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9390 Bunsen Parkway
P.O. Box 32080
Louisville, Kentucky 40232

Telephone: (502) 214-5073
Facsimile: (502) 214-1064

ctb@gibson-sharpslaw.com

July 30, 2008

Via Facsimile: (414) 286-3456

Ronald D. Leonhardt
Milwaukee City Clerk
200 East Wells Street, Room 205
Milwaukee, WI 53202

RE: Our Insured: Bethany Weasler
Insurance Company: Auto Club Insurance Association
Date of Loss: 12/6/2007
Claim Amount: \$7001.97
Our File No.: TPCS 691717-1074078
Your File No.: 08-V-158

Dear Mr. Leonhardt:

This firm is counsel for Auto Club Insurance Association ("ACIA") and its agent for subrogation and recovery services, TransPaC Solutions ("TransPaC") with respect to a reimbursement/subrogation claim relating to the above-referenced matter.

TransPaC received a letter from Grant Langley with the Office of the City Attorney for the City of Milwaukee in response to this claim. Mr. Langley advised that the City was denying the claim and if TransPaC wished to appeal the decision they could send a letter to your office requesting a hearing. I have discussed this matter with my clients and they wish to appeal the decision and are therefore requesting a hearing on this matter.

If you have any questions you may contact me at (800) 419-8635. Thank you for anticipated cooperation in this matter.

Sincerely,



Chris Barnes

CC: Catherine Taylor (TransPaC)

Chris Barnes
(502) 214-1064 (fax)
(502) 214-5073 (phone)

GIBSON & SHARPS, PSC

Confidential Fax Transmission

To:	Ronald D. Leonhardt	From:	Chris Barnes
Fax:	(414) 286-3456	Pages:	4
Phone:		Date:	July 30, 2008
Urgent	For Review	<input type="checkbox"/> Please Comment	<input checked="" type="checkbox"/> Please Reply
			<input type="checkbox"/> Please Recycle

RE: Our Insured: Bethany Weasler
Insurance Company: Auto Club Insurance Association
Date of Loss: 12/6/2007
Claim Amount: \$7001.97
Our File No.: TPCS 691717-1074078
Your File No.: 08-V-158

NOTICE OF CONFIDENTIALITY - This communication is directed solely to the Addressee and may contain Confidential Personal Financial or Personal Health Legally Privileged information.

If you are not the Addressee indicated above: 1. do NOT read the following pages, 2. do NOT retain, copy, distribute, or disseminate the following pages, and 3) please call the Sender IMMEDIATELY (collect if necessary) and return the original and all copies to the above Addressee, Gibson & Sharps, 9390 Bunsen Parkway, P.O. Box 32080, Louisville, KY 40232 and the Addressee will reimburse all postage paid to return the documents.

NEITHER THE TRANSMISSION OF THE ATTACHED PAGES, NOR ANY ERROR IN TRANSMISSION OR MISDELIVERY SHALL CONSTITUTE A WAIVER OF ANY APPLICABLE LEGAL PRIVILEGE.

CITY OF MILWAUKEE
2008 JUL 31 AM 11:59
RONALD D. LEONHARDT
CITY CLERK
CITY OF MILWAUKEE
RECEIVED
2008 AUG - 1 PM 3:50
OFFICE OF
CITY ATTORNEY

TransPaC Solutions

P.O.Box 36220
Louisville, KY 40233-6220
FAX: (800) 723-4869

May 16, 2008

OFFICE OF THE CITY CLERK ATTN: CLAIMS
200 E WELLS ST ROOM 205
MILWAUKEE WI 53202-3567

CITY OF MILWAUKEE
2008 MAY 20 AM 9:44
RONALD D. LEONHARDT
CITY CLERK

RE: Your Insured:
Your File Number:
Our Insured: BETHANY WEASLER
Insurance Company: AUTO CLUB INSURANCE ASSOCIATION
Date of Incident: 12/6/2007
Event Number: TPCS - 691717 - 1074078
Amount Paid: \$7001.97

Dear OFFICE OF THE CITY CLERK ATTN: CLAIMS,

TransPaC Solutions is the recovery agent for AUTO CLUB INSURANCE ASSOCIATION. Enclosed is supporting documentation for their insured's claim. The amount paid includes the insured's deductible of \$500.00.

