R. C. No. $\frac{79}{21-22}$. 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 all claims and not	-	staff with	the recommen	ndation to file
				Committee
I HEREBY CERTIFY t and adopted by the Commo day of		e City of Sh	eboygan, Wi	
Dated				_, City Clerk
Approved	20			, Mayor

I

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.

3172 held

OTEST	OT TITE
CITY	CLERK
C T T T	CHLILL

#18-21

MKC

PROGRESSIVE°

Payment Address 24344 Network Place

Document Address P.O. Box 94639 Chicago, IL 60673-1243 Cleveland, Ohio 44101-9908

Phone: (877)818-0139 Fax: (888) 781-6947

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 OPERATERD BY JOHNSON, TAYLOR STRUCK OUR INSURED'S VEHICLE. WE ARE SEEKING REIMBURSEMNT 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 Wallette

Progressive Subrogation Artisan and Truckers Casualty Company

Tel. 877-818-0139 Fax. 888-781-6947

GovernmentStatus@email.progressive.com

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

-												
	1 Name (as shown on your income tax return). Name is required on this line; do	o not leave this line blank.										
	ARTISAN AND TRUCKERS CASUALTY COMPANY 2 Business name/disregarded entity name, if different from above							_				
n page 3.	3 Check appropriate box for federal tax classification of the person whose nan following seven boxes. Individual/sole proprietor or C C Corporation S Corporation		_			certa	cemption ain entitie uctions o	es, no	at indi	vidua		
st o	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership	LJ Tn	ust/e	state	Exen	npt paye	e cod	e (if a	nv)	5	
type	Limited liability company. Enter the tax classification (C=C corporation, S	=S corporation, P=Partner	ship) ▶									
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classificatio LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax properties.	om the owner unless the c urposes. Otherwise, a sing	wner of le-memi	the L	LCIs	organization and	nption fro (if any)	om F/	ATCA	repo	erting	
ciff	is disregarded from the owner should check the appropriate box for the to Other (see instructions) ▶	ax classification of its own	er.			(Applie	s to accoun	ts main	tained (nutside	the U.	su
Spe	5 Address (number, street, and apt. or suite no.) See instructions.		Reques	ter's	name a		dress (o					
d)	6300 WILSON MILLS RD W33				Diseases	•						
0,	6 City, state, and ZIP code											
	MAYFIELD VILLAGE, OH 44143											
7 List account number(s) here (optional)												
Par				,								
	our TIN in the appropriate box. The TIN provided must match the nam withholding. For individuals, this is generally your social security num			So	cial sec	urity	number		_			_
reside	nt alien, sole proprietor, or disregarded entity, see the instructions for I	Part I, later. For other				-		-				
entities TIN, la	s, it is your employer identification number (ÉIN). If you do not have a r	number, see How to ge	t a				Ш					
	ter. If the account is in more than one name, see the instructions for line 1.	Also see What Name	and	or	nlover	identi	fication	numi	har		_	
Numb	Г	Ication	T	791		러						
5 9 - 3 2 1 3 8 1 9												
Part	Part II Certification											
Under	penalties of perjury, I certify that:											
2. I am Sen	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac rice (IRS) that I am subject to backup withholding as a result of a failur longer subject to backup withholding; and	kup withholding, or (b)	I have	not l	been ne	otified	by the	Inte	rnal l ed rr	Reve	enue at l'a	am
	a U.S. citizen or other U.S. person (defined below); and											
	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reportin	a is con	rect.								
Certific you hat acquist other to	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real est tion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, b	otified by the IRS that yo tate transactions, item 2 ons to an individual retire	u are cu does no ement a	rrand	tly subj	(IRA)	tgage in	teres	t pai	d, avme	ents	use
Sign Here	Signature of U.S. person > Ray Canett	ı	Date >	1	ten	ea	us 1	, ,	20	Pa	0	
Ger	eral Instructions	• Form 1099-DIV (div funds)	idends	inc	luding	those	from s	tocks	sorr	nutu	al	
Section noted.	n references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (proceeds)	various	type	s of inc	come	, prizes	, awa	ırds,	or g	ross	
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock transactions by brokk		tual	fund s	ales a	nd cert	ain o	ther			
	ey were published, go to www.irs.gov/FormW9.	 Form 1099-S (proc 	eeds fro	om r	eal est	ate tr	ansactio	ons)				
Purp	oose of Form	• Form 1099-K (merc	chant ca	ard a	and thir	d par	ty netw	ork t	rans	actio	ns)	
inform	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	 Form 1098 (home r 1098-T (tuition) 	nortgag	je in	terest),	1098	B-E (stud	ient	loan	inter	rest)	•
	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	 Form 1099-C (cancel) 										
taxpay	er identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property)										
amoun	o report on an information return the amount paid to you, or other treportable on an information return. Examples of information include but are not limited to the following.	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.										
	include, but are not limited to, the following. 1099-INT (Interest earned or paid)	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,										

Claim Payment Detail

Claim Payment Detail (21-7983848)

Payment Information-

Disbursement Number: 372778006 **Draft Number:** 2040364438

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: Issue Date:

A134860 11-12-21 Last Updated Rep: A134860

Loss

Approved By: **Review Date:**

Reviewed By:

Total Amount:

Invoice Number: 89950847

\$500.00

Bank Information -

Type: Stop Reason:

Stop Date:

Bank Code:

1CD

Cleared: 11-22-21

Exposure Detail: COLL -

Party Name:

Payment Type:

SUASTEGUI, DIANA Property Description: 06 NISSAN ARMADA FINAL PAYMENT

Amount Paid: \$500.00 Deductible Taken: \$0.00 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 Cell Phone: (920) 889-8968

Contact Phone: (920) 889-8968

Mitchell Service: 910343

Description: 10 GENERIC TRAILER/TOY HAULER

Body Style: Enclosed Cargo trailer single axle Drive Train:

VIN: 1111234567 Mileage: 113

OEM/ALT: O Search Code: None

Color: Grey

Options: SPECIAL PAINT/TRIM

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 RECALL NUMBER: 11/11/2021 11:00:28 21-7983848-03

Mitchell Data Version: OEM: SEP_21_V1019

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Software Version: 7.1.241 All Rights Reserved

Date: 11/11/2021 11:01 AM Estimate ID: 21-7983848-03

Estimate Version: 0

Committed Profile ID: *SL-RV

Estimate Totals

l.	Labor Subtotals Body	Units 12.5 Taxable L Labor	Add Labo Amou 0.0	or int	Sublet Amount 0.00	Totals 1,062.50 T 1,062.50 58.44	11.	Part Replacement Summary Taxable Parts Sales Tax @ Total Replacement Parts Amount	5.500%	Amount 866.98 47.68 914.66
	Labor Summary	12.5				1,120,94				
III.	Additional Costs Total Addition	nal Costs				Amount 0.00	IV.	Adjustments Insurance Deductible Customer Responsibility		Amount WAIVED 0.00
							I. II. III.	Total Labor: Total Replacement Parts: Total Additional Costs: Gross Total:		1,120.94 914.66 0.00 2,035.60
							IV.	Total Adjustments: Net Total:		0.00 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 COMPETETIVE LABOR RATE IN THE AREA WHERE THE PROPERTY WILL BE REPAIRED. IF YOU CHOOSE A SHOP THAT CHARGES IN EXCESS OF THE PREVAILING COMPETETIVE 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

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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 ACKNOWLE	OGE 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.

ESTIMATE RECALL NUMBER: 11/11/2021 11:00:28 21-7983848-03

Mitchell Data Version: OEM: SEP_21_V1019

Software Version:

Contact Information

D. Hillstead11/11/2021 04:02 PM EST 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

	N٦	

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:

JOSHYMAR 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

150											
	Document Number Override G8L1DWMM0Z		Primary Crash D	Document #	Agency	Crash Number	Investigating Officer/Deputy DEPUTY LOGAN MELGOSA				
ဟ	Crash Date		Crash Time		Date Ar		Time Arrived				
38	10/26/2021 Date Notified		03:24 PM		10/26/		03:42 PM	17	16711 - 4		
7RBI	10/26/2021		03:24 PM		Total U 03	nits	Total Injured 02	00	Killed		
197	On Emergency	Hit	and Run	Lane Close	шгө	☐ Work Zone	✓ Trailer	or Tower	1		Reporting Threshold
G8L	Government Property		Active Sc	hool Zone	School NO	Bus Related	Tags				
	Reportable		Crash Type DT4000 (STA	NDARD CRASH	1)				ı		Secondary Crash
Ì	Description ==	(人)(人) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	SERVED LEGISLE		p - 1842		Scion Company Company				
	Diagram	035 CALE *	Photos By	•							
	react up Fact vide and season and		ED PL S	427				Additional	Informa B, OTH	ation ER DO	CUMENTS
	I, a sworn law enfor					V21					
-	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 IT'S 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

Location			its telebrie		A SECTION A		DE OVAR DE ALAS	0.640.00	學學 1967年8月20日 第二屆 阿爾特
ON CALUMET DR/ STH42 P	NB				Latitude 43.7662	20146		Longitud -87.725	e 681869
OF ALEXANDER CT IN THE CITY OF SHEBOYG IN SHEBOYGAN COUNTY	AN				X Coordin 441591.6			Y Coord 484616	
					Structure NO STR	Type UCTURE			
Crash Scene		aunericken.			E. 1776 (1980)			Minuter Cells	
First Harmful Event					First Ham	ful Event I	ocation		
MOTOR VEH IN TRANSPO	RT		First Harmful Event Location ON ROADWAY						
Manner of Collision					Light Con	dition			
03 - FRONT TO REAR					DAYLIG	нт			
Road Surface Condition(s)					Roadway	Factor(s)			
DRY									
Environment Factor(s)	****								
NONE					NONE				
Weather Condition(s)									
CLEAR									
Animal Type					Relation To Trafficway TRAFFICWAY - ON ROAD				
Crash Classification - Location PUBLIC PROPERTY							Jurisdiction		
Tribal Land					Access Co		ISDICTION		To 11011
Thou card				NO CON				Special Study	
1970	unction Location			Intersection					
	ONJUNCTION			NOT AN I	NTERSE	CTION			
Closure Type			Reaso	ons for Closu	re				
LANE CLOSURE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
Date Initial Lane/Rd Closed 10/26/2021	Time Initial Lane/Rd Closed 03:24 PM	,	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS						
Date All Lanes Open	Time All Lanes Open		Date S	Scene Cleare	-d	Tin	ne Scene Clea	red	***
10/25/2021	04:37 PM		10/26	6/2021		19 (35) 30	:37 PM	107-07-0	
Unit Summary	on the sale of the sale of the sale of	(h., y 1)	urt vije	Supplied their	Name of Asso				
Unit Status		Vehi	de Ope	erating As Cla	assification		Unit Type		
IN TRANSIT		DC	LASS				AUTOMO	BILE	
Vehicle Type							Operating A	s Endorsen	nents
(SPORT) UTILITY VEHICLE Total Occs	Train/Bus # Recorded	1							
1	Train/bus # Recorded	0	# Citat	tions Issued		Total Trail	ers	Total Hazi	Mat Types
Insurance?	Direction Of Travel	+	_	<u> </u>		0 Speed Lin	nit .	0 Total Lane	*
YES	NORTHBOUND			CrashTire Mark		25		4	30
Most Harmful Event: Collision Wi			cial Fun				Emergency		cle Use
MOTOR VEH IN TRANSPO	RT	POI	LICE				NON-EME	RGENCY	, NON-TRANSPORT
Traffic Way	Traff	ic Contr	rol			Traffic Contr	ol Inoperati	ive/Missing	
TWO-WAY, NOT DIVIDED			CONT				NO		
Surface Type BLACKTOP (BITUMINOUS)		d Curva				Road Grade			
Truck Bus or HazMat		1316	J. J.	•			LEVEL		
NO	-				-	-			
Vehicle									
License Plate Number E7298		te Type F - MU	INICIPAL C	FFICI	St WI	Country of Issuance UNITED STATES			

