

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

11/15/2023 7:34:00 AM

Certified Mail 9489 0090 0027 6568 2312 03 Return Receipt Requested

City Clerk
City of West Allis
7525 W Greenfield Avenue
Room 108 to 110
West Allis, WI 53214

Your Client: BANASZYNSKI, GARY
Your Claim Number: N/A
Our Insured: FORTIS, MARIA
Our Claim Number: 23-4517978
Amount Subject to Reimbursement: \$6,865.63
Amount of Insured's Deductible: \$1,000

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: 108th and Cleveland in West Allis, WI
Date and Time of Loss: 08/10/2023, 11:20 AM CT

Description of Loss: Our insured was traveling at 108th and Cleveland in West Allis, WI when a city vehicle with plate # 93728 operated by Banaszynski, Gary, failed to maintain proper lookout and control of vehicle, rear-ended, and struck our insured's vehicle. We are seeking reimbursement for our insured's vehicle damages.

Please make your draft payable to Progressive Universal Insurance Company as subrogee of "FORTIS, MARIA", 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.

Matthew Hayward.
Progressive Subrogation
Progressive Universal Insurance Company
Tel. 877-818-0139
Fax. 888-781-6947
GovernmentStatus@email.progressive.com

RECEIVED
DEC - 4 2023
CITY OF WEST ALLIS
CITY CLERK

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. PROGRESSIVE UNIVERSAL INSURANCE COMPANY</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>5</u></p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 6300 WILSON MILLS RD W33</p> <p>6 City, state, and ZIP code MAYFIELD VILLAGE, OH 44143</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
3	6	-	3	7	8	9	7	8	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *Sandra Rihvalsky*

Date ▶ 03/29/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Claim Payment Detail (23-4517978)

Payment Information

Disbursement Number: 788850176	Total Amount: \$5,644.08
EFT Trace Number: 693325	Invoice Number: 118124349
Pay to the Order of: CALIBER COLLISION	
Mailing Address: 161 W MARQUETTE AVE OAK CREEK, WI 53154 USA	
In Payment Of: Progressive Invoice Number: 118124349	

Reviewed Summary

Issuing Rep: A100318	Approved By:
Issue Date: 10-15-23	Review Date:
Last Updated Rep: A100318	Reviewed By:

Bank Information

Type: Loss	Bank Code: CTB
Stop Reason:	Cleared: 10-18-23
Stop Date:	

Exposure Detail: COLL

Party Name: FORTIS, MARIA	Amount Paid: \$5,644.08
Property Description: 10 MERCEDES-BENZ GL450	Deductible Taken: \$1,000.00
Payment Type: FINAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

Claim Payment Detail (23-4517978)

Payment Information

Disbursement Number: 788931387	Total Amount: \$221.55
EFT Trace Number: 719876	Invoice Number: 118660836
Pay to the Order of: CALIBER COLLISION	
Mailing Address: 161 W MARQUETTE AVE	
OAK CREEK, WI 53154 USA	
In Payment Of: Progressive Invoice Number: 118660836	

Reviewed Summary

Issuing Rep: A100318	Approved By:
Issue Date: 10-26-23	Review Date:
Last Updated Rep: A100318	Reviewed By:

Bank Information

Type: Loss	Bank Code: CTB
Stop Reason:	Cleared: 10-31-23
Stop Date:	

Exposure Detail: COLL

Party Name: FORTIS, MARIA	Amount Paid: \$221.55
Property Description: 10 MERCEDES-BENZ GL450	Deductible Taken: \$0.00
Payment Type: SUPPLEMENTAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

Caliber - Oak Creek - 3355
 161 W Marquette Ave, Oak Creek, WI 53154
 Office: (414) 570-1993
 3355Assignments@CaliberCollision.com

