



Winnebago County

Office of the County Clerk

The Wave of the Future

OSHKOSH (920) 236-4890
FOX CITIES (920) 727-2880
FAX (920) 303-3025
E-mail: countyclerk@co.winnebago.wi.us

NOTICE OF CLAIM

Date: May 29, 2018

To: Doug, Linda and Joan

Re: Claim from American Family Insurance representing insured, Daniel C. & Maitrang L. Strong, for damage sustained to their vehicle in an accident with a County plow on April 15, 2018.

This claim will be presented to the County Board at their June 19, 2018 meeting.



6000 American Pkwy | Madison, WI 53783-0001 | 1-800-MY AMFAM (692-6326) | amfam.com

May 22, 2018

69-MCW017
WINNEBAGO COUNTY CLERK / SUE ERTMER
PO BOX 2808
OSHKOSH WI 54903-2808

RE: Our File No.: 00-445-298452-0726
Our Insured: Daniel C & Maitrang L Strong
Date of Loss: April 15, 2018
Amt. Of Loss: 1,968.89

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to an accident that occurred on April 15, 2018, involving a vehicle owned by American Family Insurance Company's insured, Daniel C & Maitrang L Strong, and a County Plow driven by Darwin Newell. The accident occurred at South 76th SB near Buttercup Rd , Clayton WI.

As a result of the negligence of the operator of the County Plow driven by Darwin Newell, the vehicle insured by American Family Mutual Insurance Company, S.I. was damaged in the sum of \$1,968.89.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$1,468.89 and the insured incurred a deductible loss of \$500.00.

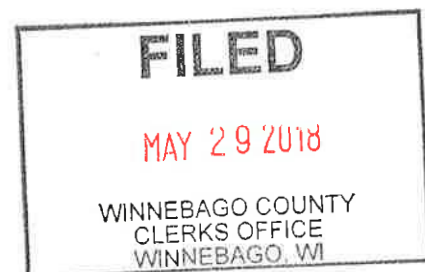
Pursuant to statute, American Family Mutual Insurance Company, S.I. is presenting its claim for payment in the amount of \$1,968.89.

Respectfully,

Michele Weber Rounds

Michele C Weber-Rounds
Subrogation Senior Adjuster
American Family Mutual Insurance Company, S.I.
1-800-MYAMFAM (1-800-692-6326) X 45164
mweberro@amfam.com
Fax: 866-364-0982
www.amfam.com/claims

Enc:





Attached: 04/19/18 09:14am



Attached: 04/19/18 09:14am



Attached: 04/19/18 09:14am



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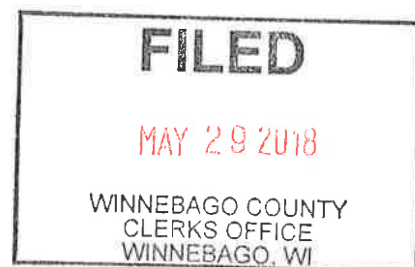
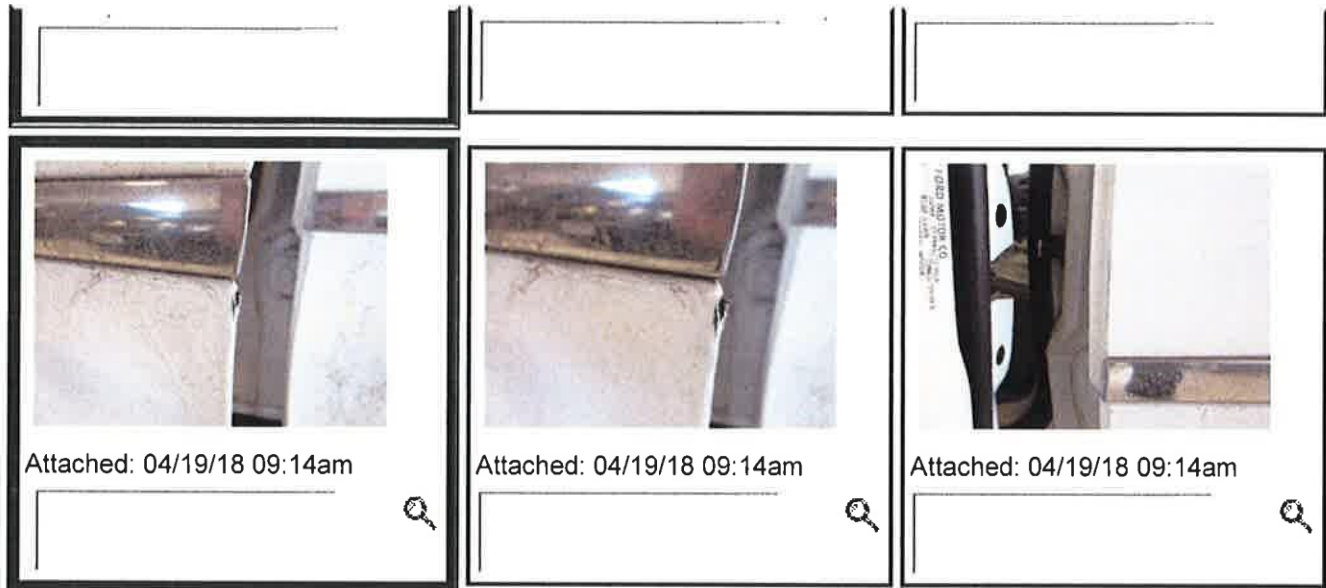
Attached: 04/19/18 09:14am

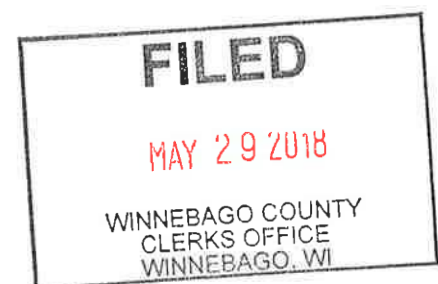


Attached: 04/19/18 09:14am

MAY 29 2018

WINNEBAGO COUNTY
CLERKS OFFICE







FILED

MAY 29 2018

WINNEBAGO COUNTY
CLERKS OFFICE
WINNEBAGO, WI

BERGSTROM NEENAH BODYSHOP
150 N. GREEN BAY ROAD
P.O. BOX 777
NEENAH, WI 54956-0777
OFFICE: 920-729-4020 FAX: 920-729-4014

FILED

MAY 29 2018

WINNEBAGO COUNTY
CLERKS OFFICE
WINNEBAGO, WI

*** FINAL BILL ***

S1 04/19/2018 09:13 AM
04/25/2018 11:03 AM

Owner

Owner: DANIEL C & MAITRA STRONG
Address: 3093 SAFFRON LN
City State Zip: NEENAH, WI 54956-9029
Email: LUCIASTRONG@HOTMAIL.COM

(920)378-0047
FAX:

Control Information

Claim #: 00445298452-0C
Loss Date/Time: 04/15/2018 07:00 AM
Deductible: \$500.00

Insured Policy #: 1017389006
Loss Type: Collision

Ins. Company: American Family Mutual Insurance Company, S.I.

Insured: DANIEL C & MAITRA STRONG
Address:

(920)378-0047

Inspection

Inspection Date: 04/19/2018 09:09 AM
Inspection Location: residence
Address: 3093 SAFFRON LN
City State Zip: NEENAH, WI 54956-9029
Primary Impact: Left Side
Driveable: Yes

Inspection Type: Direct Repair Program
Contact:

Secondary Impact:
Rental Assisted: Yes

Assigned Date/Time:
First Contact Date/Time:

Received Date/Time: 04/19/2018 08:38 AM
Appointment Date/Time: 04/19/2018 07:00 AM

Appraiser Name: JACK FIELDS
Email: JFIELDS@BERGSTROMAUTO.COM

Appraiser License #:

Orig Appraiser Name: JACK FIELDS
Address: 151 N Green Bay Rd
City State Zip: Neenah, WI 54956
Email: JPREISSNER@BERGSTROMAUTO.COM

