



June 3, 2022

City Of West Allis
7525 W Greenfield Ave
West Allis WI 53214-4648

Subrogation Services
PO Box 106172
Atlanta GA 30348-6172

RE: Claim Number: 49-30J0-71F
 Our Insured: Luann D Iwen
 Date of Loss: February 8, 2022
 Your Insured: City Of West Allis
 Your Insured Driver: Aaron S Skroback
 Loss Location: 92nd And Rogers, West Allis, WI

To Whom It May Concern:

Facts of Loss:

Your garbage truck driver, Aaron S Skroback, pulled away from the curb and hit our insured's vehicle, causing damages.

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 | \$0.00 |
| 042 - Uninsured Motorist PD | \$0.00 |
| 300 series/400 - Comp/Collision | \$7,637.77 |
| 501 - Rental/Loss of Use | \$0.00 |
| 600-050 - Med Pay/PIP | \$0.00 |
| Other | \$0.00 |
| Salvage Recovery | \$0.00 |
| Amount State Farm Paid | \$7,637.77 |
| Insured Deductible | \$1,000.00 |
| Total Claim Amount | \$8,637.77 |

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$8,637.77.



CLAIMANT CONTACT INFORMATION

Name: State Farm a/s/o LUANN D IWEN Phone: 877 787-8276
Address: PO Box 106172 Email: statefarmclaims@statefarm.com
Atlanta, GA 30348

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: 02/08/2022 Time of day: 10:30 AM
Location: 92nd and Rogers, West Allis, 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.

Your garbage truck driver, Aaron S Skroback, pulled away from the curb and hit our insured's vehicle, causing damages.

2019 Hyundai Santa Fe
Principal Damage: Door(s) PS,Fender PS,Tires

Check one:

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

Signed: Pat Nguyen Digitally signed by Pat Nguyen Date: 2022.06.03 11:58:36 -05'00' Date: 6/3/2022

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: \$ 8,637.77

SAVE

PRINT



RBZ00070

State Farm Mutual Automobile Insurance Company

Auto Payments by Participant/COL

Route To: Rebeca Thomsen

BASIC CLAIM INFORMATION

Claim Number: 49-30J0-71F

Date of Loss: 02-08-2022

Policy Number: 3393-773-49

Named Insured: IWEN, JON

Named Insured(s) / 400 - COLL

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

| <u>Payment Number</u> | <u>Issued Date</u> | <u>Payee</u> | <u>Payable COL</u> | <u>Pay Cd</u> | <u>Status</u> | <u>Amount</u> | <u>Auth Id</u> | <u>Rsn Cd</u> |
|-----------------------|--------------------|--------------------------------|--------------------|---------------|---------------|---------------|----------------|---------------|
| 105761373K E | 03-03-2022 | CROSS COUNTRY MOTOR CLUB | 400 | 2 | Paid | \$563.37 | ECSAPY | |
| 105781798K E | 03-21-2022 | CALIBER COLLISION - WEST ALLIS | 400 | 1 | Paid | \$7,074.40 | ECSAPY | |
| Total: | | | | | | \$7,637.77 | | |





MANUFACTURED BY
HYUNDAI MOTOR MANUFACTURING ALABAMA, LLC

| | | | |
|----------------|---------------|-----------|----------------|
| Nov/19/18 | GVWR 4872 lbs | PAINT S2C | TRIM YP7 |
| GAWR | TIRES | RIMS | COLD TIRE INFL |
| FRONT 2866 lbs | 235/60R18 | 7.5JX18 | 35 psi SINGLE |
| REAR 3075 lbs | 235/60R18 | 7.5JX18 | 35 psi SINGLE |

THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S.A. FEDERAL
MOTOR VEHICLE SAFETY AND THEFT PREVENTION STANDARDS
IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE

V.I.N 5NMS3CAD0KH065792

TYPE: MPV













CALIBER - WEST ALLIS
 RESTORING THE RHYTHM OF YOUR LIFE
 1434 South 113th Street, West Allis, WI 53214
 Phone: (414) 607-8810
 FAX: (414) 607-8830

