

L21-00162

CITY OF MANITOWOC CLAIM FORM
NOTICE OF CIRCUMSTANCES (§893.80(1d)(a) Wis. Stats.)

NAME Artisan and Truckers Casualty Company A/S/O BAUTISTA, RUTH TELEPHONE NUMBER 877-818-0139

ADDRESS PO BOX 94639
CLEVELAND, OH 44101-9908 (Street)

OF CLAIMANT _____ (City, State, Zip Code)

EMAIL (optional): GovernmentStatus@email.progressive.com

RECEIVED

OCT 25 2021

CITY CLERKS OFFICE

CIRCUMSTANCES OF CLAIM: Describe the circumstances of your claim below and attach additional sheets if necessary (who, what, where, when and how). For auto/property damages, attach a copy of the police report, if any; and a diagram of the accident scene including north, south, east or west. For personal injury, indicate the nature of the injury; if medical attention was given, the name of the physician/immediate care/hospital. List the names and addresses of any witnesses to the incident/accident. Give details.

Incident/Accident Information:

Date 09-22-21

Place TOWN OF MANITOWOC

Time 2:29 PM

Circumstances of Claim (Attach additional sheets if necessary):

OUR INSURED WAS TRAVELING ON COUNTY ROAD B IN TWO RIVERS WI WHEN A CITY OF MANITOWOC VEHICLE # 78238 OPERATED BY BUTLER, ABRAHAM STRUCK OUR INSURED S VEHICLE. WE ARE SEEKING REIMBURSEMNT FOR OUR INSURED S VEHICLE DAMAGES.

RECEIVED

OCT 25 2021

CITY ATTORNEY

Witnesses (names and addresses):

Procedure for filing claims:

1. In most instances, a signed **Notice of Circumstances of Claim** must be served on the City within 120 days after the happening of the event giving rise to the claim or it will be barred by State Statute.
2. A **Claim** must be filed with the City Clerk, City of Manitowoc, 900 Quay Street, Manitowoc, WI 54220, containing the claimant's address and an itemized statement of the relief or damages sought. This is the bottom portion of the form entitled "Claim Form." No action will be taken until this portion is completed and submitted to the City.
3. The City Attorney and or CVMIC (the City's liability insurance carrier) will then determine if your claim should be paid, compromised or disallowed. You will be notified by letter should the City determine to pay or compromise your claim. The City Attorney has the authority to pay, settle, or disallow claims up to \$5,000. Claims exceeding \$5,000 will be reviewed by the City's Finance Committee, who will present a final recommendation to the Common Council.
4. This procedure is established by Wisconsin Statutes to provide a mechanism for persons to recover damages in the event a municipality is responsible for an incident. This procedure is also designed to protect the municipality and its taxpayers from having to pay out inappropriate and/or nuisance claims.

This document does not constitute legal advice and should not be substituted for the advice of private legal counsel. Claimants have the right to retain an attorney of their choice to assist them with filing a claim solely at their own cost and expense.

Claimants are encouraged to review Wis. Stat. § 893.80 prior to filing a claim.

CLAIM FORM (§893.80(1d)(b) Wis. Stats.)

After filing a Notice of Circumstances of claim with the City of Manitowoc you must also file a claim **itemizing** the relief sought (what you want from the City or do not want the City do to). You may file a claim at any time consistent with the applicable statute of limitations. Provide copies of any bills supporting the amount of the claim. For claims involving auto/truck/property damage, please attach two estimates. If the relief sought is non-monetary be as detailed and/or descriptive as possible.

The person signing below makes a claim against the City of Manitowoc arising out of the circumstances above-described. The claim is for relief in the form of money damages as indicated below, and non-monetary relief as follows:

Auto/truck \$ <u>5,401.87</u>	Personal Injury \$ _____
Property \$ _____	Other (specify) \$ _____

Sign and then click Submit Form button below to submit to the City Clerk's Office.

Signed Ashley Adamik 10/20/2021

SUBMIT FORM

PROGRESSIVE

Payment Address Document Address
24344 Network Place P.O. Box 94639
Chicago, IL 60673-1243 Cleveland, Ohio 44101-9908
Phone: (877)818-0139
Fax: (888) 781-6947

10/20/2021 12:48:00 PM
Certified Mail Return Receipt Requested 9489 0090 0027 6372 9565 21

CITY OF MANITOWOC
CITY CLERK
900 QUAY STREET,
MANITOWOC, WI 54220,

RECEIVED

OCT 25 2021

CITY ATTORNEY

Your Client: BUTLER, ABRAHAM
Your Claim Number: na
Our Insured: BAUTISTA, RUTH
Our Claim Number: 21-8573501
Amount Subject to Reimbursement: 5,401.87
Amount of Insured's Deductible: 500.00

IN ADDITION, THERE IS OUT OF POCKET RENTAL
FOR \$39.20. PLEASE REIMBURSE OUR INSURED DIRECTLY

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: CTHB NB IN TOWN OF MANITOWOC
Date and Time of Loss: 09-22-21 AT 2:29 PM

Description of Loss: OUR INSURED WAS TRAVELING ON COUNTY ROAD B IN TWO RIVERS WI WHEN A CITY OF MANITOWOC VEHICLE # 78238 OPERATED BY BUTLER, ABRAHAM STRUCK OUR INSURED S VEHICLE. WE ARE SEEKING REIMBURSEMNT FOR OUR INSURED S VEHICLE DAMAGES.

