



# CBC NATIONAL

01-L-152

475 Market Street/2<sup>nd</sup> Floor, Elmwood Park, NJ 07407 Toll Free: (888)CBC-1211 Fax: (201)475-0721

02 FEB 11 AM 11:38  
January 26, 2002

CITY OF MILWAUKEE  
ATTN: CLAIMS  
200 E. Wells St.  
Milwaukee, WI 53233

OUR CLIENT: General Casualty Company  
CLIENT CLAIM: 0940140238  
INSURED: Nassco Inc.  
DATE OF LOSS: 10/11/2001  
CLAIM AMOUNT: \$12042.77  
OUR FILE: S126785

Dear Sir/Madam:

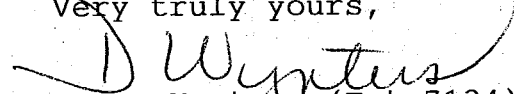
Please be advised that the above captioned client has referred this claim totaling \$12042.77 to our office for handling.

If you had insurance coverage at the time of loss, complete the information below and return it to this office. If you did not have insurance coverage at the time of loss, we advise that you contact our office to discuss payment arrangements. If we do not receive a response, our client may choose to litigate.

This letter is an attempt to collect the above claim and any information obtained will be used for that purpose.

If you do not dispute the validity of this claim, or any portion of it, within thirty (30) days from the date you receive this letter, we will assume the claim to be valid. If you notify us in writing of your dispute of this claim, or any part of it, within the thirty day period, we will mail verification to you.

Very truly yours,

  
Duane Wynters (Ext. 7124)  
Claim Settlement Rep.

RECEIVED  
FEB - 1 2002

DR:mj  
418SD1

INSURANCE INFORMATION FOR FILE #S126785

INSURANCE AGENCY/COMPANY NAME: \_\_\_\_\_

POLICY #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

POLICYHOLDER NAME: \_\_\_\_\_

\*\*\*\*PLEASE SEND ALL DISPUTES IN WRITING TO CBC NATIONAL, ATTN:DISPUTED CLAIMS DEPARTMENT AND REFERENCE CBC FILE NUMBER\*\*\*\*

**General Casualty**

Milwaukee Branch Office  
Wisconsin Region

P.O. Box 669  
Brookfield, Wisconsin 53008-0669  
Telephone (262) 787-6200  
(800) 513-9956  
Fax (262) 787-6220  
Claims Fax (262) 792-0870  
generalcasualty.com

11/20/2001

CITY CLERK  
CITY OF MILWAUKEE  
200 E WELLS ST ROOM 205  
MILWAUKEE, WI 53202

2001 NOV 26 AM 8:30  
RONALD D. LEONHARDT  
CITY CLERK  
CITY OF MILWAUKEE

CLAIM NUMBER: 0940140238 105 114  
INSURED : NASSCO INC AND EUGENE J AND  
DATE OF LOSS: 10 / 11 / 01

We have completed our investigation of the accident in which you were involved with our insured on the above date. We feel you are responsible for the damages, therefore (please refer to the line marked with an "XX"):

We wish to put you on notice of our claim for:  
COLLISION                      COMPREHENSIVE                      MEDICAL PAYMENTS  
RENTAL                      OTHER                      COVERAGE.

If payment is made under our policy, we will be looking to you or your insurance company for reimbursement.

If you have insurance, please refer this letter to your insurance company. Send us their name, address and your policy number.

We have had no reply to our previous letter. Please reply by return mail.

XX We have made payments and request reimbursement as follows:  
COLLISION \$                      XX COMPREHENSIVE \$ 12042.77  
MEDICAL PAYMENTS \$                      RENTAL \$

XX Please contact us immediately so that arrangement can be made to settle this matter without unnecessary expense or legal action to you or us.

XX RENTAL CHARGES ARE ATTACHED. PLEASE ISSUE PAYMENT DIRECTLY TO OUR INSURED REFERENCING THOSE CHARGES.



