

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Susan Pearson

Date: 10/25/17

In-person

Process Server

Claimant

Other \_\_\_\_\_

By mail

By email

By fax

Received by: Jenny Slivka

- Hand deliver to: Ann Marie  or Janel
- Forwarded to Attorney's Office by Ann Marie or Janel
- Response from Attorney's Office
- Common Council Agenda: Yes  No

CITY OF WEST ALLIS

RECEIVED

NOTICE OF CLAIM

OCT 25 2017

CITY OF WEST ALLIS  
CITY CLERK

Name: Susan Pearson Incident/Accident Information  
 Address: 1570 S. 75<sup>th</sup> St. Apt 1 Date: Sept. 19, 2017  
West Allis, WI 53214 Time: \_\_\_\_\_  
 Phone: 414-526-5091 Place: 75<sup>th</sup> St.

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary). 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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
See Next Page  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: Susan Pearson Date: 10/25/17

CLAIM

**NOTE:** You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City of West Allis at any time consistent with the applicable statute of limitations. However, no action will be taken by the City of West Allis to formally accept or deny your claim until the following information is provided:

The undersigned hereby makes a claim against the City of West Allis of arising out of the circumstances described above.

The amount sought is: \$ 589.00 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: Su Pearson Date: 10/25/17  
 Address: 1570 St. 75<sup>th</sup> St. Apt 1  
West Allis, WI 53214

On September 19, Officer Niemuth knocked on my door around 9:10 p.m. to inform me that my Toyota Corolla had been struck by another vehicle. He said a witness called in to the West Allis Police Department to report an ambulance leaving the First United Methodist Church parking lot and hearing a crunch as it was exiting. We went outside to look at my car and the officer asked if the damage to my rear bumper was there before. I said "no". A representative from the Fire Department was there also and he stated that he talked to the driver and front passenger of the ambulance and they were "unaware" of hitting any vehicle. The officer asked if I usually parked there and I said "yes". The man from the Fire Department said he was going to talk to his guys again to see what entrance they left from. The officer said he was going to see if there was any damage to the ambulance.

Susan Pearson

10/25/2017

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17-037155

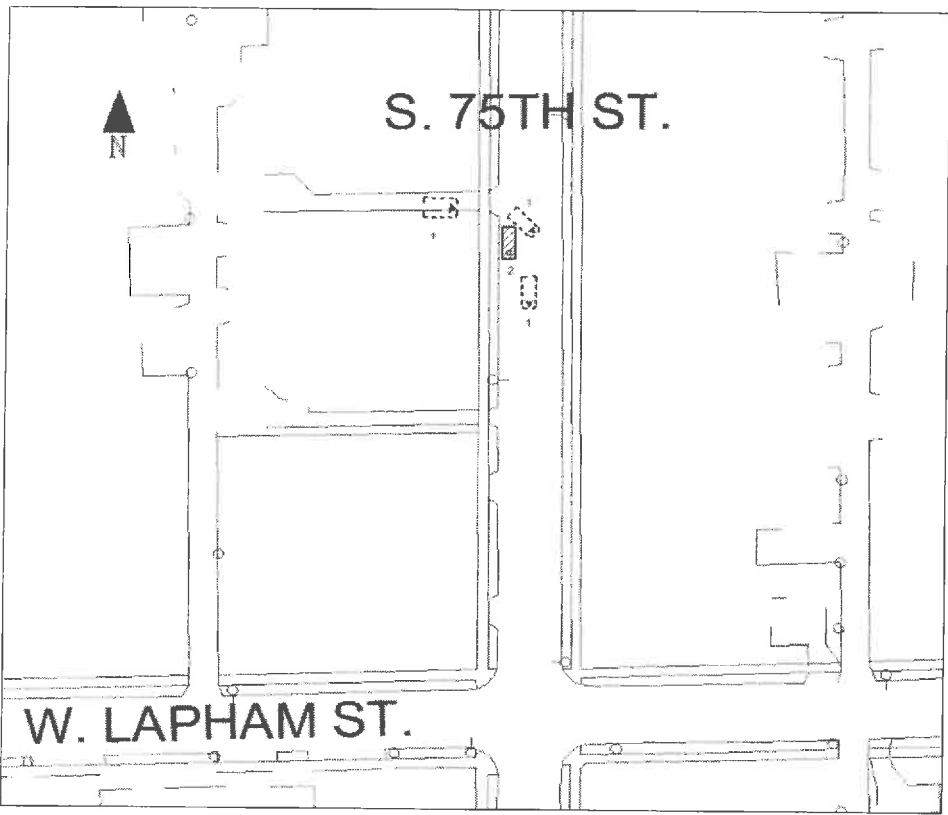
## Wisconsin Motor Vehicle Crash Report

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

1SL0DG26QS

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>OFFICER A. NIEMUTH</b>	
Crash Date <b>09/19/2017</b>		Crash Time <b>08:47 PM</b>		Date Arrived <b>09/19/2017</b>		Time Arrived <b>08:58 PM</b>	
Date Notified <b>09/19/2017</b>		Time Notified <b>08:53 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed			
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related <b>No</b>		Tags <b>SUPPLEMENTAL</b>	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (Standard Crash)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

### Description

<p>Diagram</p>  <p style="text-align: center; color: red;">Drawings Not To Scale Measurements Are Approximate</p>	<p>Reconstruction By</p> <hr/> <p>Photos By <b>PO NIEMUTH</b></p> <hr/> <p>Additional Information <b>Photos</b></p>
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Narrative: I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.  
UNIT 2 WAS PARKED ON THE WEST SIDE OF THE ROAD IN THE 1500BLK OF S. 75 ST FACING SB. UNIT 1 WAS TURNING OUT OF A PRIVATE LOT ONTO SB 75 ST WHEN IT STRUCK UNIT 2 ON THE REAR DRIVER BUMPER WITH ITS REAR PASSENGER SIDE WHEEL WELL.

### Location

<p><b>ON 1500BLK S 75TH ST 197 FT N OF W LAPHAM ST (OTHER 1500BLK)</b></p> <p><b>IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY</b></p>	Latitude <b>43.013661822</b>	Longitude <b>-88.006043352</b>
	X Coordinate <b>418016.9375</b>	Y Coordinate <b>4762823</b>
	Structure Type <b>Other</b>	

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## Wisconsin Motor Vehicle Crash Report

WEST ALLIS POLICE DEPARTMENT  
11301 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227  
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### Crash Scene

First Harmful Event <b>Parked Motor Vehicle</b>		First Harmful Event Location <b>On Roadway</b>	
Manner of Collision <b>No Collision W/Vehicle In Transport</b>		Light Condition <b>Dark/Lighted</b>	
Road Surface Condition(s) <b>Dry</b>		Roadway Factor(s)  <b>None</b>	
Environment Factor(s) <b>None</b>			
Weather Condition(s) <b>Cloudy</b>			
Animal Type		Relation To Trafficway <b>Trafficway - On Road</b>	
Crash Classification - Location <b>Public Property</b>		Crash Classification - Jurisdiction <b>No Special Jurisdiction</b>	
Tribal Land		Access Control <b>No Control</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>Non-Junction</b>	Intersection Type <b>Not an Intersection</b>	

### Unit Summary

<b>01</b>	Unit Status <b>In Transit</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>Truck</b>	
	Vehicle Type <b>Straight Truck (Insert Truck)</b>				Operating As Endorsements	
<b>UNIT</b>	Total Occs <b>2</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>Southbound</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>Parked Motor Vehicle</b>		Special Function <b>Ambulance</b>		Emergency Motor Vehicle Use <b>Non-Emergency, Non-Transport</b>	
	Traffic Way <b>One-Way Traffic</b>		Traffic Control <b>No Control</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>Concrete</b>		Road Curvature <b>Straight</b>		Road Grade <b>Level</b>	
	Truck Bus or HazMat <b>Any truck or truck combination &gt; 10,000lbs GVWR/GCWR</b>			Reporting Threshold <b>No</b>		

### Vehicle

<b>01</b>	License Plate Number <b>15239</b>		Plate Type <b>MUN - Municipal</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>[REDACTED]</b>		Make <b>FORD</b>	Year <b>2010</b>	Model <b>E-350</b>
<b>VEHICLE</b>	Color <b>RED - Red</b>		Body Style <b>AM - AMBULANCE</b>		Bus Use <b>Not A Bus</b>
	Initial Contact Point <b>4--Right Side Rear</b>		Vehicle Damage		
	Extent Of Damage <b>Minor Damage</b>		<b>4--Right Side Rear</b>		
<b>01</b>	Towed Due To Damage <b>Not Towed</b>		Vehicle Removed By <b>OPERATOR</b>		
	What Driver Was Doing <b>Right Turn</b>		Vehicle Factors		
	Driver Prior Action Other		<b>Not Applicable</b>		

