this Claim is in the many of Melitza Colon by Raymond Wolter. Any questions, Contact Rebecca Hammock X 8 453

CLAIM FORM AND INFORMATION

Important Information: For the City of West Allis to consider your claim, you must follow the Wisconsin statutory procedure for filing a claim. Completing this form does not guarantee compliance with statutory procedure. City employees, including the City Attorney's Office, cannot give you legal advice or instructions on the statutory procedure. Any questions regarding claims should be directed to the City Attorney's Office at

414-302-8450. NOTICE OF CLAIM Name: Incident/Accident Information Address: Date: Phone: 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. Signed **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: \$ 7.32 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.) 1/19/2019 Signed:



Auto Subrogation Demand

November 19, 2019

CITY OF WEST ALLIS 7525 WEST GREENFIELD AVE MILWAUKEE, WI 53214 Attention: CLAIMS DEPT

RE:

OUR CLIENT: ERIE INSURANCE CLIENT INSURED: MELITZA COLON

OUR FILE#: .

YOUR INSURED: ADAM NIEMUTH/CITY OF WEST ALLIS

YOUR CLAIM#: N/A

DATE OF LOSS: 10/16/2019

AMOUNT OF CLAIM: COLL: \$7,021.38 DEDUCTIBLE: \$300.00 TOTAL: \$7,321.38

To Whom it May Concern:

We have been retained by the above referenced client to handle subrogation on their behalf. They have advised us that your insured was involved in an auto accident with their insured on the above listed date of loss. Attached is a copy of our client's file. Our investigation places liability on your insured. Please review this claim and send payment for the amount listed above to our office payable to our client.

Thank you for your cooperation. If you require additional information, please contact the undersigned representative.

Sincerely,

Raymond Wolter III

Direct Dial: 631-585-8887 E-Mail: rwolter@2ndlook.net





For Customer Support refer to the appropriate platform below:

OrderPoint 800-934-9698

Orderpoint.support@lexisnexis.com

Accurint for Insurance 866-277-8407 Accurint.support@lexisnexis.com

PAGE COUNT: 10			Lexis.com Law Firm accounts 800-543-6862
CLIENT: DIVISION: AUTO ADJUSTER: CLAIM:			
TRANSACTION # : DATE :	835598212 10/18/2019		
DATE OF LOSS: STREET: CITY: COUNTY: STATE:	10/16/2019 68TH ST AND W WEST ALLIS MILWAUKEE WI	TIME OF LOSS : 16:12 EST GREENFIELD AVE	2 PM
INVESTIGATING AGE REPORT NUMBER : REPORT TYPE : PARTY 1 : PARTY 2 : PARTY 3 :	190412 Auto Ad	262	
CAR : CAMRY	MAKE : TOYO TAG :	YEAR : 2009	
DRIVER LICENSE : ADDITIONAL INFO :			
NOTE :			

WISCONSIN MOTOR VEHICLE **CRASH REPORT**

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

	Document Number Override	I British B						(414) 302-600
	Document Number Overrige	Primary Crash	Document #	Agency	Crash Number		Officer/Deputy	
S	Crash Date	Crash Time		Date Ari	rived		ATOR R. TUS	CHL
×	10/16/2019	04:12 PM		10/16/2		Time Arrived 04:12 PM		
9	Date Notified	Time Notified		Total Ur		Total Injured	Total Kille	4
5	10/16/2019	04:12 PM		03		01	Total Kille	a
SL0SVWDK	On Emergency H	lit and Run	Lane Clos	ure	Work Zone	Trailer	or Towed	Reporting Threshold
15	Government Property	Active Sc	hool Zone	School E NO	Bus Related	Tags SUPPLEME	ENTAL	THIOGHOID
	✓ Reportable	Crash Type DT4000 (STA	NDARD CRASH	H)		Amendo	ed	Secondary Crash
[Description							1 Crush
	Diagram						Reconstruction	By
								-,
	A					1.1		
							Photos By BORREE	
	TT TT						BORREE	
- 1	-							
- 1						1		
						1 1:	Additional Inform PHOTOS	nation
	1							
	W. GREENFIEL					1.1		
		Jr	1.1 #1					
				4	Unit #3			
-			ı.					
			Unit	#2				
	n.					11		
	1					1.1		
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	I, a sworn law enforcemen							
Ū	NIT'S 2 AND 3 WERE TRAVELING TOPPED DUE TO TRAFFIC CON-	G E/B IN THE 6800	BLK OF W. GREE	NFIELD A	VE IN LANE ONE, WIT	H UNIT #3 IN FR	ONT OF UNIT #	2 BOTH HAIT'S HAD
10	ANE ONE IN THE 6800BLK OF W	CREENEIEI D AL	E INIT HILLAR	TUDNED -	T WAS AN UNMARKE	POLICE SQUA	D AND WAS AL	SO TRAVELING E/B IN
_ [V	EHICLE THAT HAD TURNED INT	O A PARKING LO	T HART #1 HAD A	IOT DEAL	TER HEAD TO LOOK	AT A LICENSE F	PLATE OF A DI	FFERENT MOTOR
		REAR OF UNIT #2	WHICH CAUSED	IT TO GE	T PUSHED FORWARD	AND STRIKE TH	E REAR OF UN	NAS UNABLE TU
LC	canon							
12	N 6800BLK W GREENFIELD 26 FT W	AVE/ STH59 EE	3		Latitude		Longitude	
0	F S 68TH ST				43.016685257	<u> </u>	-87.99871	
) (C	THER 6800BLK)				X Coordinate		Y Coordina	I
IN	THE CITY OF WEST ALLIS				418618.125		4763151.	5
	MILWAUKEE COUNTY				Structure Type OTHER			
_								
onsii	Motor Vehicle Crash		This report does	s not includ	le any CJIS data.		Crash Date	10/10/2010

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Crash Date 10/16/2019

		ash Scene 🔎									
	Fi	rst Harmful Event					First Har	mful Even	t Location		
	M	OTOR VEH IN TRANS	SPORT				1	ADWAY			
	M	anner of Collision					Light Co	ndition			
		2FRONT TO REAR					DAYLIC				
	R	oad Surface Condition(s)					Roadway	y Factor(s)			
	DI	₹Y									
	En	vironment Factor(s)					1				
	N	ONE					васки	IP DUE T	O REGULAR	CONGE:	STION
	We	eather Condition(s)									
	CL	EAR									
	An	imal Type					Relation 1	To Trafficv	vav		
	L						1		ON ROAD		
		ash Classification - Location JBLIC PROPERTY	on						- Jurisdiction		
		bal Land							RISDICTION		
	''''	odi Lattu					Access C				Special Study
	Wii	hin Interchange Area	Junction	1 Location		Intersectio	NO CON	VIROL			<u> </u>
	NC)	- 1	UNCTION		NOT AN		ECTION			
	Ün	it Summary -									
	1	t Status			Vehicle Op	erating As Cl	assification	1	Unit Type		
		TRANSIT			D CLASS	i			AUTOMO	BILE	
01		nicle Type							Operating A	s Endorser	ments
		PORT) UTILITY VEHIC	_								
	1	al Occs	Train/i	Bus # Recorded	i i	itions Issued		Total Tra	allers	1	Mat Types
		rance?	Directi	ion Of Travel	0			0		0	
—	ΥE			FBOUND	Pre	CrashTire Mark		Speed L 30	imit	Total Lane	es
LNO.		st Harmful Event: Collision	n With		Special Fur			100	Emergency	Motor Vehi	cle Use
		TOR VEH IN TRANSI	PORT		POLICE			NOT APPLICABLE			
		ffic Way			Traffic Cont				Traffic Cont	rol inoperat	ive/Missing
		IDED HWY W/O TRA	FFIC BAF	RRIER	NO CONT				NO		
		face Type NCRETE			Road Curva				Road Grade		
		k Bus or HazMat			STRAIGH	<u> </u>			LEVEL		
	NO										
		Vehicle									
		License Plate Number			Plate Type			St	Country of is:	suance	
						JNICIPAL	ł	WI	UNITED ST		
01	\vdash	Vehicle Identification No	ımber		Make			Year	Model		
0	01				FORD		- 1	2016	EXR		
		Color			Body Style				Bus Use		
		GRY - GRAY				RT UTILITY	VEHICL	.E	NOT A BUS	5	
<u></u>	쁫	Initial Contact Point 12FRONT			Vehicle Dar	mage					
5	EHIC				<u> </u>						
\supset	屯	Extent Of Damage MINOR DAMAGE			12FRON	<i>t</i> 1					
		Towed Due To Damage			Vehicle Rei	noved By					
		NOT TOWED			OPERATO	-					
		What Driver Was Doing			Vehicle Fac						
		GOING STRAIGHT									
		Driver Prior Action Other			NOT APP	LICABLE					

