

VI

R. C. No. 279 - 21 - 22. By FINANCE AND PERSONNEL COMMITTEE.
April 18, 2022.

Your Committee to whom was referred the below listed claims, hereby reports as follows, pursuant to Res. No. 64-17-18:

1. R. O. No. 107-21-22 by City Clerk submitting a claim from Progressive for alleged damages to their insured's vehicle when it was struck by a City of Sheboygan vehicle on Calumet Drive;
2. R. C. No. 330-20-21 by Finance and Personnel Committee to whom was referred R. O. No. 143-20-21 by City Clerk submitting a claim from Gina M. Gordon for alleged damages to her car when it was struck by a Department of Public Works vehicle;
3. R. O. No. 121-21-22 by City Clerk submitting a claim for excessive assessment from Reinhart Attorneys at Law regarding Tax Parcel No. 59281505650 (Badger State Lofts LP);
4. R. O. No. 112-21-22 by City Clerk submitting a notice of claim by Wisconsin Public Service Corporation for alleged damages and associated loss of gas service in the area of 1103 Mead Avenue on or about February 19, 2021;
5. R. O. No. 109-21-22 by City Clerk submitting a claim from Gabrielle McMullen for alleged damages to her vehicle when it was struck by a City plow while parked on Henry Street;

All R. O. 's have been reviewed by staff with the recommendation to file all claims and notice of claims.

_____	_____
_____	_____
_____	_____
	Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk
Approved _____ 20____. _____, Mayor

II
R. O. No. 107 - 21 - 22. By City Clerk. December 6, 2021.

Submitting a claim from Progressive for alleged damages to their insured's vehicle when it was struck by a City of Sheboygan vehicle on Calumet Drive.

Exp.
3/17/22-held

CITY CLERK

PROGRESSIVE

Payment Address
24344 Network Place
Chicago, IL 60673-1243

Document Address
P.O. Box 94639
Cleveland, Ohio 44101-9908
Phone: (877)818-0139
Fax: (888) 781-6947

DEC 03 2021
#18-21
MKC

11/23/2021 7:43:00 AM

Certified Mail Return Receipt Requested 9489 0090 0027 6372 9522 26

CITY OF SHEBOYGAN
CITY CLERK'S OFFICE
828 CENTER AVENUE, SUITE 103
SHEBOYGAN, WI 53081

Your Client: JOHNSON, TAYLOR

Your Claim Number: N/A

Our Insured: SUASTEGUI, DIANA

Our Claim Number: 21-7983848

Amount Subject to Reimbursement: 500.00

Amount of Insured's Deductible: N/A

IN ADDITION, THERE IS OUT OF POCKET FOR \$1,535.60. PLEASE REIMBURSE OUR
INSURED DIRECTLY

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: CALUMET DR IN SHEBOYGAN

Date and Time of Loss: 10-26-21 AT 3:24 PM

Description of Loss: OUR INSURED WAS TRAVELING ON CALUMET DR, NORTHBOUND IN SHEBOYGAN WI WHEN A CITY VEHICLE WITH PLATE #E7298 OPERATED BY JOHNSON, TAYLOR STRUCK OUR INSURED'S VEHICLE. WE ARE SEEKING REIMBURSEMENT FOR OUR INSURED'S VEHICLE DAMAGES.

Please make your draft payable to Artisan and Truckers Casualty Company as subrogee of "SUASTEGUI, DIANA", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. Thank you for your anticipated, prompt attention to this matter.

Brittany Walette

Progressive Subrogation

Artisan and Truckers Casualty Company

Tel. 877-818-0139

Fax. 888-781-6947

GovernmentStatus@email.progressive.com

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
ARTISAN AND TRUCKERS CASUALTY COMPANY

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **5**

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
6300 WILSON MILLS RD W33

6 City, state, and ZIP code
MAYFIELD VILLAGE, OH 44143

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

5 9 - 3 2 1 3 8 1 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Rae Barrett* Date ▶ *January 1, 2020*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Claim Payment Detail (21-7983848)**Payment Information**

Disbursement Number:	372778006	Total Amount:	\$500.00
Draft Number:	2040364438	Invoice Number:	89950847
Pay to the Order of:	SEZERO MEDINA		
Mailing Address:	3625 GRANITE RD SHEBOYGAN, WI 53083-1899 USA		
In Payment Of:	Progressive Invoice Number: 89950847		

Reviewed Summary

Issuing Rep:	A134860	Approved By:	
Issue Date:	11-12-21	Review Date:	
Last Updated Rep:	A134860	Reviewed By:	

Bank Information

Type:	Loss	Bank Code:	1CD
Stop Reason:		Cleared:	11-22-21
Stop Date:			

Exposure Detail: COLL

Party Name:	SUASTEGUI, DIANA	Amount Paid:	\$500.00
Property Description:	06 NISSAN ARMADA	Deductible Taken:	\$0.00
Payment Type:	FINAL PAYMENT	Property Damage:	\$0.00
		Rental:	\$0.00

Date: 11/11/2021 11:01 AM
Estimate ID: 21-7983848-03
Estimate Version: 0
Committed
Profile ID: * SL - RV

Artisan and Truckers Casualty Co

Damage Assessed By: SCOTT BEHM

Appraised For: DIONNE HILLSTEAD
(715) 690-3552

Classification:

Type of Loss: Other
Date of Loss: 10/26/2021
Deductible: WAIVED
Claim Number: 21-7983848-03

Insured: UNKNOWN UNKNOWN
Owner: SEZERO MEDINA
Telephone: Home Phone: (920) 254-2089
Contact Phone: (920) 889-8968

Cell Phone: (920) 889-8968

Mitchell Service: 910343

Description: 10 GENERIC TRAILER/TOY HAULER
Body Style: Enclosed Cargo trailer single axle
VIN: 1111234567
Mileage: 113
OEM/ALT: O
Color: Grey
Options: SPECIAL PAINT/TRIM

Drive Train:

Search Code: None

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	900500	BDY *	REMOVE/REPLACE	.040 GREY ALUMINUM SKIN 4 X 8	New	155.00 *	2.0*
2	900500	BDY *	REMOVE/REPLACE	REAR CARGO DOOR	New	436.98 *	1.0*
3	900500	BDY *	REMOVE/REPLACE	.040 GREY ALUMINUM Door Opening	New	155.00 *	2.0*
4	900500	BDY *	REMOVE/REPLACE	ALUMINUM FRAMING DOOR OPENING	New	95.00 *	6.0*
5	900500	BDY *	REPAIR	REAR DOOR SILL	Existing		1.5*
6	900500	BDY *	REMOVE/REPLACE	SHOP SUPPLIES	New	25.00 *	0.0*

* - Judgment Item

All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep.

Estimate Totals

		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			Amount
I. Labor Subtotals							II. Part Replacement Summary		
Body		12.5	85.00	0.00	0.00	1,062.50 T	Taxable Parts		866.98
	Taxable Labor					1,062.50	Sales Tax @ 5.500%		47.68
	Labor Tax		@ 5.500 %			58.44	Total Replacement Parts Amount		914.66
Labor Summary	12.5					1,120.94			
III. Additional Costs						Amount	IV. Adjustments		Amount
Total Additional Costs						0.00	Insurance Deductible		WAIVED
							Customer Responsibility		0.00
							I. Total Labor:		1,120.94
							II. Total Replacement Parts:		914.66
							III. Total Additional Costs:		0.00
							Gross Total:		2,035.60
							IV. Total Adjustments:		0.00
							Net Total:		2,035.60

Point(s) of Impact

6 Rear Center (P)

Insurance Co: Artisan and Truckers Casualty Co

Inspection Site: ***S-L Trailer*** SOB1 11/11
Address: 1806 Wilson Ave
Sheboygan, WI 53081
Inspection Date: 11/11/2021

THIS IS A DAMAGE ASSESSMENT ONLY - NOT AN AUTHORIZATION TO REPAIR -
BASED ON DAMAGE VISIBLE OR CERTAIN AT THE TIME IT WAS WRITTEN.

THE OWNER MAY CHOOSE THE REPAIR FACILITY OF HIS OR HER CHOICE.

PROGRESSIVE HONORS THE PREVAILING COMPETITIVE LABOR RATE IN THE AREA
WHERE THE PROPERTY WILL BE REPAIRED. IF YOU CHOOSE A SHOP THAT
CHARGES IN EXCESS OF THE PREVAILING COMPETITIVE LABOR RATE IN THE
AREA WHERE THE PROPERTY WILL BE REPAIRED, THEN YOU WILL BE RESPONSIBLE
FOR THE DIFFERENCE IN LABOR RATES.

TO ENSURE PROPER AND PROMPT PAYMENT FOR ADDITIONAL DAMAGE DISCOVERED
DURING THE COURSE OF REPAIRS, CONTACT PROGRESSIVE FOR SUPPLEMENT
HANDLING PROCEDURES.

PART TYPE TERMS AND ABBREVIATIONS

NEW AND OEM OR PART NUMBER DISPLAYED - THESE REFER TO A NEW, ORIGINAL
EQUIPMENT MANUFACTURER PART.

NON-OEM AND A/M AND QUAL REPL - THESE REFER TO AN AFTER-MARKET PART,

ESTIMATE RECALL NUMBER: 11/11/2021 11:00:28 21-7983848-03
Mitchell Data Version: OEM: SEP_21_V1019

Date: 11/11/2021 11:01 AM
Estimate ID: 21-7983848-03
Estimate Version: 0
Committed
Profile ID: * SL - RV

WHICH IS A NEW, NON-ORIGINAL EQUIPMENT MANUFACTURER PART.

USED/RECYCLED AND LKQ - THESE REFER TO A USED OEM PART.
REMANUFACTURED AND RECOND. AND RECORE - THESE REFER TO USED/RECYCLED
OEM PARTS THAT HAVE BEEN REFURBISHED.

AUTHORIZED REPAIR FACILITIES:

I ACKNOWLEDGE AND APPROVE OF THIS ESTIMATE.

SIGNATURE: _____
DATE: _____

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS
FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR
FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF
INSURANCE FRAUD.

Contact Information

D. Hillstead 11/11/2021 04:02 PM EST | 2 Weeks Since Report
OBC TO IO SEZRO EXPLAINED PER OUR POLICY WE CAN PAY OUT A MAX OF \$500 FOR HIS TRAILER AS IT IS NOT ON THE POLICY. HE SAID OK AND WANTS TO DO A PAPER CHECK





For Customer Support refer to the appropriate platform below:

Police Records Retrieval

800-934-9698

PoliceRecords.support@lexisnexisrisk.com

Accurint for Insurance

866-277-8407

Accurint.support@lexisnexisrisk.com

PAGE COUNT: 19

CLIENT: 107040
DIVISION: WISCONSI53718
ADJUSTER: A115882
CLAIM: 21-7983848

TRANSACTION #: 1551758512
DATE: 11/10/2021

DATE OF LOSS: 10/26/2021 TIME OF LOSS:
STREET:
CITY: SHEBOYGAN
COUNTY: SHEBOYGAN
STATE: WI

INVESTIGATING AGENCY: SHEBOYGAN CO SO
REPORT NUMBER:
REPORT TYPE: AUTOACCIDENT
PARTY1: JOSHYPAR SUASTEGUI
PARTY2:
PARTY3:

CAR: MAKE: YEAR:
TAG:

ADDITIONAL INFO:

NOTE:

THANK YOU FOR YOUR ORDER!

