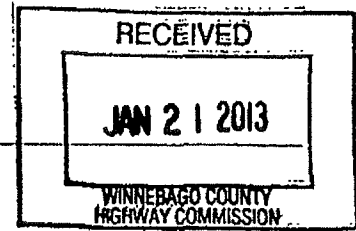
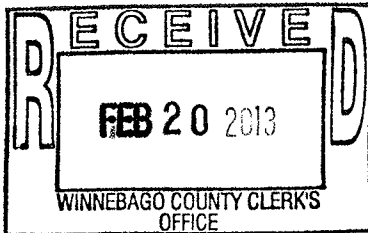


* the last 2 pages of this
packet has a \$1662.59
charge for a rental veh.
that Mr. Doyle needed while
his auto was being fixed.
That amount is separate
from our subrogation & needs
to be reimburse to Mr.
Doyle directly. Thank U.



January 18, 2013

WINNEBAGO COUNTY HWY DEPARTMENT
PO BOX 2808
OSHKOSH WI 54903



Your Claim No.: Unknown
Your Insured: Winnebago County Hwy Dpt
Our Claim No.: NC2288
Our Insured: Daniel Doyle
Date of Loss: 12/21/12
Type of Loss: Vehicle struck by snowplow
Location: Sth 21, Omro, WI
Amount of Payment: 4,400.28
Deductible (if applicable): 500
Total: 4,900.28
Salvage Pending: ☐ Y or ☒ N

Dear Sir or Madam:

Because of our payment of the above claim, we are looking to you for reimbursement. Our documentation in substantiation of this claim is enclosed.

Please mail the drafts to the address listed below:

ACUITY
Claims Department
PO Box 58
Sheboygan, WI 53082-0058

Your prompt consideration will be appreciated. Please be sure to include the above claim number on the payments.

Sincerely,

Trisha Propson
Field Claims Representative

Enclosure(s)

Accident Report**General Information**

Reportable Accident Yes	On Emergency	Amended	DOT Document Number CJ2DMG7	Document Override Number
-----------------------------------	---------------------	----------------	---------------------------------------	---------------------------------

Agency Accident Number 12-4883	Police Number 12-4883
--	---------------------------------

4 - Accident Date 12/21/2012	5 - Time of Accident (Military Time) 0443	6 - Total Units 02	7 - Total Injured 00	8 - Total Killed 00
--	---	------------------------------	--------------------------------	-------------------------------

2 - County WINNEBAGO - 70	3 - Municipality OMRO - 08, Town	11 - Accident Location Non-Intersection
-------------------------------------	--	---

14 - On Hwy No. 021	14 - On Street Name	14 - Bus/Frnt/Rmp	15 - Est. Dist Ft/Mi 0.20	15 - Hwy. Dir Miles EAST
-------------------------------	----------------------------	--------------------------	-------------------------------------	------------------------------------

16 - Fr/At Hwy No.	16 - From/At Street Name BRODRICK RD	16 - Business/Frontage/Ramp
---------------------------	--	------------------------------------

17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude
----------------------------	------------------------------	----------------------	-----------------------

80 - First Harmful Event
Motor Vehicle In Transport

93 - Manner of Collision
Sideswipe. Opposite Direction

112 - Access Control No Control	113 - Road Curvature Straight	113 - Road Terrain Level/Flat	Surface Type Blacktop (Bituminous) - 2
---	---	---	--

115 - Traffic Way
Not-Physically-Divided-(2-Way Traffic)

117 - Relation To Roadway
On-Roadway

114 - Light Condition
Dark-Not-Lighted

116 - Road Surface Condition
Snow/Slush

118 - Weather
Blowing-Sand-Soil-Dirt-Snow

9 Hit and Run	9 Government Property	9 Fire	9 Photos Taken	9 Trailer or Towed
----------------------	------------------------------	---------------	-----------------------	---------------------------

9 Truck, Bus, or Hazardous Materials Yes	9 Load Spillage	9 Construction Zone	9 Names Exchanged
--	------------------------	----------------------------	--------------------------

