



City of West Allis

Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2007-0685

Claim

Claim Report

State Farm communication submitted on behalf of Jeff Dawson regarding vehicle damage allegedly sustained at W. Oklahoma Ave. and S. Wollmer Rd. on August 20, 2007.

Introduced: 11/6/2007

Controlling Body: Administration & Finance Committee

COMMITTEE RECOMMENDATION

POF

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
JAN 02 2008			Barczak	✓			
			Czaplewski	✓			
			Dobrowski				
	✓		Kopplin				
			Lajsic	✓			
			Narlock				
		✓	Reinke	✓			
			Sengstock				
			Vitale				
			Weigel	✓			
			TOTAL	5	1		

SIGNATURE OF COMMITTEE MEMBER

Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
JAN 02 2008	✓		Barczak	✓			
			Czaplewski	✓			
		✓	Dobrowski	✓			
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	10	1		



OFFICE OF THE CITY ATTORNEY

Scott E. Post
City Attorney

Sheryl L. Kuhary
Jeffrey J. Warchol
Cheryl L. Wentland
Assistant City Attorneys

December 13, 2007

Common Council
City of West Allis

RE: City Attorney's Report of Claim

Dear Council Members:

The enclosed claim has been referred to this office in accordance with Section 3.05 (6)(a) of the Revised Municipal Code. This office has examined the facts of the claim and the applicable law. Our Opinion regarding liability is as follows:

It is the recommendation of this office that the following claim be placed on file:

State Farm Insurance Companies on Behalf of Jeff Dawson – Amount: \$3,842.60

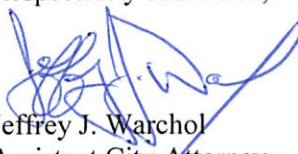
This is a claim for property damage to the claimant's vehicle on August 20th, 2007, at the intersection of West Oklahoma Avenue and South Wollmer Road, West Allis, WI, when a West Allis Patrol Officer, while on duty, collided with the claimant's vehicle causing substantial damage to the front of said vehicle. The claimant was not injured but his vehicle was damaged beyond repair considering the age and miles on said vehicle. The claimant's insurance company, State Farm Insurance Companies, filed a claim as a legal subrogee against the City on October 29th, 2007.

Our investigation of this matter indicated that the police officer was primarily negligent for the accident. The officer was simply distracted and failed to stop for the flashing red light before entering the intersection where the accident occurred. The Motor Vehicle Crash Review Board reviewed this accident and found the patrol officer to be at fault for the same. Discipline of the officer was applied in compliance with Department's Standards and Directives.

The document submitted by the insurance company as evidence of its decision to total the vehicle and the amounts paid out to the claimant for the same were reasonable and in accordance with industry's standards. Pursuant to settlement guidelines, the City Attorney's Office paid the insurance company the amount stated herein and obtained a Property Damage Only Release from the insurance company.

Based upon the above, it is the recommendation of the City Attorney's Office to place this claim on file.

Respectfully submitted,


Jeffrey J. Warchol
Assistant City Attorney

JJW:da

49-3594-150B1m

PROPERTY DAMAGE ONLY RELEASE

KNOW ALL MEN BY THESE PRESENTS that STATE FARM INSURANCE COMPANIES, a proper and legal subrogee in this matter, on behalf of Jeff Dawson, its insured, for and in consideration of Three Thousand Eight Hundred Forty-two and 60/100 Dollars (\$3,842.60) the receipt whereof is hereby acknowledged, do hereby forever release, acquit and discharge the City of West Allis, Wisconsin, a municipal corporation, its departments, commissions, officials, agents and employees, his, her, its or their successors and assigns and all others directly or indirectly liable, from any and all claims and demands, actions and causes of action, damages, both known and unknown, including future developments thereof, costs, loss of service and compensation on account of, or in any way growing out of, any and all known and unknown property damage resulting or to result from that certain accident on or about August 20th, 2007, at the intersection located at West Oklahoma Avenue and South Wollmer Road, West Allis, Wisconsin, when a Patrol Officer of the West Allis Police Department, while on duty, collided with a vehicle owned by Mr. Dawson, causing property damage to the front of Mr. Dawson's vehicle.

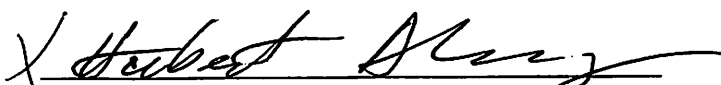
I/We agree that this settlement is in full compromise of a doubtful and disputed claim both as to the question of liability and damages and that the payment is not to be construed as an admission of liability.

I/We agree that this is a complete release of property damage only and it is understood and agreed that it doesn't constitute a release for any bodily injury resultant from this accident.

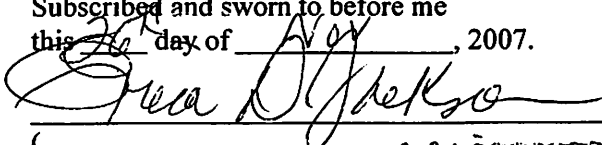
I/We further agree that this release and payment pursuant thereto is not to be construed as a waiver by or an estoppel of any party released to prosecute a claim or action against the undersigned for any damages sustained.

I/WE HAVE READ THE FOREGOING RELEASE AND FULLY UNDERSTAND IT. I/WE FURTHER UNDERSTAND THAT I/WE HAVE THE OPPORTUNITY TO DISCUSS AND NEGOTIATE THE TERMS OF THIS RELEASE WITH THE WEST ALLIS CITY ATTORNEY AND SPECIFICALLY WAIVE SUCH OPPORTUNITY.

Signed and sealed this 26th day of Nov, 2007.


STATE FARM INSURANCE COMPANIES
Subrogated Party on Behalf of Jeff Dawson

Subscribed and sworn to before me
this 26th day of Nov, 2007.



Notary Public, State of Illinois
My Commission: # 628944

OFFICIAL SEAL
ERIC A. JACKSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 29, 2009

JJW: da

L: jeff/claims/releases/PDonlyStat&Farm Ins-J Dawson

RECEIVED

NOV 29 2007

WEST ALLIS
CITY ATTORNEY



CITY CLERK/TREASURER'S OFFICE

414/302-8200 or 414/302-8207 (Fax)

www.ci.west-allis.wi.us

Paul M. Ziehler

City Admin. Officer, Clerk/Treasurer

Monica Schultz

Assistant City Clerk

Rosemary West

Treasurer's Office Supervisor

October 30, 2007

State Farm Insurance
Stacey L. Vandegraft
PO Box 2371
Bloomington, IL 61702-2371

Dear Ms. Vandegraft:

This letter acknowledges receipt of your communication submitted on behalf of your insured Jeff Dawson, your claim number 49-3594-150, regarding vehicle damage allegedly sustained at W. Oklahoma Ave. and S. Wollmer Rd. on August 20, 2007.

