SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Existine Hartmann	
Date: 10/2/2020	
☐ In-person	
Process Server	
Claimant	
Other	
By mail - Launa Ramsalc	
☐ By email	
☐ By fax	
Received by:	
 ➢ 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 □ 	

West
CLAIMANT CONTACT INFORMATION
Name: Albert Harman Phone: 449789000 Address: Fmail: Fabouric House.
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: 400 000 Time of day. 1000 Location: 100 0000 400 400 400 100 100 100 100 10
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.
RIGHT HAND LANE. I TYPICALLY GO STRAIGHT.
RAMISIDE I DECREDITOMAKE A LEST TURU.
THE TRUCK STRUCK MEONINE RIGHT SIDE
AND POSHED MUCARTO THEOTHER SIDE OF THE STREET BECUSE THAT TURLED LEST
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: 100kmon Date: 4/20/201
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: \$
SAVE PRINT

Vitaliy Lapidus Auto Adjuster 1-800-628-0250 | Extension 6735588 P.O. Box 15145 Worcester, MA 01615



Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

From: LAPIDUS, VITALIY

Sent: Wednesday, May 20, 2020 12:18 PM

To: 'lramsak@westalliswi.gov' < <u>lramsak@westalliswi.gov</u>> **Cc:** 'lramsak@westallis.wi.gov' < <u>lramsak@westallis.wi.gov</u>>

Subject: Hanoversecure

Claim # 1900663080

Hello,

This is information that I have. Thank you,

Our vehicle is Total loss.

Actual Cash Value:

\$4113.00

Plus, Tax:

\$226.22

Settlement:

\$4339.22

Less Deductible:

\$-500.00

Net Settlement:

\$3839.22





Vitaliy Lapidus

Auto Adjuster 1-800-628-0250 | Extension 6735588 P.O. Box 15145 Worcester, MA 01615

We are here to help you. Our purpose is to provide exceptional claim service to all of our customers. We work together. We get it done.

I strive to provide "outstanding" customer service. Did I meet your expectations? Please feel free to provide any feedback to my manager Randy Grzelecki at rgrzelecki@hanover.com or 804-673-5549.



Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation).

Due to COVID-19 precautions, City offices and buildings are closed to the public until further notice; however, City operations are still ongoing. Staff are working regular business hours Monday - Friday from 8 a.m. - 5 p.m (Monday - Friday from 7 a.m. - 3:30 p.m. for Public Works). During this time, please submit all applications, licenses, payments, permits, and inquiries via regular mail, e-mail or the City Hall drop-box, and they will be processed and paid in the same fashion. Larger plans or documents can be submitted using an electronic link, available upon request. Inspectors are still performing field inspections, plan reviews, and answering questions. Please visit our coronavirus resource pages here.

1SL11HNC8D 20-013504

11.3

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

	Territoria de la compansión de la compan				000 0	
Document Number Override	Primary Crash Document	# Agenc	y Crash Number		Officer/Deputy	
Crash Date	Crash Time	Date A	rrived	Time Arrived		
04/20/2020	12:15 PM	04/20	2020	12:25 PM		
Date Notified	Time Notified	Total U	nits	Total Injured	Total Kille	ed
04/20/2020	12:19 PM	02		00	00	
Crash Date 04/20/2020 Date Notified 04/20/2020 On Emergency Government Property	lit and Run	e Closure	Work Zone	Trailer	or Towed	Reporting Threshold
Government Property	Active School Zon	e NO	Bus Related	Tags SUPPLEMI	NTAL	
Reportable	Crash Type DT4000 (STANDARD (CRASH)		Amend	ed	Secondary Crash
Description						
Diagram					Reconstruction	п Ву
			\			
		96 St.	N ₇ _		Photos By TI SOHRE	
	6	Vehicle :			Additional Info	rmation
	Vehicle 2		g philadeline and the second s			
		W. <i>A</i>	Arthur Ave.			
				1991		
I, a sworn law enforceme						
VEHICLES #1 AND #2 S/B ON S. 9 MAKING A LEFT TURN.	6TH ST. AT W. ARTHUR AVE.	VEHICLE #1 OV	ERTAKES VEHICLE #2	ON THE LEFT. VEH	ICLE #2 STRIK	ES VEHICLE #1 WHILE

