Therapeutic Exercise	47.00	47.00	-	-	-	-	47.00
<b>Account Totals</b>			<b>1314.00</b>	<b>1314.00</b>	<b>50.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1264.00</b>
								<b>Amount Due</b>	<b>1264.00</b>

**\*\* COMMENT \*\***

Please Pay \$25.00 by September 15th, 2003

[ Please detach and remit with payment ]

**Franklin Rehabilitation, Inc.**  
9200 W. Loomis Rd., Suite 107  
Franklin, WI 53132  
(414)529-9162  
ID # 39-1671436

**Patient** KAREN GRAY  
**Account #** GRAY,KAR

**08/22/2003 Statement**

(Please check one of the following)

- MasterCard    Visa    Cash    Check  
 Money Order

Account Balance 1264.00  
Patient Balance 1264.00  
**Amount Due 1264.00**

Card # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_