



CITY OF MILWAUKEE
RECEIVED

May 19, 2005

2005 MAY 25 AM 9:30

OFFICE OF
CITY ATTORNEY

Milwaukee City Clerk
200 E. Wells St., Room 205
Milwaukee, WI 53202

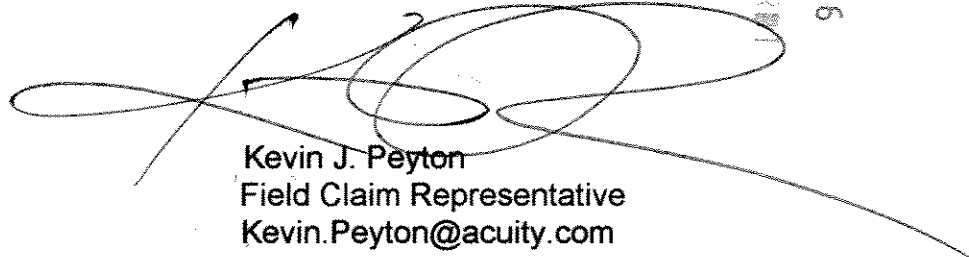
Re: Claim No.: KT6577
Insured: Peter & Gladys Katzfey
Date of Loss: February 20, 2005
C.I. File No.: 05-S-104

Dear City Clerk:

We wish to appeal the decision on the above captioned file.

Our interests will be represented by the Simpson & Deardorff, S.C., who will contact you shortly.

Sincerely,



Kevin J. Peyton
Field Claim Representative
Kevin.Peyton@acuity.com

MILWAUKEE
CITY CLERK
LEONHART
MAY 23 PM 3:56

05-5-104



CITY OF MILWAUKEE
RECEIVED

2005 APR 15 PM 3:28

April 11, 2005
OFFICE OF
CITY ATTORNEY

City of Milwaukee
Grant F. Langley, City Attorney
Office of the City Attorney, Room 800
200 E. Wells St.
Milwaukee, WI 53202

CITY OF MILWAUKEE
RECEIVED
2005 APR 12 PM 2:54
OFFICE OF
CITY ATTORNEY
RONALD J. LEONARD
CITY CLERK
CITY OF MILWAUKEE
2005 APR 13 PM 4:42

Re: Claim No.: KT6577
Insured: Peter J. & Gladys H. Katzfey
Date of Loss: February 20, 2005
Our Payment: \$4,378.72
Insured's Deductible: \$500.00

Dear Attorney Langley:

Please accept this letter and enclosed materials as our notice of claim against the City of Milwaukee.

On the date captioned above, our insured, Peter J. Katzfey, incurred severe damage to his vehicle while driving in the City of Milwaukee. The damages have rendered his van a total loss. This damage was the result of a street excavation not being properly covered nor barricaded by the city.

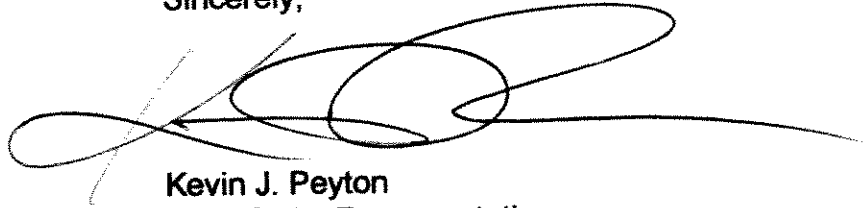
A hole dug in South Pine Avenue by the Milwaukee's DPW had had its barricades removed and was covered only with plywood. It had snowed and the hazard had become completely obscured. As Mr. Katzfey drove over the hole the plywood gave way causing his van to crash.

It is our position that this hole should have been covered with steel plating and we are looking to the city for reimbursement of our payment as well as our insured's \$500.00 deductible.

We ask that you review our enclosed materials and forward your payment to:

Acuity
P.O. Box 58
Sheboygan, WI 53082

Sincerely,

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Kevin J. Peyton
Field Claim Representative

Enclosure

Accident Document On Emergency

7513670

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as shown:

Correct Mark

Incorrect Marks

Reportable Accident

County: **40** MUN/TWP: **57**

1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27
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856	857	858	859	860	861	862	863	864
865	866	867	868	869	870	871	872	873
874	875	876	877	878	879	880	881	882
883	884	885	886	887	888	889	890	891
892	893	894	895	896	897	898	899	900

Accident Date: MONTH: **2** DAY: **20** YEAR: **2005**

Time of Accident (Military Time): HOUR: **07** MIN: **55**

Total Number: UNITS: **01** INJURED: **00** KILLED: **00**

Hit & Run: Government Property: Fire (Narrative): Photos Taken (Narrative): Trailer or Towed (Narrative): Truck or Bus (Last Page): Load Spillage: Construction Zone: Names Exchanged:

Unit # _____
Sheet No. _____
Of _____

ACCIDENT LOCATION: Public Highway, Intersection/Related Public Highway, Non-Intersection Parking Lot Private Property or Road

LATITUDE (GPS) Degrees: _____ Minutes: _____ Seconds: _____ LONGITUDE (GPS) Degrees: _____ Minutes: _____ Seconds: _____

ON: **SOUTH PINE AVENUE** Estimated: **100.0** FROM/AT: **EAST NORWICH STREET**

House # _____ Fire # _____ Utility # _____ Railroad # _____ Other _____

Unit Number: _____ Unit Type: _____ Total Number of Occupants: _____ Direction of Travel (Before the Accident): _____

OPERATOR Last NAME: **KATZFEY PETER J.** ADDRESS: **4470 S. AUSTIN STREET** City & State: **MILWAUKEE, WI** ZIP: **53207** Phone Number: **744-9274** Driver's License Number: **K321-6704-5290-02 WI** Exp. Year: **2012**

On Duty Accident: Police EMT/First Responder Fire Fighter Winter Hwy Maintenance CMV Operating Classified: Class (Mark Only One): Endorse (Mark All That Apply):