* Please make your draft payable to Artisan and Truckers Casualty Company as subrogee of "BAUTISTA, RUTH", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. Thank you for your anticipated, prompt attention to this matter.

Ashley Adamik 10/20/2021

Progressive Subrogation
Artisan and Truckers Casualty Company
Tel. 877-818-0139
Fax. 888-781-6947
GovernmentStatus@email.progressive.com

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ARTISAN AND TRUCKERS CASUALTY COMPANY	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 6300 WILSON MILLS RD W33	Requester's name and address (optional)
6 City, state, and ZIP code MAYFIELD VILLAGE, OH 44143	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
5	9		-	3	2	1	3	8	1	9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Rae Barrett</i>	Date ▶ <i>January 1, 2020</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Claim Payment Detail (21-8573501)

Payment Information

Disbursement Number: 782882377	Total Amount: \$919.89
EFT Trace Number:	Invoice Number: 89021742
Pay to the Order of: ENTERPRISE RENT A CAR CO	
Mailing Address: ENTERPRISE RENT-A-CAR 2226 MAIN ST GREEN BAY, WI 54302- USA	
In Payment Of: Progressive Invoice Number: 89021742	

Reviewed Summary

Issuing Rep: A105446	Approved By:
Issue Date:	Review Date:
Last Updated Rep: A105446	Reviewed By:

Bank Information

Type: Loss	Bank Code: CTB
Stop Reason:	Cleared: No
Stop Date:	

Exposure Detail: RENTAL

Party Name: BAUTISTA, VANESSA	Amount Paid: \$919.89
Property Description: 19 JEEP COMPASS	Deductible Taken: \$0.00
Payment Type: FINAL PAYMENT	Property Damage: \$0.00
	Rental: \$919.89

Claim Payment Detail (21-8573501)

Payment Information

Disbursement Number: 371778666	Total Amount: \$3,981.98
Draft Number: 2039514851	Invoice Number: 88075706
Pay to the Order of: VAN HORN MOTORS OF MANITOWOC LLC	
Mailing Address: 4611 EXPO DR MANITOWOC, WI 54220-7311 USA	
In Payment Of: Progressive Invoice Number: 88075706	

Reviewed Summary

Issuing Rep: A110164	Approved By:
Issue Date: 09-24-21	Review Date:
Last Updated Rep: A110164	Reviewed By:

Bank Information

Type: Loss	Bank Code: 1CD
Stop Reason:	Cleared: 10-05-21
Stop Date:	

Exposure Detail: COLL

Party Name: BAUTISTA, VANESSA	Amount Paid: \$3,981.98
Property Description: 19 JEEP COMPASS	Deductible Taken: \$500.00
Payment Type: FINAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00



Rental Company: ENTERPRISE RENT-A-CAR
 Invoice: D4JB4S1-4483
 Alternate Invoice Number: 4JB4S1

Bill To: PRO77SL
 PROGRESSIVE
 ATTN: KAYLA LJUBI
 6300 WILSON MILLS 4 FL, 4 CORE
 MAYFIELD VILLAGE, OH 44143

RENTAL DETAIL:

Rental Period: 9/24/21 to 10/16/21 (23 days)
 Billed Period: 9/24/21 to 10/16/21 (23 days)

RENTER INFORMATION:

Renter: BAUTISTA, VANESSA

RENTAL INFORMATION:

Rental Branch Location:
 ENTERPRISE RENT-A-CAR (4483)
 2226 MAIN ST
 GREEN BAY, WI 543023714
 (920) 469-5262

Products and Services	Quantity	Rate	Amount
TIME & DISTANCE	23	36.99	\$850.77
FUEL SERVICE OPTION	1	39.20	\$39.20
YOUNG RENTER FEE	23	0.00	\$0.00
Taxes and Surcharges			
TITLE AND REGISTRATION FEES	23	0.92	\$21.16
SALES TAX	1	5.50%	\$47.96
Total Charges:			\$959.09
Less Amount Received:			\$39.20
Total Amount Due:			\$919.89

ADDITIONAL CLAIM INFORMATION:

Claim Number :21-8573501
 Claim Type: Insured
 Vehicle Condition: Driveable
 Date Of Loss:
 Insured Name:
 Owner's Vehicle: JEEP COMPASS
 Additional Driver:

Repair Facility:

VAN HORN CHRYSLER
 MANITOWOC, WI 542207311
 (920) 684-5588

VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Mileage	Rate Charged
9/24/21 3:11 PM	2021	TOYO	RAV4	2T3P1RFV1MC183723	23091	24176	1085	\$36.99

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
 ENTERPRISE RENT-A-CAR
 P.O. BOX 840086
 KANSAS CITY, MO 64184-0086
 Federal ID: 43-0724835

Total Charges: \$959.09
Less Amount Received: \$39.20
Total Amount Due..... **\$919.89**

Please include on your check:
 Invoice: D4JB4S1-4483

Progressive

Estimate ID
21-8573501-01
Original

Claim Number
21-8573501-01

Owner
VANESSA BAUTISTA

Insured
RUTH BAUTISTA

Appraiser
KYLE GLOEDE
(920) 851-9302 (Work)
a110164@progressive.com

Artisan and Truckers Casualty Co

Claim Number 21-8573501-01 Adjuster KAYLA LJUBI
(440) 566-5480 (Work)
a146737@progressive.com Deductible 500.00 - Not Waived Reported Date 09/22/2021