G8L197RBBS

S21-16035

WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
SHEBOYGAN, WI 53081
(920) 459-3112

G8L197RBBS

Document Number Override G8L1DWMM0Z		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY LOGAN MELGOSA	
Crash Date 10/26/2021		Crash Time 03:24 PM		Date Arrived 10/26/2021		Time Arrived 03:42 PM	
Date Notified 10/26/2021		Time Notified 03:24 PM		Total Units 03		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input checked="" type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Secondary Crash	

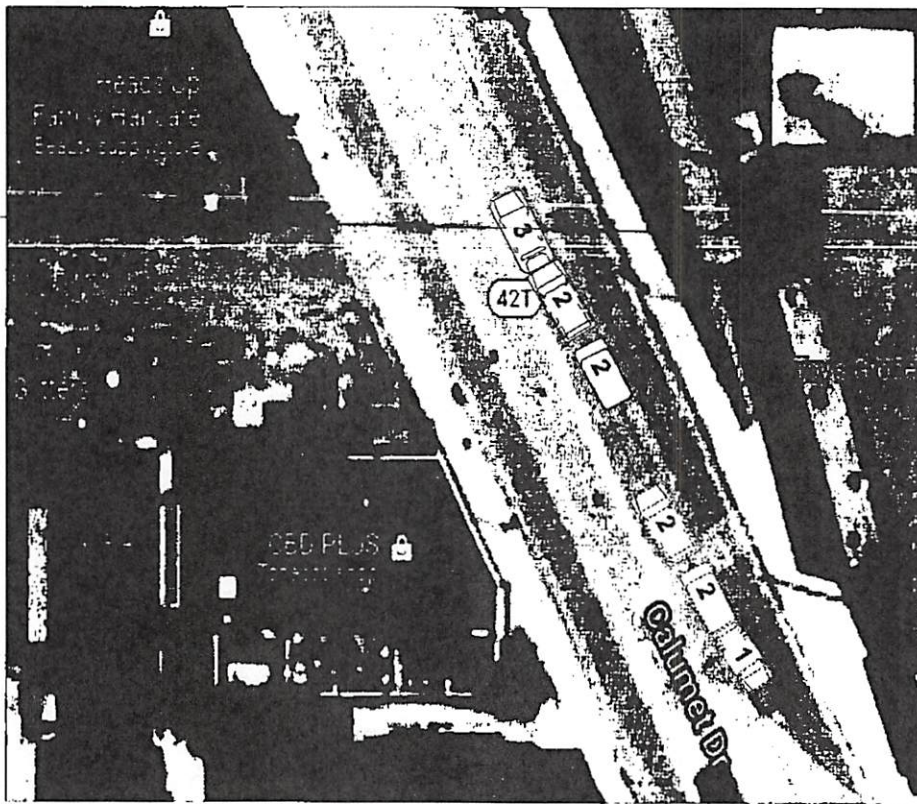
Description

Diagram



S21-16035

* NOT TO SCALE *



Reconstruction By

 Photos By
L.MELGOSA #S084

 Additional Information
PHOTOS, OTHER DOCUMENTS
☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT THREE WAS STOPPED IN LANE ONE OF N/B CALUMET AVE TO TURN INTO A PRIVATE PARKING LOT ON THE WEST SIDE OF THE ROADWAY. UNIT THREE HAD ITS LEFT BLINKER ACTIVATED WHEN UNIT TWO SLOWED TO STOP FOR UNIT THREE. AS UNIT TWO WAS SLOWING, IT WAS STRUCK BY UNIT ONE FROM BEHIND. AFTER BEING STRUCK BY UNIT ONE UNIT TWO STRUCK UNIT THREE. UNIT TWO WAS HAULING A TRAILER BUT WAS DETERMINED THE TAIL LAMPS WERE NOT PLUGGED IN OR OPERATIONAL AT THE TIME OF THE CRASH. THE PASSENGER OF UNIT ONE WAS TRANSPORTED FOR MINOR INJURIES. THE DRIVER OF UNIT THREE COMPLAINED OF MINOR BACK PAIN HOWEVER WAS NOT TRANSPORTED. NO OTHER INJURIES WERE REPORTED.

INCORRECT LABELING OF UNITS IN NARRATIVE

G8L197RBBS
S21-16035

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
SHEBOYGAN, WI 53081
(920) 459-3112

Location

ON CALUMET DR/ STH42 NB 77 FT N OF ALEXANDER CT IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude 43.766220146	Longitude -87.725681869
	X Coordinate 441591.0625	Y Coordinate 4846164
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION
Closure Type LANE CLOSURE	Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 10/26/2021	Time Initial Lane/Rd Closed 03:24 PM	
Date All Lanes Open 10/26/2021	Time All Lanes Open 04:37 PM	Date Scene Cleared 10/26/2021
		Time Scene Cleared 04:37 PM

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function POLICE	Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT	Road Grade LEVEL	
	Truck Bus or HazMat NO				


Vehicle

License Plate Number E7298	Plate Type OFF - MUNICIPAL OFFICI	St WI	Country of Issuance UNITED STATES
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G8L197RBBS
S21-16035

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
SHEBOYGAN, WI 53081
(920) 459-3112

01	UNIT	01	Vehicle Identification Number	Make	Year	Model
			1FM5K8AR4JGB00067	FORD	2018	EXPLORER
01	VEHICLE	01	Color	Body Style	Bus Use	
			BLK - BLACK	UT - SPORT UTILITY VEHICLE		
01	VEHICLE	01	Initial Contact Point	Vehicle Damage		
			12 - FRONT	01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT, 14 - UNDERCARRIAGE		
01	VEHICLE	01	Extent Of Damage	Vehicle Removed By		
			DISABLING DAMAGE	RITWAY TOWING		
01	VEHICLE	01	Towed Due To Damage	Vehicle Factors		
			TOWED DUE TO DISABLING DAMAGE	NOT APPLICABLE		
01	VEHICLE	01	What Driver Was Doing	Driver Prior Action Other		
			GOING STRAIGHT			
01	VEHICLE	01	Driver Actions	Driver Prior Action Other		
			NO CONTRIBUTING ACTION			
01	VEHICLE	01	Owner Name	Owner Address		
			CITY OF SHEBOYGAN (920) 459-3333	828 CENTER AVE # 205 SHEBOYGAN, WI 53081 , US		
Sequence Of Events						
01	UNIT	01	Event	Event		
			MOTOR VEH IN TRANSPORT			
			Event			
			Event			
01	UNIT	01	Event	Event		
			Event			
			Event			
			Event			
Policy Holder						
01	UNIT	01	Insurance Company	Government		
			CITY OF SHEBOYGAN	CITY OF SHEBOYGAN		
Individual						
01	INDIVIDUAL	001	Driver	Citations Issued	Sex	
			TAYLOR ANN JOHNSON (262) 623-7309	0	FEMALE	
01	INDIVIDUAL	001	Date of Birth	Race		
			11/18/1997	WHITE		
01	INDIVIDUAL	001	Address	Driver License Number		
			4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , US	J5258019791802 STATE: WISCONSIN COUNTRY: UNITED STATES		
01	INDIVIDUAL	001	Safety Equipment	Safety Equipment		
			On Duty Crash POLICE	SHOULDER & LAP BELT		
01	INDIVIDUAL	001	Row	Seat Position	Helmet Compliance	
			01 - FRONT ROW	07 - LEFT		
01	INDIVIDUAL	001	Helmet Use	Tint Compliance		
01	INDIVIDUAL	001	Eye Protection	Airbag		
				NON DEPLOYED		
01	INDIVIDUAL	001	Injury	Ejection Path		
			NO APPARENT INJURY	NOT EJECTED/NOT APPLICABLE		
01	INDIVIDUAL	001	Ejected	Trapped/Extricated		
			NOT EJECTED	NOT TRAPPED		

S21-16035

**SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
SHEBOYGAN, WI 53081
(920) 459-3112**

UNIT INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #	
	Hospital		Date of Death		Time of Death	
	Distracted By		Distracted By Source OTHER ELECTRONIC DEVICE			
	Distracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETC)					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
01 001	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					

Unit Summary

UNIT	02	Unit Status	Vehicle Operating As Classification		Unit Type	
		IN TRANSIT	D CLASS		AUTOMOBILE	
	02	Vehicle Type				Operating As Endorsements
		(SPORT) UTILITY VEHICLE				
		Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
		2		2	1	0
		Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
		YES	NORTHBOUND		25	4
		Most Harmful Event: Collision With		Special Function	Emergency Motor Vehicle Use	
		MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION	NOT APPLICABLE	
Traffic Way		Traffic Control	Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED		NO CONTROL	NO			
Surface Type		Road Curvature	Road Grade			
BLACKTOP (BITUMINOUS)		STRAIGHT	LEVEL			
Truck Bus or HazMat						
NO						
Vehicle						
02	02	License Plate Number	Plate Type	St	Country of Issuance	
		557XTL	AUT - AUTOMOBILE	WI	UNITED STATES	
02	02	Vehicle Identification Number	Make	Year	Model	
		5N1AA08B66N725200	NISSAN	2006	ARMADA	

G8L197RBBS

S21-16035

WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
SHEBOYGAN, WI 53081
(920) 459-3112

UNIT VEHICLE	Color	RED - RED	Body Style	LL - CARRYALL	Bus Use	
	Initial Contact Point	06 - REAR	Vehicle Damage			
	Extent Of Damage	FUNCTIONAL DAMAGE	05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER			
	Towed Due To Damage	NOT TOWED	Vehicle Removed By		OPERATOR	
UNIT VEHICLE	What Driver Was Doing	SLOW/STOPPING	Vehicle Factors			
	Driver Prior Action Other		STOP LAMPS			
	Driver Actions	FOLLOWING TOO CLOSE				
	Owner Name	DIANA SUASTEGUI (920) 287-1944	Owner Address		1806 WILSON AVE SHEBOYGAN, WI 53081 , US	
UNIT VEHICLE	Sequence Of Events					
	Event	MOTOR VEH IN TRANSPORT				
	Event					
	Event					
UNIT VEHICLE	Event					
	Event					
	Event					
	Event					
UNIT VEHICLE	Policy Holder					
	Insurance Company	PROGRESSIVE-CASUALTY-INS-CO		Individual	DIANA SUASTEGUI	
UNIT TRAILER/	Trailer/Towed					
	Trailer Plate #	Plate Type	Make	State	Country of Issuance	
	Unit Type	UTILITY TRAILER		Individual	SEVERO MEDINAMARES (920) 889-8968	
	Vehicle Identification Number	8007284176		Address	3625 GRANITE RD SHEBOYGAN, WI 53081 , US	
UNIT INDIVIDUAL	Individual					
	Driver	JOSHYMAR SUASTEGUI GUATEMALA (920) 287-1944		Citations Issued	2	
	Date of Birth	09/20/1989		Sex	MALE	
	Address	1806 WILSON AVE SHEBOYGAN, WI 53081 , US		Driver License Number	S2324208934008 STATE: WISCONSIN COUNTRY: UNITED STATES	
UNIT INDIVIDUAL	Safety Equipment		On Duty Crash			
	Row	01 - FRONT ROW		Seat Position	07 - LEFT	
	Helmet Use			Safety Equipment	SHOULDER & LAP BELT	
	Helmet Compliance			Safety Equipment		

**SHEBOYGAN COUNTY SHERIFFS DEPT
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SHEBOYGAN, WI 53081
(920) 459-3112**

02	002	Eye Protection		Tint Compliance	
		Injury Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
02	002	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier EMS Run #	
		Hospital		Date of Death	
		Time of Death			
UNIT	INDIVIDUAL	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
		Distracted By Action NOT DISTRACTED			
		Non Motorist		Striking Unit # Location	
		Prior Action			
UNIT	INDIVIDUAL	Action			
		Action Other			
		Te/From School			
		Suspected Alcohol Use NO			
02	002	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	
		Drug Test Results			
UNIT	INDIVIDUAL	Drug Type			
		Individual Condition APPEARED NORMAL			
		Individual			
		Passenger JOEL GOLPE ALBANIL (920) 838-0774		Citations Issued 0	
UNIT	INDIVIDUAL	Date of Birth 09/12/1973		Sex MALE	
		Race HISPANIC			
		Address 2427 CAMELOT BLVD # C SHEBOYGAN, WI 53081 , US		Driver License Number G4144207333201	
		STATE: WISCONSIN COUNTRY: UNITED STATES			
UNIT	INDIVIDUAL	On Duty Crash		Safety Equipment	
		Safety Equipment SHOULDER & LAP BELT			
		Row 01 - FRONT ROW		Seat Position 09 - RIGHT	
		Helmet Use		Helmet Compliance	
UNIT	INDIVIDUAL	Eye Protection		Tint Compliance	