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

11301 WEST LINCOLN AVENUE WEST ALLIS, WI 53227

Crash Date 10/16/2019

1		Driver Actions		(414) 302-800
UNIT	VEHICLE	OTHER CONTRIBUTING ACTION		
0.1	01	Owner Name CITY OF WEST ALLIS (414) 302-8000	Owner Address 7525 W GREENFIELD AVE WEST ALLIS, WI 53227 , US	
		Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
	03	Event		
		Event		
	9			
UNIT		Policy Holder		
Ś		Insurance Company CITIES-&-VILLAGES-MUTUAL-INS-CO	Government CITY OF WEST ALLIS	
		ndividual		
	_	Driver ADAM J NIEMUTH	Citations Issued	Sex MALE
	INDIMIDUAL	(414) 302-8000	Date of Birth	Page
EN S	M	Address	Driver License Number	
_	N.	11301 W LINCOLN AVE WEST ALLIS, WI 53227 , US		
	ı	On Duty Crash	Safety Equipment	
	Saf		Safety Equipment	
	Saf	ety Equipment POLICE Seat Position	SHOULDER & LAP BELT	
	Saf	ety Equipment POLICE	SHOULDER & LAP BELT	
	Saf	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use	SHOULDER & LAP BELT Helmet Compliance	
		Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
	Saf	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Arrbag	
	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected Ejection Path	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	Trapped/Extricated
	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity NO APPARENT INJURY	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	NOT TRAPPED
	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT API Medical Transport NOT TRANSPORTED	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	1
	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED	NOT TRAPPED
	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT API Medical Transport NOT TRANSPORTED	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death	NOT TRAPPED EMS Run #
	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT API Medical Transport NOT TRANSPORTED Hospital Distracted By Source EXTERNAL (TO VEHICLE/NON-Distracted By Action	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death MOTORIST AREA)	NOT TRAPPED EMS Run #
	001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Severity NO APPARENT INJURY Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital Distracted By Distracted By Source EXTERNAL (TO VEHICLE/NON-	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death MOTORIST AREA)	NOT TRAPPED EMS Run #
	0001	Seat Position 1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED NOT EJECTED NOT TRANSPORTED Hospital Distracted By Distracted By Source EXTERNAL (TO VEHICLE/NON-DIStracted By Action OTHER ACTION (LOOKING AWAY FROM TASK ETERNAL CONTERNAL CONTERN	SHOULDER & LAP BELT Helmet Compliance Tint Compliance Airbag NON DEPLOYED PLICABLE EMS Agency Identifier Date of Death MOTORIST AREA)	NOT TRAPPED EMS Run #

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

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

Crash Date 10/16/2019

1		Action									(414) 302-800
TIND	INDIVIDUAL										
		Action Other									17.15
ł											To/From School
Ì		Drug & Alcohol NC	spected Alcohol L	Jse		Suspected Drug Use NO					
		Alcohol Test Given		Alcohol Test T	Type				Alcohol Te	at Describe	
		TEST NOT GIVEN			,, .				Alcoholife	SI RESUIIS	
		Drug Test Given TEST NOT GIVEN		Drug Test Typ	e		Drug	Test Resu	Its	· · · · · · · · · · · · · · · · · · ·	
10	007	Drug Type		<u></u>							
	ō										
		Individual Condition									
		APPEARED NORMAL	-								
	Uni	t Summary									
	1	Status TRANSIT				nicle Operating As Classif	ication		Unit Type		
١		icle Type			Loc	CLASS			AUTOMO		
05		SSENGER CAR							Operating A	s Endorsem	ents
	Tota	al Occs	Train/Bus # Red	corded	Total # Citations Issued Total Traile			ilers	Total HazN	lat Tynes	
	2				0 0				0		
	Insu YES	rance?	Direction Of Tra			Pre CrashTire Speed Lin			mit	Total Lanes	5
UNIT		t Harmful Event: Collision W	EASTBOUND		Mark 30			T.E.	4		
\supset		TOR VEH IN TRANSPO							Emergency Motor Vehicle Use NOT APPLICABLE		
		lic Way			Traf	fic Control			Traffic Control Inoperative/Missing		
		DED HWY W/O TRAFFI	C BARRIER		NO	CONTROL			NO		
		ace Type NCRETE				d Curvature			Road Grade		
		k Bus or HazMat			511	RAIGHT			LEVEL		
	NO										
	١	Vehicle									
	[License Plate Number		-	Plai	le Type	Т	St	Country of Is:	suance	
				_	ΑU	T - AUTOMOBILE	- 1	WI	UNITED ST		
05	8	Vehicle Identification Numb	er		Mal			Year	Model		
_	9	Color			_	YOTA		2009	CAMRY		
		WHI - WHITE				ly Style - SEDAN			Bus Use NOT A BUS		
	щ	Initial Contact Point				icle Damage					
LIND	VEHICLE	6REAR				3-					
5	品[Extent Of Damage			6F	REAR, 12FRONT					
	> <u> </u>	FUNCTIONAL DAMAG	E								
		Towed Due To Damage NOT TOWED				icle Removed By					
		What Driver Was Doing				ERATOR icle Factors					
		STOP IN TRAFFIC			V CI	1010 1 401013					
	İ	Driver Prior Action Other			NO.	TAPPLICABLE					
	- 1				1						

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT 11301 WEST LINCOLN AVENUE **CRASH REPORT**

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

Crash Date 10/16/2019

						(414) 302-800
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING AC	CTION			
02	02	Owner Name MELITZA O COLON (414) 736-0263		Owner Address 2427 W HOLT AVE MILWAUKEE, WI 53215	, US	
		Sequence Of Events	3			
	01	Event MOTOR VEH IN TRANS	PORT			
	02	Event MOTOR VEH IN TRANS	PORT			
		Event				
	03	Frank				
	9	Event				
╘		Policy Holder				
UNIT		Insurance Company ERIE-INS-CO		Individual MELITZA COLON		
	ļ	Individual		MELITZA COLON		
	.	Driver JOSHUA ALEXIE MIRAN	JDA	Citations Issued	Sex	
	JAL	(414) 817-2805	IDA	Date of Birth	MALE Race	
LINO	JQK	A -1-10				
5	INDIMIDUAL	Address 2427 W HOLT AVE MILWAUKEE, WI 53215	, US	Driver License Number		
	Saf	ety Equipment On Dut	y Crash	Safety Equipment		
	1	Seat Position		SHOULDER & LAP BELT		
		1FRONT SEAT-LEFT SI Helmet Use	IDE (DRIVER/MOTORCY			
				Helmet Compliance	<u> </u>	
		Eye Protection		Tint Compliance		
05	200	Injury S		Airbag		
_	_	Injury NO AF	PPARENT INJURY Ejection Path	NON DEPLOYED	Tenno d/Extrinoted	
		NOT EJECTED	NOT EJECTED/NOT APP	LICABLE	Trapped/Extricated NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
		Hospital		Date of Death	Time of Death	
	L	Distracted By NOT A	ed By Source			
	_	Distracted By Action	PPLICABLE (NOT DISTRA	(CTED)		
		NOT DISTRACTED				
		Non Motorist Striking	Unit # Location			
	Γ	Prior Action				
	L					