G8L197RBBS · S21-16035

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

							(920) 459-5112	
-	_	Vehicle Identification Number		Make	Year	Model		
2	5	1FM5K8AR4JGB00067		FORD	2018	EXPLORER		
1		Color		Body Style		Bus Use		
1		BLK - BLACK		UT - SPORT UTILITY V	/EHICLE			
1	ш	Initial Contact Point		Vehicle Damage		L		
l -	긎	12 - FRONT		01 - RIGHT FRONT CO	ODNED 02 DI	CHT SIDE	7 8 9 10 11	
LINI	VEHICLE	Extent Of Damage		FRONT, 10 - LEFT SIE			6 1 12	
>	竝	DISABLING DAMAGE		CORNER, 12 - FRONT			5 4 3 2 1	
1	>	Towed Due To Damage		Vehicle Removed By			1	
1		TOWED DUE TO DISABLE	NG DAMAGE	RITEWAY TOWING				
1		What Driver Was Doing	ING DAMAGE	Vehicle Factors				
1		GOING STRAIGHT		Venice Factors				
1		Driver Prior Action Other		NOT APPLICABLE				
		Univer Prior Action Other		NOT ALL EIGABEE				
1		Driver Actions						
1		NO CONTRIBUTING ACT	ION					
ار	VEHICLE	NO CONTRIBOTING ACT	1011					
I N	$\overline{\circ}$	ł						
5	픎							
	5	1						
1								
1		Owner Name		Owner Address	4 005			
2	5	(920) 459-3333		828 CENTER AVE SHEBOYGAN, WI				
10	0	(320) 403-3333		SHEBOTGAN, W	33001,03			
	:	Sequence Of Events						
1	~	Event	ODT					
	5	MOTOR VEH IN TRANSP	OR1	· - · -				
	05	Event						
1	0							
	~	Event						
1	03	1						
1		Event		***				
1	9	1						
1.		Policy Holder						
INN	0	Insurance Company		Government				
5		CITY OF SHEBOYGAN		CITY OF SHEBOYG	ΔN			
		I				****		
		Individual			Y			
1		Driver TAYLOR ANN JOHNSON		Citations Issued	Sex			
1	Ţ	(262) 623-7309		0	FEMALE			
1	3	(202, 120 . 100		Date of Birth	Race WHITE			
불	JIDUA			11/18/1997	WHITE			
15		Address		Driver License Number				
	N	4821 WINDWARD CT		J5258019791802 STATE: WISCONSIN	COUNTRY: U	NITED STATES		
1	_	SHEBOYGAN, WI 53083	. US	OTATE: WIGOONGII		MILDOIAILG	j	
}			T2					
	Sai	On Duty	Crash	Safety Equipment				
	Sai	fety Equipment POLIC	E					
1		Row	Seat Position	SHOULDER & LAP	BELT			
		01 - FRONT ROW	07 - LEFT					
		Helmet Use		Helmet Compliance				
		7.00						
_		Eye Protection		Tint Compliance				
1	5005							
Ξ	90	Injury So		Airbag				
"	ō		PARENT INJURY	NON DEPLOYED				
		Ejected	Ejection Path	Trapped/Extricated				
1		NOT EJECTED	NOT EJECTED/NOT APP	PLICABLE NOT TRAPPED				

G8L197RBBS · S21-16035

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #	MANAGE - 14
					Date of Death		Time of Dea	th.
		Hospital			Date of Death		Time or Dea	
		Diete	acted By Source					
	16	Distracted By OTH	ER ELECTRO					
		Distracted By Action OTHER ACTION (LOO)	KING AWAY F	ROM TASK E	TC)			
		Non Motorist Strik	ing Unit#	Location			· ·	
		Prior Action						
		Action						
	Į,							
E	INDIVIDUAL							
LIND	<u></u>							
		Action Other						To/From School
								10/110/1100
		Drug & Alcohol NO	ected Alcohol U	se	Suspected Drug Use		*****	
					NO			
_		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Ty	pe		Alcohol Tes	t Results
		Drug Test Given		Drug Test Type		Drug Test Resul	ts - · ·	
		TEST NOT GIVEN						
2	00	Drug Type				-		•
	0							
		Individual Condition						
		APPEARED NORMAL						
		t Summary ===		CONSTRUCTION OF THE CONSTRUCTION	Valida O and a Al	Management of the	Control of the Contro	
	married men	Status RANSIT			Vehicle Operating As Class D CLASS	fication	AUTOMOI	Du E
15000000		de Type			D CLASS			s Endorsements
02	-	ORT) UTILITY VEHICLE					Operating A	a chdolaementa
- 88	200	l Occs	Train/Bus # Red	corded	Total # Citations Issued	Total Tra	ilers	Total HazMat Types
	2				2	1		0
	YES	rance?	NORTHBOU		Pre CrashTire	Speed Li	mit	Total Lanes
LINI		t Harmful Event: Collision Wi		AD	Special Function	25	LEmamanov	4 Motor Vehicle Use
5		TOR VEH IN TRANSPO			NO SPECIAL FUNCTIO	M	NOT APP	
		ic Way			Traffic Control	MP-100	Traffic Cont	rol Inoperative/Missing
	TWO	D-WAY, NOT DIVIDED			NO CONTROL		NO	
		асе Туре			Road Curvature		Road Grade	
		CKTOP (BITUMINOUS)			STRAIGHT		LEVEL	
	NO	k Bus or HazMat						
-		Vehicle						
		License Plate Number			Plate Type	St	Country of Is	Suance
		557XTL			AUT - AUTOMOBILE	wı	UNITED ST	
2	~	Vehicle Identification Numb	er		Make	Year	Model	
02	05	5N1AA08B66N725200			NISSAN	2006	ARMADA	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	1	Color				Body Style Bus Use							
		RED - RED				LL - CARRY							
	쁴	Initial Contact Point				Vehide Dama	age			7 8 9 10 11			
UNIT	<u></u>	06 - REAR				05 - RIGHT	REAR CO	RNER, 06 -	REAR, 07 - LEFT	6			
5	VEHICLE	Extent Of Damage FUNCTIONAL DAMA	GE.			REAR COR				5 4 3 2 1			
	>	Towed Due To Damage	GE			Vehicle Remo	oved Rv			L			
		NOT TOWED				OPERATOR							
		What Driver Was Doing				Vehicle Facto							
		SLOW/STOPPING											
		Driver Prior Action Other				STOP LAMPS							
		Driver Actions											
_	VEHICLE	FOLLOWING TOO C	LUSE										
LINI	2												
\supset	山												
	>												
		Owner Name				Owner A	ddress						
~	~	DIANA SUASTEGUI					ILSON AVE		•				
02	02	(920) 287-1944				SHEBO	YGAN, WI	53081 , US	5				
		Sequence Of Eve	nts										
	5	Event MOTOR VEH IN TRA	NSPORT										
	٥												
	2	Event			_								
		Event					· ·						
	03	LVC.III											
	**	Event											
	04												
-	ĺ	Policy Holder		5.50.450									
LIND		Insurance Company				Individual							
_		PROGRESSIVE-CAS	UALTY-IN	S-C	0	DIANA SUASTEGUI							
		Trailer/Towed											
05		Trailer Plate #	Plate Type		Make		State		Country of Issuance				
Ο,					ATWO								
_	2	Unit Type			ridual /ERO MEDINAM	ARES			Address 3625 GRANITE RD				
LIND	I E	UTILITY TRAILER Vehicle Identification Nur	mh or		0) 889-8968	AILLO			SHEBOYGAN, WI 530	81 , US			
_	TRAILER	8007284176	nuer :										
	-												
		Individual Driver				Citations Is	******	Sex					
		JOSHYMAR SUASTI	EGUI GUA	TEM	ALA	2	ssued	MALE					
	A	(920) 287-1944				Date of Bir	rth	Race					
_	INDIVIDUAL					09/20/19		HISPANIC					
LIND	₹	Address			W-000-00-00-00-00-00-00-00-00-00-00-00-0		ense Number						
_	3	1806 WILSON AVE				S232420			V 11117777 074770				
	=	SHEBOYGAN, WI 53	081 , US			STATE: V	WISCONSIN	COUNTR	Y: UNITED STATES				
On Duty Crash - Safety Equipment						Safety Equ	uipment						
					- GHOW F	ED 9 LAD	DELT .		- 0				
		Row 01 - FRONT ROW	100		osition EFT	SHOULDER & LAP BELT							
		Helmet Use				Helmet Compliance							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Eye Protection			Tint Compliance					
05	005	Injury	NO AP	PARENT IN	JURY	Airbag NON DEPLOYED				
l		Ejected		Ejection Pat				Trapped/Extricated		
		NOT EJECTED		NOT EJEC	CTED/NOT APPL			NOT TRAPPED		
l		Medical Transport				EMS Agency Identifier		EMS Run #		
1		NOT TRANSPORT Hospital	ED			Date of Death		Time of Death		
		Позріка				Date of Death		Time of Beaut		
		Distracted By	Distract NOT A	ed By Source PPLICABL	E (NOT DISTRA	CTED)			-	
		Distracted By Action NOT DISTRACTED	D							
	65	Non Motorist	Striking	Unit #	Location					
		Prior Action								
		Action								
	12								•	
l	INDIVIDUAL									
<u>⊨</u>	2									
UNIT	₹									
	8									
_										
Ī -			·		* , 					
1		Action Other							Te/From School	
1			Suspec	ted Alcohol U	se	Suspected Drug Use				
1	I	Drug & Alcohol	NO			NO				
		Alcohol Test Given			Alcohol Test Type			Alcohol Test Results		
1		TEST NOT GIVEN								
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results			
02	002	Drug Type	-				· L			
	0									
		Individual Condition								
		APPEARED NORI	MAL							
		Individual								
1		Passenger				Citations Issued	Sex			
1	Ļ	JOEL GOLPE ALE (920) 838-0774	BANIL			0	MALE			
	Š	(920) 030-0714				Date of Birth	Race HISPANIC			
FIN	INDIMIDUAL	Address				09/12/1973				
5	ā	Address 2427 CAMELOT E	SLVD#	С		Driver License Number G4144207333201				
	2	SHEBOYGAN, WI	53081	, US		STATE: WISCONSII	N COUNTRY: UNI	ITED STATES		
1										
	Car	fety Equipment	On Dut	y Crash		Safety Equipment				
١.			<u>L</u>				DE: T			
1		Row 01 - FRONT ROW	-	Seat Po		SHOULDER & LAP	BELT			
		Helmet Use		03 - KI	J.11	Helmet Compliance				
		Eye Protection	***************************************			Tint Compliance				
1						L				

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SHEBOYGAN COUNTY SHERIFFS DEPT WISCONSIN MOTOR VEHICLE **525 NORTH SIXTH STREET CRASH REPORT** SHEBOYGAN, WI 53081 (920) 459-3112

