City of Milwaukee Office of the City Attorney Milwaukee City Hall, Suite 800 200 East Wells Street Milwaukee, WI 53202-3551 CITY OF MILWAUKEE

2018 APR -6 P 1:53

CITY CLERK'S OFFICE

RECEIVED
OFFICE OF CITY ATTORNEY

APR 047018

11 10 (M) P.M.

Angela Hayward 220 N Oakland Ave Green Bay, WI 54303

March 31, 2018

To the Office of the City Attorney:

I recently received a letter of denial for my claim that my vehicle was unjustly towed by the City of Mixaukee.

I would like to appeal this decision and request a hearing.

1. The original Crash Report states:

"Unit number 1 (identified as the 1997 Mercury) was traveling northbound on 4th Street from West Center. Unit number one struck unit number two (identified as the 2017 Chryster), who was legally parked on the east side of the street on north 4th street. Unit number one fled the scene and was stopped shortly after the accident by Squad 5465. Police Office Malone witnessed the accident."

- 2. The Crash Report was then amended to read instead of the Mercury striking the Chrysler, the correct vehicle information was a 2010 Ford Focus (actually a Ford Fusion).
- 3. The entire accident was witnessed by Police Office Malone Squad 5465. Squad 5465 stopped the vehicle on MLK and West Center.
- 4. Your letter to me states:

"The photographs taken depict your vehicle coming into contact with the 2017 Chrysler. Furthermore, the impact taken to the rear of your vehicle does illustrate that your vehicle moved approximately three feet away from the curb."

I also placed an order to receive these photos, as I did not receive photographs with my original request for the Crash Report. Instead, I received a drawn diagram of the scene, which does not paint the clear picture of the accident as your letter states.

5. The Crash Report also reflects that two vehicles were towed and one was not. The 1997 Mercury, which fled the scene and was later stopped by police squad 5465 on MLK and Center, and the 2010 Ford Fusion. The Mercury sustained "minor" damages and was towed due to reckless driving by the operator. The Chrysler, per the Crash Report, left the scene by the "OPERATOR", and the Ford, which also sustained no damages, was towed due to being moved approximately three feet away from the curb.

6. You also mentioned in your letter that you contacted one of the estimators and that the estimator did not have any record to support my claim of the conversation we had. But, upon your explanation of the chain of events, he agreed that the damages were consistent with your account.

Did you show pictures to the vendor or was he just asked if he could recall a five-minute encounter that happened months ago. These estimates were done in November. These shops offered a free estimate. No appointment was made and there was no returned visit. Both vendors physically walked around my vehicle and both vendors said they saw damages consistent with towing.

I do believe the City of Milwaukee was negligent. The Crash Report states that the Mercury struck a Chrysler. It was later amended to state it was not a Chrysler that was struck but instead it was a Ford that was struck. Your letter states that photographs were reviewed showing the Chrysler coming into contact with the Ford and illustrating how that impact cause my vehicle to be moved from its legally parked position. I have been given conflicting information. I am being told that a vehicle traveling on Center, turned on 4th Street striking a parked vehicle, which struck my parked vehicle, leaving no damages to either of the parked vehicles that were struck, but yet with enough force to move my vehicle approximately three feet away from the curb. Pictures were taken of my vehicle hours after it had been towed. There were no dents, no scratches, the paint had not even rubbed off. The vehicle was seen by two different body shop professionals. The accident was witnessed by a police officer that somehow confused a 2017 Chrysler Pacifica and 2010 Ford Fusion. The Mercury was stopped blocks away. The Chrysler left the scene only leaving my vehicle.

I have enclosed a copy of the letter I received from the Office of the City Attorney.

Sincerely,

Angela Hayward

angela Huyward

Enclosure





Angela Hayward 220 N. Oakland Avenue Green Bay, WI 54303

> PRESORTED FIRST CLASS



U.S. POSTAGE >> PITNEY BOWES

ZIP 53005 \$ 000.378 02 4W 0000337103 MAR 15 2018

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7

City Clerk Attn: Claims 200 E Wells Street, Room 205 Milwaukee, WI 53202-3567

CITY OF MILWAUKEE 2018 JAN 24 A 9: 12 CITY CLERK'S OFFICE

who which with the

Angela Hayward 220 N Oakland Ave Green Bay, WI 54303 RECEIVED

JAN 242018

January 18, 2018

2:46AMP.M.

Dear Claims Dept:

I am seeking reimbursement for tow charges of \$105.00 and damages for repairs caused by tow estimated between \$1,364.35 and \$1,587.41

On Saturday, October 14, 2017, I parked my vehicle for the evening in front of my daughter's house located at 2710 N 4th Street, Milwaukee, WI 53212. The next morning, I was told by the Milwaukee Police Department in a telephone conversation that my vehicle had been involved in an accident and was towed to the City Tow Lot. My daughter and I spoke with the officer on speaker and was informed that the police had been following a tan Mercury. The driver turned left on Center coming from 5th and Wright Street. The driver then turned right on 4th Street, hitting a parked vehicle. The park vehicle then hit my vehicle, and my vehicle hit another vehicle that was parked in front. I was then told that due to this accident, my vehicle was blocking traffic and therefore, had to be towed. Upon retrieving my vehicle at the City Tow Lot, I documented the condition of my vehicle (enclosed). I later took my vehicle to two different body shops to get estimates of the damaged (estimates enclosed). Both body shops informed me that the damaged caused to my vehicle was definitely caused by being towed, but could not confirm that damages were caused due to an accident. I just recently purchased this vehicle on September 6, 2017. There were no prior damages to my vehicle.