101 Supplemental Reports**102 Witness Statements****103 Measurements Taken****79 - EMS Number****Operator/Pedestrian 1****Unit Status****81 - Most harmful Event: Collision With Motor Vehicle In Transport****23 - Dir Of Travel**
EAST**24 - Speed Limit**
55**36 - Operating as Classified**
D Class**37 - Endorsements****35 Operating Commercial motor Vehicle****29 - Drivers License Number****30 - State**
WI**31 - Expiration Year**
2013**34 - On Duty Accident****25 - Operator/Pedestrian Last Name**
DOYLE JR**25 - First Name**
DANIEL**25 - Middle Initial**
J**25 - Suffix****32 - Date Of Birth****33 - Sex**
Male**26 - Address Street & Number**
W7029 OAKWOOD DR**26 - PO Box****27 - City**
WAUTOMA**27 - State**
WI**27 - Zip Code**
54982**28 - Telephone Number**
4148398496**39 - Seat Position**
Front-Seat-Left-Side-(MC/Bike Driver, Train Conductor)**40 - Safety Equipment****38 - Injury Severity**
N - No Apparent Injury**41 - Airbag**
Non-Deployed**42 - Ejected**
Not-Ejected**44 Medical Transport****43 - Trapped/Extricated**
Not-Trapped**92 - Pedestrian Location****92 - Pedestrian Action****119 - What Driver Was Doing**
Going-Straight**120 - Traffic Control**
No-Control**62 - No. of Citations Issued****64 - 1st Statute No.****64 - 2nd Statute No.****64 - 3rd Statute No.****64 - 4th Statute No.****64 - 5th Statute No.****122 - Driver Factors**
Not-Applicable**88 - Driver or Pedestrian Cond**
Appeared Normal**89 - Substance Presence**
Unknown

90 - Alcohol Test
Test Not Given

90 - Alcohol Content

91 - Drug Test
Test-Not-Given

91 - Drugs reported

124 - Highway Factors
Snow,-Ice,-or-Wet

Vehicle 1

21 - Unit Type
Automobile

Vehicle Type
Passenger-Car

22 - Total Occupants
01

56 - License Plate Number
727PBX

57 - Plate Type
AUT

58 - State
WI

59 - Exp Year
2013

55 - Vehicle Identification Number
1FMCU94163KD39133

50 - Year
2003

51 - Make
FORD

52 - Model
ESCAPE LIM

53 - Body Style
UT

54 - Color
BLK

100 - Skidmarks to Impact (Ft)

94 - Vehicle Damage

95 - Extent Of Damage

96 Vehicle Towed Due To Damage
Yes

97 - Vehicle Removed By
EXPERT

123 - Vehicle Factors
Not-Applicable

Vehicle Owner 1

45 Vehicle Owner Same As Operator
Yes

46 - Vehicle Owner Last Name
DOYLE JR

46 - First Name
DANIEL

46 - Middle Initial
J

46 - Suffix

Date Of Birth

46 - Company Name

47 - Address Street & Number
W7029 OAKWOOD DR

47 - PO Box

48 - City

48 - State

48 - Zip Code

49 - Telephone Number

WAUTOMA

WI

54982

4148398496

Insurance 1

63 - Liability Insurance Company
ACUTY, A MUTUAL INSURANCE CO

60 Policy Holder Same As Owner
Yes

61 - Policy Holder Last Name
DOYLE JR

61 - Policy Holder First Name
DANIEL

61 - Policy Holder Company

School Bus 1

Bus Traveling to/from **School Name** **Body Make** **Seating Capacity**

School District Contracted With

Operator/Pedestrian 2

Unit Status

81 - Most harmful Event: Collision With
Motor Vehicle In Transport

23 - Dir Of Travel
WEST

24 - Speed Limit
55

36 - Operating as Classified
D Class

37 - Endorsements

35 Operating Commercial motor Vehicle

29 - Drivers License Number

30 - State
WI

31 - Expiration Year
2014

34 - On Duty Accident

25 - Operator/Pedestrian Last Name
ROMBERG

25 - First Name
CHARLES

25 - Middle Initial
E

25 - Suffix

32 - Date Of Birth

33 - Sex
Male

26 - Address Street & Number
4879 W. BREEZEWOOD LN

26 - PO Box

27 - City
OSHKOSH

27 - State
WI

27 - Zip Code
54904

28 - Telephone Number
9208362260

39 - Seat Position
Front-Seat-Left-Side-(MC/Bike Driver, Train Conductor)

40 - Safety Equipment

38 - Injury Severity
N - No Apparent Injury

41 - Airbag
Non-Deployed

42 - Ejected
Not-Ejected

44 Medical Transport

43 - Trapped/Extricated
Not-Trapped

92 - Pedestrian Location

92 - Pedestrian Action

119 - What Driver Was Doing
Going-Straight

120 - Traffic Control
No-Control

62 - No. of Citations Issued

64 - 1st Statute No.

