



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
6000 AMERICAN PARKWAY
MADISON WI 53783

December 7, 2020



000024EC100KA23003422252 CLMSCN 001
CITY CLERK - REBECCA GRILL
7525 W GREENFIELD AVE
ROOM 108 TO 110
WEST ALLIES WI 53214

REGARDING YOUR INSURED CITY OF WEST ALLIS

Notice of subrogation

Please review the information below and contact me with any questions

Claim number	Date of loss	Your claim number	Our insured
01-002-844517	11/01/2020	unknown	BRYAN M WADE

We are notifying you that we have made payment on the above referenced claim and our supporting documentation and proof of payment are enclosed.

The following breakdown shows the damages that were incurred by our insured:

DAMAGE	AMOUNT
Total Damages:	\$3,180.82
American Family Mutual Insurance Company, S.I. payment(s)	\$2,680.82
Deductible	\$500.00
Rental Expense	\$0.00

Our investigation and facts of this claim support that this incident was caused by your insured's negligence. We would appreciate your offer of settlement or your theory of liability.

I am here to assist you with any questions you may have about this notice. Please use the contact information listed below to reach me. Thank you.

Jack Dold
Subrogation Technician
1-800-MYAMFAM (1-800-692-6326) Ext. 51264
JDOLD@amfam.com

RECEIVED
DEC 10 2020
CITY OF WEST ALLIS
CITY CLERK

A000 00010035 000024 0000





CLAIMANT CONTACT INFORMATION

Name: American Family Insurance as subrogee of Bryan Wade Phone: [REDACTED]
Address: 6000 American Pkwy Madison, WI 53783 Email: [REDACTED]

INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: 11/1/2020 Time of day: 8:30 AM
Location: 1017 S 120th St. West Allis, WI 53214

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

A tree branch fell on our policyholders parked and unoccupied vehicle. We have included photos of the tree in question. You can see the city has already secured some of the branches with cables. This proves the city knew the tree was defective and not healthy.

Check one:

- I am seeking damages at this time (complete Claim Amount section below)
- I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Jack Dold Date: 12/7/2020

CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

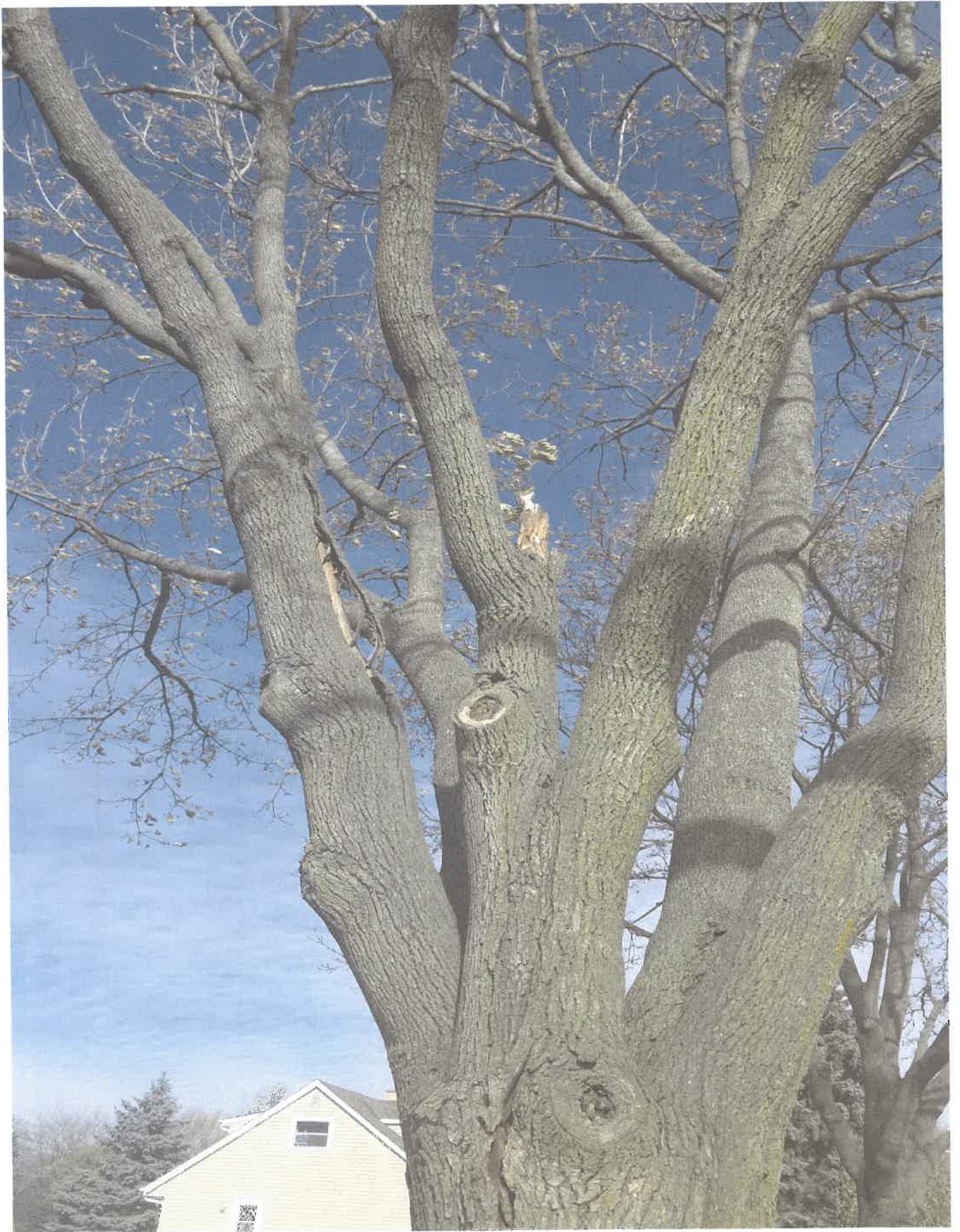
The total amount sought is: \$ 3,180.82

SAVE

PRINT

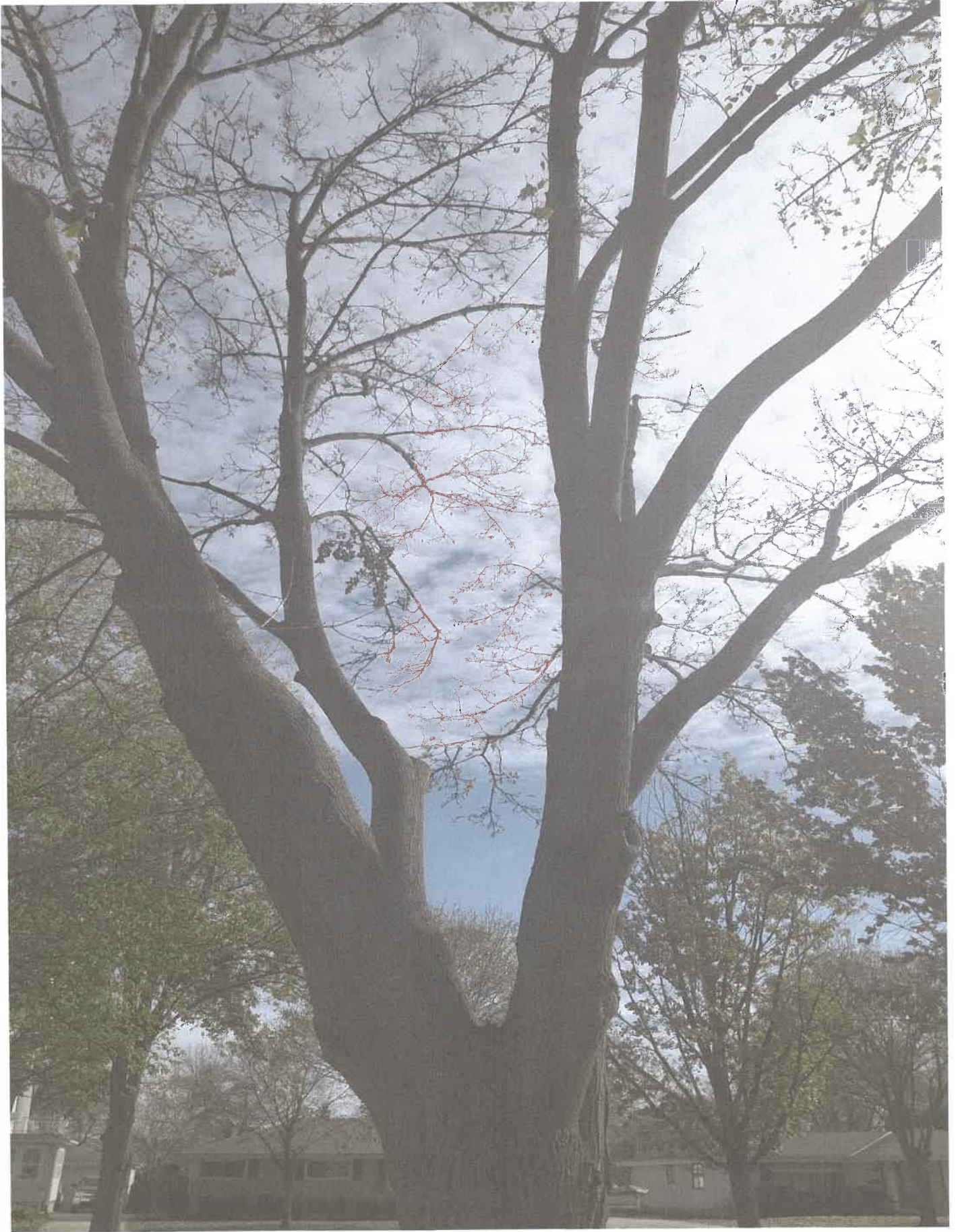
0000 00020035 000024 0000





0000 00030035 000024 0000







Clm: 01-002-844517 WI | Ins: BRYAN M WADE | Dol: 11/01/2020 |



Pol: 1963603302 | SE

Open | Adj: Jack Dold (Subro Auto - Team 3 - Madison)

Financials (Total Incurred: \$2,680.82): Transactions

Payments

Scheduled Send Date	Issue Date	Amount	Exposure	Coverage	Cost Type	Status	Pmt Type	Check Number	Pay To
11/02/2020	11/02/2020	\$2,766.22		1	Comprehensiv Loss Cost	Voided	Partial	0003123521	
11/02/2020	11/02/2020	(\$2,766.22)		1	Comprehensiv Loss Cost	Submitted	Partial	0003123521	
12/03/2020	12/04/2020	\$2,680.82		1	Comprehensiv Loss Cost	Submitted	Final	1151058151	





Nov 2, 2020 10:25:11Z Central Standard Time

Lat: 43.020645, Long: -88.062687

Damage - Center

Claim Reference Id: 01002844517-1
File Name: Damage - Center
File Date: 11/02/2020
Label: Damage - Center
Note: Heat Map
Photo Location:
Photo Taken By: Photo Analytics
Estimate Indicator:



Damage - Center

Claim Reference Id: 01002844517-1

File Name: Damage - Center

File Date: 11/02/2020

Label: Damage - Center

Note:

Photo Location: 43.0206846 (Lat), -88.0626107 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00050035 000024 0000





Damage - Left Angle

Claim Reference Id: 01002844517-1

File Name: Damage - Left Angle

File Date: 11/02/2020

Label: Damage - Left Angle

Note: Heat Map

Photo Location:

Photo Taken By: Photo Analytics

Estimate Indicator:



Damage - Left Angle

Claim Reference Id: 01002844517-1

File Name: Damage - Left Angle

File Date: 11/02/2020

Label: Damage - Left Angle

Note:

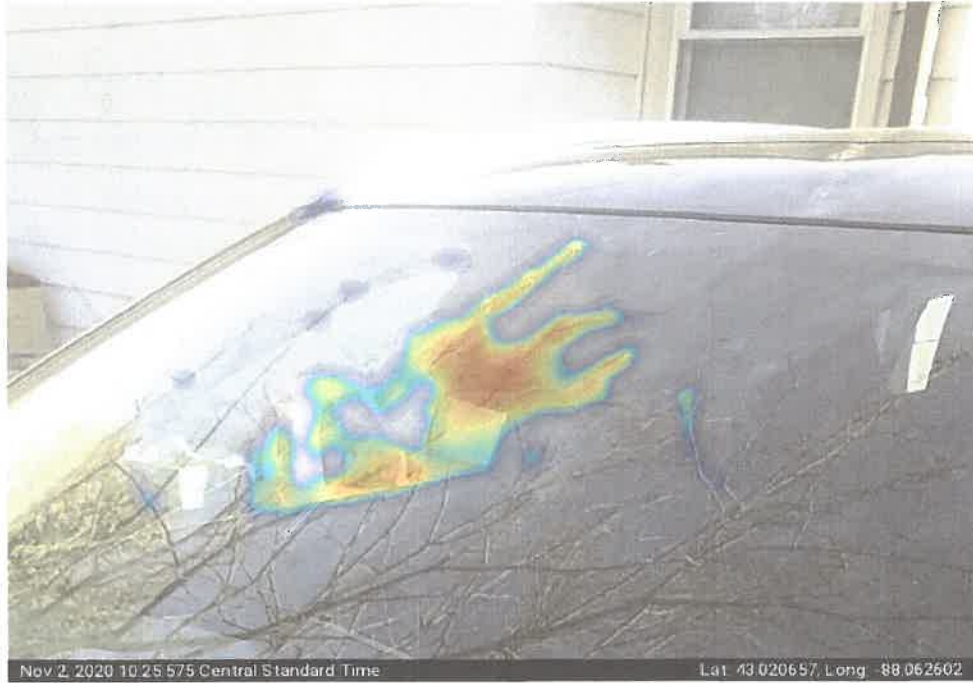
Photo Location: 43.0206571 (Lat), -98.0626021 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00060035 000024 0000





Damage - Right Angle

Claim Reference Id: 01002844517-1

File Name: Damage - Right Angle

File Date: 11/02/2020

Label: Damage - Right Angle

Note: Heat Map

Photo Location:

Photo Taken By: Photo Analytics

Estimate Indicator:



Damage - Right Angle

Claim Reference Id: 01002844517-1

File Name: Damage - Right Angle

File Date: 11/02/2020

Label: Damage - Right Angle

Note:

Photo Location: 43.0205937 (Lat), -88.0626401 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00070035 000024 0000