Loss Date 09/22/2021 Inspection Site
Van Horn Collision Center - M
anitowoc
4611 Expo Dr
Manitowoc, WI 54220

2019 Jeep Compass Limited 4 Door Utility 2.4L 4 Cyl Gas Injected 4WD

Exterior Color PDN (Dark Ceramic Gray) License WI-AJA1551 VIN 3C4NJDCB8KT728338 Drivable Yes

Odometer 37793 Production Date 02/2019 Mitchell Service Code 911982

Primary Point of Impact
Rear (6)

Options

4 Wheel Drive	4WD or AWD	Air Conditioning	Alum/Alloy Wheels	AM-FM Stereo
Anti-Lock Brake Sys. (ABS)	Auto Air Condition	Automatic Headlights	Auxiliary Input	Bluetooth Wireless Connectivity
Cruise Control	Daytime Running Lights	Driver Seat With Power Lumbar Support	Driver-Front Air Bag	Dual A/C
Electric Defogger	Electronic Stability Control	First Row Bucket Seat	Fog Lights	Front Heated Seats
Heated Mirror	Heated Steering Wheel	Interior Automatic Day/Night Or Electrochromatic Mirror	Keyless Entry System	Leather Seats
Leather Steering Wheel	Left-Curtain Air Bag	MP3 Player	Passenger-Front Air Bag	Power Door Locks
Power Driver Seat	Power Remote Mirror	Power Steering	Power Windows	Privacy Glass
Rear Bench Seat	Rear Gate Wiper	Rear Spoiler	Rearview Camera	Remote Vehicle Starter System
Satellite Radio	Second Row Side Airbag With Head Protection	Side Airbags	Smart Key System	Steering Wheel Mounted Audio Control
Theft Deterrent Sys.	Tilt Steering Wheel	Tire Pressure Monitoring System	Traction Control/Electronic	Trip Computer

RUTH BAUTISTA | 2019 Jeep Compass Limited

Parts Profile
MANITOWOC WI All Parts

Parts Profile Version
4.0

Line #	Description	LABOR			PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax	
Side Body										
1	100289	L Quarter Panel Outside	Refinish Only	Refinish	1.6° C	Existing				
2	900501	Modified Refinish With Full Clear Coat								
3	100657	L Otr Side Body Panel Assembly	Repair	Body	1.0°	Existing				
4	100706	L Upr Quarter Panel Moulding	Remove / Install	Body	0.2	Existing				
5	101316	L Quarter Side Trim Panel	Remove / Replace	Body	0.4#	New	ORDER FROM DEALER	1	\$184.00	Yes
Quarter Glass										
6	100100	L Quarter Glass	Remove / Install	Glass	1.8#	Existing				
7	101270	Qtr Glass Adhesive	Remove / Replace	Body	0.0	New	N.A.	1	\$20.00*	Yes
Liftgate										
8	100324	Liftgate Shell	Remove / Replace	Body	6.7#	New	68242348AA	1	\$819.00	Yes
9	AUTO	Liftgate Outside	Refinish Only	Refinish	2.7 C					
10	AUTO	Liftgate Jambs & Interior	Refinish Only	Refinish	1.0 C					
11	102011	Liftgate Handle	Remove / Install	Body	INCr#	Existing				
12	100333	Liftgate Rear View Camera	Remove / Install	Body	0.3r#	Existing				
13	AUTO	Liftgate Applique	Remove / Install	Body	INC#					
14	100336	Liftgate Opening Weatherstrip	Remove / Replace	Body	0.4	New	68339985AA	1	\$97.70	Yes
15	100066	Liftgate Spoiler	Remove / Install	Body	INC#	Existing				
16	AUTO	Lwr Liftgate Trim Panel	Remove / Install	Body	INC					
17	100420	Liftgate Adhesive Nameplate	Remove / Install	Body	0.1r	Existing				
18	100417	Liftgate Adhesive Nameplate	Remove / Replace	Body	0.4°	Aftermarket New	68243726AA-AT	1	\$35.00	Yes
19	900501	TIME INCLUDES REMOVING AND APPLYING NEW ADHESIVE BACKING								
20	100585	Liftgate Adhesive Nameplate	Remove / Replace	Body	0.1	New	68243732AA	1	\$80.85	Yes
21	102119	Liftgate Applique	Remove / Replace	Body	INC#	New	6th75pdnaa	1	\$454.00*	Yes
22	101346	Upr Liftgate Trim Panel	Remove / Install	Body	INC	Existing				
23	AUTO	R Upr Liftgate Trim Panel	Remove / Install	Body	INC#					
24	AUTO	L Upr Liftgate Trim Panel	Remove / Install	Body	INC#					