64 - 2nd Statute No.

64 - 3rd Statute No.

64 - 4th Statute No.

64 - 5th Statute No.

122 - Driver Factors
~~Failure-to-Have-Control~~

88 - Driver or Pedestrian Cond
Appeared Normal

89 - Substance Presence
Unknown

90 - Alcohol Test
Test Not Given

90 - Alcohol Content

91 - Drug Test
Test-Not-Given

91 - Drugs reported

124 - Highway Factors
Snow,-Ice,-or-Wet

Vehicle 2

21 - Unit Type
Truck

Vehicle Type
Snow-Plow

22 - Total Occupants
01

56 - License Plate Number
69765

57 - Plate Type
LTK

58 - State
WI

59 - Exp Year

55 - Vehicle Identification Number
1HTWXAHT36J348066

50 - Year
2006

51 - Make
INTL

52 - Model
7600

53 - Body Style
CB

54 - Color
ONG

100 - Skidmarks to Impact (Ft)

94 - Vehicle Damage

95 - Extent Of Damage

96 Vehicle Towed Due To Damage

97 - Vehicle Removed By OPERATOR

123 - Vehicle Factors

Not-Applicable

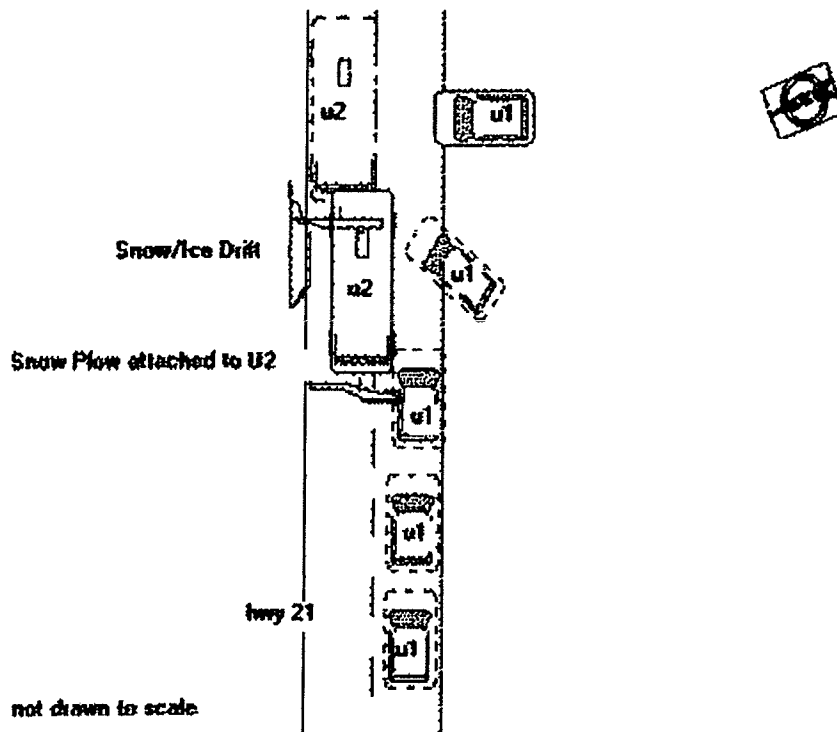
Vehicle Owner 2**45 Vehicle Owner Same As Operator****46 - Vehicle Owner Last Name 46 - First Name****46 - Middle
Initial****46 -
Suffix****Date Of
Birth****46 - Company Name**