Driver Actions

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17-037155

# Wisconsin Motor Vehicle Crash Report

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

UNIT	VEHICLE	Failure To Control	
		Driver Distractions Unknown If Distracted	
<b>Vehicle Owner</b>			
01	VEHICLE OWNER	Government WEST ALLIS FIRE DEPT (414) 302-8740	Address 7535 W GREENFIELD AVE WEST ALLIS, WI 53214 , US
		<b>Sequence Of Events</b>	
01 02 03 04	Event	Parked Motor Vehicle	
	Event		
	Event		
	Event		
UNIT	VEHICLE	<b>Policy Holder</b>	
		Insurance Company SELF-INSURED	Government WEST ALLIS FIRE DEPT

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17-037155

### Wisconsin Motor Vehicle Crash Report

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

UNIT		INDIVIDUAL		
01	001	Driver <b>ALEX EVERETT SAMOSKY</b> (414) 302-8740	Citations Issued <b>0</b>	Sex <b>Male</b>
		Date of Birth [REDACTED]	Race <b>WHITE</b>	
		Address <b>7300 W NATIONAL AVE</b> <b>WEST ALLIS, WI 53227 , US</b>	Driver License Number [REDACTED]	State: Wisconsin Country: UNITED STATES
01	001	<b>Equipment</b> On Duty Crash <b>EMT/First-Responder</b>	Safety Equipment	
		Seat Position <b>1--Front Seat-Left Side (Driver/Motorcycle/Bicycl</b>	<b>Shoulder &amp; Lap Belt</b>	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
01	001	<b>Injury</b> Injury Severity <b>No Apparent Injury</b>	Airbag <b>Non Deployed</b>	
		Ejected <b>Not Ejected</b>	Ejection Path <b>Not Ejected/Not Applicable</b>	Trapped/Extricated <b>Not Trapped</b>
		Medical Transport <b>Not Transported</b>	EMS Agency Identifier	EMS Run #
		Hospital	Date of Death	Time of Death
		<b>Non Motorist</b> Striking Unit #	Prior Action	Location
01	001	Action		
		Action Other		
01	001	<b>Drug &amp; Alcohol</b> <input type="checkbox"/> Suspected Alcohol Use	<input type="checkbox"/> Suspected Drug Use	
		Alcohol Test Given <b>Test Not Given</b>	Alcohol Test Type	Alcohol Test Results
		Drug Test Given <b>Test Not Given</b>	Drug Test Type	Drug Test Results
		Drug Type		
01	001	Individual Condition <b>Appeared Normal</b>		

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17-037155

### Wisconsin Motor Vehicle Crash Report

WEST ALLIS POLICE DEPARTMENT

11301 WEST LINCOLN AVENUE

WEST ALLIS, WI 53227

(414) 302-8000

UNIT INDIVIDUAL	<b>Individual</b>		Passenger <b>JOSEPH C GAPINSKI</b> (414) 302-8740		Citations Issued <b>0</b>	Sex <b>Male</b>
	Date of Birth [REDACTED]		Driver License Number [REDACTED]		Race <b>WHITE</b>	
	Address <b>7300 W NATIONAL AVE</b> <b>WEST ALLIS, WI 53227 , US</b>		State: <b>Wisconsin</b> Country: <b>UNITED STATES</b>			
01 002	<b>Equipment</b>	On Duty Crash <b>EMT/First-Responder</b>	Safety Equipment			
	Seat Position <b>3--Front Seat-Right Side (Train Engineers/Right)</b>	<b>Shoulder &amp; Lap Belt</b>				
	Helmet Use	Helmet Compliance				
	Eye Protection	Tint Compliance				
UNIT INDIVIDUAL	<b>Injury</b>	Injury Severity <b>No Apparent Injury</b>	Airbag <b>Non Deployed</b>			
	Ejected <b>Not Ejected</b>	Ejection Path <b>Not Ejected/Not Applicable</b>		Trapped/Extricated <b>Not Trapped</b>		
	Medical Transport <b>Not Transported</b>	EMS Agency Identifier		EMS Run #		
	Hospital	Date of Death		Time of Death		
	<b>Non Motorist</b>	Striking Unit #	Prior Action	Location	To/From School	
01 002	Action					
	Action Other					
UNIT INDIVIDUAL	<b>Drug &amp; Alcohol</b>	<input type="checkbox"/> Suspected Alcohol Use	<input type="checkbox"/> Suspected Drug Use			
	Alcohol Test Given <b>Test Not Given</b>	Alcohol Test Type		Alcohol Test Results		
	Drug Test Given <b>Test Not Given</b>	Drug Test Type		Drug Test Results		
	Drug Type					
	Individual Condition <b>Appeared Normal</b>					



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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 Summary

02	Unit Status <b>Legally Parked</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>Automobile</b>		
	Vehicle Type <b>Passenger Car</b>				Operating As Endorsements		
UNIT	Total Occs <b>0</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>		
	Insurance? <b>YES</b>	Direction Of Travel <b>Southbound</b>	<input type="checkbox"/> <b>Pre Crash Tire Mark</b>	Speed Limit <b>25</b>	Total Lanes <b>2</b>		
	Most Harmful Event: Collision With <b>Motor Veh In Transport</b>			Special Function <b>No Special Function</b>		Emergency Motor Vehicle Use <b>Not Applicable</b>	
	Traffic Way <b>One-Way Traffic</b>			Traffic Control <b>No Control</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>Concrete</b>			Road Curvature <b>Straight</b>		Road Grade <b>Level</b>	
	Truck Bus or HazMat <b>No</b>			Reporting Threshold <b>No</b>			

Vehicle

02	License Plate Number <b>AAN8069</b>		Plate Type <b>AUT - Automobile</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>[REDACTED]</b>		Make <b>TOYOTA</b>	Year <b>2000</b>	Model <b>COROLLA</b>	
UNIT	Color <b>TAN - Tan</b>		Body Style <b>4D - 4DR</b>		Bus Use <b>Not A Bus</b>	
	Initial Contact Point <b>7--Left Rear Corner</b>		Vehicle Damage <b>7--Left Rear Corner</b>			
02	Extent Of Damage <b>Minor Damage</b>		Vehicle Removed By <b>OPERATOR</b>			
	Towed Due To Damage <b>Not Towed</b>		Vehicle Factors			
	What Driver Was Doing <b>Legally Parked</b>		Driver Prior Action Other <b>Not Applicable</b>			
UNIT	Driver Actions <b>No Contributing Action</b>					
	Driver Distractions <b>Not Distracted</b>					

Vehicle Owner

02	Individual <b>SUSAN C PEARSON</b> (414) 526-5091		Address <b>1570 S 75 ST</b> <b>WEST ALLIS, WI 53219 , US</b>		
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Sequence Of Events

01	Event <b>Motor Veh In Transport</b>
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17-037155

# Wisconsin Motor Vehicle Crash Report

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

<b>UNIT</b>	<b>02</b>	Event	
	<b>03</b>	Event	
	<b>04</b>	Event	
	<b>Policy Holder</b>		
		Insurance Company	Individual
		<b>AMERICAN-FAMILY-INS-CO</b>	<b>SUSAN PEARSON</b>

**West Allis Police Department****Supplementary Report**

Incident Report Number: 17-037155	Incident Location: S 75 St/W Lapham St	Incident Date: 09/19/2017	
New Incident:	Original CFS Code - 1: 5499	New CFS Code -1 :	New CFS Code - 2:

**NAMES****Witness**

Pier, Barbara L W/F-66 of 8811 W Oklahoma Ave, 202, MILWAUKEE, WI, 53227  
DOB: [REDACTED]  
Cell Phone: (414) 899-3959      Other Phone: (414) 475-1488

**NARRATIVE****PO Niemuth Reports...****Witness Statement of Barbara L. Pier**

I spoke with Barbara by phone regarding this incident. Barbara explained she was standing in the parking lot after church bell practice. She previously observed a WAFD ambulance at the church treating someone. When she saw the WAFD ambulance leave, out of the northern entrance, she heard a "crunch" and observed the WAFD ambulance strike a tan Toyota which was parked on the west side of the roadway facing southbound.

Barbara then called WAPD to report the incident.

**On Scene Observations**

I observed the Toyota was parked approx. 3 ft from the driveway which is in violation of city ordinance. I also observed the Toyota had new damage to its rear driver side bumper and old damage on its front driver bumper. I went to AWAMH to speak with MED 1 as they continued to respond to calls. I observed a small amount of damage to its rear passenger side wheel well area. The chrome trim had a scuff mark on it that appeared to be fresh. All damage was photographed.