DISASSEMBLY

Claim Reference Id: 01002844517-1

File Name: PHOTO21

File Date: 11/20/2020

Label: DISASSEMBLY

**Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603
302 | Claim Representative: W**

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



Nov 2, 2020 10:23:51 Central Standard Time

Lat: 43.020701, Long: -88.062729

Driver Side Front

Claim Reference Id: 01002844517-1
File Name: Driver Side Front
File Date: 11/02/2020
Label: Driver Side Front
Note: Heat Map
Photo Location:
Photo Taken By: Photo Analytics
Estimate Indicator:

0000 00080035 000024 0000





Driver Side Front

Claim Reference Id: 01002844517-1

File Name: Driver Side Front

File Date: 11/02/2020

Label: Driver Side Front

Note:

Photo Location: 43.0207315 (Lat), -88.0627108 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:



Driver Side Rear

Claim Reference Id: 01002844517-1
File Name: Driver Side Rear
File Date: 11/02/2020
Label: Driver Side Rear
Note: Heat Map
Photo Location:
Photo Taken By: Photo Analytics
Estimate Indicator:

0000 00090035 000024 0000





Driver Side Rear

Claim Reference Id: 01002844517-1

File Name: Driver Side Rear

File Date: 11/02/2020

Label: Driver Side Rear

Note:

Photo Location: 43.0206415 (Lat), -88.0626296 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00100035 000024 0000

DIRECTION OF PAYMENT

American Family Mutual Insurance Company

Claim Number	[REDACTED]
Shop Name	CALIBER COLLISION
Shop Address	1434 S 113TH ST
City	WEST ALLIS
State	WI
Zip	53214

This repair facility understands and agrees that payment will only be issued upon full and final completion of repairs.

Vehicle: 2020 Toyota Highlander

Upon receipt of my vehicle and satisfaction of the repairs, I do hereby appoint this repair facility to accept on my behalf any and all checks, drafts, or bills of exchange and to endorse all such checks, drafts, or bills for deposit as credit on my account for the claim number above. I understand that I am responsible for any applicable deductible \$ 500 adjustment for depreciation and betterment.

I hereby authorize American Family Mutual Insurance Company to make payment directly to the shop.

PLEASE PRINT VEHICLE IDENTIFICATION NUMBER(S):

[REDACTED]

DATE: 11-16-20

C-2783 Rev. 10/08

Copy to Vehicle Owner & Shop File

DTP

Claim Reference Id: 01002844517-1

File Name: PHOTO16

File Date: 11/20/2020

Label: DTP

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



FRONT DAMAGE

Claim Reference Id: 01002844517-1

File Name: PHOTO19

File Date: 11/20/2020

Label: FRONT DAMAGE

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



HOOD

Claim Reference Id: 01002844517-1

File Name: PHOTO25

File Date: 11/20/2020

Label: HOOD

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00110035 000024 0000





HOOD REPAIR

Claim Reference Id: 01002844517-1

File Name: PHOTO18

File Date: 11/20/2020

Label: HOOD REPAIR

**Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603
302 | Claim Representative: W**

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



INTERIOR

Claim Reference Id: 01002844517-1

File Name: PHOTO11

File Date: 11/20/2020

Label: INTERIOR

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00120035 000024 0000





LT FRONT

Claim Reference Id: 01002844517-1

File Name: PHOTO28

File Date: 11/20/2020

Label: LT FRONT

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



LT REAR

Claim Reference Id: 01002844517-1

File Name: PHOTO6

File Date: 11/20/2020

Label: LT REAR

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00130035 000024 0000





Odometer

Claim Reference Id: 01002844517-1

File Name: Odometer

File Date: 11/02/2020

Label: Odometer

Note:

Photo Location: 43.0207011 (Lat), -88.0627287 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:



ODOMETER 2469

Claim Reference Id: 01002844517-1

File Name: PHOTO13

File Date: 11/20/2020

Label: ODOMETER 2469

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00140035 000024 0000





Passenger Side Front

Claim Reference Id: 01002844517-1

File Name: Passenger Side Front

File Date: 11/02/2020

Label: Passenger Side Front

Note: Heat Map

Photo Location:

Photo Taken By: Photo Analytics

Estimate Indicator:



Nov 2, 2020 10:24:59 Central Standard Time

Lat: 43.020594, Long: -88.062672

Passenger Side Front

Claim Reference Id: 01002844517-1

File Name: Passenger Side Front

File Date: 11/02/2020

Label: Passenger Side Front

Note:

Photo Location: 43.0206366 (Lat), -88.0626279 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00150035 000024 0000





Passenger Side Rear

Claim Reference Id: 01002844517-1

File Name: Passenger Side Rear

File Date: 11/02/2020

Label: Passenger Side Rear

Note: Heat Map

Photo Location:

Photo Taken By: Photo Analytics

Estimate Indicator:



Nov 2, 2020 10:24:315 Central Standard Time

Lat: 43.020642, Long: -98.062630

Passenger Side Rear

Claim Reference Id: 01002844517-1

File Name: Passenger Side Rear

File Date: 11/02/2020

Label: Passenger Side Rear

Note:

Photo Location: 43.0205943 (Lat), -98.0626721 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00160035 000024 0000





Photo1

Claim Reference Id: 01002844517-1

File Name: Photo1

File Date: 11/02/2020

Label: Photo1

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:



Photo10

Claim Reference Id: 01002844517-1

File Name: Photo10

File Date: 11/02/2020

Label: Photo10

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00170035 000024 0000





Photo2

Claim Reference Id: 01002844517-1

File Name: Photo2

File Date: 11/02/2020

Label: Photo2

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:



Photo3

Claim Reference Id: 01002844517-1

File Name: Photo3

File Date: 11/02/2020

Label: Photo3

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00180035 000024 0000





Photo4

Claim Reference Id: 01002844517-1

File Name: Photo4

File Date: 11/02/2020

Label: Photo4

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:



Photo5

Claim Reference Id: 01002844517-1

File Name: Photo5

File Date: 11/02/2020

Label: Photo5

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00190035 000024 0000





Photo6

Claim Reference Id: 01002844517-1

File Name: Photo6

File Date: 11/02/2020

Label: Photo6

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:



Photo7

Claim Reference Id: 01002844517-1

File Name: Photo7

File Date: 11/02/2020

Label: Photo7

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00200035 000024 0000





Photo8

Claim Reference Id: 01002844517-1

File Name: Photo8

File Date: 11/02/2020

Label: Photo8

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:



Photo9

Claim Reference Id: 01002844517-1

File Name: Photo9

File Date: 11/02/2020

Label: Photo9

Note:

Photo Location: 0.0 (Lat), 0.0 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:

0000 00210035 000024 0000



PROTECH
AUTOMOTIVE SOLUTIONS

DATE
11/16/2020

1900 Lakeway Dr. #400
Lewisville, TX 75057
Phone: 800-892-6124
or@protechas.com

INVOICE #
5560298

Tax ID# 75-2598004

BILL TO
Caliber Collision Center #3338
1434 South 113th Street
West Allis, WI 53214

Item #	Description	Qty	Rate	Amount
LABOR	PERFORMED PRE-SCAN DIAGNOSTIC OF VEHICLE	1	\$40.00	\$40.00
Balance Due				\$40.00