Workfile ID: c4552d4d
 Federal ID: 33-0730794
 Federal EPA: WIR000108381

Supplement of Record 4 with Summary

RO Number: 3339043798

Written By: Donald Koskovich, 3/21/2022 7:48:41 AM
 Adjuster: Team U, Express, (855) 341-8184 Business

| | | |
|--|---------------------------------|------------------------|
| Insured: IWEN, JON | Policy #: | Claim #: 49-30JO-71F01 |
| Type of Loss: Collision | Date of Loss: 2/8/2022 10:30 AM | Days to Repair: 10 |
| Point of Impact: 02 Right Front Pillar | | |

| | | |
|----------------------|-----------------------------|--------------------------------|
| Owner: | Inspection Location: | Insurance Company: |
| IWEN, JON | CALIBER - WEST ALLIS | STATE FARM INSURANCE COMPANIES |
| 4201 S 97TH ST | 1434 South 113th Street | WI |
| GREENFIELD, WI 53228 | West Allis, WI 53214 | 245 S EXECUTIVE DR |
| (414) 305-3661 Cell | Repair Facility | Ste 200 |
| (414) 305-3661 Other | (414) 607-8810 Business | BROOKFIELD, WI 53005-4204 |

| | | |
|---|--|--------------------------------------|
| Vehicle Drop Off Date: 02/16/2022 | Promise Date: 03/19/2022 | Repair Start Date: 02/16/2022 |
| Repair Completion Date: 03/18/2022 | Vehicle Pick Up/Return Date: 03/19/2022 | |

VEHICLE

| | | |
|--------------------------|--------------------|------------------------|
| Interior Color: grey | Mileage In: 16,891 | Vehicle Out: 3/19/2022 |
| Exterior Color: grey | Mileage Out: | |
| Production Date: 11/2018 | Condition: | Job #: |

TRANSMISSION

Automatic Transmission
 4 Wheel Drive

POWER

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

DECOR

Dual Mirrors
 Privacy Glass
 Console/Storage

Air Conditioning

Intermittent Wipers
 Tilt Wheel
 Cruise Control
 Rear Defogger
 Keyless Entry
 Alarm
 Message Center
 Steering Wheel Touch Controls
 Rear Window Wiper
 Telescopic Wheel
 Climate Control
 Backup Camera
 Parking Sensors
 Remote Starter

AM Radio

FM Radio
 Stereo
 Search/Seek
 Auxiliary Audio Connection
 Premium Radio
 Satellite Radio
SAFETY
 Drivers Side Air Bag
 Passenger Air Bag
 Anti-Lock Brakes (4)
 4 Wheel Disc Brakes
 Traction Control
 Stability Control
 Front Side Impact Air Bags

Blind Spot Detection

Lane Departure Warning
ROOF
 Luggage/Roof Rack
SEATS
 Cloth Seats
 Bucket Seats
 Reclining/Lounge Seats
 Heated Seats
WHEELS
 Aluminum/Alloy Wheels
PAINT
 Clear Coat Paint
OTHER
 Fog Lamps