The original document will be submitted to the Common Council at its meeting of November 6, 2007.

It is not anticipated that a decision regarding this matter will be made on this date. Generally, all communications are directed to the City Attorney's office for investigation. Common Council action regarding your communication will not be taken until the City Attorney's investigation is completed. Any questions you may have regarding this matter should be directed to their attention.

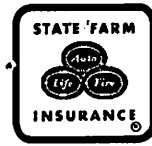
Sincerely,

Monica Schultz
Assistant City Clerk

/amn

cc: City Attorney

State Farm Insurance Companies



State Farm Insurance
Subrogation Services
PO Box 2371
Bloomington, IL 61702-2371

October 24, 2007

Certified Mail-Return Receipt Requested

City Of West Allis, Clerk/Treasurer's Office
Cith Hall Room 108-110
7525 W. Greenfield Ave.
West Allis, WI 53214

RECEIVED

OCT 29 2007

CITY OF WEST ALLIS
CLERK/TREASURER

RE: Claim Number: 49-3594-150
Our Insured: Jeff Dawson
Date of Loss: August 20, 2007
Your Insured: City of West Allis
Your Insured Driver: Philip Russell
Your Claim Number: unk.
Your Policy Number: unk.

Dear City Clerk's Office:

Facts of Loss: Insured was heading towards HWY 100 on Oklahoma Street - she had flashing yellow lights. City vehicle was on Loman St. with flashing red lights and went through red lights and struck insured driver.

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm paid by Cause of Loss:

041/045 - Uninsured Motorist BI	\$
042 - Uninsured Motorist PD	\$
300 series/400 - Comp/Collision	\$3,742.60
501 - Rental/Loss of Use	\$
600-050 - Med Pay/PIP	\$
Other	\$
Salvage Recovery	\$400.00
Amount State Farm Paid	\$3,342.60
Insured Deductible	\$500.00
Total Claim Amount	\$3,842.60

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the

Page 2
October 24, 2007

Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$3,842.60.

Please remit payment of this claim and include our claim number on the payment. If you have any questions, please call 877-457-8276 and any member of Team #60 may assist you. Thank you for your cooperation.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Sincerely,


Stacey L. Vandegraft
Claim Representative
(877) 457-8276 Ext. 5-5023, Team 60

State Farm Mutual Automobile Insurance Company
Enclosure(s)



RBZ0006Z
date: 10-25-07

page: 1

route to: Steve Lollar

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

AUTO PAYMENTS BY COL

claim number

49-3594-150

named insured

DAWSON, JEFF

policy number

0752-129-49

date of loss

08-20-07

COL 400

C denotes consolidated payment

E denotes EFT payment

P denotes previous data

COL: 400 indemnity: 3,742.60 dir rcov: 0.00 expense: 0.00

payment number	payee	amount	status	COL	pay cd	rsn	reporting party
105221500J	LAURA DAWSON &	3,742.60	PAID	400	1		Named Insu
105221496J	JEFF DAWSON & L	3,742.60	VOID	400	1		Named Insu

COL 501

C denotes consolidated payment

E denotes EFT payment

P denotes previous data

COL: 501 indemnity: 0.00 dir rcov: 153.52 expense: 0.00

payment number	payee	amount	status	COL	pay cd	rsn	reporting party
E 105912537K	MAYFAIR RENT-A-	153.52	PAID	501	1		Named Insu



RBZ00032
date: 10-25-07
time: 08:50 AM

route to: Lollar, Steve

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
VEHICLE DAMAGE REPORT

claim number
49-3594-150

date of loss
08-20-07

```
*****  
* Estimate Vehicle Info *  
*  
*      Vehicle Owner: DAWSON, JEFF *  
*      Vehicle Description: 95 FORD MUSTANG COUPE BLUE *  
*  
*****
```


STATE FARM INSURANCE COMPANIES
500 SOUTH 84TH STREET LINCOLN, NE 68510-2611
SUPPLEMENT FAX: (MN,WI) 800-230-1949
SUPPLEMENT FAX: (IA,NE,ND,SD) 800-455-9697

CD LOG NO 870 -0

08-22-07 10:08 AM

ESTIMATE

CLAIM INFORMATION

CLAIM #	49-3594-15001	POLICY #	
COMPANY	STATE FARM	CLAIM REP	BRUGGEMAN, BECKY
FAX		WORK PH#	(402) 327-3068
INSURED	DAWSON, JEFF,	LOSS DATE	08-20-07
CLAIMANT		LOSS TYPE	COLLISION

INSPECTION

TYPE	FIELD		
PRIMARY POI	FRONT END CENTER	SECOND POI	
APPRAISER NAME	GENE LOEBIG		
ADDRESS	245 EXECUTIVE DR.S 200	INSP DATE	08-22-07
CITY STATE	BROOFFIELD WI	LOCATION	
ZIP	53005-	CITY STATE	MILWAUKEE WI

OWNER

DAWSON, JEFF	WORK#
9818 W MORGAN AVE	HOME#(414) 328-0789
MILWAUKEE WI 53228-	

REPAIR

VEHICLE

1995 FORD MUSTANG STD 2 DR COUPE
6CYL GASOLINE 3.8

OPTIONS

TWO-STAGE - EXTERIOR SURFACES	TWO-STAGE - INTERIOR SURFACES
POWER DOOR LOCKS	POWER WINDOWS
HEATED BACK GLASS	AIR CONDITIONING
AUTOMATIC TRANS	CRUISE CONTROL

BODY COLOR	BLUE	MILEAGE	113,460
CONDITION		VIN	1FALP4048SF248926
LICENSE #	TRADOG	CODE	P125
LICENSE STATE	WI	VEH INSP #	

REMARKS:

OP CODES:

* = USER-ENTERED VALUE	E = REPLACE OEM	NG = REPLACE NAGS
EC = ** NON-OEM PART	UC = RECOND PART	UM = REMAN/REBUILT PART
EU = RECYCLED PART	EP = ** NON-OEM PART	PC = RECOND PART
PM = REMAN/REBUILT PART	TE = PARTL REPL PRICE	ET = PARTL REPL LABOR

1995 FORD MUSTANG STD 2 DR COUPE
CLAIM # 49-3594-15001

LOG 870 -0

08-22-07 10:08 AM

EC	M17	COVER CAR EXTERIOR	** NON-OEM PART	5.00*	4
L		MASK JAMBS	REFINISH		0.5*4*
			0.5* SURFACE		
I		PINCH WELDS RT & LT	REPAIR		0.5*1*
L		PINCHWELDS RT & LT REF	REFINISH		0.5*4*
			0.5* SURFACE		
SB		THRUST ANGLE ALIGNMENT	SUBLET	59.95*	1*