Vehicle Owner: **KATZFEY PETER J.** Street Address: **4470 S. AUSTIN STREET** City & State: **MILWAUKEE, WI** ZIP: **53207** Phone Number: **744-9274**

Year of Vehicle: **1996** Make: **PLYM** Model: **VOYAGER VAN** Color: **GOLD** Vehicle ID Number: **2P4G P4530TR500010** License Plate Number: **3T8-EPL** Plate Type: **Auto** State: **WI** Exp. Year: **05**

Policy Holder's Name: **PETER J. KATZFEY** Liability Insurance Company: **GENERAL CASUALTY** Occupant Name: _____ Unit Number: _____ Address: _____ City & State: _____ ZIP: _____

Please Do Not Write In This Area (fill space) 7513670

GA 2-28-05

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS	Street & Number			City & State		ZIP			1. Deployed 2. Non Deployed 3. Not Applicable 4. Unknown
Address Same as Operator	EJECTED	1. Not Applicable 2. Not Ejected		3. Totally Ejected 4. Partially Ejected 5. Unknown		TRAPPED/ EXTRICATED	1. Not Applicable 2. Not Trapped		3. Trapped/Extricated 4. Trapped/Not Extricated 5. Unknown	
	Yes					Medical Transport	Y N		Agency Space	

Occupant Unit Number	NAME	Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	ADDRESS	Street & Number			City & State		ZIP			1. Deployed 2. Non Deployed 3. Not Applicable 4. Unknown
Address Same as Operator	EJECTED	1. Not Applicable 2. Not Ejected		3. Totally Ejected 4. Partially Ejected 5. Unknown		TRAPPED/ EXTRICATED	1. Not Applicable 2. Not Trapped		3. Trapped/Extricated 4. Trapped/Not Extricated 5. Unknown	
	Yes					Medical Transport	Y N		Agency Space	

Type of Accident

First Harmful Event

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

(select one per vehicle)

Collision With Object Not Fixed

- 1. Motor Vehicle in Transport
- 2. Parked Motor Vehicle
- 3. Deer
- 4. Pedalcycle
- 5. Pedestrian
- 6. Railway Train
- 7. Other Animal
- 8. Motor Vehicle in Transport In Other Roadway
- 9. Other Object (Not Fixed)

Collision With Fixed Object

- 10. Traffic Sign Post
- 11. Traffic Signal
- 12. Utility Pole
- 13. Lum. Light Support
- 14. Other Post
- 15. Tree
- 16. Mailbox
- 17. Guardrail Face
- 18. Guardrail End
- 19. Median Barrier
- 20. Bridge Parapet End
- 21. Bridge/Pier/Abut.
- 22. Impact Attenuator
- 23. Overhead Sign Post
- 24. Bridge Rail
- 25. Culvert
- 26. Ditch
- 27. Curb
- 28. Embankment
- 29. Fence
- 30. Other Fixed Object
- 31. Unknown

Non-Collision

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

Driver Condition

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

Driver Factors (Or Pedestrians)

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

Presence

- 5. Neither Alcohol nor Drugs Present
- 6. Yes—Alcohol Present
- 7. Yes—Drugs Present
- 8. Yes—Alcohol & Drugs Present
- 9. Unknown

Alcohol

AC Value

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

Drugs

- 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

Pedestrian

Unit #

Location

- 1. In Crosswalk
- 2. In Roadway
- 3. Not in Roadway
- 4. On Sidewalk

Action

- 1. Walking not Facing Traffic
- 2. Disregarded Signal
- 3. Dashing 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
- 5. Angle
- 6. Sideswipe, Same Direction
- 7. Sideswipe, Opposite Direction
- 8. Unknown

Darken Numbered Area(s) of Vehicle Damage

Extent of Damage

- 1. Total (Damage to All Areas)
- 2. Other
- 3. Unknown
- 4. None
- 5. Very Minor
- 6. Minor
- 7. Moderate
- 8. Severe
- 9. Very Severe
- 10. Unknown

Vehicle Towed Due to Damage

Vehicle Removed By: CHI TOWING

Darken Numbered Area(s) of Vehicle Damage

Extent of Damage

- 1. Total (Damage to All Areas)
- 2. Other
- 3. Unknown
- 4. None
- 5. Very Minor
- 6. Minor
- 7. Moderate
- 8. Severe
- 9. Very Severe
- 10. Unknown

Vehicle Towed Due to Damage

Vehicle Removed By:

Fixed Object Struck	PROPERTY OWNER	Last	First	M.I.
Unit #	Unit #	Unit #	Unit #	
ADDRESS Street & Number				
100 W. WELLS STREET				
City & State				
MILWAUKEE, WI				
Govt. Damage Tag #	ZIP	Phone Number		
		414-226-3000		

