

VI

R. C. No. 108 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE.
October 17, 2022.

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

1. R. O. No. 38-22-23 by City Clerk submitting a claim from James A. Zietz for alleged damages to his vehicle when it was struck by a City of Sheboygan garbage truck while parked;
2. R. O. No. 13-22-23 by City Clerk submitting a pending claim from Nina Stapel for alleged sewer backup in her basement;
3. R. O. No. 69-22-23 by City Clerk 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;
4. R. O. No. 27-22-23 by City Clerk submitting a claim from Jody Gallaway for alleged damages to vehicle when it was struck by a falling tree branch on North 25th Street;
5. R. O. No. 35-22-23 by City Clerk submitting a claim from Khue Vang for alleged damages to vehicle when it struck an open sewer pothole on Arizona Avenue;

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

_____	_____
_____	_____
_____	_____
	Committee

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

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

II

R. O. No. 38 - 22 - 23. By CITY CLERK. July 18, 2022.

Submitting a claim from James A. Zietz for alleged damages to his vehicle when it was struck by a City of Sheboygan garbage truck while parked.

CITY CLERK

F+P

DATE RECEIVED

7-5-22

RECEIVED BY

MKE

CLAIM NO.

10-22

V CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

JUL 05 2022

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

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: JAMES A. ZIETZ
2. Home address of Claimant: 1314 SOUTH 21ST
3. Home phone number: 45-85044
4. Business address and phone number of Claimant: N/A
5. When did damage or injury occur? (date, time of day) 6/23/22
6. Where did damage or injury occur? (give full description) SOUTH 21ST ACROSS FROM MY HOUSE
7. How did damage or injury occur? (give full description) BARBAGE TRUCK HIT THE BACK OF MY CAR WITH THE LIFT WHILE PARKED
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: NOT KNOWN
 - (b) Claimant's statement of the basis of such liability: POLICE REPORT CASE NUMBER C-22-11173
9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:
 - (a) Public property alleged to be dangerous: _____
 - (b) Claimant's statement of basis for such liability: _____

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

NO INJURIES

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

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

Auto: \$ 1,899

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ 1,899

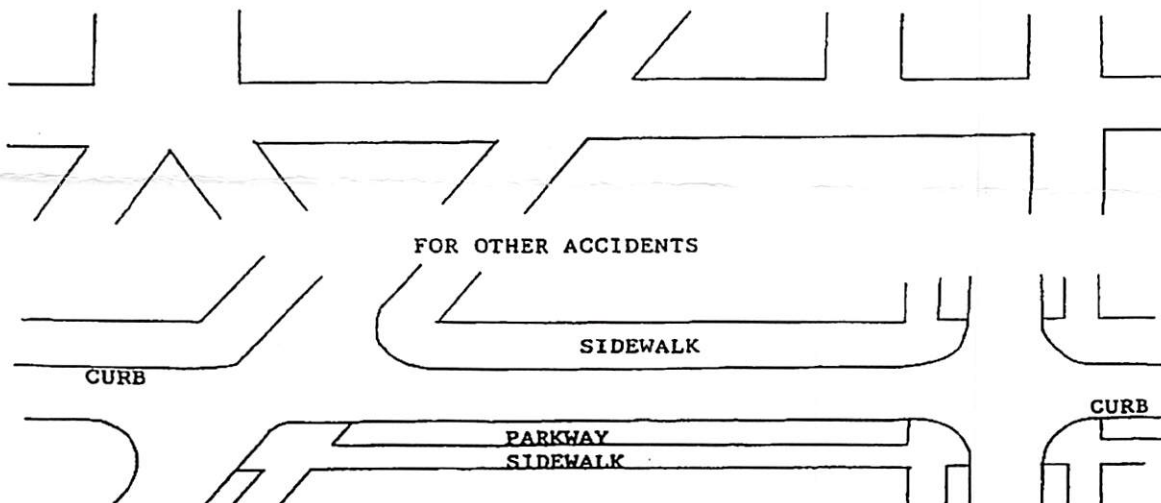
Damaged vehicle (if applicable)

Make: CADILLAC Model: IMPALA Year: 2006 Mileage: 99,000

Names and addresses of witnesses, doctors and hospitals: _____

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

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



SIGNATURE OF CLAIMANT

Jan 9/18

DATE

7.2.02

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: _____

Auto \$ _____

Claimant's Address: _____

Property \$ _____

Personal Injury \$ _____

Claimant's Phone No. _____

Other (Specify below) \$ _____

TOTAL \$ 1,899 me

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

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

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ ~~2000~~.

\$1,899 per phone call mtc

SIGNED

DATE: 7-30

ADDRESS:

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

**SHEBOYGAN CHEVROLET BUICK
GMC CADILLAC**

3400 S BUSINESS DR, SHEBOYGAN, WI 53081

Phone: (920) 459-6855

FAX: (920) 459-6286

Workfile ID: e5ee8c0d

PartsShare: 6Qcq2v

Federal ID: 83-0747810

Preliminary Estimate

Customer: ZIETZ, JAMES

Job Number:

Written By: Patrick Karbe

Insured: ZIETZ, JAMES

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact: 06 Rear

Owner:

ZIETZ, JAMES

1314 S. 12TH ST

SHEBOYGAN, WI 53081

(920) 458-5044 Day

Inspection Location:

SHEBOYGAN CHEVROLET BUICK GMC
CADILLAC

3400 S BUSINESS DR

SHEBOYGAN, WI 53081

Repair Facility

(920) 459-6855 Business

Insurance Company:

data from the vehicle manufacturer, labor and parts data from the previous year may be used. 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.

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				1,050.53
Body Labor	1.9 hrs	@	\$ 62.00 /hr	117.80
Paint Labor	4.2 hrs	@	\$ 62.00 /hr	260.40
Mechanical Labor	1.5 hrs	@	\$ 130.00 /hr	195.00
Paint Supplies	4.2 hrs	@	\$ 42.00 /hr	176.40
Subtotal				1,800.13
Sales Tax	\$ 1,800.13	@	5.5000 %	99.01
Grand Total				1,899.14
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY				1,899.14

Sheboygan
Chevrolet

MyPriceLink Estimate ID / Quote ID:

969259534293934080 / 107585142

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.

GEORGIA AVENUE BODY SHOP, INC.
1819 GEORGIA AVENUE
SHEBOYGAN, WI 53081
PHONE: (920)458-3272 FAX: (920)458-3284

*** PRELIMINARY ESTIMATE ***

07/02/2022 09:05 AM

Owner

Owner: James Zietz
Address: 1314 South 12th Street
City State Zip: Sheboygan, WI 53081

Work/Day: (920)458-5044
FAX:

Inspection

Inspection Date: 07/02/2022 09:05 AM
Primary Impact: Left Rear Corner

Inspection Type:
Secondary Impact:

Contact: James Miller

Repairer

Repairer: Georgia Ave Body Shop
Address: 1819 Georgia ave
City State Zip: Sheboygan, WI 53081
Email: gabs@gabsinc.biz

Contact: GEORGIA AVENUE
Work/Day: (920)458-3272
FAX: (920)458-3284
Work/Day:

Target Complete Date/Time:

Days To Repair: 2

Vehicle

OEM Part Price Quote ID: ****

2008 Chevrolet Impala LT 3.5 4 DR Sedan
6cyl Gasoline 3.5
4 Speed Automatic

Lic.Plates: 364-ANJ
Lic Expire:
Prod Date: 06/2007
Veh Insp# :
Condition: Excellent
Ext. Color: White
Ext. Refinish: Two-Stage
Ext. Paint Code: 40U

Lic State: WI
VIN: 2G1WT58N189138090
Mileage:
Mileage Type: Actual
Code: U4173B
Int. Color: Gray
Int. Refinish: Two-Stage
Int. Trim Code: 83C

Options - AudaVIN Information Received

AM/FM CD Player

Aluminum/Alloy Wheels
Center Console
Dual Airbags
Head Airbags
Keyless Entry System
Power Door Locks
Power Steering
Rear Window Defroster

Air Conditioning

Bodyside Moldings
Cruise Control
Dual Zone Auto A/C
Heated Front Seats
Lighted Entry System
Power Drivers Seat
Power Windows
Rem Trunk-L/Gate Release

Alarm System

Cargo/Trunk Net
Daytime Running Lights
Floor Mats
Intermittent Wipers
Power Brakes
Power Mirrors
Rear Bench Seat
Remote Starter

Split Front Bench Seat
Theft Deterrent System
Tire Pressure Monitor

Sport Suspension
Tilt Steering Wheel
Velour/Cloth Seats

Tachometer
Tinted Glass

AudaVIN options are listed in bold-italic fonts

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
Rear Bumper									
1	OE	566	46	Cover,Rear Bumper	Replace PXN OE Srpls	\$348.00		2.2	SM
2	L	566	13	Cover,Rear Bumper	Refinish			4.2	RF
					3.0 Surface				
					0.6 Two-stage setup				
					0.6 Two-stage				
3	E	1172		Ret,Rear Bumper Cover	11519444 GM Part	\$26.52			SM
				Quantity of 4 @ \$6.63 each					
4	EP	567		Absorber,Rear Bumper	Replace PXN	\$141.00		INC	SM
Manual Entries									
5	L	M03		Flex Additive	Refinish	\$12.00*			RF
6	N	M60		Hazardous Waste Removal	Additional Labor	\$5.25*			SM
6	Items								

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE
46 PRINTABLE ALTERNATE PARTS COMPARE

Estimate Total & Entries

OEM Parts		\$26.52	
Other Parts		\$506.25	
Paint & Materials	4.2 Hours @ \$46.00	\$193.20	
Parts & Material Total			\$725.97
Tax on Parts & Material	@ 5.500%		\$39.93
Labor			
	Rate	Replace Repair Hrs	Total Hrs
Sheet Metal (SM)	\$65.00	2.2	2.2
Mech/Elec (ME)	\$90.00		
Frame (FR)	\$80.00		
Refinish (RF)	\$65.00	4.2	4.2
Labor Total			6.4 Hours
Tax on Labor	@ 5.500%		\$22.88
Gross Total			\$1,204.78
Net Total			\$1,204.78

Alternate Parts Y/02/01/00/01/01 Cumulative 02/01/00/01/01 Zip Code: 53081 Default
OEM Part Prices DT 07/02/2022 09:05 AM EstimateID 972499363009929216 QuoteID ****
Recycled Parts NOT REQUESTED
Rate Name Default

Audatex Estimating 8.1.325 Update 7 ES 07/02/2022 09:06 AM REL 8.1.325 Update 7 DT 05/01/2022 DB 06/15/2022

State Disclosure:WI

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1.2 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG = Replace NAGS	EC = Replace Economy	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM = Replace PXN Reman/Reblt
UM = Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	SB = Sublet Repair
N = Additional Labor	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG = Chipguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



Audatex

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North America, Inc. All rights reserved.



II

R. O. No. 13 - 22 - 23. By CITY CLERK. May 16, 2022.

Submitting a pending claim from Nina Stapel for an alleged sewer backup in her basement.

CITY CLERK

Finance + Personnel

MKC
claim #3-22
MAY 11 2022

NOTICE OF CLAIM

To: City of Sheboygan Clerk
828 Center Avenue Suite 103
Sheboygan, WI 53081

Pursuant to sec. 893.80, Wis. Stats., you are hereby notified of a claim for damage to the Nina Stapel Residence, 1202 Stahl Road, Sheboygan, WI 53081.

THE INCIDENT

Date: January 20, 2022

Time: Not exact

Place: Basement of 1202 Stahl Road, Sheboygan, WI

The circumstances giving rise to my claim are as follows:

On the morning of January 21, my daughter came into my house and thought she smelt sewer. It was not till early afternoon that she went downstairs and called me (as I was in Florida) saying, there was water in the basement of my home. After walking thru all the rooms with a video we discovered that it was sewer backup.

I immediately called the City Sewer dept and they got ahold of someone. Who in turn got, Steve Pautz to come and check it out. He came to my door went down with my daughter and the Mr. Lopez from Lakeshore Restoration, determined it was a sewer backup. Mr. Pautz came back and told them as well as myself, as I was on the phone, there were two fail switches that had failed. Mr. Lopez started the assessment and started the process to rid of water, sanitize and started the demolition and continued until finishing the restoration.