29 ITEMS

MC MESSAGE

01 CALL DEALER FOR EXACT PART # / PRICE
07 STRUCTURAL PART AS IDENTIFIED BY I-CAR
10 INCLUDES AUDATEX TIME TO CLEAR ENTIRE PANEL.
46 PRINTABLE PXN COMPARE

FINAL CALCULATIONS & ENTRIES
PARTS

GROSS PARTS	\$	1,542.87
OTHER PARTS	\$	788.00
PAINT MATERIAL	\$	411.60

ADJUSTMENTS	DISCOUNT	MARKUP	
LINE ITEMS		\$	193.75
PARTS & MATERIAL TOTAL		\$	2,936.22
TAX ON PARTS & MATERIAL @	5.600%	\$	164.43

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	\$ 50.00	5.1	4.9	\$ 500.00
2-MECH/ELEC	\$ 85.00	0.9		\$ 76.50
3-FRAME	\$ 50.00			
4-REFINISH	\$ 50.00	14.7		\$ 735.00
5-PAINT	\$ 28.00			

LABOR TOTAL		\$	1,311.50
TAX ON LABOR	@ 5.600%	\$	73.44
SUBLET REPAIRS		\$	259.95
TAX ON SUBLET	@ 5.600%	\$	14.56
TOWING			
STORAGE			

GROSS TOTAL	\$	4,760.10
LESS: DEDUCTIBLE	\$	500.00-
NET TOTAL	\$	4,260.10

PXN Y/01/00/00/01/00 CUM 01/00/00/01/00 GEOCODE: 53201 MILWAUKEE
PXS NO -3-

1995 FORD MUSTANG STD 2 DR COUPE
CLAIM # 49-3594-15001

LOG 870 -0

08-22-07 10:08 AM

AUDATEX PENPRO W0412 ES LOG870 -0 08-22-07 10:36:56
REL 4.12.20 DT 08/07

(C) 1993 - 2006 AUDATEX NORTH AMERICA, INC.

2.8 HRS WERE ADDED TO THIS EST. BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

THIS IS AN ESTIMATE. REPAIR FACILITES MUST INSPECT THE VEHICLE TO DETERMINE
IF ANY REPAIRS NOT LISTED ARE REQUIRED, AND TO CONTACT STATE FARM BEFORE
MAKING SUCH REPAIRS. REPAIRER ALSO IS RESPONSIBLE FOR CONDUCTING ANY NECESSARY
INSPECTION AND SAFETY CHECKS PRIOR TO AND AFTER COMPLETING REPAIRS.

















COPART AUTO AUCTIONS
P O BOX 371308
MILWAUKEE, WI 53237 1308
PHONE (414) 769-7665
TAX ID# 942867490

Date 10/01/07

Visit us at www.copart.com

FINAL SETTLEMENT STATEMENT

Copart Lot# 11826997 39 WI - MILWAUKEE
Loss Date 8/20/07
Called In 8/23/07
P/U Cleared 8/24/07
Pickup Date 8/24/07
Original Title 9/11/07
Trans Title 9/11/07
Sale Document 9/13/07
Loss Type COLLISION
Description 95 FORD MUSTANG BLUE
Vehicle ID# 1FALP4048SF248926
License#/ST TRADOG
Mileage 113,460
Pickup From 9818 W MORGAN AVE
9818 W MORGAN AVE
MILWAUKEE, WI 53228 1344
(414) 328-0789

SZ80 PIP003A
JAY HOCHSTEIN
STATE FARM MUTUAL AUTO INS CO
HEARTLAND CTLU CODE
P.O. BOX 82614
LINCOLN, NE 68501

Claim# 493594150
Policy# 075212949
Loss Code
Reference#
Insured JEFF DAWSON
Owner JEFF DAWSON

ADVANCE CHARGES PAID BY COPART

TOTAL ADVANCE CHARGES00
COPART SERVICE CHARGES	
PIP POOLING CHARGE	100.00
TOTAL COPART SERVICE CHARGES	100.00
TOTAL DUE COPART	100.00
PROCEEDS FROM SALE	500.00CR *Bid Raised By Internet*
NET PROCEEDS	\$ 400.00CR

REC'D IN CSU
OCT 02 2007
HEARTLAND ZONE

SALE INFORMATION

Lot# 11826997
Sale Date 9/21/07
Sale Amount 500.00
ACV 3975.00

Sold To 317266 LKQ/A-RELIABLE AUTO PARTS
2247 W 139TH ST
BLUE ISLAND, IL 60406
(708) 385-5595 RES# 16577914

Return 12.5%

Item# 40

Proceeds Check# 4508697

Cert# 02177430308

Payment From Buyer 9/24/07

Check Date 10/01/07
Check Amount 400.00CR USD

COPY

October 3, 2007

State Farm Insurance
PO Box 82613
Lincoln, NE 68501-2613
Local: (402) 327-5575
Toll Free: (888) 248-6961
Fax: (888) 577-4670

City Of West Allis
7525 W Greenfield Ave
West Allis, WI 53214

RE: Claim Number: 49-3594-150
Date of Loss: August 20, 2007
Our Insured: Jeff Dawson
Driver: Tracy Mecha
Your Police officer: Phillip Russell

Dear City of West Allis:

Please submit a claim for the above auto accident that your police officer Phillip Russell was involved in on August 20, 2007. Our insured is Jeff Dawson and the driver of our vehicle was Tracy Mecha. Please submit a claim so we can send our subrogation documents to the correct department. When you get the claim submitted please call me back with your claim number, address and who to send our documents to.
Thank you.

Sincerely,

Becky Bruggeman
Claim Representative
Ext: 327-3068

State Farm Mutual Automobile Insurance Company

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710

Wisconsin Motor Vehicle
 Accident Report MV4000e 01/2005
 050206

BRQX675

Page 1 of 4

POLICE # 07040090

ACCIDENT # A07082008

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number BRQX675		Document Override Number		
Agency Accident Number A07082008				Police Number 07040090						
4 - Accident Date 08/20/2007		5 - Time of Accident (Military Time) 2251		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00		
2 - County MILWAUKEE - 40		3 - Municipality WEST ALLIS - 80, CITY				11 - Accident Location INTERSECTION				
14 - On Hwy No.		14 - On Street Name OKLAHOMA AVE W			14 - Bus/Fmt/Rmp		15 - Est. Dist		15 - Hwy. Dir	
16 - Fr/At Hwy No.		16 - From/At Street Name WOLLMER RD W			16 - Business/Frontage/Ramp					
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude			
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				93 - Manner of Collision ANGLE						
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type ASPHALT				
115 - Traffic Way DIVIDED-HIGHWAY-MEDIAN-STRIP-WITHOUT-TRAFFIC-BARRIER										
117 - Relation To Roadway ON-ROADWAY										
114 - Light Condition DARK-LIGHTED		116 - Road Surface Condition WET			118 - Weather RAIN					
9 <input type="checkbox"/> Hit and Run		9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire		9 <input checked="" type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed		
9 <input type="checkbox"/> Truck Or Bus		9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone		9 <input checked="" type="checkbox"/> Names Exchanged				
101 <input checked="" type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken			79 - E M S Number			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel NORTH		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number R2406655617007		30 - State WI		31 - Expiration Year 2009		34 - On Duty Accident POLICE	
25 - Operator/Pedestrian Last Name RUSSELL		25 - First Name PHILIP		25 - Middle Initial E		25 - Suffix	
32 - Date Of Birth 05/10/1956		33 - Sex MALE					
26 - Address Street & Number 11301 W LINCOLN AVE						26 - PO Box	
27 - City WEST ALLIS		27 - State WI		27 - Zip Code 53227		28 - Telephone Number (414) 302-8000 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control TRAFFIC-SIGNAL-FLASHING				62 - No. of Citations Issued 0	
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.	
						64 - 5th Statute No.	
122 - Driver Factors DISREGARDED-TRAFFIC-CONTROL							
88 - Driver or Pedestrian Factors APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN			