Diagnostic Fault Codes Present

System	Status	Code	Severity



PRE SCAN

Claim Reference Id: 01002844517-1

File Name: PHOTO20

File Date: 11/20/2020

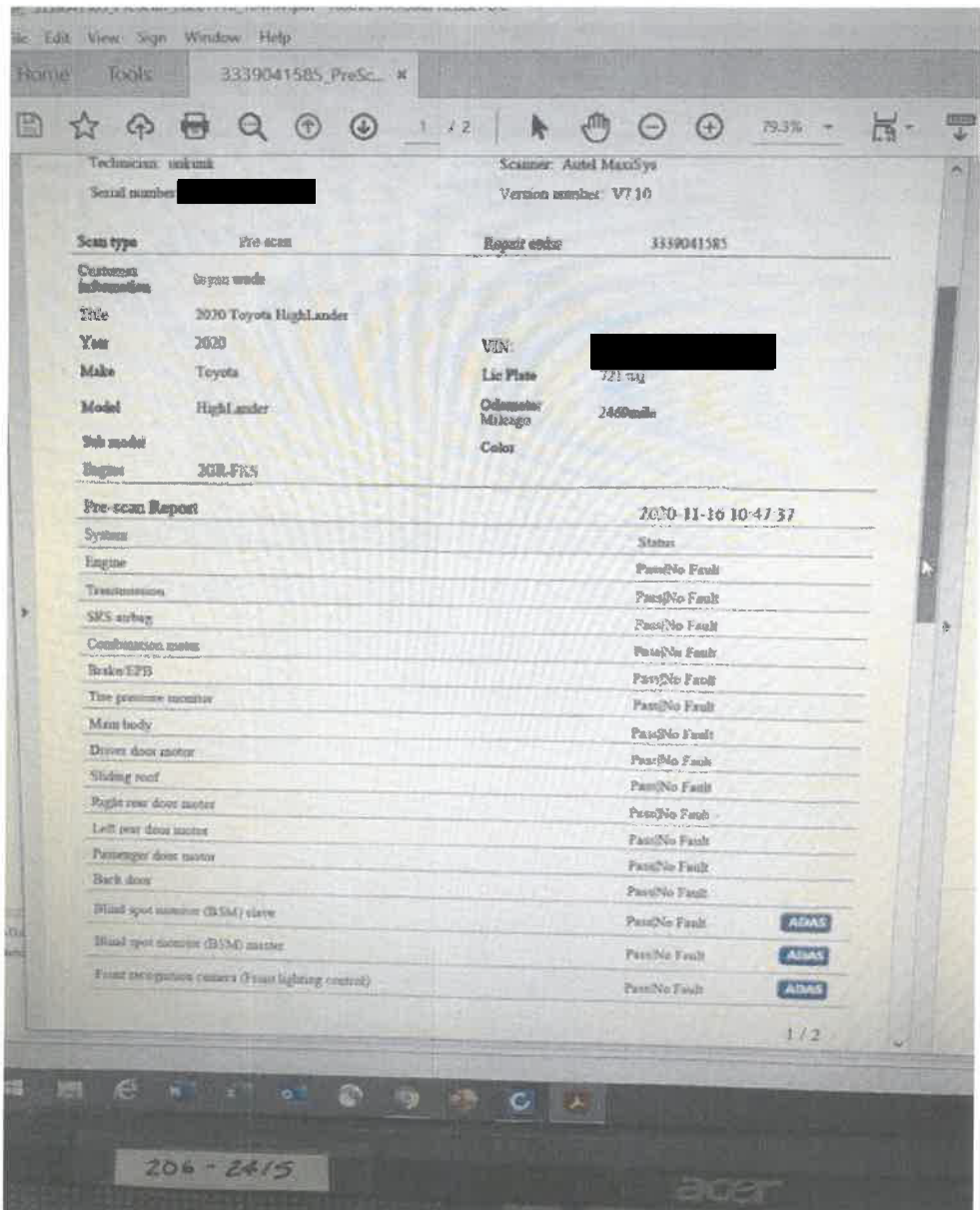
Label: PRE SCAN

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



PRE SCAN

Claim Reference Id: 01002844517-1

File Name: PHOTO14

File Date: 11/20/2020

Label: PRE SCAN

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

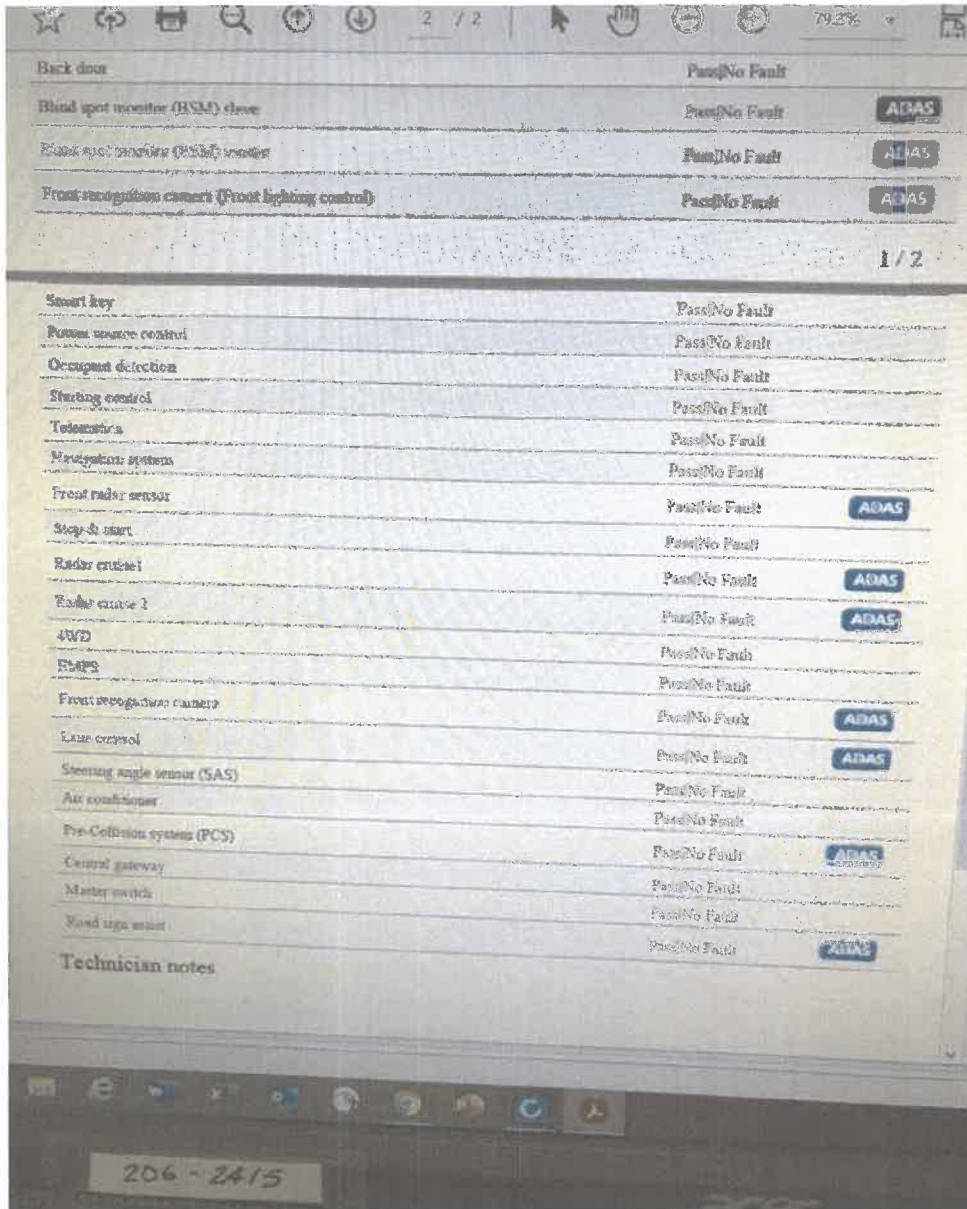
Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00220035 000024 0000





