

 **West Bend Mutual**  
INSURANCE COMPANY • TIME TESTED SINCE 1894

August 17, 2001

City Of Milwaukee  
Robert M. Overholt  
Office of City Attorney  
200 E. Wells St., Suite 800  
Milwaukee, WI 53202-3551

RE: Your file #: 01-V-128  
Our Claim No.: HHV 5194173  
Our Insured: Arlene Stephens  
Date of Loss: 2-22-01

Dear Mr. Overholt;

Per your letter of July 31, 2001, I am rejecting your offer and requesting a hearing on this matter.

I do not have a problem on your offer of 80% but I do on the adjustment value of the vehicle.

Sincerely,



Linda Miller  
Sr. Claim Repr.

**West Bend Mutual**<sup>®</sup>  
INSURANCE COMPANY • TIME TESTED SINCE 1894

March 9, 2001

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

CITY OF MILWAUKEE  
2001 MAR 19 PM 3:14  
RONALD D. LEONHARDT  
CITY CLERK

Our File No.: HHV 5194173  
Our Insured: Arlene Stephens  
Accident Date: 2-22-01  
Your Driver: City of Milwaukee/John L. Leibiger

Dear City Clerk;

X Under a policy of insurance carried with us by the above-named insured, WEST BEND MUTUAL has paid \$4849.32 for loss and damage as a result of the accident described above.

An investigation indicates that this damage was caused as a result of your driver's negligence.

Under the terms of our policy, we are subrogated to the extent of our payment to any legal right which our insured has against you, and we hereby claim a lien on any proceeds that may be paid by way of settlement or judgement on said claim.

Please review this matter for settlement. My supporting materials are attached.

Sincerely,

*Linda Miller*

Linda Miller  
Sr. Claim Repr.

Encl.

WB445 (6-97)

CITY OF MILWAUKEE  
2001 MAR 19 PM 3:49  
OFFICE OF  
CITY ATTORNEY

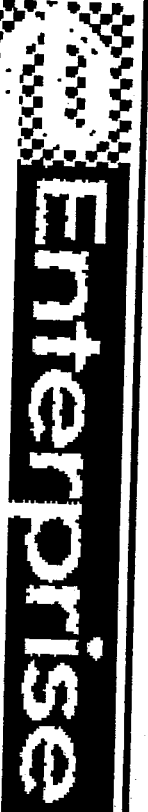
PUHD HHV 5194173 05 05 031601 DOL 022201 OCC 001 CLMT 001 CLM NO  
 POL EFF, 081500 POL STAT SD LIN BUS HAP RSN AMD PIF ONLY  
 INSURED ARLENE M STEPHENS CLAIMANT ARLENE M STEPHENS/ML  
 UNIT 201

ALL LOSS TRANSACTIONS

COVG TYPE 170  
 MEMBER LOSS DIS  
 RESERVE CATG 1

CLAIM PAYEE	DRAFT NUMB	TRANS DATE	RESV HISTORY	TR TC	AMOUNT
A GOFF'S COLLISION REP	0001554410	030501	.00 PP		147.06
PY S ML S P 00 M	ADJ XAO EX X27	CS COLL	AIA		BR 00 OFF 000
B ARLENE M STEPHENS	0001554409	030501	.00 PP		4387.09
PY I ML I P 00 M	ADJ XAO EX X27	CS COLL	AIA		BR 00 OFF 000
C LINDA MILLER	0001554759	031301	249.32 FP		315.17
PY H ML H P 00 M	ADJ XAO EX X27	CS COLL	AIA		BR 00 OFF 000
D ENTERPRISE RENT-A-CA	0001554761	031301	.00 SP		315.17
PY H ML H P 00 M	ADJ OHV EX X27	CS COLL	AIA		BR 00 OFF 000
E LINDA MILLER	0001554759	031301	.00 PO		-315.17
PY ML P 00 M	ADJ XAO EX X27	CS COLL	AIA		BR 00 OFF 000
F		030501	1100.00 RC		.00
PY ML P M	ADJ XAO EX X27	CS COLL	AIA		BR 00 OFF 000

MORE TRANSACTIONS?. Y LOSS TRANS?. NEW ENTRY? REINS?. N NEXT: COV?. N



rent-a-car

ALLS\* Authorized Rental Management System  
 Invoice Review/Approval

Office: WBD11 4135 Adjuster: RED, TEAM

Claim#: HHV5194173-ML

Invoice #: 4410 D246042

Renter: STEPHENS

ARLENE

Invoice Date: 3/08/01

Type: Insured

Rental Information

Rental from: 2/24/01 to 3/07/01

Billing from: 2/24/01 to 3/07/01

Rental: ENTERPRISE RENT-A-CAR

1560 E. MORELAND BLVD,

WAUKESHA

WI 531863913

Federal ID: 43-1507735

Authorized Amounts

Number of Days: 12

Vehicle Rate: 24.99

Policy Limits: Daily: 30.00

Maximum: 900.00

Direct Bill Percent: 100 %

Authorized Limits: 299.88 PIUS TAX/SURCHARG

Invoice Amounts

Total Charges: 315.17

Amount Received: .00

Total Due: 315.17

Approve for Paym

Qty	Rate	Freq	Amount	Description
3	24.99	/DAY	74.97	DAYS @
9	24.99	/DAY	224.91	DAYS @
1	5.10	/PCT	15.29	SALES TAX%

Back

attn: Linda Miller



ALL ROADS TOWING  
P.O. BOX 510105  
NEW BERLIN, WI 53151  
(414) 672-9171

# Road Service

DATE	TIME	A.M. P.M.	REQUESTED BY	P.O. NO.
NAME			PHONE	
ADDRESS				
CITY			STATE	ZIP
LOCATION OF VEHICLE				
YEAR, MAKE, MODEL			COLOR	DRIVER
STATE	LIC. PLATE NO.	VEHICLE I.D. NO.		REGISTERED OWNER
MILEAGE		SERVICE TIME		EXTRA PERSON
FINISH		FINISH		FINISH
START		START		START
TOTAL		TOTAL		TOTAL
REASON FOR TOW				SPECIAL EQUIPMENT
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> APREST <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> TOW ZONE <input type="checkbox"/> SNOW REMOVAL				<input type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> DOLLY
<input type="checkbox"/> ABANDONED <input type="checkbox"/> STOLEN CAR <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> LOCK OUT <input type="checkbox"/> START				
<input type="checkbox"/> FLAT TIRE <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> IMPOUNDED				
<input type="checkbox"/>				
TYPE OF TOW		TOWED PER ORDER OF		VEHICLE TOWED TO
<input type="checkbox"/> SINGLE/HOIST TOW <input type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER <input type="checkbox"/> DEALER		FIRST TOW SECOND TOW
STORAGE FROM				TOWING CHARGE
TO _____ DAYS @ \$ _____				MILEAGE CHARGE
PAID BY				EXTRA PERSON
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX				SPECIAL EQUIPMENT
DRIVERS LIC. NO. _____ EXP. DATE _____				LABOR CHARGE
GC NO. _____				STORAGE
OPERATOR'S SIGNATURE _____ DATE _____				
TRUCK NO. _____				SUB-TOTAL
AUTHORIZED SIGNATURE _____ DATE _____				TAX
VEHICLE RELEASED TO _____ DATE _____				TOTAL

17470

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

Thank You

PRODUCT 2525

1.46  
26.46?