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1SL11HNC8D 20-013504

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Lo	cation ====								
		S 96TH ST				Latitude			Longitu	de
		FTS				42.9988	05139		-88.032	2531586
		WARTHUR AVE THE CITY OF WEST A	1119			X Coordin	nate		Y Coord	linate
		MILWAUKEE COUNTY				415838.	09375		476119	99.5
						Structure NO STR	Type UCTURE	!		
	Cra	ash Scene								
		t Harmful Event					nful Event	Location		
		TOR VEH IN TRANSP	ORT			ON ROA				
	ı	nner of Collision	IDECTION			Light Con				
		- SIDESWIPE/SAME D	IRECTION			DAYLIG				
	DR	ad Surface Condition(s)				Roadway Factor(s)				
	Env	vironment Factor(s)								
	NO	NE				NONE				
	Wea	ather Condition(s)	-							
	CLI	EAR								
	Anir	mal Type		-		Relation To Trafficway				
	Cra	sh Classification - Location	1			Crash Cla				
	PU	BLIC PROPERTY			Crash Classification - Jurisdiction NO SPECIAL JURISDICTION					
	Tribal Land					NO CON				Special Study
	With	nin Interchange Area	Junction Location INTERSECTION		Intersection	n Type SECTION				
					1	00011011				
	Hei	it Summary			<u> </u>	-				
		it Summary =		Vehicle Ope	erating As C	lassification	1	I Unit Type		
	Unit			Vehicle Ope	erating As C	lassification	1	Unit Type	BILE	
	Unit	Status			-	lassification	1			nents
	Unit IN 1 Veh	Status TRANSIT			-	lassification	i .	AUTOMOI		ments
	Unit IN 1 Veh PA	t Status TRANSIT slicle Type	Train/Bus # Recorded	D CLASS	-		Total Tra	AUTOMOI Operating A	s Endorser	ments Mat Types
	Unit IN 1 Veh PA: Tota 1	Status TRANSIT sicle Type SSENGER CAR al Occs		D CLASS			Total Tra	AUTOMOI Operating A	s Endorser Total Haz 0	Mat Types
LO	Unit IN 1 Veh PAS Tota 1	Status TRANSIT sicle Type SSENGER CAR al Occs	Direction Of Travel	Total # Cita	tions Issued		Total Tra 0 Speed Li	AUTOMOI Operating A	Total Haz Total Lane	Mat Types
10	Unit IN 1 Veh PA: Tota 1 Insu YE:	Status TRANSIT sicle Type SSENGER CAR al Occs urance? S	Direction Of Travel SOUTHBOUND	Total # Cita 0 Pre	tions Issued CrashTire Mark		Total Tra	AUTOMOI Operating A illers	Total Haz Total Lance 2	Mat Types
10	Unit IN 1 Veh PAS Tota 1 Insu YES	t Status TRANSIT iicle Type SSENGER CAR al Occs irrance? S st Harmful Event: Collision 1	Direction Of Travel SOUTHBOUND With	Total # Cita 0 Pre Special Fun	tions Issued CrashTire Mark action		Total Tra 0 Speed Li	AUTOMOI Operating A illers	Total Haz 0 Total Land 2 Motor Vehi	Mat Types
LO	Unit IN 1 Veh PA: Tota 1 Insu YE: Mos	t Status TRANSIT sicle Type SSENGER CAR al Occs sirance? St Harmful Event: Collision of the	Direction Of Travel SOUTHBOUND With	Total # Cita 0 Pre Special Fun NO SPEC	crashTire Mark iction		Total Tra 0 Speed Li	AUTOMOI Operating A illers mit Emergency NOT APPI	Total Haz O Total Land 2 Motor Vehi	Mat Types es cle Use
	Veh PAS Tota 1 Insu YES Mos MO	t Status TRANSIT sicle Type SSENGER CAR al Occs strance? St Harmful Event: Collision of the	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont	CrashTire Mark iction IAL FUNC		Total Tra 0 Speed Li	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Contr	Total Haz O Total Land 2 Motor Vehi	Mat Types es cle Use
	Veh PAS Tota 1 Insu YES Mos MO Trafi	t Status TRANSIT sicle Type SSENGER CAR al Occs sirance? St Harmful Event: Collision of the	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC	CrashTire Mark action IIAL FUNC		Total Tra 0 Speed Li	AUTOMOI Operating A illers mit Emergency NOT APPI	Total Haz 0 Total Lane 2 Motor Vehi LICABLE	Mat Types es cle Use
	Unit IN 1 Veh PAS Total 1 Insu YES MOS MO Traff	Status TRANSIT sicle Type SSENGER CAR al Occs strance? St Harmful Event: Collision of the C	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG	CrashTire Mark action EIAL FUNC		Total Tra 0 Speed Li	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti	Total Haz 0 Total Lane 2 Motor Vehi LICABLE	Mat Types es cle Use
LO	Unit IN 1 Veh PAS Tota 1 Insu YES Mos MO Trafi TWO Surf	Status TRANSIT aicle Type SSENGER CAR al Occs arance? S at Harmful Event: Collision of the	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG	CrashTire Mark action EIAL FUNC		Total Tra 0 Speed Li	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti	Total Haz 0 Total Lane 2 Motor Vehi LICABLE	Mat Types es cle Use