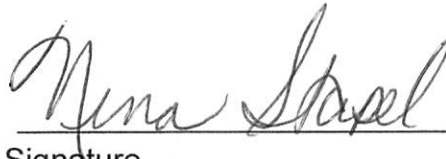
I was moved into the City of Sheboygan with the Kohler Annex and have been paying for my sewer as well as my taxes to the city for a couple of years. All of my taxes and services have almost doubled in cost.

THE CLAIM

This is a notice as the repairs have not all been finished, and I will inform you of the final amount. Mr. Lopez has finished his work and his bill was \$9,653.59 for the tear down, clean up, and sanitizing. The repair & restoration bill was \$5,200.36. The dumpster and cleaning before carpet is \$745.00. I still need the carpet purchase and installed, and I do not have a cost for that.

I have attached some photos.

May 9, 2022

A handwritten signature in dark ink, appearing to read "Nina Stapel", is written over a horizontal line.

Signature

Nina Stapel

1202 Stahl Road

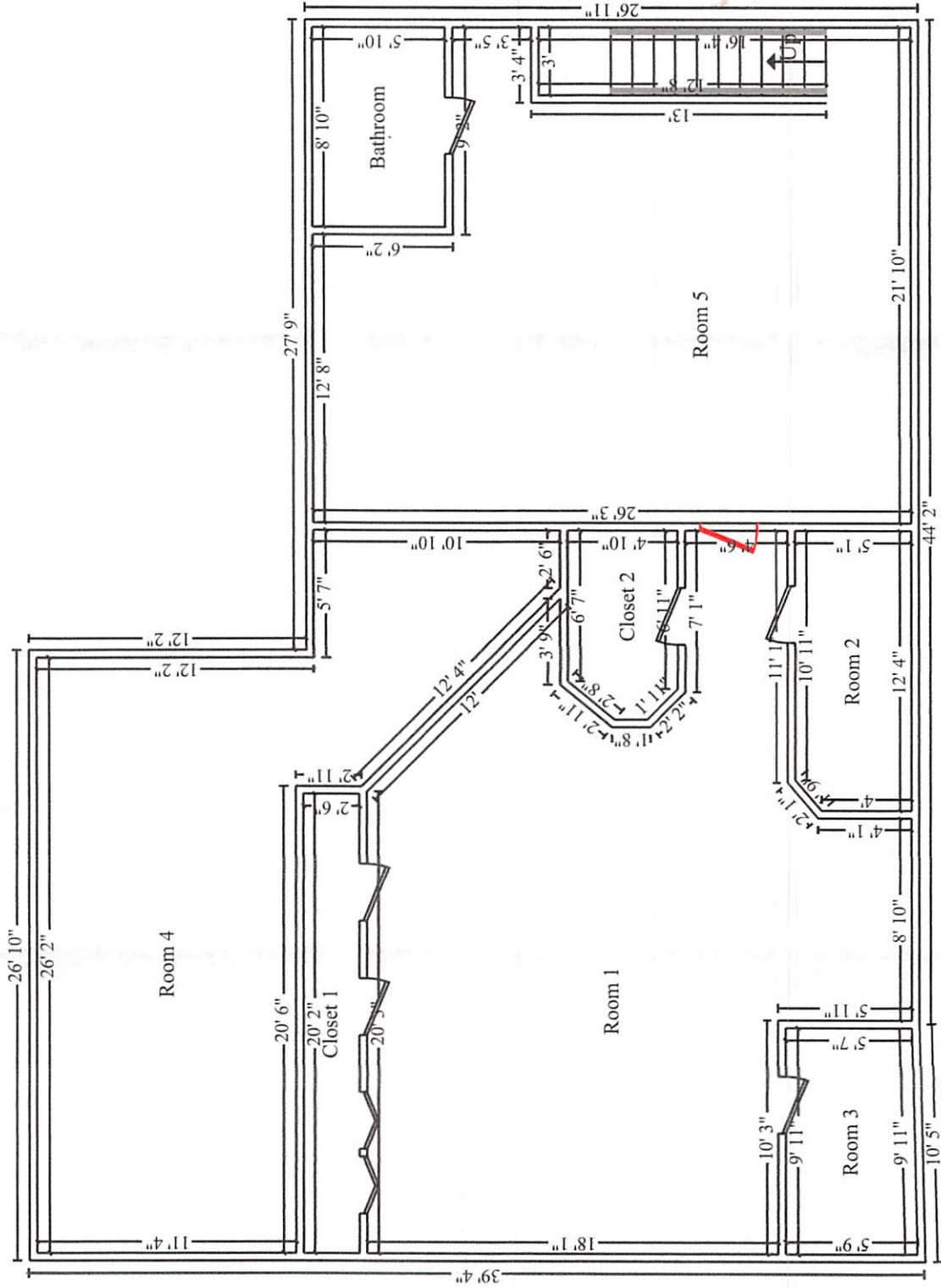
Sheboygan, WI 53081

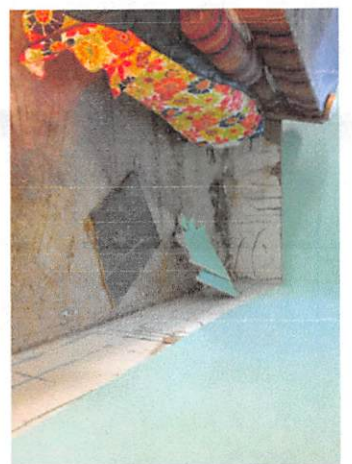
Phone: 920-946-4074

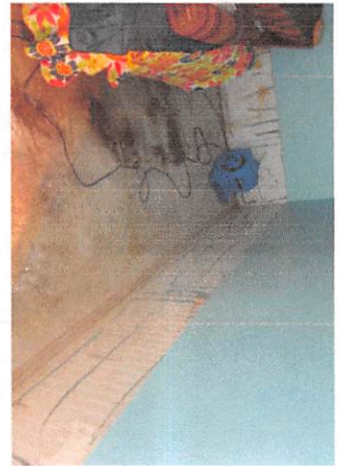
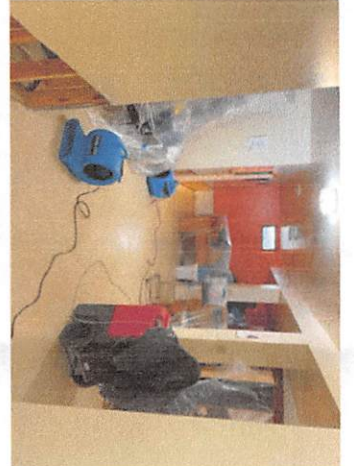
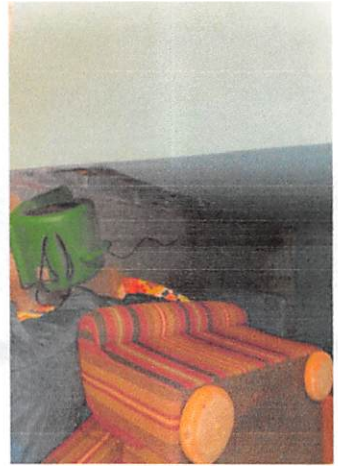
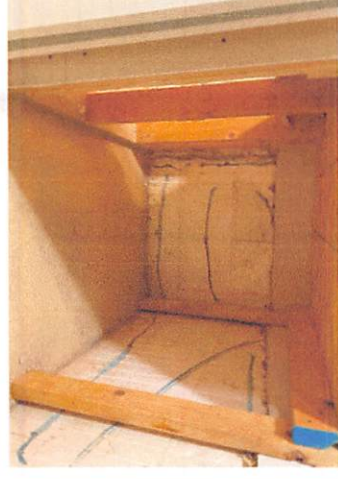
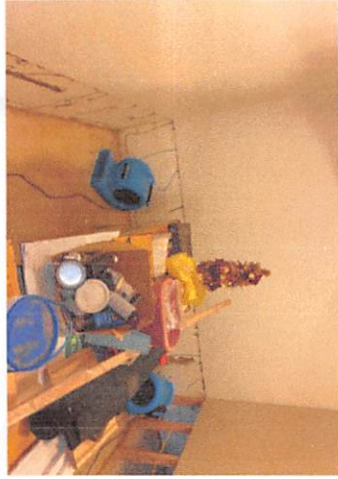
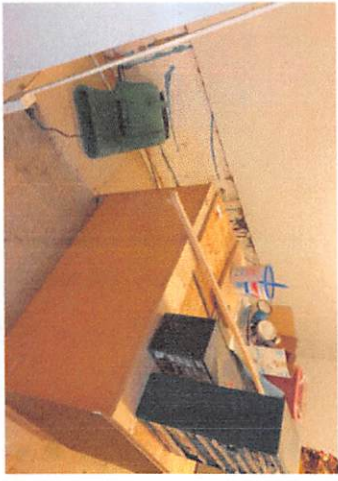
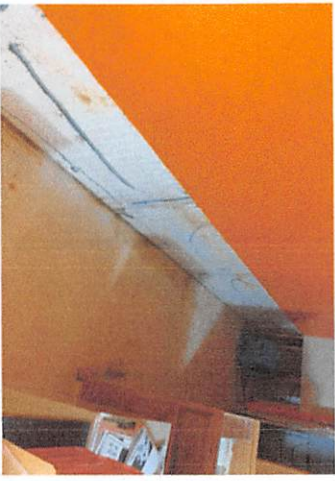
Wisconsin Statute section 893.80(1d)(a) requires that "Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney" must be served on the clerk of City of Sheboygan.

Thereafter, according to Wisconsin Statute section 893.80(1d)(b), a claim containing the address of the claimant and an itemized statement of the relief sought must be presented to the City of Sheboygan Clerk.

This document serves as the notice of claim, discussed above.







Date Received 7-8-22Received by MKC
Claim No 3-22**CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY**

1. **Name of Claimant:** Nina Stapel
2. **Home address of Claimant:** 1202 Stahl Road, Sheboygan
3. **Home phone number:** 920-946-4074
4. **Business address and phone number of claimant:** 1202 Stahl Road, Sheboygan , 920-452-2600
5. **When did the damage occur?** (date, time of day) between 4pm on Jan 19 and 11Am on Jan 21.
I talked to my daughter @ 10:54 and she complained of the sewer smell, she got busy with some calls, then she went to the basement and she called me @ 12:16pm to inform me of the water in the basement. I believe that the water or sewer water had started going down at this time. (I looked at my phone records to see the time of the calls)
6. **Where did the damage occur?** The whole basement of 1202 Stahl Road, Sheboygan
7. **How did the damage occur?** There was a sewer backup that went throughout my basement at 1202 Stahl Road, Sheboygan. There were two switches that had failed on the sewer system that my house is connected to.
8. **If the basis of liability is alleged to be an act or omission of the city, complete the following:** I immediately called the City of Sheboygan Sewer dept and they got ahold of someone. Who in turn got, Steve Pautz(for the Town of Wilson) to come and check out the transfer system. Steve came to my door went down to the basement with my daughter and the Mr. Lopez from Lakeshore Restoration , determined it was a sewer backup. Later, Mr. Pautz came back and told them as well as myself, as I was on the phone, there were two fail switches that had failed and that us What caused the backup. Mr. Lopez started the assessment and started the process to rid of sewer water, sanitize and started the demolition and continued until finishing the restoration.

I was moved into the City of Sheboygan with the Kohler Annex and have been paying for my sewer as well as my taxes to the city for a couple of years. All of my taxes and services have almost doubled in cost.
9. **If the basis of Liability is alleged to be a dangerous condition of public property complete the following:** this is not applicable to this claim.
10. **Give a description of the property damage or loss, so far as is known at this time:** The sewer water and some small debris backing up into the basement did water damage as well as contamination of everything it touched. First the water was sucked up, then all of the carpet was pulled up, then sanitized the floors and cut off the drywall around the basement and replaced and repainted. The smell, at the time as well as the chemicals that were used, to try and keep the damage to a minimal, gave my daughter headaches for the three days a week she was there. I was in Florida during this time. By using the chemicals it did cut the cost, I was told by several people that the 2x4's should have been replaced on the bottom. Anything on the floor had to be disposed of. I am not asking for any reimbursement on the contents just the repairs and cleaning.
11. **No one was injured:** the extra work, headaches, and the stress

Date Received _____

Received By _____

Claim No. 3.22

FINAL CLAIM

Name of Claimant: Nina Stapel

Claimant's Address: 1202 Stahl Road, Sheboygan


Claimant's phone number: 920-946-4074

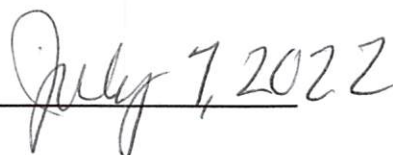
Lakeshore Restoration, LLC tear down, removal, clean up, and sanitizing -	\$ 9,653.59
Lakeshore Restoration, LLC repair, restoration, and painting	\$ 5,200.36
Home Depot, carpet, and installation	\$ 4,776.70
Harter's Lakeside Disposal	\$ 370.00
Cleaning John Stone and Anita Arechinga	\$ 400.00
Total Cost of Claim	\$20,440.65

COPIES OF THE ESTIMATES AND PAYMENTS ARE INCLUDED.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSES CLAIM.
(WISCONSIN SSTATUTES 943.395)

The undersigned hereby makes a claim against the Cit of Sheboygan arising out of the circumstances described in the notice of Damage of Injury. The claim is for relief in the form of money damages in the total amount if \$20,440.65.