02	003	Inium	Injury Severity Airbag NON DEPLOYED					
٦	•				NON DEPLOYED			
		Ejected		on Path	DI IOADI E		Trapped/Ex	
		NOT EJECTED Medical Transport	NOT	EJECTED/NOT AP	EMS Agency Identifier		NOT TRA	
		EMS GROUND			6050235		2104247	
		Hospital			Date of Death		Time of Dea	ath
		AURORA MED CT	R-SHEBOYG	AN	Date of Boast		111110 01 000	
			Distracted By S			•		
		Distracted By						
		Distracted By Action						
		Non Motorist	Striking Unit #	Location				
l	81	Prior Action						
1		Phor Action						
1		Action				10,-0		
		71000011						
	4							
ا ا	INDIVIDUAL							
LINI	9							
⋽	\geq							
l	Z							
	_							
ļ -		Action Other						To/From School
			C					
	L	Drug & Alcohol	Suspected Alco	onoi Use	Suspected Drug Use NO			
		Alcohol Test Given		Alcohol Test Ty			Alcohol Tes	t Dogulte
		TEST NOT GIVEN		Alcohol rest ly	γρe	t Results		
		Drug Test Given		Drug Test Type		Drug Test Results	<u> </u>	
		TEST NOT GIVEN						
1								
N	2	Drug Type	·			-		
02	003	Drug Type			***************************************			
02	003							
05	003	Drug Type Individual Condition		<u> </u>		1		
02	003		MAL			1		
02		Individual Condition APPEARED NOR	WAL					
02		Individual Condition APPEARED NOR!						
02		Individual Condition APPEARED NOR! Violations UTC Number	Issue To?	Statute Number	Description OPERATE W/O VAL	JD LICENSE (1S	T VIOLATIC	ON)
02		Individual Condition APPEARED NOR! Violations UTC Number BF875247	Issue To?	343.05(3)(a)	OPERATE WIO VAL			ON)
02	. 01	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number	Issue To?		OPERATE WIO VAL			ON)
	02 01	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248	Issue To?	343.05(3)(a) Statute Number	Description OPERATE W/O VAL Description OPERATE VEHICLE			ON)
	02 01	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary	Issue To?	343.05(3)(a) Statute Number	OPERATE W/O VAL Description OPERATE VEHICLE	W/O STOPPING	LIGHTS	ON)
	Unii Unii	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status	Issue To?	343.05(3)(a) Statute Number	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class	W/O STOPPING	Unit Type	
	Unit	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT	Issue To?	343.05(3)(a) Statute Number	OPERATE W/O VAL Description OPERATE VEHICLE	W/O STOPPING	Unit Type AUTOMO	BILE
	Unit Unit Unit Vehic	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT de Type	Issue To? 002 Issue To? 002	343.05(3)(a) Statute Number	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class	W/O STOPPING	Unit Type AUTOMO	
	Unit Unit IN T Vehici	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT de Type DRT) UTILITY VEHI	Issue To? 002 Issue To? 002	343.05(3)(a) Statute Number	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class D CLASS	W/O STOPPING	Unit Type AUTOMO	BILE s Endorsements
	Unit Unit IN T Vehici	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT de Type	Issue To? 002 Issue To? 002	343.05(3)(a) Statute Number 347.14(1)	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class	W/O STOPPING	Unit Type AUTOMO	BILE
	Unit Unit Vehic (SPC	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT de Type DRT) UTILITY VEHI	Issue To? 002 Issue To? 002 ISSUE TO? Train/Bus	343.05(3)(a) Statute Number 347.14(1)	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class D CLASS Total # Citations Issued 0	W/O STOPPING	Unit Type AUTOMO Operating A	BILE s Endorsements Total HazMát Types
03	Unit Unit Vehic (SPC	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT de Type ORT) UTILITY VEHI Occs	Issue To? 002 Issue To? 002 ICLE Train/Bus Direction	343.05(3)(a) Statute Number 347.14(1) # Recorded	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class D CLASS Total # Citations Issued	W/O STOPPING	Unit Type AUTOMO Operating A	BILE s Endorsements Total HazMát Types 0
03	Unit Unit IN T Vehic (SPC Total 1 Insur YES	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT de Type DRT) UTILITY VEHI Occs Fance?	Issue To? 002 Issue To? 002 ICLE Train/Bus Direction NORTH	343.05(3)(a) Statute Number 347.14(1) # Recorded Of Travel	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class D CLASS Total # Citations Issued 0 Pre CrashTire Mark Special Function	Total Traile Speed Lim 25	Unit Type AUTOMO Operating A	BILE s Endorsements Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use
	COUNITY Unit TO Vehice (SPC Total 1 Insur YES Most	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT de Type ORT) UTILITY VEHI Occs ance? Harmful Event: Collisie TOR VEH IN TRANS	Issue To? 002 Issue To? 002 ICLE Train/Bus Direction NORTH	343.05(3)(a) Statute Number 347.14(1) # Recorded Of Travel	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class D CLASS Total # Citations Issued 0 Pre CrashTire ——Mark	Total Traile Speed Lim 25	Unit Type AUTOMO Operating A ers Emergency NOT APP	BILE s Endorsements Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use
03	COUnit Unit Unit Unit Unit Vehic (SPC Total 1 Insur YES Most MOT	Individual Condition APPEARED NOR! Violations UTC Number BF875247 UTC Number BF875248 t Summary Status RANSIT de Type DRT) UTILITY VEHI Occs Fance?	Issue To? 002 Issue To? 002 ICLE Train/Bus Direction NORTH	343.05(3)(a) Statute Number 347.14(1) # Recorded Of Travel	OPERATE W/O VAL Description OPERATE VEHICLE Vehicle Operating As Class D CLASS Total # Citations Issued 0 Pre CrashTire Mark Special Function	Total Traile Speed Lim 25	Unit Type AUTOMO Operating A ers Emergency NOT APP	BILE s Endorsements Total HazMat Types 0 Total Lanes 4 Motor Vehicle Use

WISCONSIN MOTOR VEHICLE CRASH REPORT

1	Surfa	ace Type		Road Curvature Road Grade								
	BLA	ACKTOP (BITUMINOUS)		STRAIGHT		LEVEL						
		k Bus or HazMat										
	NO											
	,	Vehicle										
		License Plate Number		Plate Type	St	Country of Issuance						
		211ASF		AUT - AUTOMOBILE	W	UNITED STATES						
8	60	Vehicle Identification Number		Make	Year	Model						
0	8	JF2SKAGCXLH485408		SUBARU	2020	FORESTER						
		Color		Body Style Bus Use								
		WHI - WHITE		UT - SPORT UTILITY Vehicle Damage	VEHICLE							
L	Щ	Initial Contact Point 06 - REAR		Venice Damage			7 8 9 10 11					
FINS	≌	Extent Of Damage		06 - REAR			6 .6 . 12					
>	VEHICLI	MINOR DAMAGE		OUTKLAN			5 4 3 2 1					
l	>	Towed Due To Damage		Vehicle Removed By								
1		NOT TOWED		OPERATOR								
		What Driver Was Doing		Vehicle Factors								
		STOP IN TRAFFIC										
		Driver Prior Action Other		NOT APPLICABLE								
		Driver Actions										
	щ	w NO CONTRIBUTING ACTION										
LIND	\overline{c}	W NO CONTRIBUTING ACTION										
5	ᇤ											
	5											
1		Owner Name										
1		CHERIE LYNN WADLE		Owner Address 1130 NORTH AVE								
3	33	(920) 627-4787		SHEBOYGAN, WI								
1		Sequence Of Events										
1		Event										
1	2	MOTOR VEH IN TRANSPOR	tT .									
1	2	Event										
1	02											
l	ဗ	Event										
1	0											
1	94	Event										
	0											
-	1	Policy Holder										
F		Insurance Company		Individual								
-		WEST-BEND-MUTUAL-INS-	co	CHERIE WADLE								
	1	Individual										
		Driver		Citations Issued	Sex							
l	4	CHERIE LYNN WADLE		0	FEMALE							
1	Š	(920) 627-4787		Date of Birth	Race							
느	INDIMDUAL			03/10/1955 WHITE								
FNO	\leq	Address 1130 NORTH AVE		Driver License Number W3401125559009	\$							
	Z	SHEBOYGAN, WI 53083 , U	s	STATE: WISCONSI	N COUNTRY: U	NITED STATES						
1	-			And the second s								
		On Duty Cr	ash	Safety Equipment								
	Sal	fety Equipment		Jaioty Equipment								
		Row	Seat Position	SHOULDER & LAP	BELT							
		01 - FRONT ROW 07 - LEFT										

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Helmet Use				Helmet Compliance					
		Eye Protection				Tint Compliance					
8	904		POSSIBLE			Airbag NON DEPLOYED					
	Į.	Ejected	Ejec	tion Path				Trapped/Extricated			
1		NOT EJECTED	NO	T EJECTED/NO	T APPL	ICABLE		NOT TRAPPED			
1		Medical Transport				EMS Agency Identifier		EMS Run #			
		NOT TRANSPORT	ED								
		Hospital				Date of Death		Time of Death			
		Distracted By	NOT APPL	Source ICABLE (NOT I	DISTRAC	CTED)					
		Distracted By Action NOT DISTRACTED)								
		Non Motorist	Striking Unit	# Location							
		Prior Action									
		Action									
		Acaon									
TINO	INDIVIDUAL	- :						****			
		Action Other					****		To/From School		
	ı	Drug & Alcohol	Suspected Al	cohol Use		Suspected Drug Use NO					
		Alcohol Test Given		Alcohol 7	est Type			Alcohol Test Results			
		TEST NOT GIVEN									
		Drug Test Given TEST NOT GIVEN		Drug Tes	st Type		Drug Test Results				
03	004	Drug Type		•							
		Individual Condition									
		APPEARED NORM	MAL	9							

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WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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	Document Number Override		Primary Crash I	Document #	Agenc	y Crash Number	Investigating Officer/Deputy DEPUTY LOGAN MELGOSA Time Arrived 03:42 PM			
7	Crash Date 10/26/2021 Date Notified 10/26/2021		Crash Time 03:24 PM		Date A 10/26					
			Time Notified 03:24 PM		Total U	Inits	Total Injured 02	d Total Killed 00		
2	On Emergency	Пни	and Run	Lane Close	ure	☐ Work Zone	Trailer or	Towed		orting eshold
JOL	Government Property		Active So	chool Zone	Schoo NO	Bus Related	Tags			
י	Reportable		Crash Type DT4000 (STA	NDARD CRASH	1)		Amended	Y		condary Crash

Description Diagram Reconstruction By S21-16035 * NOT TO SCALE * Photos By LMELGOSA #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 IT'S 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

