

CITY OF MILWAUKEE

CITY OF MILWAUKEE

05-21-08

Grant 2008 MAY 23 PM 2:01

2008 MAY 23 PM 3:48

RONALD D. LEONHARD  
CITY CLERK

OFFICE OF  
CITY ATTORNEY

All I could think of when I received your letter dated 05-08-2008 was "WHAT?"

I did not receive the letter until 05-16-08 because I was out of state from the 8-15 of May.

I certainly do appeal your decision. Your, the city's faulty lamp post was neglected and rusted at the base when it fell on my car. My car will never be the same as it was when it was brand new. It is 3 years old.

The incident was reported on Channel 4 and 6 and an article appeared in the newspaper with a picture of the pole on my 2004 Saturn Iue. The police stated to me, "Don't worry, it is the City of Milwaukee's responsibility. They will pay for this."

I am certain Channel 4 or 6 will be happy to report the city's decision not to pay for my car. Not only did this cause me undue stress, but my time to have my car repaired.

I await your "prompt reply." It is now 6 months later.

Man Marhowsh

cc NM

12-05-07

NAME: NAN MARKOWSKI -07309-0075

ADDRESS: PO BOX 11325

SHOREWOOD WI 53211  
OR

N79W16218 LONGWOOD ST

MENOMONEE FALLS, WI 53058 (53051)

TELEPHONE: 414-628-5730

10:40AM

INCIDENT - NOV. 5, 2007 - LIGHT POLE FELL ON 2004 SATURN VUE

WHERE: 788 N. JEFFERSON ST - MILWAUKEE WI

CITY OF MILWAUKEE

2008 JAN 30 AM 11:59

LEONHART  
CITY CLERK

As I approached my parked 2004 Saturn  
- corner of Jefferson & Wells, I noticed a  
utility truck, a police car, Officer Michelle  
Kinnon Unit 1122, informed me that a  
city pole fell on my car. The car was parked  
on the east side of Jefferson Ave.

The officer and the utility person said the  
pole was rusted at the base (as were 50  
other poles in the area) and that the city  
would pay the damages. I am glad that no  
one was hurt or killed as a result of a faulty  
light pole.

I am requesting a payment of \$125.19 which  
was my expense for deductible and rental and  
a compensation for stress, extra mileage and  
inconvenience, and of course damages to American  
Family Insurance. Sincerely,

Nan Markowski

cc. NM

05/05 MILWAUKEE POLICE DEPARTMENT  
CRIME VICTIM RESOURCES  
Contact Officer: Michelle Krumnow  
Rent Number: 07-309 0075 Incident Date: 11-05  
District / Unit: 1182 Shift Hours: 8<sup>00</sup>-4<sup>00</sup>  
Phone Number: 935-7212

The Contact Officer is your primary source for general information regarding the investigation as well as arrests and the status of property in police custody.

If an ADULT has been arrested in this case you may contact the Milwaukee County Criminal Justice Facility, 949 N. 9th Street, Milwaukee, WI 53233, Inmate Information (414) 226-7070, to determine if that ADULT is in custody.

If an ADULT is arrested and the case is referred to the District Attorney's Office for prosecution you will be contacted by the Victim Witness Unit regarding your rights. You may contact the District Attorney's Office at: Milwaukee County District Attorney's Office, 1 W. State Street Room 612, Milwaukee, WI 53233, Victim Witness Services (414) 278-4667.

If a JUVENILE is arrested, contact: Milwaukee County Children's Court Center, Juvenile Detention, 10201 W. Watertown Plank Rd, Wauwatosa, WI 53226, (414) 257-7719 to determine if that JUVENILE is in custody. Please allow time for transport. If the JUVENILE is held and the case is prosecuted you will be contacted by the Victim Witness Unit regarding your rights.

If a JUVENILE is arrested, but not taken to the Detention Center, the police will be forwarding the reports to the Juvenile Intake Unit. Please note that these reports will be forwarded within two weeks. If you wish to exercise your rights to communicate with the Intake Worker please contact: Milwaukee County Children's Court Center, 10201 W. Watertown Plank Rd, Wauwatosa, WI 53226 (414) 257-7834.

