

NOTES:

PD WALKER 414-935-7242
P2408260596

CRASH REPORTS

Crash reports can be requested by contacting LexisNexis or the Wisconsin Department of Transportation (DOT) by using the below methods (to request a crash report you must know the date and a driver's license number for one of the parties involved; or the report number; or the WisDOT document form number):

1. LexisNexis
 - . Online: <https://policerreports.lexisnexis.com/>
 - . Support line: (866) 215-2771
2. Wisconsin Department of Transportation
 - . Online: <http://www.wisconsin.dmv.gov>
 - . Phone: (608) 266-8753

OTHER DRIVER'S INFORMATION:

NAME: Bobby Carr

ADDRESS: 1-800-531-8722

PHONE NUMBER: Ext, 46746

INSURANCE COMPANY: USA

042530172-801

IF YOUR VEHICLE WAS TOWED BY OUR DEPARTMENT CONTRACTOR, IT IS AT THE CITY OF MILWAUKEE TOW LOT 3811 WEST LINCOLN AVENUE TELEPHONE (414) 286-2700

YOUR TOW NUMBER: _____

TOW LOT HOURS: MONDAY — FRIDAY 7 a.m. - 6 p.m.
SATURDAY 7:30 a.m. - 3 p.m.
SUNDAY 7:30 a.m. - 12 p.m.

PR-3 Rev. 06/23
MILWAUKEE POLICE DEPARTMENT
POLICE ADMINISTRATION BUILDING
749 WEST STATE STREET

VICTIM / WITNESS
REFERRAL MEMO DATE _____ 20____

TO ENTER THE BELOW LISTED OFFICES,
REPORT TO 951 North James Lovell Street:

- City Attorney Room 205
- Forensics Division Room 330
- Homicide Division Room 438
- Sensitive Crimes Division 619 W. Walnut Street

Name: Defendant/Subject, _____
Date of Event: 08/26/27
Citation/Case Number: _____

Name: Police Officer & Employee I.D.# _____
Date of Review: _____
 District Attorney 949 N. 9th St. Room 110
 Municipal Court 951 N. James Lovell Street
 Vel Phillips Juvenile Justice Center
10201 W. Watertown Plank Rd.
 Other _____
D.A. SENSITIVE CRIMES UNIT....949 N. 9TH STREET
 Victim Waiting Room #102

DOMESTIC VIOLENCE UNIT-Intimate Partner Violence
 Victim/Witness-Sojourner Family Peace Center
619 West Walnut Street

Will officer be present? Yes No
Name of person or officer to contact: _____

Regarding _____

Date _____ 20____ Time _____ A.M/P.M

Issued By: _____

Rank _____ Work Loc. _____

TO FILE A CLAIM WITH THE CITY OF MILWAUKEE:

You will need the following information:

DATE of Incident 8/26/24

"City" Vehicle Number 32608 (Plate No. C23865)



OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed at the bottom of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

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

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

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

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

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

ADDITIONAL INFORMATION

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

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

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

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

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

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

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

**DEPARTMENT OF
VETERANS AFFAIRS**

Clement J. Zablocki VA Medical Center
5000 West National Ave.
ROI Department Rm 10645
Mail Stop: MIS-136E
Milwaukee, WI 53295

DATE: 8/27/2024
In Reply Refer To: MIS-136E

CHRIS WASHINGTON
5166 N LOVERS LANE RD APT A13
MILWAUKEE, WI 53225

RE: ROI Plus Request for CHRIS WASHINGTON

Dear MR WASHINGTON:

We have received your request for information on August 27, 2024.

This individually identifiable information is privileged. Its confidentiality should be maintained along with appropriate security safeguards to protect against individual harm (identity theft), embarrassment, or inconvenience.

We thank you for your support of our mission. If you wish to discuss anything in this letter with me, please contact me at (414) 384-2000 x42377.

