

Managing Attorney:
Carmelo A. Puglisi

Fred A. Eckl
Terrence R. Berres
Mark D. Koss
Richard L. Zaffiro
Michael F. Flaherty
Elizabeth A. Kocol
William J. Corrigan
Eric A. Love

AMERICAN FAMILY INSURANCE GROUP

REGIONAL LEGAL DEPARTMENT - MILWAUKEE OFFICE
440 SOUTH EXECUTIVE DRIVE, BROOKFIELD, WI 53005-4280

MAILING ADDRESS: PO BOX 2927, MILWAUKEE, WI 53201-2927

TELEPHONE: 262-784-2933, Ext. 48534
FAX: 262-784-9117

Mary L. McDaniel
Robert W. Zillmer, Jr.
D. Sean O'Lochlayne
Randall R. Guse
Brian R. Kessler
Bryce H. Tolefrec

Paralegals:
Anne E. Atherton
Anthony Burns
Jaimie M. Mitchell
Stephanie R. Frohmader

April 15, 2004

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

2004 APR 20 AM 10:28
CITY OF MILWAUKEE
RONALD P. LEONARDI
CITY CLERK

Re: Brian Peksa v City of Milwaukee
C.I.File No: 04 V 32
Our File No: 00-651-329654-88

To Whom It May Concern:

The claimant respectfully appeals and requests a hearing on this matter.

Please contact me as to when the hearing will take place.

Very truly yours,



MICHAEL F. FLAHERTY
Ext. 48534
mflahert@amfam.com

MFF/mff

cc: Mr. Grant F. Langley
Mr. Robert M. Overholt

2004 APR 20 PM 4:25
CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY



AMERICAN FAMILY INSURANCE GROUP

440 S EXECUTIVE DR • BROOKFIELD WI 53005-4280 • PHONE: (262) 784-9100; (800) 374-1111 • EXT.

Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

February 26, 2004

City of Milwaukee
220 E. Wells Street, Room 205
Milwaukee, WI 53202

RE: Our File No.: 00-651-329654-6940
Our Insured: Tracie & Brian Peksa
Date of Loss: September 23, 2003
Amt. of Loss: \$2,262.35

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to an accident that occurred on September 23, 2003, involving a vehicle owned by American Family Insurance Company's insured, Tracie & Brian Peksa, and a TRACIE & BRIAN PEKSA. The accident occurred at W. Lisbon Avenue & N 48th Street, Milwaukee, Wisconsin.

As a result of the negligence of the operator of the Tracie & Brian Peksa, the vehicle insured by American Family Mutual Insurance Company was damaged in the reasonable and necessary sum of \$2,262.35.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$2,012.35 and the insured incurred a deductible loss of \$250.00.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of \$2,262.35.

Respectfully,

Laura Kloth

LAURA KLOTH, AIC
Subrogation Examiner
(262) 784-2933, Ext. 48506 / Fax (262) 784-9124
(800) 374-1111, Ext. 48506
lkloth@amfam.com

lk

RECEIVED
CITY OF MILWAUKEE
04 FEB 27 PM 3:19
CITY OF MILWAUKEE

February 26, 2004

NOTICE OF CLAIM

Name: American Family Mutual Insurance Company
P. O. Box 2927
Milwaukee, WI 53201-2927

Date of Accident/Loss: September 23, 2003

Brief Facts of Accident/Loss: A vehicle being operated by Brain Peksa was westbound in Lisbon Avenue in the right lane. A vehicle owned by the City of Milwaukee Police Department, and being operated by Officer Paula Tatman, was westbound on Lisbon Avenue in the left lane. A Milwaukee County Sheriff's Department vehicle was eastbound on Lisbon Avenue with its lights and siren on. Officer Tatman swerved into the right lane directly in front of the Peksa vehicle. The Peksa vehicle swerved to the right to avoid striking the police officer's vehicle and struck a tree.