WBM-HO MAR 05 2001

**GOFF'S COLLISION REPAIR CENTER  
W229 N2591 DUPLAINVILLE RD.  
WAUKESHA, WI. 53186**

262-650-1900  
262-650-1924 (FAX)

888-833-9511

DATE: 3/1/01

ATTENTION: Linda

FROM: Heather

# OF PAGES INCLUDING COVER: 2

Claim# HHV5194173

Multiple horizontal lines for additional information or notes.

**"REMOVING YOUR DENTS FOR OVER 30 YEARS"**

ARLENE STEPHENS

MAR 1, 2001

R.O.# 13985

N33 W22159 MEMORY LANE  
 PEWAUKEE  
 WI. 53072  
 ( ) 691-2307  
 ( ) - EXT:  
 ( ) - EXT:  
 REFERRED BY: TOWED IN  
 ESTIMATOR : DARON POWERS  
 INDEPENDENT :  
 INS. CONTACT:  
 ADJUSTER :  
 CLAIM No. :

1994 CHEVROLET  
 CAVALIER RED  
 LICENSE: NB327T  
 VIN No. : 1G1JCS44XR7145551  
 PR. DATE: /  
 PT. CODE:  
 TR. CODE:  
 BD STYL:  
 MILEAGE: 56296  
 P.O. No: 022301  
 UNIT No: MATTED D.

WEST BEND MUTUAL  
 1900 S 18TH AV  
 WEST BEND  
 WI. 53095  
 POLICY No. :  
 CLAIM No. :  
 INSIDE ADJ. : PAUL SMITH  
 OUTSIDE ADJ. :  
 DEDUCTIBLE : 0.00  
 DATE OF LOSS: 02/22/01  
 PHONE No. : (800) 236-5003  
 EXT. :

GOFF'S COLLISION REPAIR CENTER Ph. (262) 650-1900

###	DAMAGE REPORT	PARTS	MISC.	SUBLET	LAB.	REFIN.	MECH
1	TEAR DOWN				1.5		
		0.00	0.00	0.00	1.5	0.0	0.0

	ESTIMATE	SUPPLEMENT	REVISED
PARTS :	0.00	0.00	0.00
PAINT/MISC :	0.00	0.00	0.00
SUB :	0.00	0.00	0.00
BODY LABOR :	60.00	0.00	60.00
FRAME LABOR :	0.00	0.00	0.00
PAINT LABOR :	0.00	0.00	0.00
MECH. LABOR :	0.00	0.00	0.00
TOW :	0.00	0.00	0.00
STORAGE :	84.00	0.00	84.00
DETAIL :	0.00	0.00	0.00
TAX :	3.06	0.00	3.06
TOTAL EST. :	147.06	0.00	147.06
DEDUCTIBLE :	0.00	0.00	0.00
INS. PAYS :	147.06	0.00	147.06
CUST PAYS :	0.00	0.00	0.00



**Appraisal Report**  
**Official Used Car Guide - Domestic**  
 Consumer Edition  
 February 27, 2001

www.nadaguides.com

**CHEVROLET**

1994

CAVALIER-L4 - Front Wheel Drive

**Body Style:** Sedan 4 Door RS  
**Model Number:** JC5  
**Weight:** 2,526  
**Average Trade-In:** \$2,650  
**Average Retail:** \$3,850

Reported Mileage: 56,296

Add \$625

**Totals**

**Total Average Trade-In:** \$3,275  
**Total Average Retail:** \$4,475

*1070 2132.50*



Free Finance Quotes  
 Free Insurance Quotes  
 Free Lemon Check  
 Free Warranty Quotes

Click below on the first character of the Manufacturer's Name.

[B|C|D|E|F|L|M|O|P|S]  
 [Domestic Car | Imported Car | Trucks]

You have received 2 of the 5 free daily values for Official Used Car Guide - Domestic

**Average Trade-In** — An Average Trade-In vehicle should be clean and without glaring defects. Tires and glass should be in good condition. The paint should match and have a good finish. The interior should have wear in relation to the age of the vehicle. Carpet and seat upholstery should be clean and all power options should work. The mileage should be within the acceptable range for the model year. The "Average Trade-In" value is a national average calculated from the Official Used Car Guide's nine regions. The "Average Trade-In" value for your vehicle could be higher or lower than the national average due to your local market conditions.

**Average Retail Value** — An average retail vehicle should be clean and without glaring defects. Tires and glass should be in good condition. The paint should match and have a good finish. The interior should have wear in relation to the age of the vehicle. Carpet and seat upholstery should be clean, and all power options should work. The mileage should be within the acceptable range for the model year.

An Average Retail vehicle on a dealer lot may include a limited warranty or guarantee, and possibly a current safety and/or emission inspection (where applicable).

(\*) Vehicles with low mileage that are in exceptionally good condition and/or include a manufacturer certification can be worth a significantly higher value than the Average Retail price shown.

The web Trade-In, Retail Vehicle, and Optional Equipment values, as well as the Acceptable Mileage Ranges, are based on the Quarterly edition of the N.A.D.A. Official Used Car Guide @.





**1994 Chevrolet  
Cavalier 4 Dr RS Sedan**

**Color:** Red  
**Mileage:** 56,296  
**Condition:** Average  
**Zip:** 53072

[See Glossary of Terms](#)

**Create Window  
Stickers**

PRIVATE PARTY  DEALER

**Step 4**

	<u>Trade-in</u>	<u>Private Party</u>	<u>Dealer Retail</u>
<b>Base Price</b>	\$2,610	\$3,054	\$3,794
<b>Optional Equipment</b>	\$284	\$318	\$370
<b>Color Adjustment</b>	\$16	\$19	\$23
<b>Regional Adjustment</b>	\$-30	\$-35	\$-43
<b>Mileage Adjustment</b>	\$799	\$799	\$799
<b>Condition Adjustment</b>	\$-323	\$-371	\$-448
<b>Total</b>	<b>\$3,356</b>	<b>\$3,784</b>	<b>\$4,495</b>

70%  
3146.50

**Certified Used Vehicle**

N/A

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**Helpful Links**

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- [Explore Financing Options](#)
- [Verify Vehicle History](#)
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**1994 Chevrolet  
Cavalier 4 Dr RS Sedan**

**Color:** Red  
**Mileage:** 56,296  
**Condition:** Clean  
**Zip:** 53072

[See Glossary of Terms](#)