When I went to pick up my vehicle from tow, I found no damages that would suggest my vehicle had been hit with enough force from behind to be push it into a vehicle in front and to be moved from a parked location alongside the curb to have been towed due to blocking or obstructing traffic. I also spoke with two different repair shops, I did not mention that my vehicle had been towed, only that I needed an estimate for the damages and both shops agreed that the damages were definitely due to being towed. It is for these reasons I believe I should be reimbursed for the tow charges I incurred and the compensation to repair the damages that occurred. I believe my vehicle was wrongfully towed.

Sincerely,

angela Hayward Angela Hayward

Enclosure

NOTES: J9L05 KW16M
PO CONCOWSKI ROTORNICK
DS Late 935-7252
Call W/ questions

ACCIDENT REPORTS

Accident reports can be requested by contacting the Wisconsin Department of Transportation (DOT) using one of the following methods:

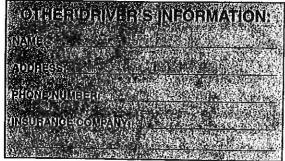
(To request an accident report you must know the date of the crash and driver license number of one of the parties involved; or the WisDOT document form number; or the WisDOT accident number.

Mail:

WI Department of Transportation Crash Records Unit P.O. Box 7919 Madison, WI 53707-7919

Phone: 608-266-8753

Online: http://www.wisconsindmv.gov



IF YOUR VEHICLE WAS TOWED BY OUR DEPARTMENT CONTRACTOR, IT IS AT THE CITY OF MILWAUKEE TOW LOT 3811 WEST LINCOLN AVENUE TELEPHONE (414) 286-2700

| YOUR TOW NUMBER: | | | | | | | |
|------------------|---------------------------------------|---|--|--|--|--|--|
| TOW LOT HOURS: | MONDAY — FRIDAY SATURDAY SUNDAY | 7 a.m 6 p.m. 8 a.m 12 p.m. 7:30 a.m 12 p.m. | | | | | |

Cuty of Milwedow ing Lot

| dorsmunia: Suscita de 1825% Dress Dress Dress Derector de 1825% Payrent bace : 30835% Payrent bace : 15/15/2017 Payrent bace : 15/15/2017 Payrent bace : 15/15/2017 Payrent bace : 16/528 Parent bace : 16/538 Parent | Worstation ID Despir ID | : bowlettegGP - EdgGAG |
|--|--|----------------------------|
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stank You for Your bycets



Internet: www.dot.wisconsin.gov

Telephone: 608-266-8753

Facsimile (FAX): 608-266-1131 E-mail: <u>dsptrafficcrashes@dot.wi.gov</u>

January 9, 2018

ANGELA HAYWARD 220 N OAKLAND AVE GREEN BAY WI 54303

Charges \$ 6.00

Amount Received \$ 6.00 winacc003861525

AMOUNT DUE \$ 0.00

Department policy and Wisconsin

Department policy and Wisconsin Statutes require that we charge a fee for this information.

FOR WDOT USE ONLY

| Driver Last Name OR Driver Identification Number | Image/Microfilm Number(s) |
|--|---------------------------|
| | |
| | |
| Accident Number | |
| 171014287 | |
| Accident Date (optional) | 7 |
| Oct. 15, 2017 | |

^{**}Requests for Supplemental Reports, Photos, Videos, and Witness Statements (if applicable) would be available from the Law Enforcement Agency that reported the accident. Please see the Crash report for contact information. **

J9L101714K 172880316

Wisconsin Motor Vehicle Crash Report

| | Document Number Override J9L05KW16M | Primary Crash E | Ocument # | Agency | Crash Number | Investigating D. Grycov | Officer/Deputy | | |
|---------|--|---|--|-----------|------------------|---|---|--------------------|--|
| | Crash Date | e Crash Time Date Arrived Time Arrived | | | | YES SERVICE STATES OF THE SERVICE STATES OF | | | |
| 츳 | 10/15/2017 | | | | | | | | |
| 101714K | Date Notified 10/15/2017 | Time Notified 02:30 AM | | Total U | nits | Total Injured | red Total Killed | | |
| .10 | On Emergency Hi | and Run | Lane Clos | ure | Work Zone | Trailer | or Towed | | |
| 76C | Government Property | Active Sc | hool Zone | School No | Bus Related | Tags | | | |
| | Reportable | Crash Type DT4000 (Stan | dard Crash) | | | ✓ Amend | ed | Secondary Crash | |
| [| Description | | | WY LAW | | | | | |
| | Diagram | | | | J | ENTERST | Photos By Additional Infor Driver Behave | | |
| | | | NOTER | :AWN | TO SCALE | | | | |
| 34 | Narrative: I, a sworn law enforcer UNIT NUMBER ONE WAS TRAVE NUMBER TWO, WHO WAS LEGA WAS STOPPED SHORTLY AFTER STOPPED THE VEHICLE ON MLK | LING NORTHBO LLY PARKED ON R THE ACCIDENT | UND ON NORTH I THE EAST SIDE I BY SQUAD 5465 | 4TH STRE | EET FROM WEST CE | NTER STREET. U 4TH STREET. UNI | NUMBER ONE | FLED THE SCENE AND | |
| | Amended Change Summary ADDING UNIT NUMBER TWO TO | THE ORIGINAL (| CRASH REPORT. | UNIT 2 W | AS REPLACED WITH | CORRECT VEHIC | CLE INFORMATI | ION. | |