LO	Unit IN 1 Veh PAS Tota 1 Insu YES MOS MO Traff TWO Surf. COI Truc	Status TRANSIT aicle Type SSENGER CAR al Occs arance? S at Harmful Event: Collision of the	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG	CrashTire Mark action EIAL FUNC		Total Tra 0 Speed Li	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti	Total Haz 0 Total Lane 2 Motor Vehi LICABLE	Mat Types es cle Use
	Unit IN 1 Veh PAS Tota 1 Insu YES MOS MO Traff TWO Surf. COI Truc	Status TRANSIT icle Type SSENGER CAR al Occs irrance? S st Harmful Event: Collision 1 TOR VEH IN TRANSP fic Way O-WAY, NOT DIVIDED ace Type NCRETE ck Bus or HazMat	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG	CrashTire Mark action FIAL FUNC FOR TO		Total Tra 0 Speed Li	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti	s Endorser Total Haz 0 Total Land 2 Motor Vehi LICABLE Tol Inoperat	Mat Types es cle Use
LO	Unit IN 1 Veh PAS Tota 1 Insu YES MOS MO Traff TWO Surf. COI Truc	Status TRANSIT sicle Type SSENGER CAR al Occs strance? St Harmful Event: Collision of the C	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH	CrashTire Mark action FIAL FUNC FOR TO	TION	Total Tra 0 Speed Li 25	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL	Total Haz 0 Total Land 2 Motor Vehi LICABLE Tol Inoperation	Mat Types es cle Use
	Unitin 1 Veh PAS Tota 1 Insu YES MOS MO Trafi TWO Surfi COI Truc	Status TRANSIT icle Type SSENGER CAR al Occs irrance? S bt Harmful Event: Collision of the	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make	CrashTire Mark action FIAL FUNC FOR TO	TION	Total Tra 0 Speed Li 25	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is: UNITED ST	Total Haz 0 Total Land 2 Motor Vehi LICABLE Tol Inoperation	Mat Types es cle Use
	Unit IN 1 Veh PAS Tota 1 Insu YES MOS MO Traff TWO Surf. COI Truc	Status TRANSIT aicle Type SSENGER CAR al Occs arance? S St Harmful Event: Collision TOR VEH IN TRANSP fic Way O-WAY, NOT DIVIDED face Type NCRETE ck Bus or HazMat Vehicle License Plate Number 717TST Vehicle Identification Nur	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD	CrashTire Mark action EIAL FUNC FOR BIN BITOMOBIL	TION	Total Tra 0 Speed Li 25	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is: UNITED ST Model FUS	Total Haz 0 Total Land 2 Motor Vehi LICABLE Tol Inoperation	Mat Types es cle Use
	Unitin 1 Veh PAS Tota 1 Insu YES MOS MO Trafi TWO Surfi COI Truc	Status TRANSIT sicle Type SSENGER CAR al Occs strance? St Harmful Event: Collision of the c	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style	CrashTire Mark action EIAL FUNC FOR BIN BITOMOBIL	TION	Total Tra 0 Speed Li 25	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is: UNITED ST	Total Haz 0 Total Land 2 Motor Vehi LICABLE Tol Inoperation	Mat Types es cle Use
	Unit IN 1 Veh PAS Total 1 Insu YES MOO Traft TWO Surft COI Truc	Status TRANSIT aicle Type SSENGER CAR al Occs Trance? St Harmful Event: Collision of the color	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style SD - SED	CrashTire Mark action EIAL FUNC FOR THE TOTAL TOTAL CONTROL CO	TION	Total Tra 0 Speed Li 25	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is: UNITED ST Model FUS	Total Haz 0 Total Land 2 Motor Vehi LICABLE Tol Inoperation	Mat Types es cle Use
U1 01	Unitin 1 Veh PAS Total 1 Insuryes Moo Moo Traff Traff Traff NO	Status TRANSIT sicle Type SSENGER CAR al Occs strance? Strance? Strance Type STOR VEH IN TRANSPORT FIGURE TYPE NCRETE Ck Bus or HazMat Vehicle License Plate Number 717TST Vehicle Identification Nur Color RED - RED Initial Contact Point	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style	CrashTire Mark action EIAL FUNC FOR THE TOTAL TOTAL CONTROL CO	TION	Total Tra 0 Speed Li 25	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is: UNITED ST Model FUS	Total Haz 0 Total Land 2 Motor Vehi LICABLE Tol Inoperation	Mat Types es cle Use
UNII 01 01	Unit IN 1 Veh PAS Total 1 Insu YES MOO Traft TWO Surft COI Truc	Status TRANSIT aicle Type SSENGER CAR al Occs Trance? St Harmful Event: Collision of the color	Direction Of Travel SOUTHBOUND With ORT	Total # Cita 0 Pre Special Fun NO SPEC Traffic Cont STOP SIG Road Curva STRAIGH Plate Type AUT - AU Make FORD Body Style SD - SED Vehicle Da	CrashTire Mark action IIAL FUNC ION STATE ITOMOBIL AN mage	TION	Total Tra 0 Speed Li 25	AUTOMOI Operating A illers mit Emergency NOT APPI Traffic Conti NO Road Grade LEVEL Country of Is: UNITED ST Model FUS	Total Haz O Total Land 2 Motor Vehi LICABLE ol Inoperat	Mat Types es cle Use