Supplement of Record 4 with Summary

RO Number: 3339043798

Overhead Console
Wood Interior Trim
CONVENIENCE

Intelligent Cruise
Home Link
RADIO

Head/Curtain Air Bags
Communications System
Hands Free Device

Rear Spoiler
TRUCK
Power Trunk/Liftgate

Supplement of Record 4 with Summary

RO Number: 3339043798

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------|------|--|-------------|-----|-------------------|--------------|-------|
| 1 | | VEHICLE DIAGNOSTICS | | | | | |
| 2 | # | Pre-repair scan | | 1 | X | 0.5 | |
| 3 | # | S04 Post-repair scan | | 1 | 80.00 X | 0.5 | |
| | | Note: invoice attached | | | | | |
| 4 | | FRONT BUMPER & GRILLE | | | | | |
| 5 | | O/H front bumper | | | | 3.3 | |
| 6 | <> | Repl Bumper cover | 86511S2000 | 1 | 829.21 | Incl. | 3.0 |
| 7 | | Add for Clear Coat | | | | | 1.2 |
| 8 | | Add for fog lamps | | | | 0.4 | |
| 9 | | Repl Lower cover | 86512S2000 | 1 | 369.86 | Incl. | |
| 10 | * | R&I Bumper grille | | | | <u>Incl.</u> | |
| 11 | | R&I License frame | | | | 0.2 | |
| 12 | | R&I Grille assy w/front camera satin chrome | | | | Incl. | |
| 13 | S04 | Repl RT Inner reinf | 86556S2000 | 1 | 16.13 | 0.1 | |
| 14 | | FENDER | | | | | |
| 15 | | Repl RT Fender | 66320S2000 | 1 | 368.67 | 2.8 | 2.2 |
| 16 | | Overlap Major Non-Adj. Panel | | | | | -0.2 |
| 17 | | Add for Clear Coat | | | | | 0.4 |
| 18 | | Add for Edging | | | | | 0.5 |
| 19 | | Repl RT Fender liner | 86812S2000 | 1 | 248.63 | Incl. | |
| 20 | | Repl RT Wheel opng mldg | 87712S2000 | 1 | 214.35 | Incl. | |
| 21 | | Repl RT Fender liner retainer | 8684822000 | 2 | 3.90 | | |
| 22 | | FRONT DOOR | | | | | |
| 23 | | Repl RT Door shell | 76004S2000 | 1 | 1,512.32 | 5.8 | 3.3 |
| 24 | | Overlap Major Adj. Panel | | | | | -0.4 |
| 25 | | Add for Clear Coat | | | | | 0.6 |
| 26 | | Repl RT Side molding satin chrome | 87722S2200 | 1 | 664.74 | 0.4 | |
| 27 | | Repl RT Mirror assy w/heat w/o signal lamp | 87620S2050 | 1 | 487.58 | Incl. | 0.6 |
| | | Note: SMARTPRTS 29310070 ALPHA HAS LONG WHEEL BASE DIAMOND 3011 KEYSTONE N/A | | | | | |
| 28 | | Overlap Minor Panel | | | | | -0.2 |
| 29 | | Add for Clear Coat | | | | | 0.1 |
| 30 | | Dis/reassmble to refn | | | | 0.5 | |
| 31 | | TIRES | | | | | |
| 32 | * | Repl KUMH 235/60R18 Crugen Premium KL33 BW 103H | KH09242 | 1 | <u>216.00</u> | 0.3 | |
| 33 | # | S04 Subl Tire Mount and Wheel Balance | | 1 | 15.00 X | | |
| 34 | ** | S01 Subl Non OEM repair wheel | | 1 | 218.00 | | |
| 35 | | REAR DOOR | | | | | |
| 36 | | Blnd RT Outer panel | | | | | 1.2 |
| 37 | | R&I RT Belt molding | | | | 0.3 | |
| 38 | | R&I RT Side molding satin chrome | | | | 0.4 | |

Supplement of Record 4 with Summary

RO Number: 3339043798

| | | | | | | | | |
|------------------|---|------|------------------------------|------------|---|-----------------|---|-------------|
| 39 | | Repl | RT Side molding clip | 877561F000 | 2 | 12.12 | | |
| 40 | # | Subl | Four Wheel Alignment | | 1 | 89.95 | X | |
| 41 | # | | Cover Car for Overspray | | 1 | 5.00 | X | 0.2 |
| 42 | # | Subl | Hazardous Waste Removal | | 1 | 4.00 | X | |
| 43 | # | S02 | took gas out in wrong R.O. | | 1 | | | |
| 44 | # | S03 | Subl 2nd tow | | 1 | 60.00 | X | |
| 45 | # | S03 | Rpr Disconnect Battery Cable | | | | | 0.1 |
| 46 | | | OTHER CHARGES | | | | | |
| 47 | # | S03 | Towing | | 1 | 60.00 | | |
| SUBTOTALS | | | | | | 5,475.46 | | 15.8 |
| | | | | | | | | 12.3 |

ESTIMATE TOTALS

| Category | Basis | Rate | Cost \$ |
|----------------------|---------------|--------------|-----------------|
| Parts | | | 5,161.51 |
| Body Labor | 15.8 hrs @ | \$ 60.00 /hr | 948.00 |
| Paint Labor | 12.3 hrs @ | \$ 60.00 /hr | 738.00 |
| Paint Supplies | 12.3 hrs @ | \$ 40.00 /hr | 492.00 |
| Miscellaneous | | | 253.95 |
| Other Charges | | | 60.00 |
| Subtotal | | | 7,653.46 |
| Sales Tax | \$ 7,653.46 @ | 5.5000 % | 420.94 |
| Grand Total | | | 8,074.40 |
| Deductible | | | 1,000.00 |
| CUSTOMER PAY | | | 1,000.00 |
| INSURANCE PAY | | | 7,074.40 |

For more information regarding State Farm's promise of satisfaction relating to new non-original equipment manufacturer (non-OEM) and recycled parts, please visit: <http://st8.fm/7X4> or QR code.