Please forward your check payable to TransPaC Solutions to the address at the top of this letter. Be sure to include the TransPaC Solution's event number and the insured's name on your check.

Please contact me if you have any questions or need further information to evaluate this claim.

Sincerely,

Catherine Taylor

Catherine Taylor
(877) 840-0776

CC: MILWAUKEE FIRE DEPARTMENT

691717 - 1074078/T3PINS1

CITY OF MILWAUKEE
2008 MAY 20 AM 9:19
RONALD D. LEONHARDT
CITY CLERK

From:
 TransPaC Solutions
 P.O. Box 36220
 Louisville, Kentucky 40233-6220

Contact Information:
 Examiner: Catherine Taylor
 Phone: (877) 840-0776
 Fax: (800) 723-4869
 Email: CatherineTaylor@transpacsolutions.com
 My File # : TPCS-691717-1074078

Taxpayer ID : 61- 1464702

**REQUEST FOR PAYMENT
 CASE STATEMENT FOR COLLISION**

Date of Loss: 12/6/2007

Statement sent to : OFFICE OF THE CITY CLERK ATTN: CLAIMS

Your Claim # : WI-2207897
Insured : BETHANY WEASLER
Policy # : AUT002175950
Claimant : BETHANY WEASLER

Instructions:
 • Please include TPCS-691717-1074078 on all payments and correspondence to expedite processing.

ATTENTION:
 AMOUNT IS SUBJECT TO CHANGE, PLEASE CONTACT TRANSPAC SOLUTIONS PRIOR TO SETTLEMENT.

Payment Date	Service Dates		Payee	Check Number	Payment
	Start Date	End Date			

Type: INDEMNITY PAYMENTS

02/18/2008	02/18/2008	02/18/2008	BRAEGER 27TH ST. AUTO BOD	9045219	\$6055.92
01/08/2008	12/06/2007	12/21/2007	ENTERPRISE RENT A CAR	8663791	\$240.00

Total Claims Paid for INDEMNITY PAYMENTS

\$6295.92

Total Claims Paid	\$6,295.92
Recovered to Date	(\$0.00)
Deductible	\$500.00
Outstanding Amount	\$6,795.92

FootNote:

If an insured's deductible or out-of-pocket expenses are listed, we are requesting payment as a courtesy to our client's insured.

Client's Claim #:WI-2207897

OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a state-law claim against the City, a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed on the reverse side of the instruction sheet. Generally the statute requires the claimant to serve on the City Clerk a document stating the circumstances of the claim. The document must be signed by the claimant, or his/her agent or attorney, and should be served within 120 days of the event.

The claimant must also present to the City Clerk 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.)

Submitting the following additional information will allow the City to act on your claim more promptly:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number the claimant can be reached during business hours.
3. As detailed a description of the incident as possible, including the date, time and location.

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 to determine 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 employes; 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 employe 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 employe 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 the the defendant officer, official, agent or employe; 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.

PCET - PC0720 CLAIM REQUISITION VIEW No 9045219 OPTION
Selection Requisition No 9045219 USER P78086
Cancelled
Amount 6055.92 In Payment Of COLLISION REPAIRS LOSS DATED 12/06/2008
Currency UNITED STS Repeating Pay Pay Period -
Payee BRAEGER 27TH ST AUTO BODY

Pay Method C CHECK Mailing Name/Address
Coy 200 State WI Branch 2000 BRAEGER 27TH ST AUTO BODY
Withheld Type L 4100 27TH STREET South
Message Text Milwaukee WI 53221