J9L101714K 172880316

Wisconsin Motor Vehicle Crash Report

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| (| Crash Scene | | | | | | | | |
| Ī | First Harmful Event | | | | First Harm | ful Event l | ocation | | |
| 1 | Parked Motor Vehicle | | | | Roadside | Ð | | | |
| Ī | Manner of Collision | | | Light Cond | | | | | |
| 1 | 02Front To Rear | • | | Dark/Lig | | | | | |
| 1 | Road Surface Condition(s) | | | | Roadway I | actor(s) | | | |
| - | Wet | | | | ļ | | | | |
| ł | Environment Factor(s) | | | | 1 | | | | |
| 1 | None | | | | None | | | | |
| | | | | | | | | | |
| - | Weather Condition(s) | | | | | | | | |
| | Clear | | | | | | | | |
| Ì | Animal Type | | | | Relation To | | • | | |
| ł | Crash Classification - Location | | | | | | - Jurisdiction | - | |
| | Public Property | | | | No Spec | lal Juris | diction | | |
| | Tribal Land | | | | Access Control Special Study No Control | | | | |
| 1 | Within Interchange Area | Junction Location | | Intersectio | п Туре | | | | |
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Wisconsin Motor Vehicle Crash Report

| 10 | | Towed Due To Damage Towed But Not Due To Disabling Damage | Vehicle Removed By CITY WIDE |
|-------------------|---------|---|---|
| | | What Driver Was Doing Going Straight | Vehicle Factors |
| 1 | | Driver Prior Action Other | Not Applicable |
| LIND | VEHICLE | Driver Actions Operated Motor Vehicle In Aggressive/Reckles | s Manner |
| | | Driver Distractions | |
| 120 | | | |
| | | | |
| K | | | |
| 16. 16. 16. | | | |
| 100 | | Vehicle Owner | |
| 7 | 111,513 | Individual SHAQUILLE ISIAH WELLS | Address 2931 N 35TH ST MILWAUKEE, WI 53210 , US |
| 100 | | | |
| | Ξ, | Event Motor Veh In Transport | |
| | 8 | Event Parked Motor Vehicle | |
| | 8 | Event Parked Motor Vehicle | |
| 100 | ষ্ঠ | Event | |

Wisconsin Motor Vehicle Crash Report

| | | Individual = 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | | | | |
|----------|------------|--|--|----------------|--|----------------|
| | | Driver SHAQUILLE ISIAH WELLS | Citations Issued 0 | | Sex Male | |
| <u> </u> | DCA | | Date of Birth Race BLACK | | | |
| LIND | NDMDUA | Address 2931 N 35TH ST MILWAUKEE, WI 53210 , US | Driver License Number W4207899406403 State: Wisconsin Country: UNITED STATES | | | |
| | | On Duly Crash | Safety Equipment | - ' | | |
| | | Seat Position 1Front Seat-Left Side (Driver/Motorcycle/Blcycl | Shoulder & Lap Belt | | | |
| 5 | 8 | Helmet Use | Helmet Compliance | 9 | | |
| | | Eye Protection | Tint Compliance | | | |
| | | Injury Severity Injury No Apparent Injury | Airbag Non Deployed | | | |
| | NDIVIDUAL | Ejected Not Ejected | Ejection Path Not Ejected/Not | t Applicable | Trapped/Extricated Not Trapped | |
| LINS | <u>a</u> | Medical Transport Not Transported | EMS Agency Identifier | | EMS Run # | |
| | 2 | Hospital | Date of Death | | Time of Death | |
| | | Non Motorist Striking Unit # Prior Action | | Location | | To/From School |
| | | Action | W-9-1 | | M. M | - |
| 01 | 8 | | | | | |
| | | | | | | |
| | | | | | | |
| | INDIVIDUAL | Action Other | | | | |
| L | Ş | Drug & | | | | |
| _ | 2 | Alcohol Suspected Alcohol Use | Suspected I | Orug Use | | <u> </u> |
| | | Alcohol Test Given Test Not Given | Alcohol Test Type | | Alcohol Test Results | |
| | | Drug Test Given Test Not Given | Drug Test Type | | Drug Test Results | - |
| | | Drug Type | | | | |
| | | Individual Condition | | | | |
| | | Appeared Normal | | | | |
| | Faller | | | | | |