Estimate ID
 23-4517978-01
 S4
 Quote ID
 129856127
 Claim Number
 23-4517978-01

Owner
MARIA FORTIS

Insured
MARIA FORTIS

Appraiser
Dewitt Graham
 dewitt.graham@calibercollision.com

Supplemented By
Dewitt Graham
 dewitt.graham@calibercollision.com

Underwriter
Progressive Universal Insurance Co

Progressive Universal Insurance Co

Insurance Company Progressive Universal Insurance Co	Claim Number 23-4517978-01	Adjuster SHANNON WILSON (715) 690-3579 (Work) a184745@progressive.com	Deductible 1000.00 - Not Waived
Reported Date 08/10/2023	Loss Date 08/10/2023	Inspection Site Caliber Collision - Oak Creek (SWE) 161 W Marquette Ave Oak Creek, WI 53154 (414) 570-1993 (Mobile)	

2010 Mercedes-Benz GL450 4 Door Utility 4.6L 8 Cyl Gas Injected AWD

Exterior Color silver	License WI-AMT9522	VIN [REDACTED]	Condition Good
Drivable Yes	Odometer 103865	Production Date 11/2009	Mitchell Service Code 910758

Primary Point of Impact
Rear (6)

Options

Adaptive Variable Suspension	Air Conditioning	Air Suspension	All Wheel Drive	Alum/Alloy Wheels
AM-FM Stereo	Anti-Lock Brake Sys. (ABS)	Auto Air Condition	Automatic Headlights	Auxiliary Input
Bluetooth Wireless Connectivity	CD Player	CD Player (Multi)	Cruise Control	Daytime Running Lights
Driver Seat With Power Lumbar Support	Driver-Front Air Bag	Dual A/C	Electric Defogger	Electronic Stability Control
First Row Bucket Seat	Fog Lights	Front Heated Seats	Genuine Wood Trim	Heated Mirror
Keyless Entry System	Leather Steering Wheel	Left-Curtain Air Bag	Manual Sunroof	MP3 Player
Panoramic Sunroof/Moonroof	Passenger-Front Air Bag	Power Door Locks	Power Driver Seat	Power Passenger Seat
Power Rear Liftgate	Power Remote Mirror	Power Steering	Power Windows	Privacy Glass

Options

Rain Sensing Wipers	Rear Bench Seat	Rear Gate Wiper	Second Row Side Airbag With Head Protection	Side Airbags
Skid Plate	Steering Wheel Mounted Audio Control	Telematic Systems	Theft Deterrent Sys.	Third Row Seat
Tire Pressure Monitoring System	Traction Control/Electronic	Trip Computer	Universal Garage Door Opener	

MARIA FORTIS | 2010 Mercedes-Benz GL450

Parts Profile
WI All Part Type SWE

Parts Profile Version
4.0

Line #	Description	LABOR			PART				
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
Liftgate									
1	002157 Otr Liftgate Handle	Remove / Install	Body	0.9#	Existing				
51 2	004731 Liftgate Shell	Repair	Body	8.0*	Existing				
3	900501 HAD TO BUILD BODY LINE OVER 2.5 FEET								
51 4	AUTO Liftgate Outside	Refinish Only	Refinish	2.0* C	Existing				
5	900501 Modified Refinish With Full Clear Coat								
6	002216 Liftgate Handle/Moulding Assy	Remove / Install	Body	0.3#	Existing				
7	001762 Liftgate Emblem	Remove / Replace	Body	0.3	New	164 817 00 16	1	\$19.50	Yes
8	001771 Liftgate License Bracket	Remove / Install	Body	0.2r	Existing				
9	001772 Liftgate Adhesive Nameplate	Remove / Replace	Body	0.2	New	164 817 03 15	1	\$38.50	Yes
10	001773 Liftgate Adhesive Nameplate	Remove / Replace	Body	0.2	New	220 817 10 15	1	\$70.00	Yes
53 11	004745 Rear View Camera	Remove / Replace	Body	0.4	New	[164 820 14 97 64]	1	\$1,000.00	Yes
12	002164 Lwr Liftgate Trim Panel	Remove / Install	Body	INC	Existing				
Rear Lamps									
13	002170 L Rear Combination Lamp	Remove / Install	Body	0.4	Existing				
14	004987 R Rear Combination Lamp Assembly	Remove / Replace	Body	0.4	Qual Recycled Part	3P3174APU	1	\$145.00	Yes
Rear Bumper									
15	AUTO Rear Bumper Cover Assy	Overhaul	Body	3.6	Existing				
16	004989 Rear Upr Bumper Cover	Remove / Replace	Body	INC#	New	164 885 06 38 9999	1	\$900.00	Yes
17	AUTO Rear Upr Bumper Cover	Refinish Only	Refinish	2.2 C					
18	AUTO Rear Add w/Parking Sensor	Remove / Replace	Body	0.7#					
19	004991 Rear Lwr Bumper Cover	Remove / Replace	Body	INC#	Aftermarket New	MB1115121	1	\$227.00	Yes
20	002545 Rear Bumper Rail	Remove / Replace	Body	INC#	New	164 885 16 21	1	\$139.00	Yes