Process Br 8000 User P45758 Team CMR Tran Date 02/18/2008 / 11:29:53
Author By1 P45758 02/18/2008 Author By2 P45758 02/18/2008 / 11:30:12
Act Seq Claim Sect Claimant Coverage Paymnt Typ EOB Pay Amt Fin
RevTyp Revise Amt Reas Invoice SI TAX AMOUNT 1 TAX AMOUNT 2
1 2207897 1 COLL RP REP COSTS N 6055.92 F
N

PF 1 HELP 5 SUSP 10 LOCK 11 MENU 12 MAIN CL EXIT

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

BRAEGER'S 27TH STREET AUTO BODY
FEDERAL ID #:390394520
"OUR DETAILS MAKE THE DIFFERENCE"
4100 S. 27TH STREET
MILWAUKEE, WI 53221
(414)281-0454 FAX: (414)281-8363

SUPPLEMENT OF RECORD 2 WITH SUMMARY

WRITTEN BY: GENA VILLARREAL 12/21/2007 04:06 PM
ADJUSTER: PICHLER, KENNETH

INSURED: BETHANY WEASLER CLAIM #WI-2207897-01
OWNER: BETHANY WEASLER POLICY #
ADDRESS: 1830 N HUBBARD ST DEDUCTIBLE: \$500.00
APT 403
GLENDAL, WI 53212 DATE OF LOSS: 12/06/2007 AT 12:00 AM
DAY: (414)975-4891 TYPE OF LOSS: COLLISION
POINT OF IMPACT: 9. LEFT T-BONE (LE

INSPECT BRAEGER'S 27TH STREET AUTO BODY BUSINESS: (414)281-5000X265
LOCATION: 4100 S. 27TH STREET
MILWAUKEE, WI 53221

INSURANCE AUTO CLUB INSURANCE ASSOCIATION
COMPANY: 1 AUTO CLUB DRIVE DEARBORN, MI 48126 DAYS TO REPAIR

2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:
VIN: 1GNDDT13S952223006 LIC: 517LCT WI PROD DATE: ODOMETER: 39355
AIR CONDITIONING REAR DEFOGGER TILT WHEEL
CRUISE CONTROL INTERMITTENT WIPERS KEYLESS ENTRY
THEFT DETERRENT/ALARM REAR WIPER BODY SIDE MOLDINGS
DUAL MIRRORS PRIVACY GLASS CONSOLE/STORAGE
ROOF CONSOLE LUGGAGE/ROOF RACK FOG LAMPS
CLEAR COAT PAINT TWO TONE PAINT POWER STEERING
POWER BRAKES POWER WINDOWS POWER LOCKS
POWER DRIVER SEAT POWER MIRRORS AM RADIO
FM RADIO STEREO SEARCH/SEEK
CD PLAYER ANTI-LOCK BRAKES (4) DRIVER AIR BAG
PASSENGER AIR BAG 4 WHEEL DISC BRAKES CLOTH SEATS
BUCKET SEATS REAR STEP BUMPER TRAILERING PACKAGE
AUTOMATIC TRANSMISSION 4 WHEEL DRIVE OVERDRIVE
ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1		REAR DOOR					
2*	S02	REPL LKQ LT DOOR ASSY +25%	1		781.25*	5.0*	3.2
3*	RPR	LT REAR MOLDING				1.0*	0.5
4	R&I	LT REAR MOLDING				0.3	
5*	R&I	LT MOVEABLE GLASS GM, W/SHORT WHEEL BASE TINTED				0.0*	

