



Underwritten By:  
American Family Mutual Insurance Company, S.I.  
Tel: 1-800-MY AMFAM (1-800-692-6326)  
Fax: 1-866-935-2858

6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001

000401FC6500M02011280433 Q03A 001



WEST ALLIS CITY  
C/O CLERKS OFFICE  
7525 W GREENFIELD AVE  
West Allis, WI 53214-4648

Claim Number: 01-003-074531  
Date Of Loss: 02/04/2021  
Policy Number: 2369633301  
Policyholder: ANITA JONES

May 7, 2021

To Whom It May Concern:

This correspondence is regarding the claim for ANITA JONES.

We are writing regarding our subrogation claim resulting from the above referenced loss, and your insured City of West Allis Plow Truck Driver 712.

We have not received a response to our prior subrogation notice. Please provide us with an update as soon as possible.

Please contact us if you have any questions about this claim. We are glad to help.

Sincerely,

*Gwen Ersbo*

Gwen Ersbo  
Subrogation Technician  
AFICS on behalf of American Family Mutual Insurance Company, S.I.  
gersbo@amfam.com  
1-608-722-3116

Did you know you can file a claim and check your claim's status on our mobile app and in MyAccount? Go to [www.myamfam.com](http://www.myamfam.com) to download the MyAmFam mobile app or log in.

RECEIVED  
MAY 14 2021  
CITY OF WEST ALLIS  
CITY CLERK

8000 00010012 000401 0000





AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
6000 AMERICAN PARKWAY  
MADISON WI 53783

AmFam.com

1-800-MY AMFAM (692-6326)

March 3, 2021

WEST ALLIS CITY  
C/O CLERKS OFFICE  
7525 W GREENFIELD AVE  
WEST ALLIS WI 53214-4648

REGARDING YOUR INSURED WEST ALLIS CITY

### Notice of subrogation

Please review the information below and contact me with any questions

Claim number	Date of loss	Your claim number	Our insured
01-003-074531	02/04/2021	Unknown	ANITA JONES

We are notifying you that we have made payment on the above referenced claim and our supporting documentation and proof of payment are enclosed.

The following breakdown shows the damages that were incurred by our insured:

DAMAGE	AMOUNT
<b>Total Damages:</b>	<b>\$1,899.60</b>
American Family Mutual Insurance Company, S.I. payment(s)	\$857.76
Deductible	\$500.00
Rental Expense	\$541.84

Our investigation and the facts of this claim support that this incident was caused by your insured's negligence. Please forward the total claim amount indicated. We will reimburse our insured their deductible.

City Plow Truck struck our insured's parked vehicle. Plow Truck driver reported to police.

I am here to assist you with any questions you may have about this notice. Please use the contact information listed below to reach me. Thank you.

Gwen Ersbo  
EC Subrogation Technician  
608-722-3116  
gersbo@amfam.com





0000 00030012 000401 0000



Financials (Total Incurred: \$1,416.70): Checks

Request: Check/Draft Copy										
Check Number	Pay To	Payment Method	Net Amount	Issue Date	Scheduled Send Date	Status	Bulk Invoice	Deductible Applied	Service Period Start	Service Period End
1151078217	LENNES/US REBK SOLUTIONS	Electronic funds transfer	\$17.10	02/10/2021	02/10/2021	Cleared	14147	-		02/22/2021
0003321880	PRO COME AUTO BODY INC And ANITA JONES	Check	\$857.76	02/22/2021	02/22/2021	Issued		\$580.00		
	ENTERPRISE RENT A CAR	Electronic funds transfer	\$541.84	03/03/2021	03/03/2021	Requested	1320210303070385	-		



Digital Image-20210213\_100558[1]



Digital Image-20210213\_100528[1]





Digital Image-20210213\_094432[1]



Digital Image-20210213\_100540[1]



Digital Image-20210213\_094524[1]



Digital Image-20210213\_094451[1]



