I

Submitting a claim from Allstate a/s/o Matthew Friedl for alleged damages to vehicle when it was struck by a City of Sheboygan bus.

CITY	CLERK	

FAP

DATE	RECEIVED	9	-20-22	
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RECEIVED BY	MKC
CT.ATM NO	15-27.

## CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

## INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

- 1. Notice of death, injury to persons or to property must be filed not later than  $\underline{120\ days}$  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: Allstate a/s/o Matthew Friedl
2.	Home address of Claimant: PO Box 660636 Dallas, TX 75266
З.	Home phone number:972 871 6262
4.	Business address and phone number of Claimant:
	_Same as above
5.	When did damage or injury occur? (date, time of day)8/13/2022 _ 345pm
6.	Where did damage or injury occur? (give full description)
	Geele Ave & N 6th Street
sto tra on	How did damage or injury occur? (give full description)_Our insured was stopped at a pp sign, and planning to head southbound on North six Street when a city of Sheboygan bus weling eastbound on Geele Avenue attempted to make a left hand turn to drive northbound N. 6th St. and cut the turn to close and struck our stopped vehicle, causing damage to driver side front end corner, driver side door and rear driver side door.
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:Jeffrey Bemis
	(b) Claimant's statement of the basis of such liability:
	Claimant turned corner too tight causing impact
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
	(b) Claimant's statement of basis for such liability:na

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

	_No injuries
11.	Name and address of any other person injured:n/a
12.	Damage estimate: (You are not bound by the amounts provided here.)
	Auto: \$10,054.32
	Property: \$0.00
	Personal injury: \$0.00
	Other: (Specify below deductible \$1,500.00
	Damaged vehicle (if applicable)
	Make:Toyota Model: Highlander Year: 2016_ Mileage: _62,575
	Names and addresses of witnesses, doctors and hospitals:
	_Witness Paul Werth 920 287 5774
NAM (IF	ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE ES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.  E: If diagrams below do not fit the situation, attach proper diagram and sign.
	ENATURE OF CLAIMANT MEAN AND UNDERSTAND THE INSTRUCTIONS  SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS
DAT	TE RECEIVED 9.10-10 RECEIVED BY WICE
	CLAIM NO 15-22

CLAIM	
Claimant's Name: Allstate a/s/o Matthew Friedl	Auto \$_10,054.32
Claimant's Address: _PO Box 660636	Property \$
_Dallas, TX 75266	Personal Injury \$
Claimant's Phone No972 871 6262	Other (Specify below) 500.00
Other being deductible	TOTAL \$ 11,554.32
PLEASE INCLUDE COPIES OF ALL BILLS,	, INVOICES, ESTIMATES, ETC.
WARNING: IT IS A CRIMINAL OFFENS (WISCONSIN STATUTE	
The undersigned hereby makes a claimarising out of the circumstances descriinjury. The claim is for relief in the famount of \$_11,554.32	bed in the Notice of Damage or
ADDRESS: 8901 ESTER BILL I	DATE: 9/16/2022

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.

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



## հրմինդիկինեսկրգիկիկինինինիուիկիցկելին

CITY OF SHEBOYGAN 828 CENTER AVE STE 105 SHEBOYGAN WI 530814442

September 15, 2022

CLAIM NUMBER: 0680922713 F5G DATE OF LOSS: August 13, 2022

OUR INSURED: MATTHEW FRIEDL

YOUR FILE NUMBER: YOUR INSURED: ADDRESS:

CITY STATE ZIP: , ,

LOSS LOCATION: GEELE AVE AND N 6TH ST, Sheboygan, WI

AMOUNT OF LOSS: \$11,554.32

Re: Subrogation Claim Notice

Dear CITY OF SHEBOYGAN,

Our investigation indicates your insured was responsible for the loss referenced above.

Please accept this letter as notice of our subrogation claim. Enclosed, you will find copies of the supporting documents for which we are seeking reimbursement. To assist you in your review, the following is a breakdown of our subrogation demand:

PHONE NUMBER: 800-374-4246

OFFICE HOURS: Mon - Fri 7:00 am - 6:00 pm

FAX NUMBER: 866-447-4293

Auto Damage (Company Paid):	\$10,054.32
Rental:	\$
Towing:	\$
Other:	\$
Deductible (Customer Paid):	\$1,500.00
Salvage Recovery:	\$
Insured Out of Pocket (please send directly to our Insured):	\$626.54

Please forward your payment with our claim number to:

## Allstate Payment Processing Center P.O. BOX 650271 Dallas, TX 75265 0271

Be advised that any amounts received from you for less than the amount demanded will be considered an undisputed partial payment amount only, and we retain the right to pursue full payment.

We ask that you direct any future correspondence to the address listed at the top of this letter.

If corresponding by e-mail, please send to <u>claims@claims.allstate.com</u> and refer to the Allstate claim number on the subject line. Thank you.

0680922713 F5G

Sincerely,

## RIKKI WEST

RIKKI WEST 800-374-4246 Ext. 8716262 Allstate Property and Casualty Insurance Company Report Date: 09/15/2022

## Payment Ledger

Policy Holder:	LISA A AND MATTHEW J FRIEDL	Total Amount Paid	\$10,054.32
Participant:	MATTHEW FRIEDL	Medical Deductible:	\$0.00
Date of Loss:	08/13/2022	Co-payment Amount	\$0.00
Claim Number:	0680922713		

Payment/Credit Date	Payee/Payor	Check#		Amount
09/12/2022	CRASH CHAMPIONS - WEST BEND	14325	s	10,054.32

## **Crash Champions - West Bend**

3000 W Washington St, West Bend, WI 53095

Phone: (262) 306-1900 FAX: (262) 306-3460 
 Workfile ID:
 d1ec5553

 PartsShare:
 6Vb3Zq

 Federal ID:
 47-1529314

 State ID:
 NA

 Federal EPA:
 NA

 State EPA:
 NA

#### Supplement of Record 5 with Summary

RO Number: 14003868

Written By: Dan Ehlke, 9/6/2022 1:40:45 PM

Insured:

FRIEDL, MATTHEW

Policy #:

000912858835

Claim #:

000680922713D01

Type of Loss:

Collision

Date of Loss:

8/13/2022 3:45 PM

Days to Repair: 30

000000322713D

Point of Impact: 11 Left Front

Owner:

FRIEDL, MATTHEW 4512 WHITE OAK LN

(920) 254-8517 Cell

SHEBOYGAN, WI 53083

Inspection Location:

Crash Champions - West Bend 3000 W Washington St West Bend, WI 53095

Repair Facility

(262) 306-1900 Business

Insurance Company:

ALLSTATE PROPERTY & CASUALTY

Allstate Property and Cas HOME OFFICE CLAIMS

Northbrook

#### **VEHICLE**

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

VIN:

5TDBKRFH1GS251153

Interior Color:

Production Date:

\_. . \_ .