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
6*	R&I	LT HANDLE, OUTSIDE CHEVROLET, W/SHORT WHEEL BASE W/O DECOR PKG			0.0*	
7	R&I	LT HANDLE, INSIDE ALL W/O CHROME				
8*	S02	REPL LT SIDE MOLDING SHORT WHEEL BASE, BLACK W/O CHROME	1	84.06*	0.3	
9		FRONT DOOR				
10	S02	REPL LT DOOR SHELL	1	701.97	5.0	3.4
11		OVERLAP MAJOR ADJ. PANEL				-0.4
12*	S02	REPL LT SIDE MOLDING CHEVROLET, BLACK W/O CHROME	1	86.09*	0.3	
13		REPL LT UPPER HINGE BODY SIDE	1	87.04	0.3	0.3
14	S02	REPL LT LOWER HINGE DOOR SIDE	1	86.31	0.3	0.3
15	S02	REPL LT UPPER HINGE DOOR SIDE	1	86.31	0.3	0.3
16		REAR BUMPER				
17		O/H REAR BUMPER			1.8	
18	R&I	R&I BUMPER COVER			INCL.	
19*	S02	REPL BUMPER COVER CHEVROLET W/O TWO TONE	1	407.38*	INCL.	2.8
20		OVERLAP MAJOR NON-ADJ. PANEL				-0.2
21		REPL RT STEP PAD OUTER CHEVROLET	1	32.37	INCL.	
22		REPL LT STEP PAD OUTER CHEVROLET	1	32.37	INCL.	
23		REPL STEP PAD CENTER CHEVROLET	1	39.76	INCL.	
24		REAR LAMPS				
25	R&I	LT TAIL LAMP ASSY CHEVROLET			0.3	
26		QUARTER PANEL				
27*	RPR	LT QUARTER PANEL W/SHORT WHEEL BASE			4.0*	2.6
28		OVERLAP MAJOR ADJ. PANEL				-0.4
29#	S01	REPL SEALANT KIT	1	20.00		
30*	S01	SUBL LT QTR GLASS GM, ALL, W/SHORT WHEEL BASE TINTED	1	95.00*		
31*	S02	REPL LT WHEEL FLARE W/SHORT WHEEL BASE W/O NORTH FACE EDITION	1	113.74*	0.3	0.5
32		FENDER				
33		BLND LT FENDER CHEVROLET				1.1
34*	S02	REPL LT WHEEL FLARE CHEVROLET W/O NORTH FACE EDITION	1	139.03*	0.3	0.8
35		PILLARS, ROCKER & FLOOR				
36	R&I	LT ROCKER MOLDING CHEVROLET STANDARD			0.7	
37*	RPR	LT ROCKER MOLDING CHEVROLET STANDARD			1.0*	1.2*
N 38*	RPR	LT UNISIDE ASSY SHORT W/BASE			S 3.0*	1.0*
39		OVERLAP MAJOR NON-ADJ. PANEL				-0.2
40#	S01	RPR SET UP AND MEASURE			1.5	
41#	RPR	PULL CENTER PILLAR			2.0	

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
42		FRONT BUMPER					
43	R&I	R&I BUMPER COVER				1.4	
44*	RPR	BUMPER COVER W/SOLID COLOR W/FOG LAMP				2.0*	2.6
45		OVERLAP MAJOR NON-ADJ. PANEL					-0.2
46		CLEAR COAT					2.5
47		WHEELS					
48**	REPL	RECOND LT/REAR WHEEL, ALLOY 17" "N75" OPTION	1	179.00	M	0.3	
49#	SUBL	WHEEL BALANCE	1	15.00			
50# S01	REFN	MIX FOR 2 COLORS					0.5
51#	REPL	RESTORE CORROSION PROTECTION	1		T	0.3	
52#	SUBL	HAZARDOUS WASTE DISPOSAL	1	2.00	T		
53		FRONT LAMPS					
54	R&I	LT HEADLAMP ASSY				0.4	
55# S02		FINAL BILL	1				
SUBTOTALS ==>				2988.68		32.1	22.2

LINE 2 : DAMAGE: 1.0 CREDIT CARD; SUPPLIERS PART DESCRIPTION: DOOR, LT RR
A, 4DR, PW, T, PL, BUR, GRA, LS, 000, L.
LINE 38 : REPAIR B PILLAR

PARTS			2986.68
PARTS DISCOUNT	\$ 1896.43	-5.0%	-94.82
BODY LABOR	32.1 HRS	@\$ 50.00/HR	1605.00
PAINT LABOR	22.2 HRS	@\$ 50.00/HR	1110.00
PAINT SUPPLIES	22.2 HRS	@\$ 27.00/HR	599.40
SUBLET/MISC.			2.00
SUBTOTAL			\$ 6208.26
SALES TAX	\$ 6208.26	@ 5.6000%	347.66
GRAND TOTAL			\$ 6555.92
ADJUSTMENTS:			
DEDUCTIBLE			500.00
CUSTOMER PAY			\$ 500.00
INSURANCE PAY			\$ 6055.92

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

*

THANK YOU FOR YOUR BUSINESS.