WINNEBAGO COUNTY HIGHWAY DEPARTMENT

47 - Address Street & Number

901 W. CTH-Y

47 - PO Box**48 - City**
OSHKOSH**48 - State**
WI**48 - Zip Code**
54901**49 - Telephone Number**
9202321700**Insurance 2****63 - Liability Insurance Company**
WISCONSIN COUNTY MUTUAL INS CORP**60 Policy Holder Same As Owner**
Yes**61 - Policy Holder Last Name****61 - Policy Holder First Name****61 - Policy Holder Company**
WINNEBAGO COUNTY HIGHWAY DEPARTMENT**School Bus 2****Bus Traveling to/from School Name****Body Make****Seating Capacity****School District Contracted With****Diagram and Narrative****105 - PHOTOS BY**



ON THE ABOVE DATE AND TIME, UNIT 1 WAS TRAVELING EB ON HWY 21 AT APPX. 25MPH IN THE EB LANE. UNIT 2 WAS TRAVELING WB ON HWY 21 AT APPX 10MPH PLOWING SNOW AS AN EMPLOYEE OF WINNEBAGO COUNTY HWY DEPT IN THE WB LANE. UNIT 2 WAS PLOWING SNOW/ICE DRIFTS AND SNOW IN THE ROADWAY. WHILE UNIT 2 WAS APPROACHING UNIT 1, THE DRIVER REPORTED PLOWING HEAVY SNOW/ICE DRIFT WHICH PUSHED HIS VEHICLE PARTIALLY INTO THE EB LANE. UNIT 1 SAW UNIT 2 ENCRDACHING INTO THE EB LANE AND ATTEMPTED TO MOVE OVER AS FAR RIGHT AS POSSIBLE WITHOUT GOING INTO THE DITCH. UNIT 2 WAS UNABLE TO STEER THE SNOW PLOW BACK INTO THE WB LANE AND THE FRONT DRIVER SIDE OF THE SNOW BLADE SIDESWIPE THE MIDDLE DRIVER SIDE OF UNIT 1, STRIKING AND CATCHING THE REAR WHEEL AND SPINNING UNIT 1 INTO THE SOUTH DITCH OF THE EB LANE. UNIT 2 AND A WITNESS STOPPED. A WITNESS GAVE A PHONE NUMBER BUT NO NAME TO UNIT 1 (PH #920-647-0611). THE WITNESS DID NOT STAY ON SCENE AND UPON CALLING THE WITNESS, THEY DID NOT ANSWER. IT SHOULD BE NOTED, HIGHWAY 21 WAS SNOW COVERED AND HAD SNOW/ICE DRIFTS ON THE SHOULDERS EXTENDING INTO THE ROADWAY. THE ROADWAY WAS PARTIALLY PLOWED AND MAINLY PACKED SNOW/ICE.

Officer Information

125 - Officer Last Name
CRAFT

125 - First Name
ANTHONY

125 - Middle Initial

131 - Officer ID
W40

129 - Law Enforcement Agency No.
7100

130 - Law Enforcement Agency Name
WINNEBAGO COUNTY SHERIFF

126 - Law Enforcement Agency Address Street & Number
4311 JACKSON STREET

127 - City
OSHKOSH

127 - State
WI

127 - Zip Code
54903

128 - Telephone Number
9202367300

132 - Date Notified
12/21/2012

133 - Time Notified (Military Time)
0444

134 - Time Arrived (Military Time)
0512

135 - Date Of Report
12/21/2012

Agency Accident Number

Police Number

19 - Special Study

12-4883

12-4883

18 - Agency Space**Truck/Bus 02**

136 A truck or truck combination > 10,000 lbs **136 Any vehicle displaying a hazardous materials placard**
Yes

136 A vehicle designed to carry 9 or more people, including the driver

136 Fatal Injury **136 Medical Transport** **136 One or more vehicles towed from the scene due to disabling damage**
Yes

Unit Number
02

137 - Hazardous Materials Class Numbers

137 - Hazardous Materials "UN" Nos. **Hazardous Material Placard Displayed** **Hazardous Cargo Was Released**

137 - Name Of Hazardous Materials in this Load **137 - Name Of Hazardous Materials Released**

138 Interstate Carrier **140 - US DOT No.** **140 - ICC MC No.** **LC No.** **IC No.** **141 - Source Driver**

139 - Carrier Name
WINNEBAGO COUNTY HIGHWAY DEPARTMENT

142 - Carrier Address **City** **State** **Zip Code**
901 W. CTH Y OSHKOSH WI 54901

143 - GVWR (Lbs) **144 - Total No. of Axles** **145 - Vehicle Configuration** **147 - Cargo Body Type**
65000 3 Dump