PRE SCAN

Claim Reference Id: 01002844517-1

File Name: PHOTO27

File Date: 11/20/2020

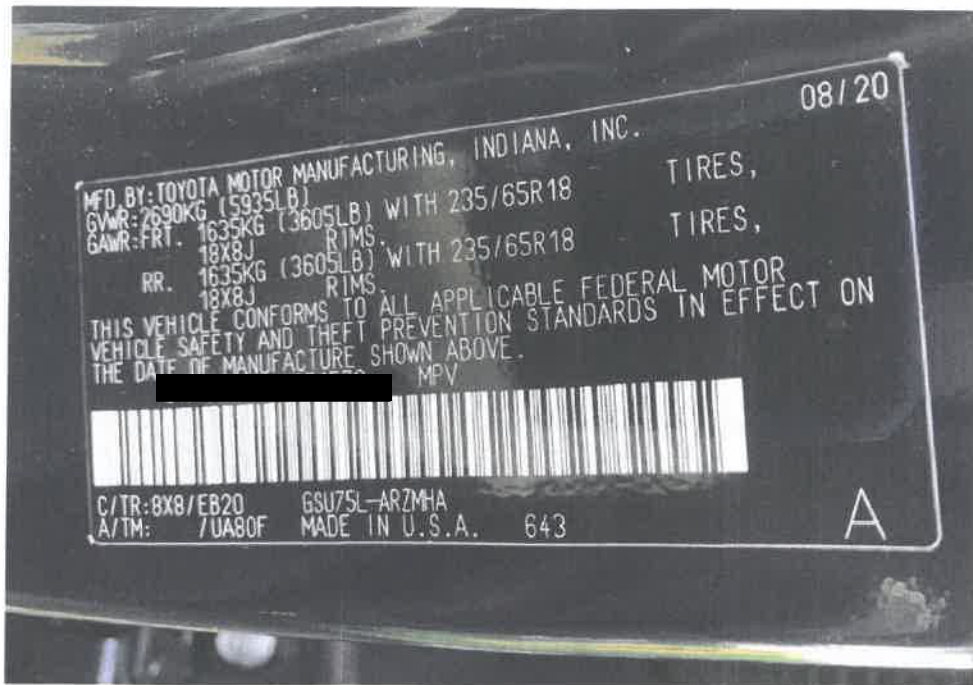
Label: PRE SCAN

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603 302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



PRODUCTION TAG

Claim Reference Id: 01002844517-1

File Name: PHOTO1

File Date: 11/20/2020

Label: PRODUCTION TAG

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00230035 000024 0000





REAR LICENSE PLATE

Claim Reference Id: 01002844517-1

File Name: PHOTO17

File Date: 11/20/2020

Label: REAR LICENSE PLATE

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00240035 000024 0000



SRS airbag		Pass/No Fault	
Combination meter		Pass/No Fault	
Brake EPB		Pass/No Fault	
Tire pressure monitor		Pass/No Fault	
Main body		Pass/No Fault	
Driver door motor		Pass/No Fault	
Sliding roof		Pass/No Fault	
Right rear door motor		Pass/No Fault	
Left rear door motor		Pass/No Fault	
Passenger door motor		Pass/No Fault	
Back door		Pass/No Fault	
Blind spot monitor (BSM) driver		Pass/No Fault	ADAS
Blind spot monitor (BSM) mirror		Pass/No Fault	ADAS
Front recognition camera (Front lighting camera)		Pass/No Fault	ADAS
Smart key		Pass/No Fault	
Power window control		Pass/No Fault	
Occupant detection		Pass/No Fault	
Starting control		Pass/No Fault	
Telematics		Pass/No Fault	
Navigation system		Pass/No Fault	
Front radar sensor	Yes	Pass/No Fault	ADAS
Stop & start		Pass/No Fault	
Radar cruise 1		Pass/No Fault	ADAS
Radar cruise 2		Pass/No Fault	ADAS
AWD		Pass/No Fault	
EMPS		Pass/No Fault	
Front recognition camera		Pass/No Fault	ADAS
Lane center		Pass/No Fault	ADAS
Steering angle sensor (SAS)		Pass/No Fault	
Air conditioner		Pass/No Fault	
Pre-Collision system (PCS)		Pass/No Fault	ADAS
Central gateway		Pass/No Fault	
Master switch		Pass/No Fault	
Road sign assist		Pass/No Fault	ADAS
ADAS			