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

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(920) 459-3112

02 003	UNIT INDIVIDUAL	Injury Severity		Airbag						
		SUSPECTED MINOR INJURY		NON DEPLOYED						
		Ejected	Ejection Path		Trapped/Extricated					
		NOT EJECTED	NOT EJECTED/NOT APPLICABLE		NOT TRAPPED					
		Medical Transport	EMS Agency Identifier		EMS Run #					
		EMS GROUND	6050235		2104247					
		Hospital	Date of Death		Time of Death					
		AURORA MED CTR-SHEBOYGAN								
		Distracted By		Distracted By Source						
		Distracted By Action								
02 003	UNIT INDIVIDUAL	Non Motorist		Striking Unit #		Location				
		Prior Action								
		Action								
		Action Other								
		To/From School								
		Drug & Alcohol		Suspected Alcohol Use		Suspected Drug Use				
		NO		NO		NO				
		Alcohol Test Given		Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN								
		Drug Test Given		Drug Test Type		Drug Test Results				
TEST NOT GIVEN										
02 003	UNIT INDIVIDUAL	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		Violations								
		UTC Number		Issue To?		Statute Number		Description		
		BF875247		002		343.05(3)(a)		OPERATE W/O VALID LICENSE (1ST VIOLATION)		
		UTC Number		Issue To?		Statute Number		Description		
		BF875248		002		347.14(1)		OPERATE VEHICLE W/O STOPPING LIGHTS		
		Unit Summary								
		03 UNIT	Unit Status		Vehicle Operating As Classification		Unit Type			
IN TRANSIT			D CLASS		AUTOMOBILE					
Vehicle Type			Operating As Endorsements							
(SPORT) UTILITY VEHICLE										
Total Occs			Train/Bus # Recorded		Total # Citations Issued		Total Trailers		Total HazMat Types	
1					0		0		0	
Insurance?			Direction Of Travel		Pre Crash Tire Mark		Speed Limit		Total Lanes	
YES			NORTHBOUND		<input type="checkbox"/>		25		4	
Most Harmful Event: Collision With			Special Function		Emergency Motor Vehicle Use					
MOTOR VEH IN TRANSPORT			NO SPECIAL FUNCTION		NOT APPLICABLE					
Traffic Way		Traffic Control		Traffic Control Inoperative/Missing						
TWO-WAY, NOT DIVIDED		NO CONTROL		NO						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
Truck Bus or HazMat NO						
Vehicle						
03 UNIT VEHICLE	License Plate Number 211ASF		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number JF2SKAGCXLH485408		Make SUBARU	Year 2020	Model FORESTER	
	Color WHI - WHITE		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 06 - REAR		Vehicle Damage			
	Extent Of Damage MINOR DAMAGE		06 - REAR			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing STOP IN TRAFFIC		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
	Driver Actions NO CONTRIBUTING ACTION					
	03 UNIT VEHICLE	Owner Name CHERIE LYNN WADLE (920) 627-4787		Owner Address 1130 NORTH AVE SHEBOYGAN, WI 53083 , US		
Sequence Of Events						
01 02 03 04 UNIT	Event MOTOR VEH IN TRANSPORT					
	Event					
	Event					
	Event					
Policy Holder						
01 UNIT INDIVIDUAL	Insurance Company WEST-BEND-MUTUAL-INS-CO		Individual CHERIE WADLE			
	Driver CHERIE LYNN WADLE (920) 627-4787		Citations Issued 0	Sex FEMALE		
	Address 1130 NORTH AVE SHEBOYGAN, WI 53083 , US		Date of Birth 03/10/1955	Race WHITE		
		Driver License Number W3401125559009 STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment						
On Duty Crash		Safety Equipment				
Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT		

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
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(920) 459-3112

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY LOGAN MELGOSA	
Crash Date 10/26/2021		Crash Time 03:24 PM		Date Arrived 10/26/2021		Time Arrived 03:42 PM	
Date Notified 10/26/2021		Time Notified 03:24 PM		Total Units 03		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input checked="" type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

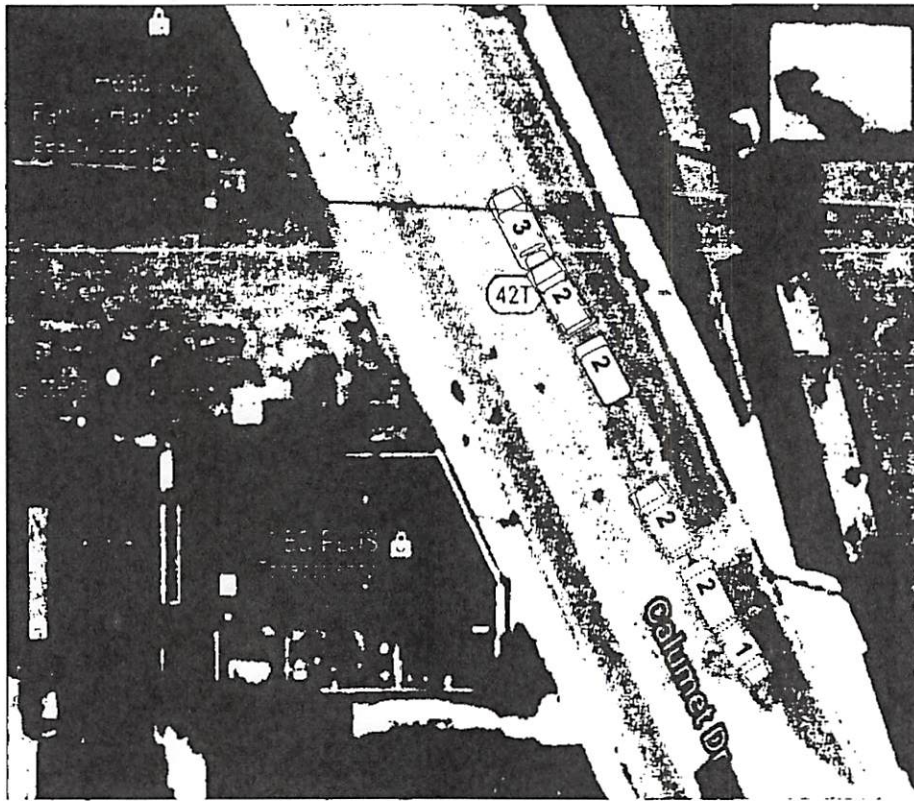
Description

Diagram



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* NOT TO SCALE *



Reconstruction By

Photos By
L.MELGOSA #S084

Additional Information
PHOTOS, OTHER DOCUMENTS

☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 3 WAS STOPPED IN LANE ONE OF N/B CALUMET AVE TO TURN INTO A PRIVATE PARKING LOT ON THE WEST SIDE OF THE ROADWAY. UNIT ONE HAD ITS LEFT BLINKER ACTIVATED WHEN UNIT TWO SLOWED FOR THE STOPPED VEHICLE IT WAS STRUCK BY UNIT ONE FROM BEHIND. AFTER BEING STRUCK BY UNIT ONE UNIT TWO STRUCK UNIT THREE. THE PASSENGER OF UNIT ONE WAS TRANSPORTED FOR MINOR INJURIES. THE DRIVER OF UNIT THREE COMPLAINED OF MINOR BACK PAIN HOWEVER WAS NOT TRANSPORTED. NO OTHER INJURIES WERE REPORTED.

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
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(920) 459-3112

Location

ON CALUMET DR/ STH42 NB 77 FT N OF ALEXANDER CT IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude 43.766220146	Longitude -87.725681869
	X Coordinate 441591.0625	Y Coordinate 4846164
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION	
Closure Type LANE CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 10/26/2021	Time Initial Lane/Rd Closed 03:24 PM		
Date All Lanes Open 10/26/2021	Time All Lanes Open 04:37 PM	Date Scene Cleared 10/26/2021	Time Scene Cleared 04:37 PM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function POLICE		Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

License Plate Number E7298	Plate Type OFF - MUNICIPAL OFFICI	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1FM5K8AR4JGB00067	Make FORD	Year 2018	Model EXPLORER

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WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
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UNIT VEHICLE	Color	BLK - BLACK	Body Style	UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point	12 - FRONT	Vehicle Damage			
	Extent Of Damage	DISABLING DAMAGE				
	Towed Due To Damage	TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By		RITEWAY TOWING	
UNIT VEHICLE	What Driver Was Doing	GOING STRAIGHT	Vehicle Factors		NOT APPLICABLE	
	Driver Prior Action Other					
	Driver Actions	NO CONTRIBUTING ACTION				
	Owner Name	CITY OF SHEBOYGAN (920) 459-3333	Owner Address		828 CENTER AVE # 205 SHEBOYGAN, WI 53081 , US	
01 UNIT VEHICLE	Sequence Of Events					
	Event	MOTOR VEH IN TRANSPORT				
	Event					
	Event					
01 UNIT VEHICLE	Event					
	Event					
	Event					
	Event					
01 UNIT VEHICLE	Policy Holder					
	Insurance Company	CITY OF SHEBOYGAN				
	Government	CITY OF SHEBOYGAN				
	Individual					
01 UNIT INDIVIDUAL	Driver	TAYLOR ANN JOHNSON (262) 623-7309		Citations Issued	0	
				Sex	FEMALE	
				Date of Birth	11/18/1997	
				Race	WHITE	
01 UNIT INDIVIDUAL	Address	4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , US		Driver License Number	J5258019791802 STATE: WISCONSIN COUNTRY: UNITED STATES	
	Safety Equipment		On Duty Crash			
	POLICE		Safety Equipment			
	Shoulder & Lap Belt		SHOULDER & LAP BELT			
01 UNIT INDIVIDUAL	Row	01 - FRONT ROW		Seat Position	07 - LEFT	
	Helmet Use			Helmet Compliance		
	Eye Protection			Tint Compliance		
	Injury	NO APPARENT INJURY		Airbag	NON DEPLOYED	
01 UNIT INDIVIDUAL	Ejected	NOT EJECTED		Ejection Path	NOT EJECTED/NOT APPLICABLE	
	Trapped/Extricated	NOT TRAPPED				
	Medical Transport	NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	

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**SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
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Hospital		Date of Death		Time of Death	
Distracted By		Distracted By Source OTHER ELECTRONIC DEVICE			
Distracted By Action		OTHER ACTION (LOOKING AWAY FROM TASK ETC)			
Non Motorist		Striking Unit #		Location	
Prior Action					
Action					
Action Other					
To/From School					
Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
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					

02 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 2	Total Trailers 1	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

[illegible]

02 02	License Plate Number 557XTL	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 5N1AA08B66N725200	Make NISSAN	Year 2006	Model ARMADA
	Color RED - RED	Body Style LL - CARRYALL		Bus Use

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WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
SHEBOYGAN, WI 53081
(920) 459-3112

UNIT VEHICLE	Initial Contact Point 06 - REAR		Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
	Extent Of Damage FUNCTIONAL DAMAGE				
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors STOP LAMPS		
	Driver Prior Action Other				
UNIT VEHICLE	Driver Actions FOLLOWING TOO CLOSE				
02 02	Owner Name DIANA SUASTEGUI (920) 287-1944		Owner Address 1806 WILSON AVE SHEBOYGAN, WI 53081 , US		
Sequence Of Events					
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT 02	Policy Holder				
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual DIANA SUASTEGUI		
UNIT 02 TRAILER/	Trailer/Towed				
	Trailer Plate #	Plate Type	Make ATWO	State	Country of Issuance
	Unit Type UTILITY TRAILER	Individual SEVERO MEDINAMARES (920) 889-8968			Address 3625 GRANITE RD SHEBOYGAN, WI 53081 , US
	Vehicle Identification Number 8007284176				
UNIT INDIVIDUAL	Individual				
	Driver JOSHYMAR SUASTEGUI GUATEMALA (920) 287-1944		Citations Issued 2	Sex MALE	
			Date of Birth 09/20/1989	Race HISPANIC	
	Address 1806 WILSON AVE SHEBOYGAN, WI 53081 , US		Driver License Number S2324208934008 STATE: WISCONSIN COUNTRY: UNITED STATES		
Safety Equipment					
On Duty Crash		Safety Equipment SHOULDER & LAP BELT			
Row 01 - FRONT ROW	Seat Position 07 - LEFT				
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
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SHEBOYGAN, WI 53081
(920) 459-3112