Appraiser License #:
Work/Day: (920)729-4020
FAX: (920)729-4014

Repairer

Repairer: Bergstrom Neenah Body Shop
Address: 151 N Green Bay Rd
City State Zip: Neenah, WI 54956

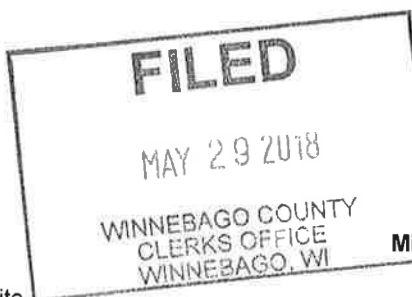
Contact:
Work/Day: (920)729-4020
Work/Day:

Repair Start Date/Time: 05/01/2018 10:28 AM
Repair Complete Date/Time: 05/10/2018 10:28 AM
Target Complete Date/Time: 05/04/2018 10:28 AM

Vehicle Drop Off Date/Time: 05/01/2018 10:28 AM
Vehicle Pick Up Date/Time: 05/10/2018 10:28 AM
Days To Repair: 3

Vehicle

2010 Lincoln Town Car Signature Ltd. 4 DR Sedan
8cyl gas 4.6 liter flex
4 Speed Automatic



Lic.Plates: 595SPX
Lic Expire:
Prod Date:
Veh Insp# :
Condition:
Ext. Color: Performance White
Ext. Refinish: Two-Stage
Ext. Paint Code: PNZGC

Lic State: WI
VIN: 2LNBL8CV8AX624665
Mileage: 158,471
Mileage Type: Actual
Code: Q5203C
Int. Color:
Int. Refinish:
Int. Trim Code:

Options - AudaVIN Information Received

AM/FM In-dash CD Changer	Air Conditioning	Aluminum/Alloy Wheels
Amplifier	Analog Clock	Anti-Lock Brakes
Auto Dimming Ext Mirrors	Auto Headlamp Control	Auto Load Leveling
Automatic Dimming Mirror	Bodyside Moldings	Cargo/Trunk Net
Center Console	Chrome Grille	Compact Spare Tire
Cruise Control	Digital Signal Processor	Driver Seat Memory
Dual Airbags	Dual Power Seats	Dual Pwr Lumbar Supports
Dual Zone Auto A/C	Floor Mats	Garage Door Opener
Halogen Headlights	Head Airbags	Heated Front Seats
Heated Power Mirrors	Illuminated Visor Mirror	Intermittent Wipers
Keyless Entry Keypad	Keyless Entry System	Leather Seats
Leather/Wood Steer Wheel	Lighted Entry System	Memory Pedals
Mirror(s) Memory	Overhead Console	Perimeter Alarm System
Power Adjustable Pedals	Power Brakes	Power Decklid Pull-Down
Power Door Locks	Power Steering	Power Windows
Pwr Accessory Outlet(s)	Rear Bench Seat	Rear Window Defroster
Rem Trunk-L/Gate Release	Reverse Sensing System	Side Airbags
Split Front Bench Seat	Strg Wheel Radio Control	Tachometer
Theft Deterrent System	Tilt Steering Wheel	Tinted Glass
Tire Pressure Monitor	Traction Control System	Trip Computer
Wood Interior Trim		

AudaVIN options are listed in bold-italic fonts

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
Stripes And Mouldings										
1	E	244		Mldg,Front Door Side LT	6W1Z5420879APTM	\$294.25		S1	0.4	SM
				>> COULD NOT GET RETAINERS FOR MLG WITH OUT BUYNG MLG						
2	I	244		Mldg,Front Door Side LT	Repair				0.5*	SM
3	L	244		Mldg,Front Door Side LT	Refinish				1.2	RF
					1.0 Surface					
					0.2 Two-stage					
4	RI	244		Mldg,Front Door Side LT	R & I Assembly			S1	INC	SM
5	BR	323		Mldg,Rear Door Side LT	Blend Refinish				0.5	RF
					0.3 Blend					
					0.2 Two-stage					
6	RI	323		Mldg,Rear Door Side LT	R & I Assembly				0.4	SM
Front Doors										
7	I	207		Door Shell,Front LT	Repair				4.0*	SM
8	L	207	#	Door Shell,Front LT	Refinish				3.1*	RF
					2.0 Surface					