**Create Window  
Stickers**

**PRIVATE PARTY** **DEALER**

**Step 4**

	<u>Trade-in</u>	<u>Private Party</u>	<u>Dealer Retail</u>
<b>Base Price</b>	\$2,610	\$3,054	\$3,794
<b>Optional Equipment</b>	\$284	\$318	\$370
<b>Color Adjustment</b>	\$53	\$62	\$78
<b>Regional Adjustment</b>	\$-30	\$-35	\$-43
<b>Mileage Adjustment</b>	\$799	\$799	\$799
<b>Condition Adjustment</b>	\$0	\$0	\$0
<b>Total</b>	<b>\$3,716</b>	<b>\$4,198</b>	<b>\$4,998</b>

*70%  
3498.60*

**Certified Used Vehicle**

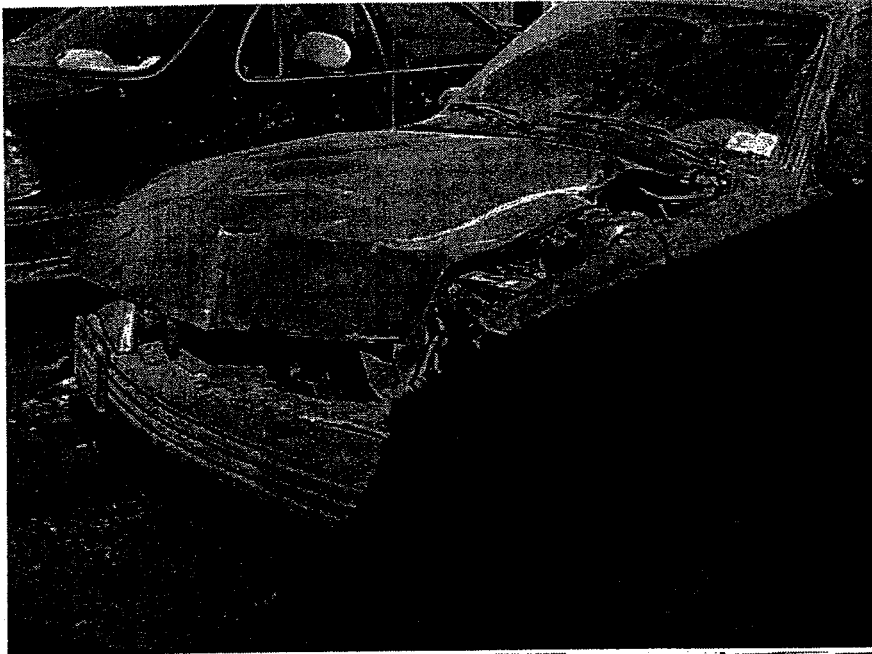
N/A

**PRINT** **BACK** **NEXT VEHICLE**

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**Helpful Links**

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INSURED NAME  
**STEPHENS**  
CLAIM NUMBER  
**HHV5194173ML**  
DATE OF LOSS  
**2-22-01**

PICTURE NUMBER



WEST BEND  
1900 S. 18TH AVE.  
WEST BEND, WI 53095  
(800) 236-5003

User id: 10025 Valuation - Request: 27163240 02/27/2001 09:47

Adjuster name: ML	Loss date: 02/22/2001
Adjuster id:	VIN: 1G1JC544XR7145551
Claim reference: HHV5194173ML	Claims class:
Insured: STEPHENS	Owner: ARLENE STEPHENS

===== VINguard =====	
Insurer Description	VINguard Analysis
-----	
Year 1994	1994
Make Chevrolet	Chevrolet
Model Cavalier Rs	Cavalier
JC5	JC5
Body style 4d Sed	4d Sed
Engine 4-2.2l-Fi	4-2.2l-Fi
Trans Automatic Transmission	
Restraints	Automatic Belt
Odometer 56296	Note: 39% less than typical vehicle

This vehicle was assembled in LORDSTOWN, OH

VINGuard message(s):  
VINGuard has decoded this VIN without any errors.

\*\*\*\*\*  
\* WARNING - VINGuard has detected prior event(s) in this vehicle's history. \*  
\* Please review the information detailed below. \*  
\*\*\*\*\*

Previous Vehicle Sale Information:  
This vehicle inspected by CCC on 08/16/1996 Miles: 31,864  
Location: Heiser Chevrolet\$\$, in Milwaukee, WI

Vehicle Title Information:  
This vehicle was reported with an ODOMETER READING from the Department of Motor Vehicles of: 31,941 in Pewaukee, WI on 09/25/1995  
  
This vehicle was reported with an ODOMETER READING from the Department of Motor Vehicles of: 00,010 in Las Vegas, NV on 01/26/1994

GOFF'S COLLISION REPAIR CENTER  
W229 N2591 DUPLAINVILLE ROAD  
WAUKESHA, WI 53186  
PHONE: (262) 650-1900 FAX: (262) 650-1924

CD LOG NO 3213-1      DATE 02/23/01

SHOP: GOFF'S COLLISION CENTER	INSP DATE: 02/23/01
ADDRESS: W229 N2591 DUPLAINVILLE RD.	CONTACT: DARON POWERS
CITY STATE: WAUKESHA, WI	PHONE 1: (262)650-1900
ZIP: 53186-	FAX: (262)650-1924

OWNER: STEPHENS, ARLENE	HOME PHONE: (262)691-2307
ADDRESS: N33 W22159 MEMORY LN.	
CITY STATE: PEWAUKEE, WI	
ZIP: 53072-	

LIC#: N8327T	STATE: WI	VIN: 1G1JC544XR7145551	
BODY COLOR: RED		MILEAGE: 56,296	
CONDITION: GOOD		ACCTNG CTL#:	

DRIVEABLE: Yes      VEH. INSP#:

*=USER-ENTERED VALUE	E=NEW PART	EC=ECONOMY PART
EU=SALVAGE PART	EP=SEE PX REPORT	ET=LABOR PARTIAL REPLACE
IT=LABOR PARTIAL REPAIR	I=REPAIR/ALIGN/SUBLET	L=REFINISH
N=ADDNL LABOR OPERATION	P=CHECK	TE=PART/PARTIAL REPLACE
AA=APPEARANCE ALLOWANCE	RP=RELATED PRIOR DAMAGE	UP=UNRELATED PRIOR DAMAGE
RI=R&I ASSEMBLY		

1994 CHEVROLET CAVALIER    VL 4DR SEDAN    U2334A/D OPTNS D/24HJ

OPTIONS: TWO-STAGE - EXTERIOR SURFACES TINTED GLASS	TWO-STAGE - INTERIOR SURFACES POWER DOOR LOCKS
--	---

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	HOURS	R
E	0006		COVER, FRONT BUMPER	22548842 GM PART	179.00		0.5	1
E	0008	#	STRIPE, FRT BMPR COVER	LT 22592283 GM PART	6.85		0.2	1
			# = 01, 02					
E	0009	01	STRIPE, FRT BMPR COVER	RT 22592284 GM PART	8.93		0.2	1
EU	0028		GRILLE ASSEMBLY	SALVAGE PART	25.00*	+25		1
			LOCATED @ B&M (JIM)					
L	0028		GRILLE ASSEMBLY	REFINISH			0.6	4
E	0035		EMBLEM, GRILLE	12338946 GM PART	11.90		0.2	1
E	0041		HEADLAMP ASSY, HALOGEN	LT 16511981 GM PART	221.00			1
E	0048		PANEL, HEADLAMP MTG	RT 16512952 GM PART	98.25		0.2	1
E	0055		LAMP, SIDE MARKER	LT 5976849 GM PART	44.00			1
EU	0083		PANEL, HOOD	SALVAGE PART	150.00*	+25	0.5	1
L	0083	09	PANEL, HOOD	REFINISH			5.2	4
E	0096		CATCH, HOOD SAFETY	22586576 GM PART	23.20		0.2	1
E	0101		BRACKET, HOOD CATCH	22542401 GM PART	19.10		0.2	1
E	0094		HINGE, HOOD PANEL	LT 22548169 GM PART	19.90		0.2	1