Digital Image-20210213\_095701[1]

<no name set>



Digital Image-20210213\_100451[1]



Digital Image-20210213\_094528[1]





Digital Image-20210213\_094544[1]



Digital Image-20210213\_094426[1]



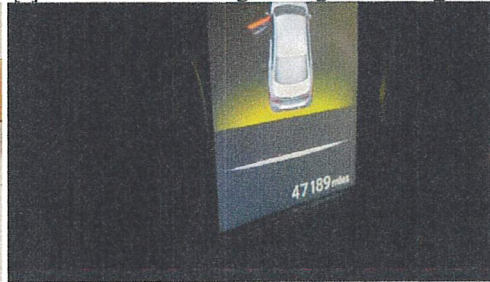
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Digital Image-20210213\_094443[1]



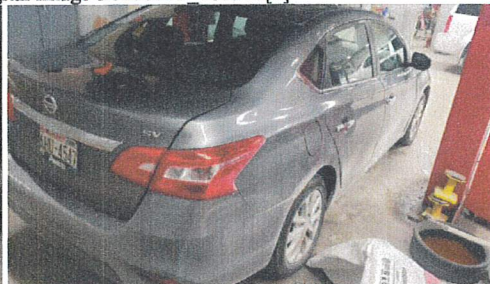
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Digital Image-20210213\_100518[1]



Digital Image-20210213\_100501[1]



Digital Image-20210213\_100558[1]



## PhotoGallery



Digital Image-20210213\_100445[1]



Digital Image-20210213\_100528[1]

<https://photosheet.amfam.com/?ids=4021BC77-0200-CAFD-A709-BA7552E484A8&ids=4021BC77-0300-C335-BF1D-112251745279&ids=4021BC77-...> 3/3

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**Rental Company:** Enterprise Rent-A-Car  
**Invoice:** 4410D2HTZPY  
**Alternate Invoice Number:** 2HTZPY

**Bill To: AMF44RU**

AMERICAN FAMILY CRD  
ATTN:WENDY MAD 2-A-HANNON  
302 N WALBRIDGE AVE  
MADISON, WI 537830001

**RENTER INFORMATION:**

Renter: JONES,ANITA  
Address: 1821 MEADOW LN # 215  
PEWAUKEE, WI 530725508  
Home Phone: (262) 957-9085  
Office Phone: (414) 588-9929

**RENTAL INFORMATION:**

**Rental Branch Location:**

ENTERPRISE RENT-A-CAR(4410)  
1714 PARAMOUNT DRIVE  
WAUKESHA, WI 53186

**ADDITIONAL CLAIM INFORMATION:**

Claim Number: 01003074531  
Claim Type: Insured  
Vehicle Condition: Non-Driveable  
Date Of Loss: 02/04/2021  
Insured Name: JONES,ANITA  
Owner's Vehicle: 2018 OTHER|NISSAN  
Tracking:  
System ID:  
Correlation ID:  
Scripted ID:  
Shop contact name:  
Is this a CAT claim?:  
ERAC Ref Only Pol Max: 03/09/2021  
Split Claim?: false  
Shop Contact Phone Number:  
Theft Waiver Verified (ERAC Use Only): No  
Is this a CRP shop?: Unknown  
Theft - Date Reported:  
Total amount as of date above: 741.47

**Repair Facility:**

PRO COMP AUTO BODY  
MILWAUKEE, WI 532072520  
(414) 747-0436

**RENTAL DETAIL:**

Rental Period: 02/12/2021 to 03/02/2021 (19 days)

**Billed Period: 02/12/2021 to 03/02/2021 (19 days)**

Description	Quantity	Rate	Amount
TIME & DISTANCE	19	\$26.24	\$498.56
TITLE AND REGISTRATION FEES	19	\$0.92	\$17.48
SALES TAX	1	5.00%	\$25.80
<b>Total Charges:</b>			\$541.84
<b>Less Amount Received:</b>			\$0.00
<b>Total Amount Due:</b>			<b>\$541.84</b>