TERI PIERSON 262-787-6314  
CLAIM DEPARTMENT

Form 0302 (04-00) 105

01 NOV 26 PM 3:13  
CITY CLERK

# Wisconsin Motor Vehicle Accident Report

Document Number Override

**INSTRUCTIONS**  
Please use a Black Ink Pen or #2 Pencil.  
Mark Areas as shown: Correct Mark  Incorrect Marks 

County: **40** MUNT/WP: **57**

Accident Date: MONTH **11** DAY **01** YEAR **01**

Time of Accident (Military Time): HOUR **10** MIN **45**

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. **11** Of **11**

Reportable Accident

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

LATITUDE (GPS) Degrees: **42** Minutes: \_\_\_\_\_ Seconds: \_\_\_\_\_ LONGITUDE (GPS) Degrees: **13** Minutes: \_\_\_\_\_ Seconds: \_\_\_\_\_

ON  Highway No. and Street Name: **S. Clement Ave 8000** Estimated \_\_\_\_\_ FT. \_\_\_\_\_ MI. FROM/AT  Highway No. and Street Name: **E. Howard Ave.**

House # \_\_\_\_\_ Fire # \_\_\_\_\_ Other \_\_\_\_\_ Utility # \_\_\_\_\_ Railroad # \_\_\_\_\_ Agency Space \_\_\_\_\_ Special Study \_\_\_\_\_

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</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>(N)</b>
<b>3</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>(N)</b>
<b>4</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>(N)</b>
<b>5</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>(N)</b>
<b>6</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>(N)</b>
<b>7</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>(N)</b>
<b>8</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>(N)</b>
<b>9</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>(N)</b>
<b>10</b>	<b>1</b>	<b>2</b>	<b>(N)</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>(N)</b>

Speed Limit \_\_\_\_\_ OPERATOR Last Name: **Master, Keith A.** First \_\_\_\_\_ M.I. \_\_\_\_\_

ADDRESS Street & Number: **8050 W. Grantosa Dr.** City & State: **Milwaukee WI** ZIP: **53218** Phone Number: **414-464-8287**

Driver's License Number: **M 236-5015-2044-04 WI** State: **WI** Exp. Year: **09**

Date of Birth: **02-04-52** Sex: **(M)** Operating as Classified: **(F)** Class (Mark Only One): **(A)** Endorse (Mark All That Apply): **(H) (P) (T) (N) (S) (E)**

On Duty Accident: **(F)** Police **(E)** EMT-First Responder **(F)** Fire Fighter **(H)** Winter Hwy Maintenance

SEVERITY: **(A)** SEAT Position: **1** SAFETY Equipment: **1** AIRBAG: **(1)** Deployed **(2)** Non Deployed **(3)** Not Applicable **(4)** Unknown

TRAPPED/EXTRICATED: **(1)** Not Applicable **(2)** Trapped-Extricated **(3)** Unknown **(4)** Trapped Not Extricated

Vehicle Owner: **Nassco INC.** Street Address: **5365 S. Moorland Rd.** City & State: **New Berlin WI** ZIP: **53151** Phone Number: **422-4960**

Year of Vehicle: **02** Make: **IHC** Model: **4400** Body Style: **TRK** Color: **WHT**

Vehicle ID Number: **1ATMKAAN82H519428**

License Plate Number: **AD9049** State: **WI** Exp. Year: **01**

Policy Holder's Name: **Nassco INC.** Liability Insurance Company: **General Casualty Ins.** State #: \_\_\_\_\_

Occupant Unit Number: **1** NAME Last: \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: **(M)** Severity: **(A)** SEAT Position: **1** SAFETY Equipment: **1** AIRBAG: **(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

MV4000 899

OCT 13 2001

EMS Number

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 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number	City & State	ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator <input type="radio"/> Yes <input type="radio"/> No	EJECTED (1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown	TRAPPED/EXTRICATED (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	Medical Transport (Y/N)	Agency Space			

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 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number	City & State	ZIP				1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator <input type="radio"/> Yes <input type="radio"/> No	EJECTED (1) Not Applicable (2) Not Ejected (3) Totally Ejected (4) Partially Ejected (5) Unknown	TRAPPED/EXTRICATED (1) Not Applicable (2) Not Trapped (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown	Medical Transport (Y/N)	Agency Space			

### Type of Accident

15 First Harmful Event  
Most Harmful Event

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

(select one per vehicle)

#### Collision With Object Not Fixed

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

#### Collision With Fixed Object

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

#### Non-Collision

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

### Driver Condition

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

#### 88 Driver Factors (Or Pedestrians)

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

#### 89 Presence

Neither Alcohol nor Drugs Present 5

6 Yes—Alcohol Present	6
7 Yes—Drugs Present	7
8 Yes—Alcohol & Drugs Present	8
9 Unknown	9

#### 90 Alcohol

AC Value  AC Value

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

#### 91 Drugs

14 Test Not Given	14
15 Test Refused	15
16 Test Given, Drugs Unknown	16
17 Test Given, No Drugs Reported	17
18 Drugs Reported (Specify Below)	18
19 Marijuana	19
20 Cocaine	20
21 Opiates	21
22 Amphetamines	22
23 PCP	23
24 Other Drug Medication	24
25 Type Unknown	25