0.6 Two-stage setup
0.5 Two-stage

# = 10, 13							
9 RI	254	Mldg,Front Door Scalp L/F	R & I Assembly			0.3	SM
10 EU	229	Mirror,Outer R/C LT	RECYCLED PART	\$215.00	+25.00	S1	0.3 SM
		>> LKQ Smart Parts 800-349-5850 option 2					
		>> N4079 Highway E					
		>> Hustisford WI 53034					
		>> Quote# 111524373491971, Stock# 173040150, Sales					
11 L	229	Mirror,Outer R/C LT	Refinish			S1	0.6 RF
		0.5 Surface					
		0.1 Two-stage					
12 RI	229	Mirror,Outer R/C LT	R & I Assembly			S1	INC SM
13 RI	266	Pad,Keyless Entry LT	R & I Assembly				0.2 SM
14 EU	227	Handle,Front Door Otr LT	RECYCLED PART	\$25.00	+25.00		0.6 SM
		>> Jahnke Auto Parts 920-739-3181					
		>> 1047 Valley Rd					
		>> Menasha WI 54952					
		>> Quote# 121523789024786, Stock# 17057, Ron					

Rear Doors

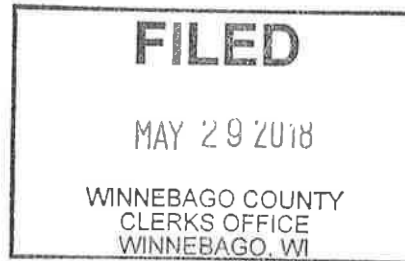
15 I	287	Door Shell,Rear LT	Repair			2.0*	SM
16 L	287	10 Door Shell,Rear LT	Refinish			2.0*	RF
		1.6 Surface					
		0.4 Two-stage					
17 RI	333	Mldg,Rear Door Scalp L/R	R & I Assembly			0.3	SM
18 RI	305	Handle,Rr Door Outer LT	R & I Assembly			0.5	SM

Manual Entries

19 SB	M14	Corrosion Protection	Sublet Repair	\$8.00*			RF
20 SB	M60	Hazardous Waste Removal	Sublet Repair	\$3.00*			SM
21 EC		NUT FOR HANDLE	Replace Economy	\$8.48*		S1	SM*
21 Items							

MC Message

10	INCLUDES AUDATEX TIME TO CLEAR ENTIRE PANEL
13	INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE



Estimate Total & Entries

Gross Parts	\$294.25	
Other Parts	\$248.48	
Paint & Materials	7.4 Hours @ \$38.00	\$281.20
Line Item Markup		\$60.00
Parts & Material Total		\$883.93
Tax on Parts & Material	@ 5.000%	\$44.20

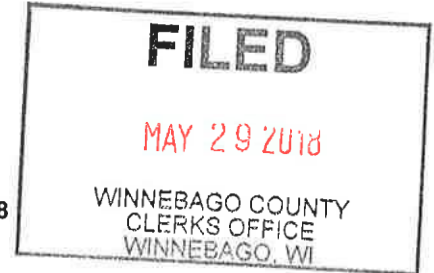
Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$58.00	3.0	6.5	9.5	\$551.00
Mech/Elec (ME)	\$58.00				
Frame (FR)	\$58.00				
Refinish (RF)	\$58.00	7.4		7.4	\$429.20

Labor Total		16.9 Hours	\$980.20
Tax on Labor	@ 5.000%	\$49.01	
Sublet Repairs		\$11.00	
Tax on Sublet	@ 5.000%	\$0.55	
Gross Total			\$1,968.89
Less: Deductible			\$500.00-

Net Total		\$1,468.89
Actual Supplement Total	\$564.39	
Less: Previous Net Total		\$904.50-
Net Supplement Total (Final Bill)		\$564.39

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 54956 Amfam CAPA
Recycled Parts Y/1/0 Zip Code: 54956
Rate Name Default

Audatex Estimating 8.0.554 S1 05/15/2018 10:37 AM REL 8.0.554 DT 04/01/2018 DB 05/08/2018
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2.0 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

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.