THIS IS AN ESTIMATE ONLY. THIS ESTIMATE DOES NOT ACCOUNT FOR HIDDEN OR UNSEEN DAMAGE. PARTS PRICES MAY VARY AND ARE SUBJECT TO INVOICE.

AUTHORIZATION OF REPAIR

CUSTOMER SIGNATURE _____ DATE ____/____/____

*

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.

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DRIGN02, CCC DATA DATE 10/01/2007, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. 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. OPT OEM OR ALT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. OPT OEM OR ALT OEM PARTS MAY INCLUDE "BLEMISHED" PARTS PROVIDED BY OEM'S THROUGH OEM VEHICLE DEALERSHIPS. 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. TILDE SIGN (-) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECOND. RECORDED 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. SOME 2006 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR. FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. THE PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
----- CHANGED ITEMS -----						
1*	REPL	LKQ LT DOOR ASSY +25%	1	-743.75	-5.0*	-3.2
2* S02	REPL	LKQ LT DOOR ASSY +25%	1	781.25*	5.0*	3.2
7	REPL	LT SIDE MOLDING SHORT WHEEL BASE, BLACK W/O CHROME	1	-72.31	-0.3	
8* S02	REPL	LT SIDE MOLDING SHORT WHEEL BASE, BLACK W/O CHROME	1	84.06*	0.3	
11	REPL	LT SIDE MOLDING CHEVROLET, BLACK W/O CHROME	1	-77.45	-0.3	
12* S02	REPL	LT SIDE MOLDING CHEVROLET, BLACK W/O CHROME	1	86.09*	0.3	
16	REPL	BUMPER COVER CHEVROLET W/O TWO TONE	1	-464.84	INCL.	-2.8
19* S02	REPL	BUMPER COVER CHEVROLET W/O TWO TONE	1	407.38*	INCL.	2.8
28	REPL	LT WHEEL FLARE W/SHORT WHEEL BASE W/O NORTH FACE EDITION	1	-108.33	-0.3	-0.5
31* S02	REPL	LT WHEEL FLARE W/SHORT WHEEL BASE W/O NORTH FACE EDITION	1	113.74*	0.3	0.5
31	REPL	LT WHEEL FLARE CHEVROLET W/O NORTH FACE EDITION	1	-134.99	-0.3	-0.8
34* S02	REPL	LT WHEEL FLARE CHEVROLET W/O NORTH FACE EDITION	1	139.03*	0.3	0.8
----- ADDED ITEMS -----						
14 S02	REPL	LT LOWER HINGE DOOR SIDE	1	86.31	0.3	0.3
15 S02	REPL	LT UPPER HINGE DOOR SIDE	1	86.31	0.3	0.3
55# S02		FINAL BILL	1			
SUBTOTALS ==>				182.50	0.6	0.6

LINE 2 : DAMAGE: 1.0 CREDIT CARD; SUPPLIERS PART DESCRIPTION: DOOR, LT RR
A, 4DR, PW, T, PL, BUR, GRA, LS, 000, L.

PARTS			182.50
PARTS DISCOUNT	\$ 145.00	-5.0%	-7.25
BODY LABOR	0.6 HRS	@ \$ 50.00/HR	30.00
PAINT LABOR	0.6 HRS	@ \$ 50.00/HR	30.00
PAINT SUPPLIES	0.6 HRS	@ \$ 27.00/HR	16.20

SUBTOTAL			\$ 251.45
SALES TAX	\$ 251.45	@ 5.6000%	14.08

TOTAL SUPPLEMENT AMOUNT			\$ 265.53

NET COST OF SUPPLEMENT			\$ 265.53

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

ESTIMATE	6368.01	GENA VILLARREAL
SUPPLEMENT S01	-77.62	GENA VILLARREAL
SUPPLEMENT S02	265.53	GENA VILLARREAL

JOB TOTAL	\$ 6555.92	

CUSTOMER PAY \$ 500.00
INSURANCE PAY \$ 6055.92

*

THANK YOU FOR YOUR BUSINESS.