OPERATOR/PEDESTRIAN 01

MJS

Wisconsin Motor Vehicle

BRQX675

Accident Report MV4000e 01/2005

050206

Page 2 of 4

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 1
	56 - License Plate Number B223	57 - Plate Type OFF	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 2G1WF55K628293699	
	50 - Year 2002	51 - Make CHEV	52 - Model IMPALA	53 - Body Style 4DR	54 - Color WHI	100 - Skidmarks to Impact (FI) 0
	94 - Vehicle Damage MIDDLE DRIVER SIDE					
	95 - Extent Of Damage MODERATE	96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name	46 - First Name		46 - Middle Initial	46 - Suffix
	46 - Company Name CITY OF WEST ALLIS				
	47 - Address Street & Number 7525 W GREENFIELD AVE		47 - PO Box		
	48 - City WEST ALLIS	48 - State WI	48 - Zip Code 53214	49 - Telephone Number (414) 302-8000 EXT.	

Insurance

INS 01	63 - Liability Insurance Company CITIES-&VILLAGES-MUTUAL-INS-CO		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name	
	61 - Policy Holder Company CITY OF WEST ALLIS		

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel EAST	24 - Speed Limit 35
36 - Operating as Classified D CLASS	37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle		
29 - Driver's License Number M2008118292500	30 - State WI	31 - Expiration Year 2009	34 - On Duty Accident		
25 - Operator/Pedestrian Last Name MECHA		25 - First Name TRACY		25 - Middle Initial K	25 - Suffix
32 - Date Of Birth 11/25/1982	33 - Sex FEMALE				

Wisconsin Motor Vehicle
Accident Report MV4000e 01/2005
050206

BRQX675

Page 3 of 4

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 9818 W MORGAN AVE				26 - PO Box	
	27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53228	28 - Telephone Number (414) 333-9588 EXT.	
	36 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
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	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control TRAFFIC-SIGNAL-FLASHING		82 - No. of Citations Issued 0	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Factors APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN	
91 - Drugs Reported						
124 - Highway Factors NOT-APPLICABLE						

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE				Vehicle Type PASSENGER-CAR		22 - Total Occupants 1
	58 - License Plate Number TRAD0G		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2008	55 - Vehicle Identification Number 1FALP4048SF248926	
	50 - Year 1995	51 - Make FORD	52 - Model MUSTANG	53 - Body Style COUPE	54 - Color BLU	100 - Skidmarks to Impact (Ft) 0	
	94 - Vehicle Damage FRONT						
	95 - Extent Of Damage MODERATE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OWNER		
	123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name MECHA		46 - First Name TRACY	46 - Middle Initial K	46 - Suffix
	46 - Company Name				
	47 - Address Street & Number 9818 W MORGAN AVE		47 - PO Box		
	48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53228	49 - Telephone Number (414) 333-9588 EXT.	

Insurance

Wisconsin Motor Vehicle

BRQX675

Accident Report MV4000e 01/2005

050206

Page 4 of 4

INS 02	63 - Liability Insurance Company STATE-FARM		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name DAWSON	61 - Policy Holder First Name LAURA	
	61 - Policy Holder Company		

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY LT. BYKOWSKI
	<p>Drawings Not to Scale Measurements Are Approximate</p>
UNIT 1 WAS TRAVELING NORTH ON S WOLLMER RD AND ENTERED THE INTERSECTION AT W OKLAHOMA AVE WITHOUT STOPPING FOR THE RED SIGNAL. UNIT 2 WAS TRAVELING EAST ON W OKLAHOMA AVE AND STRUCK UNIT 1 IN THE MIDDLE OF THE INTERSECTION, IN THE EASTBOUND LANES.	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name PORTER		125 - First Name CALEB		125 - Middle Initial	131 - Officer ID
	129 - Law Enforcement Agency No. 4116		130 - Law Enforcement Agency Name WEST ALLIS POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number 11301 WEST LINCOLN AVENUE					
	127 - City WEST ALLIS		127 - State WI		127 - Zip Code 53227	128 - Telephone Number (414) 302-8000 EXT.
	132 - Date Notified 08/20/2007		133 - Time Notified (Military Time) 2257		134 - Time Arrived (Military Time) 2301	
	135 - Date Of Report 08/21/2007					
	Agency Accident Number A07082008		Police Number 07040090		19 - Special Study	
	18 - Agency Space					

**West Allis
Police Department****A07082008**

Accident Investigation

Event #: 07040090
Date of Accident: 08/20/07 Time of Accident: 2251hrs
Location: W Oklahoma Ave/S Wollmer Rd
Investigating Officer(s): Officer Porter Assisting Officer(s): Officer Cato
Traffic Investigator: N/A

Investigation**Officer Porter reports...**

On 08/20/07 at about 2255hrs officers responded to the intersection at W Oklahoma Ave/S Wollmer Rd for a squad involved accident. Officer Cato and I arrived on scene at about 2301hrs where I observed Officer Russell's squad facing north in the eastbound lanes of W Oklahoma Ave. A blue Ford Mustang bearing WI Reg. TRA D0G was facing east in the far right lane. Both vehicles were in the intersection just north of W Wollmer Rd.

I approached both Officer Russell and the driver of the Mustang, who identified herself with a WI DL as Tracy K. Mecha. Both Officer Russell and Mecha stated they were not injured from the accident. The driver's side door on the squad and dividing frame in front of the passenger door were both indented from the collision. The side airbag of Officer Russell's squad had deployed..

The front bumper of the Mustang had fallen off and the front quarter panel on the driver's side was pushed back causing the driver's side door to be inoperable. The front bumper assembly was pushed downward and the front part of the hood was crushed inward. Both front airbags were deployed in the Mustang.

Lt. Bykowski also assisted at the scene and took fifteen digital photographs.