1994 CHEVROLET CAVALIER VL 4DR SEDAN  
 CD LOG NO 3213-1

L	0094	HINGE, HOOD PANEL	LT REFINISH			0.4	4
E	0095	HINGE, HOOD PANEL	RT 22548168 GM PART	19.90		0.2	1
L	0095	HINGE, HOOD PANEL	RT REFINISH			0.4	4
RI	0099	PAD, INSULATOR HOOD	R&I ASSEMBLY			0.3	1
E	0074	07 PANEL, RADIATOR SIDE	LT 22566121 GM PART	28.25		5.8	1
L	0074	PANEL, RADIATOR SIDE	LT REFINISH			0.4	4
E	0077	07 CRSMBR, RAD PANEL UPR	20718451 GM PART	117.00		3.2	1
L	0077	CRSMBR, RAD PANEL UPR	REFINISH			0.2	4
E	0078	07 CRSMBR, RAD PNL LOWER	22546945 GM PART	87.75		3.8	1
E	0071	SUPPORT, UPPER CRSMBR	LT 22580695 GM PART	36.08			1
L	0071	SUPPORT, UPPER CRSMBR	LT REFINISH			0.4	4
E	1103	07 REINF, RAD SUPT PANEL	LT 20715131 GM PART	3.52		0.5	1
L	1103	REINF, RAD SUPT PANEL	LT REFINISH			0.1	4
EC	0755	RADIATOR	ECONOMY PART	99.95*			1
E	0058	DUCT, AIR INTAKE	14093531 GM PART	18.50		0.2	1
EU	0764	BRKT, FAN ASSEMBLY	SALVAGE PART	50.00* +25		0.4	1
		LOCATED @ B&M (JIM)					
N	0977	A/C EVACUATE & RECHARGE	ADDNL LABOR OPERA			1.4	2
EC	0731	CONDENSER, A/C	ECONOMY PART	132.50*		0.8	2
		LOCATED @ AUTO COOLING					
I	0105	07 PANEL, INNER FENDER	LT REPAIR			4.0*	1
L	0105	PANEL, INNER FENDER	LT REFINISH			0.8*	4
EU	0103	FENDER, FRONT	LT SALVAGE PART	100.00* +25			1
		LOCATED @ B&M (JIM) W/SPLASH SHIELD					
L	0103	FENDER, FRONT	LT REFINISH			2.9	4
EU	0800	AIR CLEANER ASSEMBLY	SALVAGE PART	75.00* +25		0.1	2
		LOCATED @ B&M (JIM)					
E	0918	COVER, FRONT WHEEL	LT 10172985 GM PART	41.00			1
I	0974	SUSPENSION ALIGN, FRT	SUBLET REPAIR	60.00*			2
E	0171	PANEL, UPPER COWL VENT	22575740 GM PART	98.32			1
L	0171	PANEL, UPPER COWL VENT	REFINISH			1.3	4
EC	M7	PINSTRIPES-TAPE	ECONOMY PART	12.95*		0.4*	1
EC	M14	CORROSION PROTECTION	ECONOMY PART	6.00*		0.4*	1*
L	M15	COLOR TINT	REFINISH	*		1.0*	4
EC	M17	COVER CAR EXTERIOR	ECONOMY PART	10.00*			*4
N	M18	SET-UP & MEASURE	ADDNL LABOR OPERA	*		2.0*	3
I	M19	REALIGN CONTROL POINTS	REPAIR	*		2.0*	3
EC	M28	BATTERY	ECONOMY PART	49.95*			*1

48 ITEMS

MC MESSAGE(S)

- 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
- 02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO
- 07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
- 09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	1,082.45
OTHER PARTS	711.35
LINE ITEM MARKUP	100.00+
PAINT MATERIAL	301.40

1994 CHEVROLET CAVALIER VL 4DR SEDAN  
CD LOG NO 3213-1

PARTS TOTAL					2,195.20
TAX ON PARTS & MATERIAL @				5.100%	111.95
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	40.00	17.6	4.0		864.00
2-MECH/ELEC	60.00	0.9	1.4		138.00
3-FRAME	50.00		4.0		200.00
4-REFINISH	40.00	13.7			548.00
5-PAINT MATERIAL	22.00				
LABOR TOTAL					1,750.00
TAX ON LABOR		@		5.100%	89.25
SUBLET REPAIRS					60.00
TAX ON SUBLET		@		5.100%	3.06
TOWING					
STORAGE					
GROSS TOTAL					4,209.46
NET TOTAL					4,209.46

ADP SHOPLINK U7615 ES CD LOG 3213-1 DATE 02/23/01 01:21:53PM R6.1 CD 01/01  
PXN:N/00/00/00/00 CUM:/// HOST LOG  
COPYRIGHT 1999, AUTOMATIC DATA PROCESSING, INC.

2.6 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH  
FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS 0.6 HOURS FOR THE FIRST  
MAJOR PANEL, WHERE NOTED.

NOTICE: WHEN SELECTING A REPAIR FACILITY, THE VEHICLE OWNER  
SHOULD CONSIDER THAT THE REPAIRS TO THIS VEHICLE MAY REQUIRE  
SPECIFIC WELDING EQUIPMENT AND THE RESTORATION OF CORROSION  
RESISTANT COATINGS AS RECOMMENDED BY THE MANUFACTURER.  
FAILURE TO HAVE THE VEHICLE PROPERLY REPAIRED COULD RESULT  
IN A SAFETY HAZARD.

-----  
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.