Signed 
1202 Stahl Road
Sheboygan, WI 53081

Date 



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Insured: Nina Stapel
Property: 1202 Stahl Rd
Sheboygan, WI 53081
Estimator: R Lopez
Company: Lakeshore Restoration LLC

Cellular: (920) 221-1440
Invoice Date: 2/1/2022

INVOICE

DESCRIPTION	AMOUNT
Labor/Subcontractors	
Labor	\$5,112.69
Materials & Supplies	
Company Supplied Materials	\$298.17
Equipment	
Company Supplied Materials	\$3,908.51
Incurred Costs	
Additional Costs	
SUBTOTAL	\$9,319.37
Sales Tax	\$334.22
TOTAL	\$9,653.59



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Insured: Nina Stapel
Property: 1202 Stahl Rd
Sheboygan, WI 53081
Estimator: R Lopez
Company: Lakeshore Restoration LLC

Cellular: (920) 221-1440
Invoice Date: 3/3/2022

INVOICE

DESCRIPTION	AMOUNT
Labor/Subcontractors	
Labor	\$3,748.30
Materials & Supplies	
Company Supplied Materials	\$885.33
Equipment	
Company Supplied Materials	\$45.26
Incurred Costs	
Additional Costs	
SUBTOTAL	\$4,678.89
Sales Tax	\$48.69
Overhead and Profit	\$472.78
TOTAL	\$5,200.36



**How doers
get more done.**

4025 HIGHWAY 28
KOHLER, WI 53044 (920)451-0624

4924 00097 30987 05/31/22 02:48 PM
SALE CASHIER

ORDER ID: H4924-108349

RECALL AMOUNT 4776.70

SUBTOTAL 4,776.70

SALES TAX 0.00

TOTAL \$4,776.70

XXXXXXXXXXXX1221 VISA 4,776.70

AUTH CODE 07246D/6970259 TA

CUSTOMER AGREEMENT # H4924-1083491703.37
DEPOSIT NO# 49242205310973096366896965



4924 97 30987 05/31/2022 3149

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: GVM3 67187 62360

PASSWORD: 22281 62263

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.



169901 RINGLE AVE
RINGLE, WI 54471
833-754-2158

INVOICE

Invoice #: 124983

Invoice Date: 04/30/2022

Due Date: 05/31/2022

Bill To:

LINA STAPLE
1202 STAHL RD
SHEBOYGAN WI 53081

Service Address:

LINA STAPLE
1202 STAHL RD
SHEBOYGAN WI 53081

Customer #: 02-36780 3

Date	Description	Quantity	Rate	Amount
	* PAYMENTS RECEIVED THIS PERIOD *			
04/08/2022	PMT: 7129733704			-430.00
	WORK ORDER#: 106121			
04/15/2022	20YD DELIVERY	1.00		80.00
	WORK ORDER#: 121202			
04/20/2022	20YD DONE PICKUP	1.00		370.00
04/20/2022	20YD WEIGHT FEE	1.72		

Total Invoice

450.00

Current

20.00

31-60 Days

0.00

61-90 Days

0.00

91+ Days

0.00

Please pay **BALANCE DUE**

20.00

Customer #: 02-36780 3
Service Address: 1202 STAHL RD

Invoice #: 124983

*Credited
20.00*

NINA STAPEL

(920)452-7922

1202 STAHL ROAD

SHEBOYGAN, WI 53081



5622

Date

4-27-22

Pay

John Stone

\$ 150.00

One Hundred Fifty & no/100

OOSTBURG STATE BANK

OOSTBURG (920) 564-2336

CEDAR GROVE (920) 668-6218

WWW.OOSTBURGBANK.COM

Nina Stapel

⑆075906346⑆ ⑈ 54 686 0⑈ 5622

NINA STAPEL

(920)452-7922

1202 STAHL ROAD

SHEBOYGAN, WI 53081



5623

Date 5-3-22

Pay Anita Arechunga

\$ 250.00

Two Hundred Fifty & no/100

OOSTBURG STATE BANK

OOSTBURG (920) 564-2336

CEDAR GROVE (920) 668-6218

WWW.OOSTBURGBANK.COM

Nina Stapel

⑆075906346⑆ ⑈ 54 686 0⑈ 5623



SPECIAL SERVICES CUSTOMER INVOICE

Store 4924 KOHLER
4025 HIGHWAY 28
KOHLER, WI 53044
Phone: (920) 451-0624
Salesperson: CCJ2735
Reviewer: SV995

VALIDATION

Date:

Transaction: 4924

Order Total: \$4,789.95

Amount Paid: \$0.00

SOLD TO

Name	STAPEL NINA	Phone 1	(920) 946-4074
Address	1202 STAHL RD	Phone 2	
City	SHEBOYGAN	Company Name	
State	WI	Job Description	carpet install
Zip	53081	County	SHEBOYGAN

INSTALLER DELIVERY #1 MERCHANDISE AND SERVICE SUMMARY

S/O - MDSE TO BE DELIVERED:

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
S0101	1005-946-662	100.78	SY	0807D-29-12 / 0807D-29-12 Lanwick Color Salutation I / 0807D-29-12 Lanwick Color Salutation Indoor Pattern Brown Carpet	A	N	\$12.51	\$1,260.76*
S0102	1005-946-662	132.89	SY	0807D-29-12 / 0807D-29-12 Lanwick Color Salutation I / 0807D-29-12 Lanwick Color Salutation Indoor Pattern Brown Carpet	A	N	\$12.51	\$1,662.45*
S0103	1005-946-662	12.00	SY	0807D-29-12 / 0807D-29-12 Lanwick Color Salutation I / 0807D-29-12 Lanwick Color Salutation Indoor Pattern Brown Carpet	A	N	\$12.51	\$150.12*
MERCHANDISE TOTAL:								\$3,073.33

DELIVERY INFORMATION: DELIVERY DATE: INSTALLER WILL SCHEDULE

INSTALLER WILL DELIVER MDSE TO: SITE OF INSTALLATION #104 AT TIME OF INSTALLATION.

NOTE: UPON RECEIPT OF ALL S/O MERCHANDISE - INSTALLER WILL CALL CUSTOMER TO SCHEDULE INSTALL DATE.

INSTALLATION #1

REF # 104

ESTIMATED INSTALL BEGIN DATE: 06/01/2022

ESTIMATED INSTALL END DATE: 08/29/2022

*** CONTINUED ON NEXT PAGE ***

We reserve the right to limit the quantities of merchandise sold to customers

NOT VALID FOR MERCHANDISE

(Continued)

REF #104

END OF INSTALL #1

INSTALLATION #2

REF # 105

ESTIMATED INSTALL BEGIN DATE: 06/01/2022

ESTIMATED INSTALL END DATE: 08/29/2022

BASIC INSTALLATION LABOR:

SKU	DESCRIPTION	QTY	UM	TAX	PRICE EACH	EXTENSION
0000-963-049	PAD TRAFFIC MASTER 8LB (SPT)-NAT/4/797 PAD TRAFFIC MASTER 8	245.67	SY	N	\$7.13	\$1,751.62

CUSTOM LABOR SELECTED INCLUDES:

OPTION		DESCRIPTION			QTY	UM	TAX	PRICE EACH	EXTENSION
1	METAL				36.00	PA	N	\$0.00	\$0.00
INSTALLATION SITE NAME:		NINA STAPEL			INSTALL LABOR CHARGE:				\$1,751.62
ADDRESS:		1202 Stahl Rd			TRIP CHARGE:				\$0.00
CITY:	Sheboygan	STATE: WI			CREDIT FOR DEPOSIT/MEASURE:				\$0.00
COUNTY:	SHEBOYGAN	SALES TAX RATE: 5.500			TAX: Merchandise - N				LABOR - N
PHONE:	(920) 9464074	ALTERNATE PHONE: (920) 9464074			INSTALL TOTAL DUE:				\$1,716.62

BASIC INSTALLATION LABOR INCLUDES:

*TACK DOWN OR GLUE DOWN CARPET PAD (INSTALLER PROVIDES)

ADHESIVE IF APPLICABLE)

*PAD WITH MOISTURE BARRIER

UNLESS STATED ABOVE THIS INSTALLATION DOES NOT INCLUDE:

WATER EXTRACTION

REMOVE OR HAUL AWAY HEAVILY SOILED OR FLEA INFESTED CARPET

REMOVE OR REPLACE EXTERIOR THRESHOLDS

ALTER EXISTING STRUCTURE OR OPENING

ELECTRICAL OR PLUMBING DISCONNECT AND RECONNECT - SEE MKT FOR DETAILS

INSTALLATION OVER PARTICLE BOARD UNDERLAYMENT OR SUBFLOOR FOR NAIL / GLUE DOWN HARDWOOD OR TILE FLOORING.

SPECIAL NOTES:

*** CONTINUED ON NEXT PAGE ***

INSTALLATION #2

(Continued)

REF #105

MATERIALS WILL BE REMOVED UNLESS CUSTOMER REQUESTS OTHERWISE.

END OF INSTALL #2

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES

Policy Id (PI):

A: 90 DAYS DEFAULT POLICY;

PAYMENT TERMS :

Refer to the Home Improvement Agreement for payment terms

'The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.'

ORDER TOTAL	\$4,789.95
SALES TAX	\$0.00
TOTAL	\$4,789.95
BALANCE DUE	\$4,789.95

END OF ORDER No. H4924-108349



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Client: Nina Stapel
Property: 1202 Stahl Rd
Sheboygan, WI 53081

Cellular: (920) 946-4074

Operator: RIGO.EME

Estimator: R Lopez
Position: Operations Manager
Company: Lakeshore Restoration LLC
Business: 4029 Waldo Blvd
Manitowoc, WI 54220

Cellular: (920) 221-1440

E-mail: lakeshorerestorationllc@gmail.com

Type of Estimate: Sewage
Date Entered: 1/21/2022
Date Est. Completed: 3/3/2022

Date Assigned: 1/21/2022
Date Job Completed: 3/2/2022

Price List: WIAP8X_MAR22
Labor Efficiency: Restoration/Service/Remodel
Estimate: NINA_STAPEL_REBUILD



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Lakeshore Restoration LLC appreciate the opportunity to present an invoice for services at your affected location.
Find attached: -Invoice for services.

Lakeshore Restoration LLC has provided emergency extraction, remediation, mitigation and cleanup services since 2018.

- Our firm is certified by the IICRC.
- We are proud members of the BBB..
- Our field technicians are properly trained and certified.
- Lakeshore Restoration LLC is licensed and insured.

Best regards,
Rigoberto Lopez WRT, FSRT, AMRT, OCT, UFT, TCST, HST, CCT.
Master Goldmorr Technician.