CONTACT - OFFICER RUSSELL

Before I could ask any questions, Officer Russell indicated that he had gone through the red light when Mecha struck him. Officer Russell stated he was on his way home after finishing his shift and just wasn't thinking.

Officer Russell had already filled out an accident template with his information, and handed it too me.



**West Allis
Police Department**

A07082008

Accident Investigation

CONTACT – TRACY MECHA

Mecha stated she was traveling east on W Oklahoma Ave at about 40mph prior to the crash. She stated she was on her way home and there was a vehicle suddenly in front of her. Mecha tried to slow down but there was no time. Mecha realized it was a police squad afterwards. Mecha was not injured and stated she was wearing her seatbelt.

DISPOSITION

Both vehicles were drivable after the fact. Officer Russell drove his squad away from the scene while Mecha's partner removed the Mustang.

Captain Unger and Lt. Bykowski reviewed this accident prior to it being submitted.

08/22/07 07:32
Via: Multiple

AUTOSOURCE VEHICLE RECORDS
AS Request: 20567638

Page 1.

Vehicle Inspection Report

Claim No: 49-3594-15001 Rep: _____ Claim Unit: _____
Owner: DAWSON, JEFF Rep Phone: _____ Rep Fax: _____
Insured: DAWSON, JEFF, Loss Code: _____ Date of Loss: 08/20/07
Date Report.: _____
Location Address: _____ Phone: _____ Storage: \$ _____/day
N/A, Towing : \$ _____
Cause of Loss: Stock # _____
*Collision Theft Flood Vandalism Hail Fire Other: _____

VEHICLE DESCRIPTION

1995 Ford Mustang STD 2D Coupe Lic. Plt: TRADOG Exp.: _____
VIN: 1FALP4048SF248926 Color: Ext. BLUE Int. _____ St: WI
Engine Disp. 3.8 No. Cyl. 6 *Gas Diesel Turbo/Supercharged Electric
Trans: *Auto Manual Speeds: 3 *4 5 6
Mileage: _____ Tires Mfg: _____ %Wear: LF 45% LR 45% SP _____%
113,460 Size: _____ RF 45% RR 45%

Cab Type: Reg Cab Ext. Cab Crew Cab Load/Rating: 1/2 Ton 3/4 Ton 1 Ton
Box Size: Box Type: Styleside Stepside
Van Type Passenger Cargo Regular Extended Conversion Name: _____

VEHICLE EQUIPMENT

ACCESSORIES	OTHER ACC.	SEATS	ROOF	BUMPERS	OTHER
*Pwr Steer	AM Radio	Power Seat	Vinyl Top	Rear Step	Grille Grd
*Pwr Brakes	*AM/FM Stro	Du Pwr Seat	Luggage Rck	Tube	Fog Lights
*Pwr Windows	AM/FM Cass	Heated Seat	Roll/LteBar	Chrome	Winch
*Pwr Locks	AM/FM CS/CD	Lumbar Adj.	Convertible	Chr. Step	Camp. Shell
*Pwr Mirrors	CD Player	Splt 60/40	Sun-Power	WHEELS	Bed Liner
*Cruise Ctrl	CD Changer	Bucket	Sun-Manual	Cust. Whl	Sp-in Bed
*Tilt Wheel	Equalizer	*Cloth/Velr	Sun-Pop-Up	Whl Cvr	Liner
*Air Cond.	Alarm Sys.	Leather	TRUCKS/VANS	Alum./Alloy	Tool Box
Dual Air	Rem. Startr	Vinyl	Television	Chrome	Aux Tank
AntiLck Brk	Keyless	Cpt'n Chair	Sliding Rr	Sty. Stl	Hyd. Lft Gt
4WH Dsc Brk	Navigation	2 4 6	Window	Dual Rear	Lift Kit
4 Wh Str'g	DVD Player	GLASS	Power Rear	Wheels	Gr Eff Pkg
*Air Bg Drvr	GPS	HeadsUp Dsp	Window	SUSPENSION	Trlr Hitch
*Air Bg Pass	VCR	Heated W/S	DRIVETRAIN	Trl Tow Pkg	Run. Boards
Air Bg Othr	Center Cons	*Heated B/Gl	*2 WD	Off. Rd Pkg	PAINT
Pwr Antenna	Overhd Cons	*Tinted Gl	4 WD	Cmp. Spl	2-Tone
Rear Wiper		Privacy Gl	AutoLckHubs		Custom
Rear Spoilr			ManuLckHubs		Graphics
Remote Trunk					

Use this space to explain or describe Equipment/Accessories listed above
and/or list and describe additional Equipment/Accessories

RADIO: *OEM Non-OEM Brand Model No. _____
 CELLULAR
 PHONE: OEM Non-OEM Brand Model No. _____
 PAINT: Orig. Repaint(+/-)\$ _____

PRE-LOSS CONDITION

Explain if other than average condition for year, make and model vehicle:

+ Avg -

INTERIOR:			
Seats:	_____	X	_____
Carpet:	_____	X	_____
Glass:	_____	X	_____
Dash:	_____	X	_____
Headln:	_____	X	_____
EXTERIOR:			
Sht.Mt:	_____	X	_____
Paint:	_____	X	_____
Trim:	_____	X	_____
MECHANICAL:			
Engine:	_____	X	_____
Trans.:	_____	X	_____

PRIOR DAMAGE: Yes No Est. Written: Yes No Amount: \$ _____

OVERALL CONDITION: Above Avg. Avg. Below Avg.

AEI: GENE LOEBIG

VEHICLE#: 01

INSPECTION LOCATION, ADDRESS, PHONE 9818 W MORGAN AVE MILWAUKEE WI 414-328-0789

ESTIMATE WRITTEN BY: GENE LOEBIG

ESTIMATE LEFT WITH:

ESTIMATE AMOUNT \$4760.10

POSSIBLE SUPPLEMENT & DESC: \$NO

PRIOR DAMAGE AMT & DESC: \$ NO

VALUATION OR VIR SUBMITTED: YES

ODOMETER ACCURATE, EXPLAIN: YES

KEYS AVAILABLE: NO

DEPLOYED SIR & COST: N/A

LICENSE PLATE & STATE: TRADOG WI

EXPIRATION DATE: FEB 08

SPECIALTY PLATE: NO

STORAGE \$ PER DAY: NONE

TOWING & OTHER CHARGES: \$ NONE

REMARKS: NONE

Inspected by:

Date: _____

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08/22/07 07:32
Via: Multiple

AUTOSOURCE VALUATION
AS Request: 20567643

Page 1
Version: 1

ADMINISTRATIVE DATA

1995 FORD MUSTANG STD 2D COUPE

Gene Loebig
State Farm Insurance
Milwaukee Operations Cent Branch
PO 1619
Waukesha WI 53186-1619

Claimant:
Insured:Dawson,jeff,
Claim:49-3594-15001
Loss Date:08/20/2007
Loss Type:Collision
Policy:(None)
Other:

VALUATION NOTES

1995 FORD MUSTANG STD 2D COUPE

o Client Entered Comments

- AEI:GENE LOEBIG
- VEHICLE#: 01
- INSPECTION LOCATION, ADDRESS, PHONE 9818 W MORGAN AVE MILWAUKEE WI
414-328-0789
- ESTIMATE WRITTEN BY: GENE LOEBIG
- ESTIMATE LEFT WITH:
- ESTIMATE AMOUNT \$4760.10
- POSSIBLE SUPPLEMENT & DESC:\$NO
- PRIOR DAMAGE AMT & DESC: \$ NO
- VALUATION OR VIR SUBMITTED: YES
- ODOMETER ACCURATE, EXPLAIN: YES
- KEYS AVAILABLE: NO
- DEPLOYED SIR & COST: N/A
- LICENSE PLATE & STATE:TRADOG WI
- EXPIRATION DATE:FEB 08
- SPECIALTY PLATE: NO
- STORAGE \$ PER DAY: NONE
- TOWING & OTHER CHARGES: \$ NONE
- REMARKS: NONE

08/22/07 07:32
Via: Multiple

AUTOSOURCE VALUATION
AS Request: 20567643

Page 2
Version: 1

N.A.D.A. VALUE**

1995 FORD MUSTANG STD 2D COUPE

**N.A.D.A. Vehicle Description: 1995 FORD Mustang-V6 Coupe 2D

N.A.D.A. values are as of August, 2007 from the Official Older Used Car Guide, National Edition.

-----Base Value-----	\$3,650
-----Mechanical-----	
Engine:	\$0
Transmission:	\$0
-----Equipment-----	
-----Equipment Subtotal-----	\$0
-----Mileage: 113,460 Mi-----	\$175
	=====
Adjusted Total	\$3,825

These current N.A.D.A. values are furnished under license from NADASC. All values Copyright (C) NADASC 2007.

The values in the N.A.D.A. guide assume a vehicle in clean condition. Appropriate deductions should be made to put a vehicle in salable condition.

SPECIAL NOTE ON OLDER VEHICLES: N.A.D.A.'s editors believe that most optional equipment has little or no value on older vehicles. This is especially true of options that cost relatively little to begin with and which deteriorate with age or use.

VINSOURCE ANALYSIS

1995 FORD MUSTANG STD 2D COUPE

	1FALP4048SF248926
Decodes as:	1995 Ford Mustang STD 2D Coupe
Accuracy:	Decodes Correctly
History:	Activity was reported

o AUTOSOURCE ACTIVITY: (NONE).

o AUTOTRAK ACTIVITY: (NONE).

o AUDATEX/ESTIMATING ACTIVITY: (NONE)

o SALES HISTORY ACTIVITY: Listed for sale by Hiller Ford Inc in Franklin, WI on May 15, 2002. Stock Number: 121146B Mileage: 54,996.

NICB REPORT

1995 FORD MUSTANG STD 2D COUPE

NICB/ISO Member:	S037 STATE FARM MUTUAL AUTOMOBILE	
Claim:	49-3594-15001	Loss Date: 08/20/07
Type of Loss:	ASSIGNMENT	NICB/ISO File: H0132527740
		Point of Impact: Unknown

08/22/07 07:32
Via: MultipleAUTOSOURCE VALUATION
AS Request: 20567643Page 3
Version: 1

REPORTED PHONE NUMBER ANALYSIS

1995 FORD MUSTANG STD 2D COUPE

No Vehicles Advertised at (414) 328-0789

CONDITION ADJUSTMENT DETAIL 1995 FORD MUSTANG STD 2D COUPE

	Typical Vehicle	Loss Vehicle	Adjustment
-----INTERIOR-----		Average	
Seats:	Minor Wear	Minor Wear	
Carpets:	Moderate Wear	Moderate Wear	
Int Trim:	Minor Damage	Minor Damage	
Glass:	Good	Good	
Headliner:	Good	Good	
-----EXTERIOR-----			
Body:	Moderate Damage	Minor Damage	110
Paint:	Moderate Damage	Moderate Damage	
Ext Trim:	Moderate Damage	Minor Damage	25
--MECHANICAL---		Average	
Engine:	Minor Wear	Minor Wear	
Transmission:	Minor Wear	Minor Wear	
-----TIRES-----		Average	
Front Tires:	Good	Good	
Rear Tires:	Good	Good	
Total Condition Adjustments:			===== \$135

RECALL BULLETINS 1995 FORD MUSTANG STD 2D COUPE

Nat'l. Highway Traffic Safety Admin (US) has issued a total of 6 recall bulletins that may apply to this vehicle.

NHTSA ID Number: 95E006002
Date Issued: 02/17/95
Quantity Affected: 8,600
Manufacturing Dates: Jan 1995 - Feb 1995
System: Interior; passive restraints; air bag; passenger
Vehicle Description: Passenger side air air bag in passenger cars, vans and multi-purpose vehicles
Description Of Defect: The passenger side air bag has an inflator body that cracked during forming of the curl that retains the igniter plug in the end of the inflator. Also the igniter end cap can separate from the inflator.

Consequence Of Defect: The passenger side air bag may not inflate property resulting in reduced occupant protection in a vehicle accident. If the igniter end cap separates in a frontal collision, hot gases can be released and ignite flammable material or cause burn injuries.

08/22/07 07:32 AUTOSOURCE VALUATION Page 4
Via: Multiple AS Request: 20567643 Version: 1
RECALL BULLETINS (continued) 1995 FORD MUSTANG STD 2D COUPE

Corrective Action: Dealers will remove and replace the passenger side air bag module.

NHTSA ID Number: 95V134000
Date Issued: 07/14/95
Quantity Affected: 1,300
Manufacturing Dates: Feb 1995 - Feb 1995
System: Steering; linkages; tie rod; end
Vehicle Description: Passenger vehicles
Description Of Defect: The affected vehicles were built with outer tie rod ends with incorrect taper ball studs. The incorrect tapered ball studs can fracture within 50,000 miles.
Consequence Of Defect: A fractured ball stud can result in a noticeable shake or shimmy and could cause the affected wheel to tuck inward or outward, increasing the potential for a vehicle accident.
Corrective Action: Dealers will inspect the outer tie rod ends and replace the incorrectly tapered ball studs.

NHTSA ID Number: 97V180
Date Issued: 10/01/97
Quantity Affected: 76,900
Manufactured Dates: January 1994 - December 1995
Vehicle Description: Passenger vehicles and minivans.
Description Of Defect: Tearing of the bond between the inner and outer hood panels during minor front end collisions can result in a gap at the leading edge of the hood. Air forced between the inner and outer panels can produce enough pressure to force the outer panel upward.
Consequence Of Defect: This condition can result in total separation of the outer hood panel.
Corrective Action: Dealers will inspect the hood area for any damage along the leading edge of the hood. If there is any evidence of bond separation, the hood will be replaced. If there is no evidence of bond separation, additional adhesive will be applied between the inner and outer hood panels.