02/27/2001 at 12:28 PM  
10723

HHV5194173ML

**WEST BEND**  
**WEST BEND MUTUAL INSURANCE CO.**  
DANIEL J. FILO  
1900 S. 18TH AVE  
WEST BEND, WI 53095  
(800)236-5010x6397

**ESTIMATE OF RECORD**

Written by: DANIEL FILO # 02/27/2001 12:28 PM  
Adjuster: ML #

**Insured:** ARLENE STEPHENS  
**Owner:** ARLENE STEPHENS  
**Address:** N33 W22159 MEMORY LANE  
PEWAUKEE, WI 53072  
**Day:** (262)691-2307

**Claim #**HHV5194173ML  
**Policy #**  
**Date of Loss:** 02/22/2001  
**Type of Loss:** Collision  
**Point of Impact:** 12. Front

**Inspect** GOFFS  
**Location:** DUPLAINE ROAD  
PEWAUKEE, WI

REPAIR\_SHOP

**Repair** GOFFS  
**Facility:** DUPLAINE ROAD  
PEWAUKEE, WI

**Business:** (262)650-1900  
**7 Days to Repair**  
**License #**

1994 CHEV CAVALIER RS 4-2.2L-FI 4D SED RED Int:  
**VIN:** 1G1JC544XR7145551 **Lic:** **Prod Date:** **Odometer:** 56296  
Air Conditioning Rear Defogger Tilt Wheel  
Cruise Control Intermittent Wipers Tinted Glass  
Body Side Moldings Dual Mirrors Custom Interior  
Clear Coat Paint Power Steering Power Brakes  
Power Windows Power Locks AM Radio  
FM Radio Stereo Cassette  
Search/Seek Anti-Lock Brakes (4) Cloth Seats  
Bucket Seats Recline/Lounge Seats Automatic Transmission

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		FRONT BUMPER					
2		O/H front bumper				2.0	
3**	Repl	RECOND Cover w/o Z-24	1	144.00	Incl.		2.2
4	Repl	LT Decal bright red	1	8.93	0.3		
5	Repl	RT Decal bright red	1	8.93	0.3		
6		GRILLE					
7	Rpl	radiator supt			s 8.0		
8**	Repl	A/M Cover Cavalier all w/o Z-2	1	24.95	Incl.		0.7
9		Add for Clear Coat					0.1
10	Repl	Deflector upper	1	16.85			
11	Repl	Support	1	19.10	0.3		
12		FRONT LAMPS					
13**	Repl	A/M LT Headlamp assy	1	64.55	Incl.		
14		Aim headlamps				0.5	



**ESTIMATE OF RECORD**  
1994 CHEV CAVALIER RS 4-2.2L-FI 4D SED RED Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
15**	Repl	A/M LT Side marker lamp	1	19.25	Incl.	
16		COOLING				
17**	Repl	A/M Tie bar upper	1	67.00	s Incl.	0.3
18		Evacuate & recharge			m 1.4 M	
19		Refrigerant recovery			m 0.4 M	
20		Add for AC option			m 0.5	
21	Repl	LT Outer reinf	1	35.75	s Incl.	
22	Repl	Air deflector	1	21.30	Incl.	
23	Repl	LT Tie bar	1	17.25	Incl.	
24	Repl	LT Support panel	1	28.25	s Incl.	0.3
25**	Repl	A/M Radiator 2.2 liter	1	266.04	m Incl.	
26		Add for auto trans			m 0.2	
27		Add for AC option			m 0.5	
28		Add for P/Strg			m 0.1	
29	Repl	Shroud 4 cylinder w/AC	1	53.50	Incl.	
30		AIR CONDITIONER & HEATER				
31**	Repl	A/M Condenser 2.2 liter	1	93.24	m Incl.	
32		HOOD				
33**	Repl	A/M CAPA Hood w/o Z-24	1	124.00	1.0	2.8
34		Overlap Minor Panel				-0.2
35		Add for Clear Coat				1.0
36		Add for Underside (Complete)				1.4
37	Repl	Lock	1	23.20	Incl.	
38		Rpl hood hinges			2.0	
39	Repl	RT Hinge	1	19.90	Incl.	0.2
40	Repl	LT Hinge	1	19.90	Incl.	0.2
41		FENDER				
42**	Repl	A/M CAPA LT Fender	1	58.00	2.5	2.5
43		Overlap Major Adj. Panel				-0.4
44		Add for Clear Coat				0.4
45		Add for Edging				0.5
46		Deduct for Overlap			-0.4	
47*	Rpr	LT Front panel			s 2.0 F	0.2
48		COWL				
49	Repl	Vent panel	1	98.32	Incl.	1.1
50		Overlap Major Non-Adj. Panel				-0.2
51		Add for Clear Coat				0.2
52		ELECTRICAL				
53	Repl	Battery tray	1	22.70	Incl.	
54**	Repl	A/M Battery 60 month 75-6 B50%	1	50.00	Incl. M	
55		ENGINE / TRANSAXLE				
56*	Repl	LKO AIR CLEANER +20%	1	90.00	m 0.3	
57		WHEELS				
58	Repl	LT/Front Wheel cover w/value 1	1	41.00		
59		MISCELLANEOUS OPERATIONS				
60	Repl	Cover car/bag	1		0.2	
61#	Algn	Set up guage & measure			2.0 F	
62#	Algn	Uni-body / structure			4.0 F	

**ESTIMATE OF RECORD**

1994 CHEV CAVALIER RS 4-2.2L-FI 4D SED RED Int:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
63#		FEA	1	59.00		
64#		Refn Color match / tint & blend				2.0
65#		Rustproof / Undercoat / Corros	1	10.00	T 0.2	
66#		Stripes	1	12.00	0.2	
Subtotals ==>				1516.91	28.5	15.3
		Parts				1506.91
		Body Labor	18.7 hrs @	\$ 40.00/hr		748.00
		Paint Labor	15.3 hrs @	\$ 40.00/hr		612.00
		Mechanical Labor	1.8 hrs @	\$ 58.00/hr		104.40
		Frame Labor	8.0 hrs @	\$ 42.00/hr		336.00
		Paint Supplies	15.3 hrs @	\$ 22.00/hr		336.60
		Sublet/Misc.				10.00
		SUBTOTAL				\$ 3653.91
		Sales Tax		\$ 3653.91 @	5.1000%	186.35
		TOTAL COST OF REPAIRS				\$ 3840.26
		ADJUSTMENTS:				
		Deductible				250.00
		A/M Battery 60 month 75-6 B50%				26.28
		TOTAL ADJUSTMENTS				\$ 276.28
		NET COST OF REPAIRS				\$ 3563.98

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.

02/27/2001 at 12:28 PM  
10723

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**ESTIMATE OF RECORD**

**1994 CHEV CAVALIER RS 4-2.2L-FI 4D SED RED Int:**

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DR1CL88 Database Date 12/2000 and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Non-Original Equipment Manufacturer aftermarket parts are described as AM or Qual Repl Parts. Used parts are described as LKQ, Qual Recy Parts, RCY, or USED. Reconditioned parts are described as Recon. Recored parts are described as Recore. NAGS Part Numbers and Prices are provided from National Auto Glass Specifications, Inc. Pound sign (#) items indicate manual entries.

Pathways - A product of CCC Information Services Inc.