Lakeshore Restoration LLC

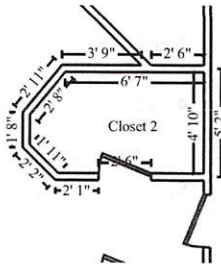
Water | Fire | Mold | Biohazard - Cleanup and Restoration

NINA_STAPEL_REBUILD

Basement

Basement

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
1. Haul debris - per pickup truck load - including dump fees	1.00 EA	140.51	0.00	0.00	14.05	154.56
Total: Basement				0.00	14.05	154.56

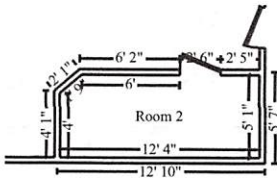


Closet 2

Height: 8'

195.01 SF Walls	37.43 SF Ceiling
232.45 SF Walls & Ceiling	37.43 SF Floor
4.16 SY Flooring	24.38 LF Floor Perimeter
24.38 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
2. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	22.00 SF	0.44	3.24	0.96	8.20	90.12
3. Mask and prep for paint - plastic, paper, tape (per LF)	24.38 LF	0.00	1.52	0.36	3.75	41.17
4. Seal/prime then paint the surface area (2 coats)	88.00 SF	0.00	1.04	0.92	9.24	101.68
Totals: Closet 2				2.24	21.19	232.97



Room 2

Height: 8'

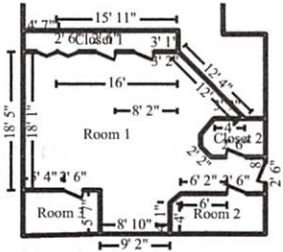
272.70 SF Walls	62.06 SF Ceiling
334.75 SF Walls & Ceiling	62.06 SF Floor
6.90 SY Flooring	34.09 LF Floor Perimeter
34.09 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
5. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	12.00 SF	0.44	3.24	0.52	4.47	49.15
6. Mask and prep for paint - plastic, paper, tape (per LF)	34.09 LF	0.00	1.52	0.51	5.23	57.56
7. Seal/prime then paint the surface area (2 coats)	49.00 SF	0.00	1.04	0.51	5.15	56.62
Totals: Room 2				1.54	14.85	163.33



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

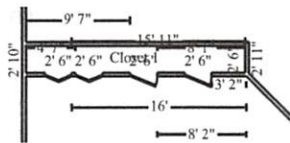


Room 1

Height: 8'

917.98 SF Walls	526.52 SF Ceiling
1,444.50 SF Walls & Ceiling	526.52 SF Floor
58.50 SY Flooring	114.75 LF Floor Perimeter
114.75 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
8. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	208.00 SF	0.44	3.24	9.04	77.44	851.92
9. Mask and prep for paint - plastic, paper, tape (per LF)	114.75 LF	0.00	1.52	1.70	17.61	193.73
10. Seal/prime then paint the surface area (2 coats)	841.00 SF	0.00	1.04	8.79	88.34	971.77
Totals: Room 1				19.53	183.39	2,017.42

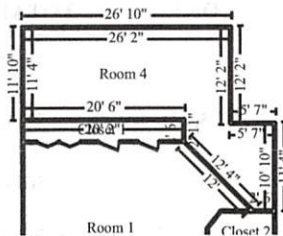


Closet 1

Height: 8'

362.01 SF Walls	49.59 SF Ceiling
411.60 SF Walls & Ceiling	49.59 SF Floor
5.51 SY Flooring	45.25 LF Floor Perimeter
45.25 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
11. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	12.00 SF	0.44	3.24	0.52	4.47	49.15
12. Mask and prep for paint - plastic, paper, tape (per LF)	20.00 LF	0.00	1.52	0.30	3.07	33.77
13. Seal/prime then paint the surface area (2 coats)	55.00 SF	0.00	1.04	0.57	5.78	63.55
Totals: Closet 1				1.39	13.32	146.47



Room 4

Height: 8'

835.12 SF Walls	385.82 SF Ceiling
1,220.94 SF Walls & Ceiling	385.82 SF Floor
42.87 SY Flooring	104.39 LF Floor Perimeter
104.39 LF Ceil. Perimeter	

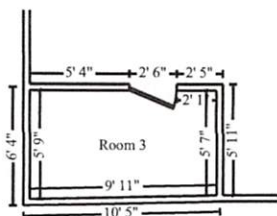


Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

CONTINUED - Room 4

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
14. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	209.00 SF	0.44	3.24	9.08	77.83	856.03
15. Mask and prep for paint - plastic, paper, tape (per LF)	104.39 LF	0.00	1.52	1.55	16.03	176.25
16. Seal/prime then paint the walls (2 coats)	835.12 SF	0.00	1.04	8.73	87.72	964.97
Totals: Room 4				19.36	181.58	1,997.25



Room 3

Height: 8'

249.48 SF Walls	56.25 SF Ceiling
305.73 SF Walls & Ceiling	56.25 SF Floor
6.25 SY Flooring	31.18 LF Floor Perimeter
31.18 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
17. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	36.00 SF	0.44	3.24	1.56	13.40	147.44
18. Mask and prep for paint - plastic, paper, tape (per LF)	31.18 LF	0.00	1.52	0.46	4.79	52.64
19. Seal/prime then paint the walls (2 coats)	249.48 SF	0.00	1.04	2.61	26.21	288.28
Totals: Room 3				4.63	44.40	488.36
Total: Basement				48.69	472.78	5,200.36
Line Item Totals: NINA_STAPEL_REBUILD				48.69	472.78	5,200.36

Grand Total Areas:

2,832.29 SF Walls	1,117.67 SF Ceiling	3,949.96 SF Walls and Ceiling
1,117.67 SF Floor	124.19 SY Flooring	354.04 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	354.04 LF Ceil. Perimeter
1,117.67 Floor Area	1,201.13 Total Area	2,832.29 Interior Wall Area
1,289.71 Exterior Wall Area	143.30 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Summary

Line Item Total	4,678.89
Material Sales Tax	48.69
Subtotal	4,727.58
Overhead	472.78
Replacement Cost Value	\$5,200.36
Net Claim	\$5,200.36

R Lopez
Operations Manager



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Recap of Taxes and Overhead

	Overhead (10%)	Material Sales Tax (5.5%)	Services Mat'l Tax (5.5%)	Service Sales Tax (5.5%)	Manuf. Home Tax (5.5%)	Storage Tax (5.5%)
Line Items	472.78	48.69	0.00	0.00	0.00	0.00
Total	472.78	48.69	0.00	0.00	0.00	0.00



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Recap by Room

Estimate: NINA_STAPEL_REBUILD

Area: Basement	140.51	3.00%
Closet 2	209.54	4.48%
Room 2	146.94	3.14%
Room 1	1,814.50	38.78%
Closet 1	131.76	2.82%
Room 4	1,796.31	38.39%
Room 3	439.33	9.39%
<hr/>		
Area Subtotal: Basement	4,678.89	100.00%
<hr/>		
Subtotal of Areas	4,678.89	100.00%
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Total	4,678.89	100.00%

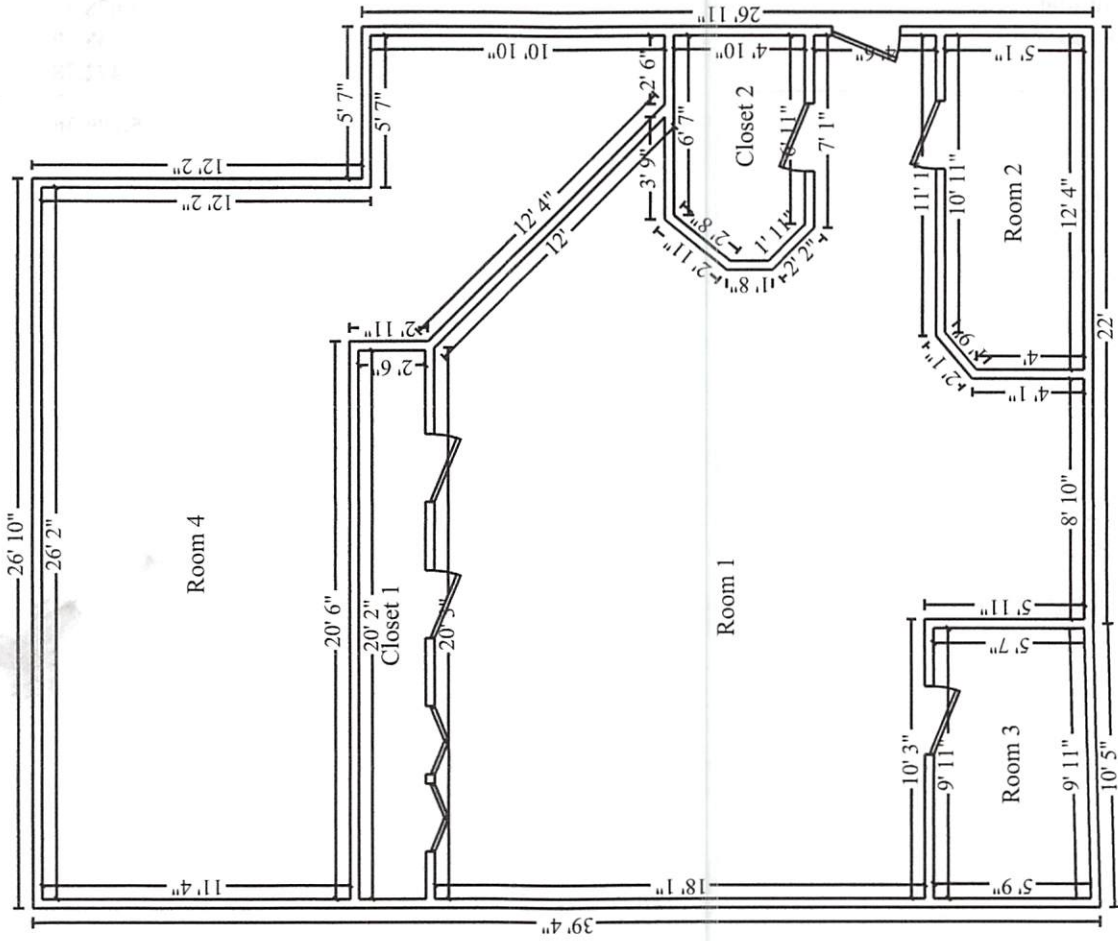


Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Recap by Category

O&P Items	Total	%
GENERAL DEMOLITION	360.07	6.92%
DRYWALL	1,616.76	31.09%
PAINTING	2,702.06	51.96%
O&P Items Subtotal	4,678.89	89.97%
Material Sales Tax	48.69	0.94%
Overhead	472.78	9.09%
Total	5,200.36	100.00%



Basement



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Client: Nina Stapel
Property: 1202 Stahl Rd
Sheboygan, WI 53081

Cellular: (920) 946-4074

Operator: RIGO.EME

Estimator: R Lopez
Position: Operations Manager
Company: Lakeshore Restoration LLC
Business: 4029 Waldo Blvd
Manitowoc, WI 54220

Cellular: (920) 221-1440

E-mail: lakeshorerestorationllc@gmail.com

Type of Estimate: Sewage

Date Entered: 1/21/2022

Date Assigned: 1/21/2022

Date Est. Completed: 2/1/2022

Date Job Completed:

Price List: WIAP8X_JAN22

Labor Efficiency: Restoration/Service/Remodel

Estimate: NINA_STAPEL



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Lakeshore Restoration LLC appreciate the opportunity to present an invoice for services at your affected location.
Find attached: -Invoice for services.

Lakeshore Restoration LLC has provided emergency extraction, remediation, mitigation and cleanup services since 2018.

- Our firm is certified by the IICRC.
- We are proud members of the BBB..
- Our field technicians are properly trained and certified.
- Lakeshore Restoration LLC is licensed and insured.

Best regards,
Rigoberto Lopez WRT, FSRT, AMRT, OCT, UFT, TCST, HST, CCT.
Master Goldmorr Technician.



