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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.

FAP.

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CITY CLERK

**PROGRESSIVE**

Payment Address  
24344 Network Place  
Chicago, IL 60673-1243

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

DEC 03 2021

#18-21

MKC

11/23/2021 7:43:00 AM

Certified Mail Return Receipt Requested 9489 0090 0027 6372 9522 26

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

Your Client: JOHNSON, TAYLOR

Your Claim Number: N/A

Our Insured: SUASTEGUI, DIANA

Our Claim Number: 21-7983848

Amount Subject to Reimbursement: 500.00

Amount of Insured's Deductible: N/A

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

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

Location of Loss: CALUMET DR IN SHEBOYGAN

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

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

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

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

Brittany Walette

Progressive Subrogation

Artisan and Truckers Casualty Company

Tel. 877-818-0139

Fax. 888-781-6947

**GovernmentStatus@email.progressive.com**

## Claim Payment Detail ( 21-7983848 )

## Payment Information

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

## Reviewed Summary

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

## Bank Information

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

## Exposure Detail: COLL

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

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

## Artisan and Truckers Casualty Co

Damage Assessed By: SCOTT BEHM

Appraised For: DIONNE HILLSTEAD  
(715) 690-3552

Classification:

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

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

Cell Phone: (920) 889-8968

Mitchell Service: 910343

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

Drive Train:

Search Code: None

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

\* - Judgment Item

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



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:

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I ACKNOWLEDGE AND APPROVE OF THIS ESTIMATE.

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

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