ESTIMATE OF RECORD

1994 CHEV CAVALIER RS 4-2.2L-FI 4D SED RED Int:

AFTERMARKET PARTS SUPPLIERS

3 RECOND Cover w/o Z-24 Part No. 17-73-GM1000286 Price \$144.00

KEYSTONE AUTOMOTIVE (800)662-2955  
1214 SPRING STREET (812)948-2329  
NEW ALBANY, IN 47150

KEYSTONE AUTOMOTIVE (800)824-2486  
1277 E. SCHAAF ROAD (216)398-7788  
BRKLYN HGHT VILLAGE, OH 44131

KEYSTONE AUTOMOTIVE (317)915-2969  
9955 WEST POINT DR. #100 (800)621-0221  
INDIANAPOLIS, IN 46256

KEYSTONE AUTOMOTIVE (800)622-0096  
3333 WEST 47TH PLACE (773)927-9600  
CHICAGO, IL 60632

17 A/M Tie bar upper Part No. GM1225126 Price \$67.00  
33 A/M CAPA Hood w/o Z-24 Part No. GM1230131 Price \$124.00  
42 A/M CAPA LT Fender Part No. GM1240144 Price \$58.00

NORTH STAR BUMPER (800)422-1995  
1336 N. BALLARD ROAD (920)731-3030  
APPLETON, WI 54911

NORTH STAR BUMPER (800)422-0953  
2015 INGERSOL AVENUE (515)246-1935  
DES MOINES, IA 50312

NORTH STAR BUMPER (800)845-1515  
1515 E. EUCLID, SUITE E (515)262-4364  
DES MOINES, IA 50313

NORTH STAR BUMPER (800)328-1845  
3615 MARSHALL ST. N.E. (612)789-1919  
MINNEAPOLIS, MN 55418

NORTH STAR BUMPER (800)233-0518  
1040 WEST 4TH STREET (319)323-3697  
DAVENPORT, IA 52802

NORTH STAR BUMPER (800)356-7252  
5114 PFLAUM ROAD (608)221-4769  
MADISON, WI 53704

**ESTIMATE OF RECORD**

1994 CHEV CAVALIER RS 4-2.2L-FI 4D SED RED Int:

**AFTERMARKET PARTS SUPPLIERS**

NORTH STAR BUMPER	(800) 924-8230	
9532 W. CARMEN AVE.	(414) 463-1019	
BUTLER, WI 53225		
8 A/M Cover Cavalier all w/o	Part No. GM1200218	Price \$24.95
13 A/M LT Headlamp assy	Part No. GM2502120	Price \$64.55
15 A/M LT Side marker lamp	Part No. GM2550124	Price \$19.25
SMART PARTS	(800) 236-3236	
HIGHWAY 60 & COUNTY TRK. E	(414) 349-3236	
HUSTISFORD, WI 53034		
SMART PARTS	(800) 261-2345	
4275 W. LOOMIS ROAD	(414) 282-3333	
GREENFIELD, WI 53221		
25 A/M Radiator 2.2 liter	Part No. 20951	Price \$266.04
FACTORY MOTOR PARTS	(800) 848-7611	
2855 EAGANDALE BOULEVARD	(612) 454-3288	
EAGAN, MN 55121		
FACTORY MOTOR PARTS	(800) 228-9502	
1207 S. 20TH STREET	(402) 731-8900	
OMAHA, NE 68108		
FACTORY MOTOR PARTS	(612) 531-8000	
8722 E. RESEARCH CENTER ROAD		
NEW HOPE, MN 55428		
FACTORY MOTOR PARTS	(800) 993-1400	
104 EAST BROADWAY	(701) 221-2000	
BISMARCK, ND 58501		
31 A/M Condenser 2.2 liter	Part No. PCP-32732	Price \$93.24
WHOLESALE RAD. WHSE.	(513) 891-3371	
10604 MILLINGTON COURT	(800) 322-1616	
CINCINNATI, OH 45242		
WHOLESALE RAD. WHSE.	(615) 256-3800	
32-B CLEVELAND AVENUE	(800) 345-3901	
NASHVILLE, TN 37210		
WHOLESALE RAD. WHSE.	(412) 494-4000	
720 VISTA PARK DRIVE		
PITTSBURGH, PA 15205		

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**ESTIMATE OF RECORD**

1994 CHEV CAVALIER RS 4-2.2L-FI 4D SED RED Int:

**AFTERMARKET PARTS SUPPLIERS**

WHOLESALE RAD. WHSE. (314) 291-1100  
13615 LAKEFRONT DRIVE (800) 722-3232  
EARTH CITY, MO 63045

WHOLESALE RAD. WHSE. (651) 633-3400  
2500 N. CLEVELAND AVENUE (800) 851-2440  
ROSEVILLE, MN 55113

54 A/M Battery 60 month 75-6 B Part No. NOS7440 Price \$50.00

NAPA (800) LET-NAPA  
2999 CIRCLE 75 PARKWAY  
ATLANTA, GA 30339

Amended Document On Emergency

# 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**

Accident Date: MONTH **2** DAY **2** YEAR **01**

Time of Accident (Military Time): HOUR **09** MIN **10**

Total Number: UNITS **02** INJURED **00** KILLED **00**

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 **11**

ACCIDENT LOCATION

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

Police No. **3**

Please Do Not Write In This Marginal Space

Agency No. **8229615**

Date **FEB 22 2001**

3800 W. NORTH AVE

LATITUDE (GPS) Degrees: **42** Minutes: **12** Seconds: **00**

LONGITUDE (GPS) Degrees: **88** Minutes: **00** Seconds: **00**

ON Hwy No. and / Street Name: **W. NORTH AVE.** Estimated **0.0** FROM/AT Hwy No. and / Street Name: **N. 38th ST.**

House #  Fire #  Other

Utility #  Railroad #

Agency Space **17** Special Study **1 2 3 4**

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)
<b>2 3 4</b>	<b>2 3 4</b>	<b>0 2 3 4 5 6</b>	<b>N</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>	<b>0 2 3 4 5 6</b>	<b>N</b>

Speed Limit **25** OPERATOR Last Name **STEPHENS ARLENE M.** First **M.** M.I. **M.**

Speed Limit **60** OPERATOR Last Name **LEIBIGER JOHN L.** First **L.** M.I. **L.**

ADDRESS Street & Number **N 38 W 22159 MEMORY LN.**

ADDRESS Street & Number **5824 N. 11th ST.**

City & State **PEWAUKEE, WI 53072** Phone Number **(262) 691-2307**

City & State **MILWAUKEE, WI 53225** Phone Number **(414) 353-3000**

Driver's License Number **8315-0133-3793-01** State **WI** Exp. Year **03**

Driver's License Number **6126-4726-1370-08** State **WI** Exp. Year **08**

Date of Birth **08-13-33** Sex **M** Operating as Classified: **A** Class (Mark Only One) **A** Endorse (Mark All That Apply) **H P T**

Date of Birth **10-10-61** Sex **F** Operating as Classified: **F** Class (Mark Only One) **A D** Endorse (Mark All That Apply) **H P T**

SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
<b>A</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>A</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>

TRAPPED/EXTRICATED **1** Not Applicable **2** Trapped/Extricated **3** Unknown **4** Trapped/Not Extricated **5** Medical Transport

TRAPPED/EXTRICATED **1** Not Applicable **2** Trapped/Extricated **3** Unknown **4** Trapped/Not Extricated **5** Medical Transport