Line #	Description	LABOR			PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax	
21	004992 Rear Bumper Cover Extension Frame	Remove / Replace	Body	INC#	New	164 885 25 65	1	\$222.00	Yes	
22	001925 R Rear Bumper Support	Remove / Install	Body	INCr#	Existing					
23	001926 L Rear Bumper Support	Remove / Install	Body	INCr#	Existing					
24	004993 R Rear Bumper Moulding	Remove / Install	Body	INCr#	Existing					
25	004994 L Rear Bumper Moulding	Remove / Install	Body	INCr#	Existing					
26	004933 Rear Ctr Bumper Plate	Remove / Replace	Body	INC#	New	164 884 01 90	1	\$530.00	Yes	
27	AUTO Rear Bumper Assy	Remove / Install	Body	INC						
28	004983 R Rear Bumper Reflector	Remove / Install	Body	INCr	Existing					
52 29	004984 L Rear Bumper Reflector	Remove / Replace	Body	INC	New	164 820 09 74	1	\$76.00	Yes	
30	004947 R Rear Bumper Tow Hook Cover	Remove / Replace	Body	INC	New	164 885 50 23 9999	1	\$76.00	Yes	
31	004505 R Rear Bumper Tail Pipe Cover	Remove / Install	Body	INCr	Existing					
32	004506 L Rear Bumper Tail Pipe Cover	Remove / Install	Body	INCr	Existing					
33	004500 Rear Bumper Flap	Remove / Replace	Body	0.3#	New	164 885 24 22	1	\$780.00	Yes	
34	004502 Rear Parking Sensor Harness	Remove / Install	Body	0.0r#	Existing					
51 35	003441 Rear Bumper Filler Panel	Remove / Replace	Body	INC	New	[164 315 04 65 64]	1	\$145.00	Yes	
Additional Costs & Materials										
36	AUTO Paint/Materials	Additional Cost						\$277.30*	Yes	
37	AUTO Hazardous Waste Disposal	Additional Cost						\$3.00*	Yes	
Additional Operations										
38	AUTO Clear Coat	Additional Operation	Refinish	1.4				\$0.00		
39	931127 Pre Repair Scan	Additional Operation	Body*	0.5*				\$40.00*		
40	931128 Post Repair Scan	Additional Operation	Body*	0.5*				\$40.00*		
Special / Manual Entry										
41	900500 COVER CAR FOR OVERSPRAY	Additional Labor	Refinish*	0.0*	Aftermarket New	** A/M	1	\$8.00*	Yes	
42	900500 CORROSION PROTECTION	Additional Labor	Refinish*	0.3*	Existing		0		Yes	
43	900500 FLEX ADDITIVE	Repair	Body*	0.0*	Sublet	Sublet	1	\$7.00*		
44	900500 ROPE GLASS	Additional Labor	Body*	0.2*	Existing		1			
45	900500 ROPE MASKING	Additional Labor	Body*	0.2*	Existing		1			
54 46	900500 reset headrest	Remove / Replace	Body*	0.0*	Sublet		1	\$210.00*	Yes	