#### Unit #

2 3 4 5 6 7 8 9 10

#### Pedestrian

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

#### Manner of Collision

1 No Collision with Motor Vehicle in Transport

2 Rear-end

3 Head On

4 Rear to Rear

5 Angle

6 Sideswipe, Same Direction

7 Sideswipe, Opposite Direction

8 Unknown

#### Unit #

2 3 4 5 6 7 8 9 10

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

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

#### Extent of Damage

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

Vehicle Towed Due to Damage  (Y)  (N)

Vehicle Removed By **OPERATOR**

#### Unit #

1 2 3 4 5 6 7 8 9 10

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

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

#### Extent of Damage

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

Vehicle Towed Due to Damage  (Y)  (N)

Vehicle Removed By **OPERATOR**

82	Fixed Object Struck	PROPERTY Last First M.I.
Unit # 15	Unit #	OWNER 81 City of Milwaukee
Govt. Damage Tag # 83	ADDRESS Street & Number	55 200 E. Wells St.
	City & State	Milwaukee WI 53233
	ZIP	53233
	Phone Number (414)	778-3200

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

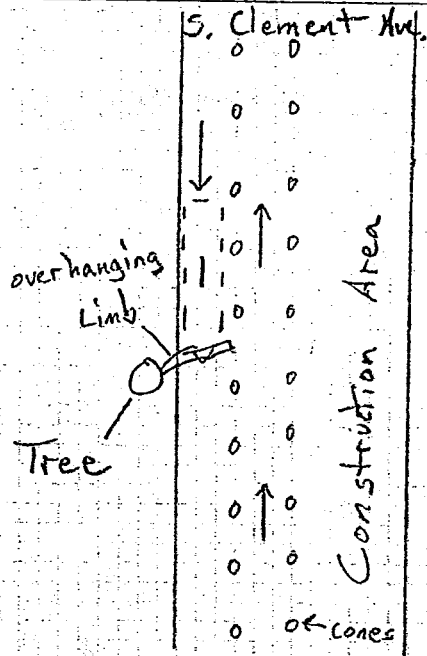


# Diagrammatic Representation of Narrative

Supplemental Reports  Witness Statements  Measurements Taken

Skidmarks to Impact  
Unit 1: 100 Unit 2:   
0 FEET

Surface Type: Asphalt



**NARRATIVE**  
Unit #1, a large truck, was southbound in the far right lane of S. Clement Ave. in an area of construction when it collided with an overhanging limb of a city tree.

Photos By: \_\_\_\_\_

What Drivers Were Doing									
Unit Number					Unit Number				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10	1	2	3	4	5

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

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

**ACCESS CONTROL**

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

**ROAD TERRAIN**

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

**LIGHT CONDITION**

- Daylight
- Dark-Not Lighted
- Dark-Lighted
- Dawn
- Dusk
- Unknown

**TRAFFIC WAY**

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

**ROAD SURFACE CONDITION**

- Dry
- Wet
- Snow/Slush
- Ice
- Sand, Mud, Dirt, Oil
- Other
- Unknown

**WEATHER**

- Clear
- Cloudy
- Rain
- Snow
- Fog, Smog, Smoke (freezing Rain or Drizzle)
- Sleet, Hail
- Blowing Sand, Soil, Dirt, Snow
- Severe Crosswinds
- Other
- Unknown

**RELATION TO ROADWAY**

- On Roadway
- Parking Lot or Private Property
- Shoulder (Other Than Shoulder within Median or Gore)
- Median (Other Than Median within Gore)
- Outside Shoulder-Left
- Outside Shoulder-Right
- Off Roadway-Location Unknown
- On Ramp
- Gore (Area between Ramp & Highway)
- Unknown

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

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

# Officer's Opinion of Possible Contributing Circumstances

**Officer 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 Wallich First Dennis W. MI

Law Enforcement Agency Address  
749 W. State St.