Op Codes

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



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ICS: Financial Summary & Transactions

Prepared By: Michele C Weber-Rounds

Date Prepared: 05/22/2018 10:15 AM CDT

Claim: 00-445-298452 / STRONG, DANIEL C & MAITRANG L DOL: 04/15/2018 Policy: 10173890-06 CAT:

Financial Summary & Transactions

Loss Paid-to-Date: \$1,468.89 Deductible(s) Applied-to-Date: \$500.00 Expense Paid-to-Date: \$0.00

Filtered by: No filter applied All items displayed

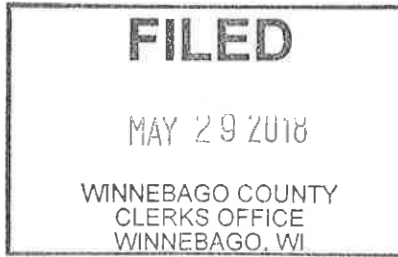
Loss Payments:	\$1,468.89	Loss Credits:	\$0.00	Expense Payments:	\$0.00	Expense Credits:	\$0.00
Claim:	\$1,468.89	Claim:	\$0.00	Legal:	\$0.00	Legal:	\$0.00
Salvage:	\$0.00	Salvage:	\$0.00	Medical:	\$0.00	Medical:	\$0.00
Subrogation:	\$0.00	Subrogation:	\$0.00	Other:	\$0.00	Other:	\$0.00

Display By: Chronological Order

Displaying 1 item(s) Sorted By: Descending Trans Date

Trans Date	Trans #	Transaction	Pay To / Payor	Party - Peril	Amount	Status
05/17/2018	0102139325	Payment - Loss - Claim	BERGSTROM GM	STRONG, DANIEL C & MAITRANG L Collision - Auto (025): \$1,468.89 <input checked="" type="checkbox"/>	\$1,468.89	Issued

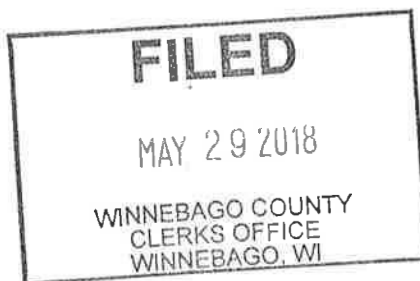
Trans Message: A LOSS OCCURRING ON 04/15/2018 \$500 DEDUCTIBLE APPLIED





Account No. 06525G

Attention : Larry Long



AFMC-WI

EM

AMERICAN FAMILY INSURANCE

Customer Service:

Metro Reporting Customer Support 1-800-245-6686 or help@metroreporting.com

Metropolitan Reporting Bureau
BOX 926, William Penn Annex
Philadelphia, PA 19105-0926
FAX (800) 343-9047

Type of Report: AUTO ACCIDENT

INSURED : MAITRANG STRONG
CLAIM NUMBER: 00-445-298452
POLICY NUM. : 10173890-06
DATE OF LOSS: 04/15/18
LOSS STREET : HWY 76 AND BUTTERCUP
LOSS CITY : NEENAH WI
POLICE DEPT.: WINNEBAGO COUNTY SHERIFF
REPORT NUM. : 18-001202
INS. DRIVER : Strong Maitrang
OTHER DRIVER:
PCT./DIST. :
DESC.OF OTHER: SNOW PLOW SIDESWIPE PARKED INSURED VEH.

THANK YOU FOR THE ORDER!

Any questions or problems please feel free to contact us.