Sincerely,

REBECCA L BUSCH - Release of Information

CITY OF MILWAUKEE
2024 AUG 29 PM 2:52
CITY CLERK'S OFFICE



Clement J. Zablocki VA Medical Center
5000 W National Ave. , Milwaukee , WI 53295
(414) 384-2000

Patient: CHRIS WASHINGTON, DOB: 05/21/1968 Gender: Male
For your visit on: 08/27/2024

Discharge Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If we find new information about your special tests, such as EKG's or X-rays, we will call you. After you leave, you should **follow the instructions below**.

You were treated today by Abigail Miller, .

This Information Is About Your Follow Up Care

You will need a follow-up appointment within 1 week.

Your Follow-up Provider: EMILY _ KARLS , .

If you have new symptoms or are not getting better as discussed, call to arrange an appointment at (414) 384-2000

If you are getting worse or feel you need to be seen sooner, return to the Emergency Department.

This Information Is About Your Illness and Diagnosis

FOOT PAIN

Foot pain can be caused by many conditions. Some specific conditions that may cause foot pain include:

- bruising
- stress fracture (overuse injury that occurs in athletes, especially runners)
- plantar fasciitis (inflammation of the layer of connective tissue that connects the heel to the base of the toes)
- tendinitis (inflammation of a tendon)
- bursitis (inflammation of a flat sac that acts as a cushion between bone joints and adjoining tendons or muscles)
- arthritis
- irritation of a nerve or nerves in the foot
- broken bone
- retained foreign body, such as part of a sliver or nail
- extra bone or small growth of bone in the foot called a bone spur
- trauma

Your history and exam did not show an obvious reason for your foot pain. We will aim treatment at reducing the pain.

Follow these instructions:

Document created: 08/27/2024 at 09:46

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Page 1 of 2



Clement J. Zablocki VA Medical Center
5000 W National Ave. , Milwaukee , WI 53295
(414) 384-2000

Patient: CHRIS WASHINGTON, DOB: 05/21/1968 Gender: Male
For your visit on: 08/27/2024

- Rest your foot as much as possible.
- Apply heat (such as a heating pad or hot water bottle) for 15 minutes at a time for comfort. If you have suffered recent trauma to your foot, use ice packs instead of heat for the first couple of days to reduce pain and swelling. Always place a cloth between your skin and the ice pack.
- Do not wear tight-fitting shoes or boots (including ski boots, skates and inline skates).
- Avoid or reduce activities that cause pain in your foot.
- Take any medicines exactly as prescribed.

Call your doctor if:

- you have swelling, numbness, or tingling in your foot.
- you have increased pain.
- you have any new or severe symptoms.

HEEL SPUR

This is a growth of extra bone in the heel. It is caused by stress or injury to the heel, especially running, jogging or standing for a long time. Tendons or connective tissue pull on the heel bone more than usual. This causes the growth. It is painful, especially with walking.

Please follow these instructions:

- Avoid running or any activity that puts extra strain on your foot. Try swimming or bicycling until the heel is better.
- Apply an ice pack 3 to 4 times a day for 15 minutes at a time. This will help reduce pain and swelling.
- Put a heel cup or felt cushion into the shoe. Your health care provider may advise an orthotic for the shoes (custom made shoe insert). These will help relieve pain and pressure.
- Take the pain and anti-inflammatory medicine exactly as prescribed.

Contact your health care provider as soon as possible if you have any of the following:

- pain that persists, even after trying the above treatments.
- any new or more severe symptoms.
- any questions or concerns.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

- Follow the above instructions carefully.
- Take your medicines as prescribed.
- Most important, see a doctor again as discussed.
- If you have problems that we have not discussed, **call or visit your doctor right away.**
- If your symptoms worsen, return to the Emergency Department.