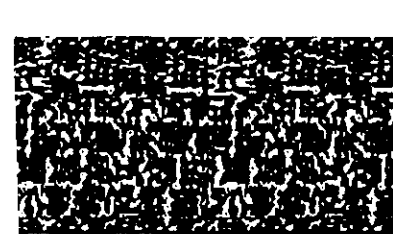
Agencies in the criminal justice system will make a good faith attempt to contact you, and assist you in exercising your rights as a crime victim throughout the justice process. However, if you have questions or concerns please use the resources contained on this sheet to seek information in a timely fashion or call the contact officer above for assistance. Please notify the contact officer of any changes in your address or telephone number.

If you are subjected to threats or intimidation because of your cooperation with the police or prosecutors on this case please contact the Milwaukee Police Department (414) 933-4444.

IF YOU ARE IN IMMEDIATE DANGER CALL 9-1-1

INVOICE  
MO 7:30 AM - 8:00 PM TU 7:30 AM - 8:00 PM  
WE 7:30 AM - 8:00 PM TH 7:30 AM - 8:00 PM  
FR 7:30 AM - 8:00 PM SA 9:00 AM - 12:00 PM  
SUN CLOSED REF# 29549T  
San (414) 529-2086 320753

RENTAL AGREEMENT NO. D 180095  
DAY = CALENDAR DAY



VEHICLE  
\$29.99 / DAY

NTAL DEPT-ORD\*\*  
PHONE (866) 519-3722 EXT.

NO CHARGE MILEAGE

BY LAW, NONE PERMITTED WITHOUT OWNER'S WRIT-  
DRIVERS PERMITTED

VEHICLE FOR ME AND ON MY BEHALF, I AM  
AND FOR FULFILLING TERMS AND CONDITIONS  
VEHICLE BY AN UNAUTHORIZED DRIVER WILL  
NOT.

DATE OF RENTAL AND THE FOLLOWING STATE(S):

NO PETS  
OUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

OPTIONAL DAMAGE  
SE SHOWN IN COLUMN RENTER: X  
TIONAL PRODUCTS  
AGE 3, PARAGRAPH 16  
NOT INSURANCE.

\$9.99/DAY

OPTIONAL PERSONAL  
AGE (PA) AT FEE RENTER: X  
TO RIGHT: SEE  
TS NOTICE TO LEFT  
GRAPH 1B.

\$2.00/DAY

OPTIONAL SUPPLEMENTAL  
ION (BLP) AT FEE SHOWN RENTER: X  
T. SEE OPTIONAL PROD-  
FT AND PAGE 3.

\$11.95/DAY

REEMENT, PAGES 1 THROUGH 6.  
IS ON PAGES 1 THROUGH 6 OF THIS AGREE-  
ER" UNDER THIS AGREEMENT. BY SIGNING  
GES ON MY CREDIT CARD(S) AND/OR DEBIT  
THORIZATIONS/DEPOSITS, AND CHARGES  
D PARTY TO WHOM BILLING WAS DIRECTED,  
S CURRENTLY VALID AND IS NOT SUSPEND-  
ED.

FUEL CHARGE \$3.75/GALLON

DATE 11/05/2007

OWNER REP	X	EMPL. #	E47826
COLOR	LICENSE NO.	I WILL RETURN CAR BY:	
MODEL	ECAR#	DATE	TIME
		11/05/2007	
		AMOUNT	PAID BY
		\$50.00	
		11/05/2007	