PH. (800) 245-6686 or Help@metroreporting.com



5038298997

2PL0RV1GGH
18-001202

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT
4311 JACKSON STREET
OSHKOSH, WI 54903
(920) 236-7300

2PL0RV1GGH

Document Number Override		Primary Crash Document #		Agency Crash Number 18-001202		Investigating Officer/Deputy OFFICER KYLE SCHOONOVER	
Crash Date 04/15/2018		Crash Time 05:03 PM		Date Arrived 04/16/2018		Time Arrived 06:00 PM	
Date Notified 04/15/2018		Time Notified 05:03 PM		Total Units 02		Total Injured 00	Total Killed 00
<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 NO		Tags		
<input type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 20px auto; width: 200px;"><p>FILED</p><p>MAY 29 2018</p><p>WINNEBAGO COUNTY CLERKS OFFICE WINNEBAGO, WI</p></div>	Reconstruction By
	Photos By
	Additional Information NONE

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

IT WAS SNOWING AT TIME OF CRASH. ROADS WERE SNOW COVERED AND SLIPPERY AND SNOW WAS BLOWING, REDUCING VISIBILITY. UNIT 2 HAD BEEN STUCK AND HAD JUST GOT PUSHED OUT AND WAS PULLED OVER ON SIDE OF ROAD, PARKED. UNIT 1 WAS COUNTY PLOW TRUCK. DRIVER OF UNIT 1 SAID HE WAS PLOWING AND SALTING AND SAW 2 VEHICLES PULLED OVER. HE SAID HE WENT AROUND THE TWO VEHICLES AND DID NOT SEE UNIT 2 AS IT WAS WHITE. THE WING PLOW BLADE OF UNIT 1 STRUCK THE DRIVERS DOOR OF UNIT 2. NO INJURIES REPORTED. NO OTHER VEHICLES INVOLVED.

2PL0RV1GGH
18-001202

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT
4311 JACKSON STREET
OSHKOSH, WI 54903
(920) 236-7300

Location

ON STH76 SB 329 FT N OF BUTTERCUP RD IN THE TOWN OF CLAYTON IN WINNEBAGO COUNTY	Latitude 44.188087077	Longitude -88.544018547
	X Coordinate 376800.9375	Y Coordinate 4893920.5
	Structure Type	

Crash Scene

First Harmful Event PARKED MOTOR VEHICLE	First Harmful Event Location ON ROADWAY
Manner of Collision 05--SIDESWIPE/SAME DIRECTION	Light Condition DAYLIGHT
Road Surface Condition(s) SNOW, SLUSH, ICE	Roadway Factor(s) ROAD SURFACE CONDITION (WET/ICY SNOW, SLUSH, ETC)
Environment Factor(s) WEATHER CONDITIONS	Relation To Trafficway TRAFFICWAY - ON ROAD
Weather Condition(s) SNOW, BLOWING SNOW	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION
Animal Type	Access Control NO CONTROL
Crash Classification - Location PUBLIC PROPERTY	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION
Intersection Type NOT AN INTERSECTION	

FILED

MAY 29 2018

WINNEBAGO COUNTY
CLERKS OFFICE
WINNEBAGO, WI

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification B CLASS	Unit Type TRUCK	
	Vehicle Type SNOW PLOW	Operating As Endorsements		
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	Total Trailers 0	
	Most Harmful Event: Collision With PARKED MOTOR VEHICLE		Total HazMat Types 0	
	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL	
	Surface Type BLACKTOP (BITUMINOUS)		Traffic Control Inoperative/Missing NO	
	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR			
UNIT VEHICLE 01	Vehicle			
	License Plate Number 77419	Plate Type MUN - MUNICIPAL	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 1HTWXAH1AJ181893	Make INTERMECCANICA	Year 2010	Model DUMP
	Color ONG - ORANGE	Body Style DP - DUMP TRUCK	Bus Use NOT A BUS	
	Initial Contact Point 2--RIGHT SIDE FRONT	Vehicle Damage		
	Extent Of Damage NO DAMAGE	NO DAMAGE		