**VEHICLES RENTED:**

Effective Date	Time	Year	Make	Model	VIN	Mileage
02/12/2021	3:10 PM	2021	NISN	SENT	3N1AB8CV0MY223013	457

## Rental Invoice

Please Return This Portion with Remittance

**Make Payment To:**

**ENTERPRISE RENT-A-CAR**

P.O. BOX 840086

KANSAS CITY, MO 641840086

Federal ID: 43-0724835

**Total Charges:**

\$541.84

**Less Amount Received:**

\$0.00

**Total Amount Due.....**

**\$541.84**

Please Include on your Check:

Invoice:4410D2HTZPY

0000 00060012 000401 0000



**PRO COMP AUTO BODY INC.**  
3045 So. KINNICKINNIC AVE, MILWAUKEE, WI  
53207  
Phone: (414) 747-0436  
FAX: (414) 747-0744

Workfile ID: c576f988  
PartsShare: 68nCTC  
Federal ID: 39-1937922

**Estimate of Record**

**Customer: JONES, ANITA**

**Job Number:**

Written By: MARK AMROZEWICZ, 2/19/2021 2:55:46 PM  
Adjuster: MCINERNEY, BILL, (800) 692-6326 x75925 Business

Insured: JONES, ANITA Policy #: 2369633301 Claim #: 01003074531-1  
Type of Loss: Collision Date of Loss: 2/4/2021 4:58 PM Days to Repair: 0  
Point of Impact: 11 Left Front

<b>Owner:</b> JONES, ANITA  1821 Meadow Ln Apt 215 Pewaukee, WI 53072-5508 (262) 957-9085 Cell	<b>Inspection Location:</b> JONES, ANITA  1821 Meadow Ln Apt 215 Pewaukee, WI 53072-5508 Home (262) 957-9085 Cell	<b>Insurance Company:</b> AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I. AUTO PHYSICAL DAMAGE - AF2 MADISON
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**VEHICLE**

2018 NISSA Sentra SV w/Continuously Variable Transmission 4D SED 4-1.8L Gasoline Sequential MPI

VIN: 3N1AB7AP6JL618028	Interior Color:	Mileage In:	Vehicle Out:
License:	Exterior Color:	Mileage Out:	
State:	Production Date:	Condition:	Job #:

**TRANSMISSION**

Automatic 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  
Alarm

Steering Wheel Touch Controls  
Telescopic Wheel

Climate Control

Backup Camera

**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

**SAFETY**

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

**SEATS**

Cloth Seats  
Bucket Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Traction Control  
Stability Control  
Power Trunk/Liftgate

# Estimate of Record

Customer: JONES, ANITA

Job Number:

2018 NISS Sentra SV w/Continuously Variable Transmission 4D SED 4-1.8L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>					
2		O/H front bumper				2.0	
3	**	Repl A/M CAPA Bumper cover	620223YU1J	1	324.00	Incl.	2.6
4		Add for Clear Coat					1.0
5		Repl LT Side retainer	622253YU1A	1	10.98	0.1	
6		<b>FRONT LAMPS</b>					
7		R&I LT Headlamp assy				0.2	
8		<b>FENDER</b>					
9	**	Repl A/M CAPA LT Fender liner w/o SR Turbo, Nismo	638413SH0A	1	65.00	0.4	
10	*	Rpr LT Fender S, SV, SL				0.5	1.8
11		Add for Clear Coat					0.7
12		R&I LT Upper cover				0.1	
13		<b>ENGINE / TRANSAXLE</b>					
14	*	R&I Air cleaner assy ( for access )			m	0.4	
15	*	R&I Resonator ( unit is hanging loose )				0.2	
16	#	Corrosion Protection		1	10.00	0.3	
17	#	COVER CAR		1	10.00		
18	#	HAZARDOUS WASTE		1	5.00		
<b>SUBTOTALS</b>					<b>424.98</b>	<b>4.2</b>	<b>6.1</b>

## ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			424.98
Body Labor	4.2 hrs @	\$ 60.00 /hr	252.00
Paint Labor	6.1 hrs @	\$ 60.00 /hr	366.00
Paint Supplies	6.1 hrs @	\$ 40.00 /hr	244.00
Subtotal			1,286.98
Sales Tax	\$ 1,286.98 @	5.5000 %	70.78
<b>Grand Total</b>			<b>1,357.76</b>
Deductible			500.00
<b>CUSTOMER PAY</b>			<b>500.00</b>
<b>INSURANCE PAY</b>			<b>857.76</b>

THANK YOU FOR LETTING US SERVE YOU  
AND MAKE IT A GREAT DAY

THE INSURANCE COMPANY PROVIDING THIS ESTIMATE DOES NOT AUTHORIZE REPAIRS. AUTHORIZATION MUST COME FROM THE VEHICLE OWNER. ANY SUPPLEMENT(S) MUST HAVE PRIOR APPROVAL FROM A REPRESENTATIVE OF THE INSURANCE COMPANY PROVIDING THIS ESTIMATE.





## Estimate of Record

Customer: JONES, ANITA

Job Number:

2018 NISS Sentra SV w/Continuously Variable Transmission 4D SED 4-1.8L Gasoline Sequential MPI

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

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

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 ARF3738, CCC Data Date 02/15/2021, 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 refinishing 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 2021 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.

**Estimate of Record**

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**Customer: JONES, ANITA**

**Job Number:**

2018 NISS Sentra SV w/Continuously Variable Transmission 4D SED 4-1.8L Gasoline Sequential MPI

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.

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**Estimate of Record**

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**Customer: JONES, ANITA****Job Number:**

2018 NISS Sentra SV w/Continuously Variable Transmission 4D SED 4-1.8L Gasoline Sequential MPI

**PARTS SUPPLIER LIST**

Line	Supplier	Description	Price
3	Keystone-Complete-A-Milwaukee 9532 W.CARMEN AVENUE MILWAUKEE WI 53225 (800) 924-8230 (414) 463-1019	#NI1000313PP A/M CAPA Bumper cover	\$ 324.00
9	Keystone-Insurance-A-Milwaukee 9532 W.CARMEN AVENUE MILWAUKEE WI 53225 (800) 924-8230 (414) 463-1019	#NI1248133C A/M CAPA LT Fender liner w/o SR Turbo, Nismo	\$ 65.00



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

**Lexis.com**  
Law Firm accounts  
800-543-6862

PAGE COUNT: 6

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CLIENT : 6930  
DIVISION :  
ADJUSTER : 0001018550  
CLAIM : 01-003-074531

TRANSACTION # : 1268522462  
DATE : 02/08/2021

DATE OF LOSS : 02/04/2021 TIME OF LOSS : 16:58:0  
STREET : 2227 S 66TH ST  
CITY : WEST ALLIS  
COUNTY : MILWAUKEE  
STATE : WI

INVESTIGATING AGENCY : WEST ALLIS PD  
REPORT NUMBER : 21003848  
REPORT TYPE : Auto Accident  
PARTY 1 : ANITA L JONES  
PARTY 2 :  
PARTY 3 :

CAR : SENTRA 4D MAKE : NISSAN YEAR : 2018  
TAG :

DRIVER LICENSE : J5200125894609  
ADDITIONAL INFO :

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NOTE :

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THANK YOU FOR YOUR ORDER!