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

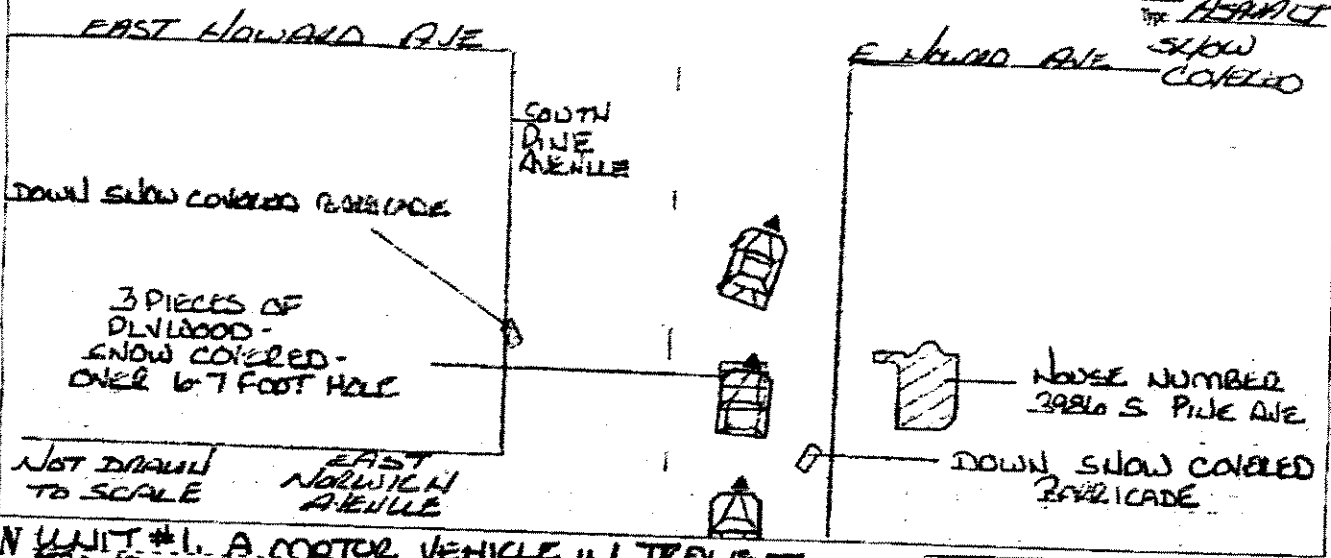


Pictorial Representation of Narrative

Supplemental Reports N (Witness Statements) Measurements Taken

Stickers to Impose Unit 1 Unit 2
 FEET

Surface Type ASPHALT



N UNIT #1. A MOTOR VEHICLE IN TRANSIT, A TRAVELING NORTHBOUND ON SOUTH PINE AVENUE EAST OF NORWICH AVENUE, RAN OVER A SOME HOLE IN THE STREET. THE HOLE WAS COVERED BY PLYWOOD AND THE PLYWOOD WAS SNOW COVERED. A BRIDGES MAKING THE HOLE WERE DOWN, SNOW COVERED AND WENT TO THE RIGHT. HIS UNIT #1 RAN OVER THE PLYWOOD, IT CRACKED CAUSING THE VEHICLE TO DROP INTO THE HOLE. YOU UNIT'S DENIED TROTT AND DENIED REAL TILES DEFLATED UPON EXITING AND CAME TO REST.

Photos By: 105

What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 11
<input type="checkbox"/> 2	<input type="checkbox"/> 12
<input type="checkbox"/> 3	<input type="checkbox"/> 13
<input type="checkbox"/> 4	<input type="checkbox"/> 14
<input type="checkbox"/> 5	<input type="checkbox"/> 15
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<input type="checkbox"/> 9	<input type="checkbox"/> 19
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<input type="checkbox"/> 11	<input type="checkbox"/> 21
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<input type="checkbox"/> 13	<input type="checkbox"/> 23
<input type="checkbox"/> 14	<input type="checkbox"/> 24
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<input type="checkbox"/> 16	<input type="checkbox"/> 26
<input type="checkbox"/> 17	<input type="checkbox"/> 27
<input type="checkbox"/> 18	<input type="checkbox"/> 28
<input type="checkbox"/> 19	<input type="checkbox"/> 29
<input type="checkbox"/> 20	<input type="checkbox"/> 30

- 1 Going Straight
- 2 Making Left Turn
- 3 Making Right Turn
- 4 Stopping or Stopping
- 5 Stopped in Traffic
- 6 Legally Parked
- 7 Violating No Passing Zone
- 8 Illegally Parked
- 9 Parking Maneuver
- 10 Backing Maneuver
- 11 Changing Lanes
- 12 Overtaking on Left
- 13 Overtaking on Right
- 14 Making U Turn
- 15 Turning on Red
- 16 Merging
- 17 Negotiating Curve
- 18 Other
- 19

WITNESS Last Name First M.I.
 ADDRESS Street & Number Date of Birth
 City & State ZIP Phone Number

ACCESS CONTROL

- 1 No Control (Unlimited Access)
- 2 Full Control (Only Ramp Entry/Exit)
- 3 Partial Control

ROAD TERRAIN

Part A

- 1 Straight
- 2 Curve

Part B

- 3 Level/Flat
- 4 Hill

LIGHT CONDITION

- 1 Daylight
- 2 Dark-Not Lighted
- 3 Dark-Lighted
- 4 Dawn
- 5 Dusk
- 6 Unknown

TRAFFIC WAY

- 1 Not Physically Divided (2-Way Traffic)
- 2 Divided Highway, Median Strip, without Traffic Barrier
- 3 Divided Highway, Median Strip, with Traffic Barrier
- 4 One-Way Traffic
- 5 Parking Lot or Private Property

ROAD SURFACE CONDITION

- 1 Dry
- 2 Wet
- 3 Snow/Slush
- 4 Ice
- 5 Sand, Mud, Dirt, Oil
- 6 Other
- 7 Unknown

WEATHER

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke
- 6 Sleet, Hail (freezing Rain or Drizzle)
- 7 Blowing Sand, Soil, Dirt, Snow
- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

RELATION TO ROADWAY

- 1 On Roadway
- 2 Parking Lot or Private Property
- 3 Shoulder (Other Than Shoulder within Median or Gore)
- 4 Median (Other Than Median within Gore)
- 5 Outside Shoulder-Left
- 6 Outside Shoulder-Right
- 7 Off Roadway-Location Unknown
- 8 Gore (Area between Ramp & Highway)
- 9 On Ramp
- 10 Unknown

Traffic Control

Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 11
<input type="checkbox"/> 2	<input type="checkbox"/> 12
<input type="checkbox"/> 3	<input type="checkbox"/> 13
<input type="checkbox"/> 4	<input type="checkbox"/> 14
<input type="checkbox"/> 5	<input type="checkbox"/> 15
<input type="checkbox"/> 6	<input type="checkbox"/> 16
<input type="checkbox"/> 7	<input type="checkbox"/> 17
<input type="checkbox"/> 8	<input type="checkbox"/> 18
<input type="checkbox"/> 9	<input type="checkbox"/> 19
<input type="checkbox"/> 10	<input type="checkbox"/> 20
<input type="checkbox"/> 11	<input type="checkbox"/> 21

