

SUSAN T. ERTMER
County Clerk



Winnebago County
Office of the County Clerk

The Wave of the Future

415 JACKSON STREET, P.O. BOX 2808
OSHKOSH, WISCONSIN 54903-2808

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

NOTICE OF CLAIM

Date: April 11, 2016

To: Doug, Linda and Joan

Re: Claim from CBCS for client Kreilkamp Trucking Company for fire damages to their trailer. The trailer was a total loss and also requesting reimbursement for rental trailer costs until a new trailer was secured.

This claim will be presented to the County Board at their April 26, 2016 meeting.



April 5, 2016

Winnebago County
100 West County Rd Y
Oshkosh, WI 54901
Attn: Doug Petraszak

RE: CBCS Client: Kreilkamp Trucking Company
CBCS File: FFI16110320
Date of Loss: 2/26/16

Dear Doug,

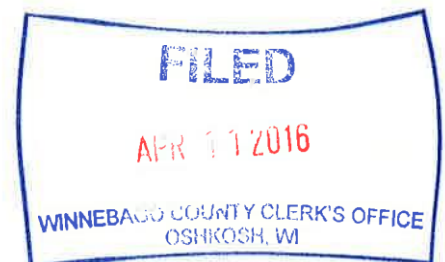
CBCS is the third-party claims administrator for Travelers Indemnity Company of Connecticut and Kreilkamp Trucking Company through the Traffic Captive Group. CBCS is the entity that investigated this accident. We have completed our investigation and found that you are liable for the damages to our client's property.

We have accumulated damages for Kreilkamp Trucking Company. The trailer is a total loss. The value of the trailer is \$22,400.00. The cost of renting/leasing is \$400.00 per month for three months until a new trailer can be secured. The total amount to reimburse Kreilkamp Trucking Company for their loss is \$23,600.00. Please make your check out to Kreilkamp Trucking Company and mail to the address below.

If you have any questions please feel free to contact me at the number below.

Sincerely,

Charles D. Fredericksen, AIC
Casualty Claims Representative
CBCS
PO Box 28
Dubuque, IA 52004-0028
P: (563) 587-5045; F: 563-587-6617
cfredericksen@cbcscclaims.com



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

www.CBCSclaims.com

101 Court Street
Oshkosh, Wisconsin
54901

920/236-5240

City of Oshkosh
Fire Department

920 236-5240

920 236-5295 fax



FAX

TO: Haley, CBCS

Number of pages to follow: 6

FAX NUMBER: 563 587-6503

FROM: Carol Poklasny, OFD Administrative Assistant CP

DATE: 3-9-16

RE: Tractor Trailer Fire

Per your request.