2PL0RV1GGH
18-001202

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT
4311 JACKSON STREET
OSHKOSH, WI 54903
(920) 236-7300

UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions IMPROPER OVERTAKING / PASSING LEFT		
01 01	Driver Distractions UNKNOWN IF DISTRACTED		
	Owner Name WINNEBAGO COUNTY HIGHWAY DEPT		
	Owner Address 901 W COUNTY Y OSHKOSH, WI 54901 , US		
	Sequence Of Events		
01 02 03 04	Event PARKED MOTOR VEHICLE		
	Event		
	Event		
	Event		
UNIT INDIVIDUAL	Policy Holder		
	Insurance Company COUNTRY-MUTUAL-INSURANCE-CO	Government WINNEBAGO COUNTY HIGHWAY DEPT	
	Individual		
	Driver DARWIN R NEWELL (920) 420-5203	Citations Issued 0	Sex MALE
01 001	Date of Birth 06/25/1955		Race WHITE
	Address 8012 BANVILLE RD OSHKOSH, WI 54904 , US		Driver License Number N4001765522506 STATE: WISCONSIN COUNTRY: UNITED STATES
	Equipment On Duty Crash WINTER-HWY-MAINTENANC	Safety Equipment SHOULDER & LAP BELT	
	Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY	Helmet Use Helmet Compliance	
01 001	Eye Protection	Tint Compliance	
	Injury NO APPARENT INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABL	Trapped/Extricated NOT TRAPPED

FILED

MAY 29 2018

WINNEBAGO COUNTY
CLERKS OFFICE
WINNEBAGO, WI

2PL0RV1GGH
18-001202

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT
4311 JACKSON STREET
OSHKOSH, WI 54903
(920) 236-7300

UNIT 01 INDIVIDUAL	Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #		
	Hospital		Date of Death		Time of Death		
	Non Motorist		Striking Unit #	Prior Action	Location	To/From School	
	Action					FILED MAY 29 2018 WINNEBAGO COUNTY CLERKS OFFICE WINNEBAGO, WI	
	Action Other						
	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						
Carrier							
<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier		Source DRIVER					
Name WINNEBAGO COUNTY HIGHWAY DEPT		Address 901 W COUNTY Y OSHKOSH, WI 54901 , 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			
<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	<input type="checkbox"/> Escort Vehicle Present		
Measured Height		Measured Length	Measured Width	Measured Weight			

Unit Summary

UNIT 02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR		Operating As Endorsements			
	Total Occs 1	Train/Bus # Injured	Total # Citations Issued 0	Total Trauma 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 66	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 NO CONTROL		Traffic Control Inoperative/Missing NO	

2PL0RV1GGH
18-001202

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT
4311 JACKSON STREET
OSHKOSH, WI 54903
(920) 236-7300

Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
Truck Bus or HazMat NO						
UNIT 02 VEHICLE	Vehicle					
	License Plate Number 595SPX		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 2LNBL8CV8AX624665		Make LINCOLN	Year 2010	Model TOWN CAR S	
	Color WHI - WHITE		Body Style 4D - 4DR		Bus Use NOT A BUS	
	Initial Contact Point 9--LEFT SIDE MIDDLE		Vehicle Damage 9--LEFT SIDE MIDDLE		FILED MAY 29 2018 WINNEBAGO COUNTY CLERKS OFFICE WINNEBAGO, WI	
	Extent Of Damage MINOR DAMAGE					
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing LEGALLY PARKED		Vehicle Factors NOT APPLICABLE			
	Driver Prior Action Other					
	UNIT 02 VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
Driver Distractions UNKNOWN IF DISTRACTED						
UNIT 02 VEHICLE	Owner Name MAITRANG L STRONG (920) 378-0047		Owner Address 3093 SAFFRON LN NEENAH, WI 54956 , US			
	Sequence Of Events					
UNIT 01 EVENT	Event MOTOR VEH IN TRANSPORT					
	Event					
	Event					
	Event					
UNIT 04 POLICY HOLDER	Policy Holder					
	Insurance Company AMERICAN-FAMILY-INS-CO		Individual MAITRANG STRONG			
UNIT 04 INDIVIDUAL	Individual					
	Occupant Of Motor Vehicle Not In Transport MAITRANG L STRONG (920) 378-0047		Citations Issued 0		Sex FEMALE	
			Date of Birth 05/16/1960		Race ASIAN	