SALES TAX 3.00%  
TITLE/REG RECON FEE \$0.12/DAY

WISCONSIN DEPARTMENT OF REVENUE - CERTIFICATION OF EXEMPTION FOR RENTAL VEHICLES
THE RENTAL OF TYPE 1 AUTOMOBILES WITHIN THE LOCAL EXPOSITION DISTRICT AND THE RENTAL OF VEHICLES IN WISCONSIN, WITHOUT DRIVERS FOR PERIODS OF 30 DAYS OR LESS, IS SUBJECT TO THE 3% LOCAL EXPOSITION CAR TAX, 5% STATE RENTAL VEHICLE FEE, AND \$2 PER RENTAL REGIONAL TRANSIT AUTHORITY FEE, UNLESS THE VEHICLE IS BEING USED AS A REPLACEMENT DURING THE SERVICE OR REPAIR OF ANOTHER VEHICLE OR IS OTHERWISE EXEMPT.
THE UNDERSIGNED HEREBY CLAIMS EXEMPTION FROM THE LOCAL EXPOSITION TAX ON THE RENTAL OF TYPE 1 AUTOMOBILES AND/OR THE RENTAL VEHICLE FEE ON THE RENTAL OF VEHICLE WITHOUT DRIVERS FOR 30 DAYS OR LESS AND/OR REGIONAL TRANSIT AUTHORITY FEE BECAUSE THE RENTAL IS BEING USED AS A REPLACEMENT DURING THE SERVICE OR REPAIR OF ANOTHER VEHICLE. THIS EXEMPTION DOES NOT EXEMPT THE RENTAL FROM WISCONSIN STATE, COUNTY, OR STADIUM SALES AND USE TAXES.

TOTAL CHARGES \$55.19  
DEPOSITS 480- AM FAM  
REFUNDS

SATURN OF GREENFIELD  
4141 S 108TH ST  
GREENFIELD, WI. 53228-1905  
414-427-4000

SATURN OF GREENFIELD

4141 S. 108th St.  
Greenfield, WI 53228  
(414) 427-4000

# SERVICE INVOICE

THIS INVOICE REPRESENTS THE AUTHORIZED SERVICES PERFORMED ON THE WORK ORDER OF THE SAME NUMBER.

Page 1

MERCH#: 730246480  
11/20/07 6:00:10 PM

REC NUM: 019  
ACCT#: \*\*\*\*\*0868  
BUS CD:  
CARD TP: MC  
TRAN TP: SALE  
INVOICE 03232985  
AUTH CD: 21733Z

AMOUNT: 100.00

MARKOWSKI, NAN A

THANK YOU.  
CUSTOMER COPY

Service Order Number		Service Advisor		VIN		
3232985		STEPHEN SCHEUER		5GZCZ53494S889078		
Color	Year	Make/Model		License	Engine	Stk.#
BLUE	2004	SATURN FWD-6		896-HHB	L66 3.5LV6	240381
Mileage In/Out		Tag	Delivery Date	Rate	Doc. Count	Plan
47311 /		592	9/23/2004		1	CC60/60
Tax Exempt			Date/Time In		Date/Time Out	
			11/05/2007 16:08		11/20/2007 15:52	

LINE 1 REPAIR PER ESTIMATE

REPAIR 1 BODY REPAIR

OPCODE: M5325

PRIMARY TECH: ROBERT HEINZ

SALE TYPE: CUSTOMER BO \$260.00

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	
OT	BC17327 SUNROOF A	N	1	270.000	CUSTOMER BODY S	\$270.00
SN	15884461 PANEL ASM	N	1	735.660	CUSTOMER BODY S	\$735.66
SN	22727314 RAIL ASM-	N	1	72.640	CUSTOMER BODY S	\$72.64
SN	10379923 PANEL ASM	N	1	675.790	CUSTOMER BODY S	\$675.79

REPAIR 2 BODY REPAIR

OPCODE: M5325

PRIMARY TECH: MICHAEL PETERSON JR.

SALE TYPE: CUSTOMER BO \$785.20

NET ITEM: S ASAP AUTO GLASS SALE TYPE CUSTOMER BODY S \$355.85

NET ITEM: M PAINT MATERIALS SALE TYPE CUSTOMER BODY S \$301.39

LINE TOTAL \$3456.53

WE HAVE NEW HOURS!! MON-FRI 6:00AM-7:00PM SAT 8:00AM-1:00PM

CUSTOMER SIGNATURE

LABOR	\$1045.20
PARTS	\$1754.09
NET ITEMS	\$657.24
TAX (STADIUM SALES T)	\$3.45
TAX (STATE TAX)	\$190.11
CUSTOMER TOTAL	\$3650.09
PAYMENT (CHECK)	\$2836.46
PAYMENT (CASH)	\$100.00
PAYMENT (A/R CHARGE)	\$713.63