Amount Claimed: \$2,262.35

Signature:



Daytime Telephone No.: 784-2933 Ext. 48506

Date: February 26, 2004

STATE OF WISCONSIN)
)SS
COUNTY OF MILWAUKEE)

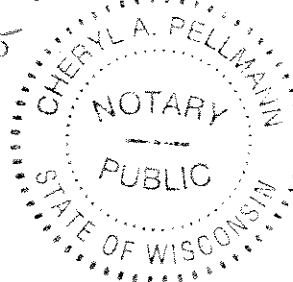
I, Laura A Kloth, being duly sworn on oath, deposes and states that she/he is a employed with American Family Mutual Insurance Company, that I have been involved in the investigation of the afore-described claim, that I have reviewed the foregoing Notice of Claim and am familiar with the factual averments contained therein, and that all such statements and averments are true and correct to the best of my knowledge and information based upon my investigation and adjustment of the claim referenced above.

Dated this 26 day of February, 2004

Laura A Kloth
Laura A Kloth
Signature of Affiant

Personally appears before me this 26 day of February, 2004, the above administration of oath executed the foregoing instrument and acknowledged the truth and accuracy of the same.

Ceryl A. Pellmann
Notary Public, State of Wisconsin
My Commission: 7-17-2005



Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	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	EJECTED		TRAPPED/ EXTRICATED		Medical Transport		Agency Space		
Yes	1 Not Applicable		3 Totally Ejected		1 Trapped/Extricated		Y		
No	2 Not Ejected		4 Partially Ejected		2 Trapped/Not Extricated		N		
	3 Not Ejected		5 Unknown		3 Not Trapped		M		

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	Parted 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	Convent	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

Driver Factors (Or Pedestrians)

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

Presence

Neither Alcohol nor Drugs Present

5	Yes—Alcohol Present	5
6	Yes—Drugs Present	6
7	Yes—Alcohol & Drugs Present	7
8	Unknown	8

Alcohol

AC Value	AC Value

Test Not Given

9	Test Refused	9
10	Test Given, Alcohol Unknown	10
11	Test Given, No Alcohol Reported	11

Drugs

Test Not Given

12	Test Refused	12
13	Test Given, Drugs Unknown	13
14	Test Given, No Drugs Reported	14
15	Drugs Reported (Specify Below)	15

16	Marijuana	16
17	Cocaine	17
18	Opiates	18
19	Amphetamines	19
20	PCP	20
21	Other Drug Medication	21
22	Type Unknown	22

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 Daring into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

No Collision with Motor Vehicle in Transport

1	Rear-end	1
2	Head On	2
3	Rear to Rear	3
4	Angle	4
5	Sideswipe, Same Direction	5
6	Sideswipe, Opposite Direction	6
7	Unknown	7

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

Darken Numbered Area(s) of Vehicle Damage

None

10	Undercarriage	10
11	Total (Damage to All Areas)	11
12	Other	12
13	Unknown	13

Extent of Damage

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

Moderate

Vehicle Insured Due to Damage:

Vehicle Removed By: **DRIVER**

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

Darken Numbered Area(s) of Vehicle Damage

None

10	Undercarriage	10
11	Total (Damage to All Areas)	11
12	Other	12
13	Unknown	13

Extent of Damage

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

Moderate

Fixed Object Struck

1	2	3	4
---	---	---	---

Govt. Damage Tag #

PROPERTY OWNER: **City of Milwaukee**

ADDRESS: **200 E Wells St**

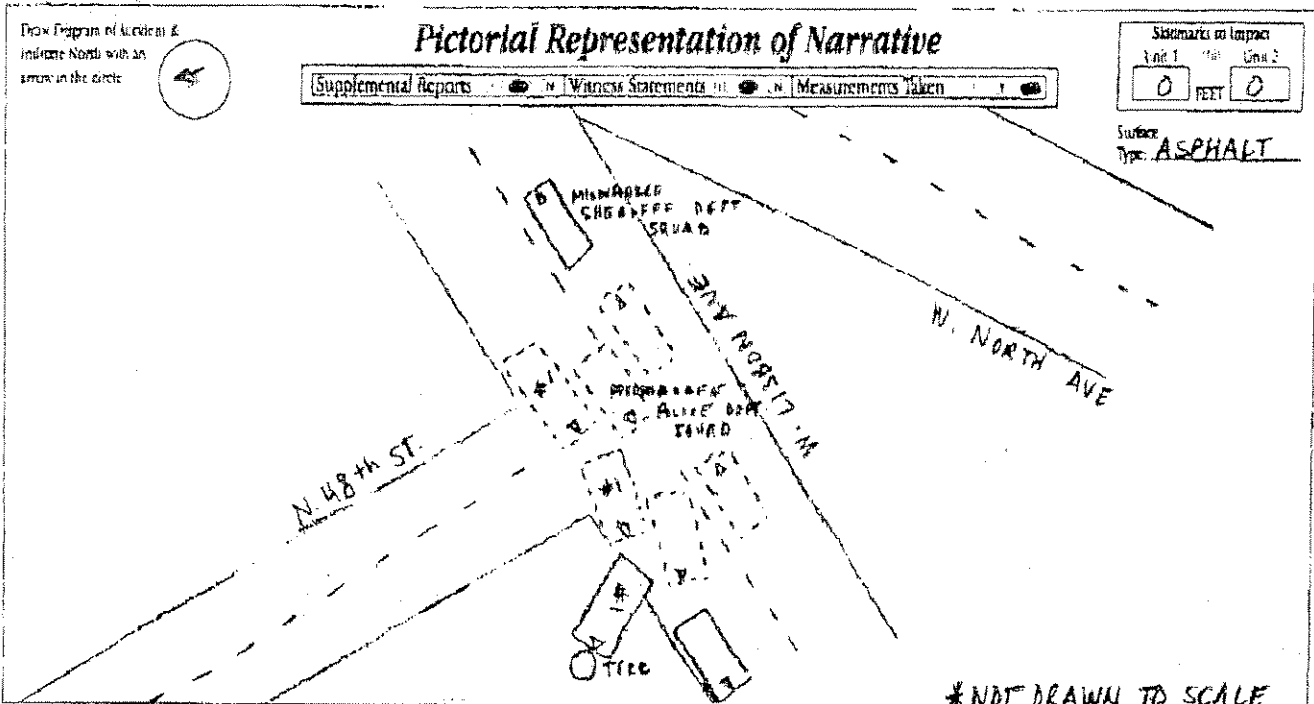
City & State: **Milwaukee WI** ZIP: **53223** Phone Number: **414 280-2150**

Vehicle Towed Due to Damage:

Vehicle Removed By:

SEP 24 2003

651-329654



N UNIT #1 WAS TRAVELLING W/B ON W LISBON AVE. A MARKED SHERIFF'S DEPT SQUAD WAS TRAVELLING E/B ON W LISBON AVE OPERATING IN EMERGENCY CAPACITY WITH THE LIGHTS AND SIREN ON. A MARKED MILWAUKEE POLICE DEPT SQUAD CAR WAS TRAVELLING W/B ON W LISBON AVE IN THE LEFT LANE. THE POLICE SQUAD PULLED TO THE RIGHT TO YIELD TO THE SHERIFF'S DEPT VEHICLE. UNIT #1 SWERVED TO AVOID COLLISION WITH THE POLICE SQUAD AND STRUCK A TREE.

I FIELD 122 OTHER FOR UNIT ONE MEANS THE EQUIPMENT STATE ROUTE 2009. REQUIRED JOURNALS TO PUT THEIR VEHICLE IMMEDIATELY TO THE RIGHT (STOP FOR EMERGENCY).

