

VI

R. C. No. 268 - 21 - 22. By FINANCE AND PERSONNEL COMMITTEE.
April 18, 2022.

Your Committee to whom was referred R. O. No. 88-21-22 by City Clerk submitting a claim from Progressive Subrogation for alleged damages and injuries that occurred when a City of Sheboygan police vehicle hit their insured; recommends referring to Finance and Personnel Committee of the 2022-2023 Council.

*F+P
2022-2023 Council*

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

4.3

R. O. No. 88 - 21 - 22. By CITY CLERK. October 4, 2021.

Submitting a claim from Progressive Subrogation for alleged damages and injuries that occurred when a City of Sheboygan police vehicle hit their insured.

HP

CITY CLERK

#13-21

SEP 20 2021

MCC

PROGRESSIVE

Payment Address	Document Address
24344 Network Place	P.O. Box 94639
Chicago, IL 60673-1243	Cleveland, Ohio 44101-9908
	Phone: (877)818-0139
	Fax: (888) 781-6947

9/16/2021 7:38:00 AM

Certified Mail Return Receipt Requested 9489 0090 0027 6372 9606 41

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

Your Client: MCCABE, DEKKER

Your Claim Number: NA

Our Insured: SMITH, MINDY

Our Claim Number: 21-4210327

Amount Subject to Reimbursement: 2,408.67 OPEN (PD: 1,726.01 MP: 682.66 OPEN)

Amount of Insured's Deductible: WAIVED

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

Location of Loss: 14TH ST IN SHEBOYGAN

Date and Time of Loss: 08-09-21 AT 3:36 PM

Description of Loss: OUR INSURED WAS TRAVELING ON CALUMET IN SHEBOYGAN WHEN A CITY VEHICLE WITH PLATE # E7300 OPERATED BY MCCABE, DEKKER STRUCK OUR INSURED S VEHICLE. WE ARE SEEKING REIMBURSEMNT FOR OUR INSURED S VEHICLE DAMAGES.

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

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

Ashley Adamik 09/16/2021

Progressive Subrogation
Artisan and Truckers Casualty Company
Tel. 877-818-0139
Fax. 888-781-6947
GovernmentStatus@email.progressive.com



P.O. Box 94639
Cleveland, Ohio 44101-9908
Phone: (888)-489-4214
Fax: (888) 781-6947

9/16/2021 7:40:00 AM

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

RE: **Date of Loss:** 08-09-21
 Our Insured: SMITH, MINDY
 Our Claim No.: 21-4210327
 Your Insured: MCCABE, DEKKER
 Your Claim/Policy No.: NA

Please take this letter as formal notice of our subrogation rights with regards to the above-captioned claim. Artisan and Truckers Casualty Company paid \$682.66 OPEN on behalf of our insured's medical bills incurred as a result of the above accident. These medical payments are reimbursable under the provisions of our insured's policy of insurance.

For your reference, the medical payments already paid include:

<u>Injured Party/Client:</u>	<u>Total:</u>
SMITH, MINDY	\$682.66 OPEN
	\$

Also be advised this claim has been referred to the InsMed Team for further handling. We ask at the time of settlement that a separate check be issued to us directly and include Artisan and Truckers Casualty Company as a payee in order to expedite the settlement. Payment should be sent to Subrogation Payment Processing Center 24344 Network Place Chicago, IL 60673-1243.

We ask that you sign and return a copy of this letter to us as acknowledgment of our lien. Thank you in advance for your anticipated cooperation.

InsMed Team
Subrogation Department
(888) 489-4214
Artisan and Truckers Casualty Company

Enclosures
cc. - /

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TO: Artisan and Truckers Casualty Company - 21-4210327

I am in receipt of your notice of lien, and by signing below I do agree to protect said lien at time of settlement.

(Insurance Company Rep. Signature)

(Date)

Medical Payments Details

Named Insured: Mindy Smith
Injured Party: Mindy Smith
Claim Number: 21-4210327
Date Of Loss: 08-09-21
Total Billed: \$738.00
Total Paid: \$682.66

Provider	Exposure	Service Dates	Amount Billed	Amount To Be Paid	Service Type	Date Received	Lien	Invoice Number	Payment Status
COLUMBIA ST MARYS HOSPITAL OZAUKEE INC									
	MEDPAY	08-18-21 / 08-18-21	\$175.00	\$161.88		08-25-21		87477928	09-09-21
COLUMBIA ST MARYS HOSPITAL OZAUKEE INC									
	MEDPAY	08-18-21 / 08-18-21	\$563.00	\$520.78		08-25-21		87383796	09-07-21