07-5-428



**afni Insurance Services**

**Subrogation Department**

P.O. Box 3068 | Bloomington, IL 61702 | Phone 888-767-2361 | Fax 309-820-2626

January 9, 2008

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

Re: Our File #: 518957  
Our Insured: NAN MARKOWSKI  
AMERICAN FAMILY INSURANCE Claim #: 00-651-426114  
Your Claim #:  
Your Insured: CITY OF MILWAUKEE  
Date of Loss: November 5, 2007  
Amount Claimed: \$3,650.10

Dear CITY CLERK:

We are contacting you today on behalf of AMERICAN FAMILY INSURANCE regarding a loss. We have been informed that CITY OF MILWAUKEE was insured with your company at the time of the loss. The facts of the accident indicate the city is liable for payments that AMERICAN FAMILY INSURANCE made to its policyholder as a result of this loss. Supporting documentation is enclosed for your review.

Please forward your payment to the address listed above. Should you have any questions, please feel free to contact us at 1-888-767-2361.

Sincerely,

*Jackie Flood*

JACKIE FLOOD EXT 3155  
Subrogation Specialist

CC: NAN MARKOWSKI

2008 JAN 15 PM 8:18  
RONALD J. LEONARDI  
CITY CLERK  
CITY OF MILWAUKEE

2008 JAN 16 PM 3:17  
CITY ATTORNEY  
CITY OF MILWAUKEE

STATE OF WISCONSIN )

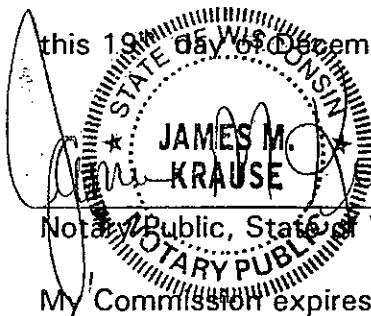
WAUKESHA COUNTY )

I, Steven J. Prueher, being first duly sworn on oath says that he is now and was at the date hereinafter stated, a citizen of the State of Wisconsin and not a party to this action; that on the 18<sup>th</sup> day of December, 2007, at the City of Milwaukee, in Milwaukee County and State of Wisconsin, he served the annexed Notice of Claim, on the City of Milwaukee, a governmental unit, located at 220 East Wells Street, by delivering to and leaving with Terry MacDonald, who is a Staff Assistant in the City Clerk's Office of the said governmental unit and who is known to this affiant to be such officer thereof, a true copy of the said pleading and that he knew the governmental unit to be the defendant mentioned within said pleading and that at the time of such service he endorsed upon the copy of said pleading so served, the said date upon which the same was served and signed his name thereto.

  
\_\_\_\_\_

Subscribed and sworn to before me

this 19<sup>th</sup> day of December, 2007.

  
JAMES M. KRAUSE  
Notary Public, State of Wisconsin  
My Commission expires 9-6-2009.

December 11, 2007

**NOTICE OF CLAIM**

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

Date of Accident/Loss: November 5, 2007

Brief Facts of Accident/Loss: Our insured, Nan Mardowski's vehicle, was parked at 788 N. Jefferson St. when a light pole fell on her vehicle.

Amount Claimed: \$4,130.10

Signature:

Pam Christman

Daytime Telephone No.: 784-2933 Ext.

Date: December 11, 2007

12:32:16 Mon Dec 31, 2007

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-651-426114 ST: 48 POLICY: 17-195609-01 INCURRED: 11/05/2007  
INSURED: MARKOWSKI, NAN BENEFITS/LOSSES PAID TO DATE: 4030.10

LEGAL EXPENSE: 0.00  
MEDICAL EXPENSE: 0.00  
OTHER EXPENSE: 112.40

NO	DATE	PAYMT#	TYPE ID PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
01	12/20/2007	0065144885	05 00 059			103.40

IN PAYMENT OF: LOSS EXPENSE

YOUR FILE PS 42289; INSURED NAN MARKOWSKI

PAYEE/PAYOR: CORCORAN & KRAUSE, INC.