146 - First Event **146 - Second Event**
Collision-Involving-Motor-Vehicle-In-Transport Blank

146 - Third Event **146 - Fourth Event**
Blank Blank

VIPER AUTO BODY
W3290 BADGER ROAD
PINE RIVER, WI 54965
PHONE (920) 765-0498

***** PRELIMINARY ESTIMATE *****

01/02/2013 12:21 PM

Owner

Owner: Dan Doyal

Inspection

Inspection Date: 01/02/2013 12:20 PM
Primary Impact: Left Rear Side

Inspection Type:
Secondary Impact:

Appraiser Name: CJ Belfeul

Appraiser License # :

Repairer

Repairer:
Address:

City State Zip:
Email:

Contact:

Cell:

Work/Day:

Work/Day:

Vehicle

2003 Ford Escape Limited 4 DR Wagon
6cyl Gasoline 3.0
4 Speed Automatic

Lic Expire:
Veh Insp#:
Condition:
Ext. Color: EBONY
Ext. Refinish: Two-Stage
Ext. Paint Code: UA,6373,6877

VIN: 1FMCU94163KD39133
Mileage Type: Actual
Code: P7103D
Int. Color:
Int. Refinish:
Int. Trim Code:

Options

4-Wheel Drive
Alarm System
Auto Locking Hubs (4WD)
Center Console
Electronic Transfer Case
Head Airbags
Intermittent Wipers
Leather Steering Wheel
Overhead Console
Power Drivers Seat
Privacy Glass
Reverse Sensing System
Split Folding Rear Seat
Tinted Glass

AM/FM In-dash CD Changer
Aluminum/Alloy Wheels
Automatic Dimming Mirror
Cruise Control
Fender Flares
Heated Front Seats
Keyless Entry System
Lighted Entry System
Power Brakes
Power Steering
Rear Window Defroster
Roof/Luggage Rack
Tachometer
Tonneau/Cargo Cover

Air Conditioning
Anti-Lock Brakes
Bodyside Cladding
Dual Airbags
Fog Lights
Heated Power Mirrors
Leather Seats
Mach Audio System
Power Door Locks
Power Windows
Rear Window Wiper/Washer
Side Airbags
Tilt Steering Wheel

2003 Ford Escape Limited 4 DR Wagon
Claim #:

01/02/2013 12:21 PM

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
1	L	102	13	Cover,Front Bumper	Refinish 2.6 Surface 0.6 Two-stage setup 0.5 Two-stage			3.7	RF
2	E	364	01	Mldg,Rocker Panel LT	YL8Z78101A05AAB	\$120.18		0.5	SM
3	I	207		Door Shell,Front LT	Repair			2.0*	SM
4	L	207		Door Shell,Front LT	Refinish 2.4 Surface 0.5 Two-stage			2.9	RF
5	E	384	01	Mldg,Front Door Lower LT	5L8Z7820879DAB	\$103.00		0.2	SM
6	EC	287		Door Shell,Rear LT	Replace Economy	\$200.00*		4.2	SM
7	L	287		Door Shell,Rear LT	Refinish 1.6 Surface 1.0 Edge 0.3 Two-stage			2.9	RF
8	E	592		Mldg,Rear Door Lower L/F	3L8Z7825557AAPTMM	\$227.97		0.3	SM
9	L	592		Mldg,Rear Door Lower L/F	Refinish 0.6 Surface 0.1 Two-stage			0.7	RF
10	I	389		Panel,Quarter LT	Repair			4.0*	SM
11	L	389		Panel,Quarter LT	Refinish 2.2 Surface 0.4 Two-stage			2.6	RF
12	E	259	01	Flare,Wheel Opening LT	YL8Z7829165BAA	\$37.82		0.2	SM
13	PC	565		Cover,Rear Bumper	Replace PXN Reconditioned	\$397.00		2.0	SM
14	L	565		Cover,Rear Bumper	Refinish 2.6 Surface 0.5 Two-stage			3.1	RF
15	E	284		Shield,Bmpr Cvr Splash LT	YL8Z16A550BB	\$27.13		0.2	SM
16	N	980		Suspension Align Rear	Additional Labor			1.0	ME
17	E	1730		Bearing,Rear Wheel LT	YL8Z1225AA	\$62.97		INC	ME
18	E	769	01	Arm,Rear Suspension LT	8L8Z5808AA	\$303.22		2.6	ME
19	E	851		Arm,Rear Suspension LT	5L8Z5500AD	\$116.27		0.2	ME
20	E	855		Arm,Rear Suspension LT	YL8Z5500AB	\$95.97		0.2	ME
21	E	841		Absorber,Rear Shock LT	3L8Z18125BB	\$64.65		0.9	ME
22	E	842		Absorber,Rear Shock RT	3L8Z18125BB	\$64.65		1.0	ME
23	EC			TIRE	Replace Economy	\$130.00*			SM*
23	Items								