RECALIBRATION & POST SCAN

Claim Reference Id: 01002844517-1

File Name: PHOTO24

File Date: 11/25/2020

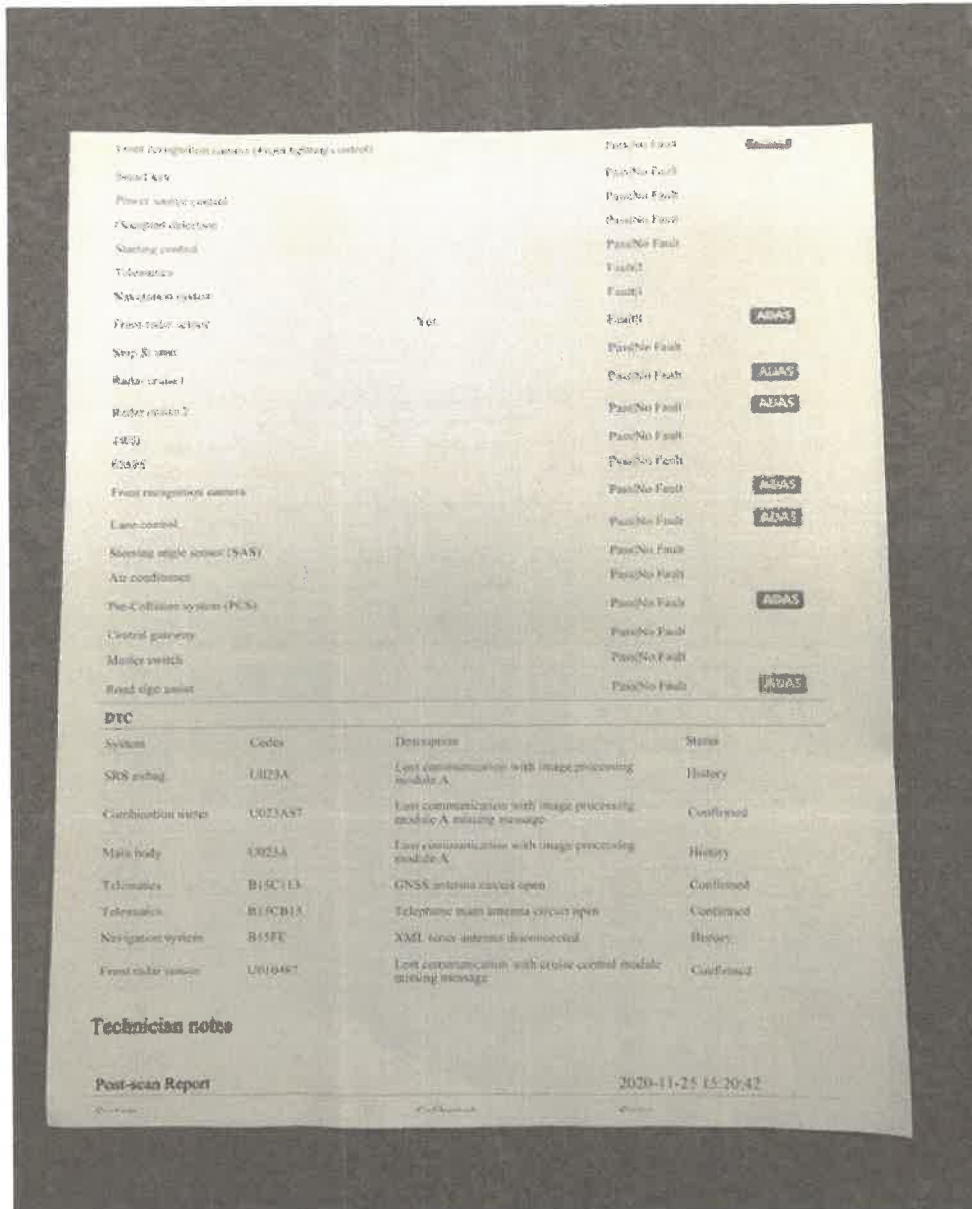
Label: RECALIBRATION & POST SCAN

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



RECALIBRATION & POST SCAN

Claim Reference Id: 01002844517-1

File Name: PHOTO9

File Date: 11/25/2020

Label: RECALIBRATION & POST SCAN

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603 302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



Vehicle Diagnostic Report

Insured name	Insurance company
Contact information	City state zip
Address	Claim number
Primary impact	Scan type
Facility name	Facility number
Scanner	Serial number
Version number	Repair order
Technician	

Customer information	
Title	2020 Toyota Highlander
Year	2020
Make	Toyota
Model	Highlander
Sub model	Front suspension control
Engine	2GR-FKS
VIN	5TDGZRH00S000378
Lic Plate	MO
Odometer Mileage	177000
Color	

Pre-Scan Report		2020-11-25 14:58:31
System	Calibration	Status
Engine		Pass/No Fault
Transmission		Pass/No Fault
ABS/ASR		Pass/No Fault
Combustion system		Pass/No Fault
Brake/EPB		Pass/No Fault
Tire pressure monitor		Pass/No Fault
Main body		Pass/No Fault
Driver door motor		Pass/No Fault
Sliding roof		Pass/No Fault
Right rear door motor		Pass/No Fault
Left rear door motor		Pass/No Fault
Passenger door motor		Pass/No Fault
Trunk door		Pass/No Fault
Third spot motor (RSM) drive		Pass/No Fault

RECALIBRATION & POST SCAN

Claim Reference Id: 01002844517-1

File Name: PHOTO26

File Date: 11/25/2020

Label: RECALIBRATION & POST SCAN

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963803302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00250035 000024 0000



Procion Diagnostics

1517 Madison Hwy
Madison, WI 53714 US
+1 6083164100
brian@prociondiagnostics.com
www.prociondiagnostics.com



BILL TO:
Caliber West Allis
1442 South 11th Street
West Allis, WI 53214

SHIP TO:
Caliber West Allis
1442 South 11th Street
West Allis, WI 53214

INVOICE 7108P

DATE: 11/25/2020 TERMS: Net 60

DUE DATE: 01/04/2021

SHOP NO:
41625

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
11/25/2020	Mobile Post Scan	Module and History	1	0.00	0.00
11/25/2020	Current codes, prompted	Current codes, prompted DTC System, Caliber, Body Control Module, SFI, using 1929A Low communication with image processing module & history	1	0.00	0.00
11/25/2020	Caliber Post Mechanism Install, includes scan	Confirmation code, UO20A7 loss communication with image processing module & history	1	250.00	250.00
11/25/2020	Clear codes	Clear codes, verify parity of DTC/MIL, torque. Vehicle is operating to OE specifications	1	0.00	0.00
11/25/2020	Road Test and Verify System Functionality	Road Test and Verify System Functionality	1	0.00	0.00
2020 Toyota Highlander 5TDCZ199465051579 RD-61625			SUBTOTAL		250.00
			TAX		0.00
			TOTAL		250.00
			TOTAL DUE		\$250.00

RECALIBRATION & POST SCAN

Claim Reference Id: 01002844517-1

File Name: PHOTO2

File Date: 11/25/2020

Label: RECALIBRATION & POST SCAN

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603 302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



ROOF

Claim Reference Id: 01002844517-1

File Name: PHOTOS

File Date: 11/20/2020

Label: ROOF

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603
302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verblick

Estimate Indicator: S01

0000 00260035 000024 0000





ROOF

Claim Reference Id: 01002844517-1

File Name: PHOTO10

File Date: 11/20/2020

Label: ROOF

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



ROOF

Claim Reference Id: 01002844517-1

File Name: PHOTO7

File Date: 11/20/2020

Label: ROOF

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603
302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00270035 000024 0000





ROOF

Claim Reference Id: 01002844517-1

File Name: PHOTO4

File Date: 11/20/2020

Label: ROOF

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603
302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



ROOF REPAIR

Claim Reference Id: 01002844517-1

File Name: PHOTO3

File Date: 11/20/2020

Label: ROOF REPAIR

**Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603
302 | Claim Representative: W**

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00280035 000024 0000





RR DOOR AND HANDLE

Claim Reference Id: 01002844517-1

File Name: PHOTO8

File Date: 11/20/2020

Label: RR DOOR AND HANDLE

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



RT FRONT

Claim Reference Id: 01002844517-1

File Name: PHOTO23

File Date: 11/20/2020

Label: RT FRONT

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number [REDACTED]
302 | Claim Representative: W

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00290035 000024 0000





RT LUG RAIL

Claim Reference Id: 01002844517-1

File Name: PHOTO22

File Date: 11/20/2020

Label: RT LUG RAIL

**Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number: [REDACTED]
302 | Claim Representative: W**

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01



RT REAR

Claim Reference Id: 01002844517-1

File Name: PHOTO15

File Date: 11/20/2020

Label: RT REAR

Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander XLE AWD | Insured: BRYAN M, WADE | Loss Date: 11/01/2020 | Policy Number [REDACTED] | Claim Representative: W