Lakeshore Restoration LLC

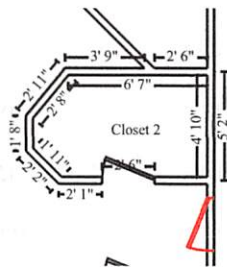
Water | Fire | Mold | Biohazard - Cleanup and Restoration

NINA_STAPEL

Basement

Basement

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
1. Haul debris - per pickup truck load - including dump fees	3.00 EA	139.89	0.00	0.00	419.67
Total: Basement				0.00	419.67



Closet 2

Height: 8'

195.01 SF Walls	37.43 SF Ceiling
232.45 SF Walls & Ceiling	37.43 SF Floor
4.16 SY Flooring	24.38 LF Floor Perimeter
24.38 LF Ceil. Perimeter	

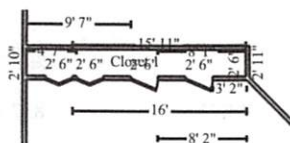
DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
2. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
3. Tear out wet drywall, cleanup, bag, per LF - to 2' - Cat 3	11.00 LF	4.65	0.00	0.25	51.40
4. HEPA Vacuuming - Light - (PER SF)	37.43 SF	0.00	0.30	0.62	11.85
5. Apply anti-microbial agent to the floor	37.43 SF	0.00	0.23	0.56	9.17
6. Air mover (per 24 hour period) - No monitoring	4.00 EA	0.00	25.61	5.63	108.07
7. Equipment decontamination charge - HVY, per piece of equip	1.00 EA	0.00	45.51	2.86	48.37
Charge for wiping down equipment, germicide, and labor. Mandatory task to avoid cross contamination. Reference: IICRC S500 3rd Edition standards. Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.					
Totals: Closet 2				9.92	402.20

Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

CONTINUED - Room 1

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
18. HEPA Vacuuming - Light - (PER SF)	526.52 SF	0.00	0.30	8.69	166.65
19. Apply anti-microbial agent to the floor	526.52 SF	0.00	0.23	7.88	128.98
20. Air mover (per 24 hour period) - No monitoring	20.00 EA	0.00	25.61	28.17	540.37
21. Dehumidifier (per 24 hour period) - XLarge - No monitoring	7.00 EA	0.00	116.13	44.71	857.62
22. Equipment decontamination charge - HVY, per piece of equip	6.00 EA	0.00	45.51	17.15	290.21
Charge for wiping down equipment, germicide, and labor. Mandatory task to avoid cross contamination. Reference: IICRC S500 3rd Edition standards. Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.					
Totals: Room 1				117.00	2,915.52



Closet 1

Height: 8'

362.01	SF Walls	49.59	SF Ceiling
411.60	SF Walls & Ceiling	49.59	SF Floor
5.51	SY Flooring	45.25	LF Floor Perimeter
45.25	LF Ceil. Perimeter		

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
23. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
24. Tear out wet drywall, cleanup, bag, per LF - to 2' - Cat 3	4.00 LF	4.65	0.00	0.09	18.69
25. HEPA Vacuuming - Light - (PER SF)	49.59 SF	0.00	0.30	0.82	15.70
26. Apply anti-microbial agent to the floor	49.59 SF	0.00	0.23	0.74	12.15
27. Air mover (per 24 hour period) - No monitoring	4.00 EA	0.00	25.61	5.63	108.07
28. Equipment decontamination charge - HVY, per piece of equip	1.00 EA	0.00	45.51	2.86	48.37
Charge for wiping down equipment, germicide, and labor. Mandatory task to avoid cross contamination. Reference: IICRC S500 3rd Edition standards. Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.					

Totals: Closet 1

10.14	376.32
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NINA STAPEL

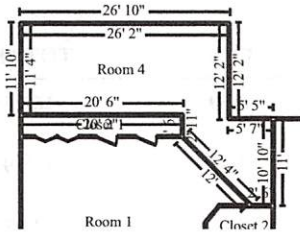
2/1/2022

Page: 5



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration



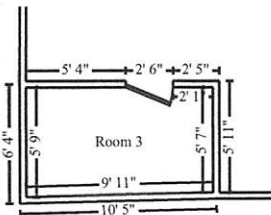
Room 4

Height: 8'

835.12 SF Walls
1,220.94 SF Walls & Ceiling
42.87 SY Flooring
104.39 LF Ceil. Perimeter

385.82 SF Ceiling
385.82 SF Floor
104.39 LF Floor Perimeter

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
29. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
30. Water extraction from carpeted floor - Category 3 water	385.82 SF	0.00	1.19	25.25	484.38
31. Tear out wet non-salvageable carpet, no bag - Cat 3 water	385.82 SF	0.44	0.00	0.00	169.76
32. Tear out wet carpet pad, no bagging - Category 3 water	385.82 SF	0.21	0.00	0.00	81.02
33. Tear out wet drywall, cleanup, bag, per LF - to 2' - Cat 3	93.00 LF	4.65	0.00	2.10	434.55
34. HEPA Vacuuming - Light - (PER SF)	385.82 SF	0.00	0.30	6.37	122.12
35. Apply anti-microbial agent to the floor	385.82 SF	0.00	0.23	5.78	94.52
36. Air mover (per 24 hour period) - No monitoring	28.00 EA	0.00	25.61	39.44	756.52
37. Dehumidifier (per 24 hour period) - XLarge - No monitoring	7.00 EA	0.00	116.13	44.71	857.62
38. Equipment decontamination charge - HVY, per piece of equip	8.00 EA	0.00	45.51	22.87	386.95
Charge for wiping down equipment, germicide, and labor. Mandatory task to avoid cross contamination. Reference: IICRC S500 3rd Edition standards. Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.					
Totals: Room 4				146.52	3,560.78



Room 3

Height: 8'

249.48 SF Walls
305.73 SF Walls & Ceiling
6.25 SY Flooring
31.18 LF Ceil. Perimeter

56.25 SF Ceiling
56.25 SF Floor
31.18 LF Floor Perimeter

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
-------------	-----	--------	---------	-----	-------



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

CONTINUED - Room 3

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
39. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
40. Water extraction from hard surface floor - Cat 3 water	56.25 SF	0.00	0.73	2.26	43.32
41. Tear out wet drywall, cleanup, bag, per LF - to 2' - Cat 3	31.18 LF	4.65	0.00	0.70	145.69
42. HEPA Vacuuming - Light - (PER SF)	56.25 SF	0.00	0.30	0.93	17.81
43. Apply anti-microbial agent to the floor	56.25 SF	0.00	0.23	0.84	13.78
44. Air mover (per 24 hour period) - No monitoring	8.00 EA	0.00	25.61	11.27	216.15
45. Equipment decontamination charge - HVY, per piece of equip	2.00 EA	0.00	45.51	5.71	96.73

Charge for wiping down equipment, germicide, and labor.

Mandatory task to avoid cross contamination.

Reference: IICRC S500 3rd Edition standards.

Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.

Totals: Room 3	21.71	706.82
----------------	-------	--------



Room 5

Height: 8'

796.27 SF Walls	473.74 SF Ceiling
1,270.01 SF Walls & Ceiling	473.74 SF Floor
52.64 SY Flooring	99.53 LF Floor Perimeter
102.53 LF Ceil. Perimeter	



Subroom: Stairs (2)

Height: 14' 2"

209.94 SF Walls	28.39 SF Ceiling
238.32 SF Walls & Ceiling	48.20 SF Floor
5.36 SY Flooring	22.02 LF Floor Perimeter
18.92 LF Ceil. Perimeter	

Missing Wall

3' X 14' 2 1/4"

Opens into ROOM_5

Missing Wall

3' X 14' 2 1/4"

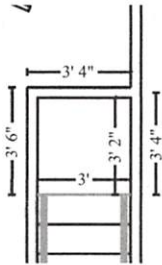
Opens into STAIRS1



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

CONTINUED - Room 5



Subroom: Stairs1 (1)

Height: 8'

74.67 SF Walls
84.17 SF Walls & Ceiling
1.06 SY Flooring
9.33 LF Ceil. Perimeter

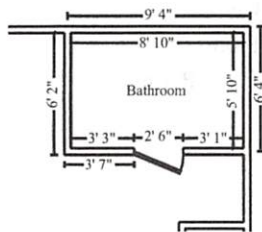
9.50 SF Ceiling
9.50 SF Floor
9.33 LF Floor Perimeter

Missing Wall

3' X 8'

Opens into STAIRS

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
46. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
47. Tear out wet non-salvageable carpet, no bag - Cat 3 water	531.44 SF	0.44	0.00	0.00	233.83
48. Tear out wet carpet pad, no bagging - Category 3 water	531.44 SF	0.21	0.00	0.00	111.60
49. HEPA Vacuuming - Light - (PER SF)	531.44 SF	0.00	0.30	8.77	168.20
50. Apply anti-microbial agent to the floor	531.44 SF	0.00	0.23	7.96	130.19
Totals: Room 5				16.73	817.16



Bathroom

Height: 8'

234.72 SF Walls
286.27 SF Walls & Ceiling
5.73 SY Flooring
29.34 LF Ceil. Perimeter

51.55 SF Ceiling
51.55 SF Floor
29.34 LF Floor Perimeter

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
51. Tear out wet non-salvageable carpet, no bag - Cat 3 water	51.55 SF	0.44	0.00	0.00	22.68
52. Tear out wet carpet pad, no bagging - Category 3 water	51.55 SF	0.21	0.00	0.00	10.83
53. HEPA Vacuuming - Light - (PER SF)	51.55 SF	0.00	0.30	0.85	16.32
54. Apply anti-microbial agent to the floor	51.55 SF	0.00	0.23	0.77	12.63
Totals: Bathroom				1.62	62.46
Total: Basement				334.22	9,653.59



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Line Item Totals: NINA_STAPEL

334.22

9,653.59

Grand Total Areas:

4,147.89 SF Walls	1,680.84 SF Ceiling	5,828.73 SF Walls and Ceiling
1,700.65 SF Floor	188.96 SY Flooring	514.26 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	514.17 LF Ceil. Perimeter
1,700.65 Floor Area	1,798.16 Total Area	3,732.92 Interior Wall Area
1,573.57 Exterior Wall Area	174.84 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Summary

Line Item Total	9,319.37
Material Sales Tax	6.25
Services Mat'l Tax	10.15
Subtotal	9,335.77
Service Sales Tax	317.82
Replacement Cost Value	\$9,653.59
Net Claim	\$9,653.59

R Lopez
Operations Manager



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Recap of Taxes

	Material Sales Tax (5.5%)	Services Mat'l Tax (5.5%)	Service Sales Tax (5.5%)	Manuf. Home Tax (5.5%)	Storage Tax (5.5%)
Line Items	6.25	10.15	317.82	0.00	0.00
Total	6.25	10.15	317.82	0.00	0.00



Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Recap by Room

Estimate: NINA_STAPEL

Area: Basement	419.67	4.50%
Closet 2	392.28	4.21%
Room 2	382.08	4.10%
Room 1	2,798.52	30.03%
Closet 1	366.18	3.93%
Room 4	3,414.26	36.64%
Room 3	685.11	7.35%
Room 5	800.43	8.59%
Bathroom	60.84	0.65%
Area Subtotal: Basement		9,319.37 100.00%
Subtotal of Areas		9,319.37 100.00%
Total		9,319.37 100.00%