**End of Supplement**

Reporting Officer(s): Niemuth, Adam	Payroll Number: 2681	Payroll Number:	Report Date: 09/20/2017
Reviewed by: Orlowski, Rick, Jr.	Payroll Number: 9249	Copy To:	Page: 1 Of 1



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ID#: AN2681



Image: H9K11253  
Date: 02/23/2013 05:27:08  
ID#: AN2681



Image: H9K11254  
Date: 02/23/2013 05:27:16  
ID#: AN2681



Image: H9K11255  
Date: 02/23/2013 05:27:26  
ID#: AN2681



Image: H9K11256  
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Image: H9K11257  
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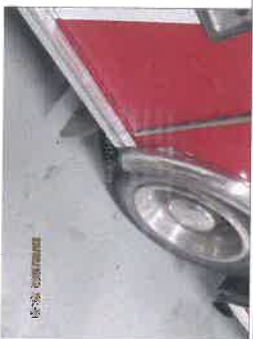


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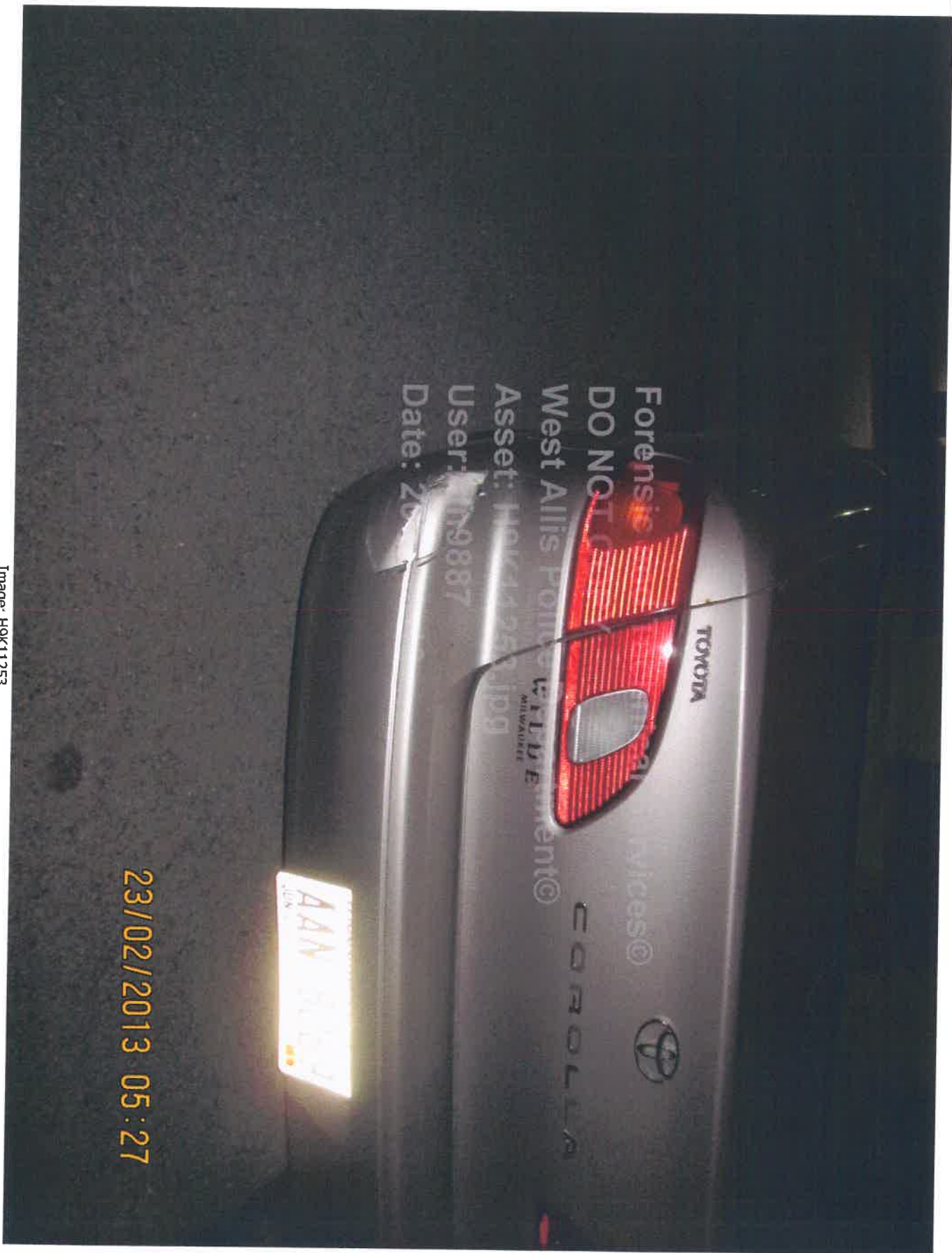


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23/02/2013 05:27

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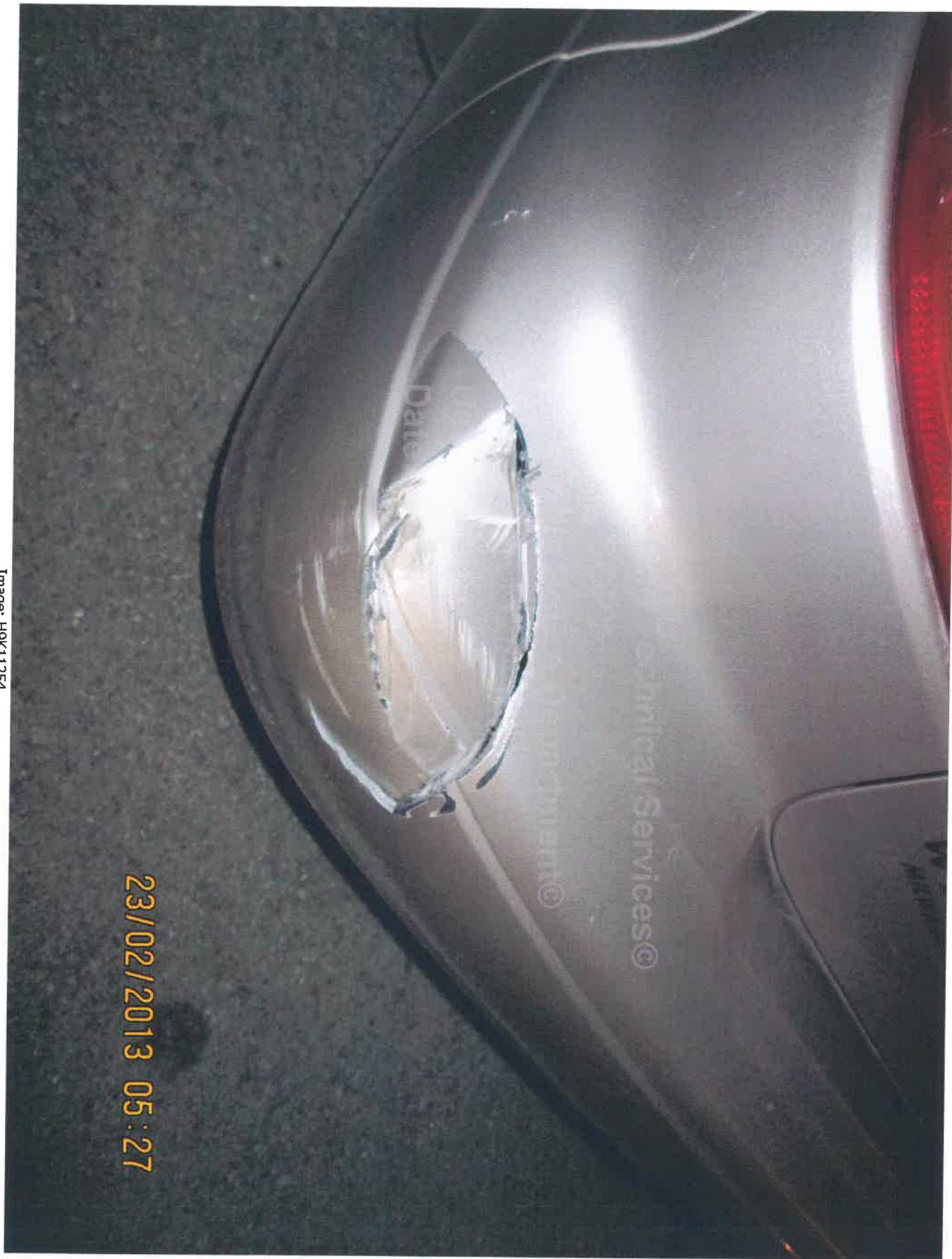


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West Allis Police Department  
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23/02/2013 05:27