A 70030 WI 02 26 2016 19 16-001303 0 FOID State Incident Date Year Month Incident Number Exposure		NFIRS-1 Basic													
B Location Type ☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions ☐ US National Grid				Check this box to indicate that the address for this incident is provided on the Volitional Fire Module in section B, "Alternative Location Designation." Use only for wildland fires. 105 W CTY TKY Route/Highway Prefix Street or Highway OSHKOSH WI 54901 City State Zip Code Circle South, Overpass or National Grid, as applicable											
C Incident Type 132 Road freight or transport vehicle fire		E1 Dates and Times Check boxes if done at the scene or Alarm Date Alarm 02 28 2016 11:48:28 Months Day Year Hour Min Sec Arrival 02 26 2016 11:53:59 Months Day Year Hour Min Sec Controlled 02 26 2016 12:53:22 Months Day Year Hour Min Sec Last Unit Cleared 02 26 2016 12:53:22 Months Day Year Hour Min Sec		E2 Shifts and Alarms Local Option 0 0 0 Shift or Alarm											
D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given ☒ None		E3 Special Studies Local Option 0 0 0 Special Study Call Special Study Value													
F Actions Taken 11 Extinguishment by fire service personnel Primary Action Taken (1)		G1 Resources ☒ Check this box and list the block if an Apparatus or Personnel <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Apparatus</th> <th>Personnel</th> </tr> <tr> <td>Suppression 4 9 </td> <td></td> </tr> <tr> <td>EMS 0 0 </td> <td></td> </tr> <tr> <td>Other 0 0 </td> <td></td> </tr> </table> Check box if resources counts include all received resources.		Apparatus	Personnel	Suppression 4 9		EMS 0 0		Other 0 0		G2 Estimated Dollar Losses and Values Check this box and list the block if an Apparatus or Personnel LOSSES 22,400 0 Property \$ Contents \$ PRE-INCIDENT VALUE: Optional Property \$ 0 0 Contents \$ 0 0			
Apparatus	Personnel														
Suppression 4 9															
EMS 0 0															
Other 0 0															
Completed Modules ☒ Fire-2 ☐ Structure Fire-3 ☐ Civilian Fire-4 ☐ Fire Service Call-5 ☐ EMS-6 ☐ HazMat-7 ☐ WildLand Fire-8 ☒ Apparatus-9 ☒ Personnel-10 ☐ Arson-11		H1 Casualties ☒ None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Death</th> <th>Injury</th> </tr> <tr> <td>Fire 0 0 </td> <td></td> </tr> <tr> <td>Service 0 0 </td> <td></td> </tr> <tr> <td>Civilian 0 0 </td> <td></td> </tr> </table> H2 Detector 1 Detector alerted occupants ☒ Detector did not alert occupants U Unknown		Death	Injury	Fire 0 0		Service 0 0		Civilian 0 0		H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spill less than 55 gallons N None		I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 30 Medical use 40 Residential use 50 Row of stores 60 Enclosed mall 70 Business and residential use 80 Office use 90 Industrial use 01 Military use 02 Farm use NN Not mixed use	
Death	Injury														
Fire 0 0															
Service 0 0															
Civilian 0 0															

J Property Use Structures		Property Use Code	
131 Church, mosque, synagogue, temple, chapel	341 Clinic, ophthalmology	638 Household goods, sales, repairs	900
161 Restaurant or cafeteria	342 Doctor, dentist or oral surgeon office	671 Service station, gas station	
162 Bar or nightclub	381 Jail, prison (not juvenile)	678 Motor vehicle or boat sales, services, repair	
213 Elementary school, including kindergarten	419 1 or 2 family dwelling	689 Business office	
215 High school/junior high school/middle school	429 Multifamily dwelling	615 Electric-generating plant	
241 Adult education center, college classroom	439 Boarding/dormitory house, residential hotel	629 Laboratory or science laboratory	
311 24-hour care Nursing homes, 4 or more patients	449 Hotel/motel, commercial	700 Manufacturing, processing	
331 Hospital - medical or psychiatric	459 Residential board and care	819 Livestock, poultry storage	
	464 Barracks, dormitory	882 Parking garage, general vehicle	
	519 Food and beverage sales, grocery store	881 Warehouse	
	836 Vacant lot	981 Construction site	
124 Playground	838 Graded and cared-for plots of land	984 Industrial plant yard - area	
656 Crops or orchard	946 Lake, river, stream		
669 Forest, timberland, woodland	951 Railroad right-of-way		
807 Outside material storage area	960 Street, other		
819 Dump, sanitary landfill	961 Highway or divided highway		
931 Open land or field	962 Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use Code: 900
Outside or special property, other
Property Use Description:

K1 Person/Entity Involved

Local Option: Check this box if same address as incident. Location (Section 5). Then add the three digit address line.

Business Name (If Applicable): Winnebago County

Area Code: 920 Phone Number: 232-1802

Mr., Ms., Mrs. First Name: Kurt Last Name: W Pamsteiner

Number: 105 Prefix: W Street or Highway: CTY TKY

Post Office Box: WI 54901 Apt./Suite/Room: City: OSHKOSH

State: WI Zip Code: 54901

K2 Owner

Local Option: Check this box if same address as incident. Location (Section 5). Then add the three digit address line.