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21-003848

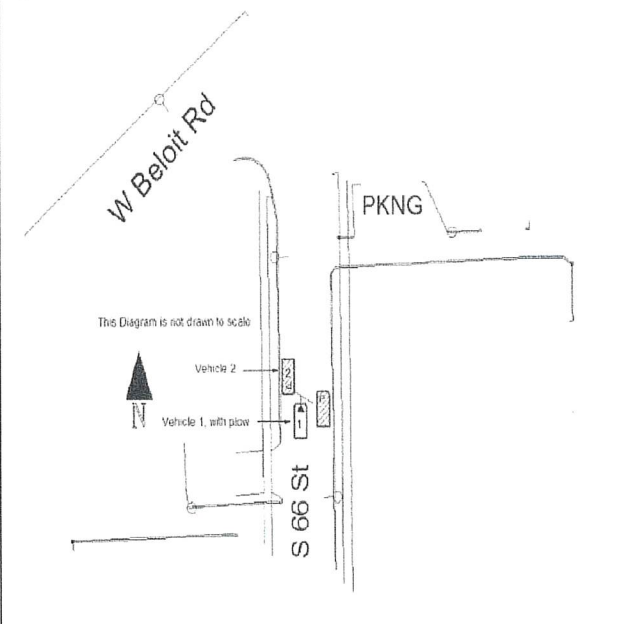
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

1SL04MH603

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>OFFICER B. BUDISH</b>	
Crash Date <b>02/04/2021</b>		Crash Time <b>04:57 PM</b>		Date Arrived <b>02/04/2021</b>		Time Arrived <b>05:14 PM</b>	
Date Notified <b>02/04/2021</b>		Time Notified <b>04:58 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold		
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags			
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram 	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

DRIVER 1 STATED HE WAS TRAVELING NORTHBOUND IN THE 2700 BLOCK OF S 66 ST, PLOWING THE ROADS, DRIVING TRUCK 712. DRIVER 1 STATED THERE WAS TWO VEHICLES, ONE PARKED ON BOTH SIDES OF THE STREET. DRIVER 1 STATED HE TRIED TO MANEUVER THROUGH BOTH VEHICLES AND STRUCK VEHICLE TWO IN THE FRONT LEFT BUMPER.



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21-003848

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Location

ON 2227 S 66TH ST 171 FT S OF W BELOIT RD (HOUSE/BUILDING 2227)  IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude 43.004118129  X Coordinate 418940.25  Structure Type HOUSE/BUILDING	Longitude -87.994559083  Y Coordinate 4761752
----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------	-----------------------------------------------------------

Crash Scene

First Harmful Event: <b>PARKED MOTOR VEHICLE</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>00 - NO COLLISION W/VEHICLE IN TRANSPORT</b>		Light Condition <b>DARK/LIGHTED</b>	
Road Surface Condition(s) <b>SNOW</b>		Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>WEATHER CONDITIONS</b>			
Weather Condition(s) <b>SNOW</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>	

Unit Summary

UNIT 01	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>B CLASS</b>		Unit Type <b>TRUCK</b>		
	Vehicle Type <b>SNOW PLOW</b>		Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>	
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>					
	UNIT VEHICLE 01	Vehicle				
		License Plate Number <b>77710</b>	Plate Type <b>OFF - MUNICIPAL OFFICI</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
Vehicle Identification Number <b>1FVAC3B58ADAP3503</b>		Make <b>FREIGHTLINER CORP</b>	Year <b>2010</b>	Model <b>DUMP</b>		
Color <b>WHI - WHITE</b>		Body Style <b>CB - CAB CHASSIS</b>	Bus Use			
Initial Contact Point <b>11 - LEFT FRONT CORNER</b>		Vehicle Damage				
Extent Of Damage <b>NO DAMAGE</b>		<b>00 - NO DAMAGE</b>				