* Judgment Item

C Included in Clear Coat Calculation

T Included in Two Tone Calculation

A Included in Clear Coat and Two Tone Calculation

Labor Note Applies
d Discontinued by Manufacturer

r CEG R&R Time Used for this Labor Operation
[] Verify the part number and price before ordering

Parts Vendors

Keystone - Milwaukee
9532 W Carmen Avenue
Milwaukee WI 53225
(800) 924-8230 (Work)

Line	Part #	Total Price
19	MB1115121	\$227.00

Supplier Notes: APU, Quote#: 111695957732844 Notes: APU, Bumper Cover, Rear - LKQ Quote #: 2200623826
Certs/Programs: KeysIQ/PROGR, Desc: REAR LOWER BUMPER COVER; TEXTURED BLACK FINISH; MADE OF PP PLASTIC GUID #: MB1115121 Stock Number: MB1115121 / AM

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

PRP - AAA Auto Salvage
2871 West 160th Street
Rosemount MN 55068
(651) 423-2432 (Work)

Line	Part #	Total Price	Vehicle	Description	VIN
14	3P3174APU	\$145.00		Bumper Cover, RearTail Lamp - Year:2011 Conditions and Options:RH,QUARTER MOUNTED,000 Units of Damage:0.0 COND: 0.0 PartRating: A 000 ;; Order cutoff for same day delivery is noon.	

Supplier Notes: APU, Quote#: 111695957732846 Notes: APU, Bumper Cover, RearTail Lamp - Year:2011 Conditions and Options:RH,QUARTER MOUNTED,000 Units of Damage:0.0 COND: 0.0 PartRating: A 000 ;; Order cutoff for same day delivery is noon. Stock Number: 3P3174 / 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
-------	-------	------	---------------------	--------

Committed On
10/18/2023
01:26 PM

Version
Mitchell Estimating 23.3
OEM OCT_23_V

Mitchell Cloud Estimating™
Copyright 1994-2023 Mitchell International, Inc.
All Rights Reserved

Printed On
10/18/2023
01:26 PM

Profile
WI All Part Types SWE
Profile Version
20.0

Page 4 of 9

Estimate Totals

Body Labor	17.3	\$67.00	\$7.00	\$80.00	\$1,246.10
Refinish Labor	5.9	\$67.00			\$395.30
Total Labor	23.2		\$7.00		\$1,641.40

Taxable	\$1,641.40
Tax 5.5000%	\$90.28
Non-Taxable	\$0.00
Labor Total	\$1,731.68

Parts	Amount
Taxable Parts	\$4,586.00

Parts Adjustments	\$0.00
Tax 5.5000%	\$252.23
Non-Taxable	\$0.00
Parts Total	\$4,838.23

Costs	Amount
Other Additional Costs	\$3.00
Paint Materials	\$277.30

Taxable	\$280.30
Tax 5.5000%	\$15.42
Non-Taxable	\$0.00
Costs Total	\$295.72

Paint Materials Rate: \$47.00
 Rate Max: 99.9 units
 Additional Rate: \$0.00

Gross Totals	Amount
Gross Total	\$6,865.63

Taxable	\$6,865.63
Tax	\$6,507.70
Non-Taxable	\$357.93
Gross Total	\$6,865.63

Adjustments	Amount
Deductible	-\$1,000.00

Total Customer Responsibility	-\$1,000.00
--------------------------------------	--------------------

Net Estimate Total	\$5,865.63
Less Original Net Total	\$4,002.50
Net Supplement Amount	\$1,863.13

S1: Dewitt Graham	\$506.40
S2: Dewitt Graham	\$80.18
S3: Dewitt Graham	\$1,055.00
S4: Dewitt Graham	\$221.55

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	9/28/2023
Estimated Completion Date	10/20/2023
Arrived At Shop	9/28/2023
Ready for Delivery	10/13/2023
Delivered	10/13/2023

Estimate Event Log

Job Created	9/6/2023 02:36 PM
Supplement 4 Started	9/7/2023 10:37 AM
Supplement 4 Printed	10/18/2023 01:26 PM
Supplement 4 Committed	10/18/2023 01:26 PM
Estimate Version	5