Vehicle Owner Same  Last Name **CITY OF MILWAUKEE** First **A**

Vehicle Owner Same  Last Name **CITY OF MILWAUKEE** First **A**

Street Address **841 N. BROADWAY**

Street Address **841 N. BROADWAY**

City & State **MILWAUKEE, WI 53202** Phone Number **(414) 286-3300**

City & State **MILWAUKEE, WI 53202** Phone Number **(414) 286-3300**

Year of Vehicle **94** Make **CHRY** Model **CAV** Body Style **4DR** Color **RED**

Year of Vehicle **88** Make **FORD** Model **TRK** Body Style **TRK** Color **YEL**

Vehicle ID Number **1G1JC544XR7145551**

Vehicle ID Number **1FDYK92A2JA31736**

License Plate Number **N8327T** Plate Type **CVG** State **WI** Exp. Year **01**

License Plate Number **18117** Plate Type **MUN** State **WI** Exp. Year **01**

Policy Holder's Name **CITY OF MILWAUKEE**

Policy Holder's Name **CITY OF MILWAUKEE**

Liability Insurance Company **WEST BEND MUTUAL** Stat. # **346.181**

Liability Insurance Company **SBCF. INSURED** Stat. # **346.181**

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	SEVERITY	SEAT Position	SAFETY Equipment	AIRBAG
<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>	<b>1 2 3 4 5</b>

Address Same as Operator  EJECTED **1** Not Applicable **2** Not Ejected **3** Totally Ejected **4** Partially Ejected **5** Unknown

Address Same as Operator  EJECTED **1** Not Applicable **2** Not Ejected **3** Totally Ejected **4** Partially Ejected **5** Unknown

MY4000 899

EMS Number **810**

CH 2/23/01 810

Occupant Unit Number	NAME		Last	First	M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deploye 3 Not Applicab 4 Unknown
	ADDRESS										
1 2 3 4 5 6 7 8 9 10	EJECTED		3 Totally Ejected	TRAPPED/ EXTRICATED		3 Trapped-Extricated 4 Trapped/Not Extricated		Medical Transport	Y N	Agency Space	
Address Same as Operator	1 Not Applicable 2 Not Ejected		4 Partially Ejected 5 Unknown	1 Not Applicable 2 Not Trapped		3 Trapped-Extricated 4 Trapped/Not Extricated 5 Unknown		Y N			

Occupant Unit Number	NAME		Last	First	M.I.	Date of Birth	Sex M F	Severity K N A B C	SEAT Position	SAFETY Equipment	AIRBAG 1 Deployed 2 Non Deploye 3 Not Applicab 4 Unknown
	ADDRESS										
1 2 3 4 5 6 7 8 9 10	EJECTED		3 Totally Ejected	TRAPPED/ EXTRICATED		3 Trapped-Extricated 4 Trapped/Not Extricated		Medical Transport	Y N	Agency Space	
Address Same as Operator	1 Not Applicable 2 Not Ejected		4 Partially Ejected 5 Unknown	1 Not Applicable 2 Not Trapped		3 Trapped-Extricated 4 Trapped/Not Extricated 5 Unknown		Y N			

### Type of Accident

01 First Harmful Event 80  
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)
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#### 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
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#### Non-Collision

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

#### Driver Factors (Or Pedestrians)

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

#### Presence

85 Neither Alcohol nor Drugs Present

6 Yes-Alcohol Present	7 Yes-Drugs Present	8 Yes-Alcohol & Drugs Present	9 Unknown
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#### Alcohol

90 AC Value

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

#### Drugs

91

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 #

2 3 4 5 6 7 8 9 10

#### 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 Darting 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
--	------------	-----------	----------------

Angle

5 Sideswipe, Same Direction	6 Sideswipe, Opposite Direction	7 Unknown
-----------------------------	---------------------------------	-----------

### Unit #

2 3 4 5 6 7 8 9 10

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

10 None  
11 Undercarriage  
12 Total (Damage to All Areas)  
13 Other  
14 Unknown

#### Extent of Damage

1 None	2 Very Minor	3 Moderate	4 Severe	5 Very Severe	6 Unknown
--------	--------------	------------	----------	---------------	-----------

Vehicle Towed Due to Damage:  N  Y

Vehicle Removed By: PRIVATE - AAA

### Unit #

1 2 3 4 5 6 7 8 9 10

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

10 None  
11 Undercarriage  
12 Total (Damage to All Areas)  
13 Unknown

#### Extent of Damage

1 None	2 Very Minor	3 Moderate	4 Severe	5 Very Severe	6 Unknown
--------	--------------	------------	----------	---------------	-----------

Vehicle Towed Due to Damage:  N  Y

Vehicle Removed By: DPN DRIVER

### Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag #

PROPERTY OWNER: Last First M.I.  
ADDRESS: Street & Number  
City & State ZIP Phone Number



Draw Diagram of Accident & Indicate North with an arrow in the circle.

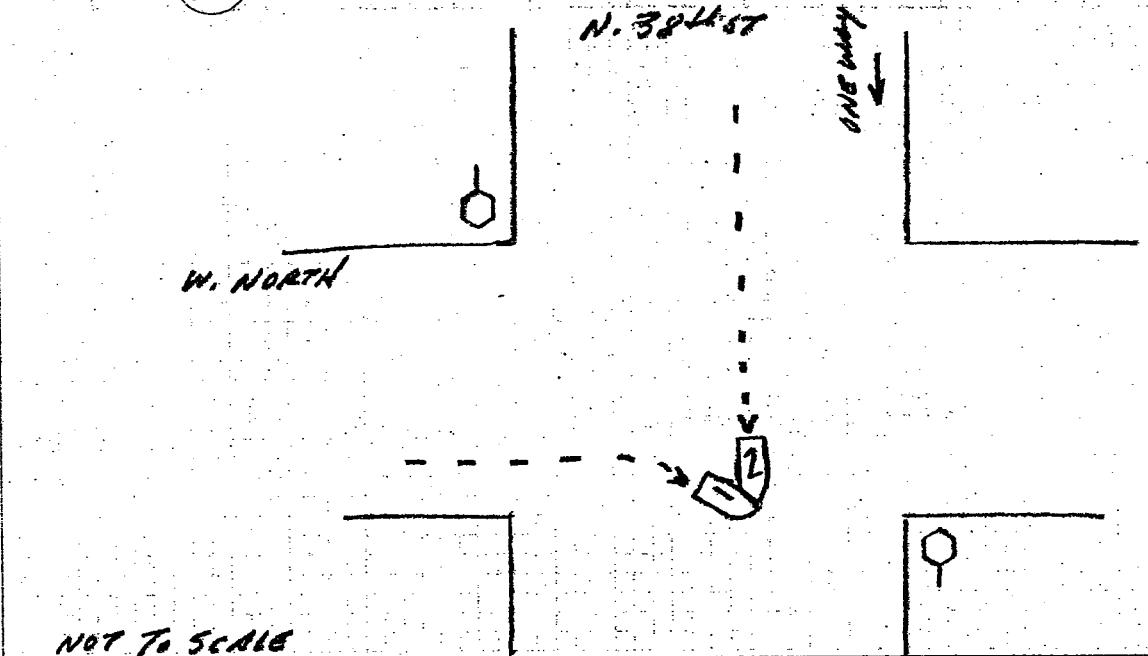


# Pictorial Representation of Narrative

Supplemental Reports  Witness Statements  Measurements Taken

Skidmarks to Impact  
Unit 1: 0 FEET Unit 2: 0

Surface Type: CONCRETE



**N** UNIT #1 EASTBOUND ON W. NORTH AVE.  
**A** UNIT #2 SOUTHBOUND ON N. 38th ST. FROM  
**R** STOP SIGN.  
**R** UNITS COLLIDE IN INTERSECTION.  
**A** UNIT #2 A DPW TRUCK ON SALTING OPERATIONS.  
**T**  
**I**  
**V**

