

# JEFFREY LEAVELL, S.C.

Attorneys at Law

JAN 18 2014

WINNEBAGO COUNTY  
OSHKOSH, WI

723 S. MAIN STREET  
RACINE, WISCONSIN 53403  
(262)633-7322  
FAX (262)633-7323

January 15, 2014

**Via U. S. Mail**

Wisconsin Department of Transportation  
4802 Sheboygan Avenue  
P.O. Box 7999  
Madison, WI 53707-7999

**Via U. S. Mail**

County Clerk  
Winnebago County  
415 Jackson Street, Room 110  
Oshkosh, WI 54901

**Via U. S. Mail**

Town Clerk  
Town of Menasha  
2000 Municipal Drive  
Neenah, WI 54956

**Via U. S. Mail**

City Clerk  
City of Neenah  
211 Walnut Street  
Neenah, WI 54956

Re: Gobel, Kirk  
Claim No. X1006775  
Accident Date: September 17, 2013

To Whom it May Concern:

I represent Badger Mutual Insurance Company in the above-referenced matter. This letter serves as a follow up letter to the September 23, 2013 and October 21, 2013 letters served on the Wisconsin Department of Transportation and as notice of the circumstances of the at-issue claim and itemized statement of relief sought pursuant to Wis. Stat §893.80(1d).

Enclosed please find a Wisconsin motor vehicle accident report evidencing that a 2004 Pontiac Vibe driven by Mr. Kirk Gobel, and insured by Badger Mutual, was damaged by pieces of the Highway 10 bridge/overpass that came loose and fell towards Highway 41 on September 17, 2013. The following expenses were paid by Badger Mutual and its insured as a result of the incident:

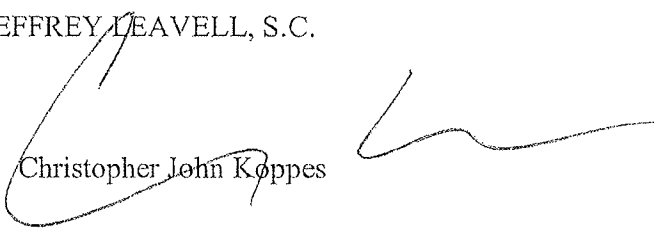
Collision:	\$8325.00
Deductible:	\$500.00
Rental:	\$338.28
Minus Salvage:	- \$1683.05
<b>Total:</b>	<b>\$7480.23</b>

Badger Mutual seeks compensation for 100% of the damages outlined above. Please contact me at your earliest convenience to discuss the resolution of this matter.

Very truly yours,

JEFFREY LEAVELL, S.C.

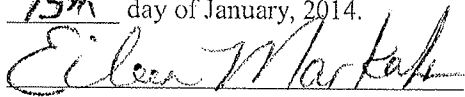
By:

  
Christopher John Koppes

CJK/emm  
Enclosures

CERTIFICATE OF SERVICE BY MAIL

The undersigned certifies that a true copy of the within was served by mail upon all parties referenced in the caption of this letter pursuant to Wis. Stat §801.14 this 15<sup>th</sup> day of January, 2014.

  
Eileen Markala

X 1606775-F47

POLICE # 13-3411

ACCIDENT # 13-3411

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number CJ2X642		Document Override Number	
Agency Accident Number 13-3411				Police Number 13-3411					
4 - Accident Date 09/17/2013		5 - Time of Accident (Military Time) 1445		6 - Total Units 02		7 - Total Injured 02		8 - Total Killed 00	
2 - County WINNEBAGO		3 - Municipality MENASHA		11 - Accident Location INTERSECTION					
14 - On Hwy No. 041		14 - On Street Name		14 - Bus/Front/Ramp		15 - Est. Dist Ft/Mi		15 - Hwy. Dir NORTH	
16 - Fr/At Hwy No. 10		16 - From/At Street Name		18 - Business/Frontage/Ramp					
17 - Structure Type		17 - Structure Number		12 - Latitude		13 - Longitude			
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				83 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way DIVIDED-HIGHWAY-MEDIAN-STRIP-WITH-TRAFFIC-BARRIER									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT		116 - Road Surface Condition DRY		118 - Weather CLEAR					
<input type="checkbox"/> Hit and Run		<input checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials		<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input checked="" type="checkbox"/> Names Exchanged			
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number N			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With OTHER OBJECT- NOT FIXED		23 - Dir Of Travel NORTH		24 - Speed Limit 65			
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle					
28 - Driver's License Number G1405115809108		30 - State WI		21 - Expiration Year 2016		34 - On Duty Accident			
25 - Operator/Pedestrian Last Name GOBEL		25 - First Name KIRK		25 - Middle Initial K		25 - Suffix			
32 - Date Of Birth 03/11/1959		33 - Sex MALE							
26 - Address Street & Number 2411 W JONATHON DR						26 - PO Box			
27 - City APPLETON		27 - State WI		27 - Zip Code 54914		28 - Telephone Number (920) 284-2322 EXT.			
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED					
38 - Injury Severity C - POSSIBLE INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> 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 0					
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 NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR		22 - Total Occupants 1		
	58 - License Plate Number 486PUN	57 - Plate Type AUT	59 - State WI	60 - Exp. Year 2014	55 - Vehicle Identification Number 5Y2SL038652448962	
	50 - Year 2005	51 - Make PONT	52 - Model VIBE	53 - Body Style 4D	54 - Color MAR	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT PASSENGER SIDE, TOP OF VEHICLE					
	95 - Extent Of Damage SEVERE	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By REIF'S TOWING			
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name GOBEL	46 - First Name KIRK	46 - Middle Initial K	46 - Suffix	Date Of Birth 03/11/1959	
	46 - Company Name					
	47 - Address Street & Number 2411 W JONATHON DR		47 - PO Box			
	48 - City APPLETON	48 - State WI	48 - Zip Code 54914	49 - Telephone Number (920) 284-2322 EXT.		