G8L1DWMM0Z · S21-16035

WISCONSIN MOTOR VEHICLE CRASH REPORT

Concidence Con	L	oca	ation		hotokovi		///3049-0541 Engl	Survey Service	Kay 55 0405	delter ar dish		Mitted Red Aller Annie Stanford	
OF ALEXANDER CT IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY WHEN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY RETURN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY First Hamful Event Location OF NO STRUCTURE OF NO STRUCTURE First Hamful Event Location OF NO STRUCTURE First Hamful Event Location OF NO STRUCTURE OF NO STRUCTURE First Hamful Event Location OF NO STRUCTURE First Hamful Event Location OF NO STRUCTURE OF NO STRUCTURE First Hamful Event Location OF NO STRUCTURE NONE Readows Factor(s) NON SPECIAL JURISDICTION NON SPECIAL JURISDICTION NON NON-JUNCTION NON JUNCTION NON JUNCTION NON JUNCTION NON JUNCTION NON JUNCTION NON JUNCTION NON NON NON JUNCTION NON JUNCTION NON JUNCTION	577			NB									
IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY Synchise Type First Hamfal Event MOTOR VEH IN TRANSPORT MOTOR							Ŀ	43.76622	0146		-87.725	681869	
## ## ## ## ## ## ## ## ## ## ## ## ##		2020		GAN			1						
Crash Scene												<u></u>	
Crash Scene First Hamful Event Location MOTOR VEH IN TRANSPORT Manner of Collision MOTOR VEH IN TRANSPORT Manner of Collision MOTOR VEH IN TRANSPORT Manner of Collision Mone Mone Mone Mone Mone Mone Mone Mo									250.00				
First Hamful Event Location ON ROADWAY Montror Ver Hu TRANSPORT Memore of Colision 03 - FRONT TO REAR Road Surface Condition(s) DRY Environment Factor(s) NONE Particular Condition (s) CLEAR Animal Type Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Location Public PROPERTY Total Land Mone ON Special Study NO CONTROL Weithin Interchange Area NO MON_JUNCTION NON_JUNCTION NON_JUNCTION Mone Nones for Closure Resonance Cleared 10/28/2021 Data Palames Open 10/28/2021 Dist Status Vehicle Special Struct No Crash Classification - Location NO Land Classification - Juncticion NO NON_JUNCTION Interchange Area NO NON_JUNCTION NON Interchange Area NON Interc	_	rae	sh Scone		Charles and	NE SCHOOL			O TOTAL		Kulfylings (S)		
MATERIAL CONTROL Special Study NON								First Harm	ful Event i o	cation			
Case PRONT TO REAR Case Condition(s) Case Condition Case C	1			ORT									
Read Surface Condition(s) DRY Environment Factor(s) NONE Weather Condition(s) CLEAR Animal Type Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Junatidiction NO SPECIAL JURISDICTION TRAFFICWAY - ON ROAD Crash Classification - Junatidiction NO SPECIAL JURISDICTION Reason Control NO SPECIAL JURISDICTION Access Control NO CONTROL Within Interchange Area NO NO-JUNCTION NOT AN INTERSECTION Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS 10728/2021 Date Instal LaneirRd Closed 10728/2021 Date Instal LaneirRd Closed 10728/2021 Date Instal Laneir Closed 10728/2021 Date Seene Cleared 10728/2021 Unit Status No Control Unit Summary Unit Status Vehicle Operating As Classification 1 Unit Type AUTHOROBILE Coperating As Endorsements Vehicle Troat Occs NORTHOUND NOTANITION Special Study NO CONTROL Unit Summary Unit Status Vehicle Control NORTHOUND NORTHO	h.	Aanr	er of Collision	***				Light Cond	dition				
DRY Environment Factor(s) NONE Weather Condition(s) CLEAR Animal Type Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classafication - Jurisdiction NO SPECIAL JURISDICTION Access Control NO CONTROL Within Interchange Area Juriction Location NO JUNICTION Reasons for Closure Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS 10/28/2021 03:24 PM Date Scienc Cleared Time Science Cleared 10/28/2021 04:37 PM Unit Summary Unit Summary Unit Summary Unit Summary Vehicle Operating As Classafication D CLASS AUTOMOBILE Coperating As Endorsements Vehicle Type (SPORT) UTILITY VEHICLE Total Cocs 1 Train/Sus Procrash Tire Vehicle Type (SPORT) UTILITY VEHICLE Total Cocs 1 Train/Summary Pro Crash Tire Speed Limit Total Lanes Coperating As Endorsements Pro Crash Tire Speed Limit Total Lanes 1 Total Lanes 2	0	13 -	FRONT TO REAR				1						
Environment Factor(s) NONE Weather Condition(s) CLEAR Annial Type Crash Classification - Location PuBLIC PROPERTY NO SPECIAL JURISDICTION NO SPECIAL JURISDICTION Mon Jurisdiction NO CONTROL Within Interchange Area NO CONTROL LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS 10/26/2021 Date Science Cleared Date Science Cle	F	Road	Surface Condition(s)				1	Roadway i	Factor(s)				
NONE	Ε	RY											
Weather Condition(s) CLEAR Animal Type Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Location PUBLIC PROPERTY NO SPECIAL JURISDICTION Access Control NO SPECIAL JURISDICTION Access Control NO CONTROL Within Interchange Area NO NON-JUNCTION NON-JUNCTION Intersection Type NON AN INTERSECTION Closure Type LANE CLOSURE Date Instal LaneRG Closed 10/26/2021 O3:24 PM O3:24 PM O3:24 PM Date All Lanes Open 10/26/2021 Unit Summary Unit Status Vehicle Operating As Classification 1 Unit Type Unit Status Vehicle Operating As Classification 1 Trailers Vehicle Type (SPORT) UTILITY VEHICLE Total Occs 1 Train/Bus # Recorded 1 Total # Citations Issued 1 O	E	nvir	onment Factor(s)										
CLEAR Animal Type Relation To Trafficway TRAFFICWAY ON ROAD Crash Classification - Location PUBLIC PROPERTY NO SPECIAL JURISDICTION Access Control NO SPECIAL JURISDICTION Access Control NO Closure Type NOT AN INTERSECTION Reasons for Closure LANE CLOSURE Date Initial Lane/Rd Closed 10/26/2021 Date Initial Lane/Rd Closed 10/26/2021 Od: 37 PM Date All Lanes Open Date All Lanes Open Date Seene Cleared 10/26/2021 Unit Summary Unit Status Interchange Area No Closure Type Unit Status Interchange Area No Closure Unit Type Unit Status Interchange Area No Closure Unit Type Unit Status Interchange Area No Closure Od: 37 PM Vehicle Operating As Classification Unit Type Operating As Endorsements Vehicle Type (SPORT) UTILITY VEHICLE Total Occs Train/Bus # Recorded 1 Total # Citations Issued 1 Total Trailers 1 Total HazMat Types 1 NORTHBOUND Mark NoRTHBOUND Mark Special Function No Special Study No Country No Closure Emergency Wotor Vehicle Use Non-Traffic Control Non-Traffic Control Non-Traffic Control Non-Traffic Control No Country of Issuance Vehicle Lickel L	4	101	E				10	NONE					
Animal Type Relation To Trafficway TRAFFICWAY - ON ROAD Crash Classification - Junisdiction No SPECIAL JURISDICTION Tribal Land Access Control NO CONTROL Within Interchange Area NO NON-JUNCTION Closure Type LANE CLOSURE Date Initial Lane/Rd Closed 10/26/2021 Date All Lanes Open 10/26/2021 Unit Summary Unit Summary Unit Summary Unit Summary Vehicle Operating As Classification No Control Unit Type AutoMobile Vehicle Type Special Study NO CONTROL Unit Type NOT AN INTERSECTION Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS 10/26/2021 Unit Satus In TRANSIT Vehicle Operating As Classification Unit Type AutoMobile Vehicle Type Special Study NO CONTROL Unit Type AutoMobile Operating As Endorsements Vehicle Operating As Classification Unit Type AutoMobile Operating As Endorsements Vehicle Operating As Classification Intersection Intersection Unit Type AutoMobile Operating As Endorsements Vehicle Operating As Classification Intersection	v	Veat	her Condition(s)		<u> </u>							F	
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10/26/2021 03:24 PM													
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(SPORT) UTILITY VEHICLE Total Occs					100	LAGG						ments	
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WISCONSIN MOTOR VEHICLE CRASH REPORT

	1	Calas		Body Style		Bus Use				
		Color		UT - SPORT UTILITY	VEHICLE	bus Use				
		BLK - BLACK		Vehicle Damage	VERICLE					
١.	Щ.	Initial Contact Point		venide Damage			7 8 9 10 11			
UNIT	VEMICLE	12 - FRONT		01 - RIGHT FRONT			6 2 12			
ŝ	=	Extent Of Damage		FRONT, 10 - LEFT S			5 4 3 2 1			
	7	DISABLING DAMAGE		CORNER, 12 - FROM	II, 14 - UNDERCA	RRIAGE				
		Towed Due To Damage		Vehicle Removed By						
		TOWED DUE TO DISABLIN	G DAMAGE	RITEWAY TOWING						
l		What Driver Was Doing		Vehicle Factors						
		GOING STRAIGHT								
		Driver Prior Action Other		NOT APPLICABLE						
l		Driver Actions								
	ш	NO CONTRIBUTING ACTIO	N							
-	VEHICLE									
L N	¥									
>	Ü									
	>						1			
		Owner Name		Owen Address						
		Owner Name CITY OF SHEBOYGAN		Owner Address 828 CENTER AV	F # 205		1			
2	5	(920) 459-3333		SHEBOYGAN, W			1			
٦	0	(525) 155 5555								
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		Sequence Of Events								
		Event								
	2	MOTOR VEH IN TRANSPO	RT							
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		Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON		CITY OF SHEBOY Citations Issued 0 Date of Birth	Sex FEMALE					
		Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309		CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997	Sex FEMALE Race WHITE					
UNIT UNIT		Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON		CITY OF SHEBOY Citations Issued 0 Date of Birth	Sex FEMALE Race WHITE					
	1	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9		CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Number	Sex FEMALE Race WHITE	ITED STATES				
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	INDIVIDUAL	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , U Tety Equipment Row	Seat Position	City OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Numbe J5258019791802 STATE: WISCONS	Sex FEMALE Race WHITE	ITED STATES				
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	INDIVIDUAL	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , U Tety Equipment Row	Seat Position	CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Numbe J5258019791802 STATE: WISCONS	Sex FEMALE Race WHITE	ITED STATES				
	INDIVIDUAL	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , U Fety Equipment Row 01 - FRONT ROW Helmet Use	Seat Position	CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Numbe J5258019791802 STATE: WISCONS Safety Equipment SHOULDER & LAR	Sex FEMALE Race WHITE	ITED STATES				
	INDIVIDUAL	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , I Fety Equipment Row 01 - FRONT ROW	Seat Position	CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Numbe J5258019791802 STATE: WISCONS Safety Equipment SHOULDER & LAR	Sex FEMALE Race WHITE	ITED STATES				
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UNIT	NDIVIDUAL	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , U Tety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection	Seat Position 07 - LEFT	CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Numbe J5258019791802 STATE: WISCONS Safety Equipment SHOULDER & LAR Helmet Compliance Tint Compliance	Sex FEMALE Race WHITE	ITED STATES				
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UNIT	NDIVIDUAL	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , I Fety Equipment On Duty C POLICE Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected	Seat Position 07 - LEFT erity ARENT INJURY Ejection Path	CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Numbe J5258019791802 STATE: WISCONS Safety Equipment SHOULDER & LAR Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE	Trapped/Extricated				
UNIT	NDIVIDUAL	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , I Fety Equipment On Duty C POLICE Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected NOT EJECTED	Seat Position 07 - LEFT erity ARENT INJURY	CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Numbe J5258019791802 STATE: WISCONS Safety Equipment SHOULDER & LAR Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE					
UNIT	NDIVIDUAL	Policy Holder Insurance Company CITY OF SHEBOYGAN Individual Driver TAYLOR ANN JOHNSON (262) 623-7309 Address 4821 WINDWARD CT APT 9 SHEBOYGAN, WI 53083 , U Fety Equipment On Duty C POLICE Row 01 - FRONT ROW Helmet Use Eye Protection Injury Ejected	Seat Position 07 - LEFT erity ARENT INJURY Ejection Path	CITY OF SHEBOY Citations Issued 0 Date of Birth 11/18/1997 Driver License Numbe J5258019791802 STATE: WISCONS Safety Equipment SHOULDER & LAR Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Sex FEMALE Race WHITE IN COUNTRY: UN	Trapped/Extricated				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

									(020)	
		Hospital			Date of Death		Time of Dea	ith		
		Distracted By On	tracted By Source HER ELECTRO	ONIC DEVICE			1			
		OTHER ACTION (LO	OKING AWAY F	ROM TASK ETC	;)					
	,	Non Motorist Str	king Unit#	Location						
		Prior Action								
		Action		1	•					
	JAL									
LIND	INDIVIDUAL									
_	<u>N</u>									
	355555									
		Action Other							To/From School	
	Ĺ	Drug & Alcohol NO	spected Alcohol U	se	Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test Type			Alcohol Tes	t Results		
		Drug Test Given		Drug Test Type		Drug Test Results				
		Drug Test Given TEST NOT GIVEN								
10	001	Drug Type								
		Individual Condition								
		APPEARED NORMA	-							
,	Unit	Summary ==		NEED IN A SHARP MANAGEMENT OF A						
		Status		100	ehicle Operating As Class	ification	Unit Type			
		RANSIT de Type		D	CLASS		Operating A		nontr.	
02		ORT) UTILITY VEHICL	E				Operating A	a Endoisen	lents	
		Occs	Train/Bus # Re		otal # Citations Issued	Total Trail	lers	Total Hazi	Aat Types	
	2 Insur	ance?	Direction Of Tra	avel 2	Pre CrashTire	1 Speed Lin	nit	0 Total Lane	5	
ᄪ	YES		NORTHBOU	1,000	Mark	25		4		
S		Harmful Event: Collision V			pecial Function)N	NOT APP	Motor Vehic	de Use	
		c Way	7		raffic Control		Traffic Cont		ve/Missing	
		-WAY, NOT DIVIDED		N	O CONTROL		NO		-	
		ice Type	••		oad Curvature		Road Grade	•		
		CKTOP (BITUMINOU: K Bus or HazMat	>)		TRAIGHT		LEVEL			
	NO									
	!	/ehicle								
	License Plate Number 557XTL Vehicle Identification Number			1	1			Country of Issuance UNITED STATES		
ζ,					Make	Year				
5 NIAA08B66N725200					NISSAN	2006	2006 ARMADA			
		Color RED - RED			Body Style		Bus Use			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