THIS IS AN ESTIMATE ONLY. THIS ESTIMATE DOES NOT ACCOUNT FOR HIDDEN OR UNSEEN
DAMAGE. PARTS PRICES MAY VARY AND ARE SUBJECT TO INVOICE.

AUTHORIZATION OF REPAIR

CUSTOMER SIGNATURE _____ DATE ____/____/____

*

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.

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR1GN02, CCC DATA DATE 10/01/2007, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. 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. OPT OEM OR ALT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. OPT OEM OR ALT OEM PARTS MAY INCLUDE "BLEMISHED" PARTS PROVIDED BY OEM'S THROUGH OEM VEHICLE DEALERSHIPS. 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. TILDE SIGN (~) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECOND. RECORDED 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. SOME 2006 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR. FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. THE PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PARTS NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP.

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC.

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

RECYCLED PART SUPPLIERS

LINE	LINE DESCRIPTION		PRICE
2	LKQ LT DOOR ASSY +25%	STOCK NO.: 055238	\$ 781.25
	B AND M AUTO SALES AND PARTS, W227 S2698 RACINE AVE. WAUKESHA, WI 53186	(800)236-2301 MIKE OGREZOVICH	

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

ALTERNATE PARTS SUPPLIERS

48 RECOND LT/REAR WHEEL, ALLOY	PART NO.	ALY05170U35	PRICE	179.00
KEYSTONE - COMPLETE		(800)924-8230		
9532 W. CARMEN AVE.		(414)463-1019		
MILWAUKEE, WI 53225				

12/21/2007 AT 04:19 PM
98568

JOB NUMBER: 105372

SUPPLEMENT OF RECORD 2 WITH SUMMARY
2005 CHEV TRAILBLAZER 4X4 LT 6-4.2L-FI 4D UTV INT:

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: MANUALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 2

NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

OPTIONAL OEM PARTS

OPTIONAL OEM SELECTION METHOD: MANUALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN OPTIONAL OEM PART WAS AVAILABLE: 0

NO. OF OPTIONAL OEM PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

RECONDITIONED PARTS

RECONDITIONED SELECTION METHOD: MANUALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT A RECONDITIONED PART WAS AVAILABLE: 3

NO. OF RECONDITIONED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 1

RECYCLED PARTS

NO. OF TIMES USER WAS NOTIFIED THAT A RECYCLED PART WAS AVAILABLE: 8

NO. OF RECYCLED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 1

PCET - PC0720 CLAIM REQUISITION VIEW No 8663791 OPTION
Selection Requisition No 8663791 USER P78086

Amount 240.00 In Payment Of 4407-D766501 WEASLER, BETHANY
Currency UNITED STS Repeating Pay Pay Period -
Payee ENTERPRISE RENT A CAR

Cancelled

Pay Method C CHECK
Coy 200 State WI Branch 2000
Withheld Type L
Message Text

Mailing Name/Address
ENTERPRISE RENT A CAR
2650 HANLEY Road South
Saint Louis MO 63144

Process Br 8000 User P27769 Team CSU Tran Date 01/08/2008 / 16:13:41
Author By1 P27769 01/08/2008 Author By2 P27769 01/08/2008 / 16:16:37
Act Seq Claim Sect Claimant Coverage Paymnt Typ EOB Pay Amt Fin
RevTyp Revise Amt Reas Invoice SI TAX AMOUNT 1 TAX AMOUNT 2
1 2207897 1 CP-1 CR RN RENT COSTS Y 240.00 F
N

