

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.

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CITY CLERK

PROGRESSIVE *

#18-21 MKC

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

Claim Payment Detail (21-7983848)

Payment Information

Disbursement Number: 372778006
Draft Number: 2040364438

Pay to the Order of: Mailing Address: SEZERO MEDINA

3625 GRANITE RD

SHEBOYGAN, WI 53083-1899 USA

In Payment Of: Progressiv

Progressive Invoice Number: 89950847

Reviewed Summary -

Issuing Rep:A134860Issue Date:11-12-21Last Updated Rep:A134860

Approved By: Review Date: Reviewed By:

Bank Information -

Type: Loss Stop Reason:

Stop Date:

Bank Code: 1CD

Cleared: 11-22-21

Total Amount:

Invoice Number: 89950847

\$500.00

Exposure Detail: COLL -

Party Name: SUASTEGUI, DIANA
Property Description: 06 NISSAN ARMADA
Payment Type: 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/ 10/26/2021 Deductible: WAIVED Claim Number: 21-7983848-03

> Insured: UNKNOWN UNKNOWN Owner: SEZERO MEDINA

Telephone: Home Phone: (920) 254-2089 Contact Phone:

Cell Phone: (920) 889-8968 (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: Grev Options: SPECIAL PAINT/TRIM

Line	Entry	Labor		Line Item	Part Type/	Dollar	Labor
Item	Number	Type	Operation	Description	Part Number	Amount	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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Date: 11/11/2021 11:01 AM Estimate ID: 21-7983848-03

Estimate Version: Committed

Profile ID: * SL - RV

Estimate Totals

l.	Labor Subtotals Body	Units 12.5 Taxable L Labor	Add'I Labor Amoun 0.00	Suble Amou	nt Tota	0 T	II.	Part Replacement Summary Taxable Parts Sales Tax @ Total Replacement Parts Amount	Amount 866.98 47.68 914.66
	Labor Summary	12.5			1,120.9	4			
III.	Additional Costs				Amou	nt	IV.	Adjustments	Amount
	Total Addition	al Costs			0.0	0		Insurance Deductible	WAIVED
								Customer Responsibility	0.00
							I.	Total Labor:	1,120,94
							II.	Total Replacement Parts:	914.66
							III.	Total Additional Costs:	0.00
								Gross Total:	2,035.60
							IV.	Total Adjustments:	0.00
								Net Total:	2,035.60

Point(s) of Impact

6 Rear Center (P)

Insurance Co: Artisan and Truckers Casualty Co

Inspection Site: ***S-L Trailer*** SOB1 11/11

Address: 1806 Wilson Ave

Sheboygan, WI 53081 Inspection Date: 11/11/2021

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

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

PROGRESSIVE HONORS THE PREVAILING 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	FACILITI	IES:			
					 	 -
					 	 -
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