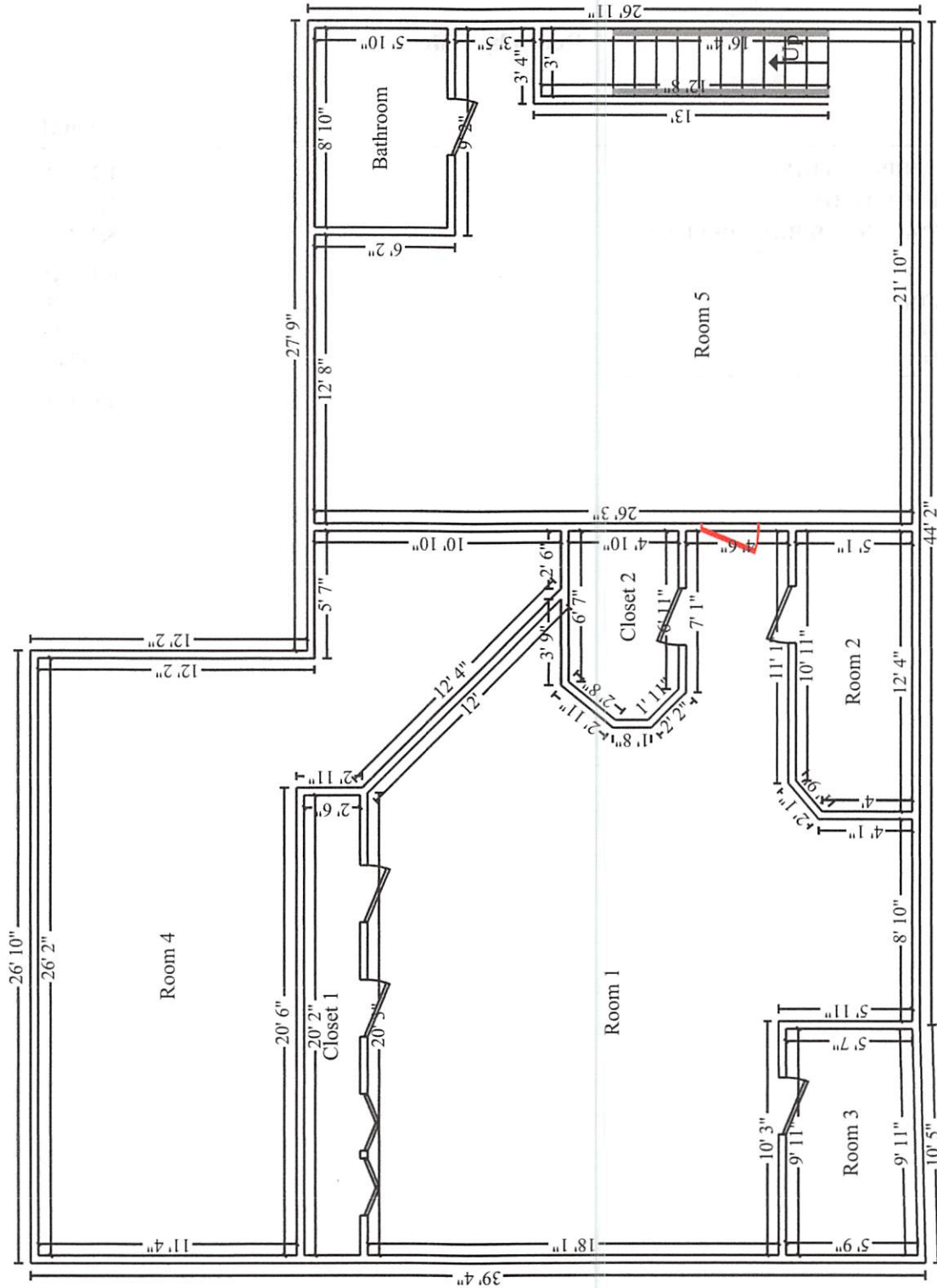


Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Recap by Category

Items	Total	%
CONTENT MANIPULATION	1,213.38	12.57%
GENERAL DEMOLITION	2,337.38	24.21%
WATER EXTRACTION & REMEDIATION	5,768.61	59.76%
Subtotal	9,319.37	96.54%
Material Sales Tax	6.25	0.06%
Services Mat'l Tax	10.15	0.11%
Service Sales Tax	317.82	3.29%
Total	9,653.59	100.00%



Basement

II

14

R. O. No. 69 - 22 - 23. By CITY CLERK. October 3, 2022.

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

FHP

DATE RECEIVED 9-20-22

RECEIVED BY MKC

CLAIM NO. 15-22

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 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
3. 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

7. How did damage or injury occur? (give full description) Our insured was stopped at a stop sign, and planning to head southbound on North six Street when a city of Sheboygan bus traveling eastbound on Geele Avenue attempted to make a left hand turn to drive northbound on N. 6th St. and cut the turn to close and struck our stopped vehicle, causing damage to the 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

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 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

TOTAL \$ 11,554.32

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

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

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

SIGNATURE OF CLAIMANT

Alvin Z...

DATE

9/16/22

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

DATE RECEIVED

9.20.22

RECEIVED BY

MRC

CLAIM NO.

15-2

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 No. 972 871 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 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 \$ 11,554.32.

SIGNED

Matthew Friedl

DATE:

9/16/2022

ADDRESS:

8901 Ester Blvd Irving TX 75063

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

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



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:

PHONE NUMBER: 800-374-4246
FAX NUMBER: 866-447-4293
OFFICE HOURS: Mon - Fri 7:00 am - 6:00 pm

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:

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 claims@claims.allstate.com 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	\$ 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
Point of Impact: 11 Left Front

Owner:

FRIEDL, MATTHEW
4512 WHITE OAK LN
SHEBOYGAN, WI 53083
(920) 254-8517 Cell

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: Mileage In: 62,575 Vehicle Out: 9/6/2022
License: 657-RPJ Exterior Color: Black Pri Mileage Out: Job #: DENNIS/chris
State: WI Production Date: 1/2016 Condition: 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

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats
Bucket Seats
3rd Row Seat

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint
Metallic Paint

OTHER

Fog Lamps
Rear Spoiler
Signal Integrated Mirrors
California Emissions

Supplement of Record 5 with Summary

RO Number: 14003868

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

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2	R&I	License bracket				0.2	
3		O/H front bumper				2.2	
4	**	Repl A/M Bumper cover	521190E925	1	<u>182.00</u>	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	<u>185.00</u>	Incl.	
		Note: Torn					
8	**	S03 Repl A/M LT Lamp bezel w/o LED running lamp w/fog lamps	520400E020	1	<u>82.00</u>	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	<u>25.00</u>	Incl.	
13	**	S03 Repl A/M CAPA Energy absorber	526110E091	1	32.00	Incl.	
14	**	Repl Opt OEM Impact bar (UHS)	520210E040	1	<u>345.00</u>	0.4	
15	*	R&I Center grille				Incl.	
16	**	S03 Repl Opt OEM LT Tow brkt cover	521280E926	1	<u>12.07</u>	Incl.	0.2
		Note: MISSING					
17		GRILLE					
18	R&I	R&I grille assy				Incl.	
19		FRONT LAMPS					
20	**	Repl A/M CAPA LT Headlamp assy w/o smoke accent	811500E180	1	<u>253.50</u>	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	<u>125.00</u>	Incl.	
23		R&I RT Fog lamp assy				Incl.	
24		RADIATOR SUPPORT					
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 s	3.2	0.5
28		Aim headlamps				0.5	
29		Evacuate & recharge			m	1.4 M	
30		Refrigerant recovery			m	0.4 M	
31	R&I	R&I upper tie bar			s	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			s	<u>0.5</u>	<u>0.3</u>
		Note: Secondary Damage and spot refinish					
35		Overlap Minor Panel					-0.2

Supplement of Record 5 with Summary

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					<u>Incl.</u>	
40	COOLING									
41	*	S01	R&I	R&I radiator			m		<u>2.5</u>	
				Note: LABOR: Time includes R&I/R&R front shield, condenser and R&I shroud as an assembly.						
42	*	S01	R&I	R&I shroud as an assy			m		<u>Incl.</u>	
43			Repl	Duct	329170E010	1	122.20	m	<u>Incl.</u>	
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	AIR CONDITIONER & HEATER									
48	*	S01	R&I	Condenser assy w/o hybrid			m		<u>Incl.</u>	
49	HOOD									
50	#		R&I	Hood Switch					0.2	
51			R&I	R&I hood assy					0.6	
52	FENDER									
53			Repl	LT Outer rail extn (HSS)	571140E010	1	85.02	s	1.5	0.4
54	*		Sect	LT Rail assy w/o hybrid (HSS)	570280E041	1	732.01	s	5.3	0.8
				Note: LABOR: Time is after apron assembly and all necessary bolted-on parts are removed. Time does not include reinforcement bracket. Time is for complete replacement, for sectioning, see SECTIONING OPERATIONS.						
55				Overlap Minor Panel						-0.2
56	#		Repl	PLUG PLATE	90333-30008	4	8.84			
				Note: Plug on Rail section						
57	**		Repl	A/M LT Fender liner 3.5 liter standard cooling	538060E120	1	95.62		<u>Incl.</u>	
58			Repl	LT Mud guard	766220E010	1	36.98		0.2	
59	**		Repl	Opt OEM LT Wheel opng mldg	750860E010	1	<u>100.00</u>		<u>Incl.</u>	
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	LT Mud guard grommet	90189A0008	2	2.98			
				Note: 2 of these are required.						
64			R&I	LT Shield					<u>Incl.</u>	
65			R&I	LT Molding assy painted black					<u>Incl.</u>	
66	*		Rpr	LT Front panel			s		<u>1.0</u>	<u>0.3</u>
				Note: Secondary Damage - Spot Refinsih after Fuse box						
67				Overlap Minor Panel						-0.2
68	*		Rpr	LT Inner reinf			s		<u>0.2</u>	<u>0.2</u>
				Note: Spot Refinish and repair for Rad support Repacement						
69				Overlap Minor Panel						-0.2
70	*		Rpr	LT Molding assy painted black					<u>0.5</u>	0.3
				Note: Backedg Damage						
71		S04	Repl	LT Molding assy pad	757930E070	2	19.94			

Supplement of Record 5 with Summary

RO Number: 14003868

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

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

72	FRAME									
73	#	Rpr	Unibody structural repair						2.0	F
			Note: Pull To Toyota Dimentions							
74	ELECTRICAL									
75	**	S02	Subl	A/M D&R wiring harness - LT Fog Lamp		1	120.00			
				Note: Per Invoice						
76			R&I	Battery 575 CCA				m	0.4	
77	*		R&I	LT Relay box					<u>1.0</u>	
				Note: Lift and Remove for Rad support Replacement						
78	#			D&R wiring harness		1			0.5	
				Note: Loosen and remove for replace of parts						
79	WHEELS									
80	*	S01	Repl	LKQ LT/Front Wheel, alloy 18", type 2 gunmetal +25%	426110E440	1	<u>206.25</u>	m	<u>0.1</u>	
				Note: Machined and painted dmaage						
81	WINDSHIELD									
82			R&I	LT Side molding					0.2	
83			Repl	LT Side molding clip	755450E020	2	12.52			
				Note: Mont clips broke						
84	RESTRAINT SYSTEMS									
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	<u>Front rail</u>					<u>0.2</u>	
92	*		R&I	<u>Rear rail</u>					<u>0.2</u>	
93	PILLARS, ROCKER & 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 DOOR									
97	*		Rpr	<u>LT Outer panel (HSS)</u>					<u>2.5</u>	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	
105			R&I	LT Handle, outside w/o Smart					0.3	

Supplement of Record 5 with Summary

RO Number: 14003868

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

			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, outside is removed.						
112	*	R&I	LT Water shield					0.1	
113		Repl	LT Rocker molding pad	757930E040	1	12.53			
			Note: PARTS: Part included with body side molding. Part cannot be reused/reinstalled.						
114	*	R&I	LT Weatherstrip ROCKER OUTER, LH					0.1	
115	REAR DOOR								
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/reinstalled. LABOR: Time included with R&R door shell and outer panel.						
118	*	Rpr	LT Outer panel (HSS)					2.5	2.1
			Note: Front to back damage - Scratches 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					0.6	
128	*	R&I	LT Water shield					0.1	
129	*	R&I	LT Door trim panel metallic accent black					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 cannot be reused/reinstalled.						
133	QUARTER PANEL								
134	*	Rpr	LT Quarter panel w/o blind spot					6.5	2.9
			Note: Front Torn - weld tear - Rear Dented 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		S02 Repl	LT Seal	616680E030	1	48.01		0.2	
			Note: PARTS: Part cannot be reused/reinstalled. LABOR: Time included with R&R quarter panel.						
140	#	Repl	Urethane Kit		1	15.00			

Supplement of Record 5 with Summary

RO Number: 14003868

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

141	**	Repl	A/M LT Wheel opng mldg	750880E010	1	59.00	0.3	
142		R&I	LT Roof trim flaxen				0.1	
143		Repl	LT Quarter glass Toyota	627200E150	1	332.52	1.5	
			Note: PARTS: Part cannot be reused/reinstalled. LABOR: Time is after headliner is removed.					
144		R&I	LT Upper qtr trim rear flaxen				0.3	
145		R&I	LT Upper qtr trim front flaxen				0.2	
146	REAR LAMPS							
147		R&I	LT Combo lamp assy				0.3	
148	REAR BUMPER							
149	* <>	Rpr	Bumper cover w/o park assist				2.0	2.6
150			Overlap Major Non-Adj. Panel					-0.2
151			Clear Coat					2.5
152	#	Refn	Basecoat Reduction					-0.3
153		Repl	LT Mud guard	766260E010	1	64.88	0.2	
154		R&I	RT Mud guard				0.2	
155	*	R&I	Lower trim panel				0.7	
156	#	S04 Subl	4 WHEEL ALIGNMENT.		1	100.00	T	
			Note: Attached					
157	#		Corrosion Protection		1	12.00		
158	#		COVER CAR		1	5.00		
159	#		Flex Additive		1	7.00		
160	#		FRAME SET UP MEASURE		1		1.5	
			Note: Frame Damage					
161	#		Hazardous Waste		1	3.00		
162	#	S04 Subl	Tire Mount and Balance +20%		1	46.20		
			Note: Tire M/B Inc Fitting Kit as LKQ Sensor Bad.					
163		S02 R&I	LT Side support				0.1	
164	VEHICLE DIAGNOSTICS							
165	*	Rpr	Pre-repair scan			m	0.5	M
			Note: Pre-Scan necessary to inspect for loss related diagnostic trouble codes					
166	*	S04 Subl	Post-repair scan		1	Incl. X m		
167	#	S04 Subl	ADAS Calibration		1	170.00		
168	MISCELLANEOUS OPERATIONS							
169	#	S02 Repl	Mask jams/openings		1	5.00	0.6	
			Note: LR door opening - Engine Bay, Primer					
170	#	S03	Feather edge prime and block		1	5.00	1.0	
			Note: Mask Body lines - Mask for primer and block - prep for paint					
171	#	S04 Repl	Fuel Charge		1	5.00		
			Note: Keystone - invoice attached.					
172	#	S05 Repl	Clips/retainers.		1	17.52		
			Note: Per invoice					
173			OTHER CHARGES					
174	#		Towing		1	761.00		
SUBTOTALS						5,387.46	61.0	20.7

Supplement of Record 5 with Summary

RO Number: 14003868

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

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

Supplement of Record 5 with Summary

RO Number: 14003868

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

SUPPLEMENT SUMMARY

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

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.