Document created: 08/27/2024 at 09:46

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Page 2 of 2

Patient: WASHINGTON,CHRIS
5166 N LOVERS LANE RD APT A13
MILWAUKEE, WISCONSIN 53225

Requestor: CHRIS WASHINGTON
5166 N LOVERS LANE RD APT A13
MILWAUKEE, WI 53225

Current Status: CLOSED - GRANTED

Entered On: Aug 27, 2024

Closed On: Aug 27, 2024

Assigned Clerk: REBECCA L BUSCH

Request Comments: Requesting recent records and testing

Released Info:

Radiology Reports: FOOT, RIGHT: Aug 27, 2024

Radiology Reports: CXR: 1 VIEW: Aug 22, 2024

Lab Results: Cumulative by Date: AUG 22, 2024 @ 00:00 to AUG 27, 2024 @ 23:59

Progress Notes: ER DISCHARGE INSTRUCTION NOTE: August 27, 2024

Progress Notes: + 1010M - (TRIAGE/ER/ACC) NOTE [G-T]: August 27, 2024

~~Progress Notes: PG-OUTPT TELEPHONE NOTE: August 23, 2024~~

~~Progress Notes: ER DISCHARGE INSTRUCTION NOTE: August 22, 2024~~

~~Progress Notes: PIV (PERIPHERAL-IV) INSERTION/REMOVAL NOTE [T]: August 22, 2024~~

~~Progress Notes: + 1010M - (TRIAGE/ER/ACC) NOTE [G-T]: August 22, 2024~~

~~Medical Package Information: ELECTROCARDIOGRAM Date: AUG 22,2024@08:42:16~~

~~Medical Package Information: ELECTROCARDIOGRAM Date: AUG 22,2024@07:59:03~~

Radiology Reports

Printed On Aug 27, 2024

FOOT, RIGHT

Exm Date: AUG 27, 2024@08:59

Req Phys: MILLER, ABIGAIL M

Pat Loc: MKE ER TRIAGE ACC 1ST (Req'g

Img Loc: RADIOLOGY/MAIN DEPARTMENT

Service: Unknown

Clement J Zablocki
MILWAUKEE, WI 53295

(Case 695-082724-593 COMPLETE) FOOT, RIGHT

(RAD Detailed)

CPT:73630

Proc Modifiers : RIGHT

CPT Modifiers : RT RIGHT SIDE

Reason for Study: right foot pain

Clinical History:

Report Status: Verified

Date Reported: AUG 27, 2024

Date Verified: AUG 27, 2024

Verifier E-Sig:/ES/IAN WEISSMAN

Report:

Comparison: 10/7/2022

Three view(s):

Impression:

Interpretation limited as specific site of pain not clinically indicated nor marked.

No dislocation or fracture.

Mild degenerative change first metatarsophalangeal joint.

Small plantar calcaneal heel spur with a small ossification redemonstrated in the adjacent proximal plantar fascia.

Findings: As above

Primary Diagnostic Code: MTNOR ABNORMALITY

Primary Interpreting Staff:

IAN WEISSMAN , STAFF RADIOLOGIST (Verifier)

/IAW

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WASHINGTON, CHRIS
5166 N LOVERS LANE RD APT A13
MILWAUKEE, WISCONSIN 53225
DOB:05/21/1968

VISTA Electronic Medical Documentation

Printed at MILWAUKEE VAMC

Progress Notes

Printed On Aug 27, 2024

LOCAL TITLE: ER DISCHARGE INSTRUCTION NOTE
STANDARD TITLE: EMERGENCY DEPT EDUCATION NOTE
DATE OF NOTE: AUG 27, 2024@09:46:40 ENTRY DATE: AUG 27, 2024@09:46:40
AUTHOR: MILLER, ABIGAIL M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Discharge Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If we find new information about your special tests, such as EKG's or X-rays, we will call you. After you leave, you should follow the instructions below.
You were treated today by Abigail Miller, .

This Information Is About Your Follow Up Care

You will need a follow-up appointment within 1 week.
Your Follow-up Provider: EMILY_KARLS, .
If you have new symptoms or are not getting better as discussed, call to arrange an appointment at (414) 384-2000
If you are getting worse or feel you need to be seen sooner, return to the Emergency Department.