City & State Milwaukee WI ZIP 53233

Phone Number (414) 933-4444

Agency # 1-8 Enforcement Agency Milwaukee P.D. Officer ID # 55088

**Date Notified**

MONTH	DAY	YEAR
Jan	1	01
Feb		
Mar	6	01
Apr		
May	2	01
June	3	01
July	4	01
Aug	5	01
Sept	6	01
Oct	7	01
Nov	8	01
Dec	9	01

**Time Notified (Military Time)**

HOUR	MIN
1	05
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Time Arrived (Military Time)**

HOUR	MIN
1	00
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**Date of Report**

MONTH	DAY	YEAR
Jan	1	2001
Feb		
Mar	6	01
Apr	1	01
May	2	01
June	3	01
July	4	01
Aug	5	01
Sept	6	01
Oct	7	01
Nov	8	01
Dec	9	01

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

**Part A**

Did the accident involve: ...

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**

Hazardous Material Class Numbers (1-2digit):

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:  LC

ICC MC:  IC

Carrier Address:

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

**Vehicle Information**

Gross Vehicle Weight Rating:  LBS

Total # of Axles:

**Vehicle Configuration**

① Single unit truck + 3 axles  ② Track Tractor  ③ Tractor Doubles  ④ Unknown Heavy Truck

⑤ Single unit truck, 2 axles, 6 tires  ⑥ Truck Trailer  ⑦ Tractor Semi-Trailer  ⑧ Tractor Triples  ⑨ Log Truck

**SEQUENCE OF EVENTS FOR THIS VEHICLE**

① ② ③ ④ Ran off Road

① ② ③ ④ Jackknife

① ② ③ ④ Overturn (Rollover)

① ② ③ ④ Downhill Runaway

① ② ③ ④ Cargo Loss or Shift

① ② ③ ④ Explosion or Fire

① ② ③ ④ Separation of Units

① ② ③ ④ Collision Involving Pedestrian

① ② ③ ④ Collision Involving Motor Vehicle in Transp.

① ② ③ ④ Collision Involving Parked Motor Vehicle

① ② ③ ④ Collision Involving Train

① ② ③ ④ Collision Involving Pedalcycle

① ② ③ ④ Collision Involving Animal

① ② ③ ④ Collision Involving Fixed Object

① ② ③ ④ Collision Involving Other Object

① ② ③ ④ Other

**Cargo Body Type**

① Bus  ② Concrete Mixer  ③ Van/Enclosed box  ④ Cargo Tank  ⑤ Flatbed  ⑥ Dump

⑦ Other

⑧ Other

⑨ Other

⑩ Other

⑪ Other

⑫ Other

⑬ Other

⑭ Other

⑮ Other

⑯ Other

⑰ Other

⑱ Other

⑲ Other

⑳ Other

㉑ Other

㉒ Other

㉓ Other

㉔ Other

㉕ Other

㉖ Other

㉗ Other

㉘ Other

㉙ Other

㉚ Other

㉛ Other

㉜ Other

㉝ Other

㉞ Other

㉟ Other

㊱ Other

㊲ Other

㊳ Other

㊴ Other

㊵ Other

㊶ Other

㊷ Other

㊸ Other

㊹ Other

㊺ Other

㊻ Other

㊼ Other

㊽ Other

㊾ Other

㊿ Other

OCT 16 2001

General Casualty  
Brookfield, Wisconsin

Printed in U.S.A. GS03 694521 Mark Fidelity by MCS 11/07 116-3



I was driving south, on  
S. CLEMENT ST. There was construction  
going on, and half of the street  
was blocked off because of it.

As a result, both lanes of  
traffic were forced onto one side  
of the street. I had to drive in  
the lane closest to the curb.

I was about 18" from the curb, and  
12' to 18' from the cones separating  
the lanes of traffic. I was going  
20-25 MPH because of the narrow  
lane, and watching out for the  
oncoming traffic, when I heard the  
crunch!



(2)



I hit the brakes  
at once. I got out of the cab,  
and saw the box of the truck  
had been torn apart by a  
large tree limb overhanging  
the street.

There was a tree  
growing right next to the curb.  
A large limb of the tree  
(ABOUT 20"-30" IN DIAMETER) had  
grown 4 to 5 feet into the street,  
about 12½'-13' above the ground.  
The height of the box on my truck  
was 13'4".





③



There were no warnings on the road what-so-ever about anything dangerous ahead.

A lady from across the street (PATRICIA McKINNON - 1201 E. NORWICH AVE.

#12-414-483-4284) told me I was the fourth or fifth truck to hit that limb. The cop that came said the whole tree should have been cut down long ago.