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

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

Crash Date 10/16/2019

1		Action					(414) 302-800
1		, isaser					
	AL						
L	INDIVIDUAL						
NN	≥						
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	=						
1							
1		Action Other					To/From School
-		Suspected Alcohol U		16			
		Drug & Alcohol NO	se	Suspected Drug Use NO			
1		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results	
		TEST NOT GIVEN				Alcohol Test (Yesuits	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results		
l	01	Drug Type					
02	002	Lordy Type					
l							
		Individual Condition					
		APPEARED NORMAL					
		les alicai alica – I					
		Individual Passenger		Citations			
	_	TAMADA A FEFERTZ		Citations Issued 0		Sex FEMALE	
	Z		ŀ	Date of Birth		Race	
Ė	₫						
UNIT	INDIVIDUAL	Address 1365 S 96TH ST		Driver License Number			
	\geq	WEST ALLIS, WI 53214 , US					
	Saf	ety Equipment On Duty Crash		Safety Equipment			
	Jui	Seat Position					
		3FRONT SEAT-RIGHT SIDE (TRAIN	ENGINEED	SHOULDER & LAP B	ELT		
		Helmet Use		Helmet Compliance			
				The state of the s			
		Eye Protection		Tint Compliance			
	_ص ا	Injury Severity		Airhna			
05	003	Injury POSSIBLE INJURY		Airbag NON DEPLOYED			
	1	Ejected Ejection Path				Trapped/Extricated	
			TED/NOT APPLIC			NOT TRAPPED	
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#	
	-	Hospital		Date of Death		Time at Dunth	
			1			Time of Death	
		Distracted By Source					
	-						
		Distracted By Action					
	L	Striking Unit #	ocation				
	_	Non Motorist					
		Prior Action					
	L						

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT **CRASH REPORT**

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

ı		Action									(121) 002 000
ı		1100011									
1											
	INDIVIDUAL										
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L NO	₽										
	_ ≥										
I	9										
1	=										
1											
		Action Other									To/From School
ł		1									Ton Toni School
1		Sus	spected Alcahol (Jse	TSusno	ected Drug Use					<u> </u>
		Drug & Alcohol No	o i		NO	occu Ding Osc					
		Alcohol Test Given		1 411-1-							
1		TEST NOT GIVEN		Alcohol Test	Type				Alcohol Tes	st Results	
ļ											
		Drug Test Given TEST NOT GIVEN		Drug Test Typ	be		Drug	Test Resu	its		
1		TEST NOT GIVEN		1							
05	003	Drug Type									
0	ŏ	1									
ĺ											
ļ		Individual Condition									
ĺ		APPEARED NORMAL									
	Uni	t Summary ===									
	Unit	Status			Vahicle On	perating As Classif	iantion			_	
	I INI 1	TRANSIT			D CLASS		icalion		Unit Type		
		cle Type			D CLASS				AUTOMO		
03			_						Operating A	s Endorsem	ents
_		ORT) UTILITY VEHICLE									
	1	Oces	Train/Bus # Re	corded	Total # Cita	ations Issued		Total Tra	ilers	Total HazM	lat Types
	1				0			0		o	, , , , , , , , , , , , , , , , , , ,
	insu	rance?	Direction Of Tra	ivel	Bro	CrashTire		Speed Li	mit	Total Lanes	
—	YES	6	EASTBOUND)	-16	Mark		30		4	•
UNIT	Mos	Harmful Event: Collision W			Special Fur			30			
\supset		TOR VEH IN TRANSPO				CIAL FUNCTION	J		NOT APPL		le Use
		ic Way									
		DED HWY W/O TRAFFI	0.04.00150		Traffic Con				Traffic Contr	ol Inoperativ	re/Missing
			CBARRIER		NO CONT				NO		
		асе Туре			Road Curva	ature			Road Grade		
- 1	CON	NCRETE			STRAIGH	łΤ			LEVEL		
	Truc	k Bus or HazMat									
	NO										
	١	/ehicle									
	,										
		License Plate Number			Plate Type	,		St	Country of Iss	suance	
					AUT - AL	JTOMOBILE		WI	UNITED ST	ATES	
က	~ [Vehicle Identification Numb	er		Make		\neg	Year	Model		
03	8				FORD		- 1	2003	ESCAPE XI	c	
	ľ	Color			Body Style				Bus Use		
		SIL - SILVER (ALUMIN	LIMY			ORT UTILITY VE		_	NOT A BUS	:	
	щ	Initial Contact Point					HICL	E	LIOTABOO	, 	
<u>—</u>	Ξ				Vehicle Da	ımage					
UNIT	VEHICL	6REAR									
\equiv	盂上	Extent Of Damage			6REAR						
	5	MINOR DAMAGE									
	ſ	Towed Due To Damage			Vehicle Re	moved By					
		NOT TOWED			OPERAT	-					
	- 1	What Driver Was Doing			Vehicle Fac						
	- 1	STOP IN TRAFFIC			- criiole rat	01010					
	_ L	Driver Prior Action Other			NOT APP	LICABLE					
		or mor Addon Other			I TO LAPP	CICABLE					
	- 1				I						

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT 11301 WEST LINCOLN AVENUE **CRASH REPORT**

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

Crash Date 10/16/2019

		Driver Actions		(414) 302-00
UNIT	VEHICLE	Driver Actions NO CONTRIBUTING ACTION		
	>			
03	03	Owner Name ANGELA M ARTUSO	Owner Address 1801 S 72ND ST MILWAUKEE, WI 53214 , U	s
		Sequence Of Events		
ł	01	Event MOTOR VEH IN TRANSPORT		
	02	Event		
		Event		
	03			
	04	Event		
⊢		Policy Holder		
UNIT		Insurance Company AMERICAN-FAMILY-INS-CO	Individual	
		Individual	ANGELA ARTUSO	
		Driver GLENN LAWRENCE SCHENK	Citations Issued	Sex
	JAL	GLIN LAWE NOL SCHENK	Date of Birth	MALE
LINO	INDIVIDUAL			
5	ģ	Address 1801 S 72ND ST	Driver License Number	
	=	MILWAUKEE, WI 53214 , US		
	0-1	On Duty Crash	Safety Equipment	
	Sat	ety Equipment Seat Position		
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance	
		Eye Protection	Tint Compliance	
	⁴ [I muni Severiti		
03	90	Injury Severity NO APPARENT INJURY	NON DEPLOYED	
		Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT AP	ADI ICABI E	Trapped/Extricated
	ŀ	NOT EJECTED NOT EJECTED/NOT AP Medical Transport	EMS Agency Identifier	NOT TRAPPED EMS Run #
	-	NOT TRANSPORTED		
		Hospital	Date of Death	Time of Death
	-	Distracted By Distracted By Source NOT APPLICABLE (NOT DISTR	ACTED)	
		Distracted By Action NOT DISTRACTED		
	_	Non Motorist Striking Unit # Location		
	Γ	Prior Action		
	L			

WISCONSIN MOTOR VEHICLE WEST ALLIS POLICE DEPARTMENT CRASH REPORT

11301 WEST LINCOLN AVENUE WEST ALLIS, WI 53227

Crash Date 10/16/2019

ī.		Action					(414) 302-8000
LINO	INDIVIDUAL						
		Action Other Suspected Alcohol U					To/From School
	[Orug & Alcohol NO	ise	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	;	
03	004	Drug Type			<u></u>		
		Individual Condition					
		APPEARED NORMAL					