RECONCILED: 00 12262007 TIN: 391216727-1 WITH TAKEN: N

02 12/15/2007 0094304549 01 00 022 480.00

IN PAYMENT OF: GROUP PAYMENT FOR PAYEE CODE C38

PAYEE/PAYOR: ENTERPRISE RENT A CAR COMPANY

RECONCILED: 00 12212007 TIN: 430724835-1 WITH TAKEN: N

NEXT --

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

ENTER OR PF8=PAGE FORWARD

PF3=COPS MENU

PA2=COMPANY MENU

12:32:19 Mon Dec 31, 2007

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-651-426114 ST: 48 POLICY: 17-195609-01 INCURRED: 11/05/2007  
INSURED: MARKOWSKI, NAN BENEFITS/LOSSES PAID TO DATE: 4030.10

LEGAL EXPENSE: 0.00  
MEDICAL EXPENSE: 0.00  
OTHER EXPENSE: 112.40

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
03	12/13/2007	0065143742	05	00	059			9.00

IN PAYMENT OF: GROUP PAYMENT FOR PAYEE CODE 609

PAYEE/PAYOR: AUDATEX NORTH AMERICA INC

RECONCILED: ISSUED TIN: 942617005-1 WITH TAKEN: N

04 12/04/2007 0065F67400 01 00 059 713.64

IN PAYMENT OF: COMPREHENSIVE LOSS OF 11/05/2007

PAYEE/PAYOR: SATURN OF GREENFIELD

RECONCILED: 00 12122007 TIN: 391678840-1 WITH TAKEN: N

\*\*\* THERE ARE MORE PAYMENTS ON THE NEXT PAGE \*\*\*

NEXT --

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

ENTER OR PF8=PAGE FORWARD PF7=PAGE BACK PF3=COPS MENU PA2=COMPANY MENU

12:32:21 Mon Dec 31, 2007

**CLAIM RECORD OF PAYMENT DISPLAY**

CLAIM: 00-651-426114 ST: 48 POLICY: 17-195609-01 INCURRED: 11/05/2007

INSURED: MARKOWSKI, NAN

**BENEFITS/LOSSES PAID TO DATE:** 4030.10

**LEGAL EXPENSE:** 0.00

**MEDICAL EXPENSE:** 0.00

**OTHER EXPENSE:** 112.40

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
05	11/06/2007	0065F67389	01	00	059	2836.46		
IN PAYMENT OF: COMPREHENSIVE LOSS OF						11/05/2007	100 DEDUCTIBLE APPLIED	
PAYEE/PAYOR: MARKOWSKI, NAN & SATURN OF GREENFIELD								
RECONCILED: 00 11262007 TIN: 391678840-1 WITH TAKEN: N								

NEXT --

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

ALL PAYMENTS FOR THIS CLAIM HAVE BEEN DISPLAYED. PF7=PAGE BACK PF3=COPS MENU

AMERICAN FAMILY INSURANCE  
W236 N1402 BUSSE RD  
WAUKESHA, WI 53188  
(262)446-6500

\*\*\* SUPPLEMENT 1 \*\*\*

S1 11/06/2007  
12/04/2007 01:51 PM

Owner

Owner: NAN MARKOWSKI  
Address: N79W16218 LONGWOOD ST (414)628-5703  
(262)250-9895  
City State Zip: MENOMONEE FAL, WI 53051-

Control Information

Claim #: 00651426114-0 Insured Policy #: 1719560901  
Loss Date/Time: 11/05/2007 06:00 AM Loss Type: Comprehensive  
Deductible: \$100.00  
Ins. Company: American Family Insurance  
Insured: NAN MARKOWSKI  
Address: (414)628-5703  
(262)250-9895