- MC Message

01 CALL DEALER FOR EXACT PART # / PRICE
13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts	\$1,223.83	
Other Parts	\$727.00	
Paint Materials	\$556.50	
Parts & Material Total		\$2,507.33
Tax on Parts & Material	@ 5.500%	\$137.90

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$55.00	7.6	6.0	13.6	\$748.00
Mech/Elec (ME)	\$75.00	4.9	1.0	5.9	\$442.50
Frame (FR)	\$65.00				

01/02/2013 12:36 PM

Page 2 of 3

2003 Ford Escape Limited 4 DR Wagon
Claim #:

01/02/2013 12:21 PM

Refinish (RF)	\$55.00	15.9	15.9	\$874.50	
Paint Materials	\$35.00				
Labor Total			35.4 Hours		\$2,065.00
Tax on Labor		@ 5.500%		\$113.58	
Gross Total					\$4,823.81
Net Total					\$4,823.81

plus storage & towing \$715.18

Alternate Parts Y/01/01/00/00/00 CUM 01/01/00/00/00 Zip Code: 54965 Default

Audatex Estimating 6.0.726 ES 01/02/2013 12:38 PM REL 6.0.726 DT 12/01/2012
Copyright (C) 2011 Audatex North America, Inc.

2.9 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value
EC = Replace Economy
ET = Partial Replace Labor
TE = Partial Replace Price
L = Refinish
TT = Two-Tone
BR = Blend Refinish
CG = Chipguard
AA = Appearance Allowance

E = Replace OEM
OE = Replace PXN OE Srpls
EP = Replace PXN
PM = Replace PXN Reman/Rebld
PC = Replace PXN Reconditioned
SB = Sublet Repair
I = Repair
RI = R & I Assembly
RP = Related Prior Damage

NG = Replace NAGS
UE = Replace OE Surplus
EU = Replace Recycled
UM = Replace Reman/Rebuilt
UC = Replace Reconditioned
N = Additional Labor
IT = Partial Repair
P = Check

Audatex
Audiata North America, Inc.

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EXPERT TOWING & RECOVERY

P.O. BOX 426
OMRO, WI 54963-0426
(920) 685-2003

1 (800) 870-2180

910 W MURDOCK AVE
OSHKOSH, WI 54901
(920) 230-2003

FAX = 920-230-7416

DATE 12-21-12	TIME 5:00 PM	REQUESTED BY WCS	RO.#
NAME CO'S AUTO BODY		PHONE 920-230-5759	
ADDRESS WISCONSIN ST - 1100 S OSHKOSH, WI 54901			
LOCATION OF VEHICLE Hwy 21 + BRODERICK RD TOWN OF OSHKOSH			
YEAR, MAKE, MODEL FORD ESCAPE	COLOR BLACK	LIC. PLATE NO. 727 PBX	
REASON FOR TOW		SPECIAL EQUIPMENT	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> ARREST <input type="checkbox"/> WINCH <input type="checkbox"/> TOW ZONE <input type="checkbox"/> ROLL OVER		<input checked="" type="checkbox"/> SINGLE LINE WINCHING <input type="checkbox"/> DUAL LINE WINCHING <input checked="" type="checkbox"/> SNATCH BLOCKS <input checked="" type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> DOLLY UNIT FWD	
TYPE OF TOW		VEHICLE TOWED TO	
<input type="checkbox"/> SLING/CRIST TOW <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT		FIRST TOW EXPERT TOWING / OSHKOSH LOT SECOND TOW	
STORAGE FROM 12-21-12 TO 1-2-13 days @ \$35.00		TOWING 125.00	
PAID BY <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK LIC. NO. EXP. DATE		MILEAGE 68.00	
CC NO.		EXTRA TRUCK	
REMARKS DOP OWNER AT WORK OSHKOSH C.C.P. IN 203 LAGER = CLEAN UP		SPECIAL EQUIP. 75.00	
		LABOR CHARGE 25.00	
		STORAGE 315.00	
		SUB-TOTAL 650.00	
		TAX 17.15	
		TOTAL 667.15	