Supplement of Record 5 with Summary

RO Number: 14003868

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

PARTS SUPPLIER LIST

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

Supplement of Record 5 with Summary

RO Number: 14003868

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

Chicago IL 60644
(800) 244-2639

Quote: 74209520
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

PAGE COUNT: 7

CLIENT: 8810
DIVISION:
ADJUSTER: OE09B5
CLAIM: 0680922713

TRANSACTION #: 1850711462
DATE: 08/22/2022

DATE OF LOSS: 08/13/2022 TIME OF LOSS: 15:45:0
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!

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C22-14919

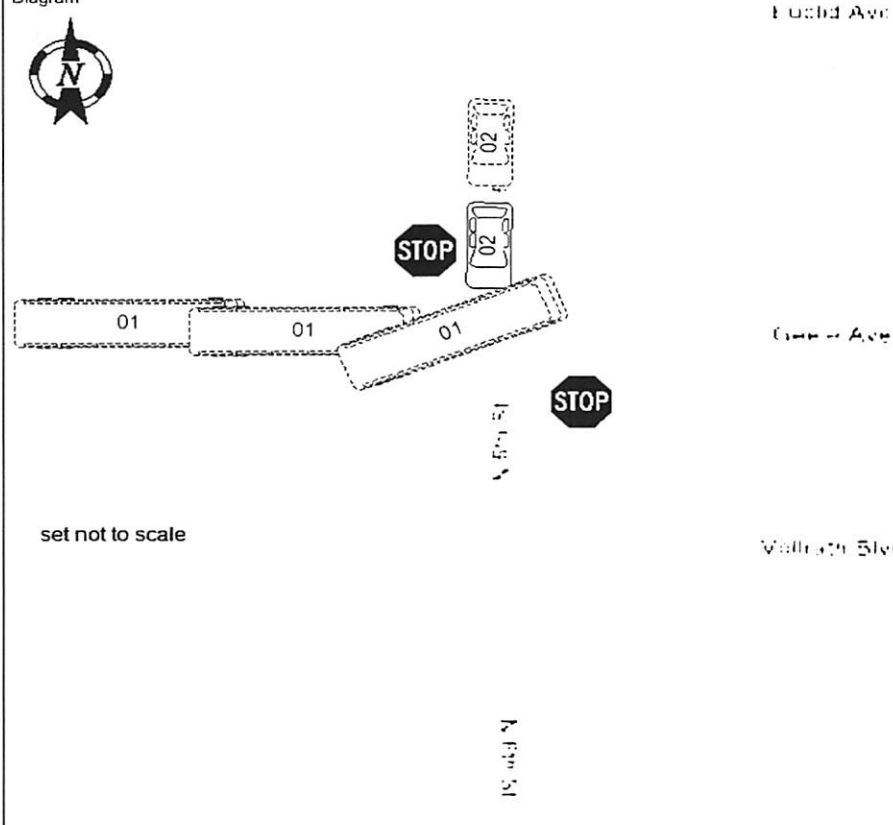
WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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Document Number Override	Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy OFFICER T. JOHNSON	
Crash Date 08/13/2022	Crash Time 03:50 PM	Date Arrived 08/13/2022	Time Arrived 03:56 PM	
Date Notified 08/13/2022	Time Notified 03:54 PM	Total Units 02	Total Injured 00	Total Killed 00
On Emergency	Hit and Run	Lane Closure	Work Zone	Trailer or Towed
Government Property	Active School Zone	School Bus Related NO	Tags	
✓ Reportable	Crash Type DT4000 (STANDARD CRASH)		Amended	Secondary Crash

Description

Diagram	Reconstruction By
	Photos By OFFICER JOHNSON
	Additional Information PHOTOS, BODY CAMERA VIDEO

✓ 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 NB ON N 6TH STREET. HE SAID THAT VEH 02 HAD COME UP TO THE SIGN VERY QUICK AT N 6TH AND GEELE AVE TO GO SB. 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 NB ON 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

G7L0FW8HNV
C22-14919

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

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

Location

ON GEELE AVE 6 FT E OF N 6TH ST IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude 43.768362422	Longitude -87.709487506
	X Coordinate 442896.5625	Y Coordinate 4846390.5
	Structure Type	

Crash Scene

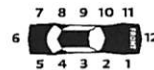
First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLEAR		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification C CLASS		Unit Type BUS	
	Vehicle Type PASSENGER BUS/TRANSIT BUS			Operating As Endorsements	
	Total Occs 3	Train/Bus # Recorded 1	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL
	Truck Bus or HazMat NO				

Vehicle

UNIT 01 VEHICLE 01	License Plate Number C20713	Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 15GGB2715N3197426	Make GILLIG	Year 2022	Model SHORELINE
	Color WHI - WHITE	Body Style BU - BUS	Bus Use TRANSIT/COMMUTER	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT		
	Extent Of Damage DISABLING DAMAGE			



G7L0FW8HNV
C22-14919

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
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SHEBOYGAN, WI 53081
(920) 459-3333

UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By LANSER TOWING		
	What Driver Was Doing LEFT TURN		Vehicle Factors NOT APPLICABLE		
	Driver Prior Action Other				
	Driver Actions UNKNOWN				
01	01	Owner Name CITY OF SHEBOYGAN		Owner Address 828 CENTER AVE SHEBOYGAN, WI 53081 , US	
Sequence Of Events					
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company TRANSIT-MUTUAL-INS-CORP-OF-WISCONSIN		Organization/Company CITY OF SHEBOYGAN		
UNIT INDIVIDUAL	Individual				
	Driver JEFFREY HARRY BEMIS (920) 980-5209		Citations Issued 0		Sex MALE
			Date of Birth 03/13/1954		Race WHITE
	Address 3424 S 17TH ST SHEBOYGAN, WI 53081 , US		Driver License Number B5204285409305 STATE: WISCONSIN COUNTRY: UNITED STATES		
01 002	Safety Equipment				
	On Duty Crash		Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
	Hospital		Date of Death		Time of Death
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED					

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C22-14919

WISCONSIN MOTOR VEHICLE
CRASH REPORT


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

UNIT INDIVIDUAL 01 002	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition APPEARED NORMAL				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT VEHICLE 02 02	License Plate Number 657RPJ		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5TDBKRFH1GS251153		Make TOYOTA	Year 2016	Model HIGHLANDER	
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BRETT'S TOWING			
						

G7L0FW8HNV
C22-14919

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

UNIT VEHICLE	02	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE	
	02	Driver Prior Action Other		
	02	Driver Actions UNKNOWN		
	02	Owner Name MATTHEW JAMES FRIEDL (920) 254-8517	Owner Address 4512 WHITE OAK LN SHEBOYGAN, WI 53083 , US	
UNIT INDIVIDUAL	01	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
	04	Event		
	01	Policy Holder		
	01	Insurance Company ALLSTATE-INS-CO	Individual MATTHEW FRIEDL	
	01	Individual		
	01	Driver MATTHEW JAMES FRIEDL (920) 254-8517	Citations Issued 0	Sex MALE
	01		Date of Birth 09/24/1976	Race WHITE
	01	Address 4512 WHITE OAK LN SHEBOYGAN, WI 53083 , US	Driver License Number F6345507634400 STATE: WISCONSIN COUNTRY: UNITED STATES	
	UNIT 001	01	Safety Equipment	On Duty Crash
01		Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
01		Helmet Use		Helmet Compliance
01		Eye Protection		Tint Compliance
01		Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
01		Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
01		Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
01		Hospital	Date of Death	Time of Death
01		Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
01		Distracted By Action NOT DISTRACTED		
01	Non Motorist	Striking Unit #	Location	

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

UNIT INDIVIDUAL	Prior Action			
	Action			
	Action Other			To/From School
	Suspected Alcohol Use NO		Suspected Drug Use NO	
02 001	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition APPEARED NORMAL			



Rental Agreement # 7D2XWJ

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 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, 2022 4:43 PM

SHEBOYGAN

3060 S BUSINESS DR
SHEBOYGAN, WI 53081-6521
USA

Return

Wednesday, September 7, 2022 3:06 PM

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

\$626.54

(Subject to audit)

Amount charged on September 7, 2022 to VISA (3144) (\$626.54)

APN: 43484153452056495341

AID: A0000000031010

Verified: Signature

Entry: Chip

TSI: E800

Amount Due

\$0.00

II

18

R. O. No. 27 - 22 - 23. By CITY CLERK. July 5, 2022.

Submitting a claim from Jody Gallaway for alleged damages to vehicle when it was struck by a falling tree branch on North 25th Street.

FAP

CITY CLERK

DATE RECEIVED 6-27-22

RECEIVED BY WKC

CLAIM NO. #8-22

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

JUN 27 '22 PM12:06

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

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.

no estimates - car is not worth cost of repairs.

1. Name of Claimant: JODY GALLAWAY
2. Home address of Claimant: 1824 N. 25 St. Sheboygan 53081
3. Home phone number: 608.485.0168
4. Business address and phone number of Claimant: 1011 N. 8 St. Sheboygan 53081; 920.459.3181
5. When did damage or injury occur? (date, time of day) 6/15/2022 8:23 pm
6. Where did damage or injury occur? (give full description) Car was parked on street in front of house (home address above) tree broke and fell on top of car.
7. How did damage or injury occur? (give full description) Large branch of tree fell on car during storm, Crushed top of car and shattered rear window and cracked front windshield.
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: _____
 - (b) Claimant's statement of the basis of such liability: Tree was damaged before storm.
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: Tree
 - (b) Claimant's statement of basis for such liability: crushed car

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 INJURIES to Humans. Car is totaled.

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

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

Auto: \$ 2000.00

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ 2000.00

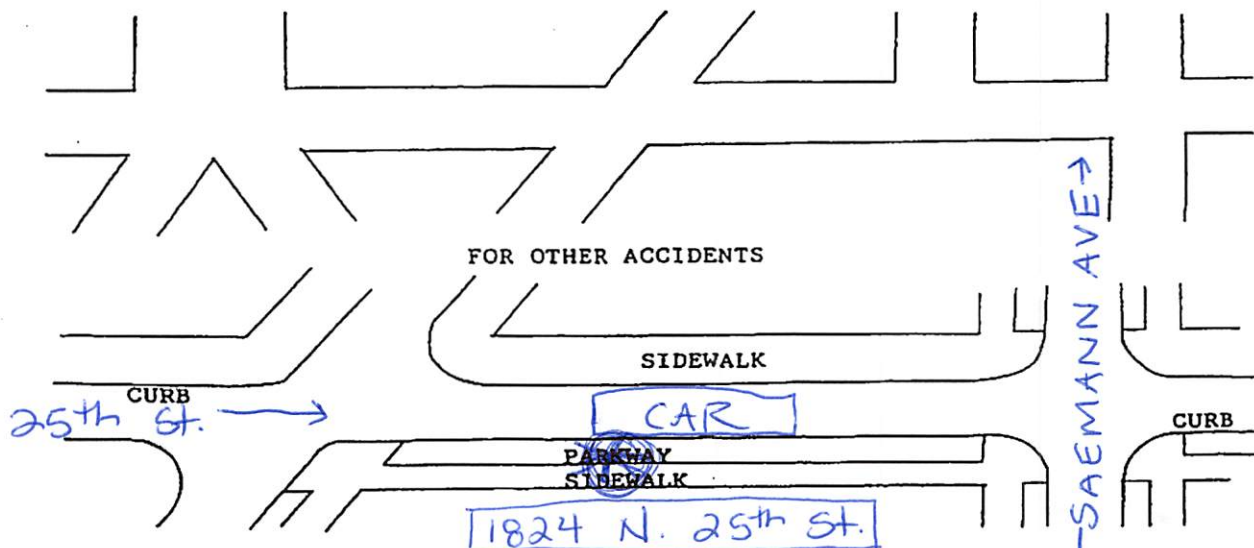
Damaged vehicle (if applicable)

Make: Acura Model: TL Year: 2005 Mileage: 249,366

Names and addresses of witnesses, doctors and hospitals: Sophie Nguyen,
Bill Alvarez and Jody Gallaway - all residents
of 1824 N. 25 Street, Sheboygan 53081

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

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



SIGNATURE OF CLAIMANT

Jody Gallaway
= tree

DATE

6/26/22

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: JODY A. GALLAWAY Auto \$ 2000.00
Claimant's Address: 1824 N. 25th St. Property \$ _____
Sheboygan, WI 53081 Personal Injury \$ _____
Claimant's Phone No. 608.485.0168 Other (Specify below) \$ _____
TOTAL \$ 2000.00

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

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

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 2000.00.