02 UNIT INDIVIDUAL	002	Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
		Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
		Distracted By Action NOT DISTRACTED		
		Non Motorist	Striking Unit #	Location
		Prior Action		
		Action		
		Action Other		
02 UNIT INDIVIDUAL	002	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
		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		
		Individual		
		Passenger JOEL GOLPE ALBANIL (920) 838-0774	Citations Issued 0	Sex MALE
			Date of Birth 09/12/1973	Race HISPANIC
		Address 2427 CAMELOT BLVD # C SHEBOYGAN, WI 53081 , US	Driver License Number G4144207333201 STATE: WISCONSIN COUNTRY: UNITED STATES	
		Safety Equipment	On Duty Crash	Safety Equipment
02 UNIT INDIVIDUAL	003	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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(920) 459-3112

UNIT
INDIVIDUAL

Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extincted NOT TRAPPED
Medical Transport EMS GROUND	EMS Agency Identifier 6050235	EMS Run # 2104247
Hospital AURORA MED CTR-SHEBOYGAN	Date of Death	Time of Death

Distracted By Distracted By Source

Distracted By Action

Non Motorist

Striking Unit #

Location

Prior Action

Action

Action Other

To/From School

Drug & Alcohol

Suspected Alcohol Use

NO

Suspected Drug Use

NO

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

Violations

UTC Number BF875247	Issue To? 002	Statute Number 343.05(3)(a)	Description OPERATE W/O VALID LICENSE (1ST VIOLATION)
UTC Number BF875248	Issue To? 002	Statute Number 347.14(1)	Description OPERATE VEHICLE W/O STOPPING LIGHTS

Unit Summary


Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements	
Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0
Insurance? YES	Direction Of Travel NORTHBOUND	Total Trailers 0
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Total HazMat Types 0
Traffic Way TWO-WAY, NOT DIVIDED		Speed Limit 25
Surface Type BLACKTOP (BITUMINOUS)		Total Lanes 4
Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO
Road Curvature STRAIGHT		Road Grade LEVEL

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WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
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(920) 469-3112

Truck Bus or HazMat NO				
UNIT VEHICLE	Vehicle License Plate Number 211ASF Vehicle Identification Number JF2SKAGCXLH485408 Color WHI - WHITE Initial Contact Point 06 - REAR Extent Of Damage MINOR DAMAGE Towed Due To Damage NOT TOWED What Driver Was Doing STOP IN TRAFFIC Driver Prior Action Other 	Plate Type AUT - AUTOMOBILE Make SUBARU Body Style UT - SPORT UTILITY VEHICLE Vehicle Damage 06 - REAR Vehicle Removed By OPERATOR Vehicle Factors NOT APPLICABLE 	St WI Year 2020 	Country of Issuance UNITED STATES Model FORESTER Bus Use
				
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name CHERIE LYNN WADLE (920) 627-4787			
	Owner Address 1130 NORTH AVE SHEBOYGAN, WI 53083 , US			
	Sequence Of Events Event MOTOR VEH IN TRANSPORT Event Event Event			
	Policy Holder Insurance Company WEST-BEND-MUTUAL-INS-CO Individual CHERIE WADLE			
	Individual Driver CHERIE LYNN WADLE (920) 627-4787 Citations Issued 0 Sex FEMALE Date of Birth 03/10/1955 Race WHITE Address 1130 NORTH AVE SHEBOYGAN, WI 53083 , US Driver License Number W3401125559009 STATE: WISCONSIN COUNTRY: UNITED STATES			
	Safety Equipment On Duty Crash Safety Equipment Row 01 - FRONT ROW Seat Position 07 - LEFT SHOULDER & LAP BELT Helmet Use Helmet Compliance			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT
525 NORTH SIXTH STREET
SHEBOYGAN, WI 53081
(920) 459-3112

03
004
UNIT
INDIVIDUAL

Eye Protection		Tint Compliance	
Injury	Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED			
Non Motorist	Striking Unit #	Location	
Prior Action			
Action			
Action Other			To/From School
Drug & Alcohol	Suspected Alcohol Use NO		Suspected Drug Use NO
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			

IV

5.15

R. C. No. 330 - 20 - 21. By FINANCE AND PERSONNEL COMMITTEE. April 19, 2021.

Your Committee to whom was referred R. O. No. 143-20-21 by City Clerk submitting a claim from Gina M. Gordon for alleged damages to her car when it was struck by a Department of Public Works vehicle; recommends referring to the Finance and Personnel Committee of the 2021-2022 Council.

F&P
21-22

My Name Nowhere _____

_____ Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor

II

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R. O. No. 143 - 20 - 21. By CITY CLERK. February 15, 2021.

Submitting a claim from Gina M. Gordon for alleged damages to her car when it was struck by a Department of Public Works vehicle.

FAP

CITY CLERK

DATE RECEIVED

2-11-2021

RECEIVED BY

MKC

CLAIM NO.

25-20

Traveler's Claim

ILL5572

SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

FEB 11 2021

1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
2. Attach and sign additional supportive sheets, if necessary.
3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: Gina M. Gordon
2. Home address of Claimant: 2027 N 10th St, Sheboygan Wi 53081
3. Home phone number: 920-980-9147
4. Business address and phone number of Claimant: N/A
5. When did damage or injury occur? (date, time of day) 1-11-2021, 2:00pm
6. Where did damage or injury occur? (give full description) Front area/bumper of 17 VW Golf Alltrack - police report attached
7. How did damage or injury occur? (give full description) Stopped at a red light. public works truck stopped in front decided to back up and hit me. Driver said he couldn't see me because the truck was too wide and is not equipped with a back up camera.
8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:
 - (a) Name of such officer or employee, if known: Robert Hayon
 - (b) Claimant's statement of the basis of such liability: _____
9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:
 - (a) Public property alleged to be dangerous: N/A - driver error
 - (b) Claimant's statement of basis for such liability: _____

20. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

No injury to person(s)

Auto Damage to 2017 Volkswagen Alltrack

11. Name and address of any other person injured: _____

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ 1,117.94

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ 1,117.94

Damaged vehicle (if applicable)

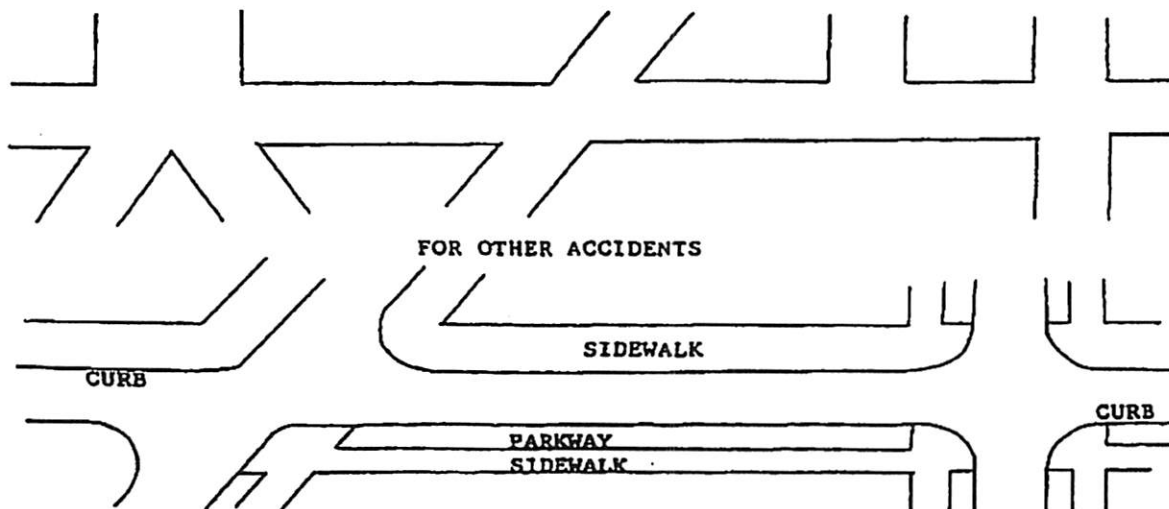
Make: VW Model: Golf Year: Alltrack Mileage: _____

Names and addresses of witnesses, doctors and hospitals: _____

Police Report Attached

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT _____ DATE _____

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: _____	Auto	\$ _____
Claimant's Address: _____	Property	\$ _____
_____	Personal Injury	\$ _____
Claimant's Phone No. _____	Other (Specify below)	\$ _____
	TOTAL	\$ _____

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 1,117.94.

SIGNED Gina M. Gordan

DATE: 1-28-2021

ADDRESS: 2027 N 10th St, Sheboygan WI 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

POLICE # C21-00614

ACCIDENT #

GENERAL INFORMATION

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number G7L0DXVN3K	Document Override Number	
Agency Accident Number		Police Number C21-00614			
4 - Accident Date 01/11/2021	5 - Time of Accident (Military Time) 1423	6 - Total Units 2	7 - Total Injured 0	8 - Total Killed 0	
2 - County SHEBOYGAN - 59	3 - Municipality SHEBOYGAN - 61, CITY		11 - Accident Location NON-INTERSECTION		
14 - On Hwy No.	14 - On Street Name WILGUS AVE	14 - Bus/Fmt/Rmp	15 - Est. Dist 59	Ft/Mi F	15 - Hwy. Dir WEST
16 - Fr/At Hwy No.	16 - From/At Street Name TAYLOR DR		16 - Business/Frontage/Ramp		
17 - Structure Type	17 - Structure Number	12 - Latitude 43.757678713435	13 - Longitude -87.75028796083		
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT		93 - Manner of Collision			
112 - Access Control NO CONTROL	113 - Road Curvature STRAIGHT	113 - Road Terrain LEVEL/FLAT	Surface Type BLACKTOP (BITMINOUS) - 2		
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY-TRAFFIC)					
117 - Relation To Roadway ON-ROADWAY					
114 - Light Condition DAYLIGHT		116 - Road Surface Condition DRY		118 - Weather CLEAR	
<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Government Property	<input type="checkbox"/> Fire	<input type="checkbox"/> Photos Taken	<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials	<input type="checkbox"/> Load Spillage	<input type="checkbox"/> Construction Zone	<input type="checkbox"/> Names Exchanged		
<input checked="" type="checkbox"/> Supplemental Reports	<input type="checkbox"/> Witness Statements	<input type="checkbox"/> Measurements Taken	79 - E M S Number		

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel EAST	24 - Speed Limit 25	
36 - Operating as Classified D	37 - Endorsements		<input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number H5007797642306		30 - State WI	31 - Expiration Year 2023	34 - On Duty Accident		
25 - Operator/Pedestrian Last Name HAYON		25 - First Name ROBERT		25 - Middle Initial WILLIAM	25 - Suffix	
32 - Date Of Birth 11/23/1976		33 - Sex M				
26 - Address Street & Number 1816 N 8TH ST				26 - PO Box		
27 - City SHEBOYGAN		27 - State WI	27 - Zip Code 53081	28 - Telephone Number 920-946-1970		
39 - Seat Position			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action		
119 - What Driver Was Doing BACKING-MANEUVER		120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued 0		
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.		
122 - Driver Factors UNSAFE-BACKING						
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT				
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN		

91 - Drugs Reported
124 - Highway Factors

Vehicle

VEHICLE 01	21 - Unit Type TRUCK	Vehicle Type PICKUP/UTILITY-TRUCK				22 - Total Occupants 1
	56 - License Plate Number 79245	57 - Plate Type LTK	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 1HTMNAANXAH280616	
	50 - Year 2010	51 - Make INTL	52 - Model UTILITY	53 - Body Style CB	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage					
	95 - Extent Of Damage NONE	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
						Date Of Birth
	46 - Company Name SHEBOYGAN CITY					
	47 - Address Street & Number 1315 N 23RD ST # 101			47 - PO Box		
	48 - City SHEBOYGAN		48 - State WI	48 - Zip Code 53081		49 - Telephone Number 920-459-3444