About an hour and a half later, right after the lunch hour, about 10 people from the "City of Milwaukee - Forestry Dept." showed up

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4)

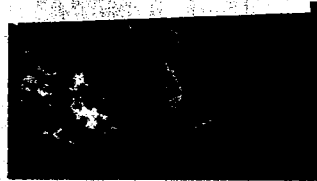


and cut off all the  
limbs of that tree on the street  
side. I was sitting by my  
truck waiting for the tow truck,  
and watched. Keith Master

I have one question. Why did the  
City show up so fast and cut the  
limbs off that tree? If a regular  
person calls the City for help with  
something it takes weeks for  
anything to happen.

Keith Master

Keith Master  
8050 W Grantosa Dr.  
Milwaukee, WI 53218



**PROOF OF LOSS  
(Automobile)**

general casualty

Claim No. 094-01-40258

Policy No. CBA 0073067

Insured NASSCO INC

Automobile Make INTERNATIONAL Year 2002 Body Style 24' VAN BOX

Identification Number 1HTMKDAUB2H519426 STRAIGHT TRUCK

A loss occurred on the 11<sup>th</sup> day of OCTOBER 2001, and the automobile and equipment thereby damaged belonged to the undersigned. No one else had an interest therein, except \_\_\_\_\_ loss payee/mortgagee.

Type of loss: \$ ~~10000~~ Ded. Collision 1000<sup>00</sup> Ded. Comprehensive

There was no other insurance on said automobile except as follows: \_\_\_\_\_

Total amount of loss 12,042<sup>22</sup> LESS 1000<sup>00</sup> PD

Total amount claimed 11,042<sup>22</sup>

The undersigned authorizes payment to NASSCO Inc in the sum of \$ 11042<sup>22</sup>  
5365 S. HOOVERLAND ROAD NEW BRUNSWICK NJ 08901

That said loss did not originate by any act, design or procurement on \_\_\_\_\_ part, nor on the part of any one having any interest in the property insured, or in the said policy of insurance nor in consequence of any fraud or evil practice done and that no property saved has been in any manner concealed.

WITNESS \_\_\_\_\_ hand(s) at \_\_\_\_\_ this 11<sup>th</sup> day of OCTOBER 2001

WITNESS \_\_\_\_\_  
Thomas C. Hahn Insured  
\_\_\_\_\_  
Loss Payee/Mortgagee  
(If Any)

**RELEASE — SUBROGATION RECEIPT**

Received of the GENERAL CASUALTY CO this \_\_\_\_\_ day of \_\_\_\_\_, 2001  
the sum of ELEVENTH THOUSAND FORTY TWO 22 dollars in full payment and satisfaction of all claims for loss or damage by the undersigned which occurred on the 11<sup>th</sup> day of OCTOBER 2001

The said Company is hereby released from all liability on account of said loss or damage and is hereby subrogated to all rights of recovery which the subscriber may have or ought to have against any other person or persons on account of said loss or damage, and the subscriber agrees to execute any documents required by the Company in the prosecution of said rights.

The undersigned warrants no settlement has been made by the undersigned with any party, person, persons or corporation against whom a claim may lie and no release given to anyone responsible for the loss, and that no such settlement will be made nor release given by the undersigned without the written consent of said company.

WITNESS: \_\_\_\_\_  
Thomas C. Hahn (Insured)

General Casualty

Claims

# Appraiser's Report

Reference Claim number | 1094-01-40238 | Date | 11-15-01 | Insured | MASSCO INC

Claimant | | Type of loss | Compressive | Date of loss | 10-11-01

adjustment Repair price agreed  Yes  No | \$ 18042<sup>72</sup>

Total loss settlement | \$

Less deductible | \$ -1000<sup>00</sup>

Betterment | \$

Appearance allowance | \$

Additional charges | \$

Net loss | \$ 11042<sup>72</sup>

Draft issued  Yes  No | Draft number |

Location of inspection | BURBESS TRUCK & CAR CENTER | W COLYBORN

Date assigned | 10-12-01 | Date of contact | 10-12-01 | Inspection date | 10-15-01

Remarks | DAMAGE ESTIMATE

| SIGNS FROM LOSS - Please Pay **(I)**

| ~~RENTAL~~ RENTAL BILLS - Please Includes IN  
| SUBS

Signature Appraiser | PATRICK | Date | 11-15-01

Date: 11/15/01 12:19 PM  
 Estimate ID: 0940140238  
 Estimate Version: 0  
 Committed  
 Profile ID: CUSTOMIZED