- 1 No Control
- 2 Traffic Signal Operating
- 3 Traffic Signal Flashing
- 4 Stop Sign
- 5 Stop Sign with Flasher Warning
- 6 Warn Sign with Flasher
- 7 Yield Sign
- 8 Traffic Control Person
- 9 RR-xing Signal
- 10 Other
- 11

7513670

Document Number Override

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number	Unit Number
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 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Vehicle Factors

Unit Number	Unit Number
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Highway Factors

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OFFICER INFORMATION

Officer Name: **MARTINEZ NICOLE S.**

Low Information Agency Address: **749 W. STATE STREET**

City & State: **MILWAUKEE WI 53232**

Phone Number: **(414) 935-7222**

Agency # **4151** Enforcement Agency **MILWAUKEE POLICE** Officer ID # **61249**

Date Notified (Military Time):

MONTH	DAY	YEAR
Jan	20	2005
Feb		
Mar		
Apr		
May		
Jun		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time Notified (Military Time): **0458**

Time Arrived (Military Time): **0512**

Date of Report:

MONTH	DAY	YEAR
Jan	25	2005
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
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? YES NO

A truck with a hazardous materials placard? YES NO

A bus designed to carry 16 or more persons, including the driver? YES NO

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? YES NO

Any injured person who required transport for immediate medical treatment? YES NO

One or more vehicles that had to be towed from the scene as a result of the accident? YES NO

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

137 • Hazardous Material Class Numbers (1-2 digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed? YES NO

• Hazardous Cargo was Released? YES NO

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

• Interstate Carrier? YES NO

Carrier Name: **...**

Carrier Identification Numbers

US DOT: **...** IC: **...**

ICC MC: **...** IC: **...**

Carrier Address: **...**

Source: Vehicle Side Shipping Papers Trip Manifest Driver Log Book

Vehicle Information

Vehicle Configuration: **...**

SEQUENCE OF EVENTS FOR THIS VEHICLE

1. Collision Involving Motor Vehicle in Transp.

2. Collision Involving Parked Motor Vehicle

3. Collision Involving Train

4. Collision Involving Pedalcycle

5. Collision Involving Animal

6. Collision Involving Fixed Object

7. Collision Involving Other Object

8. Other

Cargo Body Type

1. Concrete Block

2. Bulk Transporter

3. Cargo Tank

4. Other

5. Log Truck

FEB 28 2005

Printed in U.S.A. 684321 Marked by MCS 44807105-3

PO-15A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT	<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT	PAGE 1 OF 1	DATE OF REPORT 02-25-05	INCIDENT/ACCIDENT # 7513670
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INCIDENT INFORMATION	INCIDENT	DATE OF INCIDENT/ACCIDENT	
	ACCIDENT PROPERTY DAMAGE ONLY	2-20-05	
	VICTIM	LOCATION OF INCIDENT/ACCIDENT	DIST. #
	KATZFEY, PETER J.	3986 S. PINE AVENUE	2
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH
			<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER
QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #
			CODE #
			VALUE

This report is written by Police Officer Nicole MARTINEZ, assigned Squad 28 Late, District Two Late.

On Sunday February 20, 2005 at 4:58 am I was dispatched to an accident property damage only at East Norwich and South Pine Avenue.

Upon arrival I spoke to DPW Sanitation Supervisor Gary N. KADOW w/m 1-25-52 286-6103. KADOW stated he was out on the road due to the snowfall and the DPW pows being out. He was traveling northbound on Pine Avenue from Norwich Street when he observed a gold mini van in traffic facing northbound in the northbound lane on Pine Avenue.

KADOW observed a large hole in the street in front of 3986 S. Pine Avenue. The hole, due to construction was covered by three pieces of plywood. The plywood was cracked due to the gold mini van running over them. The plywood was also snow covered. KADOW also stated he observed snow covered barricades that were knocked over. They were lying on the side of the road to the right of the hole and one to the left.

I then spoke to the driver and owner of the gold mini van. He identified himself with a valid Wisconsin drivers license as Peter J. KATZFEY w/m 8-10-1945. KATZFEY stated, "I was on my way to work. I was going north on Pine just past Norwich. All of a sudden I was riding over plywood and the van dropped. It suddenly jerked forward and the van just stopped."

I observed KATZFEY's van a 1996 Plymouth Voyager 378-EPL with both the front drivers side tire and the rear drivers side tire both flat.

Upon observing the construction site hole, the 3 pieces of plywood that KATZFEY ran over was cracked and a section of the street approximately 8-10 inches was exposed. When KATZFEY ran over the plywood and it cracked the street became exposed. This caused the mini vans tires to deflate when run over. The actual hole was anywhere from 6-7 feet deep.

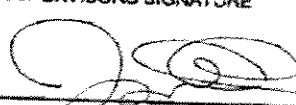
KATZFEY stated there were no barricades to warn him of the construction site.

Upon further interviewing KADOW. I asked him when he observed the snow covered barricades did it appear that they had been lying there for quite some time. Eliminating the possibility of KATZFEY hitting them as he approached the construction site. KADOW stated that the barricades were VERY snow covered and there was no drag marks from the hole site where the barricades were lying. KADOW stated, "It definitely looked like someone had moved them and laid them down."

Upon further interviewing KATZFEY I asked him if he needed medical attention which he stated was not necessary. I called for CHI towing, which responded and towed his vehicle from the scene to their lot until the next day when it was transferred to Dodge City South.

KADOW called in for extra barricades. While waiting for the tow truck DPW arrived with more visible working barricades to warn of the hole.

I conveyed KATZFEY to his home 4470 S. Austin Street after the tow truck arrived.