Register online to check the status of your claim and stay connected with State Farm®. To register, go to <http://www.statefarm.com/> and select Check the Status of a Claim. If you are already registered, thank you!

Supplement of Record 4 with Summary

RO Number: 3339043798

SUPPLEMENT SUMMARY

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|----------------------|------|---------------------|-----------------------------------|-----|-------------------|------------|------------|
| Deleted Items | | | | | | | |
| 12 | | FRONT LAMPS | | | | | |
| 13 | R&I | RT Daytime run lamp | | | | -0.2 | |
| Added Items | | | | | | | |
| 3 | # | S04 | Post-repair scan | 1 | 80.00 X | 0.5 | |
| | | | NOTE: invoice attached | | | | |
| 13 | | S04 | Repl RT Inner reinf | 1 | 16.13 | 0.1 | |
| | | | 86556S2000 | | | | |
| 33 | # | S04 | Subl Tire Mount and Wheel Balance | 1 | 15.00 X | | |
| SUBTOTALS | | | | | 111.13 | 0.4 | 0.0 |

TOTALS SUMMARY

| Category | Basis | Rate | Cost \$ |
|--------------------------------|-------------|--------------|---------------|
| Parts | | | 16.13 |
| Body Labor | 0.4 hrs @ | \$ 60.00 /hr | 24.00 |
| Miscellaneous | | | 95.00 |
| Subtotal | | | 135.13 |
| Sales Tax | \$ 135.13 @ | 5.5000 % | 7.43 |
| Total Supplement Amount | | | 142.56 |
| NET COST OF SUPPLEMENT | | | 142.56 |

CUMULATIVE EFFECTS OF SUPPLEMENT(S)

| | | |
|-----------------------|--------------------|------------------|
| Estimate | 7,568.92 | Donald Koskovich |
| Supplement S01 | 335.63 | Donald Koskovich |
| Supplement S02 | -42.34 | Donald Koskovich |
| Supplement S03 | 69.63 | Donald Koskovich |
| Supplement S04 | 142.56 | Donald Koskovich |
| Job Total: | \$ 8,074.40 | |
| CUSTOMER PAY: | \$ 1,000.00 | |
| INSURANCE PAY: | \$ 7,074.40 | |

RO Number: 3339043798

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

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

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

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

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

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

Caliber Collision - Restoring The Rhythm Of Your Life

=====
MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

RO Number: 3339043798

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARR1064, CCC Data Date 03/17/2022, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (***) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2022 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

RO Number: 3339043798

*******STATE FARM DISCLOSURES AND CUSTOMER NOTIFICATIONS*******

THE FOLLOWING DISCLOSURE APPLIES TO THOSE PARTS IDENTIFIED AS NON-OEM ON THE ESTIMATE:

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.



Agero Accident Management Invoice

Bill To:
State Farm
 1 State Farm Plaza
 Bloomington IL 61791

| | |
|-----------------------|--------------------|
| Claim Number | 4930J071F |
| Case Number | CAS-4403383-Q5B4H7 |
| Transaction ID | 8502041000000001 |
| Product | VRM |
| Date of Loss | February 08, 2022 |
| Closed Date | February 16, 2022 |
| Invoice Date | March 02, 2022 |
| Payment Terms | NET 30 |

| Billing Summary | |
|------------------------|-----------------|
| Service Fee | \$134.41 |
| Tow Charges | \$0.00 |
| Release Charges | \$428.96 |
| Total Amount | \$563.37 |

| Case Details | |
|--------------------------|---|
| Customer | JON IWEN |
| Adjuster | Deneisha Massiah |
| Policy Number | 3393773D2449 |
| VIN | |
| Vehicle | |
| Vehicle Class | |
| License | |
| Pick Up Location | N & S TOWING 1719 S 83RD ST. MILWAUKEE WI 53214 |
| Drop Off Location | CALIBER COLLISION 1434 South 113th Street West Allis WI 53214 |
| Miles Towed | 2 |
| Status | CLOSED |