LINO	VEHICLE	Initial Contact Point 06 - REAR Extent Of Damage FUNCTIONAL DAMA	GE			ehide Dama 05 - RIGHT REAR COF	REAR COF	RNER, 06 -	REAR, 07 - LEFT	7 8 9 10 11 6 12 5 4 3 2 1
		Towed Due To Damage NOT TOWED				ehide Remo				
		What Driver Was Doing	-			ehide Facto				
		SLOW/STOPPING				707/414				
		Driver Prior Action Other			3	TOP LAM	75			
TINO	VEHICLE	Driver Actions FOLLOWING TOO CI	LOSE							
02	02	Owner Name DIANA SUASTEGUI (920) 287-1944					ddress ILSON AVE YGAN, WI		3	
		Sequence Of Eve	nts			1				
	5	Event MOTOR VEH IN TRA	NSPORT							
	05	Event							A	
	03	Event								
	04	Event								
		5-8		Curto Cale						
LIND	1	Policy Holder Insurance Company				Individual				
5		PROGRESSIVE-CAS	UALTY-IN	IS-CC)		UASTEGUI			
	•	Trailer/Towed								-
05		Trailer Plate #	Plate Type	'	Make ATWO		State		Country of Issuance	
UNIT	TRAILER	Unit Type UTILITY TRAILER		SEV	idual /ERO MEDINAMA)) 889-8968	RES			Address 3625 GRANITE RD SHEBOYGAN, WI 5308	ıı us
5	TRA	Vehicle Identification Nur 8007284176	nber	****	,					,
	1	Individual								
		Driver JOSHYMAR SUASTE	GUI GUA	TEM.	ALA	Citations Is	ssued	Sex MALE		
	λ	(920) 287-1944				Date of Bir	th '	Race		
LINO	<u>ē</u>	Address				09/20/198		HISPANIC	· — — — — — — — — — — — — — — — — — — —	
5	INDIMIDUA	Address 1806 WILSON AVE SHEBOYGAN, WI 53			Driver License Number S2324208934008 STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	ety Equipment	Duty Cras	h		Safety Equ	ipment			
-		Row 01 - FRONT ROW		eat P	osition EFT		ER & LAP E	BELT	405.4	
	10	Helmet Use				Helmet Co	mpliance			
	3	Eye Protection		-		liance				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

05	005	Injury	Injury Se	everity PARENT IN	IJURY	Airbag NON DEPLOYED						
	ļ	Ejected		Ejection Pat		L		Trapped/Extricated				
		NOT EJECTED		NOT EJEC	CTED/NOT APPL			NOT TRAPPED				
		Medical Transport				EMS Agency Identifier		EMS Run #				
		NOT TRANSPORT	ED			Data of Dooth		Time of Death				
		Hospital				Date of Death		Time of Death				
			Distracte	ed By Source								
		Distracted By	NOT A	PPLICABL	E (NOT DISTRAC	CTED)						
		Distracted By Action NOT DISTRACTED										
		Non Motorist	Striking	Unit #	Location							
		Prior Action										
İ		Action										
1												
I	INDIVIDUAL											
FINS	2								l			
5	≥	1							1			
	Z											
	_											
t		Action Other							To/From School			
			Suspect	ed Alcohol U	se	Suspected Drug Use			*			
	1	Drug & Alcohol	NO			NO						
		Alcohol Test Given			Alcohol Test Type							
		TEST NOT GIVEN										
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results					
05	005	Drug Type					!					
	0								1			
		Individual Condition										
		APPEARED NOR	маі									
		ATT EARLE NOW										
1		Individual										
		Passenger				Citations Issued	Sex					
	4	JOEL GOLPE ALE	BANIL			0	MALE					
	UAL	(920) 838-0774				Date of Birth	Race HISPANIC					
=	NDIMDU					09/12/1973	HISPANIC					
LIND	\leq	Address 2427 CAMELOT B	N VD#	2		Driver License Number G4144207333201						
	Z	SHEBOYGAN, WI				STATE: WISCONSIN	COUNTRY: UNI	TED STATES				
			On Duty	Ċrash .		Safety Equipment						
	Sa	fety Equipment				3 mm 1 mm						
		Row		Seat Po		SHOULDER & LAP	BELT					
1		01 - FRONT ROW		09 - RI	GHT							
		Helmet Use				Helmet Compliance						
		Eye Protection				Tint Compliance						
		270 1 101001011				THE COMPHENCE						
2	2	L	Injury S			Airbag						
0	003	Injury	SUSPE	ECTED MIN	IOR INJURY	NON DEPLOYED						

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WISCONSIN MOTOR VEHICLE CRASH REPORT

	1	Ejected					Trapped/Ext	pped/Extricated			
		NOT EJECTED	NOT	EJECTED/NOT AP	PLIC	CABLE	_		NOT TRAP	PED	_
		Medical Transport			- 1.	EMS Agency Identifier			EMS Run #		
		EMS GROUND				6050235			2104247		
		Hospital AURORA MED CTF	R-SHEBOYG	AN .		Date of Death			Time of Dear	un	
			Distracted By S								
		Distracted By Action									
	3,	Non Motorist	Striking Unit #	Location							
		Prior Action									
ĺ		Action		901							
	AL										
≒	INDIVIDUAL										
UNIT	\geq										
	Z										
		Action Other									To/From School
											* ***
	7	Drug & Alcohol	Suspected Alco	noi Use		Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test T	ype				Alcohol Test	Results -	
		Drug Test Given		Drug Test Type	ρ	Drug Test Results					
		TEST NOT GIVEN		J.12g (GET 1 /) F	-	Drug Test Results					
02	003	Drug Type									
	_				8 8						
		Individual Condition									
		APPEARED NORM	AL								
	,	Violations								,	
		UTC Number	Issue To?	Statute Number		Description					
	5	BF875247	002	343.05(3)(a)		OPERATE W/O VALII	D LICEN	SE (1S1	VIOLATIC	ON)	1
	02	UTC Number BF875248	Issue To? 002	Statute Number 347.14(1)		Description OPERATE VEHICLE	w/o sto	OPPING	LIGHTS		
•	Uni	Summary =			ph-Forts	A STATE OF THE STA	SZIMIESVINI.		用於原始國際	5, 40% (998)	
Г		Status			Vel	hide Operating As Classifi	cation		Unit Type		
	1	RANSIT			DO	CLASS			AUTOMOE	- KASTURES	
03		de Type ORT) UTILITY VEHIO	CLE						Operating A	s Endorseme	ents
_	,	Occs		# Recorded	Tot	tal # Citations Issued	To	tal Traile	rs	Total HazM	at Types
	1						0		0.73	0	,,,,,,,,
	Insurance? Direction Of Travel					Pre CrashTire	200	oeed Limi	t	Total Lanes	
LINIT	YES NORTHBOUND					Mark ecial Function	25	5 	Ememene	4	A 1/22
5	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT					SPECIAL FUNCTION	N		NOT APPL	Motor Vehicle	# USE
The state of the s					Tra	iffic Control			Traffic Control Inoperative/Missing		
	TWO-WAY, NOT DIVIDED					NO CONTROL			NO		
		ACKTOP (BITUMINO	us)		Road Curvature STRAIGHT				Road Grade LEVEL		

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- S21-16035

WISCONSIN MOTOR VEHICLE CRASH REPORT

		k Bus or HazMat										
	NO											
		Vehicle										
		License Plate Number 211ASF	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES							
03	03	Vehicle Identification Number JF2SKAGCXLH485408	Make SUBARU	Year 2020	Model FORESTER							
		Color WHI - WHITE	Body Style UT - SPORT UTILITY	/EHICLE	Bus Use							
TIND	VEHICLE	Initial Contact Point 06 - REAR Extent Of Damage MINOR DAMAGE	Vehicle Damage 06 - REAR	7 8 9 10 11								
	-	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									
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACTION										
03	03	Owner Name	Owner Address 1130 NORTH AVE SHEBOYGAN, WI	53083 , US	7.50.50.							
		Sequence Of Events										
	5	Event MOTOR VEH IN TRANSPORT										
	02	Event										
	03	Event										
	40	Event										
١.		Policy Holder										
LIND		Insurance Company	Individual									
>		WEST-BEND-MUTUAL-INS-CO	CHERIE WADLE									
	J	Individual										
	1	Driver CHERIE LYNN WADLE (920) 627-4787	Citations Issued	Sex FEMALE								
E	700		Date of Birth 03/10/1955	WHITE								
TINO	INDIVIDUAL	Address 1130 NORTH AVE SHEBOYGAN, WI 53083 , US	W3401125559009	Driver License Number W3401125559009 STATE: WISCONSIN COUNTRY: UNITED STATES								
	Sat	On Duty Crash	Safety Equipment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*							
		Row Seat Position 01 - FRONT ROW 07 - LEFT	SHOULDER & LAP BELT									
	Helmet Use Helmet Compliance											

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- S21-16035

WISCONSIN MOTOR VEHICLE CRASH REPORT

- To/From School					
Tom Com Concers					
Suspected Drug Use					



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.

FAR

My home Now	hu	,			
I HEREBY CERTIF	Y that the foreg			was duly a	
day of		, 20	•		
Dated	20	•		, City	Clerk
Approved	20				Mayor

I

R. O. No. <u>)43 - 20 - 21.</u> 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.

	0
11	N
14	1

CITY CLERK

Ŧ		1 200 /
DATE RECEI	VED	11-2021

RECEIVED BY

25-20

Traveler's Claim ILL5572

CLAIM NO.

SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

FFB 1 1 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.
	Name of Claimant. Gina M. Gordon
1.	Name of Claimant:
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:

No injury to person(s	· Annual Control Contr
	17 Volkswagen Alltrack
11. Name and address of any other	person injured:
12. Damage estimate: (You are no	ot bound by the amounts provided here.)
Auto:	s 1,117.94
Property:	\$
Personal injury:	\$
Other: (Specify below	\$
TOTAL	1 117 04
_	
Damaged vehicle (if applicabl	600
Make: VW Model: _	Golf Year: Alltrack Mileage:
O ₹ 4	ses, doctors and hospitals:
Police Report Attached	
want of Am Streets, house number	ETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE
(IF APPLICABLE), WHICH IS CLAIMAN	ETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE ERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE TO VEHICLE, LOCATION OF INDIVIDUALS, ETC.
(IF APPLICABLE), WHICH IS CLAIMAN	ETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE
(IF APPLICABLE), WHICH IS CLAIMAN	ETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE ERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE TO VEHICLE, LOCATION OF INDIVIDUALS, ETC.
(IF APPLICABLE), WHICH IS CLAIMAN	ETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE ERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE IT VEHICLE, LOCATION OF INDIVIDUALS, ETC. Sit the situation, attach proper diagram and sign.
(IF APPLICABLE), WHICH IS CLAIMAN NOTE: If diagrams below do not f	ETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE ERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE TO VEHICLE, LOCATION OF INDIVIDUALS, ETC.
(IF APPLICABLE), WHICH IS CLAIMAN	ETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE ERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE IT VEHICLE, LOCATION OF INDIVIDUALS, ETC. Fit the situation, attach proper diagram and sign. FOR OTHER ACCIDENTS
(IF APPLICABLE), WHICH IS CLAIMAN NOTE: If diagrams below do not f	ETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE ERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE IT VEHICLE, LOCATION OF INDIVIDUALS, ETC. Fit the situation, attach proper diagram and sign. FOR OTHER ACCIDENTS SIDEWALK CURB

¿DATE' RECEIVED	RECEIVED BY										
	CLAIM NO.										
CLAIM											
Claimant's Name:	Auto \$										
Claimant's Address:											
	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 arising out of the circumstances describ Injury. The claim is for relief in the formula amount of \$ 1,117.94	ed in the Notice of n										
signed Gina M. Gordan	DATE: 1-28-2021										
ADDRESS: 2027 N 10th St, Sheboygan Wi 530	081										

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

Page 1 of 5

Accident Report MV4000e 01/2005

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,,,																
		Reportable Acc	cident	On E	mergen	су	Ai	nende	d	G7L0D		ımber	Docu	ument Ov	verride Number	
		Agency Accident Numb	er				Police C21-0	Number 0614								
0614		4 - Accident Date 5 - Time of Accident (Military	Time)	6 - T 2	otal L	Jnits	7 - Total 0	Injured	8 - Tot 0	tal Killed		
		2 - County SHEBOYGAN - 59	120 MORE STORY TO SERVE STORY TO	3 - Municipality SHEBOYGA	AND DESCRIPTION OF THE PARTY OF	CITY							Accident L		ON	
C21-00614		200 miles a recommendation of the contract of the 2000 of the contract of the	- On Stree						1	4 - Bus/Fr	nt/Rmp	15 - 59	Est. Dist	Ft/Mi F	15 - Hwy. Dir WEST	
	NO.		6 - From/A Γ AYLOR	t Street Name DR						16 - E	Business/F	Frontag	ge/Ramp			
POLICE #	MAT	17 - Structure Type	17 - Stru	cture Number		- Latitu 3.7576	ude 78713	435				Longit .7502	ude 879,6083			
_	P. P.	80 - First Harmful Even MOTOR VEHICLE		SPORT			93	3 - Mann	er of (Collision						
	AL I	112 - Access Control NO CONTROL		113 - Road Cu STRAIGHT	rvature	- C-079530.v	- Road T			urface Typ		INOU	JS) - 2			
	GENERAL INFORMATION	115 - Traffic Way NOT-PHYSICALLY	-DIVIDED	D-(2-WAY-TI	RAFFIC)										
	GE	117 - Relation To Roadway ON-ROADWAY														
		114 - Light Condition DAYLIGHT		110 DF	6 - Road : RY	Surface	Conditi	on		118 - W						
		9 Hit and Run			perty	9	Fire	9 Ph	otos	Taken	9 1	raile	r or Towe	or Towed		
ENT#		9 Truck, Bus, or	Hazardoı	us Materials	9	Loa	d Spill	age	9	Constru	ction Z	one	9	ames E	Exchanged	
ACCIDENT		101 Supplemental I	Reports	102 Witr	ness Sta	ateme	nts	103	/leas	urement	s Taker		79 - E M S	Number		
•		Operator/Pedes	trian					1								
		Unit Status							Collision W		100.0	3 - Dir Of	Travel	24 - Speed Limit 25		
		36 - Operating as Class D	sified	37 - End	orsement	S				35 O	perating	Con	nmercial	Motor '	Vehicle	
		29 - Driver's License N H5007797642306	umber			30 - WI	State	31 - Ex 2023	pirati	on Year	34 - On	Duty A	Accident			
		25 - Operator/Pedestria HAYON	an Last Nar	ne			25 - F ROB	irst Nam ERT	е				25 - Midd WILLIA		25 - Suffix	
		32 - Date Of Birth 11/23/1976		33 - Sex M												
	2	26 - Address Street & 1816 N 8TH ST	Number										2	6 - PO B	ox	
	IAN	27 - City SHEBOYGAN						27 - Sta WI	ite	27 - Zip C 53081	ode			ephone 6-1970		
	STR	39 - Seat Position									- Safety HOULD			D-LAP-E	BELT-USED	
	OPERATOR/PEDESTRIAN	38 - Injury Severity N - NO APPARENT	INJURY		41 - Airt		OYED			Ejected T-EJEC1	ED		44	Medica	l Transport	
	TOR/	43 - Trapped/Extricated NOT-TRAPPED	i	92 - Pe	destrian l	ocation	n	92 - F	edes	trian Action	1					
	ERA	119 - What Driver Was BACKING-MANEU				1000 TO	Traffic C		-OPE	ERATING			62 - N 0	lo. of Cita	ations Issued	
	O	64 - 1st Statute No.	64 - 2n	d Statute No.		64 - 3rd	Statute	No.		64 - 4th	Statute N	lo.	64	- 5th Sta	tute No.	
		122 - Driver Factors UNSAFE-BACKING	3							I						
		88 - Driver or Pedestria		89 - Subst			NOD 5	DUCC								
		90 - Alcohol Test TEST NOT GIVEN	AL	NEITHER			NOR-D	KUGS	-PKE	91 - Dru						
					1					1531-	NOT-GI	A CIA				

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Ī	91 - Drugs	Reported			-	-								
	124 High	way Factors												
	124 - Highv	way Factors												
	Vehicle													
	21 - Unit Ty	уре					e Type	TILITY-T	RUC	ζ			22 - To	otal Occupants
	56 - Licens 79245	e Plate Number		57 - Plate Ty		58 - State NI		- Exp Yea	ar	55 - Vehicle Id			r	
	50 - Year	51 - Make		52 - Mod	lel			lody Style	19.79E	54 - Cold	9.50		kidmarks	s to Impact (Ft)
2	94 - Vehicle			UTILITY	· · · · · ·		СВ			WHI				
VEHICLE														
VEH	05 Evtont	Of Damage	96						07 \	(abiala Damau	- d D			
	NONE			√ehicle To	owed D	ue To	Dama	ge		ration Remove	еа ву			
	NOT-APF	cle Factors PLICABLE												
	Vehicle	Owner												
	45 Vehic	cle Owner Same	As One	erator										
20		e Owner Last Name				First Name				46 - Middle Initial		46 - Suffix	Date	e Of Birth
VEH OWNER	46 - Company Name													
ŏ	SHEBOYGAN CITY 47 - Address Street & Number 47 - PO Box													
Ä	1315 N 23RD ST # 101 48 - City					48 - State 48 - Zip Code			e 49 - Telephone Nur			Numbo		
	SHEBOY	GAN					WI 53081				920-459-3444			
	Insuran													
	63 - Liability Insurance Company CITY OF SHEBOYGAN 60 Policy Holder San								e As C)wner				
INS 01	61 - Policy	Holder Last Name				61 - Policy Holder First Name								
Z	61 - Policy Holder Company SHEBOYGAN CITY													
	School													
_	Bus Travel	ling to/from Scho	ol Nam	е						Body Make			Sea	iting Capacity
BUS 01		From trict Contracted With												
B														
		r/Pedestrian												
	Unit Status							nful Event HICLE II		ion With	1 22	23 - Dir Of Tra EAST		24 - Speed Limi 25
	36 - Opera D	ting as Classified		37 - Endors	ements				3		Con	nmercial N	lotor V	ehicle
	29 - Driver G635292	s License Number 8278708				30 - Sta WI	GARCES 1975	1 - Expira 2025	ation Ye	ear 34 - On	Duty /	Accident		
	25 - Opera GORDON	tor/Pedestrian Last N	ame			2		t Name			25 - Middle Initi			25 - Suffix
	32 - Date 0	Of Birth	33 -	Sex	i eya		- III AII					L		
	26 - Addres	ss Street & Number				-						26	- PO Bo	x
	2027 N 1	OTH ST												

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Wisconsin Motor Vehicle Accident Report MV4000e 01/2005

P	K	2	O	1	•

	27 - City						7 - Sta	ate		ip Code			hone Number
	SHEBOYGAN 39 - Seat Position						VI .		5308	40 - Safety E		20-980-	9147
										SHOULDE		Γ-AND-L	AP-BELT-USED
	38 - Injury Severity N - NO APPARENT			41 - Ai	irbag -DEPLOYE	D			Ejecte Γ -EJ I	ed ECTED		44	edical Transport
N 02	43 - Trapped/Extricated NOT-TRAPPED		92 - Pe	destrian	Location		92 - F	Pedest	rian A	ction			
KIA	119 - What Driver Was SLOWING-OR-STO				120 - Traf			-OPE	RAT	ING		62 - No. 0	of Citations Issued
ESI	64 - 1st Statute No.	64 - 2nd S	tatute No.		64 - 3rd Sta	itute N	0.		64 -	4th Statute No		64 - 5	th Statute No.
OPERATOR/PEDESTRIAN 02	122 - Driver Factors NOT-APPLICABLE									***************************************			
) FER	88 - Driver or Pedestria APPEARED NORM		89 - Subst		esence OHOL-NO	R-DR	UGS	-PRE	SEN	т			
ر	90 - Alcohol Test TEST NOT GIVEN			90 - /	Alcohol Cont	ent				Drug Test ST-NOT-GIV	EN		
	91 - Drugs Reported												
	124 - Highway Factors Vehicle												
-	21 - Unit Type				Vehicle								22 - Total Occupant
	AUTOMOBILE 56 - License Plate Num 426PWF	ber	57 - Plate	Туре	58 - State						2		
	50 - Year 51 - Make 2017 VOLK		52 - N	lodel F ALL		53 - B SW	ody S	ityle		54 - Color WHI	O Property	100	idmarks to Impact (F
VEHICLE 02	94 - Vehicle Damage												
>	95 - Extent Of Damage MODERATE	96	Vehicle	Towe	d Due To [Dama	ae			hicle Removed	Ву		
	123 - Vehicle Factors NOT-APPLICABLE												
_	Vehicle Owner												
	45 Vehicle Owner	Same As O	perator										
K 02	46 - Vehicle Owner Las GORDON		•	1 200 Sept. 10	First Name				- 1	46 - Middle Init	tial 46	- Suffix	Date Of Birth 08/07/1982
WNE	46 - Company Name	A TOTAL STATE OF THE STATE OF T											
VEH OWNER UZ	47 - Address Street & N 2027 N 10TH ST	umber					47	- PO	Вох				
>	48 - City SHEBOYGAN				48 - S WI	tate	48 - 530	Zip Co 81	ode			elephone 80-914 7	
	Insurance				4								
	63 - Liability Insurance (JRETY C	o						60 Polic	y Holde	er Same	As Owner
INS 02	61 - Policy Holder Last I GORDON	Name				1 - Po			irst N				no contrato de California de C
=	61 - Policy Holder Comp	oany											

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Accident Report MV4000e 01/2005