REPORTING OFFICER	SUPERVISORS SIGNATURE
PO NICOLE MARTINEZ 61249 Payroll	JB Loc Code 

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

KT6577

CD LOG NO 4290-1 DATE 03/01/05

SHOP: DODGE CITY OF MILWAUKEE INSP DATE: 03/01/05
 ADDRESS: 4640 SOUTH 27TH STREET CONTACT: PAUL EDWARD MOLL
 CITY STATE: MILWAUKEE, WI PHONE 1: (414)281-9100 EXT 234
 ZIP: 53221- FAX: (414)281-4780

OWNER: KATZFEY, PETER HOME PHONE: (414)744-9274
 ADDRESS: 4470 SOUTH AUSTIN
 CITY STATE: MILWAUKEE, WI
 ZIP: 53207-

CLAIM#: KT-6577
 POINT OF IMPACT: 5

INS. CO: ACUITY INSURANCE COMPANY CONTACT: KEVIN PEYTON
 PHONE 1: (414)962-5165

LIC#: STATE: WI VIN: 2P4GP4530TR566010
 BODY COLOR: GOLD MILEAGE: 79,637
 CONDITION: GOOD ACCTNG CTL#:

DRIVEABLE: YES VEH. INSP#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT
EU=REPLACE SALVAGE	EP=REPLACE PXN	PC=PXN RECONDITIONED
PM=PXN REMAN/REBUILT	TE=PARTL REPL PRICE	ET=PARTL REPL LABOR
IT=PARTIAL REPAIR	I=REPAIR	L=REFINISH
BR=BLEND REFINISH	TT=TWO-TONE	CG=CHIPGUARD
SB=SUBLET	N=ADDITIONAL LABOR	RI=R&I ASSEMBLY
P=CHECK	AA=APPEAR ALLOWANCE	RP=RELATED PRIOR
UP=UNRELATED PRIOR		

1996 PLYMOUTH VOYAGER SE 2DOOR PASSENGER VAN 6CYL GASOLINE 3.0
 CODE: 06622B/A OPTNS W/24FRLP

OPTIONS:
 TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES
 HEATED REMOTE CONTROL MIRRORS ANTI-LOCK BRAKE SYSTEM
 TILT STEERING WHEEL CRUISE CONTROL

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0664		CRSMBR, FRONT SUSP	4694725	822.00			4.5	2
E	0909		WHEEL, FRONT	LT 4684922	108.00			0.2	1
E	0911		WHEEL, REAR	LT 4684922	108.00			0.3	1
E	1851		VALVE STEM	LT 2073355	2.75				1

1996 PLYMOUTH VOYAGER SE 2DOOR PASSENGER VAN
 CD LOG NO 4290-1

E	1853	VALVE STEM	LT 2073355	2.75		1
E	0954 01	COVER, FRONT WHEEL	LT 4684258	118.00		1
E	0956 01	COVER, REAR WHEEL	LT 4684258	118.00		1
E	0675 01	HUB, FRONT WHEEL	LT 4641516	205.00		0.9 2
E	0677 01	KNUCKLE, STEERING	L/F 4684459	138.00		0.2 2
E	0653	ARM, LOWER CONTROL	L/F 4694761AC	262.00		1.1 2
E	0655 01	ABSORBER, STRUT	L/F 4897451AA	131.00		0.8 2
E	0665	SUPPORT, FRT SUSP MTG	4684659	121.00		INC 2
E	0681 01	SHAFT ASSEMBLY, AXLE/L/F	4641981	425.00		0.2 2
E		WHEEL WEIGHTS	NEW PART	3.00*		1*
E		LEFT FRONT TIRE	NEW PART	87.95*		0.2*1*
		P215/65R15 GOODYEAR REGATTA (BLK)				
E		LEFT REAR TIRE	NEW PART	87.95*		0.2*1*
		P215/65R15 GOODYEAR REGATTA (BLK)				
I		FOUR WHEEL ALIGNMENT	SUBLET REPAIR	79.95*		2*

17 ITEMS

MC MESSAGE(S)

01 CALL DEALER FOR EXACT PART NUMBER / PRICE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS					2,740.40
PARTS & MATERIAL TOTAL					2,740.40
TAX ON PARTS & MATERIAL @			5.600%		153.46
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	46.00	0.9		41.40	
2-MECH/ELEC	75.00	7.7		577.50	
3-FRAME	46.00				
4-REFINISH	46.00				
5-PAINT MATERIAL	26.00				
LABOR TOTAL					618.90
TAX ON LABOR		@	5.600%		34.66
SUBLET REPAIRS					79.95
TAX ON SUBLET		@	5.600%		4.48
TOWING					160.00
TAX ON TOWING		@	5.600%		8.96
STORAGE					

GROSS TOTAL 3,800.81

NET TOTAL 3,800.81

ADP SHOPLINK U1666 ES CD LOG 4290-1 DATE 03/01/05 03:15:06PM R6.35 CD 02/05
 HOST LOG

(C) 1998 - 2005 ADP CLAIMS SOLUTIONS GROUP, INC.



Autosource Valuation

Administrative Data
1996 Plymouth Voyager SE 2WD Passenger Van

Kevin Peyton
 Acuity
 Milwaukee Branch
 2800 South Taylor Drive
 Sheboygan WI 53081

Claimant
 Insured Katzfey
 Claim KT6577
 Loss Date 02/20/2005
 Loss Type Collision
 Policy N00359
 Other

VINSOURCE Analysis
1996 Plymouth Voyager SE 2WD Passenger Van

VIN 2P4GP4530TR566010
 Decodes as 1996 Plymouth Voyager SE 2WD Passenger Van
 Accuracy Decodes Correctly
 History No activity was reported

Reported Phone Number Analysis
1996 Plymouth Voyager SE 2WD Passenger Van

No Vehicles Advertised at (414) 744-9274

Recall Bulletins
1996 Plymouth Voyager SE 2WD Passenger Van

Nat'l. Highway Traffic Safety Admin (US) has issued a total of 8 recall bulletins that may apply to this vehicle.