(OPERATOR'S SIGNATURE)

(AUTHORIZED SIGNATURE)

Not responsible for loss or damage to vehicle if winched, unlocked, or left unattended, or any reason beyond our control.

45359

Thank You!

\$715.15

CJ'S AUTO BODY**REPAIR
ESTIMATE**

CJ BELFEUIL- OWNER/OPERATOR
 W4732 CHICAGO DRIVE REDGRANITE, WI 54970
 PHONE (920) 566-0696 FAX (920) 566-0697
 EMAIL: cjsautobody1@hotmail.com
 TAX I.D. 45-1687379

MECHANICAL RATE
\$65
 LABOR RATE \$54
 MATERIAL RATE \$34

NAME Dan Doyal			PHONE		DATE 1-2-13
ADDRESS			INS. ACUITY	PROD. DATE	LIC. #
CITY	STATE	ZIP	OTHER	PAINT CODE UA	MILES 184,395
YEAR 2003	MAKE Ford	MODEL Escape		VIN # 1FMCU94163KD39133	

REPAIR	REPLACE	DESCRIPTION OF REPAIR & REPLACE	PARTS/MATERIALS	LABOR	REFINISH
X		FRONT BUMPER COVER			3.7
	X	ROCKER PANEL PLASTIC COVER	\$120.18	.5	
X		(L) FRONT DOOR		3.5	2.9
	X	FRONT DOOR LOWER PLASTIC	\$103.00	.3	
X		(L) REAR QUARTER AND DOOR POST		7.0	2.6
	X	WHEEL FLARE ON QUARTER	\$37.82	.2	
X		REAR BUMPER COVER		3.0	3.1
	X	(L) REAR WHEEL SPLASH GUARD	\$27.13	.2	
	X	(L) REAR DOOR SHELL	\$200.00	4.2	2.9
	X	(L) REAR DOOR PLASTIC	\$227.97	.3	
		PAINT AND MATERIALS	\$516.80		
	X	(L) REAR WHEEL BEARING	\$62.97	INCLUDED	

ADDITIONAL WORK AUTHORIZED BY: _____ DATE: _____
 NO. CALLED: _____ TIME: _____ AM/PM NEW EST.: _____
 YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED.
 THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE
 ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR
 ESTIMATE SELECTION.

1. I REQUEST AN ESTIMATE IN WRITING BEFORE YOU BEGIN REPAIRS.

2. PLEASE PROCEED WITH REPAIRS, BUT CALL ME BEFORE CONTINUING IF THE
 PRICE WILL EXCEED \$ _____
3. I DO NOT WANT AN ESTIMATE _____

DO YOU WANT THE OLD PARTS ENTITLED TO YOU? YES/NO
 CALL WHEN READY YES/NO PAYMENT WILL BE MADE BY CASH/CHECK/CREDIT

TOWING	\$400.15
STORAGE	\$315.00
PARTS	\$1,725.85
LABOR	\$1,420.30
REFINISHING	\$820.80
SUB TOTAL	\$4,682.10
SALES TAX	\$218.18
GRAND TOTAL	\$4,900.28



NC2288

UPDATE - PEND CL
AUTO - ACUITY AUTO

Payment List Print

DOYLE JR, DANIEL J & LU ANN K DOYLE

Loss Location: WI
Loss Date: 12/21/2012

Requestor: TRISHA PROPSON

Run Date: 01/18/2013

Time: 10:23AM

Payment Amount: \$4,400.28

Payment Number: 2122107

Pay To: DANIEL J DOYLE JR
& LU ANN K DOYLE & CJ'S AUTO BODY
Mail To: DANIEL J DOYLE JR
& LU ANN K DOYLE
W7029 OAKWOOD DR
WAUTOMA WI 54982