Claim Payment Detail (21-4210327)

Payment Information

Disbursement Number: 782511268	Total Amount: \$105.50
EFT Trace Number: 714794252	Invoice Number: 87281770
Pay to the Order of: VHAG SHEBOYGAN 3 LLC	
Mailing Address: 3624 KOHLER MEMORIAL DR SHEBOYGAN, WI 53081 USA	
In Payment Of: Progressive Invoice Number: 87281770	

Reviewed Summary

Issuing Rep: JXB0358	Approved By:
Issue Date: 09-02-21	Review Date:
Last Updated Rep: JXB0358	Reviewed By:

Bank Information

Type: Loss	Bank Code: CTB
Stop Reason:	Cleared: 09-03-21
Stop Date:	

Exposure Detail: COLL

Party Name: SMITH, MINDY	Amount Paid: \$105.50
Property Description: 06 HUMMER H3	Deductible Taken: \$0.00
Payment Type: SUPPLEMENTAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

Claim Payment Detail (21-4210327)

Payment Information

Disbursement Number: 782510195	Total Amount: \$1,120.51
EFT Trace Number: 714789208	Invoice Number: 87153078
Pay to the Order of: VHAG SHEBOYGAN 3 LLC	
Mailing Address: 3624 KOHLER MEMORIAL DR SHEBOYGAN, WI 53081 USA	
In Payment Of: Progressive Invoice Number: 87153078	

Reviewed Summary

Issuing Rep: A111378	Approved By:
Issue Date: 08-31-21	Review Date:
Last Updated Rep: A141463	Reviewed By:

Bank Information

Type: Loss	Bank Code: CTB
Stop Reason:	Cleared: 09-01-21
Stop Date:	

Exposure Detail: COLL

Party Name: SMITH, MINDY	Amount Paid: \$1,120.51
Property Description: 06 HUMMER H3	Deductible Taken: \$0.00
Payment Type: SUPPLEMENTAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

Claim Payment Detail (21-4210327)

Payment Information

Disbursement Number: 782510221	Total Amount: \$500.00
EFT Trace Number: 714789208	Invoice Number: 87155627
Pay to the Order of: VHAG SHEBOYGAN 3 LLC	
Mailing Address: 3624 KOHLER MEMORIAL DR SHEBOYGAN, WI 53081 USA	
In Payment Of: Progressive Invoice Number: 87155627	

Reviewed Summary

Issuing Rep: A106724	Approved By:
Issue Date: 08-31-21	Review Date:
Last Updated Rep: A106724	Reviewed By:

Bank Information

Type: Loss	Bank Code: CTB
Stop Reason:	Cleared: 09-01-21
Stop Date:	

Exposure Detail: COLL

Party Name: SMITH, MINDY	Amount Paid: \$500.00
Property Description: 06 HUMMER H3	Deductible Taken: \$0.00
Payment Type: SUPPLEMENTAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

Progressive

Estimate ID
21-4210327-01
S2

Quote ID
90943573
Claim Number
21-4210327-01

Owner
MINDY SMITH

Insured
MINDY SMITH

Appraiser
AIESHA JONES
(440) 566-5964 (Work)
a141463@progressive.com

Supplemented By
JARED BRILL
(608) 347-3860 (Work)
jbrill1@progressive.com

Artisan and Truckers Casualty Co

Claim Number 21-4210327-01	Adjuster Joshua Matthew LaFleur (920) 729-1563 (Fax) (920) 903-5052 (Work) jlafleu1@progressive.com	Deductible 500.00 - Not Waived	Reported Date 08/09/2021
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Loss Date
08/09/2021

2006 HUMMER H3 4 Door Utility 3.5L 5 Cyl Gas Injected 4WD

Exterior Color Black	License WI-369WXL	VIN 5GTDN136868157769	Drivable Yes
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Odometer 151535	Mitchell Service Code 910512
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Primary Point of Impact
Rear (6)

Options

4 Wheel Drive	Air Conditioning	Alum/Alloy Wheels	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)
Automatic Headlights	CD Player	Cloth Seat	Cruise Control	Daytime Running Lights
Driver Seat With Power Lumbar Support	Driver-Front Air Bag	Electric Defogger	First Row Bucket Seat	Fog Lights
Interior Automatic Day/Night Or Electrochromatic Mirror	Keyless Entry System	Passenger-Front Air Bag	Power Door Locks	Power Remote Mirror
Power Steering	Power Windows	Privacy Glass	Rear Gate Wiper	Skid Plate
Telematic Systems	Tilt Steering Wheel	Tire Pressure Monitoring System	Traction Control/Electronic	