Photos By: NONE

What Drivers Were Doing	
Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20

WITNESS: MALED, CARY V

ADDRESS: 930 E. HOLT

City & State: MILWAUKEE, WI 53207

Date of Birth: 07-12-77

Phone Number: (414) 744-9974

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

1. Level/Flat

2. 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 Guard)

4. Median (Other Than Median within Lane)

5. Outside Shoulder - Left

6. Outside Shoulder - Right

7. Off Roadway - Location Unknown

8. On Ramp

9. On Ramp

10. Unknown

Traffic Control	
Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

651-329654

7800189

Document Number Override

Officer's Opinion of Possible Contributing Circumstances

Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10 N/A	1 2 3 4 5 6 7 8 9 10 N/A
<input type="checkbox"/> Exceeding Speed Limit	<input type="checkbox"/> 11
<input type="checkbox"/> Speed Too Fast/Condition	<input type="checkbox"/> 12
<input type="checkbox"/> Fail to Yield Right of Way	<input type="checkbox"/> 13
<input type="checkbox"/> Inattentive Driving	<input type="checkbox"/> 14
<input type="checkbox"/> Following Too Close	<input type="checkbox"/> 15
<input type="checkbox"/> Improper Turn	<input type="checkbox"/> 16
<input type="checkbox"/> Left of Center	<input type="checkbox"/> 17
<input type="checkbox"/> Disregarded Traffic Control	<input type="checkbox"/> 18
<input type="checkbox"/> Improper Overtaking	<input type="checkbox"/> 19
<input type="checkbox"/> Unsafe Backing	<input type="checkbox"/> 20
<input type="checkbox"/> Failure to Have Control	<input type="checkbox"/> 21
<input type="checkbox"/> Driver Condition	<input type="checkbox"/> 22
<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> 23
<input type="checkbox"/> Other	<input type="checkbox"/> 24

Vehicle Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10 N/A	1 2 3 4 5 6 7 8 9 10 N/A
<input type="checkbox"/> Brake System	<input type="checkbox"/> 1
<input type="checkbox"/> Tires	<input type="checkbox"/> 2
<input type="checkbox"/> Steering System	<input type="checkbox"/> 3
<input type="checkbox"/> Turn Signals	<input type="checkbox"/> 4
<input type="checkbox"/> Head Lamps	<input type="checkbox"/> 5
<input type="checkbox"/> Stop Lamps	<input type="checkbox"/> 6
<input type="checkbox"/> Tail Lamps	<input type="checkbox"/> 7
<input type="checkbox"/> Disabled in Prior Accident	<input type="checkbox"/> 8
<input type="checkbox"/> Other Disabled	<input type="checkbox"/> 9
<input type="checkbox"/> Mirrors	<input type="checkbox"/> 10
<input type="checkbox"/> Suspension System	<input type="checkbox"/> 11
<input type="checkbox"/> Other	<input type="checkbox"/> 12

Highway Factors

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

OFFICER INFORMATION

Last	First	M.I.
MELK	RAENA	M
Law Enforcement Agency Address		
12749 W. STATE ST.		
City & State ZIP		
MILWAUKEE, WI 53233		
Phone Number		
(414) 784 9357 ext 6		
Agency #	Enforcement Agency	Officer ID #
37	MILWAUKEE P.D.	09435

Date Notified

MONTH	DAY	YEAR
Jan	23	03
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time Notified (Military Time)

HOUR	MIN.
16	12

Time Arrived (Military Time)