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23/02/2013 05:27

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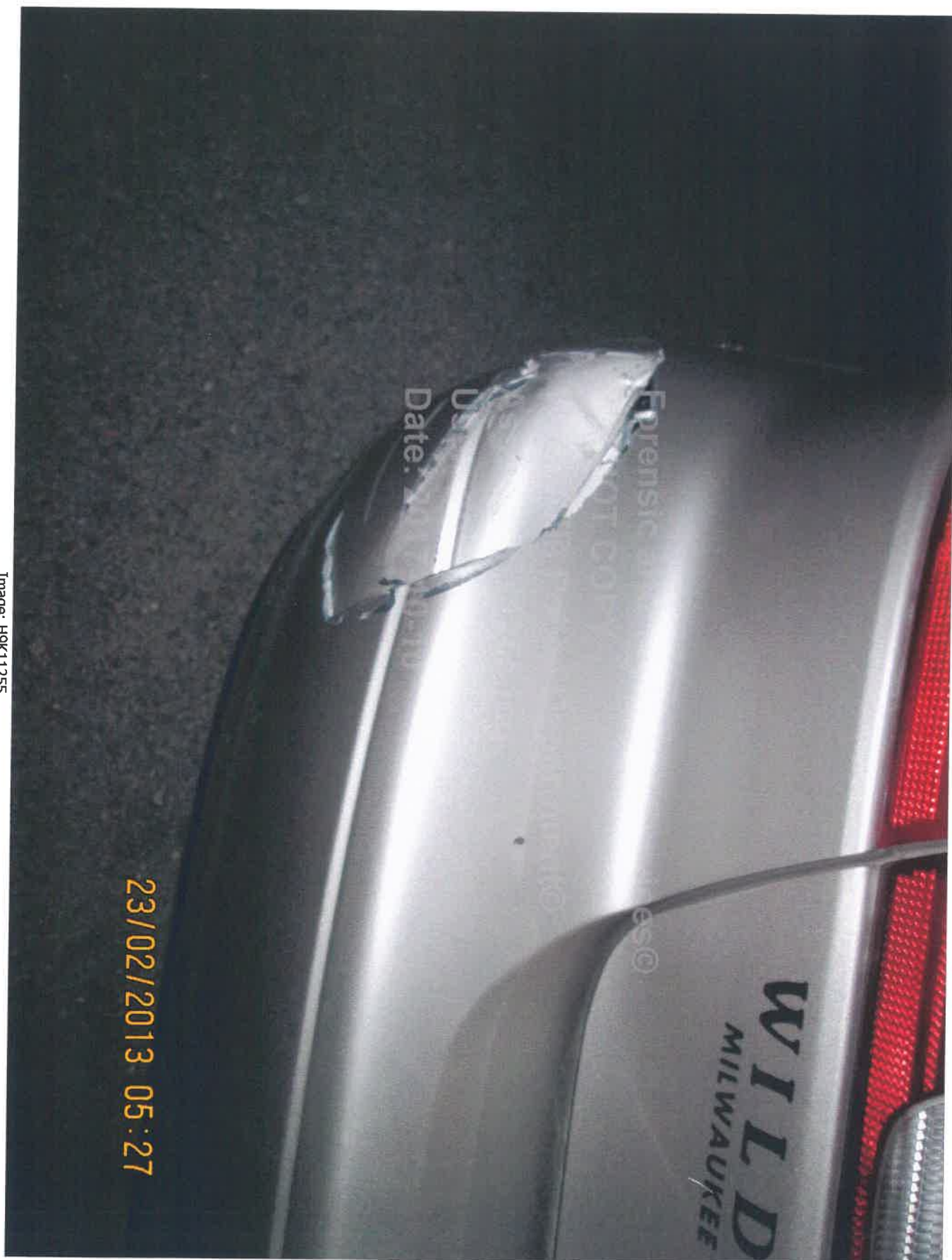
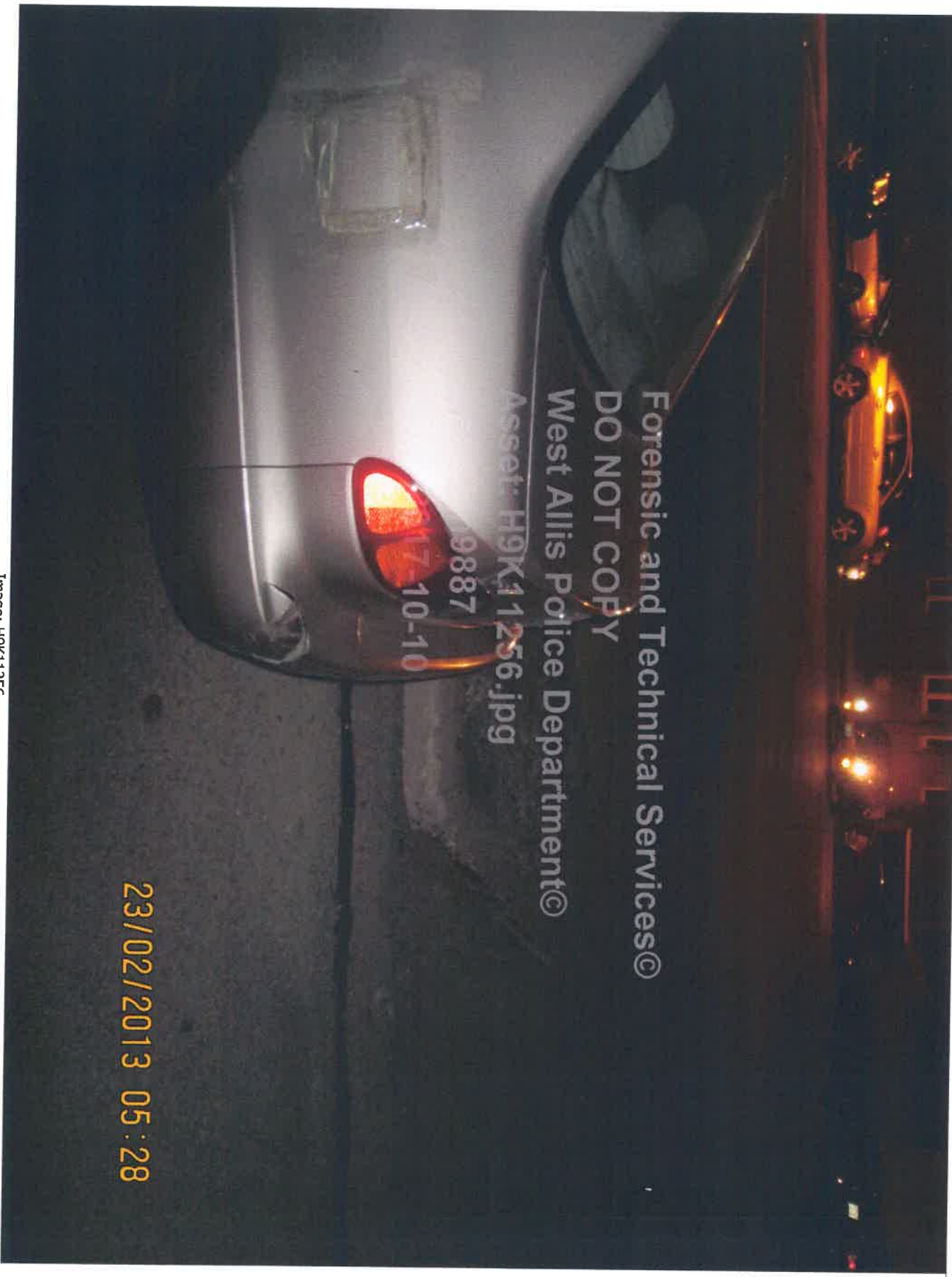


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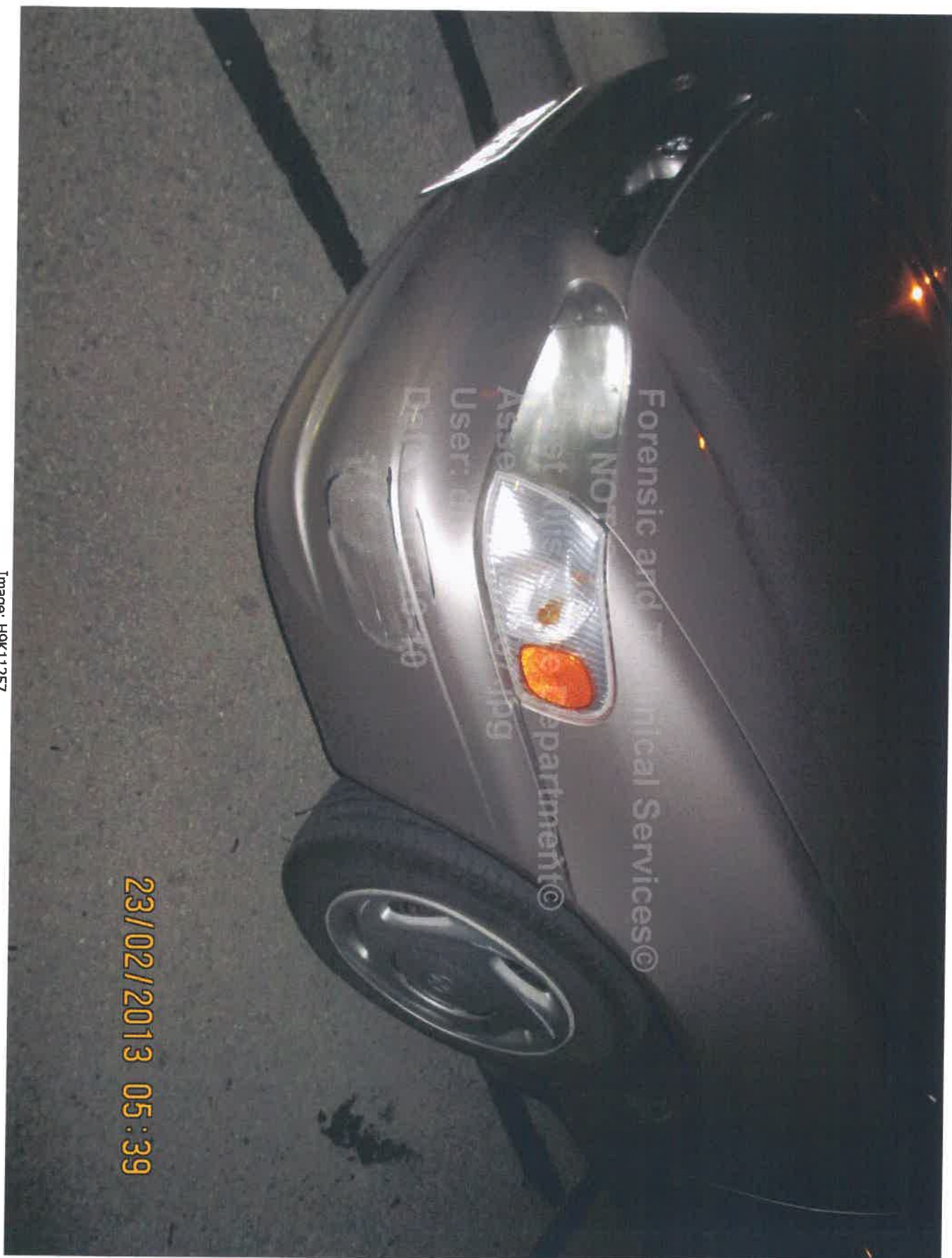