Wisconsin Motor Vehicle Crash Report

| | | Individual | | | | | |
|------|------------|--|-----------|--|--------------|--------------------------------|----------------|
| | | Passenger AARONDRA THERESE OGLESBY | | Citations Issued | | Sex | |
| | ₹ | AAKONDIKA MEKESE OGEESBI | | Date of Birth | | Female Race | |
| E | 3 | The same of the sa | | 07/14/1983 | | BLACK | |
| LINI | INDIVIDUAL | Address 2931 N 35TH ST MILWAUKEE, WI 53210 , US | | Driver License Number O2420188375401 State: Wisconsin Country: UNITED STATES | | | |
| | | On Duty Crash | | Safety Equipment | | | |
| | | Equipment | | J | | | |
| 10 | 8 | Seat Position 3Front Seat-Right Side (Train Engine | ers/Right | Shoulder & Lap | o Beit | | |
| 0 | 0 | Helmet Use | | Helmet Compliano | e | | |
| | | Eye Protection | | Tint Compliance | | | |
| | | Injury Severity | | Airbag | | | |
| | | No Apparent Injury | | Non Deployed | | 17 1/5 1 1 1 | |
| | 3 | 를 Ejected 를 Not Ejected | | Ejection Path Not Ejected/No | t Applicable | Trapped/Extricated Not Trapped | (5) |
| | NDIVIDUAL | Medical Transport Not Transported | | EMS Agency Identifier | | EMS Run # | |
| _ | 2 | Hospital | | Date of Death | | Time of Death | |
| | | | | | T | To/From School | |
| | | Non Motorist Striking Unit # | or Action | | Location | | To/From School |
| | | Action | | | | | |
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| | 4 | Action Other | | | | | |
| L NO | ĕ | | | | 4 | | |
| כ | NDIVIDUAL | Drug & Suspected Alcol | nol Use | Suspected | Drug Use | | |
| | | Alcohol Test Given | | Alcohol Test Type | | Alcohol Test Results | |
| | | Test Not Given Drug Test Given | | Drug Test Type | | Drug Test Results | |
| | | Test Not Given | | Drug Test Type | | Diag restricadas | |
| | | Drug Type | | | • | | |
| | | Individual Condition | | | | | |
| | | Not Observed | | | | | |
| | | | | | | | |

Wisconsin Motor Vehicle Crash Report

| | 3 14 | Individual in goden | | | | | |
|--------|-----------|---|------------------|-----------------------------------|----------|--------------------------|----------------|
| | | Passenger CHEYENNE T OGLESBY-JONES | | Citations Issued | | Sex Female | |
| | AL | | | Date of Birth | | Race | |
| UNIT | ₫ | | 04/05/2002 BLACK | | | | |
| ב ב | NDIVIDUAL | Address 2931 N 35TH ST MILWAUKEE, WI 53210 , US | | Driver License Nu | mber | | |
| | | On Duty Cresh | | Safety Equipment | | | |
| _ | 003 | Seat Position 4Second Seat-Left Side(Motorcycle/E | icycle Pa | Shoulder & La | p Belt | | |
| 5 | 5 | Helmet Use | | Helmet Compliano | СӨ | | |
| | | Eye Protection | | Tint Compliance | | | - 11 |
| | | Injury Severity No Apparent Injury | | Airbag Non Deployed | | | |
| | 4 | Ejected No Apparent Injury | | Ejection Path | | Trapped/Extricated | |
| UNIT | 2 | Not Ejected Medical Transport | | Not Ejected/No EMS Agency Iden | | Not Trapped EMS Run # | |
| | NDIVIDUAL | Not Transported | | Emo / gonoy radikinor | | LIVIS RUIT # | |
| | Z | Hospital | | Date of Death | | Time of Death | |
| | | Non Motorist | ior Action | | Location | | To/From School |
| | | Action | | | | | |
| 5 | 003 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| LINO | à | Action Other | | | | | |
| Ē | NDWIDGAL | Drug & Suspected Alco | hol Use | Suspected | Drug Use | | |
| | | Alcohol Test Given Test Not Given | | Alcohol Test Type |). | Alcohol Test Results | |
| | | Drug Test Given Test Not Given | | Drug Test Type Drug Test Results | | | |
| | | Drug Type | | | | | , |
| | | | | | | | |
| | | Individual Condition | | | | | |
| | | Not Observed | | | | | |
| | 17 17 300 | F | | | | | (2000) |