Insurance

INS 01	63 - Liability Insurance Company CITY OF SHEBOYGAN		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company SHEBOYGAN CITY		

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel EAST	24 - Speed Limit 25
36 - Operating as Classified D	37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle		
29 - Driver's License Number G6352928278708		30 - State WI	31 - Expiration Year 2025	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name GORDON		25 - First Name GINAMARIE		25 - Middle Initial L	25 - Suffix
32 - Date Of Birth 08/07/1982		33 - Sex F			
26 - Address Street & Number 2027 N 10TH ST				26 - PO Box	

OPERATOR/PEDESTRIAN 02	27 - City SHEBOYGAN		27 - State WI	27 - Zip Code 53081	28 - Telephone Number 920-980-9147
	39 - Seat Position				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED	44 <input type="checkbox"/> Medical Transport
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action
	119 - What Driver Was Doing SLOWING-OR-STOPPING		120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued 0
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.
	122 - Driver Factors NOT-APPLICABLE				
	88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT		
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN
	91 - Drugs Reported				
124 - Highway Factors					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 2
	56 - License Plate Number 426PWF		57 - Plate Type AUT	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 3VWH17AU3HM517177
	50 - Year 2017	51 - Make VOLK	52 - Model GOLF ALLTR		53 - Body Style SW	54 - Color WHI
	94 - Vehicle Damage					
	95 - Extent Of Damage MODERATE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name GORDON		46 - First Name GINAMARIE		46 - Middle Initial L
	46 - Company Name		46 - Suffix		
	47 - Address Street & Number 2027 N 10TH ST		47 - PO Box		
	48 - City SHEBOYGAN		48 - State WI	48 - Zip Code 53081	49 - Telephone Number 920-980-9147

Insurance

INS 02	63 - Liability Insurance Company TRAVELERS CASUALTY & SURETY CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name GORDON		61 - Policy Holder First Name GINAMARIE
	61 - Policy Holder Company		

INFORMATION	125 - Officer Last Name LIVINGSTON		125 - First Name LINDSAY	125 - Middle Initial	131 - Officer ID 468
	129 - Law Enforcement Agency No. 5961	130 - Law Enforcement Agency Name SHEBOYGAN POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number 1315 N 23RD ST				

Wisconsin Motor Vehicle
Accident Report MV4000e 01/2005

G7L0DXVN3K

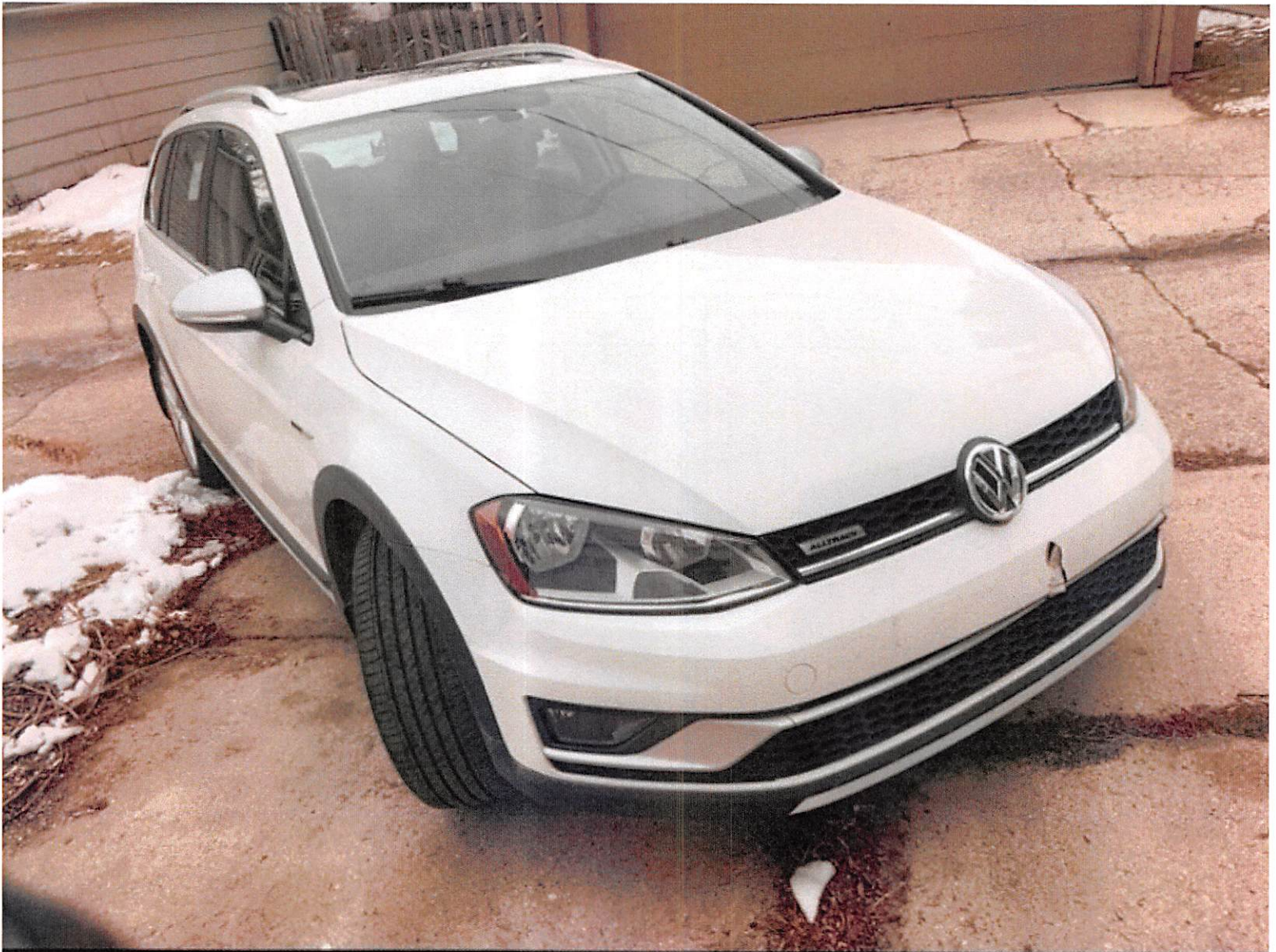
Page 5 of 5

PK2011

OFFICER INFORM/	127 - City SHEBOYGAN		127 - State WI	127 - Zip Code 53081	128 - Telephone Number 920-459-3333
	132 - Date Notified 01/11/2021	133 - Time Notified (Military Time) 1423		134 - Time Arrived (Military Time) 1428	135 - Date Of Report 01/12/2021
	Agency Accident Number	Police Number C21-00614		19 - Special Study	
	18 - Agency Space SQUAD #7				



Jan 18, 2021 16:03:20 CST Lat: 43.7673645 Long: -87.71530914



Jan 18, 2021 16:02:58 CST Lat: 43.76752472 Long: -87.71528625

TRAVELERS

Mountain West Claim Center (PI-292)

Email Supplements:

supplementrequest@travelers.com

PO Box 650293

Dallas, TX 75265

Phone: (800) 227-1538

Claim #:

Workfile ID:

ILL5572001

9034bae5

Estimate of Record

Written By: ANTHONY LUCCHESI, License Number: 880019, 1/21/2021 9:02:57 AM

Adjuster: GLASPELL, JASON, (317) 818-0133 Business

Insured:	GINA GORDON	Owner Policy #:	PT5010A6069870982031	Claim #:	ILL5572001
Type of Loss:	Collision	Date of Loss:	01/11/2021 12:00 AM	Days to Repair:	2
Point of Impact:	12 Front	Deductible:	500.00		

Owner (Insured):

GINA GORDON
2027 N 10TH ST
SHEBOYGAN, WI 53081-2627
(920) 980-9147 Cellular
GINAMARIE.GORDON@YAHOO.COM

Inspection Location:

Virtual

Appraiser Information:

supplementrequest@travelers.com

Repair Facility:

OWNERS CHOICE

VEHICLE

2017 VW Golf Alltrack S w/Direct Shift Gearbox 4D WGN 4-1.8L Turbocharged Gasoline Gasoline Direct Injection White

VIN:	3VWH17AU3HM517177	Production Date:	11/2016	Interior Color:	
License:	426PWF	Odometer:	43924	Exterior Color:	White
State:	WI	Condition:			

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors

DECOR

Dual Mirrors
Tinted Glass
Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Alarm

Message Center

Steering Wheel Touch Controls

Rear Window Wiper

Telescopic Wheel

Backup Camera

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Front Side Impact Air Bags

Head/Curtain Air Bags

Communications System

Hands Free Device

ROOF

Luggage/Roof Rack

SEATS

Bucket Seats

Reclining/Lounge Seats

Leather Seats

Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps

Traction Control

Stability Control

Rear Spoiler

Signal Integrated Mirrors

Estimate of Record

2017 VW Golf Alltrack S w/Direct Shift Gearbox 4D WGN 4-1.8L Turbocharged Gasoline Gasoline Direct Injection White

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	#	ASF - THE STANDARD FIRE INSURANCE COMPANY		1			
2	FRONT BUMPER						
3		O/H front bumper				2.8	
4	Repl	Bumper cover w/o drive asst	5G080721LHGRU	1	383.33	Incl.	2.6
5		Add for Clear Coat					1.0
6		Add for fog lamps				0.4	
7	Refn	Tow eye cap	5G0807241AGRU				0.2
8		Add for Clear Coat					0.1
9	Repl	Center grille w/o auto brake	5G0853677J9B9	1	108.33	Incl.	
10	MISCELLANEOUS OPERATIONS						
11	**	Repl A/M Flex Additive		1	5.00 T		
12	#	Subl Hazardous Waste		1	3.00		
SUBTOTALS					499.66	3.2	3.9

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			494.66
Body Labor	3.2 hrs @	\$ 58.00 /hr	185.60
Paint Labor	3.9 hrs @	\$ 58.00 /hr	226.20
Paint Supplies	3.9 hrs @	\$ 38.00 /hr	148.20
Miscellaneous			5.00
Subtotal			1,059.66
Sales Tax	\$ 1,059.66 @	5.5000 %	58.28
Total Cost of Repairs			1,117.94
Deductible			500.00
Total Adjustments			500.00
Net Cost of Repairs			617.94

Estimate of Record

2017 VW Golf Alltrack S w/Direct Shift Gearbox 4D WGN 4-1.8L Turbocharged Gasoline Gasoline Direct Injection White

All supplements must be pre-approved by Travelers.

Supplement repair charges may be subject to rejection unless approved by Travelers prior to repairs.

This instrument is a damage estimate only and not an acceptance of liability or authorization to repair.

Repair must be pre-authorized by the vehicle owner.

Vehicle owner maintains the right to repair vehicle at a repair facility of their choice.

Please present this estimate to the repair facility prior to repairs.

Necessary Information for Photograph and Video Estimates (READ CAREFULLY):

This estimate may have been completed based wholly or in part using photographs and/or video. Because of the use of photographs and video, this estimate may not be complete, as there could be hidden damage. You should provide this estimate to the shop of your choice prior to commencement of work. If your shop finds additional damages or undiscovered damages, Travelers will work with your repairer to assess the appropriate scope of work. Your shop is instructed in this estimate to contact Travelers through its supplement process and the damages they discover must be reviewed and approved prior to repairing the vehicle. In the event that you are not repairing your vehicle and believe that our estimate does not account for all of your damages, please contact your Claim professional to discuss and address your concerns and options.

Estimate of Record

2017 VW Golf Alltrack S w/Direct Shift Gearbox 4D WGN 4-1.8L Turbocharged Gasoline Gasoline Direct Injection White

Upon request, we will provide information regarding repair facilities that will repair the vehicle for the appraised amount if necessary.