Business Name (If Applicable):

Area Code: Phone Number:

Mr., Ms., Mrs. First Name: Last Name:

Number: Prefix: Street or Highway:

Post Office Box: Apt./Suite/Room: City:

State: Zip Code:

M Authorization

Officer in charge ID: 5211 Dan Mrochek Signature: B/C Position or rank: LT Assignment: Month: 02 Day: 26 Year: 2016

Member Meeting report ID: 5578 Michael Patton Signature: LT Assignment: Month: 02 Day: 26 Year: 2016

L Remarks

Local Option:

C15 responded at the request of E19 to 105 Cty Tk Y for a semi trailer with some garbage in it that had started on fire. C15 responded non-emergent. Upon arrival, I was briefed by Lt Patton on the situation. Apparently the fire situation was first noticed inside the transfer station building while loading the semi. The semi trailer was not the only place where there had been fire occurring.

Lt Patton showed me where the fire occurred inside the transfer station and also explained what was done prior to E19's arrival (employees used on site hose line to extinguish fire in a garbage pile and in a dumpster of garbage).

I took a few pictures of the areas in the building where the fire occurred. There was no damage to the building. I also took pictures of the semi trailer that had the fire damage to it. The semi trailer had moderate damage to it. Information was obtained on the semi trailer, the driver and the transfer station manager.

No exact cause for this fire could be determined after investigation. The items/garbage that had burned had been moved around with end loaders to assist with fully extinguishing the fire.

C15 returned to service.

B/C Mrochek.