Line #	Description	LABOR			PART					
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax	
25	100425 Lwr Liftgate Inner Trim Panel	Remove / Replace	Body	INC	New	ORDER FROM DEALER	1	\$175.00	Yes	
26	100432 R Upr Liftgate Trim Panel	Remove / Replace	Body	INC#	New	ORDER FROM DEALER	1	\$19.20	Yes	
27	100433 L Upr Liftgate Trim Panel	Remove / Replace	Body	INC#	New	ORDER FROM DEALER	1	\$18.60	Yes	
28	100451 Liftgate Glass	Remove / Replace	Glass	INC#	New	55112803aa	1	\$242.00*	Yes	
29	100448 Liftgate Glass Adhesive	Remove / Replace	Body	0.0	New	N.A.	1	\$20.00*	Yes	
30	100449 Liftgate Glass Spacer	Remove / Replace	Glass	INC	New	68094282AA	1	\$10.20	Yes	
31	100454 Liftgate Wiper Blade	Remove / Install	Body	INCr	Existing					
32	100457 Liftgate Wiper Arm	Remove / Install	Body	INCr	Existing					
33	100456 Liftgate Wiper Motor	Remove / Install	Body	INCr#	Existing					
Rear Lamps										
34	100713 R Rear Combination Lamp	Remove / Install	Body	INC#	Existing					
35	101368 L Rear Combination Lamp Assembly	Remove / Replace	Body	INC#	New	55112837AB	1	\$123.00	Yes	
Rear Bumper										
36	101790 Rear Bumper Cover Assy	Overhaul	Body	2.1#	Existing					
37	AUTO R Quarter Wheel Opening Mldg	Remove / Install	Body	0.3						
38	AUTO L Quarter Wheel Opening Mldg	Remove / Install	Body	0.3						
39	AUTO R Rear Combination Lamp	Remove / Install	Body	0.3						
40	AUTO L Rear Combination Lamp	Remove / Install	Body	0.3						
41	101267 Rear Lwr Bumper Cover	Remove / Replace	Body	INC#	New	5VT91RXFAC	1	\$245.00	Yes	
42	AUTO Rear Bumper Cover	Remove / Install	Body	INC#						
Additional Costs & Materials										
43	AUTO Paint/Materials	Additional Cost						\$284.00*	Yes	
44	AUTO Hazardous Waste Disposal	Additional Cost						\$3.00*	Yes	
Additional Operations										
45	AUTO Clear Coat	Additional Operation	Refinish	1.5				\$0.00		
46	931127 Pre Repair Scan	Additional Operation	Mechanical	0.5*				\$0.00		
47	931128 Post Repair Scan	Additional Operation	Mechanical	0.5*				\$0.00		
Special / Manual Entry										
48	900500 CORROSION PROTECTION	Additional Labor	Refinish*	0.3*	Existing		0		Yes	
49	900500 COVER CAR FOR OVERSPRAY	Additional Labor	Refinish*	0.0*	Aftermarket New	** A/M	1	\$8.00*	Yes	
50	900500 GLASS CLEANUP	Additional Labor	Body*	0.5*	Existing		1			

LABOR				PART					
Line #	Description	Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
51	900500 CLEAN AND RETAPE MLDS	Repair	Body*	0.2*	Existing		1		

- Judgment Item
- T Included in Two Tone Calculation
- # Labor Note Applies
- d Discontinued by Manufacturer
- C Included in Clear Coat Calculation
- A Included in Clear Coat and Two Tone Calculation
- r CEG R&R Time Used for this Labor Operation
- [] Verify the part number and price before ordering

Parts Vendors

Adhesive Templates
 4717 Campus Drive
 Kalamazoo MI 49008
 (888) 247-8331 (Work)

Line	Part #	Total Price
18	68243726AA-AT	\$35.00

Supplier Notes: APU, Quote#: 111632031704741
 Stock Number: 68243726AA-AT / AM

Disclaimer: 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 Totals

Labor	Units	Rate	Sublet Add'l Amount	Totals
Refinish Labor	7.1	\$60.00		\$426.00
Body Labor	13.6	\$60.00		\$816.00
Glass Labor	1.8	\$60.00		\$108.00
Mechanical Labor	1.0	\$80.00		\$80.00
Total Labor	23.5			\$1,430.00
			Taxable	\$1,430.00
			Tax 5.0000%	\$71.50
			Non-Taxable	\$0.00
			Labor Total	\$1,501.50
Parts		Amount		
Taxable Parts		\$2,551.55		\$2,551.55
			Parts Adjustments	\$0.00
			Tax 5.0000%	\$127.58
			Non-Taxable	\$0.00
			Parts Total	\$2,679.13
Costs		Amount		
Other Additional Costs		\$3.00		\$3.00
Paint Materials		\$284.00		\$284.00

Estimate Totals

Paint Materials Rate: \$40.00
 Rate Max: 99.9 units
 Additional Rate: \$0.00

Taxable	\$287.00
Tax 5.0000%	\$14.35
Non-Taxable	\$0.00
Costs Total	\$301.35

Gross Totals	Amount
Gross Total	\$4,481.98

Taxable	\$4,268.55
Tax	\$213.43
Non-Taxable	\$0.00
Gross Total	\$4,481.98

Adjustments	Amount
Deductible	-\$500.00
Total Customer Responsibility	-\$500.00

Net Estimate Total	\$3,981.98
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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.

All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep.

This is a damage assessment only - Not an authorization to repair-based on damage visible or certain at the time it was written.

If frame or unibody repair is included on this estimate, the amount shown includes time or allowance for measuring before, during and after those repairs.

The owner of the vehicle may select the repair facility of his/her choice.

To ensure proper and prompt payment for additional damage discovered during the course of repairs, contact Progressive for supplement handling procedures.