MINDY SMITH | 2006 HUMMER H3

Line #	Description	LABOR			PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax	
Rear Suspension										
s1 1	001090 R Rear Susp Leaf Spring -M	Remove / Replace	Mechanical	1.2#	New	25965051	1	\$304.85	Yes	
s1 2	001094 R Rear Susp U-Bolt -M (2 @ \$6.03)	Remove / Replace	Mechanical	0.0	New	11610227	2	\$12.06	Yes	
Rear Bumper										
3	001446 Rear Bumper Assy	Remove / Install	Body	INC	Existing					
4	001182 Rear Bumper Face Bar	Remove / Replace	Body	1.2	Remanufactured	HU1102104R	1	\$585.00	Yes	
5	001186 R Rear Bumper Tow Hook Bracket	Remove / Install	Body	INC#	Existing					
6	001187 R Rear Bumper Tow Hook	Remove / Replace	Body	0.1	Qual Recycled Part	TWH1034APU	1	\$67.63	Yes	
s1 7	002169 Rear Bumper Step Pad	Remove / Replace	Body	INC#	New		1	\$368.85*	Yes	
Special / Manual Entry										
s1 8	900500 WASHER (4 @ \$1.73)	Remove / Replace	Body*	0.0*	New		4	\$6.92*	Yes	
s1 9	900500 NUT (4 @ \$1.68)	Remove / Replace	Body*	0.0*	New		4	\$6.72*	Yes	
s1 10	900500 SPRING BOLTS (2 @ \$5.00)	Remove / Replace	Body*	0.0*	New		2	\$10.00*	Yes	
s2 11	900500 TOWING	Repair	Body*	0.0*	Sublet	Sublet	1	\$100.00*		

* Judgment Item
 T Included in Two Tone Calculation
 # Labor Note Applies
 d Discontinued by Manufacturer
 C Included in Clear Coat Calculation
 A Included in Clear Coat and Two Tone Calculation
 r CEG R&R Time Used for this Labor Operation

Parts Vendors

KEYSTONE PP
 4410 N. 132ND ST. #A
 BUTLER WI 53007
 (800) 924-8230 (Work)
 (414) 463-1019 (Work)

Line	Part #	Total Price
4	HU1102104R	\$585.00

Disclaimer: 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.

Recycled Part Vendors

Original One Parts

1431 Kingsland Ave
 St. Louis MO 63133
 (877) 441-0001 (Work)

Line	Part #	Total Price	Vehicle	Description	VIN
6	TWH1034APU	\$67.63		Tow Hook - Part Number: TWH1034 Quoteld: 33091737 Description: TOW HOOK Certified Original, Tested, Refinished, VIN mapped, LIFETIME WNTY Cond: A	

Supplier Notes: APU, Quote#: 121628401279733 Stock Number: TWH1034 / RECY

Disclaimer: Recycled part pricing may represent either actual pricing (the price at which the recycler is willing to sell the part for in its existing condition) or undamaged pricing (the price at which the recycler would sell the part if it was in undamaged condition). If you are unsure, please contact the automotive recycler.

Estimate Totals

Labor	Units	Rate	Sublet Add'l Amount	Totals
Mechanical Labor	1.2	\$80.00		\$96.00
Body Labor	1.3	\$60.00	\$100.00	\$178.00
Total Labor	2.5		\$100.00	\$274.00
			Taxable	\$274.00
			Tax 5.5000%	\$15.07
			Non-Taxable	\$0.00
			Labor Total	\$289.07
Parts	Amount			Totals
Taxable Parts	\$1,362.03			\$1,362.03
			Parts Adjustments	\$0.00
			Tax 5.5000%	\$74.91
			Non-Taxable	\$0.00
			Parts Total	\$1,436.94
Costs	Amount			Totals
Other Additional Costs	\$0.00			\$0.00
Paint Materials	\$0.00			\$0.00
			Taxable	\$0.00
			Tax 5.5000%	\$0.00
			Non-Taxable	\$0.00
			Costs Total	\$0.00
Gross Totals	Amount			Totals
Gross Total	\$1,726.01			\$1,726.01
			Taxable	\$1,636.03
			Tax	\$89.98
			Non-Taxable	\$0.00
			Gross Total	\$1,726.01
Adjustments	Amount			Totals
Deductible	-\$500.00			-\$500.00
Total Customer Responsibility				-\$500.00

Estimate Totals

Net Estimate Total	\$1,226.01
Less Original Net Total	\$940.81
Net Supplement Amount	\$285.20
S1: JARED BRILL	\$179.70
S2: JARED BRILL	\$105.50

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.