This Information Is About Your Illness and Diagnosis

FOOT PAIN

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- tendinitis (inflammation of a tendon)
- bursitis (inflammation of a flat sac that acts as a cushion between bone joints and adjoining tendons or muscles)
- arthritis
- irritation of a nerve or nerves in the foot
- broken bone
- retained foreign body, such as part of a sliver or nail
- extra bone or small growth of bone in the foot called a bone spur
- trauma

Your history and exam did not show an obvious reason for your foot pain. We will aim treatment at reducing the pain.

Follow these instructions:

- Rest your foot as much as possible.
- Apply heat (such as a heating pad or hot water bottle) for 15 minutes at a time for comfort. If you have suffered recent trauma to your foot, use ice packs instead of heat for the first couple of days to reduce pain and

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
WASHINGTON, CHRIS
5166 N LOVERS LANE RD APT A13
MILWAUKEE, WISCONSIN 53225
DOB:05/21/1968

VISTA Electronic Medical Documentation
Printed at MILWAUKEE VAMC

Progress Notes

Printed On Aug 27, 2024

- swelling. Always place a cloth between your skin and the ice pack.
- Do not wear tight-fitting shoes or boots (including ski boots, skates and inline skates).
 - Avoid or reduce activities that cause pain in your foot.
 - Take any medicines exactly as prescribed.

Call your doctor if:

- you have swelling, numbness, or tingling in your foot.
- you have increased pain.
- you have any new or severe symptoms.

HEEL SPUR

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Please follow these instructions:

- Avoid running or any activity that puts extra strain on your foot. Try swimming or bicycling until the heel is better.
- Apply an ice pack 3 to 4 times a day for 15 minutes at a time. This will help reduce pain and swelling.
- Put a heel cup or felt cushion into the shoe. Your health care provider may advise an orthotic for the shoes (custom made shoe insert). These will help relieve pain and pressure.
- Take the pain and anti-inflammatory medicine exactly as prescribed.

Contact your health care provider as soon as possible if you have any of the following:

- pain that persists, even after trying the above treatments.
- any new or more severe symptoms.
- any questions or concerns.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

- Follow the above instructions carefully.
- Take your medicines as prescribed.
- Most important, see a doctor again as discussed.
- If you have problems that we have not discussed, call or visit your doctor right away.
- If your symptoms worsen, return to the Emergency Department.

/es/ ABIGAIL MILLER
STAFF PHYSICIAN, MEDICINE
Signed: 08/27/2024 09:46

LOCAL TITLE: 1010M - (TRIAGE/ER/ACC) NOTE [G-T]
STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE
DATE OF NOTE: AUG 27, 2024@08:34 ENTRY DATE: AUG 27, 2024@08:34:15
AUTHOR: BOLD, DAVID J JR EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** 1010M - (TRIAGE/ER/ACC) NOTE [G-T] Has ADDENDA ***

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
WASHINGTON, CHRIS
5166 N LOVERS LANE RD APT A13
MILWAUKEE, WISCONSIN 53225
DOB: 05/21/1968

VISTA Electronic Medical Documentation
Printed at MILWAUKEE VAMC

Progress Notes

Printed On Aug 27, 2024

Emergency Department Triage
Patient age:56 Sex: MALE
On arrival patient was: AMBULATORY
Patient phone number: PATIENT PHONE
Allergies: Patient has answered NKA

Subjective/Chief Complaint:
R foot pain

Objective:

pt presents to ed for c/o R foot pain. reports yesterday got hit by garbage truck in MVC. reports ball of right foot is sore and lower back pain. denies blood in urine or stool. denies loss of bowel or bladder control. 7/10 pain in foot and 6/10 pain in back. reports tender to walk. reports taking medications pta. pt also wondering about past test results.

KINDER 1 FALL SCREENING

FALL RISK *

The patient is not a fall risk.
IMPORTANT REMINDER

-Once an ED Patient is deemed a high Fall risk in the ED- the Patient remains a HIGH FALL RISK throughout the ED Stay.