Progressive honors the prevailing labor market rate in your area for your property. If you choose a shop that charges in excess of the prevailing labor market rates, you will be responsible for the

difference.

Lifetime guarantee for sheet metal and plastic body parts

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

This guarantee does not cover normal wear and tear or damage caused by improper maintenance, neglect, abuse or subsequent accident. This guarantee is limited to arranging for the selection of repair parts that will return your vehicle to its pre-loss condition. Accordingly, Progressive will not be liable for any indirect, incidental or consequential damages that result from the installation or use of these parts.

Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.

A/M Certified: This refers to a new, certified non-original equipment manufacturer replacement part.

A/M: This refers to a new, non-original equipment manufacturer replacement part.

Recycled: This refers to a used OEM part.

Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.

OE Discount: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

Recovered OE - This refers to parts removed from a new vehicle for various reasons.

Progressive's Lifetime Guarantee does not cover repairs you request the shop to make that are not related to this accident, including but not exclusive to unrelated prior damage and pre-existing damage.

Repair shop's authorized representative's signature indicating agreement on cost to return the vehicle to pre-loss condition including tow/storage charges:

Shop Signature: _____ Est. completion Date: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or file a claim containing a false or deceptive statement is guilty of insurance fraud.

Disclaimer: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Cycle Time Information

Due In 9/23/2021

Estimate Event Log

Job Created	9/24/2021 07:01 AM
Estimate Started	9/24/2021 10:23 AM
Estimate Printed	9/24/2021 11:33 AM
Estimate Committed	9/24/2021 11:33 AM
Estimate Version	0





For Customer Support refer to the appropriate platform below:

Police Records Retrieval
800-934-9698
PoliceRecords.support@lexisnexisrisk.com

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

PAGE COUNT: 8

CLIENT : 107040
DIVISION : CCU017L4
ADJUSTER : A146737
CLAIM : 21-8573501

TRANSACTION # : 1503541062
DATE : 10/12/2021

DATE OF LOSS : 09/22/2021 TIME OF LOSS :
STREET : COUNTY B
CITY : TWO RIVERS
COUNTY : MANITOWOC
STATE : WI

INVESTIGATING AGENCY : MANITOWOC CO SO
REPORT NUMBER : 2021-07551
REPORT TYPE : Auto Accident
PARTY 1 : VANESSA BAUTISTA
PARTY 2 :
PARTY 3 :

CAR : MAKE : YEAR :
TAG :

DRIVER LICENSE :
ADDITIONAL INFO :

POLICY # : 917351056

NOTE :

THANK YOU FOR YOUR ORDER!

