



CLAIMANT CONTACT INFORMATION

Name: Progressive Universal Insurance Company
A/S/O HERDA, CAROLYN A
Address: PO Box 94639
Cleveland, OH 44101

Phone: 877-818-0139
Email: GOVERNMENTSTATUS@EMAIL.PROGRESSIVE.COM

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: 12/15/2022 Time of day: 6:30 AM
Location: PARKED ON CRYSTAL DR, 306 FEET NORTH OF MUSKEGO
DAM DR IN MUSKEGO WI

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.

OUR INSURED'S VEHICLE WAS PARKED ON CRYSTAL DR, 306 FEET NORTH OF MUSKEGO DAM DR IN MUSKEGO WI WHEN A CITY VEHICLE WITH PLATE #PF2984 OPERATED BY DUNBAR, ARCHIE, FAILED TO MAINTAIN PROPER LOOKOUT AND CONTROL OF VEHICLE, STRUCK OUR INSURED'S PARKED VEHICLE. WE ARE SEEKING REIMBURSEMENT FOR OUR INSURED'S VEHICLE DAMAGES.

2021 SUBARU IMPREZA W/EYESIGHT - REAR LEFT FENDER

RECEIVED

MAR 27 2023

CITY OF WEST ALLIS
CITY CLERK

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.

Progressive Universal Insurance Company

Signed: Matthew Hayward SUBROGATION SPECIALIST Date: 3/10/23

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: \$ 6,956.49

SAVE

PRINT



Payment Address
24344 Network Place
Chicago, IL 60673-1243

Document Address
P.O. Box 94639
Cleveland, Ohio 44101-9908
Phone: (877)818-0139
Fax: (888) 781-6947

3/10/2023 2:28:00 PM

Certified Mail certified number 9489-0090-0027-6330-8079-95

Return Receipt Requested

CITY CLERK

CITY OF WEST ALLIS

7525 W GREENFIELD AVENUE

WEST ALLIS, WI 53214

Your Client: DUNBAR, ARCHIE

Your Claim Number: N/A

Our Insured: HERDA, CAROLYN A

Our Claim Number: 23-5653325

Amount Subject to Reimbursement: \$6,956.49

Amount of Insured's Deductible: \$500

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: PARKED ON CRYSTAL DR, 306 FEET NORTH OF MUSKEGO DAM DR IN MUSKEGO WI

Date and Time of Loss: 12/15/2022, 06:30 AM

Description of Loss: OUR INSURED'S VEHICLE WAS PARKED ON CRYSTAL DR, 306 FEET NORTH OF MUSKEGO DAM DR IN MUSKEGO WI WHEN A CITY VEHICLE WITH PLATE #PF2984 OPERATED BY DUNBAR, ARCHIE, FAILED TO MAINTAIN PROPER LOOKOUT AND CONTROL OF VEHICLE, STRUCK OUR INSURED'S PARKED VEHICLE. WE ARE SEEKING REIMBURSEMENT FOR OUR INSURED'S VEHICLE DAMAGES.

Please make your draft payable to Progressive Universal Insurance Company as subrogee of "HERDA, CAROLYN A", 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

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.

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

2 Business name/disregarded entity name, if different from above

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.

- Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 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.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6300 WILSON MILLS RD W33

6 City, state, and ZIP code

MAYFIELD VILLAGE, OH 44143

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ 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 (23-5653325)

Payment Information

Disbursement Number: 786848191	Total Amount: \$6,456.49
EFT Trace Number: 251218	Invoice Number: 108059934
Pay to the Order of: CALIBER COLLISION	
Mailing Address: 14750 W NATIONAL AVE NEW BERLIN, WI 53151 USA	
In Payment Of: Progressive Invoice Number: 108059934	

Reviewed Summary

Issuing Rep: A082630	Approved By:
Issue Date: 03-01-23	Review Date:
Last Updated Rep: A082630	Reviewed By:

Bank Information

Type: Loss	Bank Code: CTB
Stop Reason:	Cleared: 03-02-23
Stop Date:	

Exposure Detail: COLL

Party Name: HERDA, CAROLYN A	Amount Paid: \$6,456.49
Property Description: 21 SUBARU IMPREZA W/EYESIGHT	Deductible Taken: \$500.00
Payment Type: FINAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

Caliber - New Berlin - 3341
14750 W National Ave, New Berlin, WI 53151-4475
Office: (262) 649-1210
3341Assignments@CaliberCollision.com

Estimate ID
23-5653325-01
S1
Claim Number
23-5653325-01

Owner
CAROLYN HERDA

Insured
CAROLYN HERDA

Appraiser
Donald Guth
donald.guth@calibercollision.com

Supplemented By
Donald Guth
donald.guth@calibercollision.com

Underwriter
Progressive Universal Insurance Co

Progressive Universal Insurance Co

Insurance Company Progressive Universal Insurance Co	Claim Number 23-5653325-01	Adjuster MARISSA WASHINGTON (440) 910-3986 (Work) a164063@progressive.com	Deductible 500.00 - Not Waived
Reported Date 01/12/2023	Loss Date 12/15/2022	Inspection Site Caliber Collision - New Berlin (National Ave) (SWE) 14750 W National Ave New Berlin, WI 53151 (262) 649-1210 (Mobile)	Repair Facility Caliber - New Berlin - 3341 14750 W National Ave New Berlin, WI 53151-4475

2021 Subaru Impreza Sport 4 Door Sedan 2.0L 4 Cyl Gas Injected Auto Trans AWD

Exterior Color NAA (Lithuim Red)	License WI-AKS-5871	VIN 4S3GKAL69M3602768	Drivable Yes
Odometer 20535	Production Date 11/2020	Mitchell Service Code 911976	

Primary Point of Impact
Left Rear Corner (7)

Options

Air Conditioning	All Wheel Drive	Alum/Alloy Wheels	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)
Automatic Headlights	Auxiliary Input	Bluetooth Wireless Connectivity	CD Player	Cloth Seat
Cruise Control	Daytime Running Lights	Driver-Front Air Bag	Electric Defogger	Electronic Stability Control
First Row Bucket Seat	Front Heated Seats	HD Radio	Heated Mirror	Interior Automatic Day/Night Or Electrochromatic Mirror
Keyless Entry System	Leather Steering Wheel	Left-Curtain Air Bag	MP3 Player	Passenger-Front Air Bag
Power Door Locks	Power Remote Mirror	Power Steering	Power Windows	Rear Bench Seat
Rear Spoiler	Rearview Camera	Remote Decklid Or Tailgate Release	Remote Vehicle Starter System	Satellite Radio
Second Row Side Airbag With Head Protection	Side Airbags	Smart Key System	Steering Wheel Mounted Audio Control	Telematic Systems
Theft Deterrent Sys.	Tilt Steering Wheel	Tire Pressure Monitoring System	Traction Control/Electronic	Trip Computer