Claim: A00002193761

Category	Amount
	\$4,115.37

Check Details

Status Issued

Pay To MELITZA COLON

 Net Amount
 \$4,115.37

 Scheduled Send Date
 10/24/2019

 Status Date
 10/24/2019

Check Number
Date of Service

Payment Method System Check

Payment Group Code Other

Invoice Number MELITZA COLON

Tracking

Status Submitted

Created By Joshua LeCavalier

Created On 10/24/2019

Approval History

Financials (Total Incurred: \$11,600.00): Checks

			-/					
Check Number	Pay To	Gross Amount	Issue Date	Scheduled Send Date	Service Period Start	Service Period End	Status	Bulk Invoice

Claim: A00002193761

Check Number	Pay To	Gross Amount	Issue Date	Scheduled Send Date	Service Period Start	Service Period End	Status	Bulk Invoice
	MELITZA COLON			10/24/2019			Issued	

Check Details

Check

Pay To The Order Of EDUCATORS CREDIT UNION

Mailing Address 1326 WILLOW RD, Attn: CLAIMS, MOUNT PLEASANT, WI 53177-1909

Net Amount \$2,906.01

Memo Collision, Erie Auto Plus, MELITZA COLON, Total loss 2009 TOYOTA CAMRY

**Mail title to Erie Insurance PO BOX 867 Waukesha, WI 53187

Payment Details

Gross Amount \$2,906.01

Details

Check Number

Bank Account

Invoice Number MELITZA COLON
Claimant MELITZA COLON

Date of Service Benefit ACR Reason

Comments
Joint Payees

Payee	Туре	Payee Tax ID
EDUCATORS CREDIT UNION	Other	

Instructions

Recipient EDUCATORS CREDIT UNION

Payment Method System Check

Claim: A00002193761

Payment Group Code

Other

Check Delivery

Send

Special Instructions

Tracking

Status

Issued

Issue Date

10/24/2019

When To Pay

10/24/2019

Created By

Joshua LeCavalier

Created On

10/24/2019

Recurrence

Description

N/A

Total Recurrence Amount

Created via STP Process

Approval History

Payments

Scheduled Send Date	Payment Category	Amount	Exposure	Coverage	Cost Type	Cost Category	Status	Pmt Type
10/24/2019	Loss	\$2,706.01	1	Collision	Claim Cost	Collision	Submitted	 Partial
10/24/2019	Loss	\$200.00	5	Erie Auto Plus	Claim Cost	Collision	Submitted	Partial

Documents Linked to Checks

Nan	ne Vie	ew Type	Status	Author	Date
LOG Colon	View	Vehicle Damag	e	J941A	Modified

Claim: A00002193761

Name	View	Туре	Status	Author	Date Modified
	View	Vehicle Damage		J233E	

Check Details

Check

Pay To The Order Of MELITZA COLON

Mailing Address 2427 W HOLT AVE, MILWAUKEE, WI 53215-4825

Net Amount \$4,115.37

Memo Collision, MELITZA COLON, Total loss 2009 TOYOTA CAMRY

Payment Details

Gross Amount \$4,115.37

Details

Check Number Bank Account

Invoice Number

Date of Service Benefit ACR Reason

Comments

Joint Payees

Claimant

MELITZA COLON
MELITZA COLON

Payee	Туре	Payee Tax ID
MELITZA COLON	Claimant	

Instructions

Recipient MELITZA COLON

| Pol: Q021015558 | Ins: MELITZA COLON | DoL: 10/16/2019 | St: Open | State Regulations

Claim: A00002193761

Payment Method

System Check

Payment Group Code

Other

Check Delivery

Send

Special Instructions

Tracking

Status

Issued

Issue Date When To Pay

10/24/2019 10/24/2019

Created By

Joshua LeCavalier

Created On

10/24/2019

Recurrence

Description

N/A

Total Recurrence Amount Created via STP Process

Approval History

Payments

Scheduled Send Date	Payment Category	Amount	Exposure	Coverage	Cost Type	Cost Category	Status	Pmt Type
10/24/2019	Loss	\$4,115.37	1	Collision	Claim Cost	Collision	Submitted	Partial

Documents Linked to Checks

Claim: A0000219376	Claim:	A000021	93761
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Name	View	Туре	Status	Author	Date Modified
Market Valuation Report	View	Vehicle Damage	Approved	Manuel Medina	10/18/2019 12:54 PM

Subrogation

General

Fault Other Liability

Uninsured Motorist? No **Subrogation Status** Open Externally Owned? No

Subrogation Owner Alissa Cramblitt Subrogation Supervisor James Newcamp

Referral

Refer to Subro? Yes

Referral Date 10/29/2019 10:20 AM

Referral Comment Unable to file a claim with CC until ERIE claim is complete with demand amount. Please fill out form from

CC when you send demand. Thanks.

Responsible Parties

Party	Government Involved?	Liability %	Classification	Strategy
CITY OF WEST ALLIS	No	100.0%		
100.0%				

Resources

Claim: A00002193761

Category	Description	Action	Estimate	Comment	Source
Repairs	Parts	Approved	\$736.25	LKQ	Initial Estimate - Material Damage Adjuster
Repairs	Parts	Approved	\$143.95 (Other	Initial Estimate - Material Damage Adjuster
Repairs	Parts	Approved	\$3,587.36 F	Parts Total	Initial Estimate - Material Damage Adjuster

Total Loss Settlement

Settlement Summary

Settlement Based on

CCC

Unrelated Prior Damage?

Settlement Agreed With

MELITZA COLON

New/Better Car Endorsement

Total Loss Valuation Breakdown

Condition Adjustment

Total Pre-Tax Adjustment

Vehicle Value \$6,730.00

Sales Tax

Total Post-Tax Adjustment

Total Amount \$6,730.00

Settlement Details

Market Value

\$6,730.00

Prior Damage

Other Adjustments

0

Actual Cash Value

\$6,730.00

Claim: A00002193761

Тах Туре	State
%Tax	5.600%
Tax Amount	\$376.88
State Fees	\$214.50

Gross Settlement 7321.38
Deductible \$300.00

Owner Retained Salvage

Net Settlement 7021.38
Settlement Adjustments 0

Total Amount Owed \$7,021.38
Total Amount Paid \$7,021.38

Dealer/Other Quotes

Average Quote

Pre-Tax Adjustments

Total 0

Post-Tax Adjustments

Total 0

Total Loss Events



Prepared for ERIE INSURANCE GROUP





Loss Vehicle

CLAIM INFORMATION

Owner Colon, Melitza

2427 W Holt Ave

Milwaukee, WI 53215-4825

2009 Toyota Camry LE Manual

Loss Incident Date 10/16/2019 Claim Reported 10/18/2019

INSURANCE INFORMATION

Report Reference Number 95073717

Claim Reference A00002193761-3 Adjuster Medina, Manuel

Odometer 104,480

Last Updated 10/18/2019 08:26 AM



VALUATION SUMMARY

Base Vehicle Value \$6,730.00 Adjusted Vehicle Value \$6,730.00

Total \$6,730.00

The total may not represent the total of the settlement as other factors (e.g. license and fees) may need to be taken into account.

The CCC ONE® Market Valuation Summary reflects CCC Information Services Inc.'s opinion as to the value of the loss vehicle, based on information provided to CCC by ERIE INSURANCE GROUP

Loss vehicle has 22% fewer than average mileage of 133 100

BASE VEHICLE VALUE

This is derived per our Valuation methodology described on the next page.

ADJUSTED VEHICLE VALUE

This is determined by adjusting the Base Vehicle Value to account for the actual condition of the loss vehicle and certain other reported attributes, if any, such as refurbishments and after factory equipment

Inside the Report

Valuation Methodology	2
Vehicle Information	3
Vehicle Condition	. 6
Comparable Vehicles	7

Owner: Colon, Melitza Claim: A00002193761-3

VALUATION METHODOLOGY

How was the valuation determined?