A FID: 70030 State: VM Incident Date: 02/26/2018 Station: 19 Incident Number: 16-001303 Exposure: 0	NFIRS-2 Fire	
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B Property Details B1 0 ☒ Not Residential Estimate number of residential living units in building at origin whether or not all units became involved B2 0 ☒ Buildings not involved Number of buildings involved B3 ☒ None ☐ Less than one acre Acres burned (include fire)	C On-Site Materials or Products ☒ None Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved Enter up to three codes. Check one box for each code entered. <table style="width:100%;"> <tr> <td style="width:50%;">On-site material (1)</td> <td style="width:50%;"></td> </tr> <tr> <td>On-site material (2)</td> <td></td> </tr> <tr> <td>On-site material (3)</td> <td></td> </tr> </table>	On-site material (1)		On-site material (2)		On-site material (3)		On-Site Materials Storage Use <table style="width:100%;"> <tr><td>1</td><td>Bulk storage or warehousing</td></tr> <tr><td>2</td><td>Processing or manufacturing</td></tr> <tr><td>3</td><td>Packaged goods for sale</td></tr> <tr><td>4</td><td>Repair or service</td></tr> <tr><td>N</td><td>None</td></tr> <tr><td>U</td><td>Undetermined</td></tr> </table> <table style="width:100%;"> <tr><td>1</td><td>Bulk storage or warehousing</td></tr> <tr><td>2</td><td>Processing or manufacturing</td></tr> <tr><td>3</td><td>Packaged goods for sale</td></tr> <tr><td>4</td><td>Repair or service</td></tr> <tr><td>N</td><td>None</td></tr> <tr><td>U</td><td>Undetermined</td></tr> </table> <table style="width:100%;"> <tr><td>1</td><td>Bulk storage or warehousing</td></tr> <tr><td>2</td><td>Processing or manufacturing</td></tr> <tr><td>3</td><td>Packaged goods for sale</td></tr> <tr><td>4</td><td>Repair or service</td></tr> <tr><td>N</td><td>None</td></tr> <tr><td>U</td><td>Undetermined</td></tr> </table>	1	Bulk storage or warehousing	2	Processing or manufacturing	3	Packaged goods for sale	4	Repair or service	N	None	U	Undetermined	1	Bulk storage or warehousing	2	Processing or manufacturing	3	Packaged goods for sale	4	Repair or service	N	None	U	Undetermined	1	Bulk storage or warehousing	2	Processing or manufacturing	3	Packaged goods for sale	4	Repair or service	N	None	U	Undetermined
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D Ignition D1 45 Shipping/receiving area; loading area, dock or bay Area of fire origin D2 UU Undetermined Heat source D3 UU Undetermined Item first ignited Check box if fire spread was confined to object of origin. D4 UU Undetermined Type of material first ignited Required only if item first ignited code is 00 or <70	E1 Cause of Ignition Check this box if fire is an opposing report <table style="width:100%;"> <tr><td>0</td><td>Cause, other (System generated code only, not used for data entry)</td></tr> <tr><td>1</td><td>Intentional</td></tr> <tr><td>2</td><td>☒ Unintentional</td></tr> <tr><td>3</td><td>Failure of equipment or heat source</td></tr> <tr><td>4</td><td>Act of nature</td></tr> <tr><td>5</td><td>Cause under investigation</td></tr> <tr><td>U</td><td>Cause undetermined after investigation</td></tr> </table> E2 Factors Contributing to Ignition <table style="width:100%;"> <tr> <td>NN</td> <td>None</td> </tr> <tr> <td colspan="2">Factor contributing to ignition (1)</td> </tr> <tr> <td colspan="2">Factor contributing to ignition (2)</td> </tr> </table>	0	Cause, other (System generated code only, not used for data entry)	1	Intentional	2	☒ Unintentional	3	Failure of equipment or heat source	4	Act of nature	5	Cause under investigation	U	Cause undetermined after investigation	NN	None	Factor contributing to ignition (1)		Factor contributing to ignition (2)		E3 Human Factors Contributing to Ignition Check all applicable boxes ☒ None <table style="width:100%;"> <tr><td>1</td><td>Asleep</td></tr> <tr><td>2</td><td>Possibly impaired by alcohol or drugs</td></tr> <tr><td>3</td><td>Unattended or unsupervised person</td></tr> <tr><td>4</td><td>Possibly mentally disabled</td></tr> <tr><td>5</td><td>Physically disabled</td></tr> <tr><td>6</td><td>Multiple persons involved</td></tr> <tr><td>7</td><td>Age was a factor</td></tr> <tr><td>N</td><td>☒ None</td></tr> </table> Estimated age of person involved <table style="width:100%;"> <tr> <td>1</td> <td>Male</td> <td>2</td> <td>Female</td> </tr> </table>	1	Asleep	2	Possibly impaired by alcohol or drugs	3	Unattended or unsupervised person	4	Possibly mentally disabled	5	Physically disabled	6	Multiple persons involved	7	Age was a factor	N	☒ None	1	Male	2	Female
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F1 Equipment Involved in Ignition ☒ None If equipment was not involved, skip to Section G <table style="width:100%;"> <tr><td>Equipment involved</td><td></td></tr> <tr><td>Brand</td><td></td></tr> <tr><td>Serial</td><td></td></tr> <tr><td>Model</td><td></td></tr> <tr><td>Year</td><td></td></tr> </table>	Equipment involved		Brand		Serial		Model		Year		F2 Equipment Power Source <table style="width:100%;"> <tr><td>Equipment power source</td><td></td></tr> </table> F3 Equipment Portability <table style="width:100%;"> <tr><td>1</td><td>Portable</td></tr> <tr><td>2</td><td>Stationary</td></tr> </table> Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.	Equipment power source		1	Portable	2	Stationary	G Fire Suppression Factors ☒ None Enter up to three codes. <table style="width:100%;"> <tr><td>Fire suppression factor (1)</td><td></td></tr> <tr><td>Fire suppression factor (2)</td><td></td></tr> <tr><td>Fire suppression factor (3)</td><td></td></tr> </table>	Fire suppression factor (1)		Fire suppression factor (2)		Fire suppression factor (3)	
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H1 Mobile Property Involved <table style="width:100%;"> <tr><td>1</td><td>☒ Not involved in ignition, but burned</td></tr> <tr><td>2</td><td>Involved in ignition, but did not itself burn</td></tr> <tr><td>3</td><td>Involved in ignition and burned</td></tr> </table> <table style="width:100%;"> <tr><td>Other</td><td>2015</td></tr> <tr><td>Mobile property model</td><td></td></tr> <tr><td>015808</td><td>W1557</td></tr> <tr><td>License Plate Number</td><td>State</td></tr> </table>	1	☒ Not involved in ignition, but burned	2	Involved in ignition, but did not itself burn	3	Involved in ignition and burned	Other	2015	Mobile property model		015808	W1557	License Plate Number	State	H2 Mobile Property Type and Make <table style="width:100%;"> <tr><td>27</td><td>Garbage, waste, refuse truck</td></tr> <tr><td>Mobile property type</td><td></td></tr> <tr><td>00</td><td>Other Make</td></tr> <tr><td>Mobile property make</td><td></td></tr> </table>	27	Garbage, waste, refuse truck	Mobile property type		00	Other Make	Mobile property make		Local Use Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies. Arson report attached Police report attached Coroner report attached Other reports attached
1	☒ Not involved in ignition, but burned																							
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A	70030	WM	02	26	2016	19	16-001303	0	NFIRS-9 Apparatus or Resources
	FDID	State	Incident Date			Station	Incident Number	Exposure	