CAROLYN HERDA | 2021 Subaru Impreza Sport

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
Rocker / Pillars / Floor									
1	100782 L Rocker Moulding	Remove / Install	Body	0.5	Existing				
Rear Seat									
2	100517 Rear Seat Assy	Remove / Install	Body	INC	Existing				
Front Door									
S1 3	100122 L Frt Door Assembly	Remove / Install	Body	0.7#	Existing				
Rear Door									
S1 4	101002 L Rear Door Outside	Blend	Refinish	0.9 C	Existing				
S1 5	101006 L Rear Door Assembly	Remove / Install	Body	0.7	Existing				
S1 6	101340 L Rear Otr Door Belt Moulding	Remove / Replace	Body	0.2	New	62280FL110	1	\$95.87	Yes
S1 7	101010 L Rear Door Trim Panel	Remove / Install	Body	0.4	Existing				
S1 8	101020 L Rear Otr Door Handle	Remove / Install	Body	0.6#	Existing				
Roof									
9	100980 L Roof Moulding	Remove / Install	Body	0.3	Existing				
S1 10	100984 Roof Headliner	Remove / Install	Body	4.5#	Existing				
Back Window									
11	101802 Back Window Glass	Remove / Install	Glass	0.4#	Existing				
Quarter Panel									
12	101150 L Quarter Outer Panel	Remove / Replace	Body	18.0#	New	51439FL07A9P	1	\$680.00*	Yes
13	AUTO L Quarter Panel Outside	Refinish Only	Refinish	2.2 C					
14	AUTO L Add For Pillar	Refinish Only	Refinish	0.5 C					
15	AUTO L Quarter Panel Edge	Refinish Only	Refinish	0.5 C					
16	AUTO L Add To R&I/R&R Side Curtain Air Bags-M	Remove / Replace	Mechanical	0.8#					
17	AUTO L Rear Add w/Air Bag Sensor -M	Remove / Replace	Mechanical	0.4					
18	101154 L Quarter Extension	Remove / Replace	Body	1.5#	New	51445FL05A9P	1	\$73.40	Yes
19	AUTO L Quarter Extension Panel	Refinish Only	Refinish	0.5 C					
S1 20	101160 L Otr Quarter Wheelhouse Panel	Repair	Body	2.0*	Existing				

Line #	Description	LABOR			PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax	
S1 21 102211	Quarter Package Tray Panel	Remove / Install	Body	INC*	Existing					
22 101201	L Quarter Air Exhaust Vent	Remove / Replace	Body	INC#	New	72651XC00A	1	\$29.07	Yes	
Luggage Lid										
23 101760	Luggage Lid Underside	Refinish Only	Refinish	0.5* C	Existing					
24 900501	inner Edge Lt side									
25 101766	Luggage Lid Spoiler	Remove / Install	Body	0.4#	Existing					
26 100750	Luggage Lid Panel	Repair	Body	1.0*	Existing					
27 AUTO	Luggage Lid Outside	Refinish Only	Refinish	1.3* C	Existing					
28 900501	Upper only									
S1 29 101238	Luggage Lid Clip (10 @ \$1.66)	Remove / Replace	Body	0.0	New	909140044	10	\$16.60	Yes	
30 101240	L Luggage Lid Hinge	Repair	Body	0.5*#	Existing					
31 900501	Align make noise when opening									
32 AUTO	Luggage Lid Assy	Remove / Install	Body	1.2#						
33 101276	Luggage Lid Adhesive Emblem	Remove / Replace	Body	0.2	Aftermarket New	91174SA170-AT	1	\$20.00	Yes	
Rear Body										
34 100440	Rear Body Panel	Repair	Body	4.0*#	Existing					
35 AUTO	Rear Body Panel	Refinish Only	Refinish	1.6 C	Existing					
36 100469	L Rear Body Floor Pan Extension	Repair	Body	1.0*#	Existing					
37 101772	Rear Body Trim Panel	Remove / Install	Body	0.2	Existing					
38 100494	Rear Body Floor Mat	Remove / Install	Body	0.1*	Existing					
Rear Lamps										
39 100229	L Rear Combination Lamp	Remove / Replace	Body	INC#	Aftermarket Certified	SU2804110C	1	\$216.00	Yes	
40 AUTO	L Rear Body Trim Panel	Remove / Install	Body	0.3#						
S1 41 100236	L Rear Combination Lamp Socket & Wire	Remove / Install	Body	0.2*	Existing					
S1 42 100230	L Rear Combination Lamp Gasket	Remove / Replace	Body	0.0	New	84940FL07A	1	\$11.53	Yes	
43 101775	R Back-Up Lamp	Remove / Install	Body	0.3#	Existing					
44 AUTO	Inr Luggage Trim Panel	Remove / Install	Body	INC						
45 101776	L Back-Up Lamp	Remove / Install	Body	0.3#	Existing					
46 101777	R License Lamp	Remove / Install	Body	0.2#	Existing					
47 101778	L License Lamp	Remove / Install	Body	0.2#	Existing					
Rear Bumper										
48 101780	Rear Bumper Cover	Remove / Install	Body	INC#	Existing					