PF 1 HELP 5 SUSP 10 LOCK 11 MENU 12 MAIN CL EXIT



Rental Company: ENTERPRISE RENT-A-CAR
 Invoice: D766501-4407

Bill To:
 AAA AUTO CLUB GRP (MICHIGAN)
 ATTN: ADREAM THOMPSON
 29301 GRAND RIVER AVE
 FARMINGTON HILLS, MI 48336

Billing Detail:

Rental Period: 12/6/07 to 12/21/07 (16 days)
 Billed Period: 12/6/07 to 12/21/07 (16 days)

RENTER INFORMATION:
 Renter: WEASLER, BETHANY

Description	Rate	Amount
16 DAYS @	\$25.99	\$415.84
16 TRRF	\$0.41	\$6.58
1 SALES TAX	%5.60	\$23.65
TOTAL CHARGES:		\$446.05
Less Amount Received:		\$206.05
AMOUNT DUE.....		\$240.00

RENTAL INFORMATION:
 Rental Branch Location:
 ENTERPRISE RENT-A-CAR (4407)
 4100 S. 27TH ST.
 MILWAUKEE, WI 532211830
 (414) 325-9311

ADDITIONAL CLAIM INFORMATION:
 Claim Number :2207897
 Claim Type: Insured
 Vehicle Condition: Non-Driveable
 Date Of Loss: 12/6/07
 Insured Name: SAME
 Owner's Vehicle: 2005 TRAILBLAZER
 Additional Driver:

Repair Facility:
 BRAEGER CHEVROLET
 MILWAUKEE, WI 53221
 (414) 281-5000

VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Mileage
12/6/07 1:29 PM	2007	CHRY	PTCR	3A4FY58B77T577167	22007	22557	550
12/6/07 1:29 PM	2007	CHRY	PTCR	3A4FY58B77T577167	22007	22557	550
12/6/07 1:29 PM	2007	CHRY	PTCR	3A4FY58B77T577167	22007	22557	550
12/6/07 1:29 PM	2007	CHRY	PTCR	3A4FY58B77T577167	22007	22557	550

Rental Invoice

Please Return This Portion with Remittance

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

Total Charges: \$446.05
Less Amount Received: \$206.05
Total Amount Due..... **\$240.00**

Please include on your check:
 Invoice: D766501-4407

POLICE # 2

ACCIDENT # 073400599

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9H0XX6X		Document Override Number	
Agency Accident Number 073400599				Police Number 2					
4 - Accident Date 12/08/2007		5 - Time of Accident (Military Time) 1130		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location INTERSECTION			
14 - On Hwy No.		14 - On Street Name 1ST ST S			14 - Bus/Fm/Rmp		15 - Est. Dist	F/Mi	15 - Hwy. Dir
16 - Fr/At Hwy No.		16 - From/At Street Name FLORIDA ST W (ALLEY)			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				83 - Manner of Collision SIDESWIPE. SAME DIRECTION					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition WET			118 - Weather CLOUDY			
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input checked="" type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		B1 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH		24 - Speed Limit 30	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number H5168236343003		30 - State WI	31 - Expiration Year 2012	34 - On Duty Accident FIRE-FIGHTER			
25 - Operator/Pedestrian Last Name HAMBERGER			25 - First Name THOMAS		25 - Middle Initial C	25 - Suffix	
32 - Date Of Birth 11/30/1963		33 - Sex MALE					
26 - Address Street & Number 10069 W GRANTOSA DR					26 - PO Box		
27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53222		28 - Telephone Number (414) 531-6665 EXT.		
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing MAKING-RIGHT-TURN		120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 0		
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.			
122 - Driver Factors IMPROPER-TURN							
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN			

OPERATOR/PEDESTRIAN 01

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type TRUCK	Vehicle Type UTILITY-TRUCK				22 - Total Occupants 1
	56 - License Plate Number 33773	57 - Plate Type LTK	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 4P1CT02S0XA001095	
	50 - Year 1999	51 - Make PIRC	52 - Model NO DATA FO	53 - Body Style FT	54 - Color RED	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage FRONT					
	95 - Extent Of Damage MINOR	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix
	48 - Company Name CITY OF MILWAUKEE FIRE DEPT.				
	47 - Address Street & Number 711 W. WELLS ST.			47 - PO Box	
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53233	48 - Telephone Number (414) 286-8904 EXT.