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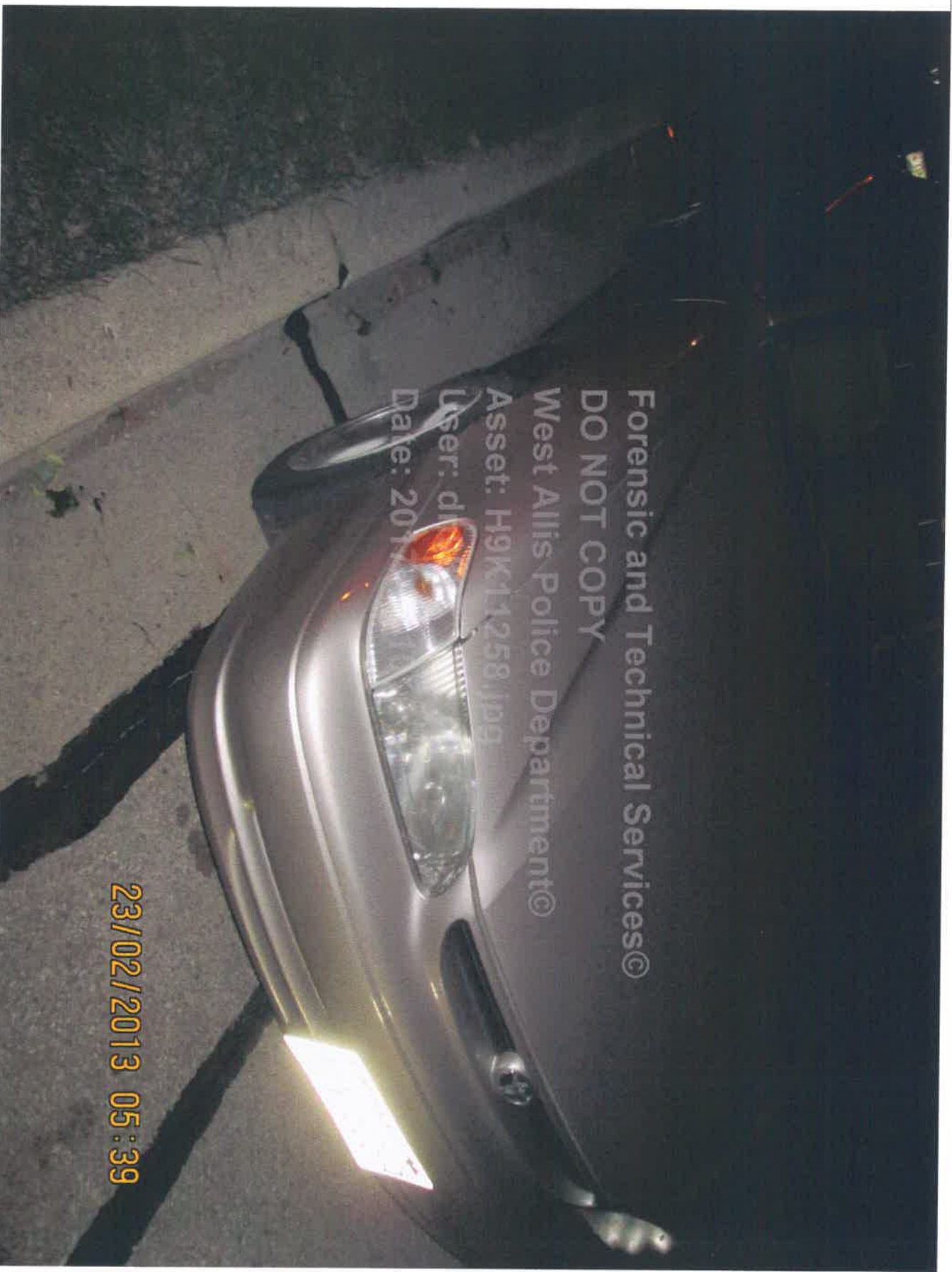
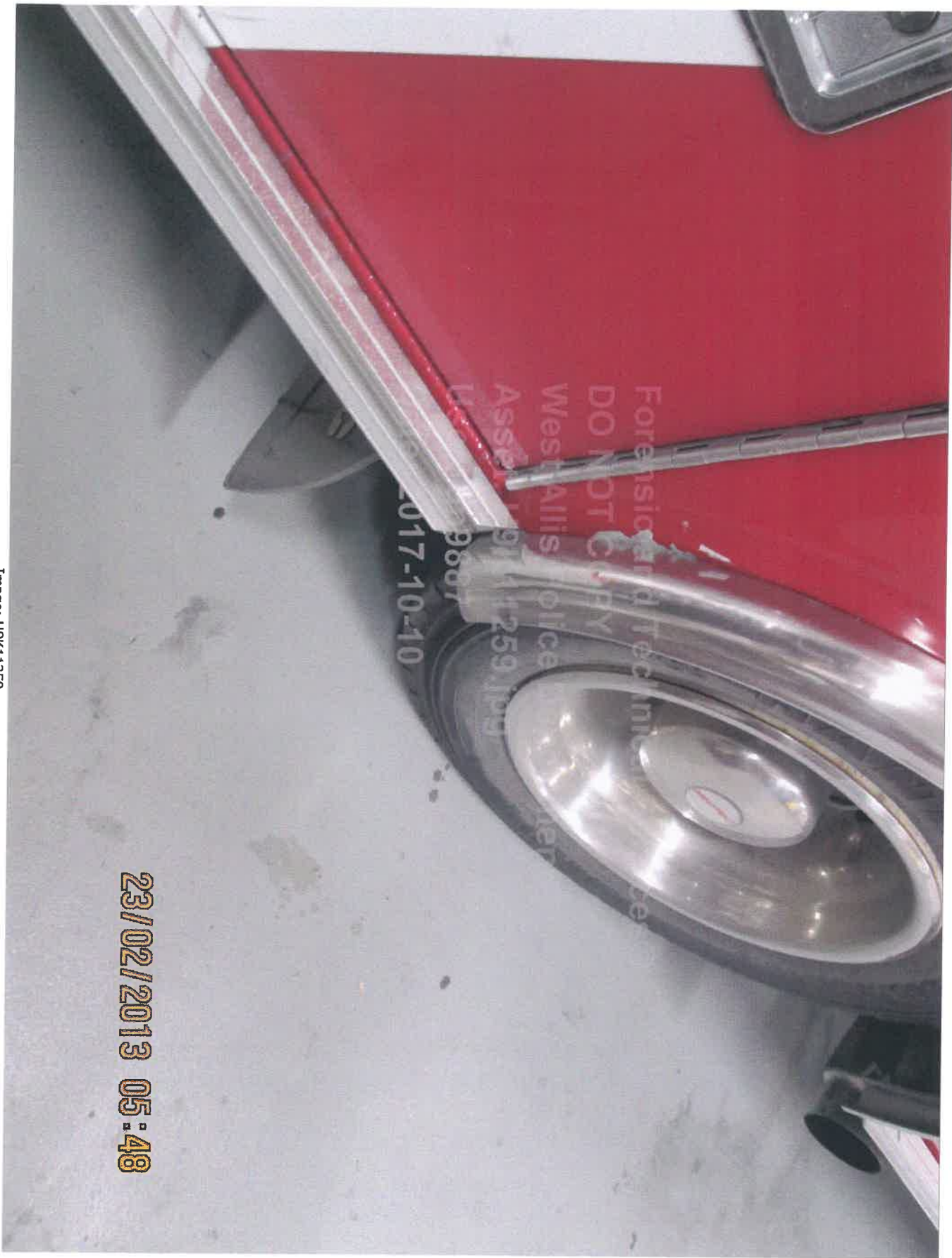