NHTSA ID Number: 00V349
Date Issued: 10/01/00
Quantity Affected: 434,000
Dates Of Manufacture: October 1993 - October 2000

Defect: On certain Mustang cars equipped with manual transmissions, if the vehicle is parked with the parking brake not fully applied and not in first gear, the vehicle could roll on some grades. This could result in unintended vehicle movement and a vehicle crash.

08/22/07 07:32

Via: Multiple

RECALL BULLETINS (continued)

AUTOSOURCE VALUATION

AS Request: 20567643

Page 5

Version: 1

1995 FORD MUSTANG STD 2D COUPE

Remedy: Dealers will modify the parking brake control and install a plate, or over-bracket, to the control to lock the self adjust mechanism in position following adjustment. The manufacturer has reported that owner

notification began on Nov. 27, 2000. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-392-3673.

NHTSA ID Number: 01V318
Date Issued: 10/01/01
Quantity Affected: 911
Dates Of Manufacture: n/a
Defect: On certain of these passenger vehicles which had their driver's bag modules replaced after April 5, 2000, the replacement driver's air bag inflators might have insufficient welds that could prevent proper inflation of the air bag. In the event of a crash, the driver's air bag may not properly deploy. This could result in less than the intended level of occupant protection.

Remedy: Dealers will inspect and, if necessary, replace the driver's air bag module. The manufacture has reported that owner notification began Oct. 5, 2001. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-436-7332.

NHTSA ID Number: 01V390
Date Issued: 12/01/01
Quantity Affected: 695,260
Dates Of Manufacture: April 1994 - August 1995
Defect: On certain Taurus/Sable vehicles equipped with 3.0-liter and 3.8 liter engines and Mustang vehicles with 3.8-liter and 5.0-liter engines, it is possible for the engine cooling fan bearing to seize. Should this occur, excessive heat could be generated, which could melt the fan motor electrical connector. Components inside the cooling fan motor could ignite, potentially resulting in an underhood fire.

Remedy: Dealers will inspect the engine cooling fan assembly and install a circuit breaker. If the cooling fan is inoperative, the fan and motor assembly will be replaced. The manufacturer has reported that owner notification was to begin during January 2002. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-866-436-7332.

08/22/07 07:32

Via: Multiple

RECALL BULLETINS (continued)

AUTOSOURCE VALUATION

AS Request: 20567643

Page 6

Version: 1

1995 FORD MUSTANG STD 2D COUPE

ORIGINAL EQUIPMENT GUIDE

1995 FORD MUSTANG STD 2D COUPE

-----Engine Options-----

-----Transmission Options-----

* 6 Cylinder 3.8 Engine	STD	5 Speed Manual	STD
		* 4 Speed Automatic	\$790
-----Other Optional Equipment-----		-----Power Accessories-----	
Anti-lock Brakes	\$565	Power Drivers Seat	\$175
* Dual Airbags	STD	* Power Brakes	STD
* Intermittent Wipers	STD	* Power Door Locks	TYP
Keyless Entry System		* Power Mirrors	STD
Lighted Entry System		* Power Steering	STD
* Tachometer	STD	* Power Windows	TYP
* Tinted Glass	STD	-----Radio/Phone/Alarm Options-----	
-----Convenience Options-----		Alarm System	\$145
* Air Conditioning	\$780	Compact Disc Player	\$270
* Cruise Control	TYP	Compact Disc W/Tape	\$375
* Rear Window Defroster	\$160	AM/FM Stereo Tape	
Rem Trunk-L/Gate Release		* AM/FM Stereo	STD
* Tilt Steering Wheel	STD	Mach Audio System	\$375
-----Seat Options-----		-----Wheel Options-----	
* Velour/Cloth Seats	STD	Aluminum/Alloy Wheels	\$265

-----Option Packages-----	
Preferred Equipment Pkg. \$1,955	Includes Air Conditioning; Power Drivers Seat; Power Windows; Power Door Locks; Power Trunk Release; Speed Control; Dual Illuminated Visor Vanity Mirrors; AM/FM Stereo W/Cassette; Premium Sound; 5-Spoke Aluminum Wheels; Illuminated Keyless Remote Control Entry System; Cargo Net.

Base retail price: \$14,805

=====

Loss Vehicle manufacturer's suggested retail price as reported: \$16,535

Editions available for the same body style (in order of original cost, increasing): Saleen, *STD, GTS, GT, Cobra, Cobra R

* Indicates loss vehicle equipment.

ABOUT YOUR VALUATION

1995 FORD MUSTANG STD 2D COUPE

This report contains proprietary information of Audatex and shall not be disclosed to any third party (other than the insured or claimant) without Audatex's prior written consent. If you are the insured or claimant and have questions regarding the description of your vehicle, please contact the

08/22/07 07:32

AUTOSOURCE VALUATION

Page 7

Via: Multiple

AS Request: 20567643

Version: 1

ABOUT YOUR VALUATION (continued)

1995 FORD MUSTANG STD 2D COUPE

insurance company that is handling your claim. Information within VINsource/NICB is provided solely to identify potential duplicative claims activity. User agrees to use such information solely for lawful purposes.

Tax rates contained herein are based on general sales tax data provided by

Vertex Inc. Excise, use, registration, licensing and other taxes and fees that may be applicable are not included. Audatex makes no representations or warranties concerning the applicability or accuracy of such tax data.

VEHICLE INSPECTION REPORT/TOTAL LOSS SETTLEMENT REPORT

Claim No: 49-3594-15001	Rep: _____	Claim Unit: _____
Owner: DAWSON, JEFF	Rep Phone: _____	Rep Fax: _____
Insured: DAWSON,JEFF,	Loss Code: _____	Date of Loss: 08/20/07
		Date Report.: _____
Location Address:	Phone: _____	Storage: \$ _____/day
N/A,		Towing : \$ _____
Cause of Loss:		Stock # _____
*Collision _Theft _Flood _Vandalism _Hail _Fire _Other:_____		

----- VEHICLE DESCRIPTION -----

1995 Ford Mustang STD 2D Coupe Lic. Plt:TRADOG Exp.:
VIN: 1FALP4048SF248926 Color: Ext. BLUE Int. St:WI
Engine Disp. 3.8 No. Cyl. 6 *Gas Diesel Turbo/Supercharged Electric
Trans: *Auto Manual Speeds: 3 *4 5 6
Mileage: Tires Mfg: %Wear: LF 45% LR 45% SP %
113,460 Size: RF 45% RR 45%

Cab Type: Reg Cab Ext.Cab Crew Cab Load/Rating: 1/2 Ton 3/4 Ton 1 Ton
Box Size: Box Type: Styleside Stepside
Van Type Passenger Cargo Regular Extended Conversion Name: -----