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0 -		D
30	$n \cap n$	l Bus

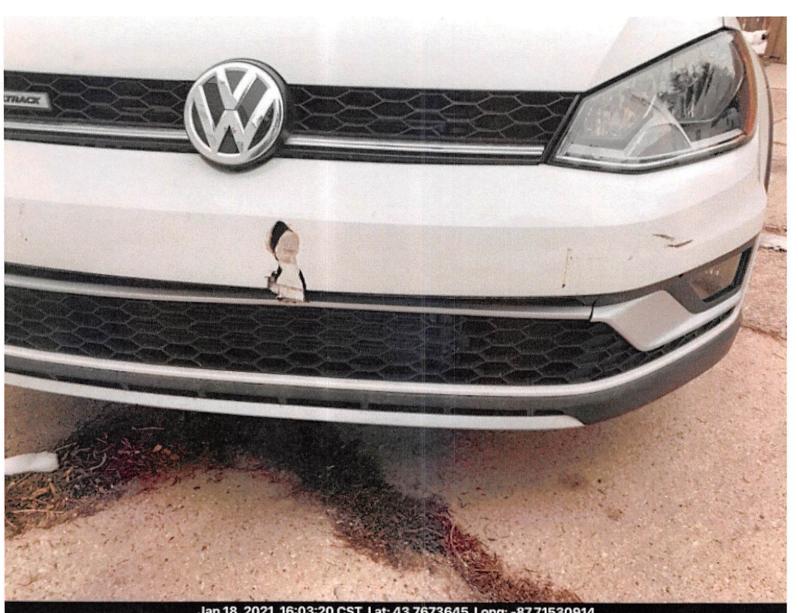
BUS 02	Bus Travelling to/from School Name To From School District Contracted With			Body Make		Seating Capacity
ш_	Occupant					
	Address Same As Operator					
	65 - Unit No 66 - Occupant Last Na DICKIE	ame	66 - First Na	ame	66 - Middle I	Initial 66 - Suffix
_	68 - Address Street & Number 130 BROADWAY ST # 3		68 - PO Box	(
OCCUPANT 01	68 - City SHEBOYGAN FALLS		68 - State	68 - Zip Code 53085		
UPA	67 - Date of Birth 12/22/1994		69 - Sex			
000	71 - Seat Position		1	72 - Safety Equipm SHOULDER-BE		BELT-USED
	70 - Injury Severity N - NO APPARENT INJURY	73 - Airbag NON-DEPLOYED	75 - Ejec NOT-E.		77	lical Transport
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space				near Transport
	Diagram and Narrative					
	105 - PHOTOS BY					
DIAGRAM AND NARRATIVE						
DIAGRAM AND NARRATIVE	UNIT 1 IS A DPW ELECTRICIAN VEHIC WILGUS. BOTH UNITS WERE TRAVEL INTERSECTION AND BACKED INTO U BACKED INTO THE VEHICLE CAUSIN	ING EB ON WILGUS. UNIT 1 V. NIT 2. DRIVER 1 REPORTED 1	VAS ATTEMPT	ING TO MANEUVER T	O A DIFFERENT	PART OF THE
DIAGRAM AND NARRATIVE	WILGUS. BOTH UNITS WERE TRAVEL INTERSECTION AND BACKED INTO U	ING EB ON WILGUS. UNIT 1 V. NIT 2. DRIVER 1 REPORTED 1	VAS ATTEMPT	ING TO MANEUVER T	O A DIFFERENT	PART OF THE
DIAG	WILGUS. BOTH UNITS WERE TRAVEL INTERSECTION AND BACKED INTO U BACKED INTO THE VEHICLE CAUSIN	.ING EB ON WILGUS, UNIT 1 V NIT 2. DRIVER 1 REPORTED 1 G THE HITCH TO PUNCH THR	VAS ATTEMPT THAT HE COUI OUGH THE FR rst Name	ING TO MANEUVER T	O A DIFFERENT EHIND THE UTILI	PART OF THE
NFORMATION DIAGRAM AND NARRATIVE	WILGUS. BOTH UNITS WERE TRAVEL INTERSECTION AND BACKED INTO U BACKED INTO THE VEHICLE CAUSIN Officer Information 125 - Officer Last Name LIVINGSTON 129 - Law Enforcement Agency No.	ING EB ON WILGUS, UNIT 1 V NIT 2. DRIVER 1 REPORTED 1 G THE HITCH TO PUNCH THR	VAS ATTEMPT THAT HE COUI OUGH THE FR rst Name AY Name	ING TO MANEUVER T LD NOT SEE UNIT 2 BE CONT BUMPER.	O A DIFFERENT EHIND THE UTILI	PART OF THE ITY VEHICLE AND

Wisconsin Motor Vehicle Accident Report MV4000e 01/2005 PK2011

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



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



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 LUCCHESE, 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

2

Point of Impact:

Deductible:

Days to Repair:

Owner (Insured):

12 Front

Inspection Location:

Virtual

500.00

Appraiser Information:

Repair Facility:

GINA GORDON

2027 N 10TH ST SHEBOYGAN, WI 53081-2627 (920) 980-9147 Cellular

GINAMARIE.GORDON@YAHO

O.COM

supplementrequest@travelers.com

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	Орег	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	5G0807217LHGRU	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 O	PERATIONS					
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

Workfile ID:

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.

Claim #: Workfile ID:

ILL5572001 9034bae5

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 LUCCHESE	
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.

Claim #: Workfile ID: ILL5572001 9034bae5

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.

Claim #:

ILL5572001 9034bae5

Workfile ID:

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.

इ.के.क	RECEIVED	8-10-21
DATE	RECEIVED	0 10 01

RECEIVED BY	MEC
CLAIM NO.	Added Supplyment #252=

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

AUG 0 9 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
з.	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) 1-18-21 2.080 M
6.	Where did damage or injury occur? (give full description)
	FRONT OF BUMPER. TRAILER HITCH WENT RIGHT
	THRONGH BUMPER
7.	How did damage or injury occur? (give full description)
	IWAS STOPPED AT ARED LIGHT. A UTILITY WORKE
	INFRONT OF ME PUT HIS TRUCK IN REVERSE &
	BACKEDIUTO ME HESAIDHEILIAS THERE TO CHECK
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 HAVON
	(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:

	NO INSURIES
Name and address of any other p	person injured: NA
Auto:	bound by the amounts provided here.)
Property:	\$ 1.011.10
	\$
Personal injury:	\$
Other: (Specify below	\$
TOTAL	\$
Damaged vehicle (if applicable)	
•	AUTRACK / Year: 2017 Mileage: 43K
Names and addresses of witnesse	
Names and addresses of witnesse	es, doctors and hospitals:
Names and addresses of witnesses REBEILA DICKIS ALL ACCIDENT NOTICES, COMPLETE ES OF ALL STREETS, HOUSE NUMBERS	es, doctors and hospitals:
Names and addresses of witnesses REBEICA DICKIS ALL ACCIDENT NOTICES, COMPLETE ES OF ALL STREETS, HOUSE NUMBERS APPLICABLE), WHICH IS CLAIMANT	E THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INC. S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEH.
Names and addresses of witnesses REBEICA DICKIS ALL ACCIDENT NOTICES, COMPLETE ES OF ALL STREETS, HOUSE NUMBERS APPLICABLE), WHICH IS CLAIMANT	E CINFO ON POUCE REPORT E THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INC. S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEH: VEHICLE, LOCATION OF INDIVIDUALS, ETC. the situation, attach proper diagram and sign.
Names and addresses of witnesses REBEICA DICKIS ALL ACCIDENT NOTICES, COMPLETE ES OF ALL STREETS, HOUSE NUMBERS APPLICABLE), WHICH IS CLAIMANT	E THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INC. S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE, LOCATION OF INDIVIDUALS, ETC.
Names and addresses of witnesses REBEKA DICKIS ALL ACCIDENT NOTICES, COMPLETE ES OF ALL STREETS, HOUSE NUMBERS APPLICABLE), WHICH IS CLAIMANT E: If diagrams below do not fit	E CINFO ON POUCE REPORT E THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INC. S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEH: VEHICLE, LOCATION OF INDIVIDUALS, ETC. the situation, attach proper diagram and sign.
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Names and addresses of witnesses REBEKA DICKIS ALL ACCIDENT NOTICES, COMPLETE ES OF ALL STREETS, HOUSE NUMBERS APPLICABLE), WHICH IS CLAIMANT E: If diagrams below do not fit	E THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INC. S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEH: VEHICLE, LOCATION OF INDIVIDUALS, ETC. The situation, attach proper diagram and sign. FOR OTHER ACCIDENTS SIDEWALK CURB
Names and addresses of witnesses REBEKA DICKIS ALL ACCIDENT NOTICES, COMPLETE ES OF ALL STREETS, HOUSE NUMBERS APPLICABLE), WHICH IS CLAIMANT E: If diagrams below do not fit	E THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INC. S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE, LOCATION OF INDIVIDUALS, ETC. The situation, attach proper diagram and sign.
Names and addresses of witnesses REBEKA DICKIS R ALL ACCIDENT NOTICES, COMPLETE MES OF ALL STREETS, HOUSE NUMBERS F APPLICABLE), WHICH IS CLAIMANT TE: If diagrams below do not fit	E THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INC. S, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE, LOCATION OF INDIVIDUALS, ETC. The situation, attach proper diagram and sign. FOR OTHER ACCIDENTS SIDEWALK CURB

ORIGINALLY SUBMITTE

¿DATE' RECEIVED	RECEIVED BY	
	CLAIM NO.	
CLAIR	M	
Claimant's Name: GINA GORDON	Auto	\$ 1317 75
Claimant's Address: 2027 N 10th St	Property	\$
SHEBOYGAU, WI 53	OS Personal Injury	\$
Claimant's Phone No. 900-980-9147	Other (Specify below)	\$
	TOTAL	\$ 1317.75
PLEASE INCLUDE COPIES OF ALL BILE	LS, INVOICES, ESTIMATE	ES, 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	An	

ADDRESS:

DATE: 7-22-21 ORIGINALLY SENT 1/26/2

Date: 2/10/2021 04:20 PM

Estimate ID: 1745 Estimate Version: 0 Preliminary Profile ID: Mitchell

Drive Train: 1.8L Turbo Inj 4 Cyl 6A AWD

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 VIN:

3VWH17AU3HM517177

OEM/ALT:

Options:

Search Code: None

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

TILT STEERING COLUMN, AMIFM STEREO, DRIVER AIRBAG, HEALED EXTERIOR MIRROR POWER PASSENGER SEAT, FRONT SIDE AIRBAG WITH HEAD PROTECTION ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, ALUMIALLOY WHEELS REARVIEW CAMERA, TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, HO 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		Labor r Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor
item	- Numbe	Туро		Front Bumper			3.4 #
1	100162	BDY	OVERHAUL	Frt Bumper Cover Assy			0.3
2	100102	BDY	REMOVE/INSTALL	Grille Assy	ODDED FROM DEALER	383.33	INC #
3	100166	BDY	REMOVE/REPLACE	Frt Bumper Cover	ORDER FROM DEALER	303.33	C 2.6
4	100100	REF	REFINISH	Frt Bumper Cover	5GM 807 248 C	168.33	INC
5	100172	BDY	REMOVE/REPLACE	Frt Bumper Impact Absorber		100.00	0.5*
6	100147	BDY	REPAIR	Frt Lwr Bumper Plate	Existing ORDER FROM DEALER	153.33	INC #
METALESCA III		BDY	REMOVE/REPLACE	Frt Lwr Bumper Grille	OKDER I KOM BELLEN		INC #
8		BDY	REMOVE/INSTALL	Frt Bumper Cover	5GM 807 287 F 9B9	81.67	INC
Marie State	100187	BDY	REMOVE/REPLACE	Frt Bumper License Plate Bracket			
				Front Lamps	510 941 661 C	105.98	
10	100281	BDY	REMOVE/REPLACE	L Frt Fog Lamp Assembly			0.4
11		BDY	CHECKIADJUST	Fog Lamps Special/Manual Entry		5.00 *	0.0*
			REMOVE/REPLACE	WAZARDOUS WASTE REMOVAL	Sublet	3.00	
12	900500	BDY*	REMOVEMENDAGE	Additional Operations			
				5:12:32 1745			
EST	MATE R	ECALL N	UMBER: 02/10/2021 16 : OEM: JAN_21_V	Copyright (C) 1994 - 2021 Mitchell International		Page 1	of 2
Mit	chell Dati	AFISION		All Rights Reserved			
Sof	tware Ve	rsion:	7.1.240				