Wisconsin Motor Vehicle Crash Report

| | | Individual | | Production of the second secon | | |
|----------|------------|--|----------------------------|--|--|--|
| | | Passenger | Citations Issued | Sex | A CONTRACTOR OF THE CONTRACTOR | |
| | | KYARĂ BOONNAN | 0 | Female | | |
| | 3 | | Date of Birth | Race | | |
| | ō | | 09/14/2002 | ASIAN | | |
| UNIT | INDIVIDUAL | Address | Driver License Number | | | |
| _ | 9 | | | | | |
| | | T I | | | | |
| | 40.5 | | | | | |
| | 18 | On Duty Crash Equipment | Safety Equipment | | | |
| | | and the former of the second s | | | | |
| | | Seat Position 5Second Seat-Middle | Shoulder & Lap Belt | | | |
| 01 | 004 | Helmet Use | | | | |
| | | nemet ose | Helmet Compliance | | | |
| | | Eye Protection | Tint Compliance | | | |
| | | | The Compilation | | | |
| | | Injury Severity | Airbag | | | |
| | 111111 | Injury No Apparent Injury | Non Deployed | | | |
| | Z | Ejected | Ejection Path | Trapped/Extricated | | |
| Н | 3 | Not Ejected | Not Ejected/Not Applicable | Not Trapped | | |
| UNIT | INDIVIDUA | Medical Transport Not Transported | EMS Agency Identifier | EMS Run # | | |
| | ā | Hospital | D-1(D# | Time of Death | | |
| | | Поэрца | Date of Death | Time or Death | or bodan | |
| | | Non Motorist Striking Unit # Prior Action | Location | | To/From School | |
| | | Commence of the Commence of th | | | | |
| | | Action | | | | |
| _ | | | | | | |
| 2 | 98 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | IJ | | | | | |
| — | INDIVIDUAL | Action Other | | | • | |
| UNIT | 2 | ANGC 表达 (2014年4月1日) (2015年1日) [| | | | |
| _ | 2 | Drug & Suspected Alcohol Use | Suspected Drug Use | | | |
| | Z | Alcohol Suspected Alcohol Use | Alcohol Test Type | Alcohol Test Results | | |
| | | Test Not Given | Alcohol rest rype | Alcohol Test Idealis | | |
| | | Drug Test Given | Drug Test Type | Drug Test Results | | |
| | | Test Not Given | | The state of the s | | |
| | | Drug Type | | | Ald Million | |
| | | | | | | |
| | | Individual Condition | | | | |
| | | | | | | |
| | | Not Observed | | | | |
| | | | | | | |

Wisconsin Motor Vehicle Crash Report

| | | Individual | | | | |
|------|------------|---|-------------------------------|--|--------------------------------|----------------|
| | | Passenger SEDGRAH J BAKER | Citations Issued 0 | | Sex Female | |
| L | INDIVIDUAL | | Date of Birth 05/03/2008 | | Race BLACK | |
| LIND | B | Address | Driver License Numl | per | | |
| _ | | , ,us | | | | |
| | | On Duty Crash Equipment | Safety Equipment | 18 18 18 18 18 18 18 18 18 18 18 18 18 1 | <u></u> | |
| | | Seat Position 6Second Seat-Right Side | Shoulder & Lap Belt | | | |
| 01 | 900 | Helmet Use | Helmet Compliance | | | |
| | | Eye Protection | Tint Compliance | | - | |
| | | Injury Severity No Apparent Injury | Airbag Non Deployed | | A | |
| | Z | Ejected Not Ejected | Ejection Path Not Ejected/Not | Applicable | Trapped/Extricated Not Trapped | |
| UNIT | INDIVIDUAL | Medical Transport Not Transported | EMS Agency Identifier | | EMS Run # | |
| | 2 | Hospital | Date of Death | | Time of Death | |
| | | Non Motorist Striking Unit # Prior Action | | Location | | To/From School |
| | | Action | · | | | |
| 0 | 005 | | | | | |
| | | | | | | |
| | | | | | | |
| _ | INDIVIDUAL | Action Other | | | | |
| LIND | | Drug & Suspected Alcohol Use | Suspected D | rua Usa | | |
| | 2 | Alcohol Last Given | Alcohol Test Type | | Alcohol Test Results | |
| | | Test Not Given | 711007101 1000 1790 | | | |
| | | Drug Test Given Test Not Given | Drug Test Type | | Drug Test Results | |
| | | Drug Type | | | | |
| | | Individual Condition | | | | |
| | | Not Observed | | | | |