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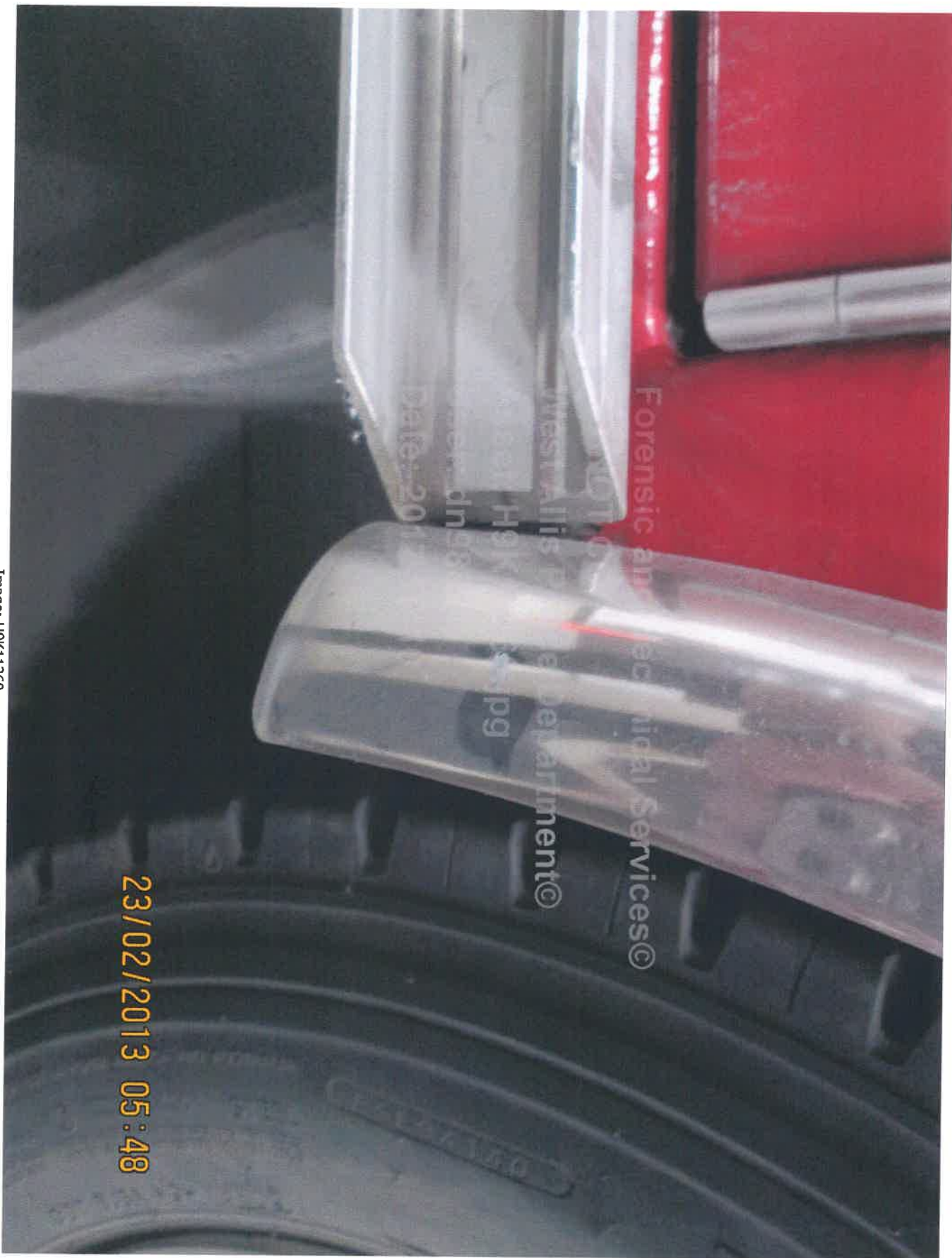


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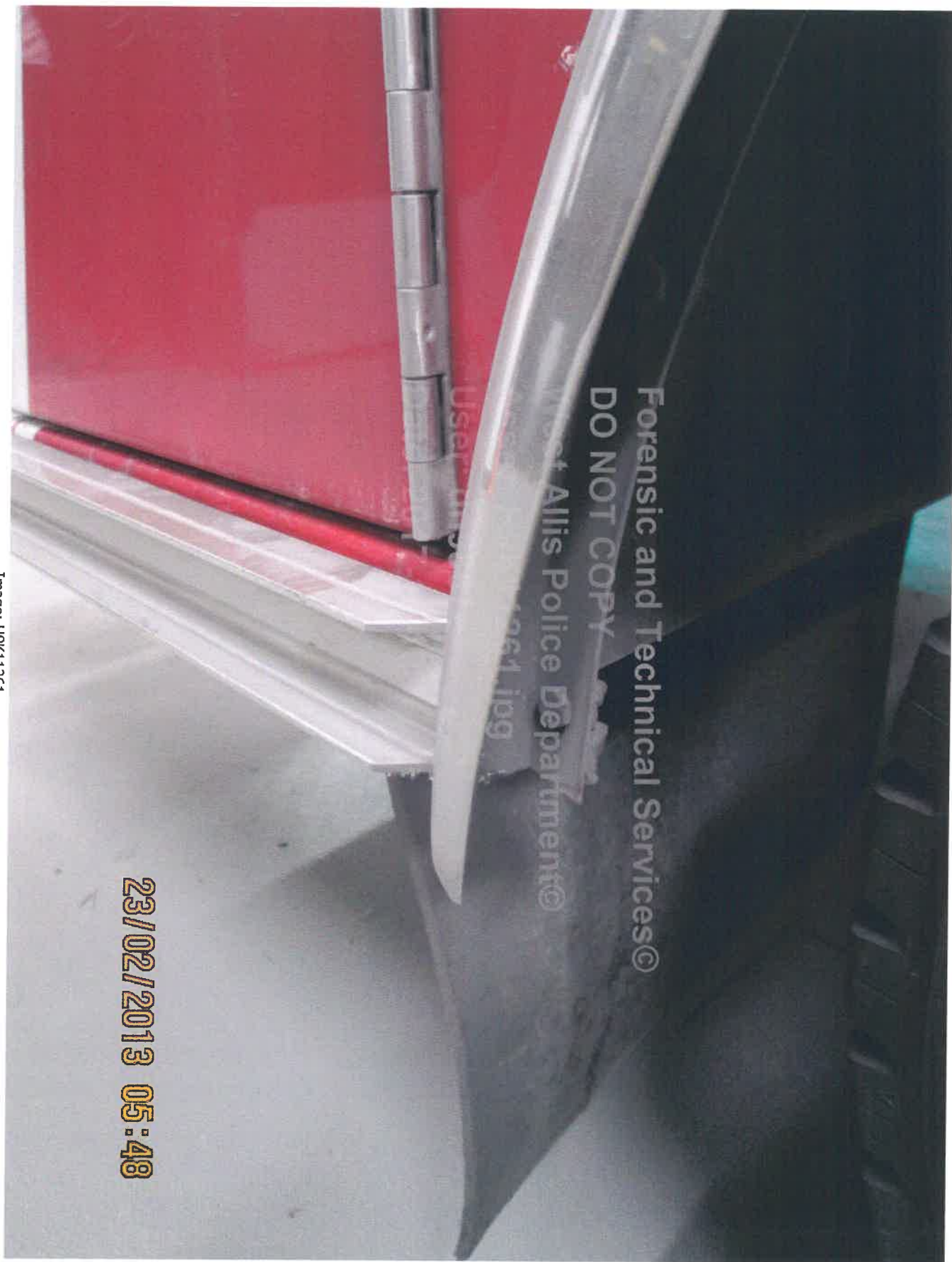
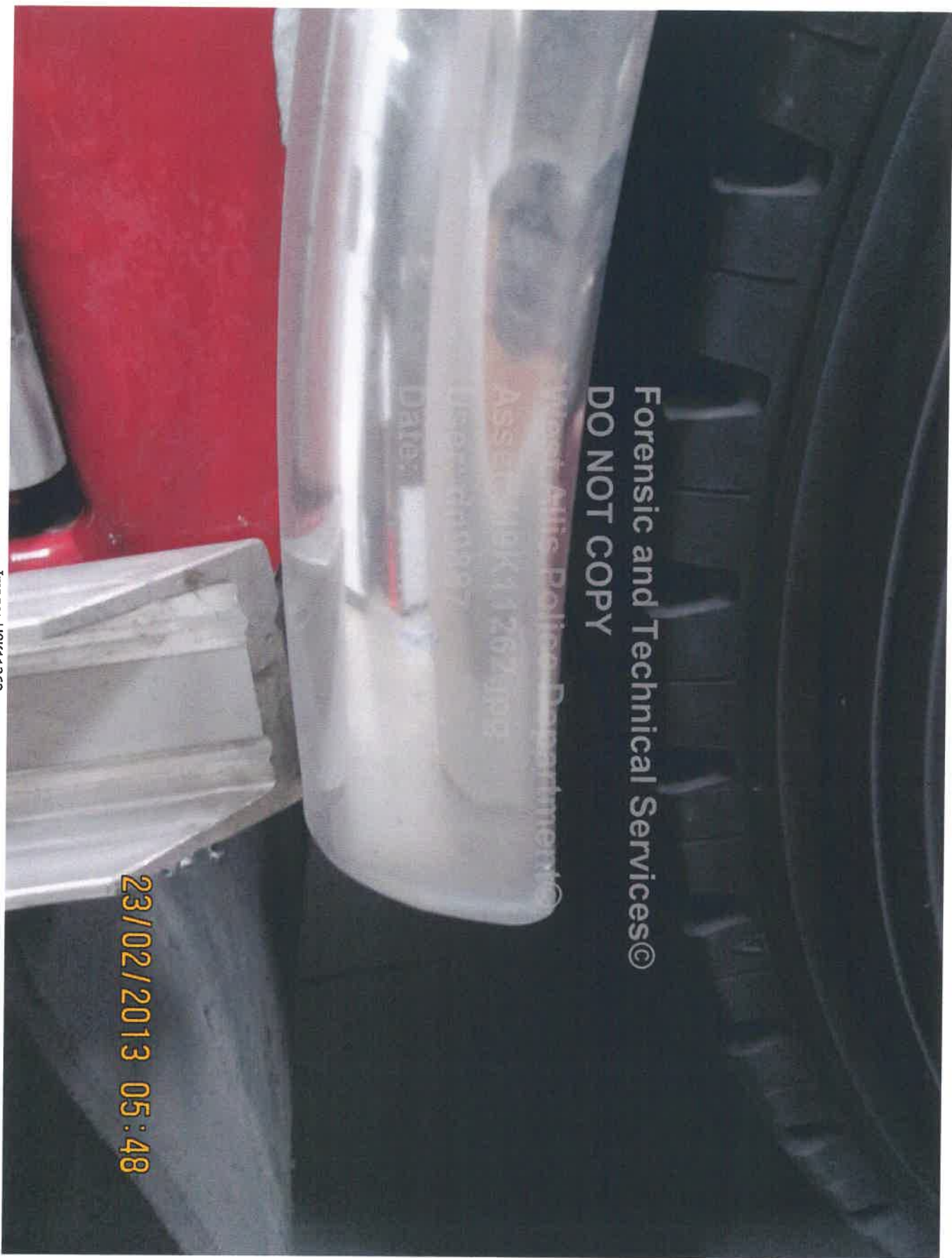