43L1368WKC
2021-07551

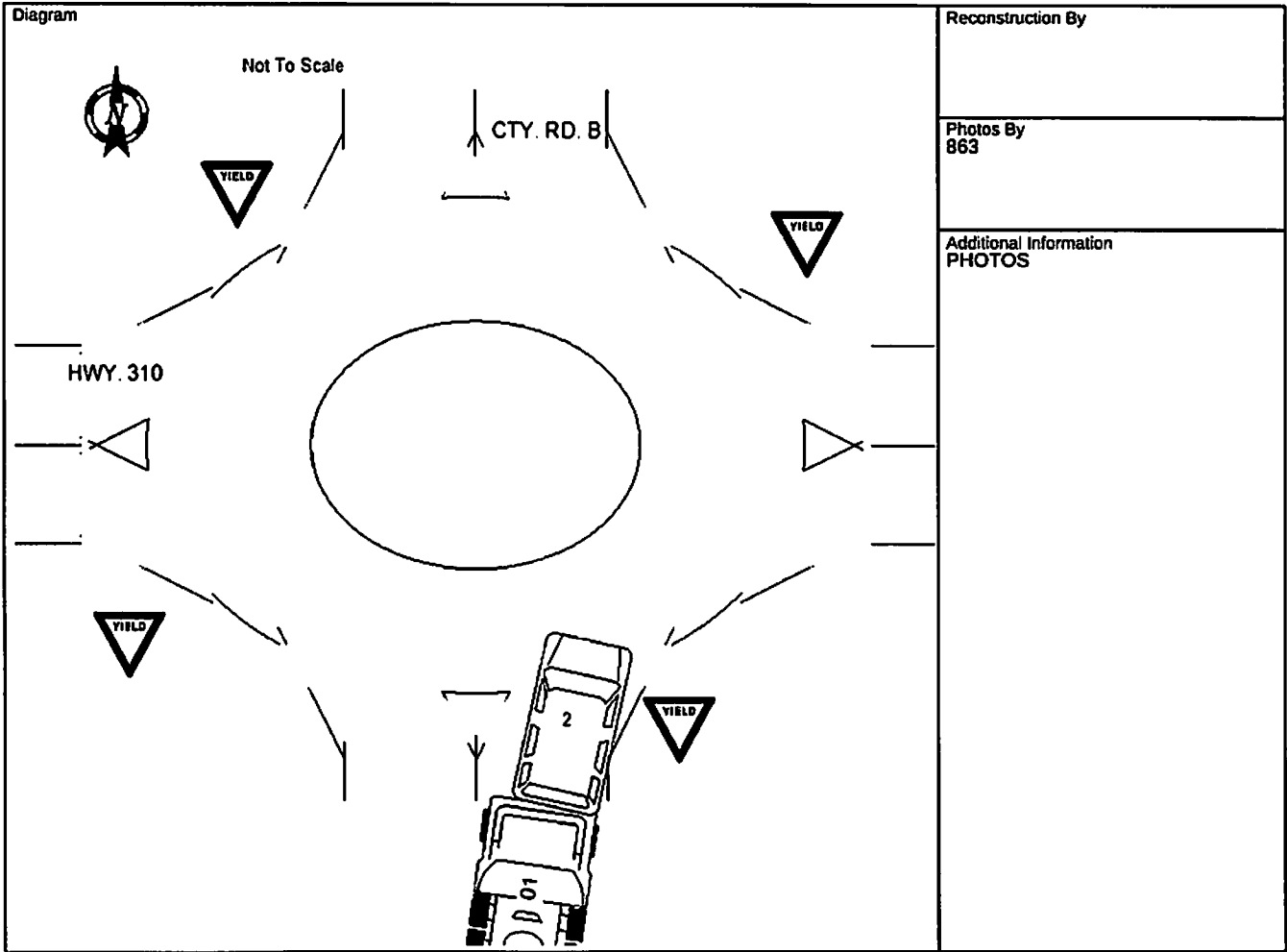
WISCONSIN MOTOR VEHICLE
CRASH REPORT

MANITOWOC CO SHERIFFS OFFICE
1025 SOUTH NINTH STREET
MANITOWOC, WI 54220
(920) 683-4200

43L1368WKC

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy DEPUTY N. STEBER	
Crash Date 09/22/2021		Crash Time 02:29 PM		Date Arrived 09/22/2021		Time Arrived 02:50 PM	
Date Notified 09/22/2021		Time Notified 02:29 PM		Total Units 02		Total Injured 00	Total Killed 00
On Emergency	Hit and Run	Lane Closure	Work Zone	Trailer or Towed		Reporting Threshold	
Government Property		Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		Amended		Secondary Crash	

Description



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

UNIT #2 WAS TRAVELING NB ON CORD B AND BEGAN TO YIELD FOR ONCOMING TRAFFIC AT THE ROUNDABOUT OF CORD B AND STHY 310. UNIT #1 WAS ALSO TRAVELING NB AND APPROACHING THE REAR OF UNIT #2. UNIT #1 LOOKED FOR ON-COMING TRAFFIC AND PROCEEDED FORWARD AT THE SAME TIME UNIT #2 WAS STOPPING FOR ON-COMING TRAFFIC, CAUSING THE EXTERNAL SNOW PLOW MOUNT OF UNIT #1 TO STRIKE THE REAR OF UNIT #2 CAUSING FUNCTIONAL DAMAGE TO UNIT #2.

43L1368WKC
2021-07551

WISCONSIN MOTOR VEHICLE
CRASH REPORT

MANITOWOC CO SHERIFFS OFFICE
1025 SOUTH NINTH STREET
MANITOWOC, WI 54220
(920) 683-4200

Location

ON CTHB NB 93 FT S OF STH310 EB IN THE TOWN OF MANITOWOC IN MANITOWOC COUNTY	Latitude 44.15321661	Longitude -87.660584517
	X Coordinate 447174.65625	Y Coordinate 4889102.5
	Structure Type	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type ROUNDBABOUT	

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification B CLASS		Unit Type TRUCK		
	Vehicle Type TRUCK TRACTOR (NOT ATTACHED)					Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NORTHBOUND	Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control YIELD SIGN		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR						

Vehicle

UNIT 01 VEHICLE	License Plate Number 78238		Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES		
	Vehicle Identification Number 1HTWGAAT1AJ234182		Make INTERNATIONAL	Year 2010	Model WORK STAR		
	Color YEL - YELLOW		Body Style CB - CAB CHASSIS		Bus Use		
	Initial Contact Point 12 - FRONT		Vehicle Damage				
	Extent Of Damage NO DAMAGE		00 - NO DAMAGE				



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WISCONSIN MOTOR VEHICLE
CRASH REPORT

MANITOWOC CO SHERIFFS OFFICE
1025 SOUTH NINTH STREET
MANITOWOC, WI 54220
(920) 683-4200

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing SLOW/STOPPING		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
Driver Actions LOOKED BUT DID NOT SEE				
01 01	Owner Name CITY OF MANITOWOC (920) 686-6990		Owner Address 900 QUAY ST MANITOWOC, WI 54220 , US	
	Sequence Of Events			
01	Event MOTOR VEH IN TRANSPORT			
02	Event			
03	Event			
04	Event			
UNIT	Policy Holder			
	Insurance Company CVMIC		Government CITY OF MANITOWOC	
UNIT INDIVIDUAL	Individual			
	Driver ABRAHAM EDWARD BUTLER (920) 973-3221		Citations Issued 1	Sex MALE
	Address 832 RANDOLPH ST MISHICOT, WI 54228 , US		Date of Birth 01/22/1991	Race WHITE
			Driver License Number B3460059102201 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action		NOT DISTRACTED		