HOUR	MIN.
16	18

Date of Report

MONTH	DAY	YEAR
Jan	23	03
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

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

Carrier Identification Numbers

Source: Vehicle Side Shipping Papers Trip Manifest Driver Log Book

Interstate Carrier? YES NO

Carrier Name: 140

Carrier Address: 141

Vehicle Information

Gross Vehicle Weight Rating: 142

Vehicle Configuration: 1 2 3 4 5 6 7 8 9 10

SEQUENCE OF EVENTS FOR THIS VEHICLE

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Ran off Road	<input type="checkbox"/> Collision Involving Motor Vehicle in Transp.	<input type="checkbox"/> Collision Involving Parked Motor Vehicle	<input type="checkbox"/> Collision Involving Train	<input type="checkbox"/> Collision Involving Motorcycle	<input type="checkbox"/> Collision Involving Animal	<input type="checkbox"/> Collision Involving Fixed Object	<input type="checkbox"/> Collision Involving Other Object	<input type="checkbox"/> Collision Involving Pedestrian	<input type="checkbox"/> Other
<input type="checkbox"/> Jackknife	<input type="checkbox"/> Overturn (Rollover)	<input type="checkbox"/> Downhill Runaway	<input type="checkbox"/> Cargo Loss or Shift	<input type="checkbox"/> Separation of Tire	<input type="checkbox"/> Separation of Units	<input type="checkbox"/> Collision Involving Pedestrian	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Cargo Body Type: 1 2 3 4 5 6 7 8 9 10

000 9 / 2003 # 651-329654

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 09-23-03	INCIDENT/ACCIDENT # 7800189
INCIDENT INFORMATION	INCIDENT PDD Accident		DATE OF INCIDENT/ACCIDENT 09-23-03		
	VICTIM		LOCATION OF INCIDENT/ACCIDENT 4600 W. Lisbon Ave.	DIST. # 3	
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
<p> This report was written by P.O. Raena MELK assigned to District Three, Avenues West, Early Shift. On Tuesday, 09-23-03 at 4:12 p.m., I, Squad 333 Early, was dispatched to a PDD accident at W. Lisbon Ave. and N. 48th St. Upon arrival I spoke to Brian A. PEKSA, w/m, 03-20-71, of 3876 N. 86th St., Milwaukee, WI 53222, 461-3895, who stated the following. On today's date at approximately 3:55 p.m. he was travelling W/B in the right lane on W. Lisbon Ave. on the 4700 block. PEKSA observed a marked Milwaukee Co. Sheriff Dept. squad car travelling E/B on W. Lisbon Ave. with the lights and siren on. PEKSA began to slow down to yield to the vehicle. PEKSA observed a marked Milwaukee Police Dept. travelling W/B in the right lane on W. Lisbon Ave. The police squad quickly turned into the right lane and pulled to the right side of the road to yield to the Sheriff Department vehicle. To avoid striking the police squad PEKSA swerved to the right and ran off the roadway onto the median. PEKSA struck a tree in the median. I spoke to Police Officer Paula TATMAN, 749 W. State St., 935-7886, who stated the following. On today's date TATMAN was Squad 334 Days (TATMAN was operating a marked police squad). At 3:56 p.m. TATMAN was travelling W/B in the left lane on the 4700 block of W. Lisbon Ave. TATMAN observed a marked Milwaukee County Sheriff's Dept. squad car with the lights and siren on travelling E/B on W. Lisbon Ave. TATMAN states she pulled to the right to yield to the emergency vehicle. TATMAN states she heard a car hit something, looked back, and saw that a vehicle had hit a tree. I spoke to a witness to the accident, Cary V. MALEU, W/M, 07-12-77, of 9630 E. Holt, Milwaukee, WI 53207, 744-9974, who stated the following. He was travelling W/B on W. Lisbon Ave. two cars behind the vehicle driven by PEKSA. MALEU observed the Sheriff's vehicle travelling E/B on W. Lisbon Ave. The police vehicle swerved in front of PEKSA to yield to the Sheriff's vehicle and PEKSA swerved into the tree to avoid being hit by the police squad car. I observed moderate front end damage to PEKSA'S vehicle, a 1994 Buick Regal 4dr bearing WI plates "U1905T" and that the vehicle had a flat front driver's side tire. I observed ruts in the grass on the median leading to the tree that PESKA struck and that the tree had scraping on it consistent with having been struck by PESKA'S vehicle. PESKA removed the vehicle from the scene. Refer to accident #7800189 for further information. </p>					
REPORTING OFFICER P.O. Raena M. Melk MCCC 69435 37 Payroll Loc Code			SUPERVISORS SIGNATURE G. Anthony T. Smith		