If the appraisal specifies used parts the parts must be of like kind and quality or better than those being replaced.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE FOLLOWING IS A LIST OF ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED: D=DISCONTINUED PART A=APPROXIMATE PRICE B=BODY LABOR D=DIAGNOSTIC E=ELECTRICAL F=FRAME G=GLASS M=MECHANICAL P=PAINT LABOR S=STRUCTURAL T=TAXED MISCELLANEOUS X=NON TAXED MISCELLANEOUS ADJ=ADJACENT ALGN=ALIGN A/M=AFTERMARKET BLND=BLEND CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION D&R=DISCONNECT AND RECONNECT EST=ESTIMATE EXT. PRICE=UNIT PRICE MULTIPLIED BY THE QUANTITY INCL=INCLUDED MISC=MISCELLANEOUS NON-ADJ=NON ADJACENT O/H=OVERHAUL OP=OPERATION NO=LINE NUMBER QTY=QUANTITY QUAL RECY=QUALITY RECYCLED PART QUAL REPL=QUALITY REPLACEMENT PART COMP REPL PARTS=COMPETITIVE REPLACEMENT PARTS RECOND=RECONDITION REFN=REFINISH REPL=REPLACE R&I=REMOVE AND INSTALL R&R=REMOVE AND REPLACE RPR=REPAIR RT=RIGHT SECT=SECTION SUBL=SUBLET LT=LEFT W/O=WITHOUT W/_=WITH/_ #=MANUAL LINE ENTRY *=OTHER [IE..MOTORS DATABASE INFORMATION WAS CHANGED]. **=DATABASE LINE WITH AFTERMARKET N=NOTES ATTACHED TO LINE NAGS=NATIONAL AUTO GLASS SPECIFICATIONS. MQVP=MANUFACTURER'S QUALITY AND VALIDATION PROGRAM.OPT OEM=ORIGINAL EQUIPMENT MANUFACTURER PARTS EITHER OPTIONALLY SOURCED OR OTHERWISE PROVIDED WITH SOME UNIQUE PRICING OR DISCOUNT. NWCPP=NATIONWIDE CRASH PARTS PROGRAM.

THE ATTACHED ESTIMATE REPRESENTS AN APPRAISAL OF THE COST OF REPAIR FOR THE VISIBLE DAMAGE TO THE VEHICLE NOTED AT THE TIME OF INSPECTION NECESSARY TO RETURN THE VEHICLE TO ITS PREDAMAGED CONDITION. COSTS ABOVE THE APPRAISED AMOUNT MAY BE THE RESPONSIBILITY OF THE VEHICLE OWNER. THERE IS NO REQUIREMENT THAT THE VEHICLE OWNER USE ANY SPECIFIED REPAIR SHOP. INFORMATION REGARDING REPAIR FACILITIES WHICH WILL BE ABLE TO REPAIR THE VEHICLE FOR THE APPRAISED AMOUNT IS AVAILABLE FROM THE INSURANCE COMPANY. IF USED PARTS ARE SPECIFIED, THEY ARE REQUIRED TO BE OF LIKE KIND AND QUALITY TO THOSE BEING REPLACED. INCIDENTAL CHARGES SUCH AS TOWING, PROTECTIVE CARE, CUSTODY, STORAGE, DEPRECIATION, BATTERY AND TIRE REPLACEMENT ARE NOTED WHEN APPLICABLE.

Written By: _____ ANTHONY LUCCHESI _____

Appraiser License # : _____ 0000000 _____

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Estimate of Record

2017 VW Golf Alltrack S w/Direct Shift Gearbox 4D WGN 4-1.8L Turbocharged Gasoline Gasoline Direct Injection White

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.

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ERA9272, CCC Data Date 01/11/2021, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2021 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

Estimate of Record

2017 VW Golf Alltrack S w/Direct Shift Gearbox 4D WGN 4-1.8L Turbocharged Gasoline Gasoline Direct Injection White

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

DATE RECEIVED 8-10-21

RECEIVED BY MRC

CLAIM NO. Added Supplement #2520

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

AUG 09 2021

1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
2. Attach and sign additional supportive sheets, if necessary.
3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: GIWA GORDON
2. Home address of Claimant: 2027 N. 10th St, SHEBOYGAN WI
3. Home phone number: 920-980-9147 5308
4. Business address and phone number of Claimant: _____
5. When did damage or injury occur? (date, time of day) 8-18-21 2:00pm
6. Where did damage or injury occur? (give full description) FRONT OF BUMPER. TRAILER HITCH WENT RIGHT THROUGH BUMPER
7. How did damage or injury occur? (give full description) I WAS STOPPED AT A RED LIGHT. A UTILITY WORKER IN FRONT OF ME PUT HIS TRUCK IN REVERSE & BACKED INTO ME. HE SAID HE WAS THERE TO CHECK THE SENSORS. HE SAID HE DIDN'T SEE ME.
8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:
 - (a) Name of such officer or employee, if known: ROBERT HAYON
 - (b) Claimant's statement of the basis of such liability: _____
9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:
 - (a) Public property alleged to be dangerous: _____
 - (b) Claimant's statement of basis for such liability: _____

20. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

NO INJURIES

11. Name and address of any other person injured: NIA

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ 1317.75

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ _____

Damaged vehicle (if applicable)

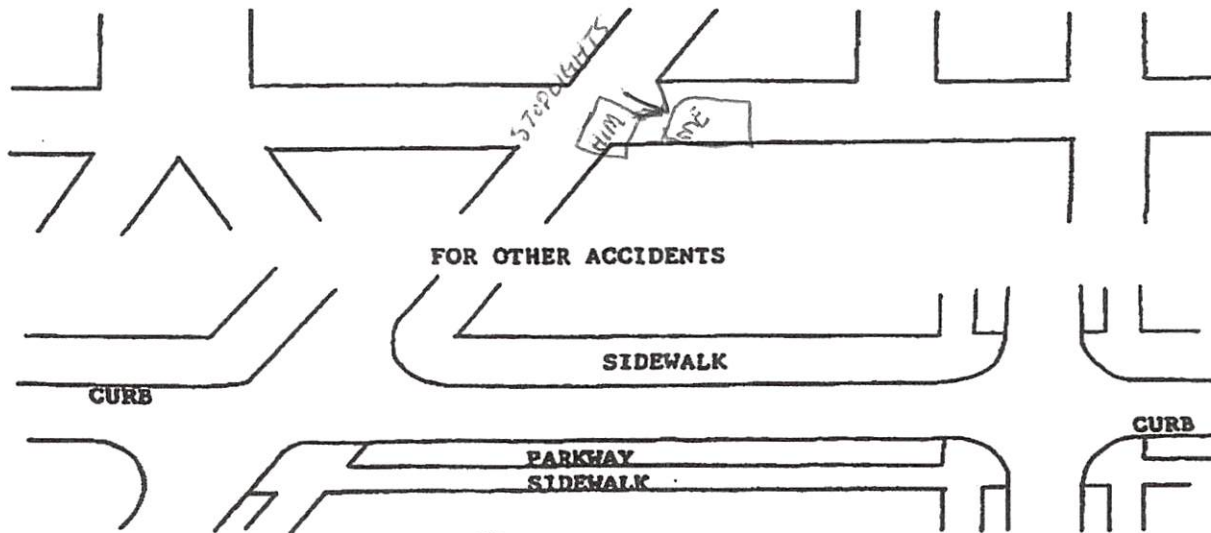
Make: VOLKSWAGEN Model: GOLF PUTRACK Year: 2017 Mileage: 43K

Names and addresses of witnesses, doctors and hospitals: _____

REBEKA DICKIE (INFO ON POLICE REPORT)

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT

[Signature]

DATE 7-22-21

ORIGINALLY SUBMITTED
ON 1/26/21

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: GINA GORDON Auto \$ 1317.75
Claimant's Address: 2027 N. 10th St Property \$ _____
SHEBOYGAN, WI 53081 Personal Injury \$ _____
Claimant's Phone No. 920-980-9147 Other (Specify below) \$ _____
TOTAL \$ 1317.75

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 1317.75.

SIGNED _____

DATE: 7-22-21

ADDRESS: _____

ORIGINALLY SENT 1/26/2

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

Date: 2/10/2021 04:20 PM
 Estimate ID: 1745
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

SCOTT'S RODZ 'N WRECKZ LLC

149 RUH COURT, KIEL, WI 53042
 (920) 894-1963
 Fax: (920) 894-1964
 Email: scott@rodznwreckz.com

Damage Assessed By: Scott Baldock
 Classification: Audit

Deductible: UNKNOWN

Insured: Gina-Marie Gordon
 Address: 2027 North 10th, Sheboygan, WI 53081
 Telephone: Home Phone: (920) 980-9147

Mitchell Service: 911896

Description: 2017 Volkswagen Golf Alltrack S
 Body Style: 4D Wgn Drive Train: 1.8L Turbo Inj 4 Cyl 6A AWD
 VIN: 3VWH17AU3HM517177
 OEM/ALT: O Search Code: None
 Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING
 REAR WINDOW DEFOGGER, AIR CONDITION, REAR WINDOW WIPER, CRUISE CONTROL
 TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR
 POWER PASSENGER SEAT, FRONT SIDE AIRBAG WITH HEAD PROTECTION
 ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS
 REARVIEW CAMERA, TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM
 AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, HD RADIO
 LEATHER STEERING WHEEL, SATELLITE RADIO, CD PLAYER
 POWER ADJUSTABLE EXTERIOR MIRROR, AUTOMATIC TRANSMISSION, TRIP COMPUTER
 FIRST ROW BUCKET SEAT, TELEMATIC SYSTEMS, ALL WHEEL DRIVE, SIDE AIRBAGS
 SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, MP3 PLAYER, DAYTIME RUNNING LIGHTS
 TONNEAU COVER, DRIVER SEAT WITH POWER LUMBAR SUPPORT
 ELECTRONIC STABILITY CONTROL, FRONT HEATED SEATS
 FRONT SEATS WITH POWER LUMBAR SUPPORT, KEYLESS ENTRY SYSTEM, REAR BENCH SEAT
 REAR SPOILER, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
<u>Front Bumper</u>							
1	100162	BDY	OVERHAUL	Frt Bumper Cover Assy			3.4 #
2		BDY	REMOVE/INSTALL	Grille Assy			0.3
3	100166	BDY	REMOVE/REPLACE	Frt Bumper Cover	ORDER FROM DEALER	383.33	INC #
4		REF	REFINISH	Frt Bumper Cover			C 2.6
5	100172	BDY	REMOVE/REPLACE	Frt Bumper Impact Absorber	5GM 807 248 C	168.33	INC
6	100147	BDY	REPAIR	Frt Lwr Bumper Plate	Existing		0.5*
7	100176	BDY	REMOVE/REPLACE	Frt Lwr Bumper Grille	ORDER FROM DEALER	153.33	INC #
8		BDY	REMOVE/INSTALL	Frt Bumper Cover			INC #
9	100187	BDY	REMOVE/REPLACE	Frt Bumper License Plate Bracket	5GM 807 287 F 9B9	81.67	INC
<u>Front Lamps</u>							
10	100281	BDY	REMOVE/REPLACE	L Frt Fog Lamp Assembly	510 941 661 C	105.98	* INC #
11		BDY	CHECK/ADJUST	Fog Lamps			0.4
<u>Special/Manual Entry</u>							
12	900500	BDY *	REMOVE/REPLACE	HAZARDOUS WASTE REMOVAL	Sublet	5.00	* 0.0*
<u>Additional Operations</u>							

ESTIMATE RECALL NUMBER: 02/10/2021 16:12:32 1745

Mitchell Data Version: OEM: JAN_21_V

Software Version: 7.1.240

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 All Rights Reserved

Page 1 of 2

1128	MCH	ADD'L LABOR OP	Post Repair Scan	Existing	0.6*
			<u>Special/Manual Entry</u>		
900500	REF *	REFINISH/REPAIR	Flex/Adhesion Promoter	New	8.00 * 0.0*
			<u>Additional Operations</u>		
15	REF	ADD'L OPR	Clear Coat		1.0
16	933018 REF	ADD'L OPR	Mask For Overspray		8.00 *
			<u>Additional Costs & Materials</u>		
17		ADD'L COST	Paint/Materials		151.20 *