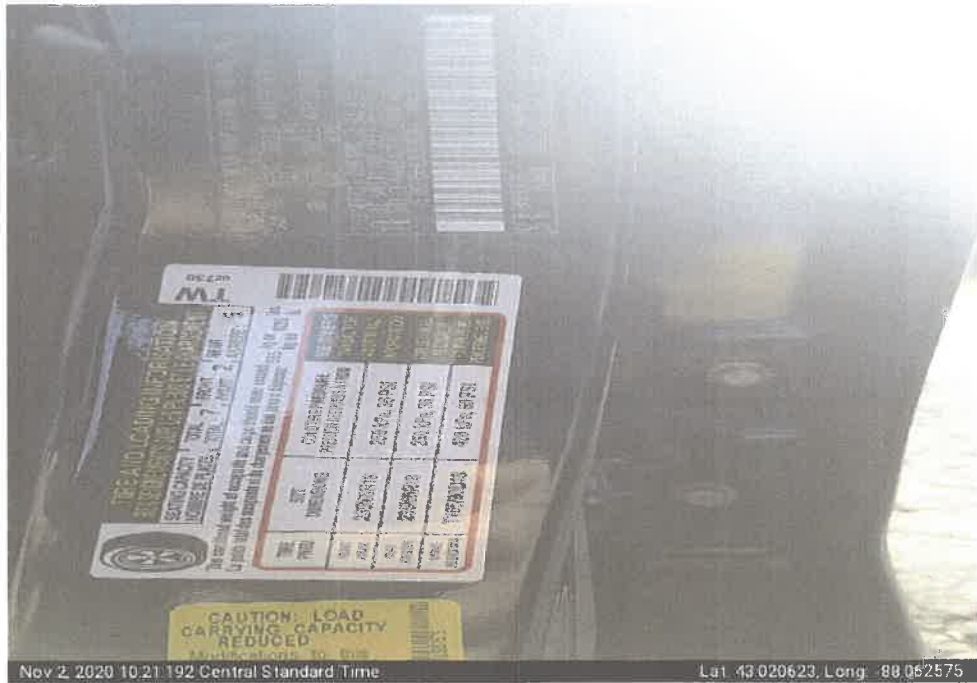
Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00300035 000024 0000





Nov 2, 2020 10:21:19Z Central Standard Time

Lat: 43.020623, Long: -88.062575

VIN

Claim Reference Id: 01002844517-1

File Name: VIN

File Date: 11/02/2020

Label: VIN

Note:

Photo Location: 43.0206235 (Lat), -88.0625754 (Lon)

Photo Taken By: WADE, BRYAN M

Estimate Indicator:



WINDSHIELD

Claim Reference Id: 01002844517-1

File Name: PHOTO12

File Date: 11/20/2020

Label: WINDSHIELD

**Note: Owner: BRYAN M, WADE | Style: 2020, TOYO, Highlander
XLE AWD | Insured: BRYAN
M, WADE | Loss Date: 11/01/2020 | Policy Number: 1963603
302 | Claim Representative: W**

Photo Location: CALIBER - WEST ALLIS

Photo Taken By: Richard Verbick

Estimate Indicator: S01

0000 00310035 000024 0000



CALIBER - WEST ALLIS
 RESTORING THE RHYTHM OF YOUR LIFE
 1434 SOUTH 113TH STREET, WEST ALLIS, WI
 53214
 Phone: (414) 607-8810
 FAX: (414) 607-8830

Workfile ID: APV2AZCD
 Federal ID: 33-0730794
 Federal EPA: WI R000108381

Supplement of Record 1 with Summary

RO Number: 3339041625

Written By: Richard Verbick, 11/25/2020 5:34:33 PM
 Adjuster: Witherspoon, Kyle, (720) 417-6306 Business

Insured: WADE, BRYAN M	Policy #: [REDACTED]	Claim #: 01002844517-1
Type of Loss: Comprehensive	Date of Loss: 11/1/2020 8:30 AM	Days to Repair: 8
Point of Impact: 12 Front		

Owner: WADE, BRYAN M 1017 S 120th St West Allis, WI 53214 [REDACTED]	Inspection Location: WADE, BRYAN M 1017 S 120th St West Allis, WI 53214-2118 Virtual	Insurance Company: AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I. AF4
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VEHICLE

2020 TOYO Highlander XLE AWD 4D UTV 6-3.5L Gasoline Port/Direct Injection

VIN: [REDACTED]	Interior Color:	Mileage In: 2,000	Vehicle Out: 11/25/2020
License: [REDACTED]	Exterior Color:	Mileage Out:	
State:	Production Date:	Condition:	Job #:

TRANSMISSION

Automatic Transmission
 4 Wheel Drive

POWER

Power Steering
 Power Brakes
 Power Windows
 Power Locks
 Power Mirrors
 Heated Mirrors
 Power Driver Seat
 Power Passenger Seat

DECOR

Dual Mirrors
 Privacy Glass
 Console/Storage
 Overhead Console

CONVENIENCE

Intermittent Wipers
 Tilt Wheel
 Cruise Control
 Rear Defogger
 Keyless Entry
 Alarm
 Message Center
 Steering Wheel Touch Controls
 Rear Window Wiper
 Telescopic Wheel
 Climate Control
 Dual Air Condition
 Backup Camera
 Remote Starter
 Intelligent Cruise
 Home Link

RADIO
 AM Radio

Stereo
 Search/Seek
 Auxiliary Audio Connection
 Satellite Radio
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
 Communications System
 Hands Free Device
 Xenon or L.E.D. Headlamps
 Blind Spot Detection
 Lane Departure Warning

Luggage/Roof Rack
 Electric Glass Sunroof

SEATS

Bucket Seats
 Reclining/Lounge Seats
 Leather Seats
 Heated Seats
 3rd Row Seat

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
 Rear Spoiler
 Signal Integrated Mirrors
 California Emissions

TRUCK

Supplement of Record 1 with Summary

RO Number: 3339041625

2020 TOYO Highlander XLE AWD 4D UTV 6-3.5L Gasoline Port/Direct Injection

Air Conditioning

FM Radio

ROOF

Power Trunk/Liftgate

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Supplement of Record 1 with Summary

RO Number: 3339041625

2020 TOYO Highlander XLE AWD 4D UTV 6-3.5L Gasoline Port/Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		HOOD					
2	*	Rpr Hood (ALU)				5.0	3.0
3	S01	Add for Clear Coat					1.2
4	#	Refn Basecoat Reduction					-0.4
5		R&I Insulator				0.2	
6	#	Refn Basecoat Reduction					-0.4
7		ELECTRICAL					
8	S01	R&I Antenna w/o JBL audio				0.3	
9		WINDSHIELD					
10		Repl Windshield Toyota, w/o rain sensor	561010E610	1	780.02	Incl.	
11	**	A/M Urethane Kit		1	15.00		
12	#	S01 Subl Remove windshield		1	99.00	T	
13	#	S01 Subl Reinstall windshield		1	99.00	T	
14		ROOF					
15	* S01	Rpr Roof panel				9.0	4.3
16		Overlap Major Non-Adj. Panel					-0.2
17	S01	Add for Clear Coat					0.8
18	#	Refn Basecoat Reduction					-0.4
19	* S01	R&I RT Roof rack				0.4	
20	* S01	R&I LT Roof rack				0.4	
21	S01	Repl RT Side rail clip Note: 5 EACH SIDE	9046710167	10	14.90		
22	* S01	R&I R&I headliner Note: PARTIAL R&I FOR ANTENNA				1.0	
23		REAR DOOR					
24	* S01	Rpr RT Outer panel (HSS) Note: BUFF				0.5	0.0
25		VEHICLE DIAGNOSTICS					
26	* S01	Repl Pre-repair scan		1	40.00	m	0.2 M
27	* S01	Repl Post-repair scan		1	Incl.	m	Incl. M
28	# S01	Subl ADAS Calibration - Forward Coll. Warning Note: INCLUDES POST SCAN		1	250.00	T	
29		MISCELLANEOUS OPERATIONS					
30	#	Cover Car		1	5.00		
31	#	Corrosion Protection		1	5.00		
32	#	Subl Hazardous Waste		1	3.00		
33	# S01	American Family - COVID 19 Cleaning		1		T	1.0
SUBTOTALS					1,310.92	18.0	7.9