Clm # 651-329654

DRAFT RECORD DISPLAY

DRAFT 0065857462 CLAIM 00-651-329654 POLICY 04-503901-01 ISSUED ACTIVITY
PAYEE: PEKSA, TRACIE & BRIAN 10/06/2003 10/22/2003
IN PAYMENT OF: COLLISION LOSS OCCURRING 09/23/2003 250 DEDUCTIBLE APPLIED

MAILED TO: PEKSA, TRACIE & BRIAN
3876 N 86TH ST

SERIES:
PAGE:

MILWAUKEE WI 53222

COMMENTS: RSR

STATUS: 05 RECONCILED DRAFT TYPE: 01 CLAIMANT LOSS

ID PERIL

AMOUNT

00 025

2,012.35

TOTAL: 2,012.35

TIN:

TIN WITHHOLDING: 0.00

TYPE:

HANDLING:

DRAFT PAYMENT: \$2,012.35

OPT -- POL -- ----- -- CLM -- ----- DRFT -----

Estimate

Date: 10/ 6/2003 4:57:25 pm
 Estimate ID: 00651329654-0
 Estimate Version: 0
 Committed
 Profile ID: 5.6 TAX

AMERICAN FAMILY INSURANCE
 7373 W. POND DU LAC AVENUE MILWAUKEE, WI 53218
 (414) 464-3350
 Fax: (414) 464-2121

Damage Assessed By JOHN FLEMING
 Inside Rep: KAYLA LOR 262-784-2933 X48213

Condition Code: Type of Loss: Collision
 Date of Loss: 9/23/2003 Arrival Date:
 Contact Date:
 Accident Date:
 Payer: Insurance
 Claim Paid:
 Policy No: 0450390101 Claim Number: 00651329654-0
 Deductible: 250.00 File Number: None
 Owner: TRACIE BRIAN PEKSA
 Insured:
 Claimant:
 Address: 3876 N 86TH ST
 MILWAUKEE, WI 53222
 Telephone: Work Phone: Home Phone: (414) 461-3895

Mitchell Service: 918489
 Description 1994 Buick Regal Custom Vehicle Production Date: /
 Body Style: 4D Sed Drive Train: 3.8L Inj 6 Cyl AO
 VIN: 2G4WB55L2R1418206
 License: U1905T WI Mileage: 127,835
 OEM/ALT: A Search Code: WMILWAUKEE

Color: RED
 Options:

Line Entry	Labor	Line Item	Dollar	Labor	CEG
Item Number	Type Op	Description	Amount	Units	Unit
1	600017	BDY RR FRT REPLACE BUMPER	350.00	Q*1.0	1.0T
2	AUTO	REF RO FRONT BUMPER		C2.0	2.0

ESTIMATE RECALL NUMBER: 10/ 6/2003 16:57:23 00651329654-0
 UltraMate is a Trademark of Mitchell International
 Copyright (C) 1994 - 2002 Mitchell International
 Mitchell Data Version: SEP_03_A All Rights Reserved Page 1 of 7
 UltraMate Version: 4.8.012

Date: 10/ 6/2003 4:57:25 pm
 Estimate ID: 00651329654-0
 Estimate Version: 0
 Committed
 Profile ID: 5.6 TAX