SIGNED

Jody A. Gallaway

DATE:

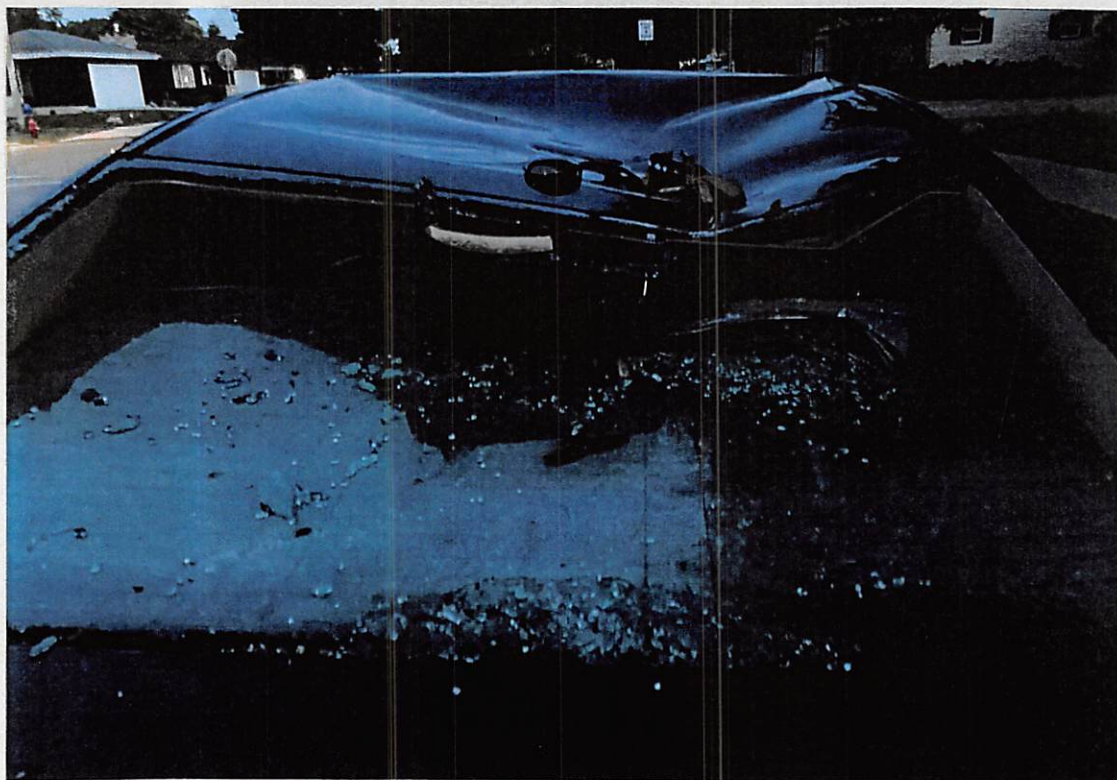
6/26/2022

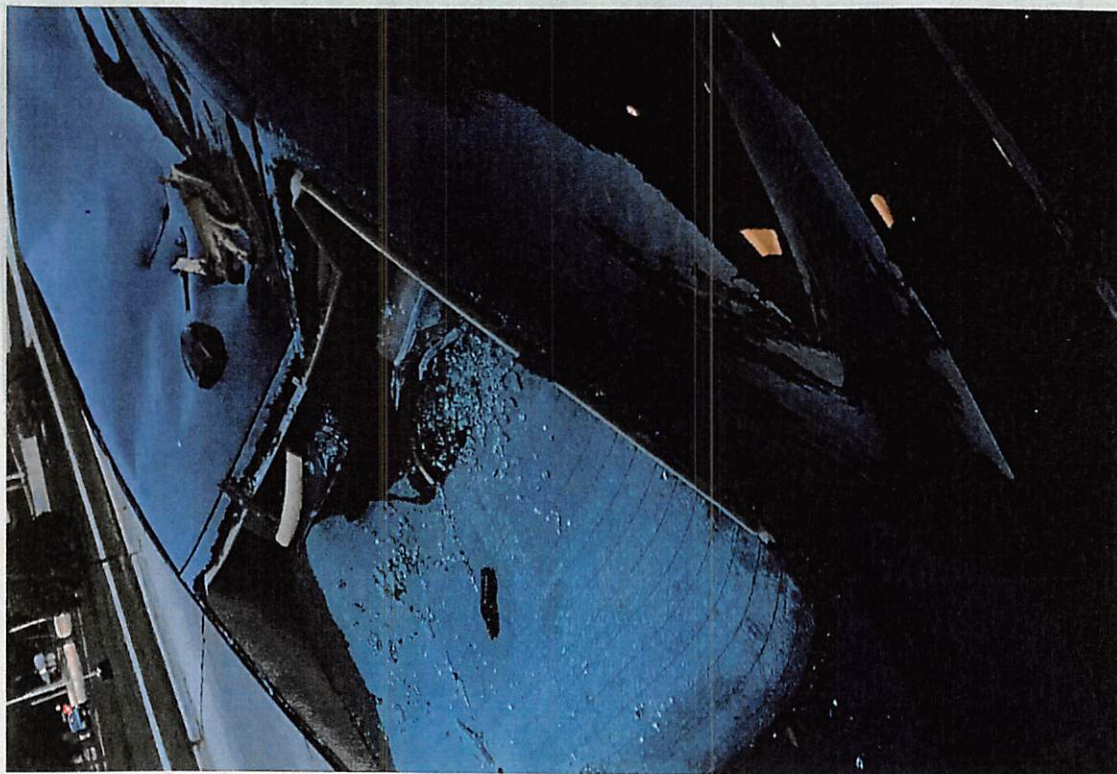
ADDRESS:

1824 N. 25th Street, Sheboygan, WI 53081

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







II

22

R. O. No. 35 - 22 - 23. By CITY CLERK. July 5, 2022.

Submitting a claim from Khue Vang for alleged damages to vehicle when it struck an open sewer pothole on Arizona Avenue.

FAP

CITY CLERK

DATE RECEIVED

6-30-22

RECEIVED BY

NMC

CLAIM NO.

9-22

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 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: Khue Vang
2. Home address of Claimant: 1718 Fox Hill Rd, Sheboygan, WI 53081
3. Home phone number: 920-627-1588
4. Business address and phone number of Claimant: NA
5. When did damage or injury occur? (date, time of day) 6/3/22
6. Where did damage or injury occur? (give full description) passenger side rocker panel & frame. Front passenger door.
7. How did damage or injury occur? (give full description) I was driving on Arizona Ave (heading towards S. 17th St) when I heard a loud noise. I stopped my vehicle & saw that I ran over an open sewer pothole. Two neighbors came out & shared that the city worker left this pothole open for 2 days already. No traffic safety cones were placed around the pothole either.
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: City Workers
 - (b) Claimant's statement of the basis of such liability: City worker left the pothole open without putting safety cones around the open pothole. Dangerous & caused several accidents.
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: Sewer Pothole
 - (b) Claimant's statement of basis for such liability: Left pothole open cause damage to vehicles

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").

Vehicle is deem total loss by a local body shop - Sheboygan Chev (Patrick Kerbe - consultant)

11. Name and address of any other person injured: No estimate but only visual check by the damage corp

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

Auto: \$ 9000 - \$11,000 so will average \$10,000

Property: \$

Personal injury: \$

Other: (Specify below) \$

TOTAL \$ 10,000

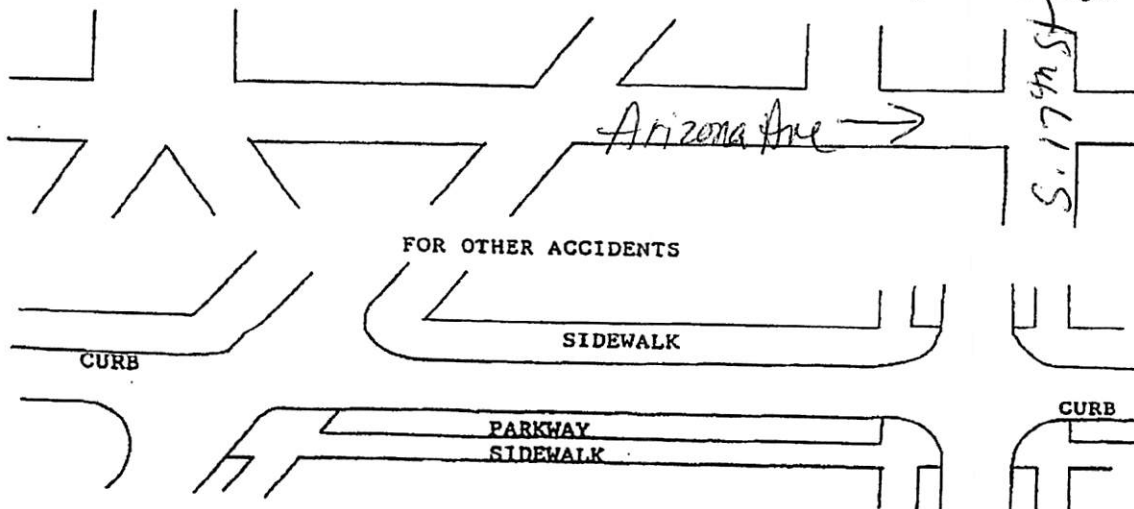
Damaged vehicle (if applicable)

Make: Honda Model: Ridgeline Year: 2007 Mileage: 202,390

Names and addresses of witnesses, doctors and hospitals: Two neighbors that lives on Arizona Ave. One neighbor who is a lady lives at 1731 Arizona Ave. She has video pm.

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

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



SIGNATURE OF CLAIMANT Khue Voong

DATE 6/30/22

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: Khue Vang

Auto

\$ 10,000

Claimant's Address: 1718 Fox Hill Rd

Property

\$ _____

Sheboygan, WI 53081

Personal Injury

\$ _____

Claimant's Phone No. 920-627-1588

Other (Specify below) \$ _____

TOTAL \$ 10,000

I, Khue Vang, authorized the City of Sheboygan to talk to my son David Vang on behalf of this claim.
PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

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

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 10,000.

SIGNED Khue Vang

DATE: 6/30/22

ADDRESS: 1718 Fox Hill Rd, Sheboygan, WI 53081

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

SHEBOYGAN
CHEVROLET | BUICK | GMC | CADILLAC

SHEBOYGAN
CHRYSLER | DODGE | JEEP | RAM

"Like Us" On Facebook.

Patrick Karbe
Collision Consultant

920-459-6855 ext. 349 888-459-6855 Fax (920) 459-6286

patrick.karbe@sheboyganauto.com www.sheboyganauto.com
Exit 123 East I-43 3400 S. Business Drive, Sheboygan, WI 53081

On 6/21/22, son (David Vang) ⁹²⁰⁻⁶²⁷⁻¹⁵⁸⁸ took the vehicle to Sheboygan Chevy to get an estimate.

Patrick inspected the visible damage area and told David that based on what he can see (not even lifting the vehicle up), it's a total loss. Once the vehicle is lifted up, there could be additional damage.