Photos By: DANIEL BOEGH (DPW)

What Drivers Were Doing	
Unit Number	Unit Number
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 4
<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 5
<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 6
<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> 7
<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 10
<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> 11
<input checked="" type="checkbox"/> 12	<input checked="" type="checkbox"/> 12
<input checked="" type="checkbox"/> 13	<input checked="" type="checkbox"/> 13
<input checked="" type="checkbox"/> 14	<input checked="" type="checkbox"/> 14
<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15
<input checked="" type="checkbox"/> 16	<input checked="" type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	<input checked="" type="checkbox"/> 17
<input checked="" type="checkbox"/> 18	<input checked="" type="checkbox"/> 18

WITNESS NAME Last: <u>NONE</u>	First: _____	M.I.: _____
ADDRESS Street & Number: _____	Date of Birth: _____	
City & State: _____	ZIP: _____	Phone Number: _____

<b>ACCESS CONTROL</b> <input checked="" type="checkbox"/> No Control (Unlimited Access) <input type="checkbox"/> Full Control (Only Ramp Entry/Exit) <input type="checkbox"/> Partial Control	<b>ROAD TERRAIN</b> Part A <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve Part B <input checked="" type="checkbox"/> Level/Flat <input type="checkbox"/> Hill	<b>LIGHT CONDITION</b> <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Unknown
--	--	--

<b>TRAFFIC WAY</b> <input checked="" type="checkbox"/> Not Physically Divided (2-Way Traffic) <input type="checkbox"/> Divided Highway, Median Strip, without Traffic Barrier <input type="checkbox"/> Divided Highway, Median Strip, with Traffic Barrier <input type="checkbox"/> One-Way Traffic <input type="checkbox"/> Parking Lot or Private Property	<b>ROAD SURFACE CONDITION</b> <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow/Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, Mud, Dirt, Oil <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>WEATHER</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Fog, Smog, Smoke <input type="checkbox"/> Sleet, Hail (Freezing Rain or Drizzle) <input type="checkbox"/> Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Other <input type="checkbox"/> Unknown
---	--	--

<b>RELATION TO ROADWAY</b> <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Parking Lot or Private Property <input type="checkbox"/> Shoulder (Other Than Shoulder within Median or Gore) <input type="checkbox"/> Median (Other Than Median within Gore) <input type="checkbox"/> Outside Shoulder-Left <input type="checkbox"/> Outside Shoulder-Right <input type="checkbox"/> Off Roadway-Location Unknown <input type="checkbox"/> On Ramp <input type="checkbox"/> Unknown
--

Traffic Control	
Unit Number	Unit Number
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 2
<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 4
<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 5
<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> 6
<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> 7
<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> 8
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 9
<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> 10
	<input checked="" type="checkbox"/> 11

# Officer's Opinion of Possible Contributing Circumstances

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

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

Highway Factors	
Unit Number 1 2 3 4 5 6 7 8 9 10 N/A	Unit Number 1 2 3 4 5 6 7 8 9 10 N/A
1 Snow, Ice or Wet	1
2 Narrow Shoulder	2
3 Low Shoulder	3
4 Soft Shoulder	4
5 Loose Gravel	5
6 Rough Pavement	6
7 Debris From Prior Accident	7
8 Other Debris	8
9 Sign Obscured or Missing	9
10 Narrow Bridge	10
11 Construction Zone	11
12 Visibility Obscured	12
13 Other	13

### OFFICER INFORMATION

Last 125 KRANTZ	First DAVID	M.I. A.
Law Enforcement Agency Address 126 749 W. STATE ST.		
City & State 127 MILWAUKEE, WI		ZIP 53233
Phone Number (414) 128 933-4444		
Agency # 129 36	Enforcement Agency 190 MILW PD	Officer ID # 131 59946

### Date Notified

MONTH	DAY	YEAR
<input type="radio"/> Jan		
<input checked="" type="radio"/> Feb	22	01
<input type="radio"/> Mar		
<input type="radio"/> Apr		
<input type="radio"/> May		
<input type="radio"/> June		
<input type="radio"/> July		
<input type="radio"/> Aug		
<input type="radio"/> Sept		
<input type="radio"/> Oct		
<input type="radio"/> Nov		
<input type="radio"/> Dec		

### Time Notified (Military Time)

HOUR	MIN.
<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 09	<input checked="" type="radio"/> 16
<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

### Time Arrived (Military Time)

HOUR	MIN.
<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 09	<input checked="" type="radio"/> 19
<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

### Date of Report

MONTH	DAY	YEAR
<input type="radio"/> Jan		
<input checked="" type="radio"/> Feb	22	01
<input type="radio"/> Mar		
<input type="radio"/> Apr		
<input type="radio"/> May		
<input type="radio"/> June		
<input type="radio"/> July		
<input type="radio"/> Aug		
<input type="radio"/> Sept		
<input type="radio"/> Oct		
<input type="radio"/> Nov		
<input type="radio"/> Dec		

## 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...*

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

157 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 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

Vehicle Configuration

1 Single unit truck + 3 axles

2 Single unit truck, 3 axles, 6 tires

3 Truck Trailer

4 Tractor Trailer

5 Tractor

6 Tractor Doubles

7 Tractor Triples

8 Unknown Heavy Truck

9 Log Truck

Gross Vehicle Weight Rating 143 16,900

LBS

Total # of Axles 144 3

## Cargo Body Type

1 Bus

2 Van/enclosed box

3 Cargo Tank

4 Flatbed

5 Dump

6 Concrete Mixer

7 Auto Transporter

8 Garbage Refuse

9 Other

10 Log Truck

## SEQUENCE OF EVENTS FOR THIS VEHICLE

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

1 2 3 4 Ran off Road

1 2 3 4 Collision Involving Motor Vehicle in Transp.

1 2 3 4 Jackknife

1 2 3 4 Collision Involving Parked Motor Vehicle

1 2 3 4 Overturn (Rollover)

1 2 3 4 Collision Involving Train

1 2 3 4 Downhill Runaway

1 2 3 4 Collision Involving Pedalcycle

1 2 3 4 Cargo Loss or Shift

1 2 3 4 Collision Involving Animal

1 2 3 4 Explosion or Fire

1 2 3 4 Collision Involving Fixed Object

1 2 3 4 Separation of Units

1 2 3 4 Collision Involving Other Object

1 2 3 4 Collision Involving Pedestrian

1 2 3 4 Other

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