172880316

Wisconsin Motor Vehicle Crash Report

| | Un | it Summary | TO SERVE THE SERVE | | | | | | |
|--|---------------|--|---|---------------------------------|--|----------------|-----------------------------|--|--|
| Unit Status Vehicle Operating As Classification Legally Parked D.CLASS | | | | | | | Unit Type | | |
| 0 | | gally Parked | | D CLASS | | | Automobile | | |
| | 100 | nicle Type | | | | | Operating As Endorsements | | |
| | _ | ssenger Car | re | T= | | | | · | |
| | 0 | al Occs | Train/Bus # Injured | Total # Citations 0 | s Issued | Total Traile | ers | Total HazMat Types 0 | |
| | 300000 | urance? IKNOWN | Direction Of Travel Northbound | Pre Cra | San San Carlo de Car | Speed Lim | it | Total Lanes 2 | |
| LIND | | st Harmful Event: Collision Wi rked Motor Vehicle | th | Special Functio No Special F | n unction | | Emergency Not Appli | Motor Vehicle Use cable | |
| ر ا | | ffic Way | Traffic Control | | | Traffic Cont | rol Inoperative/Missing | | |
| | | o-Way, Not Divided | | No Control | | | NO | | |
| | | face Type ncrete | | Road Curvature | • | | Road Grade |) | |
| | - | ck Bus or HazMat | www.t. www.munes.assure.co. | Straight | Decedies Theselv | -1-1 | Level | | |
| | No | | | | Reporting Thresho | | | | |
| | | Vehicle | | | | | | | |
| 02 | | License Plate Number 737YZY | | Plate Type AUT - Autom | | St | Country of Is: UNITED ST | suance | |
| TIND | Ш | Vehicle Identification Numb 0 | er | Make CHRYSLER | | 0.5350 | Model PACIFICA | Annual minute desiration of the second secon | |
| | VEHICLE | Color BLU - Blue | | Body Style 4D - 4DR | | | Bus Use Not A Bus | | |
| | K | Initial Contact Point 6Rear | | Vehicle Damage No Damage | | | | | |
| | | Extent Of Damage No Damage | | | | | | | |
| | | Towed Due To Damage | | Vehicle Removed By | | | | | |
| 02 | | Not Towed What Driver Was Doing Legally Parked | | OPERATOR Vehicle Factors | | | | | |
| | | | | | | | | | |
| | | Driver Prior Action Other | | Unknown | | | | | |
| LIND | VEHICLE | Driver Actions No Contributing Action | 1 | | | | | | |
| _ | ġ | | | | | | | | |
| | | | | | | | | | |
| | | Driver Distractions Not Distracted | | | The state of the s | mana e como an | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 600 | | | | | |
| | | Vehicle Owner | | | | | | | |
| ر. | 1-2-128 | and the second of the second of the second | | Address | | | | | |
| 05 | VEHICLE | | | 1 1 | | | | | |
| | 3 (77) (27) | Sequence Of Event | s de la companya de | | | in Charles | | | |
| | de les | Event | | | рынал кылымдақдақал, 4761 | en setter t | 45355559 <u>9</u> 0-1 | | |
| | Σ | Parked Motor Vehicle | | | | | | | |

Wisconsin Motor Vehicle Crash Report

| Event | |
|--|--|
| Event Motor Veh Tran Other Rdwy Event | |
| COLUMN TO THE PARTY OF THE PART | |
| | |
| Event | |

Heiser 76th Street Body Shop 7800 NORTH 76TH STREET MILWAUKEE, WI 53223

PHONE: (414)357-2121 FAX: (414)357-2133

*** PRELIMINARY ESTIMATE ***

11/15/2017 03:51 PM

Owner

Owner: ANGELA HAYWARD

Address:

Work/Day: (414)803-2465

Inspection

Inspection Date: 11/15/2017 03:51 PM

Inspection Type:

Appraiser Name: TOM HUEBNER

Appraiser License #:

Repairer

Repairer: 76TH ST BODY SHOP

Address: 7800 N. 76TH ST

Contact: LE PINE Work/Day: (414)357-2121

City State Zip: MILWAUKEE, WI 53223

Home/Evening: (414)586-7000 FAX: (414)357-2133

Target Complete Date/Time:

Days To Repair: 6

Vehicle

2010 Ford Fusion Hybrid 4 DR Sedan 4cyl Electric 2.5 Continuously Variable Tr

> Lic Expire: Veh Insp#:

Condition:

Ext. Color: BRILLIANT SILVER MET

Ext. Refinish: Two-Stage Ext. Paint Code: M7208A, UI VIN: 3FADP0L36AR249655

Mileage Type: Actual Code: P3463C

Int. Color:

Int. Refinish: Two-Stage

AM/FM In-dash CD Changer

Aluminum/Alloy Wheels

Center Console

Electronic Compass

Halogen Headlights

Illuminated Visor Mirror

Cruise Control

Dual Airbags

Automatic Dimming Mirror

Int. Trim Code:

Options

1st Row LCD Monitor(s) Air Conditioning Anti-Lock Brakes Auxiliary Audio Input Chrome Grille **Driver Information Sys Dual Power Seats** Floor Mats Head Airbags Intermittent Wipers Leather Shift Knob MP3 Decoder Power Door Locks Pwr Accessory Outlet(s)

Regenerating Brake Systm

2nd Row Head Airbags Alarm System

Auto Headlamp Control

Bucket Seats Compact Spare Tire Driver Knee Airbag Dual Zone Auto A/C

Foa Lights

Heated Power Mirrors Keyless Entry Keypad Leather Steering Wheel Overhead Console Power Steering Rear Bench Seat

Keyless Entry System Lighted Entry System Power Brakes Power Windows Rear Window Defroster

Reverse Sensing System Rem Trunk-L/Gate Release

Side Airbags
Stability Cntrl Suspensn
Theft Deterrent System
Tire Pressure Monitor
USB Audio Input(s)
Wireless Phone Connect