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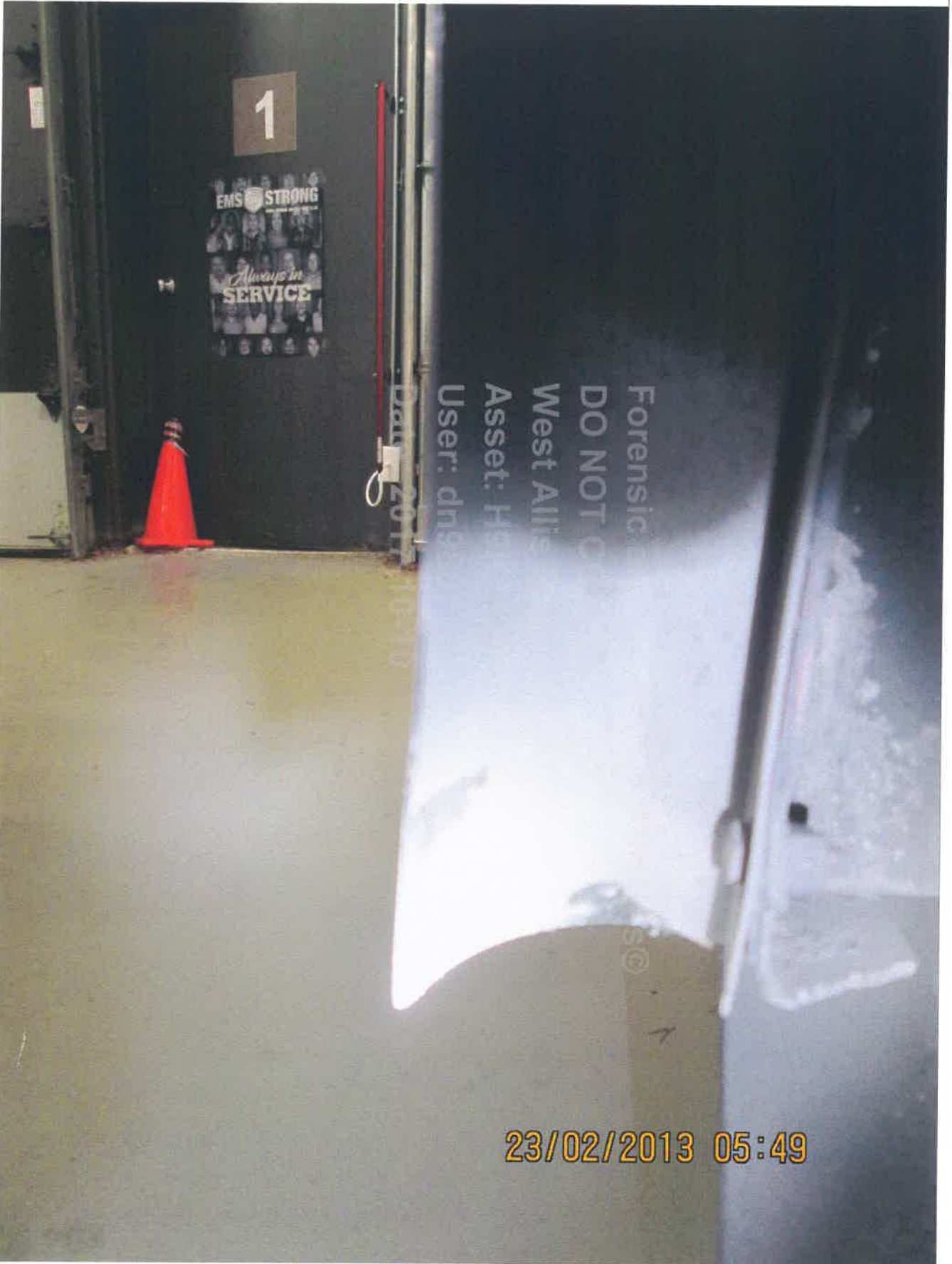


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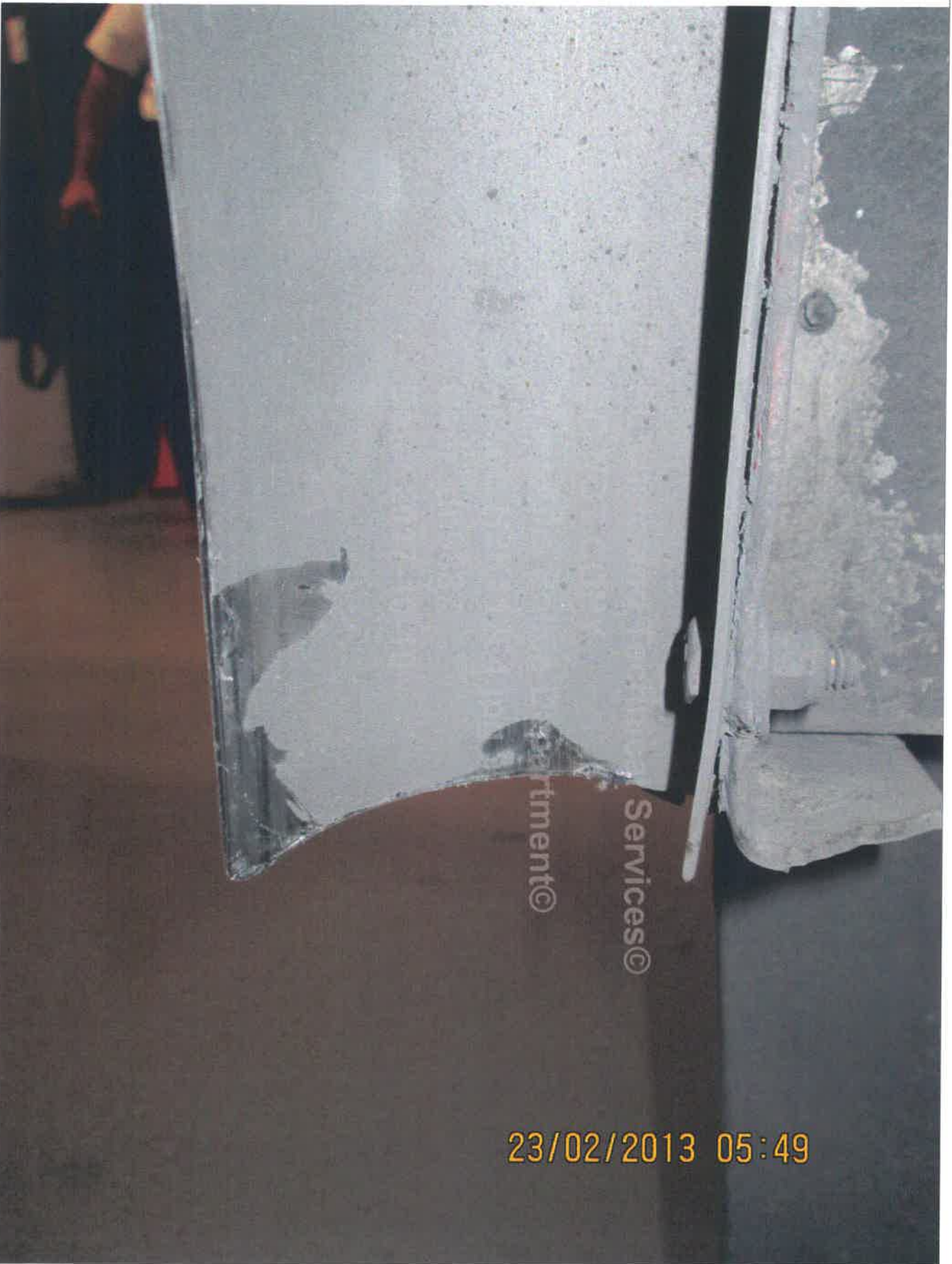