Inspection

Inspection Date: 11/05/2007 03:15 PM Inspection Type: Field  
Inspection Location: Satum of Greenfield Contact: (414)357-2000  
Address: Hwy 100  
City State Zip: Greenfield, 00000  
Primary Impact: Roof  
Driveable: No  
Assigned Date/Time:  
First Contact Date/Time:  
Secondary Impact:  
Rental Assisted:  
Received Date/Time: 11/06/2007 12:42 PM  
Appointment Date/Time: 11/06/2007 01:00 PM  
Appraiser Name: DAVID C PLISS Appraiser License #:  
Address: P.O. BOX 2927 Cell: (262)408-8681  
City State Zip: Milwaukee, WI 53201-2927 Work/Day: (800)374-1111x48217  
Email: DPLISS@AMFAM.COM FAX: (866)381-7713  
Orig Appraiser Name: DAVID C PLISS Appraiser License #:  
Address: P.O. BOX 2927 Cell: (262)408-8681  
City State Zip: Milwaukee, WI 53201-2927 Work/Day: (800)374-1111x48217  
Email: DPLISS@AMFAM.COM FAX: (866)381-7713

Repairer

Repairer: SATURN OF GREENFIELD Contact:  
Target Complete Date/Time: Days To Repair: 5

2004 Saturn Vue V6 4 DR Wagon  
Claim #: 00651426114-0

11/06/2007  
12/04/2007 01:51 PM

Remarks

Vehicle

2004 Saturn Vue V6 4 DR Wagon  
6cyl Gasoline 3.5  
5 Speed Automatic

Lic Plate: 896HHB  
Lic Expire:  
Prod Date:  
Veh Insp#:  
Condition:  
Ext. Color: COBALT BLUE EFFECT  
Ext. Refinish: Two-Stage  
Ext. Paint Code: 885K70

Lic State: WI  
VIN: 5GZCZ53494S889078  
Mileage: 47,311  
Mileage Type: Actual  
Code: SN704A  
Int. Color:  
Int. Refinish:  
Int. Trim Code:

Options

Air Conditioning	Alarm System	Aluminum/Alloy Wheels
Anti-lock Brakes	Automatic Dimming Mirror	Center Console
Compact Disc Player	Cruise Control	Dual Airbags
Fog Lights	Heated Power Mirrors	Intermittent Wipers
Keyless Entry System	Leather Seats	Leather Steering Wheel
Lighted Entry System	Power Brakes	Power Door Locks
Power Drivers Seat	Power Steering	Power Sunroof
Power Windows	Privacy Glass	Rear Window Defroster
Rear Window Wiper/Washer	Rem Trunk-L/Gate Release	Roof/Luggage Rack
Split Folding Rear Seat	Tachometer	Tilt Steering Wheel
Tinted Glass	Traction Control System	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
1	NG	143	46	Windshield,Tinted	NAGS DW1481-GT	\$212.75	-40		INC	SM
2	EC	152		Sealant Kit,W/Shield	Replace Economy	\$25.00*			INC	SM
3	E	265	01	Mldg,W/S Reveal Upper	15855932	\$47.23			INC	SM
4	E	341		Panel,Roof	15884459	\$735.66			12.0	SM
5	L	341	13	Panel,Roof	Refinish				4.7	RF
					3.4 Surface					
					0.6 Two-stage setup					
					0.7 Two-stage					
6	E	452		Reinf,Roof	22671036	\$74.74			2.0	SM
7	L	452		Reinf,Roof	Refinish				0.4	RF
					0.4 Surface					
8	E	453		Reinf,Roof	22669844	\$49.82			0.5	SM
9	L	453		Reinf,Roof	Refinish				0.2	RF
					0.2 Surface					
10	E	1426		Rail,Luggage Rack RT	22727314	\$72.64			INC	SM
11	EU	406		Frame,Glass Panel	RECYCLED PART	\$225.00*	+20		0.5	SM
				>> LOCATED AT B&M #258341						
12	I	274		Rail,Roof Side LT	Repair				2.0*	SM
13	L	274		Rail,Roof Side LT	Refinish				0.2	RF
					0.2 Surface					
14	E	879	01	Headliner,Roof	10379899	\$675.79*		S1	INC	SM
15	EC	M70		Cover Car Interior	Replace Economy	\$5.00*				RF
16	EC			Corrosion Protection	Replace Economy	\$10.00*			0.3*	SM*

2004 Saturn Vue V6 4 DR Wagon  
Claim #: 00651426114-0

11/06/2007  
12/04/2007 01:51 PM

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
17	N			Hazardous Waste	Additional Labor	\$3.00*				SM*
18	EC			Cover Vehicle	Replace Economy	\$5.00*				SM*
19	SB			W/S FLAT RATE	Sublet Repair	\$35.00*				SM*
20	N			BUFF HOOD	Additional Labor				0.3*	SM*
				>> PRIOR DAMAGE TO R/R OF HOOD						