20-013504

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		TVe	hicle Removed By	
	9	TOWED DUE TO DISABLI	NG DAMAGE	1	& S TOWING	
		What Driver Was Doing	· · · · · · · · · · · · · · · · · · ·		hicle Factors	
		OVERTAKE LEFT				
		Driver Prior Action Other		N	OT APPLICABLE	
		Driver Actions	DED 01/2007-11/11/01/01/01			
	Ш	IMPROPER TURN, IMPRO	PER OVERTAKING / P	PASSI	NG LEFT	
UNIT	$\overline{\mathbf{c}}$					
5	VEHICLE					
	>					
		Owner Name			Owner Address	
		KRISTINE MARIE HARTMA	ANN		2828 S 104TH ST	
01	01				WEST ALLIS, WI 53227 , US	
		Sequence Of Events		-		
		Event				
	5	MOTOR VEH IN TRANSPO	PRT			
	02	Event				
		Frank				
	03	Event				
	-	Event				
	04					
Е		Policy Holder				
UNIT		Insurance Company			ndividual	
_		PARTNERS-MUTUAL-INS-	СО		KRISTINE HARTMANN	
		ndividual				
		Driver	h h i h i	- 1	Citations Issued	Sex
	7	KRISTINE MARIE HARTMA (414) 975-5004	ANN		0	FEMALE
	2	(11.1) 010 0001		Ш	Date of Birth	Race WHITE
LINO	NDIVIDUAL	Address			Driver License Number	
		2828 S 104TH ST				
		WEST ALLIS, WI 53227 , U	JS	- [STATE: WISCONSIN COUNTRY: UN	IITED STATES
	Cof	ety Equipment	Crash		Safety Equipment	
	Jai					
		Row 01 - FRONT ROW	Seat Position 07 - LEFT	- 13	SHOULDER & LAP BELT	
		Helmet Use	U/-LEFT	-	Helmet Compliance	
		Heimet Ode		l'	Terrier Compilance	
		Eye Protection		1	Fint Compliance	
01	001	Injury Sev	•	- 1	Airbag	
	0	- INOAIT	ARENT INJURY		NON DEPLOYED	
			Ejection Path NOT EJECTED/NOT A	ם וכ	ADIE	Trapped/Extricated NOT TRAPPED
		Medical Transport	NOT EVECTED/NOT A		EMS Agency Identifier	EMS Run#
		NOT TRANSPORTED		- [,	
		Hospital			Date of Death	Time of Death
		Distracted By Distracted NOT AP	By Source	RACT		
	I	Distracted By Action	- FIGURE (1401 DIST			
		NOT DISTRACTED				

20-013504

WISCONSIN MOTOR VEHICLE CRASH REPORT

	_			1						
		Non Motorist	Striking Unit#	Location						
		Prior Action								
TINO	INDIVIDUAL	Action								
		Action Other							To/From School	
	4 7								Ton rom concor	
		Drug & Alcohol	Suspected Alcohol U NO	Jse	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 F	Results			
01	001	Drug Type				<u> </u>				
		APPEARED NORM	AL							
	Hni	t Summary		<u>-</u>						
_		Status —		I Ve	ehicle Operating As Classif	fication		Unit Type		
	IN T	RANSIT			CLASS			TRUCK		
02		cle Type					Operating As Endorsements			
		AIGHT TRUCK (INS	Train/Bus # Re	corded T-	tal di Citatiana Issued	Tota	al Troilor	ilers Total HazMat Types		
!	2			0	etal # Citations Issued	0	al Trailers Total Ha			
⊨	YES		Direction Of Tra	ND 🗀	Pre CrashTire Mark	25	25 2			
UNIT	MO	Harmful Event: Collision		N N	ecial Function O SPECIAL FUNCTION	N	[Emergency Motor Ve NOT APPLICABL	E	
	TWO	ic Way D-WAY, NOT DIVIDE	D		affic Control FOP SIGN			Traffic Control Inoperative/Missing NO		
		ace Type ICRETE			pad Curvature		- 1	Road Grade		
	Trucl	k Bus or HazMat			raight			LEVEL		
		CK OR TRUCK COM	IBINATION > 10,	000LBS GVWR/G	CWR					
		Vehicle License Plate Number		l o	late Type	St	10	Country of Issuance		
		License Flate Number		1	INC - MUNICIPAL CYC	- 1	- 1	INITED STATES		
02	02	Vehicle Identification N	mbor		lake	Year		Model		
0	0	Color			ETERBILT MOTORS (ody Style	CO 2014		OE 320		
		WHI - WHITE			G - GARBAGE OR RE	FUSE	٦	143 036		
	9	Initial Contact Point			ehicle Damage					
UNIT	VEHICLE	09 - LEFT SIDE MID Extent Of Damage	DLE		9 - LEFT SIDE MIDDLE	=				
ם		MINOR DAMAGE								
		NOT TOWED			ehicle Removed By PERATOR					