B Apparatus or Resource		Dates and Times		N/A/999 is 0000	Sent	Number of People	Apparatus Use	Actions Taken		
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check (X) if box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.		
		Month/Day/Year	Hour/Min							
1	ID O15R Type 10	Dispatch X	02/26/2016 1148		X	2	X	Other Suppression EMS	11	
		Arrival X	02/26/2016 1159							
		Clear X	02/26/2016 1310							
2	ID O18E Type 11	Dispatch X	02/26/2016 1148		X	3	X	Other Suppression EMS	11	
		Arrival X	02/26/2016 1153							
		Clear X	02/26/2016 1310							
3	ID O15C Type 92	Dispatch X	02/26/2016 1148		X	1	X	Other Suppression EMS	81	
		Arrival X	02/26/2016 1228							
		Clear X	02/26/2016 1306							
4	ID O18E Type 11	Dispatch X	02/26/2016 1148		X	3	X	Other Suppression EMS	76	
		Arrival								
		Clear X	02/26/2016 1253							

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
1 ID <u>015R</u> Type <u>10</u>		Dispatch	X <u>02/26/2016</u> <u>1148</u>		Sent	<u>2</u>	Other	<u>11</u>	
		Arrival	X <u>02/26/2016</u> <u>1159</u>		X		X Suppression		
		Clear	X <u>02/26/2016</u> <u>1310</u>				EMS		
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
2836	Held, Kurt	EO/P	11						
8118	Teaky, Joel	FF/P	11						

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
2 ID <u>019E</u> Type <u>11</u>		Dispatch	X <u>02/26/2016</u> <u>1148</u>		Sent	<u>3</u>	Other	<u>11</u>	
		Arrival	X <u>02/26/2016</u> <u>1153</u>		X		X Suppression		
		Clear	X <u>02/26/2016</u> <u>1310</u>				EMS		
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
5578	Pallon, Michael	LT	11						
8355	Wesch, Doug	FF/P	11						
1877	Meyer, Seth	FF/P	11						

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
3 ID <u>015C</u> Type <u>02</u>		Dispatch	X <u>02/26/2016</u> <u>1148</u>		Sent	<u>1</u>	Other	<u>81</u>	
		Arrival	X <u>02/26/2016</u> <u>1228</u>		X		X Suppression		
		Clear	X <u>02/26/2016</u> <u>1308</u>				EMS		
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
5211	Mroczek, Dan	B/C	81						

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
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4 ID <u>018E</u> Type <u>11</u>		Dispatch	X <u>02/26/2016</u> <u>1148</u>		Sent	<u>3</u>	Other	<u>76</u>	
		Arrival	X <u>02/26/2016</u> <u>1253</u>		X		X Suppression		
		Clear	X <u>02/26/2016</u> <u>1253</u>				EMS		
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
2084	Geo, David	CAPT	76						
3135	Homolka, Bryan	FF/P	76						
1614	O'Hearn, Keegen	FF/P	76						

A	70030	WM	MM 02	DD 26	YYYY 2016	19	16-001303	0	NFIRS-1S Supplemental
	FDID	State	Incident Date			Station	Incident Number	Exposure	

L Additional Remarks

Local Option

E19 responded to a truck trailer fire. We found a working fire in a load of rubbish at recycle center. Trailer was unattached of truck and no exposures. Fire had already burned through left side wall of trailer, we pulled 1 3/4" line and attacked from holes in side. We then used ladder and attacked from above of open trailer. R15 assisted. R/P stated fire actually started inside structure. Employees were filling trailer when they noticed fire and pulled trailer out and extinguished remaining fire and hauled trash into another dumpster. We called C15 with this new information and then E16 for additional water supply. Trucker then unloaded burning rubbish onto pavement and we extinguished and overhauled remaining fire. Lt. Patton.