Line #	Description	LABOR			PART				
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
49	AUTO R Rear Combination Lamp	Remove / Install	Body	0.3#					
50	AUTO L Rear Combination Lamp	Remove / Install	Body	INC#					
51	100827 Rear Bumper Cover	Repair	Body	3.0*#	Existing				
52	AUTO Rear Bumper Cover	Refinish Only	Refinish	2.8# C	Existing				
53	100851 L Rear Bumper Bracket	Remove / Replace	Body	0.2#	New	57707FL45A	1	\$14.80	Yes
54	100853 L Rear Bumper Side Bracket	Remove / Replace	Body	INC#	New	57707FL33A	1	\$8.43	Yes
S1 55	100441 Rear Bumper Applique	Remove / Replace	Body	0.0#	New	E771SFL000	1	\$99.95	Yes

Additional Costs & Materials

56	AUTO Paint/Materials	Additional Cost						\$655.60*	Yes
57	AUTO Hazardous Waste Disposal	Additional Cost						\$3.00*	Yes

Additional Operations

58	AUTO Clear Coat	Additional Operation	Refinish	3.0				\$0.00	
59	933001 Additional Clear Coat	Additional Operation	Refinish	0.8*				\$0.00	
60	900501 ADDITIONAL FOR FULL CLEAR ON REFINISH WITHIN PANEL								
61	931127 Pre Repair Scan	Additional Operation	Mechanical	0.5*				\$40.00*	
62	931128 Post Repair Scan	Additional Operation	Mechanical	0.5*				\$40.00*	

Special / Manual Entry

63	900500 COVER CAR FOR OVERSPRAY	Additional Labor	Refinish*	0.0*	Aftermarket New	** A/M	1	\$8.00*	Yes
64	900500 CORROSION PROTECTION	Additional Labor	Refinish*	0.3*	Existing		0		Yes
S1 65	900500 UNIBODY/FRAME PULL & SQUARE	Repair	Frame*	2.0*	Existing		1		
66	900500 CLEAN AND RETAPE MLDGS	Repair	Body*	0.2*	Existing		1		
67	900500 SEAM SEALER- PANEL REPLACEMENT PER TUBE	Remove / Replace	Body*	0.0*	Sublet	Sublet	1	\$40.00*	Yes
S1 68	900500 TIE DOWN AND Tram	Repair	Body*	1.0*	Existing		1		
S1 69	900500 Rear Seat clip	Remove / Replace	Body*	0.0*	New	64333FJ000	1	\$2.98*	Yes
S1 70	900500 URETHANE KIT (ADHESIVE BONDED GLASS ONLY)	Remove / Replace	Glass*	0.0*	Sublet	Sublet	1	\$24.00*	Yes
S1 71	900500 Static Calibration - Lane Keep Assist	Remove / Replace	Body*	0.0*	Sublet		1	\$400.00*	Yes

* Judgment Item

T Included in Two Tone Calculation

Labor Note Applies

d Discontinued by Manufacturer

C Included in Clear Coat Calculation

A Included in Clear Coat and Two Tone Calculation

r CEG R&R Time Used for this Labor Operation

[] Verify the part number and price before ordering

Parts Vendors

Adhesive Templates
 4717 Campus Drive
 Kalamazoo MI 49008
 (888) 247-8331 (Work)

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

Line	Part #	Total Price
33	91174SA170-AT	\$20.00
Supplier Notes: APU, Quote#: 111674992378036 Stock Number: 91174SA170-AT / AM		

Line	Part #	Total Price
39	SU2804110C	\$216.00
Supplier Notes: APU, Quote#: 121674992436415 Stock Number: SU2804110C / 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.