----- VEHICLE EQUIPMENT -----

ACCESSORIES	OTHER ACC.	SEATS	ROOF	BUMPERS	OTHER
*Pwr Steer	AM Radio	Power Seat	Vinyl Top	Rear Step	Grille Grd
*Pwr Brakes	*AM/FM Stro	Du Pwr Seat	Luggage Rck	Tube	Fog Lights
*Pwr Windows	AM/FM Cass	Heated Seat	Roll/LteBar	Chrome	Winch
*Pwr Locks	AM/FM CS/CD	Lumbar Adj.	Convertible	Chr. Step	Camp.Shell
*Pwr Mirrors	CD Player	Splt 60/40	Sun-Power	WHEELS	Bed Liner
*Cruise Ctrl	CD Changer	Bucket	Sun-Manual	Cust. Whl	Sp-in Bed
*Tilt Wheel	Equalizer	*Cloth/Velr	Sun-Pop-Up	Whl Cvr	Liner
*Air Cond.	Alarm Sys.	Leather	TRUCKS/VANS	Alum./Alloy	Tool Box
Dual Air	Rem. Startr	Vinyl	Television	Chrome	Aux Tank
AntiLck Brk	Keyless	Cpt'n Chair	Sliding Rr	Sty. Stl	Hyd.Lft Gt
4WH Dsc Brk	Navigation	2 4 6	Window	Dual Rear	Lift Kit
4 Wh Str'g	DVD Player	GLASS	Power Rear	Wheels	Gr Eff Pkg
*Air Bg Drvr	GPS	HeadsUp Dsp	Window	SUSPENSION	Trlr Hitch
*Air Bg Pass	VCR	Heated W/S	DRIVETRAIN	Trl Tow Pkg	Run.Boards
Air Bg Othr	Center Cons	*Heated B/Gl	*2 WD	Off. Rd Pkg	PAINT
Pwr Antenna	Overhd Cons	*Tinted GlS	4 WD	Cmp. Spl	2-Tone
Rear Wiper		Privacy GlS	AutoLckHubs		Custom
Rear Spoilr			ManuLckHubs		Graphics
Remote Trunk					

Use this space to explain or describe Equipment/Accessories listed above
and/or list and describe additional Equipment/Accessories

RADIO: *OEM Non-OEM Brand Model No.
CELLULAR
PHONE: OEM Non-OEM Brand Model No.
PAINT: Orig. Repaint(+/-)\$

----- PRE-LOSS CONDITION -----

Explain if other than average condition for year, make and model vehicle:

+ Avg ->
=====

INTERIOR:

Seats: _____ X _____

Carpet: _____ X _____

Glass: _____ X _____

Dash: _____ X _____

Headln: _____ X _____

EXTERIOR:

Sht.Mt: _____ X _____

Paint: _____ X _____

Trim: _____ X _____

MECHANICAL:

Engine: _____ X _____

Trans.: _____ X _____

PRIOR DAMAGE: Yes No Est. Written: Yes No Amount: \$ _____

OVERALL CONDITION: Above Avg. Avg. Below Avg.

AEI: GENE LOEBIG

VEHICLE#: 01

INSPECTION LOCATION, ADDRESS, PHONE 9818 W MORGAN AVE MILWAUKEE WI
414-328-0789

ESTIMATE WRITTEN BY: GENE LOEBIG

ESTIMATE LEFT WITH:

ESTIMATE AMOUNT \$4760.10

POSSIBLE SUPPLEMENT & DESC: \$NO

PRIOR DAMAGE AMT & DESC: \$ NO

VALUATION OR VIR SUBMITTED: YES

ODOMETER ACCURATE, EXPLAIN: YES

KEYS AVAILABLE: NO

DEPLOYED SIR & COST: N/A

LICENSE PLATE & STATE: TRADOG WI

EXPIRATION DATE: FEB 08

SPECIALTY PLATE: NO

STORAGE \$ PER DAY: NONE

TOWING & OTHER CHARGES: \$ NONE

REMARKS: NONE

Inspected by:

Date: _____

TOTAL LOSS SETTLEMENT

Method used to determine base price:

*Computerized Evaluation ___ Comparable Vehicles ___ Book Value

COMPLETE ONLY IF COMPUTERIZED EVALUATION USED

Name of Vendor: Autosource Evaluation Amount: \$3,825

Did you pay the computerized evaluation amount? ___ Yes ___ No

If No, explain: _____ Adjusted Amount: \$ _____

COMPLETE ONLY IF COMPARABLE VEHICLES USED

	Source/Telephone	Quote By Date	Make/Model	Avail Price
1.	_____	_____	_____	Y N _____
2.	_____	_____	_____	Y N _____
3.	_____	_____	_____	Y N _____

Circle vehicle number(s) used to determine base price: (1 2 3) Explain
any adjustments for difference in mileage, equipment, condition, prior
damage, etc.: _____

Adjusted Amount: \$ _____

BOOK VALUES

Book(s) used: _____ Basic Book Price: \$ _____

List additions or deductions for equipment, mileage, prior damage, etc.: _____

Adjusted Amount: \$ _____

Did you pay this amount? __Yes __No If No, explain: _____

Base Price / ACV \$ _____
Tax + _____
Fees + _____
Subtotal = _____
Owner Retained Salvage - _____
Deductible - _____
Lienholder Payoff - _____
Amount Paid Owner \$ _____
Date Settled _____
Claim Rep: _____

SALVAGE DISPOSITION

Name of Purchaser: _____
Date Sold: _____
Date Remit Rec'd: _____
High Salvage Bid: \$ _____
Towing Expense: - _____
Storage Expense: - _____
Misc. Expense: - _____
Net Salvage Return: \$ _____
Remarks: _____

Signature: _____

Disposition of Title: _____

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OFFICE OF THE CITY ATTORNEY

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City Attorney

Sheryl L. Kuhary
Jeffrey J. Warchol
Cheryl L. Wentland
Assistant City Attorneys

December 18, 2007

Common Council
City of West Allis

RE: City Attorney's Report of Claims/Lawsuits

Dear Council Members:

The enclosed claims/lawsuits have been referred to this office in accordance with Section 3.05 (6)(a) of the Revised Municipal Code. This office has examined the facts of each claim/lawsuit and the applicable law. Our Opinion regarding liability is attached to each claim/lawsuit.

The following claims/lawsuits have been denied:

Christen Cook (\$116.00)
Great West Casualty Company/Mark Flower/TBT, LLC (\$1,947.00)

The following claim/lawsuit has been placed on file:

Sandor Virovec (\$730.22)
State Farm Insurance Co./Jeff Dawson (\$3,842.60)

Respectfully submitted,

Jeffrey J. Warchol
Assistant City Attorney

JJW:da
Enclosures

cc: Thomas E. Mann, CVMIC