CLAIM INSPECTION

ERIE INSURANCE GROUP has provided CCC with the zip code where the loss vehicle is garaged, loss vehicle VIN, mileage, equipment, as well as loss vehicle condition, which is used to assist in determining the value of the loss vehicle.



DATABASE REVIEW

CCC maintains an extensive database of vehicles that currently are or recently were available for sale in the U.S. This database includes vehicles that CCC employees have physically inspected, as well as vehicles advertised for sale by dealerships or private parties. All of these sources are updated regularly.

SEARCH FOR COMPARABLES

When a valuation is created the database is searched and comparable vehicles in the area are selected. The zip code where the loss vehicle is garaged determines the starting point for the search. Comparable vehicles are similar to the loss vehicle based on relevant factors.



CALCULATE BASE VEHICLE VALUE

Adjustments to the price of the selected comparable vehicles are made to reflect differences in vehicle attributes, including mileage and options. Dollar adjustments are based upon market research.

Finally, the Base Vehicle Value is the weighted average of the adjusted values of the comparable vehicles based on the following factors:

- Source of the data (such as inspected versus advertised)
- Similarity (such as equipment, mileage, and year)
- Proximity to the loss vehicle's primary garage location
- Recency of information



Owner: Colon, Melitza Claim: A00002193761-3



VEHICLE DETAILS

Location MILWAUKEE, WI 53215-4825

2009

Toyota

Camry

Manual

Sedan

LE

VIN

Year

Make Model Trim

Body Style Body Type

Engine -

Displacement

Fuel Type Carburation

Transmission Curb Weight

Cylinders 4 2.4L

> Gasoline EFI

5 Speed Transmission Overdrive

0 lbs

VEHICLE ALLOWANCES

Odometer 104,480 + 1,309

Options

Power Driver Seat Not Present

Reported* Option(s) added after initial valuation

Vehicles sold in the United States are required to have a manufacturer assigned Vehicle Identification Number(VIN). This number provides certain specifications of the vehicle

Please review the information in the Vehicle Information Section to confirm the reported mileage and condition, and to verify that the information accurately reflects the options, additional equipment, refurbishments or other aspects of the loss vehicle that may impact the value.

Allowances are factors influencing the value of the loss vehicle when compared to a typical vehicle. The typical vehicle is a vehicle of the same year, make, and model as the loss vehicle, including average mileage, and all standard equipment. These allowances are displayed for illustrative purposes only.

- 53

The Base Vehicle Value is calculated from the comparable vehicles with adjustments to reflect the loss vehicle configuration

Owner: Colon, Melitza Claim: A00002193761-3



VEHICLE EQUIPMENT

Odometer	104,480	
Transmission	5 Speed Transmission	~
	Overdrive	4
Power	Power Steering	- 2
	Power Brakes	
	Power Windows	~
	Power Locks	4
	Power Mirrors	~
	Power Trunk/Gate Release	4
Decor/Convenience	Air Conditioning	4
	Tilt Wheel	4
	Cruise Control	~
	Rear Defogger	4
	Intermittent Wipers	4
	Console/Storage	W.
	Overhead Console	~
	Keyless Entry	V
	Telescopic Wheel	4
eating	Cloth Seats	~
	Bucket Seats	4
adio	AM Radio	~
	FM Radio	4
	Stereo	V
	Search/Seek	V
	CD Player	√.
	Steering Wheel Touch Controls	V
	Auxiliary Audio Connection	~
heels	Wheel Covers	~
afety/Brakes	Air Bag (Driver Only)	~
	Passenger Air Bag	4
	Anti-lock Brakes (4)	~
	4-wheel Disc Brakes	4

To the left is the equipment of the loss vehicle that ERIE INSURANCE GROUP provided to CCC.

- Standard This equipment is included in the base configuration of the vehicle at time of purchase.
- Additional Equipment that is not Standard but was noted to be on the loss vehicle.

Owner: Colon, Melitza Claim: A00002193761-3



VEHICLE EQUIPMENT		
	Front Side Impact Air Bags	~
Exterior/Paint/Glass	Head/Curtain Air Bags	4
	Dual Mirrors	~
	Tinted Glass	4
	Clearcoat Paint	
Other - Cars	California Emissions	~

Owner: Colon, Melitza Claim: A00002193761-3



VEHICLE CONDITION

COMPONENT CONDITION

	Condition	Inspection Notes	Value Impact
MECHANICAL	L		
Engine	AVERAGE PRIVATE	Belts and hoses firm, show minimal wear.	\$ 0
Transmission	AVERAGE PRIVATE	Fluid slightly discolored.	\$0
PAINT			
PAINT	AVERAGE PRIVATE	No significant peeling and/or flaking.	\$ 0
TIRES			
Front Tires	AVERAGE PRIVATE	Typical new car tires are 11/32, loss measures at 5/32 = 46% (5/11)	\$ 0
Rear Tires	AVERAGE PRIVATE	Typical new car tires are 11/32, loss measures at 5/32 = 46% (5/11)	\$ 0
BODY/GLASS	3		
BODY/ GLASS	AVERAGE PRIVATE	All panels intact and properly aligned.	\$0
INTERIOR			
INTERIOR	AVERAGE PRIVATE	CARPETS STAINED DASHBOARD CLEAN HEADLINER LIGHTLY STAINED SEATS LIGHLY STAINED	\$0
Total Cond	lition Adjustment	ts	\$ 0

ERIE INSURANCE GROUP uses condition inspection guidelines to determine the condition of key components of the loss vehicle prior to the loss. The guidelines describe physical characteristics for these key components, for the condition selected based upon age Inspection Notes reflect observations from the appraiser regarding the loss vehicle's condition

CCC makes dollar adjustments that reflect the impact the reported condition has on the value of the loss vehicle as compared to Average Private condition. These dollar adjustments are based upon interviews with dealerships across the United States.

Owner: Colon, Melitza Claim: A00002193761-3

Comparable vehicles used in the



© COMPARABLE VEHICLES

COMPARABLE VEHICLES

Source	Vehicle	C Price	Adjusted comparable Value	determination of the Base Vehicle Value are not intended to be replacement vehicles but are reflective of the market value, and may no longer be available for sale.
Source: Inspected Inventory Wilde Chry Jeep Dodg Subaru Waukesha, WI (262) 544-5400 13 Miles From Milwaukee, WI	2009 Toyota Camry Le Automatic 4 2.4! Gasoline Efi Odometer: 68,937 Updated Date: 07/26/2019	\$ 8,311 (Take)	\$ 6,486	List Price is the sticker price of an inspected dealer vehicle and the advertised price for the advertised vehicle. Take Price is the amount that the dealership will accept to sell the inspected vehicle, though a lower price may be obtainable through negotiation.
Source: Dealer Ad Classic Toyota Waukegan, IL (847) 565-1492 44 Miles From Milwaukee, WI	2009 Toyota Camry Le Automatic 4 2.4l Gasoline Efi Odometer: 107,529 Updated Date: 10/06/2019	\$ 6,999 (List)	\$ 6,060	Distance is based upon a straight line between loss and comparable vehicle locations. Adjusted Comparable Value represents the price of the comparable vehicle with adjustments for options, mileage, condition, and year/model/trim as compared to the loss vehicle.
Source: Autotrader Millennium Motor Sales Milwaukee, WI (414) 383-6666 0 Miles From Milwaukee, WI	2009 Toyota Camry Le Automatic 4 2.4l Gasoline Efi Odometer: 130,512 Updated Date: 10/06/2019	\$ 6,995 (List)	\$ 7,213	A condition adjustment is also made to set the comparable vehicle to Average Private condition, which the loss vehicle is also compared to in the Vehicle Condition section.