| Release Charges | Amount |
|--|-----------------|
| Storage Fees (9 days @ \$25.00) | \$225.00 |
| Primary Tow Charges | \$65.00 |
| Clean-Up Fees | \$0.00 |
| Labor Charges | \$0.00 |
| Admin Fees | \$0.00 |
| Winching Fees | \$0.00 |
| Impound Fees | \$0.00 |
| Notification Fees | \$40.00 |
| Preservation Fees | \$0.00 |
| Sublet Fees | \$0.00 |
| Tax | \$20.90 |
| Tear Down Charges | \$0.00 |
| Gate Fees | \$50.00 |
| Miscellaneous Charges | \$28.06 |
| Total | \$428.96 |

Misc. Fee Information:

Contact: vimsbilling@crosscountry-auto.com

Please enter the Case Number in the remarks section of the payment



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

PAGE COUNT: 9

CLIENT: 6625
DIVISION:
ADJUSTER: FGTW
CLAIM: 4930J071F

TRANSACTION #: 1655146962
DATE: 02/08/2022

DATE OF LOSS: 02/08/2022 TIME OF LOSS: 0:0:0
STREET: 92ND AND ROGERS
CITY: WEST ALLIS
COUNTY: MILWAUKEE
STATE: WI

INVESTIGATING AGENCY: WEST ALLIS PD
REPORT NUMBER:
REPORT TYPE: AUTOACCIDENT
PARTY1: LUANN D IWEN
PARTY2:
PARTY3:

ADDITIONAL INFO:

NOTE:

THANK YOU FOR YOUR ORDER!

1SL11HNCDB
22-004370

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

1SL11HNCDB

| | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|--|---------------------------|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number | | Investigating Officer/Deputy INVESTIGATOR C. SOHRE | |
| Crash Date 02/08/2022 | | Crash Time 10:20 AM | | Date Arrived 02/08/2022 | | Time Arrived 10:25 AM | |
| Date Notified 02/08/2022 | | Time Notified 10:22 AM | | Total Units 02 | | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Work Zone | <input type="checkbox"/> Trailer or Towed | | <input checked="" type="checkbox"/> Reporting Threshold | |
| <input type="checkbox"/> Government Property | | <input type="checkbox"/> Active School Zone | | School Bus Related NO | | Tags SUPPLEMENTAL | |
| <input checked="" type="checkbox"/> Reportable | | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | | <input type="checkbox"/> Secondary Crash | |

Description

| | |
|----------------|---|
| <p>Diagram</p> | Reconstruction By |
| | Photos By TI SOHRE |
| | Additional Information PHOTOS |

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

VEHICLES #1 AND #2 N/B ON S. 92ND ST. VEHICLE #2 REPORTEDLY STOPPED ON THE SIDE OF THE ROADWAY AND PULLS FORWARD. VEHICLE #1 BEGINS TO OVER TAKE VEHICLE #2 ON THE LEFT AS IT'S GOING TO MAKE A RIGHT TUN IN FRONT OF VEHICLE #2. VEHICLE #1 AND #2 COLLIDE,

1SL11HNCD8
22-004370

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

Location

| | | |
|--|--------------------------------|----------------------------|
| INTERSECTION ON S 92ND ST AT W ROGERS ST IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY | Latitude 43.008257638 | Longitude -88.027128941 |
| | X Coordinate 416291.3125 | Y Coordinate 4762243.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|--|--|--|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 07 - SIDESWIPE/SAME DIRECTION | Light Condition DAYLIGHT | |
| Road Surface Condition(s) DRY | Roadway Factor(s) NONE | |
| Environment Factor(s) NONE | | |
| Weather Condition(s) CLEAR | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location INTERSECTION | Intersection Type FOUR-WAY INTERSECTION |

Unit Summary

| | | | | | | |
|------------|--|--|---|---|-------------------------|--|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | Operating As Endorsements | | | | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? YES | Direction Of Travel 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 CONCRETE | | Road Curvature STRAIGHT | Road Grade LEVEL | | |
| | Truck Bus or HazMat NO | | | | | |