Date: 10/18/2023 1:26:52 PM
 Estimate ID: 23-4517978-01
 Supplement: 4 - 10/18/2023 1:26:51 PM
 Profile ID: WI All Part Types SWE

Supplement Delta Report
 Comparison of Estimate 23-4517978-01 Supplement 3 and Supplement 4

Damage Assessed By: Dewitt Graham
 Supplemented By: Dewitt Graham

Insured: MARIA FORTIS
 Owner: MARIA FORTIS
 Vehicle: 2010 Mercedes-Benz GL450
 Date of Loss: 08/10/2023

Line Item	Labor Type	Operation	Line Item Description	Part Type/Num	Dollar Amount	Labor Units	CEG Unit
Added Entries							
46	Body	REMOVE/REPLACE	reset headrest	Sublet Sublet	210.00*	0.0*	0.00T

Global Changes

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

	Amount
Original Estimate	4,002.50
Supplement 1	506.40
Supplement 2	80.18
Supplement 3	1,055.00
Supplement 4	221.55
Supp 3 Total Tax	346.38
Supp 4	

Total Tax	357.93	
Net Supplement Amount		1,863.13

Net Total		5,865.63
-----------	--	----------

	Program Calc Version	Data Versions
Supp 3	6	OCT_23_V
Supp 4	6	OCT_23_V

Software Version: 23.3

Copyright (C) 1994 - 2023 Mitchell International
All Rights Reserved



Left Front.jpg



Left Rear.jpg



Photo 03.jpg



Photo 05.jpg



Photo 07.jpg



Right Front.jpg



Right Rear.jpg



Rear.jpg

1SL055JQVJ
23-031184

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

1SL055JQVJ

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy INVESTIGATOR R. TUSCHL	
Crash Date 08/10/2023		Crash Time 11:26 AM		Date Arrived 08/10/2023		Time Arrived 11:30 AM	
Date Notified 08/10/2023		Time Notified 11:26 AM		Total Units 02		Total Injured 00	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	
<p>S. 108TH ST.</p> <p>W. CLEVELAND AVE.</p> <p>Unit #2</p> <p>Unit #1</p>		Photos By	
		Additional Information NONE	
		<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.	

BOTH UNITS WERE TRAVELING W/B ON W. CLEVELAND AVE IN LANE TWO WITH UNIT #2 IN FRONT OF UNIT #1. THE TRAFFIC CONTROL LIGHT HAD CHANGED TO GREEN FOR W/B TRAFFIC, HOWEVER NONE OF THE VEHICLES IN FRONT OF UNIT #2 HAD MOVED DUE TO A BICYCLIST CROSSING THE INTERSECTION. UNIT #1'S OPERATOR DROVE FORWARD AND STRUCK THE REAR OF UNIT #2 CAUSING DAMAGE.

1SL055JQVJ
23-031184

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

Location

ON W CLEVELAND AVE 36 FT E OF S 108TH ST/ STH100 NB IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude	Longitude
	42.995300374	-88.046792984
	X Coordinate	Y Coordinate
	414670.78125	4760824.5
	Structure Type	

Crash Scene

First Harmful Event	First Harmful Event Location	
MOTOR VEH IN TRANSPORT	ON ROADWAY	
Manner of Collision	Light Condition	
03 - FRONT TO REAR	DAYLIGHT	
Road Surface Condition(s)	Roadway Factor(s)	
DRY	NONE	
Environment Factor(s)		
NONE		
Weather Condition(s)		
CLEAR		
Animal Type	Relation To Trafficway	
	TRAFFICWAY - ON ROAD	
Crash Classification - Location	Crash Classification - Jurisdiction	
PUBLIC PROPERTY	NO SPECIAL JURISDICTION	
Tribal Land	Access Control	Special Study
	NO CONTROL	
Within Interchange Area	Junction Location	Intersection Type
NO	INTERSECTION-RELATED	FOUR-WAY INTERSECTION