-The KINDER 1 Falls Risk Assessment must be performed at the time of any change in condition or after an intervention that may impact the patient's fall risk.

- If a patient falls in the ED, they become a High Fall Risk.

VITAL SIGNS

Temperature
98 F (36.7 C)

Pulse
91

Respirations
18

Blood Pressure
172/70

Pain Scale Score
7

Pulse Oximetry 99 Room Air
Emergency Severity Index (ESI) level
Level 4

Current Medications:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications

Status

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WASHINGTON, CHRIS
5166 N LOVERS LANE RD APT A13
MILWAUKEE, WISCONSIN 53225
DOB:05/21/1968

VISTA Electronic Medical Documentation

Printed at MILWAUKEE VAMC

Progress Notes

Printed On Aug 27, 2024

paraspinal tenderness to palpation, ROM intact

No Airway Management Performed.
No Procedure Performed.

ED course:

Patient is a 56 y/o male who presents for a chief complaint of right foot pain.

08/27/2024 ADDENDUM

STATUS: COMPLETED

0912:

Patient general assessment:

Neuro: Awake, alert and oriented x4.

Resp: Airway patent. Patient breathing easy. Denies any SOB.

CVS: Patient denies any chest pains. Skin warm and dry. Skin color WDL.

Other: Belongings with patient. Side rails up. Call light available for patient. Patient reports lower back pain and foot pain s/p MVC.

Psych: Calm and cooperative. Patient interactive with ED staff.

Pain: Patient state pain level currently is 7 on a 0-10 pain scale.

0922:

Ketorolac 30mg IM

Lidocaine Patch 5% transdermal. See BCMA.

0952:

Patient provided with discharge and follow up instructions. Patient verbally stated understanding of all discharge and follow up instructions. Patient denied having any questions or concerns at the time of discharge. Patient ambulated self from the ED. Patient displayed a steady gait, appropriate actions for the situation, vital signs within normal limits for the patient, and

skin was dry, and warm. All without incident.

/es/ ADAM NICHOLAS

REGISTERED NURSE

Signed: 08/27/2024 09:54

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WASHINGTON, CHRIS
5166 N LOVERS LANE RD APT A13
MILWAUKEE, WISCONSIN 53225
DOB:05/21/1968

VISTA Electronic Medical Documentation

Printed at MILWAUKEE VAMC



Russ Darrow Collision Center of Waukesha

W226 S1700 Hwy 164, WAUKESHA, WI 53186
 Phone: (262) 506-3150
 FAX: (262) 506-3156

Workfile ID: 08700ad4
 PartsShare: 87kz9G

Preliminary Estimate

Customer: WASHINGTON, CHRIS

Written By: Justin Rupp

Insured: WASHINGTON, CHRIS Policy #: Claim #:
 Type of Loss: Date of Loss: Days to Repair: 0
 Point of Impact:

Owner: WASHINGTON, CHRIS 5166 N LOVERS LANE RD APT A13 MILWAUKEE, WI 53225-3703 (773) 220-2989 Cell	Inspection Location: Russ Darrow Collision Center of Waukesha W226 S1700 Hwy 164 WAUKESHA, WI 53186 Repair Facility (262) 506-3150 Business	Insurance Company: CITY OF MILWAUKEE
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VEHICLE

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI maroon

VIN: 5FPYK1F26AB006892	Interior Color:	Mileage In:
License:	Exterior Color: maroon	Mileage Out:
State:	Production Date:	Condition:

CITY OF MILWAUKEE
 2024 AUG 30 AM 10:09
 CITY CLERK'S OFFICE

TRANSMISSION

Automatic Transmission
 Overdrive
 4 Wheel Drive

POWER

Power Steering
 Power Brakes
 Power Windows
 Power Locks
 Power Mirrors

DECOR

Dual Mirrors
 Tinted Glass

Console/Storage

CONVENIENCE

Air Conditioning
 Intermittent Wipers
 Tilt Wheel
 Cruise Control
 Keyless Entry
 Alarm
 Message Center
 Steering Wheel Touch Controls