3			H&H 262-246-6400 QUOTE #72089			
4	600018	BDY	RR REPLACE GRILLE	75.00	Q*0.2	0.2T
5			H&H 262-246-6400 QUOTE #72089			
6	600306	BDY	RR REPLACE HOOD	375.00	Q*0.5	0.5T
7	AUTO	REF	RO HOOD		C2.1	2.1
8	AUTO	REF	RO ADD FOR UNDERSIDE		C1.1	1.1
9			H&H 262-246-6400 QUOTE #72089			
10			*** END OF ATG SECTION ***			
11	802320	BDY	RR R H/LAMP ASSEMBLY	108.25	INC	0.3T
12	AUTO	BDY	CA HEADLAMPS		0.4	0.4
13	802330	BDY	RR L H/LAMP ASSEMBLY	108.25	INC	0.3T
14	800019	BDY	RR R H/LAMP MOUNTING PANEL	21.98	1.0	#1.0T
15	AUTO	REF	RO R MOUNTING PANEL		0.5	0.5
16	900500	MCH	*AD FOUR WHEEL ALIGNMENT	79.95	*0.0*	
17	900500	BDY	*AD MOUNT & BALANCE INCLUDES STEM & WEIGHTS	15.00	*0.0*	
18	900500	BDY	*RR USED TIRE	26.50	*0.0*	T
19	800037	BDY	RR L H/LAMP MOUNTING PANEL	21.98	1.0	#1.0T
20	AUTO	REF	RO L MOUNTING PANEL		0.5	0.5
21	803340	BDY	RR HOOD SECONDARY CATCH	12.25	0.2	0.2T
22	800026	BDY	RR HOOD SUPPORT	17.02	0.3	#0.3T
23	807146	BDY	RR CTR FRONT BODY SUPPORT	12.00		T
24	AUTO	REF	AO CLEAR COAT		1.4	
25	AUTO		AC PAINT/MATERIALS	182.40	*	T

* - Judgement Item
 # - Labor Note Applies
 Q - Quality Replacement Part
 ** QUAL REPL PART - Quality Replacement Parts
 C - Included in Clear Coat Calc

LKQ SMART PARTS
 HWY 60 & E
 P.O. BOX 278
 HUSTISFORD WI 53034
 (800) 236-3236
 (920) 349-3236

KEYSTONE AUTOMOTIVE
 9532 WEST CARMEN AVENUE
 MILWAUKEE WI 53225
 (800) 924-8230
 (414) 463-1019

11	** GM2503150	108.25	23	** GM1225181	12.00
13	** GM2502150	108.25			

ESTIMATE RECALL NUMBER: 10/ 6/2003 16:57:23 00651329654-0
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 UltraMate Version: 4.8.012 Page 2 of 7

Date: 10/ 6/2003 4:57:25 pm
 Estimate ID: 00651329654-0
 Estimate Version: 0
 Committed
 Profile ID: 5.6 TAX

Recycler Information Section:

Prior Damage

Remarks

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Body	4.6	44.00	0.00	15.00	217.40 T
Bdy-S	0.0	44.00	0.00	0.00	0.00 T
Refinish	7.6	44.00	0.00	0.00	334.40 T
Glass	0.0	44.00	0.00	0.00	0.00 T
Mechanical	0.0	65.00	0.00	79.95	79.95 T
Frame	0.0	44.00	0.00	0.00	0.00 T
Taxable Labor					631.75
Labor Tax @ 5.600					35.38
@ 5.600					

Non-Taxable Labor

Labor Summary 12.2 667.13

II. Part Replacement Summary	Amount
Taxable Parts	1,128.23
Parts Adjustments (Cost Plus)	200.00
Glass Adjustments (Cost Plus) @	-61.000 0.00
Sales Tax @	5.600 74.38
@	5.600
Non-Taxable Parts	
Parts Adjustments (Cost Plus)	0.00
Glass Adjustments (Cost Plus) @	-61.000 0.00
Total Replacement Parts Amount	1,402.61

III. Additional Costs
 Taxable Costs 182.40

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 UltraMate Version: 4.8.012

Date: 10/ 6/2003 4:57:25 pm
 Estimate ID: 00651329654-0
 Estimate Version: 0
 Committed
 Profile ID: 5.6 TAX

Sales Tax @ 5.600 10.21

Non-Taxable Costs

Total Additional Costs 192.61

IV. Adjustments Amount
 Betterment 0.00
 Insurance Deductible 250.00
 Appearance Allowance 0.00
 Related Prior Damage 0.00
 Customer Responsibility 250.00-