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

This is a damage assessment only - Not an authorization to repair-based on damage visible or certain at the time it was written.

If frame or unibody repair is included on this estimate, the amount shown includes time or allowance for measuring before, during and after those repairs.

The owner of the vehicle may select the repair facility of his/her choice.

To ensure proper and prompt payment for additional damage discovered during the course of repairs, contact Progressive for supplement handling procedures.

Progressive honors the prevailing labor market rate in your area for your property. If you choose a shop that charges in excess of the prevailing labor market rates, you will be responsible for the difference.

Lifetime guarantee for sheet metal and plastic body parts

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the

replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

This guarantee does not cover normal wear and tear or damage caused by improper maintenance, neglect, abuse or subsequent accident. This guarantee is limited to arranging for the selection of repair parts that will return your vehicle to its pre-loss condition. Accordingly, Progressive will not be liable for any indirect, incidental or consequential damages that result from the installation or use of these parts.

Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.

A/M Certified: This refers to a new, certified non-original equipment manufacturer replacement part.

A/M: This refers to a new, non-original equipment manufacturer replacement part.

Recycled: This refers to a used OEM part.

Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.

OE Discount: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

Recovered OE - This refers to parts removed from a new vehicle for various reasons.

Progressive's Lifetime Guarantee does not cover repairs you request the shop to make that are not related to this accident, including but not exclusive to unrelated prior damage and pre-existing damage.

Repair shop's authorized representative's signature indicating agreement on cost to return the vehicle to pre-loss condition including tow/storage charges:

Shop Signature: _____ Est. completion Date: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or file a claim containing a false or deceptive statement is guilty of insurance fraud.

Disclaimer: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Cycle Time Information

Due In	8/13/2021
Estimated Completion Date	8/30/2021
Arrived At Shop	8/20/2021
Ready for Delivery	8/27/2021
Delivered	8/30/2021

Estimate Event Log

Job Created	8/11/2021 05:51 AM
Supplement 2 Started	8/11/2021 11:12 AM
Supplement 2 Printed	9/2/2021 11:24 AM
Supplement 2 Committed	9/2/2021 11:24 AM
Estimate Version	3

Date: 9/2/2021 11:24:12 AM
 Estimate ID: 21-4210327-01
 Supplement: 2 - 9/02/2021 11:24:11 AM
 Profile ID: SHEBOYGAN WI All Part Types

Supplement Delta Report
 Comparison of Estimate 21-4210327-01 Supplement 1 and Supplement 2

Damage Assessed By: AIESHA JONES
 Supplemented By: JARED BRILL

Insured: MINDY SMITH
 Owner: MINDY SMITH
 Vehicle: 2006 HUMMER H3
 Date of Loss: 08/09/2021

Line Item	Labor Type	Operation	Line Item Description	Part Type/Num	Dollar Amount	Labor Units	CEG Unit
Changed Entries							
S1 2	Mechanical	REMOVE/REPLACE	R Rear Susp U-Bolt -M 2 @ 6.03	New 11610227	12.06	0.0	0.0T
11<	Body<	REPAIR<	TOWING<	Sublet< Sublet	100.00* <	0.0* <	0.0<
Added Entries							
2	Mechanical	REMOVE/REPLACE	R Rear Susp U-Bolt -M 2 @ 6.03	New 11610227	12.06	0.0	0.0T

Global Changes

No Deductible, Deductible Reduction Credit, Customer Responsibility, Labor Rate, or Part Adjustment changes were made.