0000 00100012 000401 0000



1SL04MH603  
21-003848

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>OTHER</b>	Vehicle Factors <b>NOT APPLICABLE</b>	
	Driver Prior Action Other <b>PLOWING, MANUEVERING BETWEEN TWO PAR</b>		
	Driver Actions <b>FAILURE TO CONTROL</b>		
01 01	Owner Name <b>WEST ALLIS CITY (414) 302-8888</b>	Owner Address <b>6300 W MCGEOCH AVE WEST ALLIS, WI 53219 , US</b>	
	<b>Sequence Of Events</b>		
01 02 03 04	Event <b>PARKED MOTOR VEHICLE</b>		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	<b>Policy Holder</b>		
	Insurance Company <b>SELF-INSURED</b>	Organization/Company <b>WEST ALLIS CITY</b>	
01 001	<b>Individual</b>		
	Driver <b>SCOTT PATRICK KABOSKEY (414) 302-8888</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth <b>09/10/1971</b>	Race
	Address <b>557 S OAK PARK CT MILWAUKEE, WI 53214 , US</b>	Driver License Number <b>K1207957133008</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	<b>Safety Equipment</b>	On Duty Crash <b>WINTER-HWY-MAINTENANC</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
01 001	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #
	Hospital	Date of Death	Time of Death
01 001	<b>Distraction By</b>		
	Distraction By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
01 001	Distraction By Action <b>NOT DISTRACTED</b>		

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21-003848

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

UNIT INDIVIDUAL	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition <b>APPEARED NORMAL</b>				
UNIT 01 001 TRUCK BUS	<b>Carrier</b>				
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source <b>DRIVER</b>		
	Name <b>WEST ALLIS CITY USDOT# 0000000</b>		Address <b>6300 W MCGEOCH AVE WEST ALLIS, WI 53219 , US</b>		
	GVWR <b>MORE THAN 26,000 LB</b>		Vehicle Configuration <b>SINGLE UNIT TRUCK (3 OR MORE AXLES)</b>		Cargo Body Type <b>DUMP</b>
	US DOT # <b>0000000</b>		Carrier Type <b>NOT IN COMMERCE/GOVERNMENT</b>		Permitted Load <b>NOT APPLICABLE</b>
	<input type="checkbox"/> OS/OW Load		WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit
	Measured Height		Measured Length	Measured Width	Measured Weight
	<b>Unit Summary</b>				
	Unit Status <b>LEGALLY PARKED</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>
	Vehicle Type <b>PASSENGER CAR</b>		Operating As Endorsements		
UNIT 02	Total Occrs <b>0</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NOT APPLICABLE</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>

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WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

Truck Bus or HazMat NO					
UNIT 02 VEHICLE	<b>Vehicle</b>				
	License Plate Number AHU4547		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3N1AB7AP6J L618028		Make NISSAN	Year 2018	Model SEN
	Color GRY - GRAY		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage 11 - LEFT FRONT CORNER		
	Extent Of Damage MINOR DAMAGE		Towed Due To Damage NOT TOWED		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER		
	What Driver Was Doing LEGALLY PARKED		Vehicle Factors NOT APPLICABLE		
	Driver Prior Action Other		Driver Actions NO CONTRIBUTING ACTION		
	Owner Name RADONTAY L JONES (414) 588-9929		Owner Address 6125 W BELOIT RD WEST ALLIS, WI 53219 , US		
UNIT 02 VEHICLE	<b>Sequence Of Events</b>				
	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				



### CLAIMANT CONTACT INFORMATION

Name: Anita Jones/Radontay Jones  
Address: 1821 Meadow Lane Apt 215  
Pewaukee, WI 53072-5508

Phone: 414-588-9929  
Email: jonesaj1@yahoo.com

### INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

### NOTICE OF CLAIM

Date of incident: 02/04/2021 Time of day: 04:57  
Location: 2200 Block of S 66th Street - West Allis, WI

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

Ms. Jones's vehicle was parked and unoccupied on S 66th Street and there was a vehicle parked on the opposite side of the street. When the City of West Allis Plow truck #712 attempted to maneuver between the two vehicles and struck the DS front bumper of Ms. Jones vehicle causing damage.

A copy of the police report  
2 estimates as well as photos are attached.

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: Anita Jones Date: 02/16/2021

### CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

The total amount sought is: \$ 1,368.63

SAVE

PRINT