3 MONTH OLD STRUTS

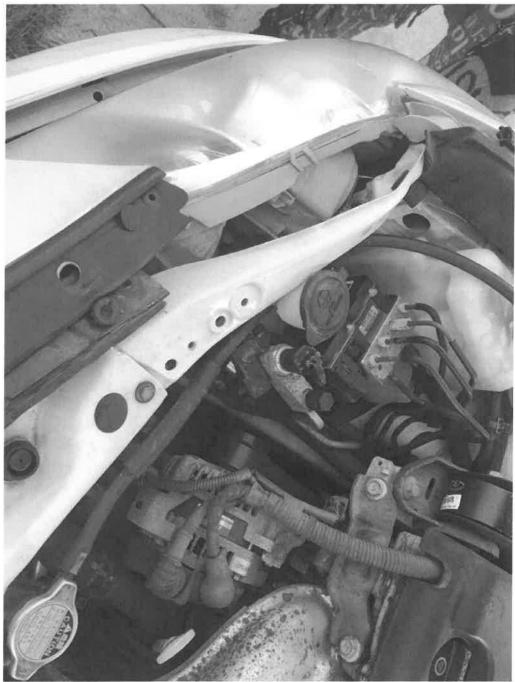
Claim Reference Id: A00002193761-3

File Name: PHOTO7 File Date: 10/18/2019

Label: 3 MONTH OLD STRUTS

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manuallinsured:MELITZA,COLONILossDate:10/16/201 9|F

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA

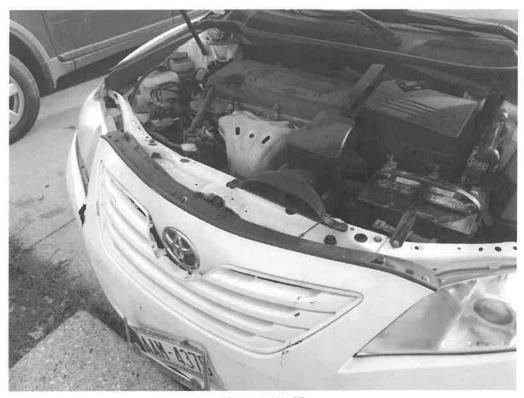


Claim Reference Id: A00002193761-3

File Name: PHOTO15 File Date: 10/18/2019 Label: ACTUAL DAMAGE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manuallinsured:MELITZA COLON|LossDate:10/16/201
9| ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



Claim Reference Id: A00002193761-3

File Name: PHOTO22 File Date: 10/18/2019

Label: ACTUAL DAMAGE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manual|Insured:MELITZA,COLON|LossDate:10/16/201 9|PolicyNumber: ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



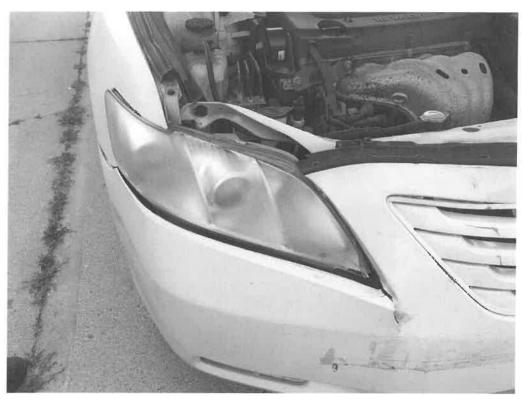
Claim Reference Id: A00002193761-3

File Name: PHOTO13 File Date: 10/18/2019

Label: ACTUAL DAMAGE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manuallinsured:MELITZA.COLON|LossDate:10/16/201 9|I laimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



Claim Reference Id: A00002193761-3

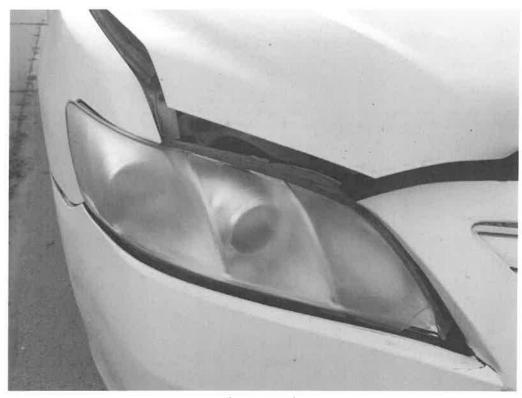
File Name: PHOTO18

File Date: 10/18/2019

Label: ACTUAL DAMAGE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manual|Insured:MELITZA,COLON|LossDate:10/16/201 9 ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



Claim Reference Id: A00002193761-3

File Name: PHOTO19 File Date: 10/18/2019

Label: ACTUAL DAMAGE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manuallinsured:MELITZA.COLON|LossDate:10/16/201
9| claimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



Claim Reference Id: A00002193761-3

File Name: PHOTO27 File Date: 10/18/2019

Label: ACTUAL DAMAGE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manuallinsured:MELITZA.COLON|LossDate:10/16/2019 LlaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



ACTUAL DAMAGE

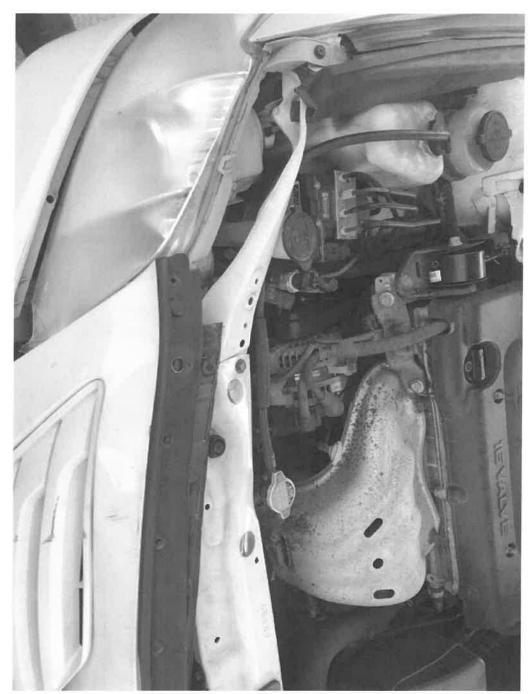
Claim Reference Id: A00002193761-3

File Name: PHOTO1 File Date: 10/18/2019

Label: ACTUAL DAMAGE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manual|Insured:MELITZA,COLON|LossDate:10/16/201
9| ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



ACTUAL DAMAGE

Claim Reference Id: A00002193761-3

File Name: PHOTO2 File Date: 10/18/2019 Label: ACTUAL DAMAGE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE ManuallInsured:MELITZA.COLON|LossDate:10/16/201 9 | ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



AIR BAG LIGHT ON

Claim Reference Id: A00002193761-3

File Name: PHOTO5 File Date: 10/18/2019

Label: AIR BAG LIGHT ON

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manuallinsured:MELITZA COLON|LossDate:10/16/201
ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



FRONT

Claim Reference Id: A00002193761-3

File Name: PHOTO20 File Date: 10/18/2019 Label: FRONT

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manuallinsured:MELITZA.COLON|LossDate:10/16/201 9 ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



INTERIOR

Claim Reference Id: A00002193761-3

File Name: PHOTO3 File Date: 10/18/2019 Label: INTERIOR

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
ManuallInsured:MELITZA.COLON|LossDate:10/16/201
9| ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



INTERIOR

Claim Reference Id: A00002193761-3

File Name: PHOTO11 File Date: 10/18/2019 Label: INTERIOR

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manuallinsured:MELITZA,COLON|LossDate:10/16/201
9| ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



INTERIOR

Claim Reference Id: A00002193761-3

File Name: PHOTO12 File Date: 10/18/2019 Label: INTERIOR

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manuallinsured:MELITZA.COLON|LossDate:10/16/201
9 ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