Estimate Totals

Labor	Units	Rate	Sublet Add'l Amount	Totals
Body Labor	44.2	\$64.00		\$2,828.80
Refinish Labor	14.9	\$64.00		\$953.60
Glass Labor	0.4	\$64.00		\$25.60
Frame Labor	2.0	\$70.00		\$140.00
Mechanical Labor	2.2	\$90.00	\$80.00	\$278.00
Total Labor	63.7			\$4,226.00
			Taxable	\$4,226.00
			Tax 5.0000%	\$211.30
			Non-Taxable	\$0.00
			Labor Total	\$4,437.30
Parts		Amount		
Taxable Parts		\$1,740.63		\$1,740.63
			Parts Adjustments	\$0.00
			Tax 5.0000%	\$87.03
			Non-Taxable	\$0.00
			Parts Total	\$1,827.66
Costs		Amount		
Other Additional Costs		\$3.00		\$3.00
Paint Materials		\$655.60		\$655.60
			Taxable	\$658.60
			Tax 5.0000%	\$32.93
			Non-Taxable	\$0.00
			Costs Total	\$691.53
Gross Totals		Amount		
Gross Total		\$6,956.49		\$6,956.49
			Taxable	\$6,625.23
			Tax	\$331.26
			Non-Taxable	\$0.00
			Gross Total	\$6,956.49
Adjustments		Amount		
Deductible		-\$500.00		-\$500.00

Estimate Totals

Total Customer
Responsibility

-\$500.00

Net Estimate Total	\$6,456.49
Less Original Net Total	\$5,063.22
Net Supplement Amount	\$1,393.27

S1: Donald Guth **\$1,393.27**

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 1/25/2023
Estimated Completion Date 2/24/2023
Arrived At Shop 1/25/2023

Estimate Event Log

Job Created 1/13/2023 03:46 PM
Supplement 1 Started 1/25/2023 04:10 PM
Supplement 1 Printed 2/22/2023 10:55 AM
Supplement 1 Committed 2/22/2023 10:55 AM
Estimate Version 1

Date: 2/22/2023 10:55:48 AM
 Estimate ID: 23-5653325-01
 Supplement: 1 - 2/22/2023 10:55:47 AM
 Profile ID: WI All Part Types SWE

Supplement Delta Report
 Comparison of Estimate 23-5653325-01 Supplement 0 and Supplement 1

Damage Assessed By: Donald Guth
 Supplemented By: Donald Guth

Insured: CAROLYN HERDA
 Owner: CAROLYN HERDA
 Vehicle: 2021 Subaru Impreza Sport
 Date of Loss: 12/15/2022

Line Item	Labor Type	Operation	Line Item Description	Part Type/Num	Dollar Amount	Labor Units	CEG Unit
Changed Entries							
13	Body	REMOVE/INSTALL	Quarter Package Tray Panel	Existing Existing	0.00	0.5*	0.00
21<	Body	REMOVE/INSTALL	Quarter Package Tray Panel	Existing Existing	0.00	INC*	0.00
45		ADD'L COST	Paint/Materials		607.20*		T
56<		ADD'L COST	Paint/Materials		655.60* <		T
47	Refinish	ADD'L OPR	Clear Coat		0.00	2.80	0.00
58<	Refinish	ADD'L OPR	Clear Coat		0.00	3.00<	0.00
55	Frame	REPAIR	UNIBODY/FRAME PULL & SQUARE	Existing Existing	0.00*	1.0*	0.00
65<	Frame	REPAIR	UNIBODY/FRAME PULL & SQUARE	Existing Existing	0.00*	2.00* <	0.00