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WISCONSIN MOTOR VEHICLE CRASH REPORT

		What Driver Was Doing			Vehicle Factors		
		LEFT TURN					
		Driver Prior Action Other			NOT APPLICABLE		
		Driver Actions					
	Щ	NO CONTRIBUTING ACT	ION				
UNIT	VEHICLE	:					
\leq	I						
_	3						
		Owner Name			Owner Address		
02	02	CITY OF WEST ALLIS			6300 W MCGEOCH AVE		
0	0	(414) 302-8200			WEST ALLIS, WI 53219 , US	•	
		Sequence Of Events					
	-	Event					
	5	MOTOR VEH IN TRANSP	ORI				
	02	Event					
	0						
	03	Event					
	0						
	04	Event					
	0						
—		Policy Holder					
LIND		Insurance Company			Organization/Company		
_		SELF-INSURED			CITY OF WEST ALLIS		
		Individual					
		Driver			Citations Issued	Sex	
	_1	MARTIN EDWARD WELL	SKOPF		0	MALE	
	4				Date of Birth	Race	-
╘	INDIVIDUAL					WHITE	
LIND	2	Address			Driver License Number		
- 1	岁	2527 S 95TH ST WEST ALLIS, WI 53227 ,	He		STATE: WISCONSIN COUNTR	Y- IINITED STATES	
		WEST ALLIS, WI SOZZI ,	00		OTATE: WIGGOTON GOOM	Olli ED OTATEO	
	Sai	fety Equipment	Crash		Safety Equipment		
					0110111 BED 6 1 4 B BEL T		
		Row FRONT BOW	Seat P		SHOULDER & LAP BELT		
		01 - FRONT ROW	09 - R	IGHT			
		Helmet Use			Helmet Compliance		
		Eye Protection			Tint Compliance		
		2,0170000011			Tint Compliance		
	2	Injury Se	everity		Airbag		
02	002	Injury NO AP	PARENTI	NJURY	NOT APPLICABLE		
		Ejected	Ejection Pa			Trapped/Extricated	
		NOT EJECTED	NOT EJE	CTED/NOT APPL	ICABLE	NOT TRAPPED	
		Medical Transport			EMS Agency Identifier	EMS Run#	
		NOT TRANSPORTED					
		Hospital			Date of Death	Time of Death	
		Distracted P. Distracte	ed By Sourc	e	OTED)		
		Distracted By NOT A	PPLICABL	LE (NOT DISTRA	CTED)		
		Distracted By Action NOT DISTRACTED					
				Lie and			
		Non Motorist Striking	Unit#	Location			

1SL11HNC8D 20-013504

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action						
		Action						
	INDIVIDUAL							
E) C							
UNIT	3							
_	₫							
	=							
ļ								
		Action Other				·	To/From School	
	1	Drug & Alcohol NO	ted Alcohol Use	Suspected Drug Use NO				
		Alcohol Test Given	Alcohol Test Type			Alcohol Test Results		
		TEST NOT GIVEN	Prioditor rest type			/ Hoorion rest results		
		Drug Test Given	Drug Test Type		Drug Test Results			
		TEST NOT GIVEN						
02	005	Drug Type	•					
	0							
		Individual Condition						
		APPEARED NORMAL						
		APPEARED NORMAL						
		Individual						
		Passenger		Citations Issued		Sex		
	اب	TODD RICHARD VIS		0		MALE		
	INDIVIDUAL			Date of Birth		Race WHITE		
UNIT	10	**************************************		Driver License Number		WHITE		
5	D	Address 21855 W MAC GREGOR I	OR	THUST I BORISO NUMBER				
	Z	NEW BERLIN, WI 53146		STATE: WISCONSIN	N COUNTRY: UN	ITED STATES		
	Saf	fety Equipment	Crash	Safety Equipment				
	Jai		Talland	NONE USED VEUI	CLE OCCUDANT			
		Row 12 - RIDING ON MOTOR	Seat Position	NONE USED - VEHI	CLE OCCUPANT			
		Helmet Use		Helmet Compliance				
	.23	Eye Protection		Tint Compliance				
02	003	Injury Se	PARENT INJURY	Airbag NOT APPLICABLE				
		Ejected	Ejection Path	NOT AFFEIGABLE		Trapped/Extricated		
		NOT EJECTED	NOT EJECTED/NOT APPI	LICABLE		NOT TRAPPED		
		Medical Transport		EMS Agency Identifier		EMS Run#		
		NOT TRANSPORTED						
		Hospital		Date of Death		Time of Death		
		Distracted By Distracte	ed By Source					
	ı	Distracted By Action						
		Non Motorist Striking	Unit # Location	· · · · · · · · · · · · · · · · · · ·				
		Prior Action	1					