GENERAL CASUALTY INSURANCE  
 P.O. BOX 669 BROOKFIELD, WI 53008-0669  
 (262) 787-6321  
 Fax: (262) 896-0785

Damage Assessed By: PAT ROHDE

Type of Loss: Comprehensive  
 Date of Loss: 10/11/01  
 Deductible: 1,000.00  
 Claim Number: 0940140238

Owner: NASSCO INC.  
 Address: 5365 S. MOORLAND ROAD NEW BERLIN, WI 53151  
 Telephone: Work Phone: (414) 422-9960

Mitchell Service: 911000

Description: 01 INTERNATIONAL 4400 BOX TRUCK  
 VIN: 1HTMKAA82H519428  
 Mileage: 4,210  
 OEM/ALT: A  
 Color: WHITE

License: HD:9649 WI

Search Code: GN094

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	900500	MCH*	REMOVE/REPLACE	EXHAUST STACK & CONNECTER PIPE			
2	900500	MCH*	REMOVE/REPLACE	EXHAUST HEAT SHIELD	New	199.93*	0.3*
3	900500	MCH*	REMOVE/REPLACE	TOP EXHAUST TURN OUT PIPE			
4	900500	MCH*	REMOVE/REPLACE	LOWER EXHAUST CLAMPS	New	46.03*	0.0*
5	900500	MCH*	ADD'L LABOR OP	REMOVE REAR DOOR & DAMAGE			
6				MAKE UNIT READY TO TRANSPORT TO MARION BODY CO.			
7	900500	BDY*	REMOVE/REPLACE	24' DV-FRP-92 VAN BODY	Sublet	10,248.00*	0.0*
8	900500	BDY*	REMOVE/REPLACE	RELETTOR R & L SIDES OF BOX	Sublet	450.00*	0.0*
9	936001		ADD'L COST	TOWING		345.00*	
10	936007		ADD'L COST	SHOP MATERIALS		125.00*	
11				MISC TO READY UNIT FOR TRANSPORT			

\* - Judgement Item

Remarks

TOWING & MECHANICAL REPAIRS BY BURGESS CAR & TRUCK SERVICE CENTER  
 2440 W. CLYBOURN MILWAUKEE WI 53233 (414-931-9300) VAN BODY REPLACED  
 BY MARION BODY ORKS, INC. 211 W. RANDELL ST. MARION W. 54050  
 (715-754-5261)

ESTIMATE RECALL NUMBER: 11/15/01 12:19:15 0940140238

Mitchell Data Version: NOV\_01\_A  
 UltraMate Version: 4.7.007

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I. Labor Subtotals		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary		Amount
Mechanical		5.8	68.00	0.00	0.00	394.40 T	Taxable Parts		409.05
							Sales Tax @ 5.600%		22.91
Taxable Labor						394.40	Non-Taxable Parts		10,698.00
Labor Tax @ 5.600 %						22.09	Total Replacement Parts Amount		11,129.96
Labor Summary		5.8				416.49			
III. Additional Costs						Amount	IV. Adjustments		Amount
Taxable Costs						470.00	Insurance Deductible		1,000.00-
Sales Tax @ 5.600%						26.32	Customer Responsibility		1,000.00-
Total Additional Costs						496.32			
							I. Total Labor:	416.49	
							II. Total Replacement Parts:	11,129.96	
							III. Total Additional Costs:	496.32	
							Gross Total:	12,042.77	
							IV. Total Adjustments:	1,000.00-	
							Net Total:	11,042.77	

Point(s) of Impact  
 3 Right Side (P)

\*\*\*\*\* THIS IS NOT A REPAIR AUTHORIZATION \*\*\*\*\*

\*\*\*\*\* AUTHORIZATION MUST BE OBTAINED FROM OWNER OF VEHICLE \*\*\*\*\*  
 NO SUPPLEMENTS WITHOUT PRIOR APPROVAL/REINSPECTION MAY BE NECESSARY

OEM REPLACEMENT PARTS ARE AVAILABLE AT MANUFACTURER SUGGESTED RETAIL  
 PART PRICES IN EXCESS OF SUGGESTED RETAIL WILL NOT BE HONORED.