Deleted Entries

14			For welding of QTR				
54	Frame	REPAIR	SET UP AND MEASURE	Existing Existing	0.00*	2.0*	0.00

Added Entries

3	Body	REMOVE/INSTALL	L Frt Door Assembly	Existing Existing	0.00	0.70	0.70
4	Refinish	BLEND	L Rear Door Outside	Existing Existing	0.00	0.90	1.10

5	Body	REMOVE/INSTALL	L Rear Door Assembly	Existing Existing	0.00	0.70	0.70
6	Body	REMOVE/REPLACE	L Rear Otr Door Belt Moulding	New 62280FL110	95.87	0.20	0.20T
7	Body	REMOVE/INSTALL	L Rear Door Trim Panel	Existing Existing	0.00	0.40	0.40
8	Body	REMOVE/INSTALL	L Rear Otr Door Handle	Existing Existing	0.00	0.60	0.60
10	Body	REMOVE/INSTALL	Roof Headliner	Existing Existing	0.00	4.50	4.50
20	Body	REPAIR	L Otr Quarter Wheelhouse Panel	Existing Existing	0.00	2.0*	0.00
29	Body	REMOVE/REPLACE	Luggage Lid Clip 10 @ 1.66	New 909140044	16.60	0.00	0.00T
41	Body	REMOVE/INSTALL	L Rear Combination Lamp Socket & Wire	Existing Existing	0.00	0.2*	0.00
42	Body	REMOVE/REPLACE	L Rear Combination Lamp Gasket	New 84940FL07A	11.53	0.00	0.00T
55	Body	REMOVE/REPLACE	Rear Bumper Applique	New E771SFL000	99.95	0.00	0.00T
68	Body	REPAIR	TIE DOWN AND Tram	Existing Existing	0.00*	1.0*	0.00
69	Body	REMOVE/REPLACE	Rear Seat clip	New 64333FJ000	2.98*	0.0*	0.00T
70	Glass	REMOVE/REPLACE	URETHANE KIT (ADHESIVE BONDED GLASS ONLY)	Sublet Sublet	24.00*	0.0*	0.00T
71	Body	REMOVE/REPLACE	Static Calibration - Lane Keep Assist	Sublet Sublet	400.00*	0.0*	0.00T

Global Changes

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

	Amount
Original Estimate	5,063.22
Supplement 1	1,393.27
Orig Total Tax	264.92
Supp 1 Total Tax	331.26
Net	

Supplement Amount 1,393.27

Net Total 6,456.49

	Program Calc Version	Data Versions
Supp 0	12	JAN_23_V
Supp 1	35	FEB_23_V

Software Version: 22.5

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Claim: 23-5653325 01

CAROLYN HERDA



Left Front.jpg



Left Rear.jpg



Photo 01.jpg

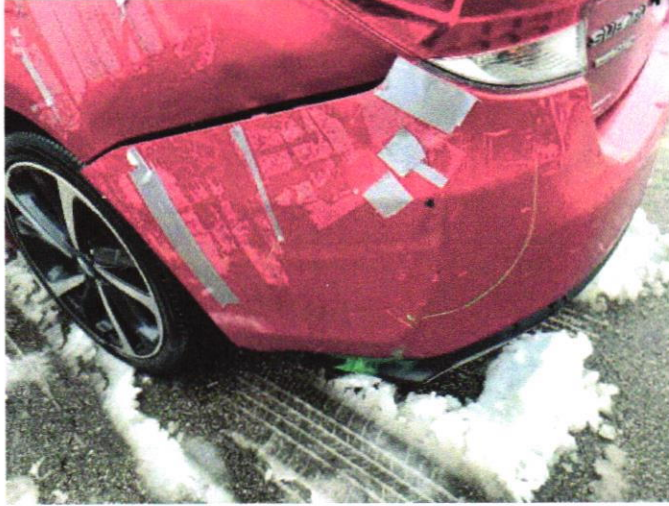


Photo 02.jpg

Claim: 23-5653325 01

CAROLYN HERDA



Right Front.jpg



Right Rear.jpg



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242824d0-fcec-4195-8850-7120c18a2f1f.jpg