* - Judgment Item
- Labor Note Applies
C - Included in Clear Coat Calc

Estimate Totals

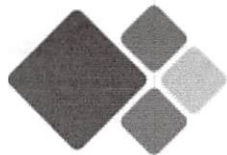
I. Labor Subtotals		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	
	Body	4.6	62.00	0.00	0.00	285.20	T
	Refinish	3.6	62.00	8.00	0.00	231.20	T
	Mechanical	0.6	88.00	0.00	0.00	52.80	T
						569.20	
	Taxable Labor			@	5.000 %	28.46	
	Labor Tax						
	Labor Summary	8.8				597.66	
III. Additional Costs						Amount	
	Taxable Costs					151.20	
	Sales Tax			@	5.000%	7.56	
	Total Additional Costs					158.76	
Paint Material Method: Rates							
Init Rate = 42.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
II. Part Replacement Summary						Amount	
	Taxable Parts					905.64	
	Sales Tax		@	5.000%		45.28	
	Total Replacement Parts Amount					950.92	
IV. Adjustments						Amount	
	Customer Responsibility					0.00	
I. Total Labor:						597.66	
II. Total Replacement Parts:						950.92	
III. Total Additional Costs:						158.76	
Gross Total:						1,707.34	
IV. Total Adjustments:						0.00	
Net Total:						1,707.34	

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

12 Front Center (P)
ESTIMATE RECALL NUMBER: 02/10/2021 16:12:32 1745
Mitchell Data Version: OEM: JAN_21_V Copyright

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Page 2 of 2

**Michaels' Auto Body Repair**

316 Lincoln Ave
Cleveland Wisconsin
53015
920-320-1040
tmichaels2009@hotmail.com

INVOICE
INV0066

DATE
03/16/2021

DUE
On Receipt

BALANCE DUE
USD \$1,317.75

BILL TO

Gina Marie

DESCRIPTION	RATE	QTY	AMOUNT
Bumper cover	\$615.00	1	\$615.00
Remove and install bumper cover (hourly labor)	\$60.00	2	\$120.00
Paint Includes hardner, sealer, clear coat, and reducer	\$200.00	1	\$200.00
Paint labor	\$65.00	4	\$260.00
Remove and install grill/fog lamps (hourly labor)	\$60.00	1	\$60.00
SUBTOTAL			\$1,255.00
TAX (5%)			\$62.75
TOTAL			\$1,317.75

Payment Instructions**BY CHECK**

Michaels' Autobody Repair

OTHER

PayPal or Square payments are accepted but will incur an extra fee of 3% of the grand total.

BALANCE DUE **USD \$1,317.75**

DATE SIGNED
03/16/2021

Fifty percent of total due upon acceptance of the estimate.

The price quoted is contingent on not finding unexpected problems with the car that need to be addressed. I will contact the customer if I find other issues and will proceed with repairs only after the extra expense is discussed and approved.

Thanks for your business!

R. O. No. 121 - 21 - 22. By City Clerk. February 7, 2022.

Submitting a claim for excessive assessment from Reinhart Attorneys at Law regarding Tax Parcel No. 59281505650 (Bader State Lofts LP).

CITY CLERK

F+P



JAN 31 2022

MKC #22-21

Reinhart Boerner Van Deuren s.c.
P.O. Box 2018
Madison, WI 53701-2018

22 East Mifflin Street
Suite 700
Madison, WI 53703

Telephone: 608.229.2200
Fax: 608.229.2100
reinhartlaw.com

January 26, 2022

Don M. Millis, Esq.
Direct Dial: 608-229-2234
dmillis@reinhartlaw.com

CLAIM FOR EXCESSIVE ASSESSMENT

SERVED BY PROCESS SERVER

Meredith DeBruin, Clerk
City of Sheboygan
City Hall
828 Center Avenue, Suite 103
Sheboygan, WI 5308

Process Server 
Date: 1/31/22 Time: 1:10 pm
() Personal () Substitute
() Posted (X) Corporate

Dear Clerk:

Re: Tax Parcel No. 59281505650

Now comes Claimant, Badger State Lofts LP, owner of parcel 59281505650 0 (the "Property") in Sheboygan, Wisconsin, by Claimant's attorneys Reinhart Boerner Van Deuren s.c., and files this Claim for Excessive Assessment against the City of Sheboygan (the "City"), pursuant to Wis. Stat. § 74.37. You hereby are directed to serve any notice of disallowance on the undersigned agent of the Claimant.

1. This Claim is brought under Wis. Stat. § 74.37(3)(d), for a refund of excessive real estate taxes imposed on Claimant by the City for the year 2021, plus statutory interest, with respect to the Property.
2. Claimant is the owner of the Property, is responsible for the payment of property taxes and the prosecution of property tax disputes involving the Property and is authorized to bring this claim in its own name.
3. The City is a body corporate and politic, duly organized as a municipal corporation under Wisconsin law, with its principal office located at 828 Center Avenue in the City.
4. The Property is located at 1031 Maryland Avenue within the City and is identified in the City's records as Tax Parcel No. 59281505650.
5. The Wisconsin Department of Revenue determined that the aggregate ratio of property assessed in the City was 78.6759827% as of January 1, 2021.

6. For 2021, property tax was imposed on property in the City at the rate of \$26.210405 per \$1,000 for of the assessed value for Property.

7. For 2021, the City's assessor set the assessment of the Property at \$2,759,000.

8. Claimant did not receive any notice of the changed assessment pursuant to Wis. Stat. § 70.365. Therefore, Claimant was not required to comply with City's Board of Review procedures pursuant to Wis. Stat. § 74.37(4)(a).

9. The City imposed tax on the Property in the amount of \$374,992.28.

10. Claimant timely paid the property taxes imposed by the City on the Property for 2021, or the required installment thereof.

11. The fair market value of the Property as of January 1, 2021 was no higher than \$6,500,000.

12. Based on the aggregate ratio 78.6759827%, the correct assessment of the Property for 2021 is no higher than \$5,113,939.

13. Based on the tax rate of \$26.210405 per \$1,000 of assessed value, the correct amount of property tax on the Property for 2021 should be no higher than \$134,038.

14. The 2021 assessment of the Property, as set by the City's Board of Assessors and compared with other properties in the City was excessive and, upon information and belief, violated Article VIII, Section 1 (i.e., the Uniformity Clause) of the Wisconsin Constitution. As a result, the property tax imposed on the Property for 2021 was excessive in at least the amount of \$240,954.

16. Upon information and belief the City will take the position that the assessment of property in the City is at market value and, if true, then an over assessment of the Property constitutes a Uniformity Clause violation. As a result of the assessment of the Property, the Property bears an unreasonably disproportionate share of taxes on an ad valorem basis.

17. Claimant is entitled to a refund of 2021 tax in the amount of \$240,954, or such greater amount as may be determined to be due to Claimant, plus statutory interest.

18. The amount of this claim is \$240,954, plus interest thereon.

Meredith DeBruin, Clerk
January 26, 2022
Page 3

Dated at Madison, Wisconsin, this 26th day of January, 2022.

Sincerely yours,



Don M. Millis
Agent for Claimant

46684067

II

12

R. O. No. 112 - 21 - 22. By City Clerk. January 4, 2022.

Submitting a notice of claim by Wisconsin Public Service Corporation for alleged damages and associated loss of gas service in the area of 1103 Mead Avenue on or about February 19, 2021.

FHP

CITY CLERK

DEC 20 2021



Wisconsin Public Service Corporation
Claims - A145
P.O. Box 1132
Milwaukee, WI 53201-1132
Phone 800-558-3303 x3437
Fax 262-523-7889
Email damageclaims@wecenergygroup.com

#20-21
MKC
12-20-21

NOTICE OF CLAIM FOR DAMAGES

TO: **City of Sheboygan**
Attn: City Clerk
828 Center Ave Suite 110
Sheboygan, WI 53081-4442

PLEASE TAKE NOTICE, that pursuant to Sec. 893.80, Wis. Stats, Wisconsin Public Service Corporation, 700 North Adams Street, Green Bay, Wisconsin by Mary Ritenour, Claims Analyst, hereby gives notice that on or about February 19, 2021, the claimant suffered damage and associated loss of gas service in the area of 1103 Mead Avenue in the City of Sheboygan, Wisconsin.

PLEASE TAKE FURTHER NOTICE that at the aforementioned time and place, the claimant sustained damage to gas meter regulator.

PLEASE TAKE FURTHER NOTICE, that all times material City of Sheboygan through its officials, employees, agents or representatives, including but not limited to City of Sheboygan Department of Public Works did strike and damage front of regulator with snow blower.

PLEASE TAKE FURTHER NOTICE that the damages suffered by Wisconsin Public Service Corporation were directly and proximately caused by the actions of City of Sheboygan in that its employee, in the normal course of employment, did strike and damage gas meter regulator while clearing snow, breaking it.



Wisconsin Public Service Corporation
Claims - A145
P.O. Box 1132
Milwaukee, WI 53201-1132
Phone 800-558-3303 x3437
Fax 262-523-7889
Email damageclaims@wecenergygroup.com

City of Sheboygan


Page 2

PLEASE TAKE FURTHER NOTICE, that by reason of the aforesaid actions of City of Sheboygan, Wisconsin Public Service Corporation sustained damages for which it makes claim upon City of Sheboygan in the sum of \$210.24 and such other relief as provided by law.

PLEASE TAKE FURTHER NOTICE, that Mary Ritenour is the representative of the claimant in this matter, and any request for further information should be addressed to said individual at PO Box 1132, Milwaukee, Wisconsin, 53201-1132.

Dated at Milwaukee, Wisconsin, this 17th day of December, 2021.

WE ENERGIES


By 
Mary Ritenour, Claims Analyst

P.O. ADDRESS:
We Energies
Claims, Room A145
PO Box 1132
Milwaukee WI 53201-1132
Telephone: 414-221-3788

Claim Number CL-2021105344

 R. O. No. 109 - 21 - 22. By City Clerk. December 20, 2021. 22

Submitting a claim from Gabrielle McMullen for alleged damages to her vehicle when it was struck by a City plow while parked on Henry Street.



CITY CLERK

DATE RECEIVED

12-15-21

RECEIVED BY

me

CLAIM NO.

19-21

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

DEC 15 2021

1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
2. Attach and sign additional supportive sheets, if necessary.
3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: Gabrielle McMullen
2. Home address of Claimant: 2329 Henry Street
3. Home phone number: 920-254-0254 or 920-912-4027
4. Business address and phone number of Claimant: N/A
5. When did damage or injury occur? (date, time of day) Dec 8, 2021, 10:15am
6. Where did damage or injury occur? (give full description) Approximately
left driver side mirror and driverside window
7. How did damage or injury occur? (give full description) City Plow driver
side swiped car as they plowed street. Driver
stopped and called his supervisor and the police
8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:
 - (a) Name of such officer or employee, if known: unknown
 - (b) Claimant's statement of the basis of such liability: the police officer
that came to my door to give me the card with
the claim number.
9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:
 - (a) Public property alleged to be dangerous: _____
 - (b) Claimant's statement of basis for such liability: _____

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

no injurie

11. Name and address of any other person injured: n/a

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ 1200⁰⁰ estimated

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ 1200⁰⁰

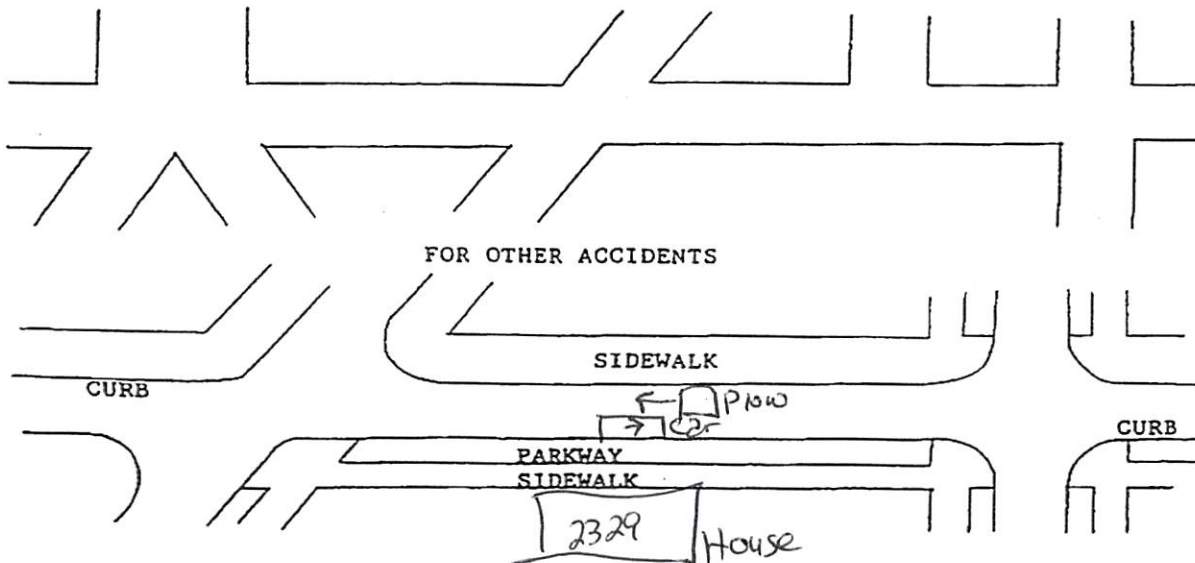
Damaged vehicle (if applicable)

Make: cherrolet Model: malibu Year: 2013 Mileage: 128,880

Names and addresses of witnesses, doctors and hospitals: The 2 plow drivers. Gabrielle mcmullen who was looking out the window when it happened.