L Additional Remarks

Local Option

O18E. Respond to assist O19E at rubbish fire. Upon arrival transferred O18E water tank to O19E. Returned to station to refill O18E. Returned to service. O543

L Additional Remarks

Local Option

R15 responded to semi trailer on fire. Upon arrival found E19 fighting a fire in a trailer full of garbage. Trailer was in parking lot of transfer station. after initial knock down, R15 spoke with responsible party of trailer and requested trailer to be unloaded and trailer pulled out of the way. After trailer was emptied and moved, garbage was spread out by a front end loader. Fire was extinguished by E19 and R15. R15 returned to quarters. Heid

Amston Supply, Inc.
1521 Waukesha Road
Caledonia, WI 53108

SALES QUOTE

Sales Quote Number: SQ01215
Sales Quote Date: 03/18/16
Requested Delivery Date:
Promised Delivery Date:
Page: 1

Sell

To: KREILKAMP GROUP INC
MICHAEL KREILKAMP
6487 HWY 175
P.O. BOX 268
Allenton, WI 53002
United States

Ship

To: KREILKAMP GROUP INC
MICHAEL KREILKAMP
6487 HWY 175
P.O. BOX 268
Allenton, WI 53002
United States

Ship Via
Terms

Net 30 Days FOB SHIPPING POINT

Customer ID K404200
SalesPerson PAUL PERMAN

Item No.	Description	Unit	Quantity	Unit Price	Total Price
	MAC WALKING FLOOR VIN 15906				
	SET UP IN SHOP/WASH FOR REPAIRS		1	330.00	330.00
	PARTS,CLEANER		1	137.50	137.50
	REMOVE AND REINSTALL FLOOR SLATS FOR REPAIRS		1	4,060.00	4,060.00
	BUSHINGS, FLOOR PARTS		1	192.50	192.50
	R&R BULKHEAD AND INSIDE SLOPE PLATE		1	2,640.00	2,640.00
	BULKHEAD AND SLOPEPLATE		1	2,915.00	2,915.00
	R&R TOP RAIL		1	2,640.00	2,640.00
	TOP RAIL		1	1,639.00	1,639.00
	Transferred to page 2.....				14,554.00

Amston Supply, Inc.
1521 Waukesha Road
Caledonia, WI 53108

SALES QUOTE

Sales Quote Number: SQ01215
Sales Quote Date: 03/18/16
Requested Delivery Date:
Promised Delivery Date:
Page: 2

Sell

To: KREILKAMP GROUP INC
MICHAEL KREILKAMP
6487 HWY 175
P.O. BOX 268
Allenton, WI 53002
United States

Ship

To: KREILKAMP GROUP INC
MICHAEL KREILKAMP
6487 HWY 175
P.O. BOX 268
Allenton, WI 53002
United States

Ship Via
Terms

Net 30 Days FOB SHIPPING POINT

Customer ID K404200
SalesPerson PAUL PERMAN

Item No.	Description	Unit	Quantity	Unit Price	Total Price
	Transferred from page 1.....				14,554.00
	R&R 12 UPRIGHTS		1	2,970.00	2,970.00
	ALUMINUM UPRIGHTS		12	139.04	1,668.48
	R&R 13 DIRT SLIDERS		1	1,122.50	1,122.50
	DIRT SHEDDERS		13	41.80	543.40
	R&R 30 FT SIDE SHEET		1	2,675.00	2,675.00
	ALUMINUM SIDESHEET		30	82.50	2,475.00
	R&R TARP BAR		1	165.00	165.00
	TARP BAR		1	121.00	121.00
	INSTALL NEW SLAT BEARINGS		1	495.00	495.00
	SLAT BEARINGS		1	1,375.00	1,375.00
	Transferred to page 3.....				28,164.38

Amston Supply, Inc.
1521 Waukesha Road
Caledonia, WI 53108

SALES QUOTE

Sales Quote Number: SQ01215
Sales Quote Date: 03/18/16
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Page: 3