Insurance

INS 01	63 - Liability Insurance Company BADGER-MUTUAL-INS.CO	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name GOBEL	61 - Policy Holder First Name KIRK
	61 - Policy Holder Company	

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With OTHER OBJECT-- NOT FIXED	23 - Dir Of Travel NORTH	24 - Speed Limit 65
36 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
26 - Driver's License Number W452043898902	30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident
25 - Operator/Pedestrian Last Name WILLIAMS	26 - First Name ALYSSA	25 - Middle Initial M	25 - Suffix
32 - Date Of Birth 10/29/1989	33 - Sex FEMALE		

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 2510 ELMWOOD CT		26 - PO Box	
	27 - City APPLETON		27 - State WI	27 - Zip Code 54911
	28 - Telephone Number			
	38 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)		40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	39 - Injury Severity C - POSSIBLE INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED
	43 - Trapped/Extricated NOT-TRAPPED		44 <input type="checkbox"/> Medical Transport	
	92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control NO-CONTROL	
	62 - No. of Citations Issued 0			
	64 - 1st Statute No.		64 - 2nd Statute No.	64 - 3rd Statute No.
122 - Driver Factors NOT-APPLICABLE				
98 - 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 NOT-APPLICABLE				

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR		22 - Total Occupants 1	
	56 - License Plate Number 888TSX		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2014	55 - Vehicle Identification Number 1N1BR32E572930127
	50 - Year 2007	51 - Make TOYT	52 - Model COROLLA CE	53 - Body Style 4D	54 - Color SIL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage TOP OF VEHICLE					
	95 - Extent Of Damage MODERATE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By M & M TOWING	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name WILLIAMS		46 - First Name ALYSSA		46 - Middle Initial M	46 - Suffix
	46 - Date Of Birth 10/29/1989					
	46 - Company Name					
	47 - Address Street & Number 2510 ELMWOOD CT			47 - PO Box		
	48 - City APPLETON		48 - State WI	48 - Zip Code 54911		48 - Telephone Number

Insurance

# Wisconsin Motor Vehicle CJ2X642

Accident Report MV4000e 01/2005

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PK2011

INS 02	60 - Liability Insurance Company <b>PROGRESSIVE-CASUALTY-INS-CO</b>		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name <b>WILLIAMS</b>		61 - Policy Holder First Name <b>ALYSSA</b>
	61 - Policy Holder Company		

## School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

## Property

PROPERTY OWNER 01	Organization Type <b>GOVERNMENT</b>	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
	84 - Company Name <b>WISCONSIN HWY AND TRANSPORTATION DISTRICT 3</b>			Government Property Type <b>FEDERAL/STATE</b>	
	85 - Address Street & Number <b>944 VANDERPERIEN WAY</b>		86 - PO Box <b>28080</b>		
	86 - City <b>GREEN BAY</b>	86 - State <b>WI</b>	86 - Zip Code <b>54304</b>	87 - Telephone Number <b>(920) 497-5643 EXT.</b>	
	83 - Government Damage Tag Number				
	<b>Fixed Objects Struck</b>				
	82 - Striking Unit <b>1</b>	82 - Object Struck <b>OTHER-OBJECT-NOT-FIXED</b>	82 - Striking Unit <b>2</b>	82 - Object Struck <b>OTHER-OBJECT-NOT-FIXED</b>	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck		
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck		

## Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>HWY 41 NB</p> <p>NOT DRAWN TO SCALE</p> <p>HWY 10</p>
<p>UNIT ONE AND UNIT TWO WERE BOTH HEADING NORTH ON HWY 41. THEY WERE TRAVAILING UNDER THE HWY 10 BRIDGE. PEACE'S OF THE BRIDGE CAME LOOSE AND FELL DOWN ONT HWY 41. SOME OF THOSE PEACE'S STRUCK UNIT ONE AS HE WAS HEADING UNDER THE BRIDGE. THIS CAUSED DAMAGE TO HIS WINDSHIELD AND TOP OF HIS CAR. AFTER HE WAS HIT BY THE ITEMS HE PULLED OVER TO THE SIDE OF THE ROAD. UNIT TWO WINDSHIELD WAS STRUCK AND BROKEN. AFTER THIS HAPPENED SHE PULLED OVER TO THE SIDE OF THE ROAD.</p>	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name NICLA		125 - First Name CHRISTOPHER		125 - Middle Initial		131 - Officer ID W38	
	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 (920) 236-7300 EXT.	
	132 - Date Notified 09/17/2013		133 - Time Notified (Military Time) 1447		134 - Time Arrived (Military Time) 1501		135 - Date Of Report 09/17/2013	
	Agency Accident Number 13-3411		Police Number 13-3411		19 - Special Study			
	18 - Agency Space							