For Customer Support refer to the appropriate platform below:

Police Records Retrieval

800-934-9698

PoliceRecords.support@lexisnexisrisk.com

Accurint for Insurance

866-277-8407

Accurint.support@lexisnexisrisk.com

For tips on ordering visit:

statetips.lexisnexisrisk.com

PAGE COUNT: 6

CLIENT: 107040
DIVISION: CCU017L4
ADJUSTER: A164063
CLAIM: 23-5653325

TRANSACTION #: 2020563361
DATE: 2023-01-19 17:57:23.0

DATE OF LOSS: 12/15/2022
STREET: W192S8851 SETTLEMENT CT WI USA
CITY:
COUNTY: WAUKESHA
STATE: WI
TIME OF LOSS:

INVESTIGATING AGENCY: MUSKEGO PD
REPORT NUMBER: 22-23996
REPORT TYPE: AUTOACCIDENT
PARTY1: HERDA
PARTY2:
PARTY3:

CAR: MAKE: YEAR:
TAG:

ADDITIONAL INFO:

NOTE:

THANK YOU FOR YOUR ORDER!

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22-23996

**WISCONSIN MOTOR VEHICLE
CRASH REPORT**

MUSKEGO POLICE DEPARTMENT
W182 S8200 RACINE AVENUE
MUSKEGO, WI 53150
(262) 679-4130

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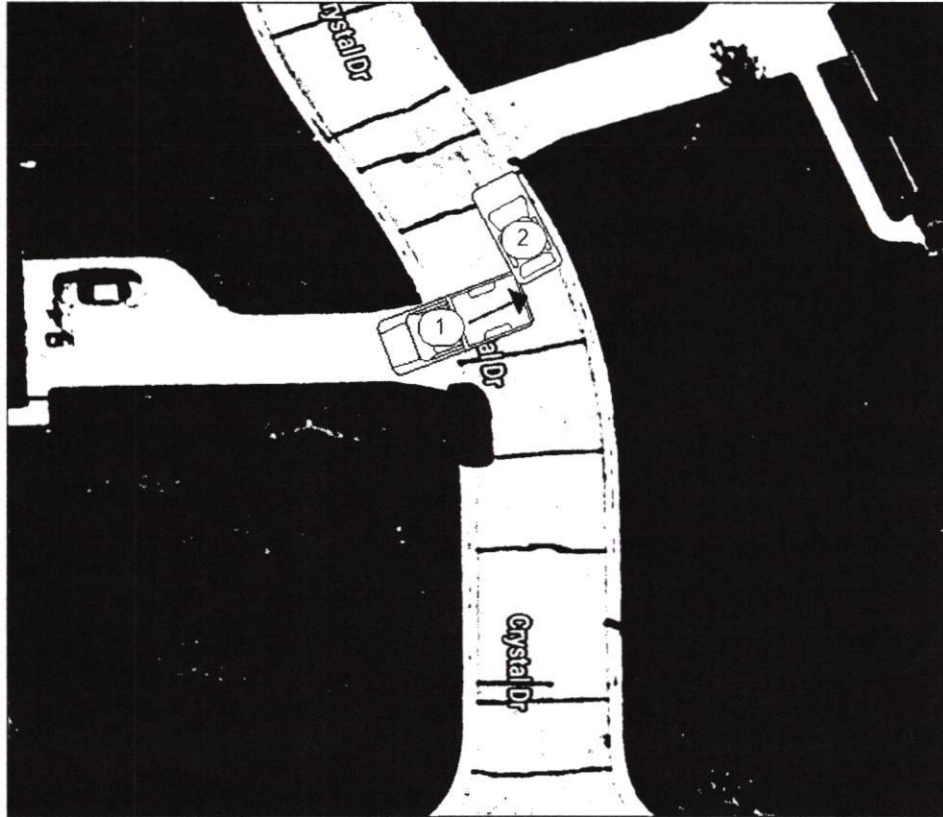
Document Number Override		Primary Crash Document #		Agency Crash Number 22-23996		Investigating Officer/Deputy OFFICER A. MROTEK	
Crash Date 12/15/2022		Crash Time 07:20 AM		Date Arrived 12/15/2022		Time Arrived 09:45 AM	
Date Notified 12/15/2022		Time Notified 09:24 AM		Total Units 02		Total Injured 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"/> Government Property		<input type="checkbox"/> Active School Zone		<input type="checkbox"/> School Bus Related NO		<input type="checkbox"/> Trailer or Towed	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	
<input type="checkbox"/> Reporting Threshold		<input type="checkbox"/> Reporting Threshold		<input type="checkbox"/> Reporting Threshold		<input type="checkbox"/> Reporting Threshold	