RADIO

AM Radio
 FM Radio

Stereo

Search/Seek
 CD Player

SAFETY

Drivers Side Air Bag
 Passenger Air Bag
 Anti-Lock Brakes (4)
 4 Wheel Disc Brakes
 Traction Control
 Stability Control
 Front Side Impact Air Bags
 Head/Curtain Air Bags
 Positraction

SEATS

Cloth Seats
 Bucket Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

TRUCK

Power Rear Window
 Bedliner
 Trailer Hitch
 Trailing Package
 Power Trunk/Liftgate

Preliminary Estimate

Customer: WASHINGTON, CHRIS

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI maroon

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR DOOR					
2	R&I	RT R&I door assy				1.1	
3	R&I	RT Water deflector				0.1	
4	R&I	RT Door w'strip				0.5	
5	R&I	RT Lower w'strip				0.2	
6	R&I	RT Belt molding				0.2	
7	R&I	RT Handle, outside flat black				0.3	
8	R&I	RT R&I trim panel				0.4	
9		QUARTER PANEL					
10	Repl	RT Quarter panel	04636SJCA92ZZ	1	2,598.72	18.0	3.5
11		Add for Clear Coat					1.4
12	Repl	RT Wheelhouse liner	74551SJCA01	1	117.73	Incl.	
13	R&I	RT Upper molding				0.3	
14	Repl	RT Inner panel assy	64300SJP305ZZ	1	5,346.06 s	8.0	2.0
15		Add for Clear Coat					0.4
16	Repl	RT Gusset	66511SJCA01ZZ	1	89.89		
17	R&I	RT Lower qtr trim dark gray				Incl.	
18	R&I	RT Upper qtr trim clear gray				Incl.	
19	R&I	RT Side trim panel				Incl.	
20		REAR LAMPS					
21	R&I	RT Tail lamp assy				Incl.	
22		REAR BUMPER					
23		O/H rear bumper				1.7	
24	Repl	Bumper cover	04715SJCA80ZZ	1	546.28	Incl.	3.2
25		Add for Clear Coat					1.3
26		Deduct for Rear Bumper R&I				-1.1	
27	Repl	RT Spacer	71581SJCA00	1	23.61	0.1	
28	R&I	LT Step pad outer				Incl.	
29	R&I	Step pad center				Incl.	
30	R&I	RT Step pad outer				Incl.	
31		TIRES					
32	*	Repl MICH 245/65R17 LTX AT2 ROWL 107S	MI10632	1	<u>259.00</u>	0.3	
33	#	Mtg & Bal Tire		1	24.95		
34	#	Repl HAZARDOUS WASTE		1	5.00		
35	#	4 Wheel Alignment		1	119.95		
36	**	Repl A/M FLEX ADDITIVE		1	15.00		
37	**	Repl A/M CORROSION PROTECTION		1	10.00	0.2	
38	#	Refn TINT COLOR					0.5
39	#	Pre Scan		1		0.5 M	
40	#	Post Scan		1		0.5 M	
41	#	> . veh owner states A/C does not work since loss .<		1			

Preliminary Estimate

Customer: WASHINGTON, CHRIS

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI maroon

SUBTOTALS	9,156.19	31.3	12.3
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ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			9,156.19
Body Labor	30.3 hrs @	\$ 72.00 /hr	2,181.60
Paint Labor	12.3 hrs @	\$ 72.00 /hr	885.60
Mechanical Labor	1.0 hrs @	\$ 189.95 /hr	189.95
Paint Supplies	12.3 hrs @	\$ 50.00 /hr	615.00
Subtotal			13,028.34
Sales Tax	\$ 13,028.34 @	5.0000 %	651.42
Grand Total			13,679.76

This is an initial estimate, not a guaranteed final price.