Mileage In: 62,575

Vehicle Out: 9/6

9/6/2022

License: State: 657-RPJ WI Exterior Color:

Black Pri 1/2016 Mileage Out:

DENNIS/chri

s

TRANSMISSION

Automatic Transmission Overdrive 4 Wheel Drive

**POWER**Power Steering

Power Brakes Power Windows

Power Locks
Power Mirrors
Heated Mirrors

DECOR
Dual Mirrors
Privacy Glass

Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers

Tilt Wheel Cruise Control Rear Defogger

Keyless Entry

Message Center

Steering Wheel Touch Controls

Rear Window Wiper Telescopic Wheel Climate Control Dual Air Condition

Backup Camera

RADIO

AM Radio

FM Radio Stereo

Search/Seek CD Player

Auxiliary Audio Connection

Condition:

SAFETY

Drivers Side Air Bag Passenger Air Bag

Anti-Lock Brakes (4) 4 Wheel Disc Brakes Traction Control Stability Control

Hands Free Device

Front Side Impact Air Bags Head/Curtain Air Bags

ROOF

Luggage/Roof Rack

SEATS
Cloth Seats
Bucket Seats

Job #:

3rd Row Seat WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint Metallic Paint OTHER Fog Lamps

Rear Spoiler Signal Integrated Mirrors California Emissions

## RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

Line			Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	FRON	г вимре	R						
2			R&I	License bracket				0.2	
3				O/H front bumper				2.2	
4	**		Repl	A/M Bumper cover	521190E925	1	182.00	Incl.	3.0
				Note: Morrison Auto					
5				Add for Clear Coat					1.2
6				Add for fog lamps				0.4	
7	**		Repl	Opt OEM Lower cover	521290E010	1	185.00	Incl.	
				Note: Torn					
8	**	S03	Repl	A/M LT Lamp bezel w/o LED running lamp w/fog lamps	520400E020	1	82.00	Incl.	
9			Repl	LT Side retainer tape	758950E010	1	6.58		
10			Repl	RT Side retainer tape	758950E010	1	6.58		
11			Repl	LT Side retainer clip	5387950020	1	9.42		
12	**		Repl	Opt OEM LT Side support	521460E060	1	25.00	Incl.	
13	**	S03	Repl	A/M CAPA Energy absorber	526110E091	1	32.00	Incl.	
14	**		Repl	Opt OEM Impact bar (UHS)	520210E040	1	345.00	0.4	
15	*		R&I	Center grille				Incl.	
16	**	S03	Repl	Opt OEM LT Tow brkt cover	521280E926	1	12.07	Incl.	0.2
				Note: MISSING					
17	GRILL	E							
18			R&I	R&I grille assy				Incl.	
19	FRON	T LAMPS							
20	**		Repl	A/M CAPA LT Headlamp assy w/o smoke accent	811500E180	1	253.50	0.3	
				Note: Morrison Auto					
21			R&I	RT Headlamp assy w/o smoke accent				0.3	
22	*	S02	Repl	LKQ LT Fog lamp assy +25%	8122002160	1	125.00	Incl.	
23			R&I	RT Fog lamp assy				Incl.	
24	RADIA	ATOR SU	PPORT	i					
25			R&I	Sight shield				0.2	
26	#		R&I	Hood Alarm Switch				0.1	
27			Repl	LT Side support w/o Hybrid	532030E070	1	190.26	3.2	0.5
28				Aim headlamps				0.5	
29				Evacuate & recharge			ı	n 1.4 M	1
30				Refrigerant recovery				m 0.4 M	1
31			R&I	R&I upper tie bar			5	0.4	
32			Repl	LT Radiator support brace	572260E060	1	20.63	0.2	0.2
33			R&I	LT Side shield				0.1	
34	*		Rpr	Lower tie bar			5	0.5	0.3
				Note: Secondary Damage and spot refin	ish				
35				Overlap Minor Panel					-0.2

## RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

	— — — — — — — — — — — — — — — — — — —									
36			R&I	Lock support					0.2	
37			Repl	LT Fender mtg bkt plate	537180E070	1	26.66		0.2	0.2
38			Repl	Sight shield clip	9046707217	4	6.56			
39	*	S01	R&I	Front shield					Incl.	
40	COOLI		19.000000000000000000000000000000000000	Access to the second se						
41	*	S01	R&I	R&I radiator				m .	<u>2.5</u>	
				Note: LABOR: Time includes R&I/R&R	front shield, condenser a	ind R&I st	roud as an		The state of the s	
42	*	S01	R&I	R&I shroud as an assy	2201705010		422.20	m	Incl.	
43	**		Repl	Duct	329170E010	1	122.20		Incl.	
44	**		Repl	A/M Trans cooler	3291048190	1	160.00	m	1.0	
45			Repl	Trans cooler mount bracket	3291348030	1	85.02			
46	#		Repl	Coolant (Extended life/OEM)		2	40.00			
				Note: Per Invoice				******		
47	*			& HEATER					Total	
48		S01	R&I	Condenser assy w/o hybrid				m	<u>Incl.</u>	
49	HOOD		R&I	Hood Switch					0.2	
50	#		R&I	R&I hood assy					0.2	
51 52	FENDE	n	Koa	R&I 11000 assy					0.6	
53	FENDE	ĸ	Repl	LT Outer rail extn (HSS)	571140E010	1	85.02		1.5	0.4
54	*		Sect	LT Rail assy w/o hybrid (HSS)	571140E010 570280E041	1	732.01	=	5.3	0.8
34			Sect	Note: LABOR: Time is after apron asse						
				reinforcement bracket. Time is for com						neidde
55				Overlap Minor Panel						-0.2
56	#		Repl	PLUG PLATE	90333-30008	4	8.84			
				Note: Flug on Rail section						
57	**		Repl	A/M LT Fender liner 3.5 liter	538060E120	1	95.62		Incl.	
				standard cooling						
58			Repl	LT Mud guard	766220E010	1	36.98		0.2	
59	**		Repl	Opt OEM LT Wheel opng mldg	750860E010	1	100.00		Incl.	
60			Repl	LT Mud guard clip	7586706030	1	6.26			
61	**		Repl	Opt OEM LT Fender (HSS)	538020E100	1	<u>263.00</u>		2.3	2.2
62				Add for Edging						0.5
63			Repl		90189A0008	2	2.98			
				Note: 2 of these are required.						
64				LT Shield					Incl.	
65			R&I	LT Molding assy painted black					Incl.	
66	*		Rpr	LT Front panel				S	<u>1.0</u>	0.3
				Note: Secondary Damage - Spot Refin	sih after Fuse box					
67				Overlap Minor Panel					1212	-0.2
68	*		Rpr	LT Inner reinf	_			5	0.2	0.2
				Note: Spot Refinish and repair for Rad	support Repacement					
69				Overlap Minor Panel					5 <u>2</u> 655W	-0.2
70	*		Rpr	LT Molding assy painted black					0.5	0.3
				Note: Backedg Damage						
71		S04	Repl	LT Molding assy pad	757930E070	2	19.94			

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2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

Note: PARTS: Part included with body side molding. Part cannot be reused/reinstalled. LT and RT per Invoice same number