Description

Diagram



Locations approximate, not to scale.



Reconstruction By

Photos By
OFFICER MROTEK

Additional Information
PHOTOS

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

ON THE ABOVE DAY DATE AND TIME, I WAS DISPATCHED TO W192S8867 SETTLEMENT CT., TO INVESTIGATE A HIT AND RUN PROPERTY DAMAGE CRASH INVOLVING NO INJURIES. THROUGH INVESTIGATION IT WAS DETERMINED THAT UNIT #2 WAS LEGALLY PARKED ON THE SHOULDER OF W193S11070 CRYSTAL DR. UNIT #1 REVERSED OUT OF THE RESIDENCE DRIVEWAY ACROSS THE STREET AT, W193S11065 CRYSTAL DR., CRASHING INTO UNIT #2 WHICH WAS UNOCCUPIED. UNIT #1 ATTEMPTED TO MAKE CONTACT WITH THE RESIDENCE OWNER WITH NEGATIVE RESULTS UNTIL LATER IN THE DAY. NO CITATION ISSUED FOR HIT AND RUN.

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22-23996

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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(262) 679-4130

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing BACKING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions UNSAFE BACKING			
01	01	Owner Name CITY OF WEST ALLIS (414) 302-8200	Owner Address 7525 W GREENFIELD AVE WEST ALLIS, WI 53214 , US	
Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event PARKED MOTOR VEHICLE		
	03	Event		
	04	Event		
UNIT	Policy Holder			
	Insurance Company CITIES AND VILLAGES MUTUAL INSURANCE		Organization/Company CITY OF WEST ALLIS	
UNIT INDIVIDUAL	Individual			
	Driver ARCHIE B DUNBAR (414) 640-7352		Citations Issued 0	Sex MALE
	Date of Birth 03/04/1976		Race WHITE	
	Address W193S11065 CRYSTAL DR MUSKEGO, WI 53150 , US		Driver License Number D5160027608404 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	Helmet Use		Safety Equipment SHOULDER & LAP BELT	
	Eye Protection		Helmet Compliance	
	Tint Compliance		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 Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

MUSKEGO POLICE DEPARTMENT
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(262) 679-4130

UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition NOT OBSERVED				

Unit Summary

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

Vehicle

UNIT VEHICLE 02 02	License Plate Number [REDACTED]		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number [REDACTED]		Make SUBARU	Year 2021	Model IMR
	Color RED - RED		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage 07 - LEFT REAR CORNER		
	Extent Of Damage FUNCTIONAL DAMAGE				
	Towed Due To Damage NOT TOWED				

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22-23996

WISCONSIN MOTOR VEHICLE
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UNIT VEHICLE	What Driver Was Doing LEGALLY PARKED	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02	02	Owner Name SHAUN K HERDA (414) 305-2655	Owner Address W192S8867 SETTLEMENT CT MUSKEGO, WI 53150 , US
Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event PARKED MOTOR VEHICLE	
	03	Event	
	04	Event	
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO	Individual SHAUN HERDA	