Pay Period:
Invoice Number:
Issued Date: 01/04/2013
Accounting Status: Honored 01/08/2013

Service Dates:
In Payment Of: DAMAGES TO 03 FORD ESCAPE LESS
\$500 DEDUCTIBLE

Remarks:



NC 2288

ENTERPRISE RENT-A-CAR INC, 140 N KOELLER ST, OSHKOSH, WI 549024108 (920) 236-6777

RENTAL AGREEMENT REF#
996132 47J3Z9RENTER
DOYLE, DANDATE & TIME OUT
12/21/2012 03:48 PM
DATE & TIME IN
01/24/2013 03:42 PMBILLING CYCLE
24-HOURVEH #1 2013 NISN ALTI 4DR5
VIN# 1N4AL3AP6DC165800
LIC# 922RZP
MILES DRIVEN 2047CLAIM INFO
TYPE CAR: ESCAPE
SHOP: TOTAL LOSS
PHONE: (999) 999-9999
ATTN: UNKNOWN

SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	12/21 - 01/24	34	DAY	\$17.99	\$611.66
REFUELING CHARGE	12/21 - 01/24				\$0.00
Subtotal:					\$611.66
Taxes & Surcharges					
SALES TAX	12/21 - 01/24			5%	\$31.55
TITLE & REGISTRATIONS	12/21 - 01/24	34	DAY	\$0.57	\$19.38
RECOVERY FEE					
Total Charges:					\$662.59

Total Amount Due

\$0.00

PAYMENT INFORMATION

AMOUNT PAID TYPE
\$662.59 MastercardCREDIT CARD NUMBER
XXXXXXXXXXXX8921 PENDINGto Mr. Doyle
Directly
for rental!

IR OF VEHICLE:

VCH ADDRESS:

ENTERPRISE RENT-A-CAR COMPANY OF WISCONSIN, LLC
141 W WISCONSIN ST, MADISON, WI, 53702-1000

RENTAL TYPE		SOURCE #		ID #	
RENTER		RENTAL #		DATE	
CHARGES IF DIFFERENT					
ORIGINAL VEHICLE					
COLOR	LICENSE NO.				
MODEL	YEAR				
IN	OUT				
DRIVEN	BILL TO				
ATTN: COMPANY					
PHONE EXT.					
REFERENCE NUMBER:					
ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL.					
REQUEST OWNER'S PERMISSION TO ALLOW IF: <input type="checkbox"/> YES <input type="checkbox"/> NO					
WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF. I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT (AGREEMENT). USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT.					
PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S):					
OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.					
RENTER DECLINES OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 6. DAMAGE WAIVER IS NOT INSURANCE.					
RENTER ACCEPTS OPTIONAL DAMAGE WAIVER (DW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 6. DAMAGE WAIVER IS NOT INSURANCE.					
RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 7.					
RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 7.					
RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 7.					
RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 7.					
RENTER DECLINES OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 8.					
RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 8.					
ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, PAGES 1 THROUGH 6.					
I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF EACH PAGE OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE RENTER UNDER THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING OTHERS TO MAKE CHANGES ON MY BEHALF. I AM NOT RESPONSIBLE FOR ANY CHANGES MADE BY OTHERS. I AM NOT RESPONSIBLE FOR ANY CHANGES MADE BY OTHERS.					
REPLACEMENT VEHICLE					
COLOR	LICENSE NO.				
MODEL	YEAR				
IN	OUT				
DRIVEN	BILL TO				
ATTN: COMPANY					
PHONE EXT.					
REFERENCE NUMBER:					
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DAY & 24 HOUR PERIOD

VEHICLE #55,944-HOME
\$17.99/DAY

10.25 TITLE CHARGE ABOVE
125/DAY
CANCEL
CANCEL

DW OR DW \$16.99/DAY

PAI \$5.00/DAY

SLP \$12.99/DAY

RAP \$1.99/DAY

FUEL CHARGE \$4.71/GALLON

SALES TAX 5.00%
STATE RENTAL TAX 3.00%
TITLE/REG RECOVER FEE \$0.50/DAY

TOTAL CHARGES

DEPOSITS

REFUNDS

AMOUNT DUE

CLOSED BY

PAID BY	CASH	CHECK	CHARGE
RECEIPT OF CASH REFUND	DATE	AMOUNT	RECEIVED BY