				Li aliu Ki pei ilivoice saille liullibei						
72	FRAME									
73	#		Rpr	Unibody structural repair					2.0 F	
		***************************************		Note: Pull To Toyota Dimentions		****				
74	ELECTRI	CAL								
75	**	S02	Subl	A/M D&R wiring harness - LT Fog		1	120.00			
				Lamp						
				Note: Per Invoice						
76			R&I	Battery 575 CCA				m	0.4	
77	*		R&I	LT Relay box					1.0	
70				Note: Lift and Remove for Rad support	Replacement				0.5	
78	#			D&R wiring harness		1			0.5	
70				Note: Loosen and remove for replace of	parts					
79	WHEELS			140 1775	4254405440		206.25	80		
80	*	S01	Repl	LKQ LT/Front Wheel, alloy 18", type 2 gunmetal +25%	426110E440	1	<u>206.25</u>	m	0.1	
				Note: Machined and painted dmaage						
81	WINDSH	TELD		Note: Flacilities and palities amange						
82			R&I	LT Side molding					0.2	
83			Repl	LT Side molding clip	755450E020	2	12.52		5.2	
05			пср	Note: Mont clips broke	755 1502020	_	12.02			
84	RESTRAI	NT SY	STEM			***************************************		*******************************		
85			R&I	Ft impact sensor LT				m	0.1	
86	ROOF	***************************************						*************************		
87			R&I	RT Drip molding front					0.4	
88			R&I	RT Drip molding center					0.4	
89			R&I	RT Drip molding rear					0.4	
90			Blnd	LT Roof side panel outer						0.8
91	*		R&I	Front rail					0.2	
92	*		R&I	Rear rail					0.2	
93	PILLARS,	, ROC	KER &	FLOOR						
94			R&I	LT Scuff plate rear w/o Hybrid					0.1	
95			R&I	LT Surround w'strip rear					0.5	
96	FRONT D	OOR								
97	*		Rpr	LT Outer panel (HSS)					2.5	2.1
				Note: Front to back damage - Scratches	and dings form impact					
98				Overlap Major Adj. Panel						-0.4
99	#			Basecoat Reduction		1				-0.3
100			R&I	LT Frame molding					0.3	
101			R&I	LT Rocker molding painted black					0.3	
102			Repl	LT Frame molding rivet	90269A0006	6	5.16			
				Note: 6 of these are required.						
103			R&I	LT Belt molding					0.3	
104			R&I	LT R&I mirror					0.3	
				LT Handle, outside w/o Smart						

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2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

			Key black					
106	*	Rpr	LT Handle, outside w/o Smart Key black				0.3	0.4
107			Overlap Minor Panel					-0.2
108		Blnd	LT Cover black					0.1
109		R&I	LT Lock assy				0.4	
110		R&I	LT R&I trim panel				0.5	
111		R&I	LT Handle base				0.1	
			Note: LABOR: Time is after handle, ou	itside is removed.				
112	*	R&I	LT Water shield				<u>0.1</u>	
113		Repl	LT Rocker molding pad	757930E040	1	12.53		
			Note: PARTS: Part included with body	side molding. Part canno	t be reuse	d/reinstalled.		
114	*	R&I	<u>LT Weatherstrip ROCKER OUTER,</u> <u>LH</u>				0.1	
115	REAR DOOR	ર						
116	*	R&I	LT Weatherstrip rear				0.2	
117		Repl	LT Weatherstrip front	678960E020	1	16.03	0.2	
			Note: PARTS: Part cannot be reused/r	reinstalled. LABOR: Time i	included w	ith R&R door she	I and outer pane	l.
118	*	Rpr	LT Outer panel (HSS)				2.5	2.1
			Note: Front to back damage - Scratch	es and dings form impact	:			
119			Overlap Major Adj. Panel					-0.4
120	#	Refn	Basecoat Reduction					-0.3
121	*	R&I	LT Belt molding				0.3	
122	**	Repl	Opt OEM LT Lower molding	750780E010	1	64.00	0.3	
123		R&I	LT Rocker molding painted black				0.3	
124		R&I	LT Handle, outside black				0.3	
125		R&I	LT Handle base				0.1	
126	#	R&I	Rear Door Ajar Switch				0.1	
127	*	R&I	LT Door trim panel fabric black				<u>0.6</u>	
128	*	R&I	LT Water shield				0.1	
129	*	R&I	LT Door trim panel metallic accent black		2		0.6	
130		Repl	LT Stone guard	757480E010	1	16.18	0.2	
131		R&I	LT Striker				0.2	
132		Repl	LT Rocker molding pad	757970E030	1	12.53		
			Note: PARTS: Part included with body	side molding. Part canno	t be reuse	d/reinstalled.		
133	QUARTER F	PANEL						
134	*	Rpr	LT Quarter panel w/o blind spot				6.5	2.9
			Note: Front Torn - weld tear - Rear D	ented by bumper				
135			Overlap Major Adj. Panel					-0.4
136			Add for Lock Pillar					0.5
137	#	Refn	Basecoat Reduction					-0.3
138		R&I	LT Wheelhouse liner				0.3	
139	S	02 Repl	LT Seal	616680E030	1	48.01	0.2	
			Note: PARTS: Part cannot be reused/	reinstalled. LABOR: Time i	included w	ith R&R quarter p	oanel.	
140	#	Repl	Urethane Kit		1	15.00		

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2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

166	*	S04	Subl	Post-repair scan		1	Incl.	X m		
				Note: Pre-Scan necessary to inspect for loss re	elated diagnostic	trouble co				
165	*		Rpr	Pre-repair scan				m	<u>0.5</u> M	
164	VEHIC	LE DIAG	NOST	ics						
163		S02	R&I	LT Side support					0.1	
				Note: Tire M/B Inc Fitting Kit as LKQ Sensor B	ad.					
162	#	S04	Subl	Tire Mount and Balance +20%		1	46.20			
161	#			Hazardous Waste		1	3.00			
				Note: Frame Damage						
160	#			FRAME SET UP MEASURE		1			1.5	
159	#			Flex Additive		1	7.00			
158	#			COVER CAR		1	5.00			
157	#			Corrosion Protection		1	12.00			
				Note: Attached						
156	#	S04	Subl	4 WHEEL ALIGNMENT.		1	100.00	Т		
155	*		R&I	Lower trim panel					0.7	
154			R&I	RT Mud guard					0.2	
153			Repl	LT Mud guard	766260E010	1	64.88		0.2	
152	#		Refn	Basecoat Reduction						-0.3
151				Clear Coat						2.5
150				Overlap Major Non-Adj. Panel						-0.2
149	* <>	•	Rpr	Bumper cover w/o park assist					2.0	2.6
148	REAR	BUMPER	Ł							
147			R&I	LT Combo lamp assy					0.3	
146	REAR	LAMPS	****************			***************************************				
145			R&I	LT Upper qtr trim front flaxen					0.2	
144			R&I	LT Upper qtr trim rear flaxen					0.3	
				Note: PARTS: Part cannot be reused/reinstalled	d. LABOR: Time is	s after he	adliner is rei	noved.		
143			Repl	LT Quarter glass Toyota	627200E150	1	332.52		1.5	
172			R&I	LT Roof trim flaxen					0.1	
142	**		Repl	A/M LT Wheel opng mldg	750880E010	1	59.00		0.3	

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2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

## **ESTIMATE TOTALS**

Category	Basis		Rate	Cost \$
Parts				4,526.46
Parts Discount	\$ 1,544.94		-2.0 %	-30.90
Body Labor	56.7 hrs	@	\$ 61.00 /hr	3,458.70
Paint Labor	20.7 hrs	@	\$ 61.00 /hr	1,262.70
Mechanical Labor	2.3 hrs	@	\$ 80.00 /hr	184.00
Frame Labor	2.0 hrs	@	\$ 70.00 /hr	140.00
Paint Supplies				550.00
Miscellaneous				100.00
Other Charges				761.00
Subtotal				10,951.96
Sales Tax	\$ 10,951.96	@	5.5000 %	602.36
Grand Total				11,554.32
Deductible				1,500.00
CUSTOMER PAY				1,500.00
INSURANCE PAY				10,054.32

## RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

#### SUPPLEMENT SUMMARY

Line			Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Added	Items								
172	#	S05	Repl	Clips/retainers.		1	17.52		
				NOTE: Per invoice					
					SUBTOTALS		17.52	0.0	0.0

#### **TOTALS SUMMARY**

Category	Basis		Rate	Cost \$
Parts				17.52
Subtotal				17.52
Sales Tax	\$ 17.52	@	5.5000 %	0.96
Additional Supplement Taxes				0.01
Total Supplement Amount				18.49
NET COST OF SUPPLEMENT				18.49

#### **CUMULATIVE EFFECTS OF SUPPLEMENT(S)**

Estimate	11,388.69	Dan Ehlke
Supplement S01	-341.08	Dan Ehlke
Supplement S02	245.17	Dan Ehlke
Supplement S03	135.05	Dan Ehlke
Supplement S04	108.00	Dan Ehlke
Supplement S05	18.49	Dan Ehlke
Job Total:	\$ 11,554.32	
<b>CUSTOMER PAY:</b>	\$ 1,500.00	
INSURANCE PAY:	\$ 10,054.32	

This estimate has been repaired based on the use of crash parts supplied by a source other than the manfacturer of the motor vehicle. Warranties applicable to these replacement parts are provided by the manufacturer or distributor of these parts rather than the manufacturer of your vehicle.

NO WARRANTY ON RUST.

PART PRICES SUBJECT TO CHANGE.

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.

#### RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

Estimate calculated using a preset user threshold amount for the paint and material cost.

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 ARM8470, CCC Data Date 09/01/2022, 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 2023 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.

#### RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

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.

IMPORTANT INFORMATION ABOUT THE NAMED INSURANCE COMPANY'S PARTS POLICY.

THIS ESTIMATE MAY LIST PARTS FOR USE IN THE REPAIR OF YOUR VEHICLE THAT ARE MANUFACTURED BY A COMPANY OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR VEHICLE. THESE PARTS ARE COMMONLY REFERRED TO AS AFTERMARKET PARTS OR COMPETITIVE PARTS, AND MAY INCLUDE COSMETIC OUTER BODY CRASH PARTS SUCH AS HOODS, FENDERS, BUMPER COVERS, ETC. THE INSURANCE COMPANY GUARANTEES THE FIT AND CORROSION RESISTANCE OF ANY AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT ARE LISTED ON THIS ESTIMATE AND ACTUALLY USED IN THE REPAIR OF YOUR VEHICLE FOR AS LONG AS YOU OWN IT. IF A PROBLEM DEVELOPS WITH THE FIT OR CORROSION RESISTANCE OF THESE PARTS, THEY WILL BE REPAIRED OR REPLACED AT THE INSURANCE COMPANY'S EXPENSE. THIS GUARANTEE IS LIMITED TO THE REPAIR OR REPLACEMENT OF THE PART. THE INSURANCE COMPANY DOES NOT SEPARATELY GUARANTEE THE PERFORMANCE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS AND MAKES NO REPRESENTATION ABOUT THE AVAILABILITY OF ANY MANUFACTURER'S GUARANTEE.

## RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

## **PARTS SUPPLIER LIST**

Line	Supplier	Description	Price
8	Go-Parts	#TO1038177	\$ 82.00
	6485 SHILOH RD B #400	A/M LT Lamp bezel w/o LED running lamp w/fog lamps	
	ALPHARETTA GA 30005	Quote: 333q-31856235-9209	
	(770) 965-6400	Expires: 08/23/22	
13	Keystone	#TO1070181C	\$ 32.00
	4410 N. 132ND STREET, SUITE A	A/M CAPA Energy absorber	
	BUTLER WI 53007	Quote: 1396232168	
	(414) 463-1019	Expires: 10/14/22	
20	All Star Auto Lights - ARO	#31211F2LAC1	\$ 253.50
	3250 N Post Rd, Bldg 200	A/M CAPA LT Headlamp assy w/o smoke accent	
	INDIANAPOLIS IN 46226	Quote: 1293465209	
	(407) 271-8949	Expires: 08/26/22	
22	Morrison's Auto, Inc	#22F0862	\$ 125.00
	6307 State Road 59 West.	LKQ LT Fog lamp assy +25%	
	Edgerton WI 53534	9/1/15	
	(800) 866-2277	Quote: CCC-129423641	
		Expires: 09/02/22	
27	Wilde Toyota	#532030E070	\$ 190.26
	32252 S. 108th St.	LT Side support w/o Hybrid	
	West Allis WI 53227	Quote: 1293312542	
		Expires: 09/18/22	
44	1-800-Radiator	#24000255AP	\$ 160.00
	3695 N 126TH ST UNIT F	A/M Trans cooler	
	BROOKFIELD WI 53005	Quote: 30636564	
	(262) 781-8888	Expires: 08/30/22	
57	Go-Parts	#TO1248195	\$ 95.62
	6485 SHILOH RD B #400	A/M LT Fender liner 3.5 liter standard cooling	
	ALPHARETTA GA 30005	Quote: 333q-31855333-4151	
	(770) 965-6400	Expires: 08/23/22	
80	Morrison's Auto, Inc	#22B0206	\$ 165.00
	6307 State Road 59 West.	LKQ LT/Front Wheel, alloy 18", type 2 gunmetal +25%	
	Edgerton WI 53534	4/15,18X7-1/2 ALLOY 10 RAISED SPOKE 5 V SPOKE,CENTER INCLUDED,A GRADE, SPUN, W/SENSOR	
	(608) 884-4436	Quote: CCC-129051607	
		Expires: 08/29/22	
141	KSI Trading Corp.	#7167174	\$ 59.00
	5414A West Roosevelt Road	A/M LT Wheel opng mldg	

RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

Chicago IL 60644

Quote: 74209520

(800) 244-2639

Expires: 08/24/22



# 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

$D\Delta$	GF	COL	INIT	7
-		(,()	JIVI	. 1

CLIENT:

8810

DIVISION:

ADJUSTER: OE09B5

CLAIM:

0680922713

TRANSACTION #: 1850711462 DATE:

08/22/2022

DATE OF LOSS: 08/13/2022

STREET:

NORTH 6TH ST

CITY:

**SHEBOYGAN** 

COUNTY:

**SHEBOYGAN** 

STATE:

WI

INVESTIGATING AGENCY: SHEBOYGAN PD

REPORT NUMBER:

C22-14919

REPORT TYPE:

**AUTOACCIDENT** 

PARTY1:

MATTHEW J FRIEDL

PARTY2: PARTY3:

**CAR: HIGHLANDER** 

MAKE: TOY TRUCKS

YEAR: 2016

TAG:

ADDITIONAL INFO: MAKING A TURN

NOTE:

THANK YOU FOR YOUR ORDER!