XXCD

REF # BDF147  
CHECK/DRAFT REVIEW

general casualty  
AM [REDACTED] 042.77  
CHECK OR DRAFT C

PAY NASSCO INC AND EUGENE J AND JEAN K MELZER ATIMA  
TO 5365 S MOORLAND RD  
NEW BERLIN WI

DATE 11/20/2001  
CLAIM NUMBER  
094000940140238  
POLICY NUMBER  
CBA 0073067 31 10

53151

FOR OTHER THAN COLL - COMPREHENSIVE  
PER APPRAISAL LESS 1000 DEDUCTIBLE.....

INSURED NASSCO INC AND EUGENE J AND  
CLAIMANT NASSCO INC AND EUGENE J AND

DOL CLMT  
10/11/2001 001

ATTACHMENT Y/N N  
NOTES

AGENT R&R INS SERVICES INC  
1581 E RACINE AVE  
PO BOX 1610

WAUKESHA WI 53187

MAIL NASSCO INC AND EUGENE J AND  
TO JEAN K MELZER ATIMA  
5365 S MOORLAND RD  
NEW BERLIN WI 53151

EXP  
ADJ  
105

5GENHLP

10UPDATE

5635 S. Moorland Rd. New Berlin, WI 414-422-9960



# Fax

**To:** General Casualty / Attn: Terri      **From:** Tom Haber

---

**Fax:** 262-787-6223      **Pages:** 1

---

**Phone:** [\[Click here and type phone number\]](#)      **Date:** 11/19/2001

---

**Re:** Nassco claim      **CC:**

Urgent     For Review     Please Comment     Please Reply     Please Recycle

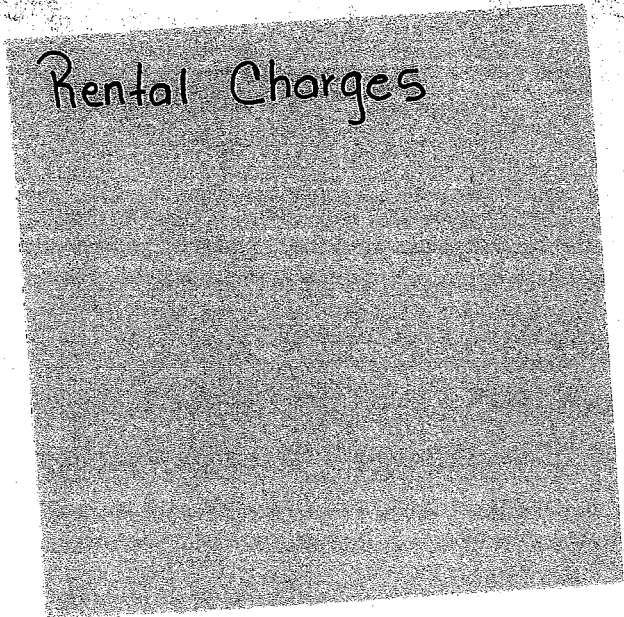
Pat Rohde said we could include our rental truck charges with the complete package to see if we could be reimbursed as we feel the accident was not our fault.

Pat was given a previous Ryder rental bill that should be included with this one.

Please contact me if you have any questions

Thanks,

Tom Haber  
 Director of Logistics  
 Nassco, Inc.





NASSCO, INC  
November 15, 2001

Page 3  
Invoice 224231  
District 3071

## 00475413 Agreement number, rental



Reference	Fixed rental charges
Vehicle number: 331764	3 days @ 50.00 \$150.00
Vehicle description: 24' Diesel Light Duty Van	
Driver: Roger Palmer	
Rental location: MILWAUKEE, WI.	
Date rented: 11/07/01, 09:13	
Date returned: 11/09/01, 15:10	
Days used: 3	
Period billed: 11/07/01-11/09/01	
Final #001	

W/O Physical Damage Cov W/O Liability Cov W/O PAI/Cargo

### Mileage charges

Ending odometer	56551	
Beginning odometer	56193	
Miles run	358	
Rate per mile	x \$ 1.000	
<b>Total mileage charge</b>	<b>\$35.80</b>	<b>\$35.80</b>

### Fuel charges

Date	Ticket number	Location (R. Ryder O-Outside)	Odometer reading	Quantity	Cost per*	Fuel type	Tax	Fuel charge (Qty x Cost)
11/09/01	8703607	R MILWAUKEE, WI.	056551	25	1.7324	D		43.31
<b>Total fuel charge (*includes applicable State excise tax)</b>				<b>25</b>	<b>1.7324</b>		<b>.00</b>	<b>\$43.31</b>