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT

Gabrielle mcmullen

DATE 12-15-21

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: Gabrielle McMullen Auto \$ 1200⁰⁰

Claimant's Address: 2329 Henry St. Property \$ _____

Sheboygan, WI 53081 Personal Injury \$ _____

Claimant's Phone No. 920-254-0254 / 920-912-4027 Other (Specify below) \$ _____

TOTAL \$ 1200⁰⁰

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 1200⁰⁰.

SIGNED Gabrielle McMullen DATE: 12-15-27

ADDRESS: 2329 Henry Street
Sheboygan, WI 53081

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

Get Your Police Report at
CRASHDOCS.ORG

Sheboygan Police Department

12/8/21
ACCIDENT DATE

C21-21232
POLICE REPORT NUMBER

Reports are available 5-7 business days after incident

SHEBOYGAN COLLISION CENTER
CHEVROLET - BUICK - GMC - CADILLAC INC
3400 SOUTH BUSINESS DRIVE -- SHEBOYGAN, WI 53081
OFFICE: 920-459-6855 FAX: 920-459-6286 TOLL FREE: 888-459-6855
FED I.D.# 83-0747810 EMAIL: COLLISIONCENTER@SHEBOYGANAUTO.COM

*** PRELIMINARY ESTIMATE ***

12/10/2021 02:11 PM

Owner

Owner: DEBRA MCMULLEN / Gabrielle
Address: 2329 HENRY STREET
City State Zip: Sheboygan, WI 53081

Home/Day: (920)912-4027
FAX:

Inspection

Inspection Date: 12/10/2021 02:13 PM
Primary Impact: Left Side

Inspection Type:
Secondary Impact:

Appraiser Name: Cliff Netzer
Address: 3400 South Business Drive
City State Zip: Sheboygan, WI 53081

Appraiser License # :
Work/Day: (920)459-6855x348
Work/Day: (888)459-6855x348
FAX: (920)459-6286

Repairer

Repairer: Sheboygan Chev/Buick/GMC/Cad
Address: 3400 SOUTH BUSINESS DRIVE

City State Zip: SHEBOYGAN, WI 53081
Email: collisioncenter@sheboyganauto.com

Contact:
Work/Day: (920)459-6855
Work/Day: (888)459-6855
FAX: (920)459-6286

Target Complete Date/Time:

Days To Repair: 1

Vehicle

OEM Part Price Quote ID: ****

2013 Chevrolet Malibu 2LT 4 DR Sedan
4cyl Gasoline 2.5
6-Speed Automatic

Lic.Plates: AKW5234
Lic Expire:
Prod Date: 05/2013
Veh Insp# :
Condition:

Ext. Color: CARBON FLASH MET
Ext. Refinish: Two-Stage
Ext. Paint Code: 501Q,58

Lic State: WI
VIN: 1G11E5SA1DF299311
Mileage: 128,888
Mileage Type: Actual
Code: U2683B
Int. Color: Jet Black w/Premium
Cloth/Leatherett
Int. Refinish: Two-Stage
Int. Trim Code: AFE

Options - AudaVIN Information Received

2nd Row Head Airbags
Alarm System
Auto Headlamp Control
Cruise Control

AM/FM CD Player
Aluminum/Alloy Wheels
Bucket Seats
Daytime Running Lights

Air Conditioning
Anti-Lock Brakes
Center Console
Dual Airbags

Dual Zone Auto A/C	Emergency S.O.S. System	Floor Mats
Fog Lights	Head Airbags	Heated Power Mirrors
Illuminated Visor Mirror	Intermittent Wipers	Keyless Entry System
Knee Air Bags	LED Brakelights	Leather Steering Wheel
Lighted Entry System	MP3 Decoder	Metallic Paint
OnStar System	Overhead Console	Power Brakes
Power Door Locks	Power Drivers Seat	Power Steering
Power Windows	Projector Beam Headlamps	Pwr Accessory Outlet(s)
Pwr Driver Lumbar Supp	Rear Side Airbags	Rear Window Defroster
Rem Trunk-L/Gate Release	Remote Starter	Side Airbags
Split Folding Rear Seat	Stability Cntrl Suspensn	Strg Wheel Radio Control
Tachometer	Telescopic Steering Whl	Theft Deterrent System
Tilt & Telescopic Steer	Tinted Glass	Tire Pressure Monitor
Traction Control System	Trip Computer	USB Audio Input(s)
Velour/Cloth Seats	XM Satellite Radio	

AudaVIN options are listed in bold-italic fonts

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Front Doors										
1	E	221		Housing,Mirror Outer LT >> #22860542	22860542 GM Part	\$262.57			1.0	SM
2	E	278		Cover,Frt Door Mirror LT >> #22860531	22812176 GM Part	\$59.57*			0.2	SM
3	L	278	13	Cover,Frt Door Mirror LT	Refinish				1.0	RF
					0.3 Surface					
					0.6 Two-stage setup					
					0.1 Two-stage					
4	E	223		Glass,Front Door T LT	22893155 GM Part	\$430.33			0.6	SM
Manual Entries										
5	SB			AFTM WINDOW TINT	Sublet Repair	\$100.00*				SM*
				>> STICKY TINTS / 920-287-9300						
5	Items									
			MC	Message						
			13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE						

Estimate Total & Entries

OEM Parts					\$752.47
Paint & Materials				1.0 Hours @ \$42.00	\$42.00
Parts & Material Total					\$794.47
Tax on Parts & Material				@ 5.500%	\$43.70
Labor					
	Rate	Replace	Repair Hrs	Total Hrs	
		Hrs			
Sheet Metal (SM)	\$62.00	1.8		1.8	\$111.60
Mech/Elec (ME)	\$130.00				
Frame (FR)	\$78.00				
Refinish (RF)	\$62.00	1.0		1.0	\$62.00
Labor Total				2.8 Hours	\$173.60
Tax on Labor				@ 5.500%	\$9.55
Sublet Repairs					\$100.00
Tax on Sublet				@ 5.500%	\$5.50

Gross Total

\$1,126.82

Net Total

\$1,126.82

Alternate Parts Y/00/00/00/00/00 Cumulative 00/00/00/00/00 Zip Code: 53081 Default
OEM Part Prices DT 12/10/2021 02:11 PM EstimateID 898664473395470336 QuoteID ****
SPPL Yes Zip Code: 53081 DEFAULT
Rate Name Default

Audatex Estimating 8.1.325 Update 3 ES 12/10/2021 02:26 PM REL 8.1.325 Update 3 DT 11/01/2021 DB 12/08/2021
State Disclosure:WI

© 2021 Audatex North America, Inc.

0.7 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

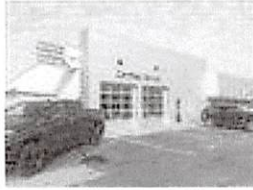
* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG = Replace NAGS	EC = Replace Economy	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM = Replace PXN Reman/Reblt
UM = Replace 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 = Chipguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



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JOE VAN HORN CHEVROLET COLLISION CENTER

FAMILY BORN EMPLOYEE OWNED
3008 EASTERN AVE, P.O. BOX 298, Plymouth, WI
53073

Phone: (920) 893-6361

FAX: (920) 893-0953

Workfile ID: 618fb8e0
PartsShare: 6ybXKb
Federal ID: 39-1052356

Preliminary Estimate

Customer: McMullen, Gabrielle

Job Number:

Written By: CHRIS WIFLER

Insured: McMullen, Gabrielle

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact: 09 Left T-Bone (Left Side)

Owner:

McMullen, Gabrielle

(920) 254-0254 Cell

Inspection Location:

JOE VAN HORN CHEVROLET COLLISION
CENTER

3008 EASTERN AVE, P.O. BOX 298

Plymouth, WI 53073

Repair Facility

(920) 893-6361 Business

Insurance Company:

VEHICLE

2013 CHEV Malibu LT2 4D SED 4-2.5L Gasoline Direct Injection BLACK

VIN: 1G11E5SA1DF299311

Interior Color:

Mileage In: 128,903

Vehicle Out:

License: AKW-5234

Exterior Color: BLACK

Mileage Out:

State: WI

Production Date: 5/2013

Condition:

Job #:

TRANSMISSION

Automatic Transmission

Overdrive

POWER

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

Heated Mirrors

Power Driver Seat

DECOR

Dual Mirrors

Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Alarm

Message Center

Steering Wheel Touch Controls

Telescopic Wheel

Climate Control

Remote Starter

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Front Side Impact Air Bags

Head/Curtain Air Bags

Communications System

Hands Free Device

Rear Side Impact Air Bags

Lane Departure Warning

SEATS

Cloth Seats

Bucket Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps

Traction Control

Stability Control

Signal Integrated Mirrors

Power Trunk/Liftgate

Preliminary Estimate

Customer: McMullen, Gabrielle

Job Number:

2013 CHEV Malibu LT2 4D SED 4-2.5L Gasoline Direct Injection BLACK

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT DOOR					
2	Repl	LT Mirror assy w/heated w/o memory pkg	22860542	1	262.57	0.3	
3	Repl	LT Mirror cover w/body color	22860531	1	59.45		0.5
4		Add for Clear Coat					0.1
5	Repl	LT Door glass GM	22893155	1	430.33	0.5	
6	#	Subl LT Door Glass tint +25%		1	62.50 T		
7	R&I	LT R&I trim panel				0.6	
8	R&I	LT Upper trim				0.1	
9	#	Rpr Pre Scan				0.5 M	
10	#	Rpr Post Scan				0.5 M	
11	#	Subl Hazardous Waste Removal		1	5.00		
SUBTOTALS					819.85	2.5	0.6

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			757.35
Body Labor	1.5 hrs @	\$ 65.00 /hr	97.50
Paint Labor	0.6 hrs @	\$ 65.00 /hr	39.00
Mechanical Labor	1.0 hrs @	\$ 135.00 /hr	135.00
Paint Supplies	0.6 hrs @	\$ 45.00 /hr	27.00
Miscellaneous			62.50
Subtotal			1,118.35
Sales Tax	\$ 1,118.35 @	5.5000 %	61.51
Grand Total			1,179.86
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,179.86

MyPriceLink Estimate ID / Quote ID:

898688212380164096 / 97519115

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATPC 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Preliminary Estimate

Customer: McMullen, Gabrielle

Job Number:

2013 CHEV Malibu LT2 4D SED 4-2.5L Gasoline Direct Injection BLACK

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR1CP13, CCC Data Date 12/09/2021, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2022 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.
X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category.
M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel.
CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel.
HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non
Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace.
R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel.
Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway
Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.