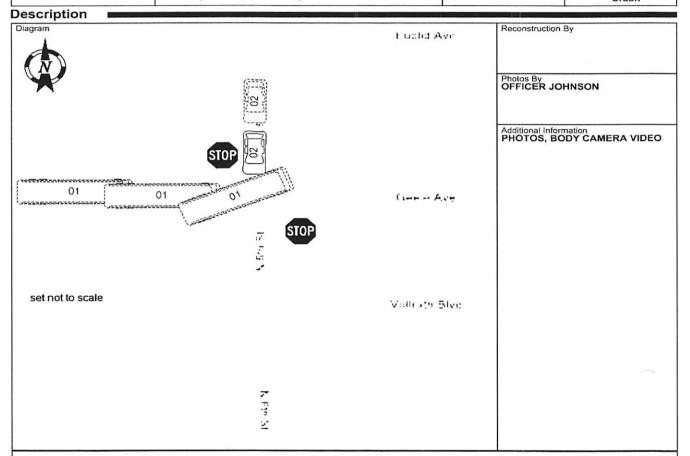
TIME OF LOSS: 15:45:0

## WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT 1315 N 23RD ST SHEBOYGAN, WI 53081 (920) 459-3333

G7L0FW8HNV

								()	
Crash Date 08/13/2022 Date Notified 08/13/2022 On Emergency Government Property  Reportable		Crash Time 03:50 PM Time Notified 03:54 PM  Property  Active School Zone  Crash Type		Agency Crash Number  Date Arrived 08/13/2022  Total Units 02  sure Work Zone  School Bus Related NO		Investigating Officer/Deputy OFFICER T. JOHNSON Time Arrived 03:56 PM			
						Trailer or Towed		Reporting Threshold	
						Tags			
						H)		Amended	Secondary Crash



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

BOTH DRIVERS ID BY WI DL. DRIVER OF VEH 01 INDICATED THAT HE WAS PARKED ON THE SIDE OF GEELE AVE TO DROP OFF ANOTHER INDIVIDUAL. HE INDICATED THAT ONCE HE DROPPED THEM OFF HE GOT BACK ON THE MAIN ROAD AND STARTED TO TURN LEFT TO GO NO NO 6TH STREET. HE SAID THAT VEH 02 HAD COME UP TO THE SIGN VERY QUICK AT N 6TH AND GEELE AVE TO GO SO. HE INDICATED THAT WHILE HE WAS TURNING VEH 02 HAD HIT THE SIDE OF THE BUS. HE STATED THAT HE FELT VEH 02 WAS SPEEDING UP TO THE STOP SIGN AND DIDN'T STOP. DRIVER OF VEH 02 INDICATED THAT HE WAS STOPPED AT N 6TH AND GEELE. HE SAID THAT WHILE HE WAS STOPPED THE BUS HAD CUT THE TURN TOO TIGHT TO GO NO NO N 6TH AND HAD HIT THE FRONT END OF HIS CAR. HE INDICATED THAT THERE WAS A MAILMAN IN THE AREA WHO HAD ALSO WITNESSED THE INCIDENT. I WAS ABLE TO MAKE CONTACT WITH POSTMAN, PAUL WERTH 920-287-5774, VIA PHONE. HE TOLD ME THAT HE WAS PARKED ON THE SOUTHWEST CORNER OF N 6TH AND GEELE AVE WHEN HEARD A LOUD CRUNCH OCCUR. HE STATED THAT HE SAW THE BUS DRAG THE OTHER VEHICLE, AND THAT VEH 02 WAS PARKED BEHIND THE CROSSWALK BY THE STOP SIGN BEFORE BUT HAD TO PULL FORWARD AFTER IMPACT TO GET OUT OF THEIR VEHICLE. HE STATED THAT HE DID NOT SEE WHAT OCCURRED UNTIL AFTER HE HEARD THE CRASH. THERE WERE NO INJURIES. BOTH VEHICLES WERE TOWED. I WAS ABLE TO REVIEW THE VIDEO FOOTAGE FROM SHORELINE METRO. IN THE VIDEO I OBSERVED VEH 02 COME TO THE STOP SIGN ON N 6TH AND WAS STOPPED BEHIND THE CROSSWALK. I OBSERVED VEH 01 ON GEELE AVE PULL BACK INTO TRAFFIC AND STARTED TO TURN ONTO N 6TH. WHILE TURNING VEH 01 TURNED TOO TIGHT AND

## WISCONSIN MOTOR VEHICLE **CRASH REPORT**

COLLIDED WITH THE FRONT END OF VEH 02 WHO WAS STILL STOPPED AT THE STOP SIGN.