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ID#: AN2681

CARSTAR FOREST HOME AUTO BODY  
3135 W. FOREST HOME AVENUE  
MILWAUKEE, WISCONSIN 53215  
OFFICE: 414-384-6360 FAX: 414-384-6354  
FEDERAL ID # 39-1897933

\*\*\* PRELIMINARY ESTIMATE \*\*\*

10/05/2017 01:46 PM

**Owner**

**Owner:** SUSAN PEARSON  
**Address:** 1570 S. 75TH ST  
**City State Zip:** West Allis, WI 53214

**Work/Day:** (414)526-5091  
**FAX:**

**Inspection**

**Inspection Date:** 10/05/2017 01:46 PM  
**Primary Impact:** Left Rear Corner

**Inspection Type:**  
**Secondary Impact:**

**Appraiser Name:** MARTY/DEBBIE ZABEL  
**Address:** 3135 W. FOREST HOME AVE.  
**City State Zip:** Milwaukee, WI 53215

**Appraiser License # :**  
**Work/Day:** (414)384-6360  
**FAX:** (414)384-6354

**Repairer**

**Repairer:** FOREST HOME CARSTAR  
**Address:** 3135 W. FOREST HOME AVENUE  
**City State Zip:** Milwaukee, WI 53215  
**Email:** FORESTAB@SBCGLOBAL.NET

**Contact:** MARTY & DEBBIE ZABEL  
**Work/Day:** (414)384-6360  
**FAX:** (414)384-6354  
**Work/Day:**

**Vehicle**

2000 Toyota Corolla LE 4 DR Sedan  
4cyl Gasoline 1.8  
4 Speed Automatic

**Lic.Plates:** AAN-8069  
**Lic Expire:**  
**Veh Insp# :**  
**Condition:**  
**Ext. Color:** TAN  
**Ext. Refinish:** Two-Stage

**Lic State:** WI  
**VIN:** [REDACTED]  
**Mileage Type:** Actual  
**Code:** Y2104C  
**Int. Color:**  
**Int. Refinish:** Two-Stage

**Options**

AM/FM Stereo Tape  
Center Console  
Intermittent Wipers  
Power Mirrors  
Rear Window Defroster  
Tachometer  
Velour/Cloth Seats

Air Conditioning  
Digital Clock  
Power Brakes  
Power Steering  
Rem Trunk-L/Gate Release  
Tilt Steering Wheel

Bucket Seats  
Dual Airbags  
Power Door Locks  
Power Windows  
Split Folding Rear Seat  
Tinted Glass

**Damages**

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
<b>Rear Bumper</b>										
1	EP	566		Cover,Rear Bumper	Replace PXN	\$115.38			1.7	SM
2	L	566	13	Cover,Rear Bumper	Refinish				3.5	RF
					2.4 Surface					
					0.6 Two-stage setup					
					0.5 Two-stage					
<b>Manual Entries</b>										
3	EC	M03		Flex Additive	Replace Economy	\$5.00*				RF
4	EC	M60		Hazardous Waste Removal	Replace Economy	\$3.00*				SM
4	<b>Items</b>									

MC	Message
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

**Estimate Total & Entries**

Other Parts		\$123.38	
Paint & Materials	3.5 Hours @ \$38.00	\$133.00	
Parts & Material Total			\$256.38
Tax on Parts & Material	@ 5.600%		\$14.36

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$58.00	1.7		1.7	\$98.60
Mech/Elec (ME)	\$95.00				
Frame (FR)	\$70.00				
Refinish (RF)	\$58.00	3.5		3.5	\$203.00
<b>Labor Total</b>				5.2 Hours	\$301.60
<b>Tax on Labor</b>		@ 5.600%			\$16.89
<b>Gross Total</b>					\$589.23
<b>Net Total</b>					\$589.23

Alternate Parts Y/01/01/00/00/00 CUM 01/01/00/00/00 Zip Code: 53215 Default  
 Rate Name Default

Audatex Estimating 8.0.134 ES 10/05/2017 01:46 PM REL 8.0.134 DT 09/01/2017 DB 10/01/2017  
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**1.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.**

**Op Codes**

* = User-Entered Value	^ = Labor Matches System Assigned Rates	E = Replace OEM
NG = Replace NAGS	EC = Replace Economy	OE = Replace PXN OE Srpls
UE = Replace OE Surplus	ET = Partial Replace Labor	EP = Replace PXN
EU = Replace Recycled	TE = Partial Replace Price	PM = Replace PXN Reman/Reblt
UM = Replace Reman/Rebuilt	L = Refinish	PC = Replace PXN Reconditioned
UC = Replace Reconditioned	TT = Two-Tone	SB = Sublet Repair
N = Additional Labor	BR = Blend Refinish	I = Repair
IT = Partial Repair	CG = Chipguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



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WESTWAY AUTO BODY, INC.  
1412 SO 62ND ST.  
WEST ALLIS, WI 53214  
PH. 414 259 1119 FX. 414 259 8081  
FED. TAX I.D. 39-1255918

\*\*\* PRELIMINARY ESTIMATE \*\*\*

10/06/2017 09:59 AM

**Owner**

**Owner:** SUSAN PEARSON  
**Address:** 1570 SOUTH 75TH STREET  
**City State Zip:** West Allis, WI 53214  
**Home/Day:** (414)526-5091  
**FAX:**

**Inspection**

**Inspection Date:** 10/06/2017 10:01 AM  
**Inspection Type:**  
**Appraiser Name:** GINA MALONEY  
**Appraiser License # :**

**Repairer**

**Repairer:** WESTWAYAUTOBODYINC  
**Address:** 1412 SOUTH 62ND ST.  
**City State Zip:** WEST ALLIS, WI 53214  
**Email:** westwayautobody@sbcglobal.net  
**Contact:** MICHAEL MALONEY  
**Work/Day:** (414)259-1119  
**FAX:** (414)259-8081

**Target Complete Date/Time:** **Days To Repair:** 2

**Vehicle**

2000 Toyota Corolla CE 4 DR Sedan  
4cyl Gasoline 1.8  
4 Speed Automatic

**Lic.Plate:** AAN-8069  
**Lic Expire:**  
**Prod Date:**  
**Veh Insp# :**  
**Condition:** Good  
**Ext. Color:** TAN  
**Ext. Refinish:** Two-Stage

**Lic State:** WI  
**VIN:** [REDACTED]  
**Mileage:** 164,000  
**Mileage Type:** Actual  
**Code:** Y2104B  
**Int. Color:**  
**Int. Refinish:** Two-Stage

**Options**

AM/FM Stereo Tape	Bucket Seats	Center Console
Daytime Running Lights	Digital Clock	Dual Airbags
Intermittent Wipers	Power Brakes	Power Steering
Rear Window Defroster	Rem Trunk-L/Gate Release	Split Folding Rear Seat
Tilt Steering Wheel	Tinted Glass	Velour/Cloth Seats

**Damages**

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
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**Rear Bumper**

1	EP	566		Cover,Rear Bumper	Replace PXN	\$123.00		1.7	SM
2	L	566	13	Cover,Rear Bumper	Refinish			3.5	RF
					2.4 Surface				
					0.6 Two-stage setup				
					0.5 Two-stage				

**Manual Entries**

3	L			COLOR, SAND & BUFF	Refinish			0.5*	RF
4	N			HAZARD. WSTE. REM.	Additional Labor	\$5.00*			SM
5	N			FLEX ADDITIVE	Additional Labor	\$8.00*			RF
5				Items					

**MC Message**

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

**Estimate Total & Entries**

Other Parts		\$136.00	
Paint & Materials	4.0 Hours @ \$38.00	\$152.00	
Parts & Material Total			\$288.00
Tax on Parts & Material	@ 5.600%		\$16.13

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$58.00	1.7		1.7	\$98.60
Mech/Elec (ME)	\$95.00				
Frame (FR)	\$67.00				
Refinish (RF)	\$58.00	4.0		4.0	\$232.00

Labor Total		5.7 Hours		\$330.60
Tax on Labor	@ 5.600%		\$18.51	
Gross Total				\$653.24
Net Total				\$653.24

Alternate Parts Y/01/01/00/00/00 CUM 01/01/00/00/00 Zip Code: 53214 Default  
 Rate Name Default

Audatex Estimating 8.0.321 ES 10/06/2017 10:02 AM REL 8.0.321 DT 09/01/2017  
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1.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

**Op Codes**

\* = User-Entered Value      ^ = Labor Matches System Assigned Rates      E = Replace OEM  
 NG = Replace NAGS              EC = Replace Economy              OE = Replace PXN OE Srpls