Side Mirror Lighting Strg Wheel Radio Control Tilt & Telescopic Steer Traction Control System Velour/Cloth Seats

Sirius Satellite Radio Tachometer Tinted Glass Trip Computer Wireless Audio Streaming

| Damages | | | | | | | | | \$ | | |
|--|--|-------------|------------------------------|--------------------------------------|--|--|--|-------------------|------------|---------------------|---------|
| Line Op | Guide | MC | Description | | MFR.Part | No. | Price | AC. | J% B% | Hours | F |
| ront Bumpe | ar . | | | | | | | | | | |
| 1 N | 20 | | Front Bumper | | Additional | | | | | 1.2 | SN |
| 2 1 | 20 | | Cover, Front E | | Repair | | | | | 4.5* | SI |
| 3 L | 20 | 13 | Cover, Front E | Bumper | | urface vo-stage setu vo-stage | р | | | 3.8 | R |
| ear Bumpe | With the second control of the second contro | | | | | | | | | | |
| 4 I 5 L | 565 565 | | Cover, Rear B | | Repair | | | | | 4.0* | SI |
| 5 L | 303 | | Cover,Rear B | umper | Refinish 2.7 Su 0.5 Tw | ırface vo-stage | | | | 3.2 | R |
| anual Entri | <u>es</u> | | | | 386 MOTOROS (97) | | | | | | 252 |
| | | | | | | | | | | | |
| 6 N | | | HAZARD. WS | | Additional | | \$5.00* | | | | |
| 7 N | Items | | HAZARD. WS FLEX ADDITI | | Additional Additional | | \$5.00° \$5.00° | | | | |
| 7 N | Items | | | | | | | | | | SI R |
| 7 N | Items | | FLEX ADDITI | | | | | | | | |
| 7 N | Items | | MC | VE Message | Additional | Labor | \$5.00° | | | | |
| 7 N | Items | | MC | VE Message | Additional | Labor | | | NCE | | |
| 7 N 7 | | | MC | VE Message | Additional | Labor | \$5.00° | | NCE | | |
| 7 N 7 Estimate To | otal & En | | MC | VE Message INCLUDES 0 | Additional | Labor | \$5.00° | | | | |
| 7 N 7 Estimate To ther Parts aint & Mate | otal & En | tries | MC | VE Message INCLUDES 0 | Additional | Labor | \$5.00° | E ALLOWAN | 00 | | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate | otal & En rials rial Total | tries | MC | VE Message INCLUDES 0 | Additional | FIRST PANEL | \$5.00° | E ALLOWAN | 00 | \$290.00 | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate | otal & En rials rial Total | tries | MC | VE Message INCLUDES 0 | Additional | FIRST PANEL | \$5.00° | E ALLOWAN | 00 | \$290.00 \$16.24 | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate ax on Parts | otal & En rials rial Total | tries | MC | Message INCLUDES 0 | Additional | FIRST PANEL | \$5.00° | E ALLOWAN | 00 | | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate ax on Parts | otal & En rials rial Total & Materi | tries al | MC 13 | Message INCLUDES 0 7.0 Replace 1 | Additional 0.6 HOURS F | FIRST PANEL \$40.00 @ 5 | \$5.00° | E ALLOWAN | 00 | | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate ax on Parts abor heet Metal (| otal & En rials rial Total & Materi SM) | tries al | Rate \$60.00 | Message INCLUDES 0 7.0 Replace 1 | Additional .6 HOURS F Hours @ \$ | FIRST PANEL \$40.00 @ 5 Total Hrs | \$5.00° | E ALLOWAN | 00 | | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate ax on Parts abor heet Metal (ech/Elec (Mrame (FR) | otal & En rials rial Total & Materi (SM) | tries al | Rate \$60.00 \$99.00 \$70.00 | Message INCLUDES 0 7.0 Replace I | Additional .6 HOURS F Hours @ \$ | FIRST PANEL \$40.00 @ 5 Total Hrs | \$5.00° L TWO-STAGE | E ALLOWAN | 00 | | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate ax on Parts abor neet Metal (ech/Elec (Meame (FR) | otal & En rials rial Total & Materi (SM) | tries al | Rate \$60.00 | Message INCLUDES 0 7.0 Replace 1 | Additional .6 HOURS F Hours @ \$ | FIRST PANEL \$40.00 @ 5 Total Hrs | \$5.00° | E ALLOWAN | 00 | | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate ax on Parts abor neet Metal (ech/Elec (Metal) efinish (RF) | otal & En rials rial Total & Materi (SM) | tries al | Rate \$60.00 \$99.00 \$70.00 | Message INCLUDES 0 7.0 Replace I | Additional .6 HOURS F Hours @ \$ | FIRST PANEL \$40.00 @ 5 Total Hrs | \$5.00° L TWO-STAGE 5.600% \$582.00 | E ALLOWAN | 00 | | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate ax on Parts abor heet Metal (ech/Elec (M rame (FR) efinish (RF) abor Total ax on Labor | otal & En rials rial Total & Materi (SM) | tries al | Rate \$60.00 \$99.00 \$70.00 | Message INCLUDES 0 7.0 Replace I | Additional .6 HOURS F Hours @ \$ | FIRST PANEL \$40.00 Total Hrs 9.7 7.0 | \$5.00° L TWO-STAGE 5.600% \$582.00 | \$10.0 \$280.0 | \$1,002.00 | | |
| 7 N 7 Estimate To ther Parts aint & Mate arts & Mate ax on Parts abor neet Metal (ech/Elec (M ame (FR) efinish (RF) | otal & En rials rial Total & Materi (SM) | tries al | Rate \$60.00 \$99.00 \$70.00 | Message INCLUDES 0 7.0 Replace I Hrs | Additional 0.6 HOURS F Hours @ \$ Repair Hrs 9.7 | FIRST PANEL \$40.00 Total Hrs 9.7 7.0 | \$5.00° L TWO-STAGE 5.600% \$582.00 \$420.00 | \$10.0 \$280.0 | 00 | | |