L	oc	ation								
		GEELE AVE			Latitude			Longitud	le	
	FT				43.76836	62422		-87.709487506		
		N 6TH ST			Y Coordin	X Coordinate			Y Coordinate	
		HE CITY OF SHEBOY			442896.5			484639		
11	N S	HEBOYGAN COUNTY			Structure					-
					Structure	Type				
c	ras	sh Scene			lateral service.		141			
F	irst	Harmful Event			First Harm	nful Event Lo	ocation			
N	TON	OR VEH IN TRANSPO	ORT		ON ROADWAY					
N	/lanr	ner of Collision			Light Cone	dition				
0	11 -	ANGLE			DAYLIG	HT				
R	Road	Surface Condition(s)			Roadway	Factor(s)				
1	DRY									
33.7										
E	nvir	onment Factor(s)								
N	101	IE .			NONE					
14	Vest	ther Condition(s)								
١٥	LE	AR								
A	nim	al Type			Relation T	To Trafficway	у			
		(4/2)				CWAY - O	9			
	Crasi	h Classification - Location				ssification -				
		LIC PROPERTY			NO SPE	CIAL JUR	ISDICTION			
		I Land			Access Co	ontrol			Special Study	_
					NO CONTROL					
V	Vithi	n Interchange Area	Junction Location	Interse	Intersection Type					-
	10	Il litterchange Area	NON-JUNCTION		AN INTERSE	CTION				
1 "	••		Hon Jone Hon		7 III III III III III III III III III I					
-										
		Summary		I Vabiala O annina	Classification					
T	Jnit 3	Status		Vehicle Operating A	As Classification	1	Unit Type			
II	Jnit : N T	Status RANSIT		Vehicle Operating A	As Classification	1	BUS	- End-		
V	Init : N T /ehic	Status RANSIT cle Type	DIT DUE		As Classification	1		s Endorser	nents	
II V	N T /ehic	Status RANSIT cle Type SENGER BUS/TRANS		C CLASS			BUS Operating As			
	N T /ehic PAS otal	Status RANSIT cle Type	Train/Bus # Recorded	C CLASS  Total # Citations Iss		Total Trail	BUS Operating As	Total Haz	ments Mat Types	
II V	N T /ehic PAS otal	Status  RANSIT cle Type SENGER BUS/TRANS Occs	Train/Bus # Recorded	C CLASS  Total # Citations Iss	sued	Total Trail	BUS Operating As	Total Haz	Mat Types	
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	PAS otal	Status  RANSIT cle Type SENGER BUS/TRANS Occs  ance?	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND	Total # Citations Iss 0 Pre Crash Mark	sued	Total Trail	BUS Operating As	Total Haz  O  Total Lane	Mat Types es	
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	PAS Total B nsur PES Most	Status RANSIT  CIC Type SENGER BUS/TRANS Occs  rance?  Harmful Event: Collision V	Train/Bus # Recorded  1  Direction Of Travel NORTHBOUND	Total # Citations Iss 0  Pre Crash Mark  Special Function NO SPECIAL FU	sued Tire	Total Trail  0  Speed Lin	BUS Operating As ers nit Emergency   NOT APPL	Total Haz  0  Total Lane 2  Motor Vehi	Mat Types es icle Use	
	PAS otal s nsur PES Most	Status  RANSIT  cle Type SENGER BUS/TRANS Occs  ance?  Harmful Event: Collision V FOR VEH IN TRANSPO	Train/Bus # Recorded  1  Direction Of Travel NORTHBOUND	Total # Citations Iss 0  Pre Crash Mark  Special Function NO SPECIAL FU	sued Tire	Total Trail  0  Speed Lin	ers  Emergency   NOT APPL  Traffic Contr	Total Haz  0  Total Lane 2  Motor Vehi	Mat Types es icle Use	
	NT/ehick PAS Total B msur/ES Most Most	Status  RANSIT  CIC Type  SENGER BUS/TRANS  Occs  Tance?  Harmful Event: Collision V  FOR VEH IN TRANSPO  IC Way  D-WAY, NOT DIVIDED	Train/Bus # Recorded  1  Direction Of Travel NORTHBOUND	Total # Citations Iss 0  Pre Crash Mark  Special Function NO SPECIAL FU  Traffic Control STOP SIGN	sued Tire	Total Trail  0  Speed Lin	ers  Emergency   NOT APPL  Traffic Contr	Total Haz  0 Total Lane 2 Motor Vehi LICABLE ol Inoperat	Mat Types es icle Use	
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F T 33 III N M T T S C T	PAS Total Source Traffic	Status  RANSIT  CIE Type  SENGER BUS/TRANS  Occs  France?  Harmful Event: Collision V  FOR VEH IN TRANSPO  IC Way  D-WAY, NOT DIVIDED  OCC Type  NCRETE	Train/Bus # Recorded  1  Direction Of Travel NORTHBOUND	Total # Citations Iss 0 Pre Crash Mark Special Function NO SPECIAL FL Traffic Control STOP SIGN Road Curvature	sued Tire	Total Trail  0  Speed Lin	ers  Emergency I NOT APPL  Traffic Contr	Total Haz  0 Total Lane 2 Motor Vehi LICABLE ol Inoperat	Mat Types es icle Use	
F T 33 III N M T T S C T	PAS Total B Insur TES Total Traffi Traffi Truck NO	Status  RANSIT  CIE Type  SENGER BUS/TRANS  Occs  France?  Harmful Event: Collision V  FOR VEH IN TRANSPO  IC Way  D-WAY, NOT DIVIDED  OCC Type  NCRETE	Train/Bus # Recorded  1  Direction Of Travel NORTHBOUND	Total # Citations Iss 0 Pre Crash Mark Special Function NO SPECIAL FL Traffic Control STOP SIGN Road Curvature	sued Tire	Total Trail  0  Speed Lin	ers  Emergency I NOT APPL  Traffic Contr	Total Haz  0 Total Lane 2 Motor Vehi LICABLE ol Inoperat	Mat Types es icle Use	
F T 33 III N M T T S C T	PAS Total B Insur TES Total Traffi Traffi Truck NO	Status  RANSIT  cle Type  SENGER BUS/TRANS  Occs  rance?  Harmful Event: Collision V  TOR VEH IN TRANSPO  cle Way  D-WAY, NOT DIVIDED  ace Type  NCRETE  k Bus or HazMat	Train/Bus # Recorded  1  Direction Of Travel NORTHBOUND	Total # Citations Iss 0 Pre Crash Mark Special Function NO SPECIAL FL Traffic Control STOP SIGN Road Curvature	sued Tire	Total Trail  0  Speed Lin	ers  Emergency I NOT APPL  Traffic Contr	Total Haz 0 Total Lane 2 Motor Vehi ICABLE ol Inoperat	Mat Types es icle Use	
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III V F T 3 III N N N T T T S C T N	PAS Total B Insur TES Total Traffi Traffi Truck NO	Status RANSIT cle Type SENGER BUS/TRANS Occs rance? Harmful Event: Collision V TOR VEH IN TRANSPO IC Way D-WAY, NOT DIVIDED IC Type NCRETE K Bus or HazMat Vehicle License Plate Number C20713	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND With DRT	Total # Citations Iss 0  Pre Crash Mark Special Function NO SPECIAL FU Traffic Control STOP SIGN Road Curvature STRAIGHT  Plate Type MUN - MUNICIF	Tire UNCTION	Total Trail 0 Speed Lin 25	ers  Emergency I NOT APPL  Traffic Contr NO Road Grade LEVEL  Country of Iss UNITED ST	Total Hazi 0 Total Lance 2 Motor Vehi LICABLE ol Inoperat	Mat Types es icle Use	
III V F T 3 III N M T T T S C T N	Jnit : N T /ehick PAS Total B Insurres MOST Traffit WO Truck NO	Status RANSIT cle Type SENGER BUS/TRANS Occs Trance? In Harmful Event: Collision W TOR VEH IN TRANSPO IC Way D-WAY, NOT DIVIDED IC Type IC RETE IC Bus or HazMat  Vehicle License Plate Number C20713 Vehicle Identification Num	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND With DRT	Total # Citations Iss 0  Pre Crash Mark Special Function NO SPECIAL FU Traffic Control STOP SIGN Road Curvature STRAIGHT  Plate Type MUN - MUNICIF Make	Tire UNCTION	Total Trail 0 Speed Lin 25 St WI Year	BUS Operating As o	Total Hazi 0 Total Lance 2 Motor Vehi LICABLE ol Inoperat	Mat Types es icle Use	
III V F T 3 III N N N T T T S C T N	Jnit : N T /ehick PAS Total B Insurres MOST Traffit WO Truck NO	Status RANSIT cle Type SENGER BUS/TRANS Occs Trance? In Harmful Event: Collision W TOR VEH IN TRANSPO IC Way D-WAY, NOT DIVIDED IC Type IC RETE IC Bus or HazMat  Vehicle License Plate Number C20713 Vehicle Identification Num 15GGB2715N319742	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND With DRT	Total # Citations Iss 0  Pre Crash Mark Special Function NO SPECIAL FU Traffic Control STOP SIGN Road Curvature STRAIGHT  Plate Type MUN - MUNICIF Make GILLIG	Tire UNCTION	Total Trail 0 Speed Lin 25 St WI Year	BUS Operating As o	Total Hazi  0 Total Lane 2 Motor Vehi LICABLE ol Inoperat	Mat Types es icle Use tive/Missing	
F T 33 III Y N M T T T S C T N	Init: N T PAS PAS Potal Insurr PES Most Traffi TWO Traffi TWO Truck Truc	Status RANSIT  CIC Type SENGER BUS/TRANS OCCS  TANCE?  Harmful Event: Collision V TOR VEH IN TRANSPO  CIC Way  D-WAY, NOT DIVIDED  ACC Type NCRETE  K Bus or HazMat  Vehicle  License Plate Number C20713  Vehicle Identification Nun 15GGB2715N319742  Color	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND With DRT	Total # Citations Iss 0  Pre Crash Mark Special Function NO SPECIAL FU Traffic Control STOP SIGN Road Curvature STRAIGHT  Plate Type MUN - MUNICIF Make GILLIG Body Style	Tire UNCTION	Total Trail 0 Speed Lin 25 St WI Year	ers  ers  Emergency   NOT APPL  Traffic Contr NO Road Grade LEVEL  Country of Iss UNITED ST Model SHORELIN Bus Use	Total Hazi  0 Total Lane 2 Motor Vehi LICABLE ol Inoperat	Mat Types es icle Use tive/Missing	
	Init: N T PAS PAS Potal Insurr PES Most Traffi TWO Traffi TWO Truck Truc	Status RANSIT cle Type SENGER BUS/TRANS Occs rance? Harmful Event: Collision V FOR VEH IN TRANSPO IC Way D-WAY, NOT DIVIDED ICC Type NCRETE IX Bus or HazMat  Vehicle License Plate Number C20713 Vehicle Identification Num 15GGB2715N319742 Color WHI - WHITE Initial Contact Point	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND With DRT	Total # Citations Iss 0  Pre Crash Mark Special Function NO SPECIAL FL Traffic Control STOP SIGN Road Curvature STRAIGHT  Plate Type MUN - MUNICIF Make GILLIG Body Style BU - BUS Vehicle Damage	Tire UNCTION	Speed Lin 25 St Wi Year 2022	BUS Operating As o	Total Hazi 0 Total Lane 2 Motor Vehi ICABLE ol Inoperati	Mat Types es icle Use tive/Missing	
	Init: N T PAS PAS Potal Insurr PES Most Traffi TWO Traffi TWO Truck Truc	Status RANSIT cle Type SENGER BUS/TRANS Occs rance? Harmful Event: Collision V FOR VEH IN TRANSPO IC Way D-WAY, NOT DIVIDED IC Type NCRETE IK Bus or HazMat  Vehicle License Plate Number C20713 Vehicle Identification Num 15GGB2715N319742 Color WHI - WHITE Initial Contact Point 11 - LEFT FRONT CO	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND With DRT	Total # Citations Iss 0  Pre Crash Mark Special Function NO SPECIAL FU Traffic Control STOP SIGN Road Curvature STRAIGHT  Plate Type MUN - MUNICIF Make GILLIG Body Style BU - BUS Vehicle Damage  08 - LEFT SIDE	Tire UNCTION PAL E REAR, 09 -	Speed Lin 25 St Wi Year 2022	BUS Operating As o	Total Hazi 0 Total Lane 2 Motor Vehi ICABLE ol Inoperati	Mat Types es icle Use tive/Missing	
	Init: N T PAS PAS Potal PAS Potal Po	Status RANSIT cle Type SENGER BUS/TRANS Occs rance?  Harmful Event: Collision V FOR VEH IN TRANSPO Cle Way D-WAY, NOT DIVIDED Cle Type NCRETE K Bus or HazMat  Vehicle License Plate Number C20713 Vehicle Identification Num 15GGB2715N3197420 Color WHI - WHITE Initial Contact Point 11 - LEFT FRONT CO Extent Of Damage	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND With DRT	Total # Citations Iss 0  Pre Crash Mark Special Function NO SPECIAL FL Traffic Control STOP SIGN Road Curvature STRAIGHT  Plate Type MUN - MUNICIF Make GILLIG Body Style BU - BUS Vehicle Damage	Tire UNCTION PAL E REAR, 09 -	Speed Lin 25 St Wi Year 2022	BUS Operating As o	Total Hazi 0 Total Lane 2 Motor Vehi ICABLE ol Inoperati	Mat Types es icle Use tive/Missing	
	N T Vehicle PAS Total 3 Insurance PAS Total	Status RANSIT cle Type SENGER BUS/TRANS Occs rance? Harmful Event: Collision V FOR VEH IN TRANSPO IC Way D-WAY, NOT DIVIDED IC Type NCRETE IK Bus or HazMat  Vehicle License Plate Number C20713 Vehicle Identification Num 15GGB2715N319742 Color WHI - WHITE Initial Contact Point 11 - LEFT FRONT CO	Train/Bus # Recorded  1 Direction Of Travel NORTHBOUND With DRT	Total # Citations Iss 0  Pre Crash Mark Special Function NO SPECIAL FU Traffic Control STOP SIGN Road Curvature STRAIGHT  Plate Type MUN - MUNICIF Make GILLIG Body Style BU - BUS Vehicle Damage  08 - LEFT SIDE	PAL  E REAR, 09 - ONT	St WI Year 2022	BUS Operating As o	Total Hazi 0 Total Lane 2 Motor Vehi ICABLE ol Inoperati Suance ATES E	Mat Types es icie Use tive/Missing  ER  7 8 9 10 11 6 7 8 9 10 11 12 5 4 3 2 1	