2PL0RV1GGH
18-001202

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WINNEBAGO COUNTY SHERIFFS DEPT
4311 JACKSON STREET
OSHKOSH, WI 54903
(920) 236-7300

UN 02 002	INDIV 002	Address 3093 SAFFRON LN NEENAH, WI 54956 , US		Driver License Number S3655526067503 STATE: WISCONSIN COUNTRY: UNITED STATES							
		Equipment On Duty Crash		Safety Equipment							
		Seat Position 1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY)		NONE USED - VEHICLE OCCUPANT							
		Helmet Use		Helmet Compliance							
		Eye Protection		Tint Compliance							
		Injury Injury Severity NO APPARENT INJURY		Airbag UNKNOWN							
		Ejected UNKNOWN		Ejection Path UNKNOWN		Trapped/Extricated UNKNOWN					
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #					
		Hospital		Date of Death		Time of Death					
		Non Motorist		Striking Unit #		Prior Action		Location		To/From School	
Action											
Action Other											
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											

FILED

MAY 29 2018

WINNEBAGO COUNTY
CLERKS OFFICE
WINNEBAGO, WI



Scanning Center | 6000 American Pkwy | Madison WI 53783-0001 | 1-800-MY AMFAM (692-6326) | amfam.com

May 17, 2018

44-LGL003
WINNEBAGO COUNTY CLERK / SUE ERTMER
PO BOX 2808
OSHKOSH WI 54903-2808

RE: Claim Number: 00-445-298452-0620
Our Insured Name: Daniel C & Maitrang L Strong
Date of Loss: April 15, 2018
Our Company Name: American Family Mutual Insurance Company, S.I.

Dear Winnebago County Clerk / Sue Ertmer:

We have received notice of the above claim from our insured. Our preliminary investigation indicates you or a permissive use driver, were the cause of our insured's damages.

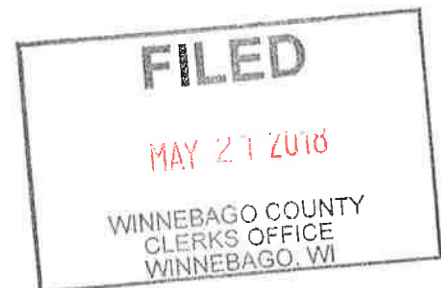
We anticipate making payment(s) to our insured. Once payment is made, our Subrogation Department will send supporting documentation to you or your insurance company to reimburse our claim payment(s) and our insured's deductible, if applicable. If you have a liability insurance policy, please complete the enclosed form and return it to us, marked "Attn: Subrogation Dept". We can then handle this matter directly with your insurance company.

If you have any questions, please contact me at the number below.

Sincerely,

Larry G Long
Casualty Claim Adjuster
American Family Mutual Insurance Company, S.I.
1-800-MYAMFAM (1-800-692-6326) X 45345
llon2@amfam.com
Fax: 866-847-7975
www.amfam.com/claims

Enc: INSURANCE INFORMATION FORM



INSURANCE INFORMATION FORM

American Family Insurance Group
ATTN: SUBROGATION DEPT.
6000 American Pkwy
Madison, WI 53783

Date of Loss: April 15, 2018

American Family Claim Number: 00-445-298452-0620

American Family Insured's Name: Daniel C & Maitrang L Strong

My Name: _____

Name of My Insurance Company: _____

Address: _____

Phone
Number: _____

My Policy
Number is: _____

Insured's
Name on
my Policy: _____

My Agent's
Name: _____

Address: _____

Phone
Number: _____

I have reported this loss to my insurance company. Yes ☐ No ☐

Check Here ☐ if you do not have a liability insurance policy.

Signed _____ Date _____