20 Items

MC	Message
01	CALL DEALER FOR EXACT PART # / PRICE
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE
46	PRINTABLE ALTERNATE PARTS COMPARE

#### Estimate Total & Entries

Gross Parts					\$1,655.88	
Other Parts					\$485.75	
Paint Materials					\$165.00	
Line Item Discount					\$85.10-	
Line Item Markup					\$45.00	
Parts & Material Total						\$2,266.53
Tax on Parts & Material		@	5.600%			\$126.93
Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs		
Sheet Metal (SM)	\$50.00	15.3	2.3	17.6	\$880.00	
Mech/Elec (ME)	\$50.00					
Frame (FR)	\$50.00					
Refinish (RF)	\$50.00	5.5		5.5	\$275.00	
Paint Materials	\$30.00					
Labor Total				23.1 Hours		\$1,155.00
Tax on Labor		@	5.600%			\$64.68
Sublet Repairs						\$35.00
Tax on Sublet		@	5.600%			\$1.96
Gross Total						\$3,650.10
Less: Deductible						\$100.00-
Net Total						\$3,550.10
Actual Supplement Total					\$713.64	
Less: Previous Net Total						\$2,836.46-
Net Supplement Total						\$713.64

Alternate Parts Y/00/00/00/00 CUM 01/00/00/01/01 Zip Code: 53072 Milwaukee  
Recycled Parts NOT REQUESTED

Audatex Estimating 5.0.026 S1 12/04/2007 01:56 PM REL 5.0.026 DT 11/01/2007  
Copyright (C) 2007 Audatex North America, Inc.  
1.3 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT

PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

**Op Codes**

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = RECYCLED PART
TE = Partial Replace Price	PM = Replace PXN Reman/Rebit	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chippguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



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Rental Company: ENTERPRISE RENT-A-CAR  
 Invoice: D160095-4421

Bill To:  
 ATTN: ANGELIQUE MAD 1-A-CALDER

Billing Detail:  
 Rental Period: 11/5/07 to 11/20/07 (16 days)  
 Billed Period: 11/5/07 to 11/20/07 (16 days)

RENTER INFORMATION:  
 Renter: MARKOWSKI, NAN

RENTAL INFORMATION:  
 Rental Branch Location:  
 ENTERPRISE RENT-A-CAR (4421)  
 6310 S. 108TH STREET  
 FRANKLIN, WI 531321205  
 (414) 529-2080

ADDITIONAL CLAIM INFORMATION:  
 Claim Number: 00651426114  
 Claim Type: Insured  
 Vehicle Condition: Non-Driveable  
 Date Of Loss: 11/5/07  
 Insured Name:  
 Owner's Vehicle: 2004 SATURN VUE  
 Additional Driver:

Repair Facility:  
 SATURN OF GREENFIELD BODY SHOP  
 GREENFIELD, WI 53228  
 (414) 427-4000

Description	Rate:	Amount:
16 DAYS @	\$29.49	\$471.84
16 TRRF	\$0.41	\$6.56
1 SALES TAX	%5.60	\$26.79
TOTAL CHARGES:		\$505.19
Less Amount Received:		\$25.19
AMOUNT DUE.....		\$480.00

## VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Mileage	Rate Charged
11/5/07 4:29 PM	2008	MIT	GALA	4A3AB36F58E016931	584	\$29.49
11/5/07 4:29 PM	2008	MIT	GALA	4A3AB36F58E016931	584	\$29.49
11/5/07 4:29 PM	2008	MIT	GALA	4A3AB36F58E016931	584	\$29.49
11/5/07 4:29 PM	2008	MIT	GALA	4A3AB36F58E016931	584	\$29.49

## Rental Invoice

Please Return This Portion with Remittance

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

Total Charges: \$505.19  
 Less Amount Received: \$25.19  
 Total Amount Due..... \$480.00

Please include on your check:  
 Invoice: D160095-4421