Insurance

INS 01	63 - Liability Insurance Company GOVERNMENT		60 <input type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name		61 - Policy Holder First Name		
	61 - Policy Holder Company				

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH	24 - Speed Limit 30
36 - Operating as Classified D CLASS	37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle		
29 - Driver's License Number W2460728059800		30 - State WI	31 - Expiration Year 2015	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name WEASLER		25 - First Name BETHANY		25 - Middle Initial L	25 - Suffix
32 - Date Of Birth 03/18/1980		33 - Sex FEMALE			

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 5861 S 18TH AVE				28 - PO Box	
	27 - City WEST BEND		27 - State WI	27 - Zip Code 53095	28 - Telephone Number (414) 975-4891 EXT.	
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED	44 <input type="checkbox"/> Medical Transport	
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location	92 - Pedestrian Action		
	119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued 0	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	58 - License Plate Number 517LCT		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2008	55 - Vehicle Identification Number 1GNDT13S95223D06	
	50 - Year 2005	51 - Make CHEV	52 - Model TRAILBLAZE	53 - Body Style	54 - Color GRY	100 - Skidmarks to Impact (FI) 0	
	94 - Vehicle Damage REAR DRIVER SIDE, MIDDLE DRIVER SIDE						
	95 - Extent Of Damage MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name WEASLER		46 - First Name BETHANY	46 - Middle Initial L	46 - Suffix
	46 - Company Name				
	47 - Address Street & Number 5861 S 18TH AVE			47 - PO Box	
	48 - City WEST BEND		48 - State WI	48 - Zip Code 53095	49 - Telephone Number (414) 975-4891 EXT.

Insurance

INS 02	63 - Liability Insurance Company AMERICAN-AUTOMOBILE-INS-CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name WEASLER		61 - Policy Holder First Name BETHANY
	61 - Policy Holder Company		

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>Diagram showing the intersection of S. 1st St and an Alley (W Florida St). Unit 1 is turning right into the alley, and Unit 2 is overtaking Unit 1 on the right. A north arrow is present. Text: "Not Drawn To Scale".</p>
<p>UNIT 1, A FIRE TRUCK, WAS SOUTHBOUND ON S. 1 ST. MAKING A WIDE RIGHT TURN INTO THE ALLEY OF S. FLORIDA ST. WHEN IT COLLIDED WITH UNIT 2 WHO WAS SOUTHBOUND ON S. 1 ST. OVERTAKING UNIT 1 ON THE RIGHT. DRIVER OF UNIT 1 STATED HE WAS TURNING INTO THE ALLEY WHEN UNIT 2 SNUCK IN NEXT TO HIM ON THE RIGHT. DRIVER OF UNIT 1 STATED HIS RIGHT DIRECTIONAL WAS ON. DRIVER OF UNIT 2 STATED UNIT 1 WAS IN THE LEFT LANE AND SHE WAS IN THE RIGHT LANE. UNIT 1 THEN TURNED RIGHT JUST AS SHE WAS GOING BY IT AND THEY COLIDED. DRIVER OF UNIT 2 STATED SHE DID NOT SEE A DIRECTIONAL ON.</p>	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name WALLICH	125 - First Name DENNIS	125 - Middle Initial W	131 - Officer ID 02965	
	129 - Law Enforcement Agency No. 006	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET				
	127 - City MILWAUKEE	127 - State WI	127 - Zip Code 53233	128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 12/06/2007	133 - Time Notified (Military Time) 1145	134 - Time Arrived (Military Time) 1155	135 - Date Of Report 12/12/2007	
	Agency Accident Number 073400599	Police Number 2	18 - Special Study		
	18 - Agency Space				