### Taxes

Tax, 5.6 %	10.40
<b>Total taxes</b>	<b>\$10.40</b>
<b>Total charge</b>	<b>\$239.51</b>

**Thank you for doing business with Ryder!**



# Remittance Page

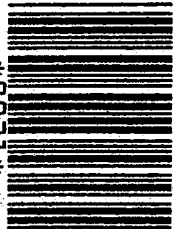
November 9, 2001

3071

NASSCO, INC  
MR TOM HAVEN  
5365 S. MORELAND ROAD  
NEW BERLIN, WI. 53151

Invoice number: 223840  
Customer number: 0207-299195  
District number: 3071  
WISCONSIN

Ryder's Serious  
Summer Savings  
Great Values on  
Quality Used Trucks



Payment due 11/19/01

INVOICE DATE	DUE DATE	AMOUNT DUE
11-09-01	11-19-01	\$172.79
INVOICE NUMBER		CUSTOMER NUMBER
223840		0207-299195

REMIT TO:  
(Please enclose entire page with remittance)

IF YOUR ADDRESS OR PHONE NUMBER HAS CHANGED,  
PLEASE CHECK BOX AND WRITE CHANGES BELOW.

Ryder Transportation Services  
P. O. Box 96723  
Chicago, IL. 60693  
Phone: 800-947-9337

NASSCO, INC  
MR TOM HAVEN  
5365 S. MORELAND ROAD  
NEW BERLIN, WI. 53151

## Comments

OK to pay  
*[Signature]*  
11/13/01

NOV 14 2001



# Invoice

November 9, 2001

Page 1

3071  
NASSCO, INC  
MR TOM HAVEN  
5365 S. MORELAND ROAD  
NEW BERLIN, WI. 53151

Invoice number: 223840  
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Ryder's Serious  
Summer Savings  
Great Values on  
Quality Used Trucks

**Payment due 11/19/01**

Remit to:  
Ryder Transportation Services  
P. O. Box 96723  
Chicago, IL. 60693  
Phone: 800-947-9337

Please indicate the invoice number 223840 on your remittance

**Total due \$172.79**

## Summary of charges

	Vehicle/Agreement	Fixed Rental	Variable	Fuel	Tax	Total
<b>Rental</b>	331759/00474618	50.00	18.90	16.01	3.86	88.77
<b>Agreements</b>	336425/00474751	50.00	14.40	16.01	3.61	84.02
<b>Agreements total</b>		100.00	33.30	32.02	7.47	172.79
<b>Total charges</b>		100.00	33.30	32.02	7.47	\$172.79

## News from Ryder

Ryder reports monthly to Dun & Bradstreet, Seafax and Experian. Thank you for your business.

**00474618 Agreement number, rental**



**Reference**

Vehicle number: 331759  
 Vehicle description: 24' Diesel Light Duty Van  
 Ordered by: Chuck  
 Driver: Roger E. Palmer  
 Rental location: MILWAUKEE, WI.  
 Date rented: 10/29/01, 07:34  
 Date returned: 10/30/01, 07:26  
 Days used: 1  
 Period billed: 10/29/01-10/30/01  
 Final #001

**Fixed rental charges**

1 day @ 50.00 \$50.00

W/O Physical Damage Cov W/O Liability Cov W/O PAI/Cargo

**Mileage charges**

Ending odometer 64289  
 Beginning odometer - 64100  
 Miles run 189  
 Rate per mile x \$ 1.000  
 Total mileage charge \$18.90

\$18.90

**Fuel charges**

Date	Ticket number	Location (R-Ryder, O-Outside)	Odometer reading	Quantity	Cost per	Fuel type	Tax	Fuel charge (Qty x Cost)
10/31/01	8703325	R MILWAUKEE, WI	064289	9	1.7789	D		16.01
Total fuel charge (*includes applicable State excise tax)				9	1.7789		.00	\$16.01

**Taxes**

Tax, 5.6 % 3.86  
 Total taxes \$3.86  
 Total charge \$88.77

**00474751 Agreement number, rental**



**Reference**

Vehicle number: 336425  
 Vehicle description: 24' Diesel Light Duty Van  
 Ordered by: Chuck  
 Driver: Michael Linnan  
 Rental location: MILWAUKEE, WI.  
 Date rented: 10/30/01, 09:30  
 Date returned: 10/30/01, 15:13

**Fixed rental charges**

1 day @ 50.00 \$50.00