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.

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.

Preliminary Estimate

Customer: WASHINGTON, CHRIS

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI maroon

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARG4475, CCC Data Date 08/16/2024, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

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HOLZ MOTORS

10701 W College Ave, Franklin, WI 53132
Phone: (414) 529-7848
FAX: (414) 529-7533

Workfile ID: df147e76
PartsShare: 87rrTN
Federal ID: 39 0792093

Preliminary Estimate

Customer: Washington, Chris

Written By: Elijah Zuniga

Insured: Washington, Chris
Type of Loss:
Point of Impact: 05 Right Rear

Policy #:
Date of Loss:

Claim #:
Days to Repair: 10

Owner:
Washington, Chris
(773) 220-2989 Cell

Inspection Location:
HOLZ MOTORS
10701 W College Ave
Franklin, WI 53132
Repair Facility
(414) 529-7848 Business

Insurance Company:
CUSTOMER PAY

VEHICLE

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI

VIN: 5FPYK1F26AB006892
License: SD3334
State: WI

Interior Color:
Exterior Color:
Production Date: 1/2010

Mileage In: 337,785
Mileage Out:
Condition:

CITY CLERK'S OFFICE
2024 AUG 30 AM 10:09
CITY OF MILWAUKEE

TRANSMISSION

Automatic Transmission
Overdrive
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors

DECOR

Dual Mirrors
Tinted Glass

Console/Storage

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls

RADIO

AM Radio
FM Radio

Stereo

Search/Seek
CD Player

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Positraction

SEATS

Cloth Seats
Bucket Seats

WHEELS

Styled Steel Wheels

PAINT

Clear Coat Paint

TRUCK

Power Rear Window
Bedliner
Trailer Hitch
Trailer Package
Power Trunk/Liftgate

Preliminary Estimate

Customer: Washington, Chris

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		ELECTRICAL					
2	Repl	TPMS sensor w/o alloy wheel	06421S3VA04	1	29.41 m	0.1 M	
3		WINDSHIELD					
4	* Rpr	Windshield Honda, w/auto dim mirror Note: Rope/ Mask for refinish.				<u>0.5</u>	
5		FRONT DOOR					
6	R&I	RT R&I door assy				1.3	
7		REAR DOOR					
8	R&I	RT R&I door assy				1.1	
9	* Blind	RT Door shell					<u>1.2</u>
10	R&I	RT Belt molding				0.2	
11	R&I	RT Run channel				0.3	
12	R&I	RT Door glass Honda w/o tint				0.4	
13	R&I	RT Window regulator				0.3	
14	R&I	RT Handle, outside flat black				0.3	
15	R&I	RT R&I trim panel				0.4	
16		QUARTER PANEL					
17	Repl	RT Quarter panel	04636SJCA92ZZ	1	2,598.72	18.0	3.5
18		Add for Clear Coat					1.4
19		Deduct for Rear Bumper R&I				-1.1	
20	Repl	RT Wheelhouse liner	74551SJCA01	1	117.73	Incl.	
21	Repl	RT Stiffener	63255SJCA00ZZ	1	354.04	1.2	
22	R&I	RT Upper molding				0.3	
23	R&I	RT Upper qtr trim clear gray				Incl	
24	R&I	RT Lower qtr trim dark gray				Incl.	
25	R&I	RT Upper trim panel				Incl.	
26	R&I	RT Side trim panel				Incl.	
27	R&I	RT Cargo lamp rear				Incl.	
28	Repl	RT Inner panel assy	64300SJP305ZZ	1	5,346.06 s	8.0	2.0
29		Add for Clear Coat					0.4
30		REAR BODY & FLOOR					
31	* Rpr	Back glass Honda w/o privacy tint Note: Rope/ Mask for refinish.				<u>0.5</u>	
32		TAIL GATE					
33	R&I	R&I tailgate assy				2.0	
34		REAR LAMPS					
35	R&I	RT Tail lamp assy				Incl	
36		REAR BUMPER					
37		O/H rear bumper				1.7	
38	Repl	Bumper cover	04715SJCA80ZZ	1	546.28	Incl.	3.2
39		Add for Clear Coat					1.3
40		Drill holes rev sen				0.5	