Date: 2/10/2021 04:20 PM

Estimate ID: 1745 Estimate Version: 0

					Profile ID:	Mitchell	
	,1128	MCH	ADD'L LABOR OP	Post Repair Scan	Existing		0.6*
	4600			Special/Manual Entry			
	900500	REF *	REFINISH/REPAIR	Flex/Adhesion Promoter	New	8.00 *	0.0*
100				Additional Operations			
15		REF	ADD'L OPR	Clear Coat			1.0
16	933018	REF	ADD'L OPR	Mask For Overspray		8.00 *	
17				Additional Costs & Materials			
.,			ADD'L COST	Paint/Materials		151.20 *	

Estimate Totals

	I. Labor Subtotals	Units	Rate	Add'I Labor Amount	Sublet Amount	Totals	11.	Part Replacement Summ	ary	Amount
	Body	4.6	62.00	0.00	0.00	285.20 T		Taxable Parts		905.64
	Refinish Mechanical	3.6 0.6	62.00 88.00	8.00	0.00	231.20 T		Sales Tax	@ 5.000%	45.28
	mechanical	Taxable L	abor		0.00	52.80 T 569.20		Total Replacement Parts	Amount	950.92
		Labor	Tax	@ 5.00	0 %	28.46				
	Labor Summary	8.8				597.66				
,	Additional Costs					Amount	IV.	Adjustments		Amount
	Taxable Costs					151.20		Customer Res	ponsibility	0.00
	S	ales Tax		@ 5.0	00%	7.56				
	Total Additional	Costs				158.76				
	Paint Material Me Init Rate = 42.00	ethod: Rate , Init Max I	s lours = 9	99.9, Addi R	ate = 0.00					
								I. Total Labor:		59
								II. Total Replace		95
							- 1	II. Total Addition Gross To	THE RESEARCH STATE OF THE PROPERTY OF THE PARTY OF THE PA	15 1,70
							r	V. Total Adjustm		1,70
				This	is a nrel	liminary e	stim	nate. uired for the actual		

Point(s) of Impact

Point(s) or Impact

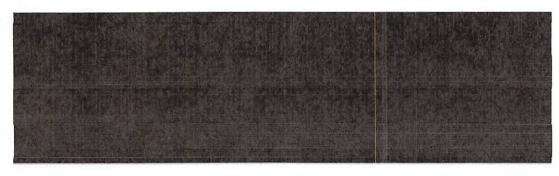
12 Front Center (P)
ESTIMATE RECALL NUMBER: 02/19/2021 16:12:32 1745

ESTIMATE RECALL NUMBER: 02/19/2021 16:12:32 1745

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Page 2 of 2

^{* -} Judgment Item # - Labor Note Applies C - Included in Clear Coat Calc





Michaels' Auto Body Repair

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

INA0000

DATE 03/16/2021

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
Payment Instructions	TOTAL		\$1,317.75
BY CHECK	BALANCE DUE	USD	\$1,317.75

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

shokum book

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

Michaels' Autobody Repair



R. 6. No. | 7 | - 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

FAP



MKC

422-21

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

Dear Clerk:

Re: Tax Parcel No. 59281505650

() Posted

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.

Meredith DeBruin, Clerk January 26, 2022 Page 2

- 6. For 2021, property tax was imposed on property in the City at the rate of \$26.210405per \$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

I

R. O. No. 17 - 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.

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CITY	CLERK	



Wisconsin Public Service Corporation

Claims - A145 P.O. Box 1132

Milwaukee, WI 53201-1132 Phone 800-558-3303 x3437

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

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

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22

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

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.

		0
4	1	1
- /	. 1	,

CTT	V	CT.	ERK	

		12-16-21	
DATE	RECEIVED	12-15-21	
4			

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

- 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:
5. 6.	When did damage or injury occur? (date, time of day) Dec 8, 2021, 10:15 and where did damage or injury occur? (give full description)
	left driver side mirror and driver side 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
9.	(b) Claimant's statement of the basis of such liability: The police office that came to my door to give me the Card with the Claim number. 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:
12. Damage estimate: (You are not bound by the amounts provided here.)
Auto: \$ 1200° estimated
Property:
Personal injury: \$
Other: (Specify below \$
TOTAL \$ \200°
Damaged vehicle (if applicable)
Make: Cherrolet Model: Malibu Year: 2013 Mileage: 128, 880
Names and addresses of witnesses, doctors and hospitals: The 2 0/000
drivers. Gabrielle memullen 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.
FOR OTHER ACCIDENTS
SIDEWALK
PARKWAY SIDEWALK 2329 HOUSE
SIGNATURE OF CLAIMANT Melsy lle 11 May DATE 12-15-21

DATE RECEIVED	RECEIVED BY
	CLAIM NO.
CLAIM	
Claimant's Name: Gabrielle MMuller	
Claimant's Address: 2329 Henry St.	Property \$
Sheboygan, WI 53081	Personal Injury \$
Claimant's Phone No. 920-254-0254/920-912-40	27ther (Specify below) \$
	TOTAL \$ /200°°
	\$ /O(
PLEASE INCLUDE COPIES OF ALL BILLS,	INVOICES, ESTIMATES, ETC.
WARNING: IT IS A CRIMINAL OFFENSE (WISCONSIN STATUTES	
The undersigned hereby makes a claim arising out of the circumstances describ Injury. The claim is for relief in the foamount of \$ /2000.	ed in the Notice of Damage or
address: 2329 Henry Street Sheboygan, WI 53081	DATE: 12-15-27

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

Appraiser License #:

Work/Day: (920)459-6855x348 Work/Day: (888)459-6855x348 City State Zip: Sheboygan, WI 53081

FAX: (920)459-6286

Repairer

Repairer: Sheboygan Chev/Buick/GMC/Cad

Address: 3400 SOUTH BUSINESS DRIVE

Contact:

Work/Day: (920)459-6855 Work/Day: (888)459-6855

City State Zip: SHEBOYGAN, WI 53081

Email: collisioncenter@sheboyganauto.com

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.Plate: AKW5234

Ext. Color: CARBON FLASH MET

Lic Expire:

Prod Date: 05/2013

Veh Insp#: Condition:

Lic State: WI VIN: 1G11E5SA1DF299311

> Mileage: 128,888 Mileage Type: Actual

Air Conditioning

Code: U2683B

Int. Color: Jet Black w/Premium Cloth/Leatherett Ext. Refinish: Two-Stage Int. Refinish: Two-Stage Ext. Paint Code: 501Q.58 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**

Anti-Lock Brakes Center Console Daytime Running Lights **Dual Airbags**

Erg.

Dual Zone Auto A/C Emergency S.O.S. System Floor Mats Fog Lights Head Airbags Heated Power Mirrors		
Illuminated Visor Mirror Knee Air Bags LED Brakelights Leather Steering Wheel Lighted Entry System Overhead Console Power Door Locks Power Drivers Seat Power Windows Pur Driver Lumbar Supp Rem Trunk-L/Gate Release Split Folding Rear Seat Stability Cntrl Suspensn Tachometer Tilt & Telescopic Steer Traction Control System Keyless Entry System Leather Steering Wheel Leather Steering Wheel Leather Steering Wheel Metallic Paint Power Brakes Power Brakes Power Brakes Power Steering Power Steer	Lights minated Visor Mirror se Air Bags sted Entry System Star System ver Door Locks ver Windows r Driver Lumbar Supp m Trunk-L/Gate Release st Folding Rear Seat shometer & Telescopic Steer ction Control System	x System ing Wheel y Outlet(s) Defroster adio Control nt System Monitor

AudaVIN options are listed in bold-italic fonts

	ges											
Line	Ор	Guide	МС	Description		MFR.Part	No.	Price	ADJ%	В%	Hours	R
Front D	oore											
1		221		Housing,Mirror		22860542	GM Part	\$262.57			1.0	SM
2	Е	278		Cover,Frt Doo >> #22860531	r Mirror LT	22812176	GM Part	\$59.57*			0.2	SM
3	L	278	13	Cover,Frt Doo		Refinish 0.3 Su 0.6 Tw	rface /o-stage setup /o-stage				1.0	RF
4	Е	223		Glass,Front Do	oor T LT	22893155		\$430.33			0.6	SM
Manual 5 5	SB	<u>es</u> Items		AFTM WINDO		Sublet Re 87-9300	pair	\$100.00*				SM
				MC I	Message							
				13								
				13 1	NCLUDES	0.6 HOURS	FIRST PANEL	TWO-STAGE AL	LOWANCE			
Estima	ate To	otal & En	tries		NCLUDES	0.6 HOURS	FIRST PANEL	TWO-STAGE AL	LOWANCE			
OEM Pa Paint & Parts &	arts Mate Mate	rials rial Tota	ı			Hours @ S		\$752.47 \$42.00		5794.47		
OEM Pa Paint & Parts &	arts Mate Mate	rials	ı			Hours @ S		\$752.47	9	5794.47 \$43.70		
OEM Pa Paint & Parts & Tax on I	arts Mate Mate	rials rial Tota	ı		1.0	Hours @ S	\$42.00 5.500%	\$752.47	9			
OEM Pa Paint & Parts & Tax on I Labor Sheet M Mech/El	arts Mate Mate Parts Ietal (rials rial Tota & Mater (SM)	ı	Rate \$62.00 \$130.00	1.0	Hours @ S	\$42.00 5.500%	\$752.47	9			
OEM Pa Paint & Parts & Tax on I Labor	arts Mate Mate Parts Jetal (Jec (M	rials rial Tota & Mater (SM)	ı	Rate \$62.00	1.0 Replace Hrs	Hours @ S	542.00 5.500% Total Hrs	\$752.47 \$42.00	9			
OEM Pa Paint & Parts & Tax on I Labor Sheet M Mech/El Frame (I	Mate Mate Parts Tetal (lec (M FR) n (RF)	rials rial Tota & Mater (SM)	ı	\$62.00 \$130.00 \$78.00	1.0 Replace Hrs	Hours @ 5 Repair Hrs	542.00 5.500% Total Hrs 1.8	\$752.47 \$42.00 \$111.60 \$62.00	\$			

Gross Total Net Total

\$1,126.82 \$1,126.82

Alternate Parts Y/00/00/00/00/00 Cumulative 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

UE = Replace OE Surplus EU = Replace Recycled UM= Replace Reman/Rebuilt UC = Replace Reconditioned N = Additional Labor IT = Partial Replace Price ET = Partial Replace Labor TE = Partial Replace Price FOR ET = Partial Replace Labor TE = Partial Replace Price FOR ET = Partial Replace Labor FOR ET = Partial Replace Labor TE = Partial Replace Price FOR ET = Partial Replace Labor FOR ET = Partial Replace Labor TE = Partial Replace Price FOR ET = Partial Replace Labor TE = Partial Replace Price FOR ET = Partial Replace Labor TE = Partial Replace Price FOR ET = Partial Replace Labor TO = Partial Replace Price FOR ET = Partial Replace Labor TO = Partial Replace Price FOR ET =	E = Replace OEM OE = Replace PXN OE Srpls EP = Replace PXN PM = Replace PXN Reman/Reblt PC = Replace PXN Reconditioned SB = Sublet Repair I = Repair RI = R & I Assembly RP = Related Prior Damage



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JOE VAN HORN CHEVROLET **COLLISION CENTER**

Workfile ID: PartsShare: 618fb8e0 6ybXKb

Federal ID:

39-1052356

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

> Phone: (920) 893-6361 FAX: (920) 893-0953

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

128,903

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

Owner:

Inspection Location:

Insurance Company:

McMullen, Gabrielle

JOE VAN HORN CHEVROLET COLLISION

CENTER

(920) 254-0254 Cell

3008 EASTERN AVE, P.O. BOX 298

Plymouth, WI 53073

Repair Facility

(920) 893-6361 Business

VEHICLE

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

VIN:

1G11E5SA1DF299311

Interior Color:

Mileage In:

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 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.

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.