NHTSA ID Number 95V236000

Date Issued 12/07/95
 Quantity Affected 80,000
 Manufacturing Dates Jan 1995 - Aug 1995
 System Fuel; vehicle crash; cut off system
 Vehicle Description Passenger mini-vans
 Description Of Defect The fuel tank rollover valve can allow fuel to pass into the vapor canister resulting in the potential for fuel leakage.
 Consequence Of Defect Fuel leakage increases the potential for a vehicle fire.
 Corrective Action Dealers will replace the fuel tank filler tube with a filler tube that has an additional rollover valve. The associated rollover valve vapor hoses will be rerouted.

NHTSA ID Number 95V225000

Date Issued 11/28/95
 Quantity Affected 20,000
 Manufacturing Dates Oct 1995 - Nov 1995
 System Interior; seat tracks and anchors
 Vehicle Description Passenger mini-vans equipped with bench seats and manufactured at the Windsor Assembly plant ("R" in the 11th vin position).
 Description Of Defect The bolts which secure the rear bench seats to the seat risers may be embrittled and fracture.
 Consequence Of Defect In case of an accident, the bolt may fail and can cause the seat to break away from the seat

risers, which increases the potential of injury to its occupants.

Corrective Action Dealers will replace the rear bench seat to riser bolts.

NHTSA ID Number 96V136000

Date Issued 07/01/96

Quantity Affected 200

Manufactured Dates June - July 1996

Vehicle Description Minivans equipped with child seat modules.

Description Of Defect The bolts which secure the integrated child seat modules to the seat frame can break.

Consequence Of Defect In the event of a vehicle accident, the child seat may not provide adequate protection to the occupant.

Corrective Action Dealers will replace the integrated child seat module bolts.

NHTSA ID Number 96V002000

Date Issued 01/01/96

Quantity Affected 265,000

Manufactured Dates January 1995-December 1995

Vehicle Description Passenger mini vans.

Description Of Defect A static electric charge can build up in the vehicle's plastic fuel tank and ungrounded fuel filler tube during normal operation.

Consequence Of Defect Under the right low temperature, low humidity and low fuel level conditions, the static charge on the fuel filler tube may cause a spark to occur while the vehicle is being fueled and the fuel vapors could ignite, resulting in a fire.

Corrective Action Dealers will install a ground strap for the fuel filler tube.

NHTSA ID Number 98V185

Date Issued 08/01/98

Quantity Affected 157,000

Manufactured Dates January 1995 - July 1997

Vehicle Description Minivans equipped with integrated child seats.

Description Of Defect The shoulder harness restraint on the integrated child seat can become difficult to release when the safety belt latch plate becomes contaminated. This can cause difficulty in removing a child from the restraint. **REMEDY:** Dealers will clean the latch mechanism. An extender will be added to the emergency release anchor for the child seat safety belts so that the release clips are more visible and accessible to the operator in the event that the retractor mechanism can not be unlocked. In addition, an instructional owner's manual supplement card will be provided.

NHTSA ID Number 99V216

Date Issued 08/01/99

Quantity Affected 622,000

Dates Of Manufacture January 1995 - July 1996

Defect On certain passenger vehicles, the lower control arm attaching brackets can crack due to fatigue and separate from the engine cradle. If this occurs, the transmission half-shaft could pull out of the transaxle resulting in a loss of power.

Remedy Dealers will reinforce the engine cradle at the point where the lower control arm attaches to it. Owner notification is expected to begin during October 1999. Owners who do not receive the free remedy within a reasonable time should contact Chrysler at 1-800-992-1997.

NHTSA ID Number 00V268

Date Issued 09/01/00

Quantity Affected 1,163,000

Dates Of Manufacture February 1995 - September 1999

Defect On certain minivans built with 3.3L and 3.8L engines, the fuel injection delivery system can leak fuel from some of the sealing O-rings in the fuel injection rail. Fuel leakage in the presence of an ignition source can result in a fire.

Remedy Dealers will install a seal on the vehicle fuel rails to prevent external leakage of fuel from the fuel rail crossover tube, should the existing O-rings continue to degrade. DaimlerChrysler has not yet provided NHTSA with an owner notification schedule. However, if a vehicle is leaking fuel from the O-rings or from a cracked fuel line, the vehicle should be taken into a dealer to have this repaired as soon as possible. Owners who do not receive the free remedy within a reasonable time should contact DaimlerChrysler at 1-800-992-1997.

NHTSA ID Number 02V293
Date Issued 11/01/02
Quantity Affected 1,500,521
Dates Of Manufacture January 1995 - February 1998

Defect On certain minivans, the clockspring assembly may have been wound incorrectly during the vehicle assembly process. This condition will cause illumination of the air bag warning lamp, and could eventually cause the driver's air bag to become inoperative.

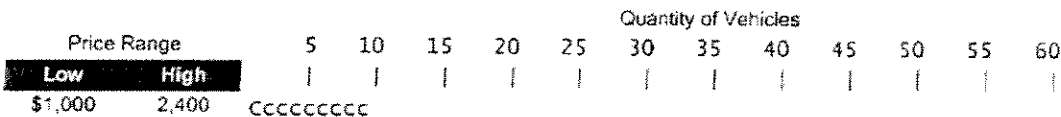
Remedy Dealers will replace the clockspring assembly on all vehicles with 70,000 miles or less. An extended lifetime warranty will also be given for this component for all affected vehicles, regardless of mileage. DaimlerChrysler will also reimburse owners who have paid to have the clockspring replaced on their vehicles. The manufacturer has reported that owner notification began Nov. 18, 2002. Owners should contact DaimlerChrysler at 1-800-853-1403.