	Amount
Original Estimate	940.81
Supplement 1	179.70
Supplement 2	105.50

Supp 1

Total Tax	84.48	
Supp 2		
Total Tax	89.98	
Net Supplement Amount		285.20

Net Total		1,226.01
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	Program Calc Version	Data Versions
Supp 1	9	AUG_21_V
Supp 2	9	AUG_21_V

Software Version: 21.2

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G7L0GL84FC
C21-13561

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

G7L0GL84FC

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy SERGEANT A. KUNDINGER	
Crash Date 08/09/2021		Crash Time 03:36 PM		Date Arrived 08/09/2021		Time Arrived 03:47 PM	
Date Notified 08/09/2021		Time Notified 03:36 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
		Photos By KUNDINGER	
		Additional Information PHOTOS	

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

UNIT # 2 WAS DRIVING SOUTH BOUND ON N 14TH ST APPROACHING NEW YORK AVE WHEN A VEHICLE IN FRONT OF UNIT #2 STOPPED ABRUPTLY. UNIT #2 WAS ABLE TO STOP BEFORE COLLIDING WITH THAT UNIT. UNIT # 1 WAS FOLLOWING UNIT #2. DRIVER STATED THAT HE SAW THE CARS STOPPING AND TRIED TO STOP BUT WAS UNABLE TO DO SO BEFORE STRIKING UNIT # 2. DRIVER STATED HE WAS NOT DISTRACTED AND SAW IT HAPPENING BUT JUST COULD NOT STOP IN TIME TO AVOID THE COLLISION. DRIVER OF UNIT #2 DID COMPLAIN OF NECK PAIN BUT REFUSED MEDICAL TREATMENT AT THE TIME OF THE ACCIDENT.

G7L0GL84FC
C21-13561

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

ON N 14TH ST/ STH28 WB 11 FT S OF NEW YORK AVE IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude 43.751968239	Longitude -87.722945415
	X Coordinate 441797.5	Y Coordinate 4844579
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DAYLIGHT	
Road Surface Condition(s) WET	Roadway Factor(s) NOT APPLICABLE	
Environment Factor(s) WEATHER CONDITIONS		
Weather Condition(s) CLOUDY, RAIN		
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 INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	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	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function POLICE	Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE		Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO					

UNIT	VEHICLE	Vehicle			
		License Plate Number E7300	Plate Type OFF - MUNICIPAL OFFICI	St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 1FM5K8AR6JGB00068	Make FORD	Year 2018	Model EXPLORER
		Color MAR - MAROON (BURGUNDY)	Body Style UT - SPORT UTILITY VEHICLE		Bus Use
		Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		



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C21-13561

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

UNIT VEHICLE	Towed Due To Damage TOWED BUT NOT DUE TO DISABLING DAMAG		Vehicle Removed By OWNER	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE			
01 01	Owner Name SHEBOYGAN CITY (920) 459-3333		Owner Address 1315 N 23RD ST # 101 SHEBOYGAN, WI 53081 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company SELF-INSURED		Government SHEBOYGAN CITY	
UNIT INDIVIDUAL	Individual			
	Driver DEKKER JEFFREY JAMES MCCABE		Citations Issued 0	Sex MALE
			Date of Birth 10/09/1996	Race WHITE
	Address 533 MAPLE AVE OOSTBURG, WI 53070 , US		Driver License Number M2101709636902 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash POLICE	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	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				

G7L0GL84FC
C21-13561

WISCONSIN MOTOR VEHICLE
CRASH REPORT

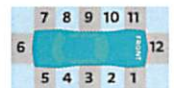
SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

UNIT INDIVIDUAL 01 001	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 (SPORT) UTILITY VEHICLE				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	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 4	
	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 NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle					
	License Plate Number 369WXL		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5GTDN136868157769		Make HUMMER	Year 2006	Model H3 SUV	
	Color BLK - BLACK		Body Style LL - CARRYALL		Bus Use	
	Initial Contact Point 06 - REAR		Vehicle Damage			
	Extent Of Damage MINOR DAMAGE		06 - REAR			
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			



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C21-13561

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

UNIT VEHICLE	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
02 02	Driver Actions NO CONTRIBUTING ACTION		
	Owner Name MINDY MILLER SMITH (920) 889-1369	Owner Address 2611 LAKESHORE DR SHEBOYGAN, WI 53081 , US	
Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO	Individual MINDY SMITH	
UNIT INDIVIDUAL	Individual		
	Driver MINDY MILLER SMITH (920) 889-1369	Citations Issued 0	Sex FEMALE
		Date of Birth 09/30/1977	Race WHITE
	Address 2611 LAKESHORE DR SHEBOYGAN, WI 53081 , US	Driver License Number S5305537785002 STATE: WISCONSIN COUNTRY: UNITED STATES	
02 002	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 POSSIBLE INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	
Hospital		EMS Run #	
Date of Death		Time of Death	
Distracted By			Distracted By Source NOT APPLICABLE (NOT DISTRACTED)
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	Location