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00 Zip Code: 53223 default Rate Name Default

Audatex Estimating 8.0.035 ES 11/15/2017 03:52 PM REL 8.0.035 DT 10/01/2017 DB 11/08/2017 © 2017 Audatex North America, Inc.

1.6 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

NG = Replace NAGS

UE = Replace OE Surplus

EU = Replace Recycled

UM = Replace Reman/Rebuilt

UC = Replace Reconditioned

N = Additional Labor

IT = Partial Repair

P = Check

* = Labor Matches System Assigned Rates E = Replace OEM

EC = Replace Economy

ET = Partial Replace Labor

TE = Partial Replace Price

L = Refinish

TT = Two-Tone BR = Blend Refinish

CG = Chipguard

AA = Appearance Allowance

OE = Replace PXN OE Srpls

EP = Replace PXN

PM= Replace PXN Reman/Rebit

V Mark

PC = Replace PXN Reconditioned

SB = Sublet Repair

I = Repair

RI = R & I Assembly

RP = Related Prior Damage



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ESA Repairs, LLC.

ESA Repairs, LLC. 3872 N. Fratney St. Milwaukee, WI 53212

Estimate Est #6559, ID #5238965

Work Phone: 414-963-8989 Fax Number: 414-367-8823

| Vehicle Info | VIN | Color Ext. / Int. | License (St.) | Miles In / Out |
|--|-------------------|-------------------|---------------|----------------|
| 2010 Ford Fusion Hybrid 4 Door Sedan FWD 2.5L 4 Cyl Gas Injected Auto | 3FADP0L36AR249655 | 1 | 460VNH (WI) | 0/0 |
| Trans | | | | |

<u>Owner</u>

Angela Hayward

Estimators Mo or Sam O

| Description | Part# | Price | Qty | Labor | Paint | Other |
|-----------------------------------|---|--|-----|---------------|----------|-----------------|
| FRONT BUMPER | THE RESIDENCE OF THE PROPERTY | March Sharp of P. 665 Milestones, James Haller | | | | |
| Replace FRT BUMPER COVER | FO1000650PP | \$330.00 | 1 | Included | 2.6 hrs. | |
| 1.0hrs. Clearcoat | | | | | 1.0 hrs. | |
| Overhaul FRT BUMPER COVER ASSY | | | | 2.8 Body hrs. | | |
| REAR SUMPER | A SA A ST | Al arma Kara | 9 3 | | | Market - C |
| Repair REAR BUMPER COVER | AE5Z 17K835 AAPTM | | | 1.0 Body hrs. | 2.7 hrs. | W. Asside a new |
| 1.1hrs. Clearcoat | | | 14 | | 1.1 hrs. | |
| Replace REAR BUMPER VALANCE PANEL | ORDER FROM DEALER | \$115.23 | 1 | 0.3 Body hrs. | | , |

Totals

| Type | Hours | Rate/hr | Total | Taxable | |
|-------------------|-------|---------|------------|----------|--|
| OEM Parts | | | \$115,23 | / | |
| Aftermarket Parts | | | \$330.00 | ✓ | |
| Body Labor | 4.1 | \$56.00 | \$229.60 | 1 | |
| Paint Labor | 7.4 | \$56.00 | \$414.40 | 1 | |
| Body Supplies | 4.1 | \$36.00 | \$147.60 | V | |
| Paint Supplies | 7.4 | \$36.00 | \$266.40 | ✓ | |
| Taxable Amount | | | \$1,503.23 | | |
| Tax 5.600% | | | \$84.18 | | |
| Grand Total | | | \$1,587.41 | | |
| Net Total | | | \$1,587.41 | | |

Payment Detail

| Payee N | ame | | Date | | Descript | tion 7 | Amount | |
|---------|-----|---|------|-----|----------|--------|--------|--|
| | 400 | 1 | , | . 4 | * | 0.00 | - | |
| | | | Α | moı | ınt Pay | able | 0 | |
| | | | | Pay | ment N | lade | 0 | |
| | | | | Α | mount | Due | 0 | |