Valuation Summary 1996 Plymouth Voyager SE 2WD Passenger Van

	Typical Vehicle	Loss Vehicle	Adjustment
Price	\$3,365		\$3,365
Engine	6 Cylinder 3.0 Engine	6 Cylinder 3.0 Engine	
Transmission	4 Speed Automatic	4 Speed Automatic	
Odometer	129,920 Mi(Typical)	79,637 Mi(Actual)	1,255
	Equipment/Package Adjustment (See Valuation Detail)		0
	Autosource Value Before Condition Adjustments		4,620
	Total Condition Adjustments (See Condition Adjustment Detail)		0
Total Condition Adjusted Market Value			\$4,620
	Applicable Tax	%	
	Title Fee		
	Transfer Fee		
	Deductible	-	
	Net Adjusted Value		
	Salvage/Other	-	

Retail Asking Price Graph 1996 Plymouth Voyager SE 2WD Passenger Van

The following Retail Asking Price Graph represents a market overview of potential replacement vehicles that were advertised for sale in the national market area, during the last 90 days, originating from Zip Code 53207. All vehicles referenced are identical to the year, make and model of the loss vehicle. While similar, some of these vehicles may be different in edition, mileage, equipment and condition. The price distribution graph displays the average asking price range of all vehicles from the low of \$1,000 to a high of \$15,000. The vehicle quantity and average asking price are specific to vehicle edition and source, either dealer or private party. All dealer vehicles are displayed in capital letters and private party vehicles are displayed in lower case.



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2P4GP4530TR566010		Year 1996	Make PLYMOUTH		
Title Number 05080C547009-0	Issue Date 03/21/2005	Chassis Type TRUK	Odometer Reading 15133	Odometer Status NOT ACTUAL	Odometer Date 03/21/2005
Product Number 54536050800	Body Style UNKNOWN	Color			2313195

Titled Owner(s)
ACUITY INSURANCE
4825 S WHITNALL AVE
CUDAHY, WI 53110-1339

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

Lien Holder(s)
NONE,

2P4GP4530TR566010

Additional Vehicle Detail

96 PLYM VOYAGER SE GOLD



02313196 8 KT6677

039

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1148, 608-261-2583, 800-924-3570
www.dot.wisconsin.gov

4-1-0753949
T055 5/2004

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

This document void without watermark. Hold to light to view.

This document void without watermark. Hold to light to view.



SCHLOSSMANN'S
DODGE
CITY SOUTH



4640 SOUTH 27TH ST. * MILWAUKEE, WI 53221
PHONE: (414) 281-9100

CUSTOMER NO 52204	ADVISOR PAUL E. MOLL	2512 TAG NO 461B	POPS DATE 03/04/05	MOBILE NO DOCB266578
PETER KATZFEY 4470 S AUSTIN ST MILWAUKEE, WI 53207-5014	LABOR RATE	LICENSE NO.	MI LEASE 79,637	STOCK NO.
	YEAR / MAKE / MODEL 96 / PLYMOUTH / VOYAGER / 2 DOOR WAGON	DELIVERY DATE		DELIVERY MILES
	VEHICLE ID NO. 2P4GP4530TR566010	SELLING DEALER NO.		PRODUCTION DATE
	P.T.E. NO.	P.O. NO.	R.O.P. DATE 02/21/05	
RESIDENCE PHONE 414-744-9274	BUSINESS PHONE	COMMENTS		MO: 79637

LABOR & PARTS
JOB # 1 7500Z BODY SHOP REPAIRS HOURS: TECH(S): 9074 0.00
TOWED IN! FRONT AND REAR LEFT SIDE DAMAGE
(SUSPENSION & BODY) PREPARE AN ESTIMATE!!
TOTALED OUT BY INSURANCE COMPANY / TOWED AWAY FOR AUCTION
AT A LATER DATE.

JOB # 1 TOTAL LABOR & PARTS 0.00

SUBLET	PO#	VEND	INV#	INV. DATE	DESCRIPTION	
JOB # 1	27847	42926		02/22/05	TOW	160.00
TOTAL - SUBLET						160.00

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$160.00 (+TAX)

COMMENTS
CALL

TOTALS

***** PAY METHOD *****		TOTAL LABOR	0.00
** Cash []	Check []	TOTAL PARTS	0.00
** Charge []	Number []	TOTAL SUBLET	160.00
	Check number []	TOTAL G.O.G.	0.00
	Credit Card []	TOTAL MISC CHG.	0.00
		TOTAL MISC DISC	0.00
		TOTAL TAX	8.96
		TOTAL INVOICE \$	168.96

CUSTOMER SIGNATURE

STORAGE IS CHARGED BETWEEN \$10 AND \$15 PER DAY ON MOTOR VEHICLES LESS THAN 10,000 LBS. AND \$25 PER DAY ON MOTOR VEHICLES OVER 10,000 LBS.

WARRANTY INFORMATION
The parts and workmanship on the back end hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished or provided. The dealer is not a party to any such manufacturer's warranty.

THE DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THESE PARTS AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

96 PLYM VOYAGER SE GOLD
02313195 A Advance Charges

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SCHLOSSMANN'S

DODGE CITY SOUTH



4640 SOUTH 27TH ST. * MILWAUKEE, WI 53221
PHONE: (414) 281-9100

CUSTOMER NO. 52204	ADVISOR PAUL E. MOLL	2512	TAG NO. 461B	BOOKING DATE 03/04/05	BOOKING NO. DOCB266578
PETER KATZFEY 4470 S AUSTIN ST MILWAUKEE, WI 53207-5014	LABOR RATE	LICENSE NO.	79,637	COLOR GOLD/	STOCK NO.
	YEAR / MAKE / MODEL 96 / PLYMOUTH / VOYAGER / 2 DOOR WAGON	DELIVERY DATE	DELIVERY MILES		
	VEHICLE I.D. NO. Z P 4 G P 4 5 3 0 T R 5 6 6 0 1 0	SELLING DEALER NO.	PRODUCTION DATE		
	F.T.F. NO.	P.O. NO.	02/21/05		
REFERENCE PHONE 414-744-9274	BUSINESS PHONE	COMMENTS			MO: 79637

LABOR & PARTS
1 7500Z BODY SHOP REPAIRS HOURS: TECH(S):9074 0.00
TOWED IN! FRONT AND REAR LEFT SIDE DAMAGE
(SUSPENSION & BODY) PREPARE AN ESTIMATE!!
TOTALED OUT BY INSURANCE COMPANY / TOWED AWAY FOR AUCTION
AT A LATER DATE.