Supplement of Record 1 with Summary

RO Number: 3339041625

2020 TOYO Highlander XLE AWD 4D UTV 6-3.5L Gasoline Port/Direct Injection

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			862.92
Body Labor	17.8 hrs @	\$ 60.00 /hr	1,068.00
Paint Labor	7.9 hrs @	\$ 60.00 /hr	474.00
Mechanical Labor	0.2 hrs @	\$ 99.00 /hr	19.80
Paint Supplies	7.9 hrs @	\$ 39.00 /hr	308.10
Miscellaneous			448.00
Subtotal			3,180.82
Grand Total			3,180.82
Deductible			500.00
CUSTOMER PAY			500.00
INSURANCE PAY			2,680.82

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Supplement of Record 1 with Summary

RO Number: 3339041625

2020 TOYO Highlander XLE AWD 4D UTV 6-3.5L Gasoline Port/Direct Injection

SUPPLEMENT SUMMARY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
Changed Items							
16	*	Rpr Roof panel				<u>-5.0</u>	-4.3
15	*	S01 Rpr Roof panel				<u>9.0</u>	4.3
17		Overlap Major Adj. Panel					0.4
16		S01 Overlap Major Non-Adj. Panel					-0.2
22	*	Rpr RT Outer panel (HSS)				<u>-1.0</u>	-2.2
24	*	S01 Rpr RT Outer panel (HSS)				<u>0.5</u>	<u>0.0</u>
		NOTE: BUFF					
Deleted Items							
1		FRONT BUMPER & GRILLE					
2		R&I R&I bumper cover				-2.1	
3		FRONT LAMPS					
4		R&I LT Headlamp assy w/o LED-strip DRL				-0.5	
9		FENDER					
10	*	Rpr LT Fender (ALU)				<u>-1.5</u>	-2.2
11		Overlap Major Adj. Panel					0.4
20		R&I R&I sunroof assy				-1.5	
21	*	R&I R&I headliner				<u>-2.5</u>	
		NOTE: partial drop					
24		Overlap Major Non-Adj. Panel					0.2
25	#	Refn Basecoat Reduction					0.4
26	*	R&I RT Lower molding				<u>-0.3</u>	
27		R&I RT Outer molding				-0.3	
28	*	R&I RT Belt molding				<u>-0.3</u>	
29	*	Rpr RT Handle, outside white pearl				<u>-0.5</u>	-0.4
30		Overlap Minor Panel					0.2
31		Clear Coat					-2.5
32		R&I RT Handle, outside white pearl				-0.3	
33		R&I RT R&I trim panel				-0.5	
Added Items							
3		S01 Add for Clear Coat					1.2
7		ELECTRICAL					
8		S01 R&I Antenna w/o JBL audio				0.3	
12	#	S01 Subl Remove windshield		1	99.00 T		
13	#	S01 Subl Reinstall windshield		1	99.00 T		
17		S01 Add for Clear Coat					0.8
19	*	S01 R&I RT Roof rack				<u>0.4</u>	
20	*	S01 R&I LT Roof rack				<u>0.4</u>	
21		S01 Repl RT Side rail clip	9046710167	10	14.90		
		NOTE: 5 EACH SIDE					

Supplement of Record 1 with Summary

RO Number: 3339041625

2020 TOYO Highlander XLE AWD 4D UTV 6-3.5L Gasoline Port/Direct Injection

22	*	S01	R&I	R&I headliner				<u>1.0</u>	
NOTE: PARTIAL R&I FOR ANTENNA									
25	VEHICLE DIAGNOSTICS								
26	*	S01	Repl	Pre-repair scan	1	<u>40.00</u>	m	<u>0.2</u> M	
27	*	S01	Repl	Post-repair scan	1	<u>Incl.</u>	m	<u>Incl.</u> M	
28	#	S01	Subl	ADAS Calibration - Forward Coll. Warning	1	250.00	T		
NOTE: INCLUDES POST SCAN									
33	#	S01		American Family - COVID 19 Cleaning	1		T	1.0	
SUBTOTALS						502.90		-3.5	-3.9

TOTALS SUMMARY

<u>Category</u>	<u>Basis</u>	<u>Rate</u>	<u>Cost \$</u>
Parts			54.90
Body Labor	-3.7 hrs @	\$ 60.00 /hr	-222.00
Paint Labor	-3.9 hrs @	\$ 60.00 /hr	-234.00
Mechanical Labor	0.2 hrs @	\$ 99.00 /hr	19.80
Paint Supplies	-3.9 hrs @	\$ 39.00 /hr	-152.10
Miscellaneous			448.00
Subtotal			-85.40
Total Supplement Amount			-85.40
NET COST OF SUPPLEMENT			-85.40

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

Estimate	3,266.22	KYLE WITHERSPOON
Supplement S01	-85.40	Richard Verbick
Job Total:	\$ 3,180.82	
CUSTOMER PAY:	\$ 500.00	
INSURANCE PAY:	\$ 2,680.82	

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Supplement of Record 1 with Summary

RO Number: 3339041625

2020 TOYO Highlander XLE AWD 4D UTV 6-3.5L Gasoline Port/Direct Injection

=====
Caliber Collision is the industry leader in quality collision repair. Since day one, our highest purpose has been to get people just like you back on the road as quickly as possible and fully restored to the rhythm of your life. You can be sure we do everything possible to ensure your complete satisfaction including:

- Personalized, high quality service from the largest collision repair company in the U.S.
- Consistently ranked among the highest customer satisfaction scores in the industry.
- Approved by every major insurance company in the U.S.
- Expedited car rental and towing services to get you back on the road again in no time.
- Repair work backed by a written, lifetime warranty honored at every location.
- 24/7/365 customer service to answer questions and put your mind at ease.

This is a preliminary estimate based on visible damage. There may be additional repairs needed once the vehicle is taken apart by our I-CAR Gold Class technicians to identify any additional damage.

If an insurance company has written an estimate for you, please provide us with a copy. Properly endorsed insurance company checks are welcome as payment for the repair of your vehicle. Caliber Collision gladly accepts all major credit cards, debit cards, cashier's and traveler's checks. See your Caliber Collision center for details on acceptance of personal checks.

Before leaving your vehicle with us, please remove all important personal and valuable items from your vehicle. Caliber Collision is not responsible for belongings left in your vehicle.

Please let us know how we can be of further assistance, and when we can schedule an appointment for your vehicle to be repaired.

Caliber Collision - Restoring The Rhythm Of Your Life?

=====
THE INSURANCE COMPANY PROVIDING THIS ESTIMATE DOES NOT AUTHORIZE REPAIRS. AUTHORIZATION MUST COME FROM THE VEHICLE OWNER. ANY SUPPLEMENT(S) MUST HAVE PRIOR APPROVAL FROM A REPRESENTATIVE OF THE INSURANCE COMPANY PROVIDING THIS ESTIMATE.

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.

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.

Supplement of Record 1 with Summary

RO Number: 3339041625

2020 TOYO Highlander XLE AWD 4D UTV 6-3.5L Gasoline Port/Direct Injection

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 ARM8471, CCC Data Date 11/13/2020, 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 2021 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 Information 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.