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C21-13561

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

UNIT INDIVIDUAL 02 002	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		



MAR 21 2022

Payment Address	Document Address
24344 Network Place	P.O. Box 94639
Chicago, IL 60673-1243	Cleveland, Ohio 44101-9908
	Phone: (877)818-0139
	Fax: (888) 781-6947

3/14/2022 4:34 PM
 Certified Mail 9489 0090 0027 6274 0749 96 Return Receipt Requested

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

Your Client: MCCABE, DEKKER
 Your Claim Number: NA
 Our Insured: SMITH, MINDY
 Our Claim Number: 21-4210327
 Amount Subject to Reimbursement: \$2,556.67 (PD: \$1,726.01 MP: \$830.66)
 Amount of Insured's Deductible: WAIVED

THIS IS A SUPPLEMENT TO A DEMAND THAT WAS PREVIOUSLY MAILED TO YOUR ADDRESS ON 3/1/22

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

Location of Loss: 14TH ST IN SHEBOYGAN
 Date and Time of Loss: 08-09-21 AT 3:36 PM

Description of Loss: OUR INSURED WAS TRAVELING ON CALUMET IN SHEBOYGAN WHEN A CITY VEHICLE WITH PLATE # E7300 OPERATED BY MCCABE, DEKKER STRUCK OUR INSUREDS VEHICLE. WE ARE SEEKING REIMBURSEMNT FOR OUR INSUREDS VEHICLE DAMAGES.

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

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

Christine Jones

 Progressive Subrogation
 Artisan and Truckers Casualty Company
 Tel. 877-818-0139
 Fax. 888-781-6947
 GovernmentStatus@email.progressive.com



P.O. Box 94639
Cleveland, Ohio 44101-9908
Phone: (888)-489-4214
Fax: (888) 781-6947

3/1/2022 7:54:00 AM

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

RE: **Date of Loss:** 08-09-21
 Our Insured: SMITH, MINDY
 Our Claim No.: 21-4210327
 Your Insured: MCCABE, DEKKER
 Your Claim/Policy No.: 13-21

Please take this letter as formal notice of our subrogation rights with regards to the above-captioned claim. Artisan and Truckers Casualty Company paid \$830.66 on behalf of our insured's medical bills incurred as a result of the above accident. These medical payments are reimbursable under the provisions of our insured's policy of insurance.

For your reference, the medical payments already paid include:

<u>Injured Party/Client:</u>	<u>Total:</u>
SMITH, MINDY	\$830.66

Also be advised this claim has been referred to the InsMed Team for further handling. We ask at the time of settlement that a separate check be issued to us directly and include Artisan and Truckers Casualty Company as a payee in order to expedite the settlement. Payment should be sent to Subrogation Payment Processing Center 24344 Network Place Chicago, IL 60673-1243.

We ask that you sign and return a copy of this letter to us as acknowledgment of our lien. Thank you in advance for your anticipated cooperation.

InsMed Team
Subrogation Department
(888) 489-4214
Artisan and Truckers Casualty Company

Enclosures

cc. - /

=====

TO: Artisan and Truckers Casualty Company - 21-4210327

I am in receipt of your notice of lien, and by signing below I do agree to protect said lien at time of settlement.

(Insurance Company Rep. Signature)

(Date)

Medical Payments Details

Named Insured: Mindy Smith
Injured Party: Mindy Smith
Claim Number: 21-4210327
Date Of Loss: 08-09-21
Total Billed: \$818.00
Total Paid: \$830.66

Provider	Exposure	Service Dates	Amount Billed	Amount To Be Paid	Service Type	Date Received	Lien	Invoice Number	Payment Status
WI RADIOLOGY SPECIALIYSTS									
	MEDPAY	08-18-21 / 08-18-21	\$80.00	\$68.00		02-24-22		94440276	03-10-22
INSURED REIMBURSEMENT									
	MEDPAY	08-18-21 / 08-18-21	\$0.00	\$80.00		02-23-22		93915661	02-24-22
COLUMBIA ST MARYS HOSPITAL OZAUKEE INC									
	MEDPAY	08-18-21 / 08-18-21	\$175.00	\$161.88		08-25-21		87477928	09-09-21
COLUMBIA ST MARYS HOSPITAL OZAUKEE INC									
	MEDPAY	08-18-21 / 08-18-21	\$563.00	\$520.78		08-25-21		87383796	09-07-21