I. Total Labor: 667.13
 II. Total Replacement Parts: 1,402.61
 III. Total Additional Costs: 192.61
 Gross Total: 2,262.35
 IV. Total Adjustments: 250.00-
 Net Total: 2,012.35

Related Prior Damage

Labor Subtotals	Units	Rate	Totals
RL-Body	0.0	44.00	0.00 T
RL-Refinish	0.0	44.00	0.00 T
RL Taxable Labor			0.00
GST - E Tax @		0.000	0.00
Labor Tax @		5.600	0.00
Labor Tax @		5.600	0.00
RL-Non-Taxable Labor			0.00

Related Prior Damage Labor Summary 0.0 0.00

Part Replacement Summary	Amount
RL-Taxable Parts	0.00
GST - E Tax @ 0.000	0.00
Sales Tax @ 5.600	0.00
Sales Tax @ 5.600	0.00

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Date: 10/ 6/2003 4:57:25 pm
 Estimate ID: 00651329654-0
 Estimate Version: 0
 Committed
 Profile ID: 5.6 TAX

RL-Non-Taxable Parts 0.00
 Related Prior Damage Parts Summary 0.00
 Related Prior-Total Labor: 0.00
 Related Prior-Total Replacement Parts: 0.00
 Related Prior-Damage Total: 0.00

Unrelated Prior Damage

Labor Subtotals	Units	Rate	Totals
UN-Body	0.0	44.00	0.00 T
UN-Refinish	0.0	44.00	0.00 T
UN-Taxable Labor			0.00
GST - E Tax @		0.000	0.00
Labor Tax @		5.600	0.00
Labor Tax @		5.600	0.00
UN-Non-Taxable Labor			0.00
Unrelated Prior Damage Labor Summary 0.0			0.00

Part Replacement Summary	Amount
UN-Taxable Parts	0.00
GST - E Tax @ 0.000	0.00
Sales Tax @ 5.600	0.00
Sales Tax @ 5.600	0.00

UN-Non-Taxable Parts 0.00

Unrelated Prior Damage Parts Summary 0.00

Unrelated Prior-Total Labor: 0.00
 Unrelated Prior-Total Replacement Parts: 0.00
 Unrelated Prior-Damage Total: 0.00*

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Estimate Version: 0
Committed
Profile ID: 5.6 TAX

an undeployed stage. When disposing of a deployed dual-stage air bag, always treat it as a "live" module. See appropriate MITCHELL® AIR BAG SERVICE & REPAIR MANUAL, or OEM information.

This is not an authorization to repair.
Supplements will not be paid without prior approval.

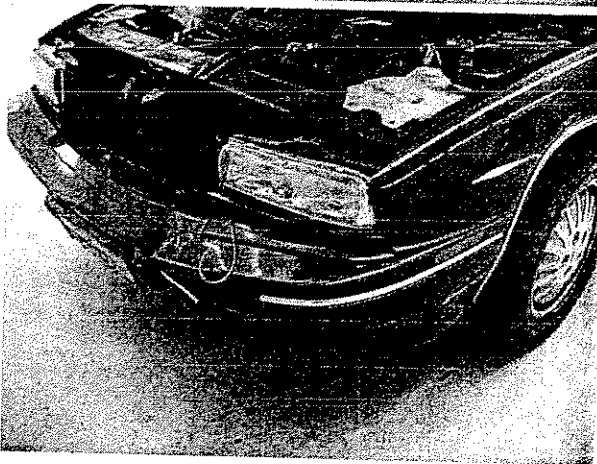
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UltraMate Version: 4.8.012

Images



Description : Image 1

Comments : Oct-06-2003 03:36p



Description : Image 2

Comments : Oct-06-2003 03:36p

City of Milwaukee
WHO
personally
HOW
CHAR RODRIGUEZ
BY LEAVING WITH
AT 200 E wells street Park Ave
IN Milwaukee COUNTY
DATE 12/01/07 20 04 3:18 PM AM