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2021-07551

WISCONSIN MOTOR VEHICLE
CRASH REPORT

MANITOWOC CO SHERIFFS OFFICE
1025 SOUTH NINTH STREET
MANITOWOC, WI 54220
(920) 683-4200

UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other				To/Fram School	
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO		
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
01	UTC Number BG901042		Issue To? 001	Statute Number 346.18(8)(B)	Description FYR SIMILAR/SITUATED VEH YIELD IN ROUNDABOUT	
	Carrier					
01 01 BUS TRUCK	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source DRIVER		
	Name CITY OF MANITOWOC			Address 900 QUAY ST MANITOWOC, WI 54220 . US		
	GVWR MORE THAN 26,000 LB		Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES)		Cargo Body Type DUMP	
	US DOT #		Carrier Type NOT IN COMMERCE/GOVERNMENT		Permitted Load NOT APPLICABLE	
	OS/OW Load	WI Permit Number	Permitted Vehicle On Permitted Route	Escort Vehicle Required By Permit	Escort Vehicle Present	
Measured Height		Measured Length		Measured Width	Measured Weight	

Unit Summary


UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	Pre CrashTire Mark	Speed Limit 50	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT			Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE

43L1368WKC
2021-07551

WISCONSIN MOTOR VEHICLE CRASH REPORT

MANITOWOC CO SHERIFFS OFFICE
1025 SOUTH NINTH STREET
MANITOWOC, WI 54220
(920) 683-4200

Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control YIELD SIGN	Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT	Road Grade LEVEL
Truck Bus or HazMat NO		

UNIT VEHICLE 02 02	Vehicle			
	License Plate Number AJA1551	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 3C4NJDCB8KT728338	Make JEEP	Year 2019	Model COMPASS
	Color GRY - GRAY	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 03 - RIGHT SIDE MIDDLE	Vehicle Damage 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER		
	Extent Of Damage FUNCTIONAL DAMAGE			
	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR		
	What Driver Was Doing SLOW/STOPPING	Vehicle Factors		
	Driver Prior Action Other	NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name VANESSA BAUTISTA (920) 901-6398	Owner Address 2532 43RD ST TWO RIVERS, WI 54241 , US		

UNIT VEHICLE 02 02	Sequence Of Events		
	01	Event MOTOR VEH IN TRANSPORT	
	02	Event	
	03	Event	
04	Event		

UNIT VEHICLE 02 02	Policy Holder	
	Insurance Company PROGRESSIVE-UNIVERSAL-INSURANCE-COMP	Individual VANESSA BAUTISTA

UNIT INDIVIDUAL 02 02	Individual		
	Driver VANESSA BAUTISTA (920) 901-6398	Citations Issued 0	Sex FEMALE
		Date of Birth 05/06/1998	Race HISPANIC
Address 2532 43RD ST TWO RIVERS, WI 54241 , US		Driver License Number B3238609866602 STATE: WISCONSIN COUNTRY: UNITED STATES	

Safety Equipment	On Duty Crash
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2021-07551

WISCONSIN MOTOR VEHICLE
CRASH REPORT

MANITOWOC CO SHERIFFS OFFICE
1025 SOUTH NINTH STREET
MANITOWOC, WI 54220
(920) 683-4200

02 002	01 - FRONT ROW		07 - LEFT	Safety Equipment	
	SHOULDER & LAP BELT				
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury	Injury Severity	Airbag		
		NO APPARENT INJURY	NON DEPLOYED		
	Ejected	Ejection Path	Trapped/Extricated		
	NOT EJECTED	NOT EJECTED/NOT APPLICABLE	NOT TRAPPED		
	Medical Transport		EMS Agency Identifier	EMS Run #	
	NOT TRANSPORTED				
	Hospital		Date of Death	Time of Death	
	Distracted By		Distracted By Source		
			NOT APPLICABLE (NOT DISTRACTED)		
	Distracted By Action				
NOT DISTRACTED					
Non Motorist	Striking Unit #	Location			
Prior Action					
Action					
Action Other				To/From School	
Drug & Alcohol	Suspected Alcohol Use		Suspected Drug Use		
	NO		NO		
Alcohol Test Given	Alcohol Test Type		Alcohol Test Results		
TEST NOT GIVEN					
Drug Test Given	Drug Test Type		Drug Test Results		
TEST NOT GIVEN					
Drug Type					
Individual Condition					
APPEARED NORMAL					
Individual					
Passenger	Citations Issued		Sex		
TERESA BAUTISTA	0		FEMALE		
	Date of Birth		Race		
	05/04/1999		HISPANIC		
Address	Driver License Number				
1450 N 7TH ST # B	B3238009966408				
MANITOWOC, WI 54220 , US	STATE: WISCONSIN COUNTRY: UNITED STATES				
Safety Equipment		On Duty Crash			

WISCONSIN MOTOR VEHICLE
CRASH REPORT

02
003

UNIT
INDIVIDUAL

02
003

Safety Equipment		SHOULDER & LAP BELT	
Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
Injury	Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By	Distracted By Source		
Distracted By Action			
Non Motorist	Striking Unit #	Location	
Prior Action			
Action			
Action Other			To/From School
Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO	
Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type		Alcohol Test Results
Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
Drug Type			
Individual Condition APPEARED NORMAL			

**POLICE REPORT
INFORMATION SECTION**

Name of Officer: _____

Officer #: _____ Report #: _____

Municipality: _____

Citation Issued: [] YES [] NO

If yes, to whom and why?