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage TOWED DUE TO DISABLIN	UC DAMAGE		hicle Removed By					
		What Driver Was Doing	NG DANIAGE		hicle Factors					
		LEFT TURN		"	1 00013					
		Driver Prior Action Other		NC	OT APPLICABLE					
		Driver Actions								
	щ	UNKNOWN								
╘	VEHICLE									
LINI	돎									
	>									
		Owner Name			Owner Address					
_	_	CITY OF SHEBOYGAN			828 CENTER AVE					
2	5				SHEBOYGAN, WI 53081 , US					
		Common Of Events			L					
		Sequence Of Events Event								
	5	MOTOR VEH IN TRANSPO	RT							
	02	Event								
	3	Event								
	03									
	04	Event								
_	Ī	Policy Holder								
UNIT		Insurance Company			Organization/Company					
_		TRANSIT-MUTUAL-INS-CO	ORP-OF-WISCONSIN		CITY OF SHEBOYGAN					
		Individual			Challand					
		Driver JEFFREY HARRY BEMIS		- 1	Citations Issued 0	Sex MALE				
	Μ	(920) 980-5209			Date of Birth	Race				
⊨	INDIVIDUAL			_	03/13/1954	WHITE				
UNIT	$\geq$	Address 3424 S 17TH ST			Driver License Number B5204285409305					
	Z	SHEBOYGAN, WI 53081 ,	US		STATE: WISCONSIN COUNTRY: UNITED STATES					
	Sai	fety Equipment	Crash		Safety Equipment					
		Row	Seat Position	$\dashv$	SHOULDER & LAP BELT					
		01 - FRONT ROW	07 - LEFT							
		Helmet Use			Helmet Compliance					
		Eye Protection	A Company of the Comp	+	Tint Compliance					
				_	***					
01	005	Injury Ser	PARENT INJURY		Airbag NON DEPLOYED					
			Ejection Path			Trapped/Extricated				
			NOT EJECTED/NOT AP			NOT TRAPPED				
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #				
		Hospital		+	Date of Death	Time of Death				
					and the control of th					
			d By Source PPLICABLE (NOT DISTR	RAC	TED)					
		Distracted By Action NOT DISTRACTED								

## WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist	triking Unit #	Location							
	1	Prior Action									
		Thor Addon									
İ		Action									
	_										
	N										
LIND	9										
>	INDIVIDUAL										
	2										
		Action Other							To/From School		
		l Is	uspected Alcohol U	Jse	Suspected Drug Use						
	L	Drug & Alcohol	10		NO						
	Alcohol Test Given Alcohol Test Type Alcohol Test Results										
		TEST NOT GIVEN  Drug Test Given Drug Test Type Drug Test Results									
	Drug Test Given Drug Test Type Drug Test Results TEST NOT GIVEN										
2	005	Drug Type									
	0										
	Individual Condition										
		APPEARED NORM	AL								
		t Summary =		IV	ehicle Operating As Classi	fication	Lu-a T				
		RANSIT		The second secon	CLASS	lication	Unit Type AUTOMO	BILE			
2	Vehi	cle Type		1000	33327766325			Operating As Endorsements			
05		SENGER CAR	I T # D			17		T =	M . T		
	Tota	I Occs	Train/Bus # Re	ecorded 16	otal # Citations Issued		Total Trailers Total Haz  0 0		zMat Types		
		rance?	Direction Of To		Pre CrashTire Speed Li Mark 25		Limit	Total Lar	nes		
╘	YES		SOUTHBOU	The state of the s	Mark		2				
FIN	1	t Harmful Event: Collision			pecial Function IO SPECIAL FUNCTIO	N		Emergency Motor Vehicle Use NOT APPLICABLE			
		ic Way	0.1.1	Ti	raffic Control		Traffic Con	Traffic Control Inoperative/Missing			
		D-WAY, NOT DIVIDE	D		TOP SIGN		NO				
		ace Type NCRETE			Road Curvature STRAIGHT			Road Grade LEVEL			
		k Bus or HazMat			TRAIGHT		LEVEL				
	NO										
	,	Vehicle									
		License Plate Number		125	Plate Type	St	Country of I				
		657RPJ Vehicle Identification N	ımber		AUT - AUTOMOBILE	WI Year	Model Model	IAIES			
02	02	5TDBKRFH1GS251			TOYOTA	2016	HIGHLAN	DER			
		Color			Body Style		Bus Use				
	ш	BLK - BLACK Initial Contact Point			UT - SPORT UTILITY \ Vehicle Damage	EHICLE					
E	SE	11 - LEFT FRONT C	ORNER		. sus Damage				7 8 9 10 11		
LIND	VEHICL	Extent Of Damage			10 - LEFT SIDE FRON	T, 11 - LEFT	FRONT CORN	IER	6 12		
	>	FUNCTIONAL DAM			Vabiala Dama				5 4 3 2 1		
		Towed Due To Damage TOWED DUE TO DI			Vehicle Removed By BRETT'S TOWING						
I		. 3.1.2.2 302 13 81									

WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doing		Ve	Vehicle Factors			
		GOING STRAIGHT  Driver Prior Action Other			NOT APPLICABLE			
		Direct Filor Addition Office						
		Driver Actions						
_	Ш	UNKNOWN						
IN	유							
$\supset$	VEHICLE							
		Owner Name MATTHEW JAMES FRIEDL			Owner Address 4512 WHITE OAK LN			
02	05	(920) 254-8517			SHEBOYGAN, WI 53083 , US			
		Sequence Of Events						
	2	MOTOR VEH IN TRANSPO	RT					
	02	Event						
	03	Event						
	0							
	8	Event				:*		
⊨	1	Policy Holder						
IN I		Insurance Company ALLSTATE-INS-CO		1	Individual			
					MATTHEW FRIEDL			
	1	ndividual Driver			Citations Issued	Sex		
	_	MATTHEW JAMES FRIEDI	4.		0	MALE		
	N	(920) 254-8517		1	Date of Birth	Race WHITE		
L L	INDIVIDUAI	Address			09/24/1976 Driver License Number	Willie		
5		4512 WHITE OAK LN			F6345507634400			
	_	SHEBOYGAN, WI 53083 , US			STATE: WISCONSIN COUNTRY: UNITED STATES  Safety Equipment			
		On Duty Crash						
	Saf	ety Equipment			Salety Equipment			
		Row	Seat Pos		SHOULDER & LAP BELT			
		01 - FRONT ROW	07 - LE		11-1			
		Helmet Use			Helmet Compliance			
		Eye Protection			Tint Compliance			
10000	_	Flavor Soverity			Airbag			
05	9	Injury Seventy NO APPARENT INJURY			NON DEPLOYED			
			Ejection Path		Trapped/Extricated			
			NOT EJEC	TED/NOT APPLI		NOT TRAPPED		
		Medical Transport NOT TRANSPORTED			EMS Agency Identifier	EMS Run #		
		Hospital			Date of Death	Time of Death		
		Distracted By	d By Source	E (NOT DISTE : 0	ACCEP)			
	1	Distracted By NOT APPLICABLE (NOT DISTRACTED)  Distracted By Action						
		NOT DISTRACTED						
Non Motorist   Striking Unit # Location								

## WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT 1315 N 23RD ST SHEBOYGAN, WI 53081 (920) 459-3333

Crash Date 08/13/2022

Crash Time 03:50 PM

7								00 58.5
		Prior Action						
!								
1		Action						
1	∀							
<b>-</b>	$\supset$							
LIND	₽							
$\neg$	$\leq$							
	INDIVIDUAL							
	-							
1								
		Action Other						To/From School
		Decrease superposit in the confidence of the con						
			Suspected Alcohol U	se	Suspected Drug Use			
	L	Orug & Alcohol	NO		NO			
İ		Alcohol Test Given		Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN						
		Drug Test Given TEST NOT GIVEN  Drug Test Typ		Drug Test Type	Type Drug Test Results		3	
		TEST NOT GIVEN						
2	Ξ	Drug Type						
02	00							
		Individual Condition						
		APPEARED NOR	MAI					
		AFFEARED NOR	VIAL					
1								



#### Renter Information

Renter Name

MATT FRIEDL

**Renter Address** 

SHEBOYGAN, WI 53083

USA

### Vehicle Information

SENT

License #: FL777ABM State/Province: IN Unit #: 8CQHM5 Vehicle #: MY281694

Vehicle Class Driven

Midsize 2/4 door/Automatic/Air

**Vehicle Class Charged** 

Midsize 2/4 door/Automatic/Air

Odometer Mileage/Kilometers

Starting: 33013 End

Ending: 33545

Total: 532

Fuel

Starting: 1/2

Ending: 15/16

## Thank you for renting with Enterprise Rent-A-Car

#### We appreciate your business!

This email was automatically generated from an unattended mailbox, so please do not reply to this e-mail.

If you have any questions about your rental, please view our Frequently

Asked Questions or send us a secured message by visiting our Support Center

## Trip Information

#### **Pickup**

Wednesday, August 24,

① 4:43 PM

PM Wednesday, September 7, 2022

Return

③ 3:06 PM

**SHEBOYGAN** 

3060 S BUSINESS DR

SHEBOYGAN, WI 53081-6521

USA

SHEBOYGAN

3060 S BUSINESS DR

SHEBOYGAN, WI 53081-6521

USA

#### Bill-To:

#### Subtotal

\$0.00

## **Renter Charges**

Rental Rate	Time & Distance 15 Day at \$36.99 / Day	\$554.85
Mileage	Unlimited Mileage	Included
Taxes and Fees	State Rental Vehicle Fee (5.00%)	\$28.35
	Title And Registration Fees (\$0.81 / Day)	\$12.15
	Sales Tax (5.50%)	\$31.19

#### Total

(Subject to audit)

Amount charged on September 7, 2022 to VISA (3144)

(\$626.54)

\$626.54

APN: 43484153452056495341

AID: A000000031010

Verified: Signature

Entry: Chip

TSI: E800
Amount Due

\$0.00