LICENSE PLATE

Claim Reference Id: A00002193761-3

File Name: PHOTO26 File Date: 10/18/2019 Label: LICENSE PLATE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE ManuallInsured:MELITZA.COLON|LossDate:10/16/201 9| ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



LT SIDE

File Name: PHOTO8 File Date: 10/18/2019 Label: LT SIDE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
ManuallInsured:MELITZA COLON|LossDate:10/16/201
9 | ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



LT SIDE

File Name: PHOTO28 File Date: 10/18/2019 Label: LT SIDE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manual|Insured:MELITZA,COLON|LossDate:10/16/201 ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



LT SIDE

File Name: PHOTO6 File Date: 10/18/2019 Label: LT SIDE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manuallinsured:MELITZA COLON|LossDate:10/16/201
9| | ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



MANUAL

File Name: PHOTO21 File Date: 10/18/2019 Label: MANUAL

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE ManuallInsured:MELITZA.COLON|LossDate:10/16/2019|| ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



MILEAGE

Claim Reference Id: A00002193761-3

File Name: PHOTO23 File Date: 10/18/2019 Label: MILEAGE

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



RADIO

Claim Reference Id: A00002193761-3

File Name: PHOTO9
File Date: 10/18/2019
Label: RADIO

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manuallinsured:MELITZA.COLON|LossDate:10/16/201 9 ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



REAR

Claim Reference Id: A00002193761-3

File Name: PHOTO10 File Date: 10/18/2019 Label: REAR

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manuallinsured:MELITZA.COLON|LossDate:10/16/201 9|R ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



RT FENDER GAP

File Name: PHOTO14 File Date: 10/18/2019

Label: RT FENDER GAP

Photo Location: Don Jacob's Toyota

Estimate Indicator: E01

Photo Taken By: MANUEL MEDINA



RT SIDE

File Name: PHOTO17 File Date: 10/18/2019 Label: RT SIDE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manuella Colon|Constant Colon ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



RT SIDE

File Name: PHOTO25 File Date: 10/18/2019 Label: RT SIDE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE
Manuallinsured:MELITZA,COLON|LossDate:10/16/201
gimRepresentative:me

Photo Location: Don Jacob's Toyota
Photo Taken By: MANUEL MEDINA

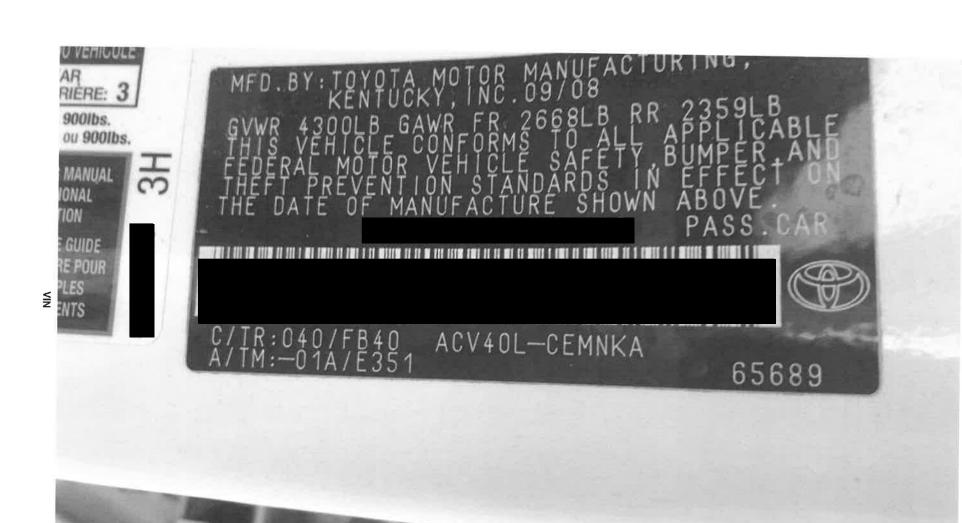


RT SIDE

File Name: PHOTO16 File Date: 10/18/2019 Label: RT SIDE

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manuallinsured:MELITZA COLON|LossDate:10/16/201 | ClaimRepresentative:me

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA



File Name: PHOTO4 File Date: 10/18/2019 Label: VIN

Note: Owner:MELITZA,COLON|Style:2009,TOYO,Camry LE Manual|Insured:MELITZA,COLON|LossDate:10/16/201

Photo Location: Don Jacob's Toyota Photo Taken By: MANUEL MEDINA

DS ocaan-19974 ACV40L-CEMNKA 65689

Claim Reference Id: A00002193761-3
File Name: PHOTO24

Ĭ

File Date: 10/18/2019

Label: VIN

Photo Taken By: MANUEL MEDINA Estimate Indicator: E01 Photo Location: Don Jacob's Toyota

Note: Owner:MELITZA,COLONIStyle:2009,TOYO,Camry LE Manuallinsured:MELITZA,COLONILossDate:10/16/201

ERIE INSURANCE GROUP

Wisconsin Branch Claims PO Box 867 Waukesha, WI 53187

Phone: (262) 328-7320 Fax: (877) 741-3743

Claim #: Workfile ID:

A00002193761-3

08eb4e00

Estimate of Record

Written By: MANUEL MEDINA, 10/18/2019 8:54:46 AM Adjuster: medina, manuel, (877) 740-3743 Business

Insured:

MELITZA COLON

Owner Policy #:

Q021015558

Claim #;

A00002193761-3

Type of Loss:

Collision

Date of Loss:

10/16/2019 12:05 PM

0

Point of Impact:

18 Front & Rear

Deductible:

300.00

Days to Repair:

Owner (Insured):

MELITZA COLON 2427 W HOLT AVE

home

home 2427 W HOLT AVE

MILWAUKEE, WI 53215-4825

Inspection Location:

Field

Appraiser Information:

Manuel.Medina@Erieinsurance.com

(262) 328-7320

Repair Facility: Don Jacob's Toyota

5727 s 27th street Milwaukee, WI 53221 (414) 281-3100 Business 391288187 Federal ID kevin@donjacobstoyota.com

VEHICLE

2009 TOYO Camry LE Manual 4D SED 4-2.4L Gasoline EFI WHITE

VIN:

Production Date:

09/2008 104480

Interior Color:

License: State:

WI

Odometer: Condition:

Exterior Color:

WHITE

TRANSMISSION

Overdrive

5 Speed Transmission

POWER

Power Steering Power Brakes

Power Windows Power Locks

Power Mirrors **DECOR**

Dual Mirrors Tinted Glass Console/Storage

Overhead Console CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel Cruise Control Rear Defogger Keyless Entry

Steering Wheel Touch Controls

Telescopic Wheel

RADIO

AM Radio

FM Radio Stereo Search/Seek

CD Player

Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag Passenger Air Bag Anti-Lock Brakes (4) 4 Wheel Disc Brakes Front Side Impact Air Bags Head/Curtain Air Bags

SEATS Cloth Seats **Bucket Seats WHEELS** Wheel Covers

PAINT

Clear Coat Paint **OTHER**

California Emissions Power Trunk/Gate Release

Workfile ID:

Estimate of Record

2009 TOYO Camry LE Manual 4D SED 4-2.4L Gasoline EFI WHITE

Line		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	HOOD							
2	*	Repl	LKQ hood +25%	00931743	1	518.75	0.8	2.8
3			Add for Clear Coat					1.1
4			Refn underside					1.4
5		Repl	Latch assy US built w/o anti-theft	5351006180	1	61.69	Incl.	
6	FRONT BUM	PER & G	RILLE					
7			O/H front bumper				2.3	
8	**	Repl	A/M CAPA Bumper cover US built w/o SE	TO1000329PP	1	243.00	Incl.	2.6
9			Add for Clear Coat					1.0
10	**	Repl	A/M CAPA Upper retainer	TO1031107C	1	58.00	Incl.	
11		Repl	Upper seal US built	5339506010	1	51.72	Incl.	
12	*	Repl	LKQ Energy absorber US built +25%	~232737741	1	50.00	Incl.	
13	*	Repl	LKQ Reinf beam US Built (UHS) +25%	~230501964	1	167.50	Incl.	
14		Repl	Emblem	7531106060	1	44.85	Incl.	
15		Repl	Grille Base, CE, LE white	5311106090A0	1	209.24	Incl.	1.0
16			Overlap Major Non-Adj. Panel					-0.2
17			Add for Clear Coat					0.2
18	**	Repl	A/M RT Hole cover Base CE LE	TO2599103	1	13.00	Incl.	
19	RADIATOR S	UPPORT						
20			Refinish Components					1.8
21			Add for Clear Coat					0.4
22		Repl	Radiator support	5320133162	1	602.44 s	8.4	Incl.
23			Evacuate & recharge			m	1.4 M	
24			Refrigerant recovery			m	0.4 M	
25			Refrigerant recovery 2.4 liter			m	0.2	
26			Aim headlamps				0.5	
27			Latch support	5320806020	1	58.58	Incl.	Incl.
28			RT Side seal	5329306040	1	58.44	Incl.	
29			LT Side seal	5329406030	1	61.83	Incl.	
30	FRONT LAMP	S						
31			RT Headlamp assy US built w/o SE	8111006B90	1	349.71	0.5	
32		R&I	LT R&I headlamp assy	8115006B90			0.3	
33	COOLING							
34			Radiator assy OEM, US built, w/o towing pkg manual trans	164000H240		m	Incl.	
35	REAR BUMPE	R						
36	**		A/M CAPA Bumper cover US built 2.4 liter	TO1100243PP	1	256.00	1.2	3.0
37			Add for Clear Coat					

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38	FENDER							
39		Repl	RT Rail end (HSS)	5711706030	1	69.73	1.5	0.3
40			Add for Clear Coat				213	0.1
41		Blnd	RT Fender	5380106110				0.9
4 2		Blnd	LT Fender	5380206120				0.9
43		R&I	RT Fender liner	5387506060			0.4	
44		R&I	LT Fender liner	5387606060			0.4	
45	RESTRAINT	SYSTEM	1S					
46		Repl	RT Ft impact sensor US built	8917309400	1	135.39 m	0.3 M	
47		Repl	Diagnostic unit	8917006200	1	293.15 m	0.8 M	
48		Repl		8917309400	1	135.39 m	0.3 M	
49	MISCELLANEOUS OPERATIONS							
50	#	Repl			1	79.95 T		
51	#	Repl	Restore Corrosion Protection/Rust Proof		1	10.00 T	0.1	
52	#	Subl	Hazardous Waste Removal Fee		1	5.00 ⊤		
53	#	Repl	Cover Vehicle/Bag & Mask		1	10.00 T	0.2	
54	#	Rpr	Mask jambs (per panel)				0.2	
55	#	Repl	Flex Agent (per panel)		2	24.00 T		
56	#		PRE-DIAGNOSTIC SCAN CHARGE		1		1.0 M	
57	#		POST -DIAGNOSTIC SCAN CHARGE		1		0.5 M	
58	AIR CONDITIONER & HEATER							
59		R&I	Condenser assy OEM	8846006210		m	Incl.	
60	#	Repl	COOLANT		1	20.00		
61	#	Rpr	SET UP				1.0	
62	#	Rpr_	PULL TIME				1.5	
				SUBTOTALS		3,587.36	24.2	18.5

NOTES

Estimate Notes:

VEHICLE IS A TOTAL LOSS DISCUSSED WITH MELITZA I ALSO DISCUSSED THE VEHICLE OPTIONS..

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Estimate of Record

2009 TOYO Camry LE Manual 4D SED 4-2.4L Gasoline EFI WHITE

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$	
Parts				3,458,41	
Body Labor	19.5 hrs	@	\$ 58.00 /hr	1,131.00	
Paint Labor	18.5 hrs	@	\$ 58.00 /hr	1,073.00	
Mechanical Labor	4.7 hrs	@	\$ 107.00 /hr	502.90	
Paint Supplies		•	ψ 107.00 /III	550.00	
Miscellaneous					
Subtotal				128.95 6,844.26	
Sales Tax	\$ 6,844.26	@	5.6000 %	383.28	
Total Cost of Repairs	Ψ 0/0 / 1120		3.0000 70		
Deductible				7,227.54	
Total Adjustments				300.00	
Net Cost of Repairs				300.00	
				6,927.54	

THIS IS NOT AN AUTHORIZATION TO REPAIR. The vehicle owner must authorize all repairs. Erie Insurance reserves the right to reinspect all supplements before payment is made. Costs above the appraisal amount may be the responsibility of the vehicle owner. There is NO requirement to use any specified repair shop. Information regarding repair facilities which will be able to repair the vehicle for the appraised amount may be available from Erie Insurance upon request.

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.

Estimate calculated using a preset user threshold amount for the paint and material cost.

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.

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Workfile ID:

Estimate of Record

2009 TOYO Camry LE Manual 4D SED 4-2.4L Gasoline EFI WHITE

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 AEM8522, CCC Data Date 9/16/2019, 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 2020 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 Information 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.

Claim #:

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Estimate of Record

2009 TOYO Camry LE Manual 4D SED 4-2.4L Gasoline EFI WHITE

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price		
2	Bionic Auto Parts - Team PRP	#00931743	\$ 415.00		
	John Catalano	LKQ hood +25%	Ψ +15.00		
	4655 W. North Ave.	HOOD-000 SED SLV - VIN K (5TH DIGIT), (6 CYLINDER), NORTH			
	Chicago IL 60639				
	(773) 489-6020				
8	KEYSTONE - BUTLER, WI	#TO1000329PP	\$ 243.00		
	4410 N. 132ND STREET, SUITE A	A/M CAPA Bumper cover US built w/o SE	Ψ 273.00		
	BUTLER WI 53007	Quote: 428919942			
	(414) 463-1019	Expires: 12/01/19			
10	KEYSTONE - BUTLER, WI	#TO1031107C	\$ 58.00		
	4410 N. 132ND STREET, SUITE A	A/M CAPA Upper retainer			
	BUTLER WI 53007	Quote: 428919942			
	(414) 463-1019	Expires: 12/01/19			
12	LKQ Smart Parts	#~232737741	\$ 40.00		
	N4079 Highway E	LKQ Energy absorber US built +25%	7 .5.55		
	Hustisford WI 53034	Front Bumper Impact Absorber LE,4DR USA BUILT,S#\$EW927			
	(920) 349-3236	Quote: 428919942			
		Expires: 12/01/19			
13	LKQ Smart Parts	#~230501964	\$ 134.00		
	N4079 Highway E	LKQ Reinf beam US Built (UHS) +25%	·		
	Hustisford WI 53034	Bumper Bar - Front NORTH AMERICA BUILT, W/O FOAM,S#\$EW927			
	(920) 349-3236	Quote: 428919942			
		Expires: 12/01/19			
18	KEYSTONE - BUTLER, WI	#TO2599103	\$ 13.00		
	4410 N. 132ND STREET, SUITE A	A/M RT Hole cover Base CE LE	•		
	BUTLER WI 53007	Quote: 428932237			
	(414) 463-1019	Expires: 12/01/19			
36	KEYSTONE - BUTLER, WI	#TO1100243PP	\$ 256.00		
	4410 N. 132ND STREET, SUITE A	A/M CAPA Bumper cover US built 2.4 liter	Ţ - 55100		
	BUTLER WI 53007	Quote: 428919942			
	(414) 463-1019	Expires: 12/01/19			