**Get Your Police Report at
CRASHDOCS.ORG**

Manitowoc County Sheriff's Office

9/22/21
ACCIDENT DATE

2021-07551
POLICE REPORT NUMBER

Reports are available 5-7 business days after incident

Name 2: _____

Address 2: _____

Telephone 2: () _____
[] City Employee [] Other Vehicle

Name 3: _____

Address 3: _____

Telephone 3: () _____
[] City/Employee [] Other Vehicle

IMPORTANT NOTE: A post vehicle accident drug and alcohol test can be administered at the City's discretion based on reasonable suspicion and the Employee Policy Manual or your union contract.

**INSURANCE IDENTIFICATION
Policy Holder INFORMATION**

Insured: City of Manitowoc

Insurance Agency

Cities and Villages Mutual Insurance Company

Allison DeFranze, Liability Claims Manager

PO Box 26648

Wauwatosa, WI 53226-0648

(262) 784-5666

Auto Policy for non-transit vehicles

Policy Number: CAP-15-018 (Auto Damage)

PEL 124 (Auto Liability)

Insurance Company: CVMIC

Effective Date: January 1, 2021

REVIEW PROCESS

Signature of Employee Completing Report:

Alamy Bee Date: 9-22-21

Department Head/Manager Review:

_____ Date: _____

Please forward to cityattorney@manitowoc.org
once completed.

Accident Review Committee Review:

_____ Date: _____

Any recommendations from the Accident Review
Committee will be provided in a separate memo.

Revision Date: March 9, 2021

**CITY OF
MANITOWOC**

**VEHICLE
ACCIDENT
REPORT**

Follow these instructions in the event of an accident with a City vehicle where there is any damage due to a collision with another vehicle, personal injury in a vehicle accident, or where there is a City vehicle which has caused property damage.

- Stop!
- Contact the Police if there are any injuries, vehicle damage, or more than one car involved.
- Get medical help for injured people right away.
- Contact your supervisor or your department head immediately.
- Do not admit fault or liability to anyone.
- Only discuss the accident with City staff, the City's insurance carrier, and the Police.
- Do not sign any statement other than those from law enforcement.
- Get names, addresses, and phone numbers of any witnesses
- Complete this form to the best of your ability within 24 hours and give it to your supervisor.

BACKGROUND INFORMATION SECTION

Employee Name: Abraham Butler
Department: OPI Hire Date: 1-8-18
Work #: (920) 973-3221
City Vehicle License #: 28238 Fleet #: 75

ACCIDENT DESCRIPTION SECTION

Date: 9-20-21 Time: 2:50 [] AM. PM.

Location: (Street, Intersection)

Hwy B & 310 Roundabout

Est Speed 5 MPH Seat Belt Worn: YES [] NO

Weather Conditions: (check all that apply) [] Cloudy
 Bright [] Foggy [] Snow [] Rain [] Sleet

Road Conditions: (check all that apply) Dry [] Wet
[] Snow [] Ice [] Unpaved [] Other

How did the accident happen? Be specific on your description of what you were doing when the accident occurred.

While approaching the roundabout I slowed my speed to check for vehicles coming from the west. The vehicle ahead of me stopped and the plow app. hit the vehicle ahead of me.

ACCIDENT DIAGRAM SECTION

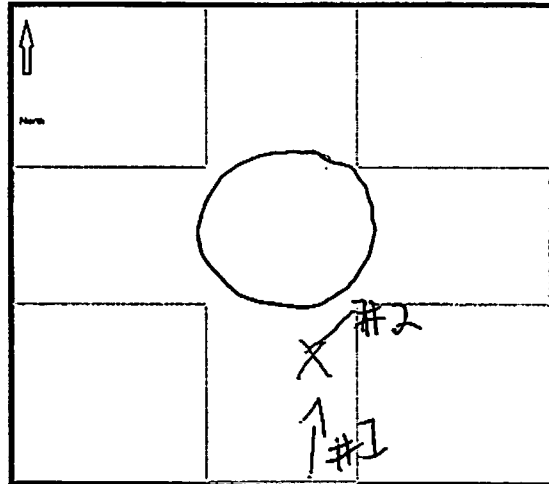
DRAW A SIMPLE PICTURE THAT DEPICTS WHAT HAPPENED IN THE ACCIDENT.

IDENTIFY EACH VEHICLE AND DIRECTION BY USING A NUMBERED ARROW:

City/Village Vehicle #1 #1

Other Vehicle #2 #2

Show each vehicle's position at the moment that the accident happened. TAKE PICTURES OF VEHICLES AND DAMAGED AREAS WHENEVER POSSIBLE.



OTHER VEHICLE DAMAGE SECTION

Driver's Name: _____

Address: _____

Telephone: () _____

Vehicle Make: _____ Model: _____ Year: _____

Driver's License #: _____

Policy #: _____

Insurance Company: _____

Driven By: _____

Address: _____

Telephone: () _____

Description of Damage: _____

OBSERVATIONS OF POSSIBLE INJURIES

No Injuries

Name 1: _____

Address 1: _____

Telephone 1: () _____

[] City/Village Employee [] Other Vehicle

Seat Belt Worn [] YES [] NO

No Injuries

Name 2: _____

Address 2: _____

Telephone 2: () _____

[] City/Village Employee [] Other Vehicle

Seat Belt Worn [] YES [] NO

Was anyone taken to the hospital in an ambulance?

[] YES [] NO