Vehicle

| | | | | | |
|--------------------------------------|--|--|--------------|--------------------------------------|--|
| UNIT 01 VEHICLE | License Plate Number 740APB | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES | |
| | Vehicle Identification Number 5NMS3CAD0KH065792 | Make HYUNDAI | Year 2019 | Model SANTA FE | |
| | Color GRY - GRAY | Body Style UT - SPORT UTILITY VEHICLE | | Bus Use | |
| | Initial Contact Point 02 - RIGHT SIDE FRONT | Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE | | | |
| Extent Of Damage DISABLING DAMAGE | | | | | |

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22-004370

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | | |
|---|--|--|--|--|
| UNIT VEHICLE | Towed Due To Damage TOWED DUE TO DISABLING DAMAGE | | Vehicle Removed By N & S TOWING | |
| | What Driver Was Doing OVERTAKE LEFT | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions IMPROPER OVERTAKING / PASSING LEFT | | | |
| 01 01 | Owner Name LUANN DOROTHY IWEN (414) 305-0843 | | Owner Address 4201 S 97TH ST GREENFIELD, WI 53228 , US | |
| | Sequence Of Events | | | |
| 01 02 03 04 | Event MOTOR VEH IN TRANSPORT | | | |
| | Event | | | |
| | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company STATE-FARM-GENERAL-INS-CO | | Individual LUANN IWEN | |
| UNIT INDIVIDUAL | Driver LUANN DOROTHY IWEN (414) 305-0843 | | Citations Issued 0 | Sex FFMAI F |
| | Address 4201 S 97TH ST GREENFIELD, WI 53228 , US | | | |
| | Safety Equipment | | | |
| 01 001 | On Duty Crash | | Safety Equipment | |
| | Row 01 - FRONT ROW | Seat Position 07 - LEFT | SHOULDER & LAP BELT | |
| | Helmet Use | | Helmet Compliance | |
| | Eye Protection | | Tint Compliance | |
| | Injury | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # |
| Hospital | | Date of Death | Time of Death | |
| Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| Distracted By Action NOT DISTRACTED | | | | |

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | | | |
|--|---|--------------------------------------|---|---------------------------------------|-----------------------------------|
| UNIT INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |
| | Prior Action | | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | Alcohol Test Results | |
| | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | |
| | Drug Type | | | | |
| | Individual Condition APPEARED NORMAL | | | | |
| | UNIT INDIVIDUAL | Individual | | | |
| Passenger DANIELLE MARIE NICHOLS | | Citations Issued 0 | Sex FEMALE | | |
| Address 1442 S 57TH ST WEST ALLIS, WI 53214 , US | | | | | |
| Safety Equipment | | On Duty Crash | Safety Equipment | | |
| Row 01 - FRONT ROW | | Seat Position 09 - RIGHT | SHOULDER & LAP BELT | | |
| Helmet Use | | Helmet Compliance | | | |
| Eye Protection | | Tint Compliance | | | |
| UNIT INDIVIDUAL | | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # |
| | Hospital | | Date of Death | Time of Death | |
| | Distracted By | | Distracted By Source | | |
| | Distracted By Action | | | | |
| UNIT INDIVIDUAL | Non Motorist | | Striking Unit # | Location | |

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | |
|---|--------------------------------------|-----------------------------|
| UNIT INDIVIDUAL | Prior Action | |
| | Action | |
| | Action Other | |
| | To/From School | |
| | Drug & Alcohol | Suspected Alcohol Use NO |
| | Suspected Drug Use NO | |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type |
| | Alcohol Test Results | |
| | Drug Test Given TEST NOT GIVEN | Drug Test Type |
| | Drug Test Results | |
| 01 | 002 | Drug Type |
| Individual Condition APPEARED NORMAL | | |