20-013504

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action								
	IAL									
UNIT	JD.									
ר	INDIVIDUAL									
		Action Other								To/From School
	-	Orug & Alcohol NO	Alcohol Use		Suspe	cted Drug Use				
		Alcohol Test Given TEST NOT GIVEN	cohol Test Type					Alcohol Test Results		
	Drug Test Given TEST NOT GIVEN Drug Test Type						Drug Test F	Results	3	
02	003	Drug Type								
		Individual Condition								
		APPEARED NORMAL								
		Carrier							THE SETT OF SHADE	
		Use Vehicle O	unor Samo	as Carrier		Source				
			wilei Saine	as Carrier		VEHICLE-SID	E			
02	9	CITY OF WEST ALLIS	;			6300 W MCGEOCH AVE				
		USDOT# 000000				WEST ALLIS,	WI 53219	, 05		
	5	GVWR	Vehicle Config				_	_	o Body Type	
╘	BUS	MORE THAN 26,000 LB		IT TRUCK (3	OR MC	RE AXLES)			RBAGE/REFUSE	
LINO	X	US DOT # 000000	Carrier Type NOT IN CO	MMERCE/GO	VERNA	MENT			nitted Load APPLICABLE	
	TRUCK	OS/OW Load WI Permit	Number			ehicle On Route	Escort		cle Required	Escort Vehicle Present
		Measured Height	Measured	Length		Measured Width			Measured Weight	

ALLMERICA FINANCIAL BENEFIT INS

Allmerica Financial Benef The Hanover Insurance Group - 65 Richmond Claim Office 7130 Glen Forest Drive Richmond, VA 23266

Phone: (800) 628-0250 x5404056

Claim #: Workfile ID: 19-00-663080-1-1

c1786cc7

Estimate of Record

Written By: ANDREW REAU, License Number: 29991, 4/24/2020 11:19:09 AM Adjuster: LAPIDUS, VITALIY, (800) 628-0250 x6735588 Business

Insured:

Michael Hartmann

Owner Policy #:

Claim #:

19-00-663080-1-1

Type of Loss:

Collision

Date of Loss:

04/20/2020 12:00 PM

Days to Repair:

Point of Impact:

15 Total Loss

Deductible:

500.00

Inspection Location:

Owner (Insured):

Michael Hartmann

2828 S 104TH ST WEST ALLIS, WI

MILWAUKEE, WI 53227

DTLE/Copart Salvage

Appraiser Information: areau@hanover.com

(517) 540-4056

Repair Facility:

4825 S. WHITNALL AVE Cudahy, WI 53110

(414)

kandmn@aoi.com

VEHICLE

2006 FORD Fusion SE 4D SED 4-2.3L Gasoline SMPI Red

VIN:

Production Date:

70273

Interior Color:

Exterior Color:

Red

License: State:

WI

Odometer: Condition:

TRANSMISSION

Automatic Transmission

POWER

Power Steering Power Brakes **Power Windows**

Power Locks Power Mirrors Power Driver Seat

DECOR **Dual Mirrors** Body Side Moldings

Tinted Glass Console/Storage CONVENIENCE

Air Conditioning Intermittent Wipers

Tilt Wheel Cruise Control Rear Defogger Keyless Entry Message Center Steering Wheel Touch Controls

Telescopic Wheel

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**

Reclining/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint Metallic Paint **OTHER** Fog Lamps

Power Trunk/Gate Release

Workfile ID:

19-00-663080-1-1

c1786cc7

Estimate of Record

2006 FORD Fusion SE 4D SED 4-2.3L Gasoline SMPI Red

Line		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	FRONT BUMP	ER						
2	**	Repl	A/M CAPA Bumper cover	FO1000596PP	1	302.00	2.3	2.6
3			Add for Clear Coat		0	0.00	0.0	1.0
4			Add for fog lamps		0	0.00	0.4	0.0
5	**	Repl	A/M RT Side reinf	FO1027107	1	29.00	0.0	0.0
6	**	Repl	A/M Lower grille	FO1036118	1	52.00	Incl.	0.0
7	**	Repl	A/M Upper grille	FO1036117	1	66.00	Incl.	0.0
8	**	Repl	A/M RT Cover w/fog lamps black	FO1039104	1	13.00	Incl.	0.0
9	**	Repl	A/M LT Cover w/fog lamps black	FO1038104	1	14.00	Incl.	0.0
10	*	Repl	LKQ Absorber +25%	~251920352	1	62.50	0.2	0.0
11	FRONT LAMPS	S						
12	**	Repl	A/M CAPA RT Headlamp assy	FO2503219C	1	161.00	Incl.	0.0
13			Aim headlamps		0	0.00	0.5	0.0
14	RADIATOR SU	JPPOR1	г					
15	**	Repl	A/M Lower deflector	FO1091100	1	59.00	Ind.	0.0
16	**	Repl	A/M CAPA Radiator support	SHE408-49Q	1	118.99	4.0	0.0
17			Evacuate & recharge		0	0.00 m	1.4 M	0.0
18			Refrigerant recovery		0	0.00 m	0.4 M	0.0
19	HOOD							
20	*	Rpr	Hood	6E5Z16612AA	0	0.00	<u>3.0</u>	2.8
21			Add for Clear Coat		0	0.00	0.0	1.1
22	#		Basecoat Reduction		1	0.00	0.0	-0.5
23	FENDER							
24	**	Repl	A/M CAPA RT Fender	SHE408-31QR	1	70.66	2.0	2.0
25			Overlap Major Adj. Panel		0	0.00	0.0	-0.4
26			Add for Clear Coat		0	0.00	0.0	0.3
27			Add for Edging		0	0.00	0.0	0.5
28			Deduct for Overlap		0	0.00	-0.4	0.0
29	**	Repl	A/M RT Fender liner	FO1251136	1	43.00	Incl.	0.0
30	*	Rpr	RT Upper reinf	6E5Z16060AA	0	0.00 s	<u>2.0</u>	0.4
31			Add for Clear Coat		0	0.00	0.0	0.1
32	WHEELS							
33	**	Repl	RECOND RT/Front Wheel, alloy 16 x 6.5 5 spoke	3627_20102	1	164.00 m	0.3	0.0
34	#	Subl	Mount & Balance		1	12.00	0.0	0.0
35	#	Subl	Two Wheel Alignment		1	55.00	0.0	0.0
36	**	Repl	A/M Valce Stem		1	2.50	0.0	0.0
37	WINDSHIELD							
38	**	Repl	A/M Reservoir assy	NOE7355091	1	14.60	Incl.	0.0
39	FRONT DOOR							
40		Blnd	RT Door shell w/o keyless lock pad	6H6Z5420124AA	0	0.00	0.0	1.2

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Estimate of Record

				SUBTOTALS		1,269.25	20.3	11.1
52	#	Repl	Flex Additive		1	12.00	0.0	0.0
51	#	Subl	Hazardous Waste		1	3.00	0.0	0.0
50	#	Repl	Corrosion Protection		1	10.00	0.0	0.0
49	#	Repl	Car Cover		1	5.00	0.2	0.0
48	*	Repl	Post-repair scan		1	0.00 m	<u>1.0</u> M	0.0
47	*	Repl	Pre-repair scan		1	0.00 m	<u>1.0</u> M	0.0
46	VEHICLE	DIAGNOST	ICS					
45		R&I	RT R&I trim panel	8E5Z5423942AC	0	0.00	0.5	0.0
44		R&I	RT Handle, outside	AE5Z5422404AA	0	0.00	0.4	0.0
43		R&I	RT R&I mirror	6E5Z17682A	0	0.00	0.4	0.0
42	*	R&I	RT Body side mldg	6E5Z5420878APTM	0	0.00	<u>0.4</u>	0.0
41		R&I	RT Belt w'strip black	6E5Z5421452A	0	0.00	0.3	0.0

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				1,269.25
Body Labor	16.5 hrs	@	\$ 58.00 /hr	957.00
Paint Labor	11.1 hrs	@	\$ 58.00 /hr	643.80
Mechanical Labor	3.8 hrs	@	\$ 85.00 /hr	323.00
Paint Supplies	11.1 hrs	@	\$ 38.00 /hr	421.80
Subtotal				3,614.85
Sales Tax	\$ 3,614.85	@	5.5000 %	198.82
Total Cost of Repairs				3,813.67
Deductible				500.00
Total Adjustments				500.00
Net Cost of Repairs				3,313.67

MyPriceLink Estimate ID: 682939584417374208

The Hanover warrants non-original equipment manufacturer replacement crash parts are at least equal to the original equipment manufacturer parts in terms of kind, quality, safety, fit, and performance.

THIS INSTRUMENT IS NOT AN AUTHORIZATION FOR REPAIR. REPAIR MUST BE AUTHORIZED BY OWNER. NO ADDITIONAL PAYMENT UNLESS APPROVED BY COMPANY REPRESENTATIVE IN WRITING.

ALL SUPPLEMENTS NEED PRIOR APPROVAL FROM THE HANOVER INSURANCE GROUP FOR ANY SUPPLEMENT PLEASE CONTACT: ANDREW REAU 517-540-4056

Signiture Andrew Reau

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.

Workfile ID:

19-00-663080-1-1

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Estimate of Record

2006 FORD Fusion SE 4D SED 4-2.3L Gasoline SMPI Red

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

Estimate 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 DE2JP06, CCC Data Date 04/16/2020, 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.