Preliminary Estimate

Customer: Washington, Chris

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI

41		Add for reverse sens				0.4		
42	Repl	RT Spoiler	71506SJCA00ZA	1	49.83	Incl.		
43	R&I	LT Spoiler				Incl.		
44	R&I	Step pad center				Incl.		
45	R&I	RT Step pad outer				Incl.		
46	R&I	LT Step pad outer				Incl.		
47	Repl	RT Spacer	71581SJCA00	1	23.61	0.1		
48	R&I	RT Absorber				0.1		
49	R&I	LT Absorber				0.1		
50	TIRES							
51	*	Repl	MICH 245/65R17 LTX AT2 ROWL 107S	MI10632	1	259.99	0.3 M	
52	#	Subl	Tire mount & wheel balance		1	30.00 T		
53	#	Subl	Four wheel alignment		1	125.00 T		
54	#	Rpr	Reset TPMS Sensor				1.0 M	
55	VEHICLE DIAGNOSTICS							
56	*	Rpr	Pre-repair scan			m	0.5 M	
57	*	Rpr	Post-repair scan			m	0.5 M	
58	MISCELLANEOUS OPERATIONS							
59		Repl	Cover car/bag		1		0.2	
60	#	Subl	Hazardous waste removal		1	5.00 T		
61	#	Rpr	Corrosion protection primer				0.3	
62	#	Repl	Flex additive		1	12.00 T		
63	#	Rpr	Setup & measure				1.5 F	
64	#	Rpr	Rough pull				2.0 F	
65	#	Rpr	Feather edge prime and block				1.5	
66	#	Repl	Seam sealer/caulking		1	55.00 T	1.0	
67	#		Mask jams/openings		1	3.00 T	0.3	
68	#		Cover interior		1	5.00 T		
69	#		Disconnect battery cable		1		0.3 M	
					SUBTOTALS	9,560.67	46.1	13.0

Preliminary Estimate

Customer: Washington, Chris

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			9,325.67
Body Labor	39.9 hrs @	\$ 75.00 /hr	2,992.50
Paint Labor	13.0 hrs @	\$ 75.00 /hr	975.00
Mechanical Labor	2.7 hrs @	\$ 125.00 /hr	337.50
Frame Labor	3.5 hrs @	\$ 100.00 /hr	350.00
Paint Supplies	13.0 hrs @	\$ 55.00 /hr	715.00
Miscellaneous			235.00
Subtotal			14,930.67
Sales Tax	\$ 14,930.67 @	5.9000 %	880.91
Grand Total			15,811.58

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Preliminary Estimate

Customer: Washington, Chris

2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
2	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#06421S3VA04 TPMS sensor w/o alloy wheel Quote: 2747452620 Expires: 09/06/24	\$ 29.41
20	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#74551SJCA01 RT Wheelhouse liner Quote: 2746952751 Expires: 09/05/24	\$ 117.73
21	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#63255SJCA00ZZ RT Stiffener Quote: 2746353174 Expires: 09/06/24	\$ 354.04
38	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#04715SJCA80ZZ Bumper cover Quote: 2748652184 Expires: 09/05/24	\$ 546.28
47	Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227	#71581SJCA00 RT Spacer Quote: 2746852801 Expires: 09/06/24	\$ 23.61

Preliminary Estimate

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2010 HOND Ridgeline R/T Crew Cab 4WD 4D P/U 6-3.5L Gasoline MPFI

TIRE PARTS SUPPLIERS

Line	Description	Supplier	Price
51	MICH 245/65R17 LTX AT2 ROWL 107S 7101 VORDEN PKWY, SOUTH BEND IN 46628-0	Tire Rack (800) 445-0179	\$ 259.99