Unit Summary

| | | | | | |
|------------|---|--|---|---------------------|-------------------------|
| UNIT 02 | Unit Status IN TRANSIT | Vehicle Operating As Classification B CLASS | Unit Type TRUCK | | |
| | Vehicle Type STRAIGHT TRUCK (INSERT TRUCK) | Operating As Endorsements | | | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel 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 CONCRETE | Road Curvature STRAIGHT | Road Grade LEVEL | | |
| | Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR | | | | |

| | | | | |
|---|---|--|--------------------------------------|--|
| UNIT VEHICLE 02 | Plate Type MNC - MUNICIPAL CYCL | St WI | Country of Issuance UNITED STATES | |
| | Make PETERBILT MOTORS CO | Year 2022 | Model 520 | |
| | Body Style GG - GARBAGE OR REFUSE | Bus Use | | |
| | Initial Contact Point 10 - LEFT SIDE FRONT | Vehicle Damage 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER | | |
| | Extent Of Damage MINOR DAMAGE | | | |
| Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | | |
| What Driver Was Doing GOING STRAIGHT | | | | |

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22-004370

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | |
|--|--|---|-----------------------------------|
| UNIT VEHICLE | Vehicle Factors | | |
| | Driver Prior Action Other NOT APPLICABLE | | |
| | Driver Actions LOOKED BUT DID NOT SEE | | |
| 02 02 | 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 | | |
| 03 | Event | | |
| 04 | Event | | |
| UNIT | Policy Holder | | |
| | Insurance Company SELF-INSURED | Organization/Company CITY OF WEST ALLIS | |
| UNIT INDIVIDUAL | Individual | | |
| | Driver AARON STEVEN SKROBACK | Citations Issued 0 | Sex MALE |
| | Address 1666 S 66TH ST WEST ALLIS, WI 53214 , US | | |
| 02 003 | Safety Equipment | | On Duty Crash |
| | Safety Equipment | | |
| | Row 01 - FRONT ROW | Seat Position 09 - RIGHT | SHOULDER & LAP BELT |
| | Helmet Use | | Helmet Compliance |
| | Eye Protection | | Tint Compliance |
| | Injury | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE |
| | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # |
| Hospital | | Date of Death | Time of Death |
| Distracted By Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| Distracted By Action NOT DISTRACTED | | | |
| Non Motorist | | Striking Unit # | Location |

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | |
|--|--|--|--|
| UNIT INDIVIDUAL | Prior Action | | |
| | Action | | |
| | Action Other | | To/From School |
| | Drug & Alcohol | Suspected Alcohol Use NO | Suspected Drug Use NO |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| | Drug Type | | |
| | Individual Condition APPEARED NORMAL | | |
| | Individual | | |
| | UNIT INDIVIDUAL | Passenger CARL DANIEL SKROBACK | Citations Issued 0 |
| Address 2017 S 75TH ST WEST ALLIS, WI 53219 , US | | | |
| Safety Equipment | | On Duty Crash | Safety Equipment |
| Row 12 - RIDING ON MOTOR | | Seat Position | NONE USED - VEHICLE OCCUPANT |
| Helmet Use | | Helmet Compliance | |
| Eye Protection | | Tint Compliance | |
| Injury | | Injury Severity NO APPARENT INJURY | Airbag NOT APPLICABLE |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | Trapped/Extricated NOT TRAPPED |
| Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # |
| Hospital | | Date of Death | Time of Death |
| Distracted By | Distracted By Source | | |
| Distracted By Action | | | |
| Non Motorist | Striking Unit # | Location | |
| Prior Action | | | |

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

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

| | | | | | | | |
|---------------------------|------------|--|---|---|-----------------------------|----------------------------|--|
| UNIT | INDIVIDUAL | Action | | | | | |
| | | Action Other | | | | To/From School | |
| | 02 | 004 | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | Alcohol Test Results | |
| | | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | Drug Test Results | |
| | | | Drug Type | | | | |
| | | | Individual Condition APPEARED NORMAL | | | | |
| | UNIT | TRUCK | BUS | Carrier | | Source VEHICLE-SIDE | |
| | | | | <input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier | | Name CITY OF WEST ALLIS | |
| | | | | Address 7525 W GREENFIELD AVE WEST ALLIS, WI 53214 , US | | | |
| GVWR 10,001-26,000 LBS | | Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES) | | Cargo Body Type GARBAGE/REFUSE | | | |
| US DOT # | | Carrier Type NOT IN COMMERCE/GOVERNMENT | | Permitted Load NOT APPLICABLE | | | |
| OS/OW Load | | WI Permit Number | Permitted Vehicle On Permitted Route | Escort Vehicle Required By Permit | Escort Vehicle Present | | |
| Measured Height | | Measured Length | Measured Width | Measured Weight | | | |