

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 MKC

CLAIM NO. 10-22

✓

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: 45-25044

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) BARGE 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-221173

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

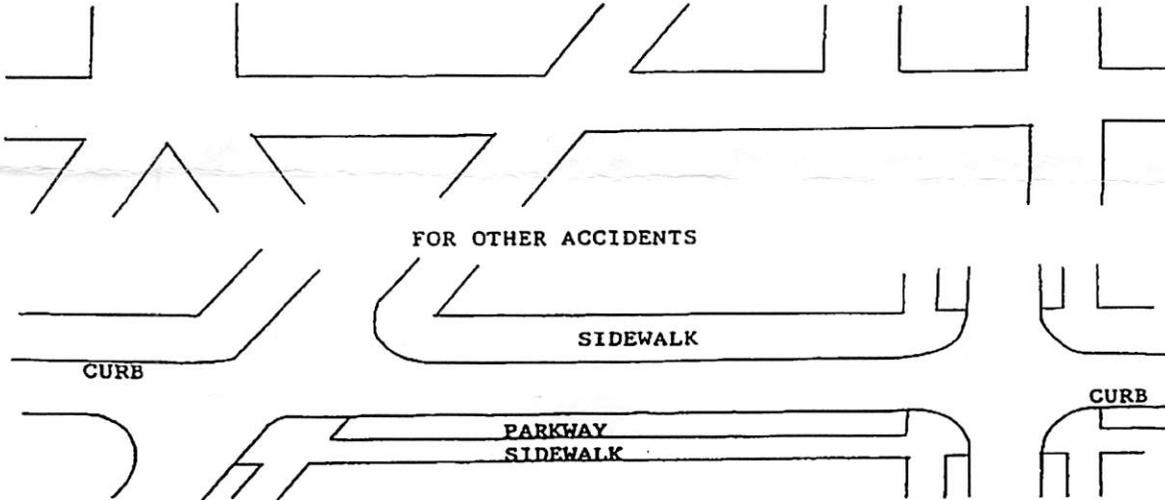
Damaged vehicle (if applicable)

Make: CADY 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 G. J. [Signature] 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 nkc

SIGNED

Jan 9 2014

DATE:

7-30

ADDRESS:

1314 South 21st

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:

Some 2022 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

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

*Sheboyan
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.Plate: 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
		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 |

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