Workfile ID:

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Estimate of Record

2006 FORD Fusion SE 4D SED 4-2.3L Gasoline SMPI Red

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.

19-00-663080-1-1

Workfile ID:

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Estimate of Record

2006 FORD Fusion SE 4D SED 4-2.3L Gasoline SMPI Red

ALTERNATE PARTS SUPPLIERS

Line	Supplier	Description	Price
2	KEYSTONE - BUTLER, WI	#FO1000596PP	\$ 302.00
	4410 N. 132ND STREET, SUITE A	A/M CAPA Bumper cover	
	BUTLER WI 53007	Quote: 559540322	
	(414) 463-1019	Expires: 06/07/20	
5	National Autobody Parts Ship DFW	#FO1027107	\$ 29.00
	Reid Whitesel	A/M RT Side reinf	
	2000 E Main Street		
	Grand Prairie TX 75050		
	(800) 214-7222		
6	KEYSTONE - BUTLER, WI	#F01036118	\$ 52.00
	4410 N. 132ND STREET, SUITE A	A/M Lower grille	
	BUTLER WI 53007	Quote: 559540322	
	(414) 463-1019	Expires: 06/07/20	
7	KEYSTONE - BUTLER, WI	#F01036117	\$ 66.00
	4410 N. 132ND STREET, SUITE A	A/M Upper grille	
	BUTLER WI 53007	Quote: 559540322	
	(414) 463-1019	Expires: 06/07/20	
8	KEYSTONE - BUTLER, WI	#FO1039104	\$ 13.00
	4410 N. 132ND STREET, SUITE A	A/M RT Cover w/fog lamps black	
	BUTLER WI 53007	Quote: 559540322	
	(414) 463-1019	Expires: 06/07/20	
9	KEYSTONE - BUTLER, WI	#FO1038104	\$ 14.00
	4410 N. 132ND STREET, SUITE A	A/M LT Cover w/fog lamps black	
	BUTLER WI 53007	Quote: 559540322	
	(414) 463-1019	Expires: 06/07/20	
10	LKQ Smart Parts	#~251920352	\$ 50.00
	N4079 Highway E	LKQ Absorber +25%	
	Hustisford WI 53034	Front Bumper Impact Absorber SE,4DR ENERGY ABSORBER,S#\$EZ194	
	(920) 349-3236	Quote: 559540322	
		Expires: 06/07/20	
12	KEYSTONE - BUTLER, WI	#FO2503219C	\$ 161.00
	4410 N. 132ND STREET, SUITE A	A/M CAPA RT Headlamp assy	
	BUTLER WI 53007	Quote: 559540322	
	(414) 463-1019	Expires: 06/07/20	
15	National Autobody Parts Ship DFW	#FO1091100	\$ 59.00

Claim #: Workfile ID: 19-00-663080-1-1

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Estimate of Record

	Reid Whitesel	A/M Lower deflector	
	2000 E Main Street		
	Grand Prairie TX 75050		
	(800) 214-7222		
16	Meyer Distributing	#SHE408-49Q	\$ 118.99
	560 E. 25th St.	A/M CAPA Radiator support	
	Jasper IN 47546	Quote: 628941358	
	(800) 345-9487	Expires: 04/30/20	
24	Meyer Distributing	#SHE408-31QR	\$ 70.66
	560 E. 25th St.	A/M CAPA RT Fender	
	Jasper IN 47546	Quote: 628886167	
	(800) 345-9487	Expires: 04/30/20	
29	National Autobody Parts Ship DFW	#FO1251136	\$ 43.00
	Reid Whitesel	A/M RT Fender liner	
	2000 E Main Street		
	Grand Prairie TX 75050		
	(800) 214-7222		
33	Wheels America	#3627_20102	\$ 164.00
	4750 SHERWOOD LANE	RECOND RT/Front Wheel, alloy 16 x 6.5 5 spoke	
	HOUSTON TX 77092	Quote: 628886167	
	(713) 686-1311	Expires: 04/30/20	
38	NAPA	#NOE7355091	\$ 14.60
	Preston Keanum	A/M Reservoir assy	
	2999 CIRCLE 75 PARKWAY		
	ATLANTA GA 30339		

19-00-663080-1-1

Workfile ID:

c1786cc7

Estimate of Record

2006 FORD Fusion SE 4D SED 4-2.3L Gasoline SMPI Red

ALTERNATE PARTS USAGE

2006 FORD Fusion SE 4D SED 4-2.3L Gasoline SMPI Red

VIN:

3FAHP07Z36R203840

Production Date:

Interior Color: Exterior Color:

Red

License: State:

WI

Odometer: Condition:

Alternate Part Type	# Of Available Parts	# Of Parts Selected
Aftermarket	35	13
Optional OEM	1	0
Reconditioned	5	1
Recycled	19	1

70273