JOB # 1 TOTAL LABOR & PARTS 0.00

SUBLET	PO#	VEND INVT#	INV. DATE	DESCRIPTION	
JOB # 1	27847	42926	02/22/05	TOW	160.00
TOTAL - SUBLET					160.00

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF \$160.00 (+TAX)

COMMENTS
CALL

TOTALS

** PAY METHOD **	** TOTAL LABOR... **	0.00
** Cash [] Check [] Check number [] **	** TOTAL PARTS... **	0.00
** Charge [] Number [] Credit Card [] **	** TOTAL SUBLET... **	160.00
	** TOTAL G.O.G... **	0.00
	** TOTAL MISC CHG... **	0.00
	** TOTAL MISC DISC... **	0.00
	** TOTAL TAX... **	8.96

TOTAL INVOICE \$ 168.96

CUSTOMER SIGNATURE

STORAGE IS CHARGED BETWEEN \$10 AND \$15 PER DAY ON MOTOR VEHICLES LESS THAN 20,000 LBS AND \$25 PER DAY ON MOTOR VEHICLES OVER 20,000 LBS.

WARRANTY INFORMATION
The parts checked "Warranty" on the form hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished in this repair. The dealer is not a party to any such manufacturer's warranty.

THE DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THESE PARTS AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

96 PLYM VOYAGER SE GOLD



02313196 A Advance Charge

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ALL PARTS OF NEW UNLESS SPECIFIED

CUSTOMER COPY

| END OF INVOICE | 10:32am

COPART AUTO AUCTIONS
 P O BOX 371308
 MILWAUKEE, WI 53237 T308
 PHONE (414) 769-7665
 TAX ID# 942867490

Date 4/01/05

Visit us at www.copart.com

FINAL SETTLEMENT STATEMENT

Copart Lot# 2313195 39 MILWAUKEE
 Loss Date 2/20/05
 Called In 3/04/05
 P/U Cleared 3/04/05
 Pickup Date 3/07/05
 Original Title 3/21/05
 Trans Title 3/21/05
 Sale Document 3/23/05
 Loss Type COLLISION
 Description 96 PLYM VOYAGER SE GOLD
 Vehicle ID# 2P4GP4530TR566010
 License#/ST
 Mileage 15,133
 Pickup From DODGE CITY SOUTH
 4640 S 27TH STREET
 MILWAUKEE, WI 53221
 (414) 281-9100

HR05 PIP100A
 GREG OLSEN
 ACUITY
 2800 SOUTH TAYLOR DRIVE
 P.O. BOX 58
 SHEBOYGAN, WI 53082

Claim# KT6577
 Policy#
 Loss Code
 Reference#
 Insured PETER KATZFEY
 Owner PETER KATZFEY

ADVANCE CHARGES PAID BY COPART

TOW SERVICE	160.00
TAX	8.96
TOTAL ADVANCE CHARGES	168.96

COPART SERVICE CHARGES

TITLE PROCESSING	42.00
PIP PROGRAM CHARGE	195.00
TOTAL COPART SERVICE CHARGES	237.00

TRANSFERS

TOTAL DUE COPART	405.96
PROCEEDS FROM SALE	975.00CR
NET PROCEEDS	\$ 569.04CR

Bid Raised By Internet

SALE INFORMATION

Lot# 2313195
 Sale Date 3/30/05
 Sale Amount 975.00
 ACV 4620.00
 Repair Est 3800.81
 Return 21.1%

Sold To 43675 FRED'S AUTO SALES AND REPAIR
 5117 S PACKARD AVE
 CUDAHY, WI 53110
 (414) 550-7774 RES# 004000030447101

Item# 191

Proceeds Check# 3574668

Cert# 05080CS470090

Payment From Buyer 3/31/05

Check Date 4/01/05
 Check Amount 569.04CR USD

Claim KT6577 DISPLAY MECHANIZED PAYMENT
Policy N00359 KATZFEY, PETER J & GLADYS H

INQUIRY
PEND CL

Payment Date	Nbr	Current Status	Payment Status Date	Accounting Status
03 11 2005	8675597	ISSUED	03 11 2005	HONORED

Amount 4,378.72

Pay To PETER J & GLADYS H KATZFEY

Mail To PETER J & GLADYS H KATZFEY

Street 4470 S AUSTIN ST
City MILWAUKEE State WI Zip 53207
In Payment of TOTAL LOSS '96 PLYMOUTH VAN

Attachments N

IRS Reporting: IRS Nbr	Type	Gross Pmt to Atty
Service Dates	-	-
Invoice Nbr	Pay Period	Select

KLSNF05

Claim **KT6577**
 Policy **N00359**

KATZFEY, PETER J & GLADYS H

DISPLAY RECOVERY

INQUIRY
 PEND CL

Ded Reimb	Recovery	-- Current Recovery --		Amount	Received Date
Reminder	Nbr	Held/Applied	Date		
	B2TLW	APPLIED	04 07 05	569.04	04 06 05

Payor Name **COPART SALVAGE AUTO AUCTIONS**
 Check/Draft: Nbr **3574668**

Attachments
 Reinsurance

		-- Payment --						
Type	Amount	Loss	Expense	Hold	Clmt	Item	Cause	Class
SA	569.04	Y			01	01	400	

----- Type Codes -----

CP-Contribution	RM-Reimbursement	SA-Salvage
DP-Deductible	RN-Reinsurance	SU-Subrogation
	PF7-Bwd	PF8-Fwd

Select

KLSNF11