Unit Summary

01 UNIT	Unit Status	Vehicle Operating As Classification	Unit Type		
	IN TRANSIT	D CLASS	TRUCK		
	Vehicle Type	Operating As Endorsements			
	UTILITY TRUCK/PICKUP TRUCK				
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types
	1		0	0	0
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	YES	WESTBOUND		25	3
	Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use		
	MOTOR VEH IN TRANSPORT	NO SPECIAL FUNCTION	NOT APPLICABLE		
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing			
DIVIDED HWY W/O TRAFFIC BARRIER	TRAFFIC SIGNAL	NO			
Surface Type	Road Curvature	Road Grade			
CONCRETE	STRAIGHT	LEVEL			
Truck Bus or HazMat					
NO					

Vehicle

01 VEHICLE	License Plate Number	Plate Type	ST	Country of Issuance
	[REDACTED]	MUN - MUNICIPAL	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	[REDACTED] 6	FORD	2016	F250
	Color	Body Style	Bus Use	
	WHI - WHITE	PK - PICKUP		
Initial Contact Point	Vehicle Damage			
12 - FRONT	12 - FRONT			
Extent Of Damage				
MINOR DAMAGE				



1SL055JQVJ
23-031184

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions FAILURE TO CONTROL			
01 01	Owner Name CITY OF WEST ALLIS (414) 302-8800		Owner Address 7525 W GREENFIELD AVE WEST ALLIS, WI 53214 , US	
	Sequence Of Events			
01 01	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company CITIES-&VILLAGES-MUTUAL-INS-CO		Government CITY OF WEST ALLIS	
UNIT INDIVIDUAL	Individual			
	Driver GARY WILLIAM BANASZYNSKI (414) 302-8800		Citations Issued 0	Sex MALE
	Address 10209 W BUNGALOW PKWY WEST ALLIS, WI 53214 , US		Date of Birth [REDACTED]	Race WHITE
			Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	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				

1SL055JQVJ
23-031184

WISCONSIN MOTOR VEHICLE
CRASH REPORT


WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

UNIT 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 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 3	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

Vehicle

UNIT 02 02 02	License Plate Number [REDACTED]		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1G8E7R51AA566636		Make MERCEDES BENZ	Year 2010	Model GL	
	Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 06 - REAR		Vehicle Damage 06 - REAR			
	Extent Of Damage FUNCTIONAL DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			

1SL055JQVJ
23-031184

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

UNIT VEHICLE	What Driver Was Doing STOP IN TRAFFIC	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
02 02	Owner Name MARIA C FORTIS (414) 736-0945	Owner Address 3470 S 66TH ST MILWAUKEE, WI 53219 , US		
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual MARIA FORTIS		
UNIT INDIVIDUAL	Individual			
	Driver MARIA C FORTIS (414) 736-0945	Citations Issued 0	Sex FEMALE	
		Date of Birth [REDACTED]	Race HISPANIC	
	Address 3470 S 66TH ST MILWAUKEE, WI 53219 , US	Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES		
02 002	Safety Equipment		Safety Equipment	
	On Duty Crash	SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use	Tint Compliance		
	Eye Protection	Airbag NON DEPLOYED		
	Injury	Injury Severity NO APPARENT INJURY		
	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				
Non Motorist				
Striking Unit #		Location		

1SL055JQVJ
23-031184

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

UNIT	INDIVIDUAL	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				
		Individual				
		Passenger SARA C FORTIS (414) 736-0945	Citations Issued 0	Sex FEMALE		
Address 3470 S 66TH ST MILWAUKEE, WI 53219 , US	Date of Birth [REDACTED]	Race HISPANIC				
Driver License Number						
UNIT	INDIVIDUAL	Safety Equipment	On Duty Crash	Safety Equipment		
		Row 01 - FRONT ROW	Seat Position 09 - RIGHT	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			
		Distracted By Action				
UNIT	INDIVIDUAL	Non Motorist	Striking Unit #	Location		
		Prior Action				

1SL055JQVJ
23-031184

WISCONSIN MOTOR VEHICLE CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

UNIT INDIVIDUAL 02 003	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		