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Customer ID K404200
SalesPerson PAUL PERMAN

Item No.	Description	Unit	Quantity	Unit Price	Total Price
	Transferred from page 2.....				28,164.38
	BISECT/STRAIGHTEN SIDES		1	660.00	660.00
	REHANG ALIGN TAILGATE		1	660.00	660.00
	TAILGATE PARTS/FASTENERS		1	82.50	82.50
	INSTALL DOT TAPE AND PIN STRIPE		1	165.00	165.00
	DOT TAPE AND PIN STRIPE		1	121.00	121.00
	RECONNECT PLUMBING AND WIRING		1	330.00	330.00
	PARTS		1	27.50	27.50
	R&R ROLL TARP SYSTEM		1	962.30	962.30
	Transferred to page 4.....				31,172.68

Amston Supply, Inc.
1521 Waukesha Road
Caledonia, WI 53108

SALES QUOTE

Sales Quote Number: SQ01215
Sales Quote Date: 03/18/16
Requested Delivery Date:
Promised Delivery Date:
Page: 4

Sell

To: KREILKAMP GROUP INC
MICHAEL KREILKAMP
6487 HWY 175
P.O. BOX 268
Allenton, WI 53002
United States

Ship

To: KREILKAMP GROUP INC
MICHAEL KREILKAMP
6487 HWY 175
P.O. BOX 268
Allenton, WI 53002
United States

Ship Via
Terms

Net 30 Days FOB SHIPPING POINT

Customer ID K404200
SalesPerson PAUL PERMAN

Item No.	Description	Unit	Quantity	Unit Price	Total Price
	Transferred from page 3.....				31,172.68
	ROLL TARP SYSTEM		1	2,420.00	2,420.00
	MISC. SHOP/ENVIRONMENTAL FEE		1	794.96	794.96

THIS IS AN ESTIMATE GOOD FOR 30
DAYS. APPLICABLE
TAXES NOT INCLUDED. THIS
ESTIMATE IS BASED OFF OF
PICTURES PROVIDED BY CUSTOMER,
UNFORESEEN DAMAGES
WOULD BE ASSESSED AT TIME OF
REPAIR.

Amount Subject to Sales Tax 0.00	Amount Exempt from Sales Tax 34,387.64	Subtotal:	34,387.64
		Invoice Discount:	0.00
		Tax:	0.00
		Total:	34,387.64

CHARLES FREDERICKSEN

From: Pam Kroon [kroonp@kreilkamp.com]
Sent: Tuesday, April 05, 2016 9:15 AM
To: CHARLES FREDERICKSEN
Subject: Winnebago County Trlr Fire

Pam Kroon, CDS

Safety Director
Kreilkamp Trucking, Inc.
6487 Hwy 175, P.O. Box 268
Allenton, WI 53002
800-558-1724 ext. 3002
www.kreilkamp.com



From: Tim Kreilkamp
Sent: Friday, February 26, 2016 3:07 PM
To: Pam Kroon <kroonp@kreilkamp.com>
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: Jill Rettler <rettlej@kreilkamp.com>
Date: February 26, 2016 at 3:04:23 PM CST
To: Tim Kreilkamp <kreilkt@kreilkamp.com>

Asset #: 2248 Description: # 1557 2008 MAC Walking Flc Date in service: 1/01/12 Situs Wisconsin
Group: Best - Trailers * Location: Allenton Serial #: 5MAMN5

Depreciation	Disposal	Transfer	Vehicle/Listed	Other	Note	Image
	Tax	Book	WI	AMT	ACE	CA
Cost/Basis	36,000.00	36,000.00	36,000.00	36,000.00		36,000.00
Method	MACRS 150% & F	Straight Line	MACRS 150% & F	MACRS 150% & F		MACRS 150%
Life	5.0	10.00	5.0	5.0		
ADS Life						
Sec 179 Expense						
Salvage Value		2,000.00				
Credit/Amount						
Prior Depreciation	21,006.00	10,200.00	21,006.00	21,006.00		21,006.00
Current Depreciation	5,997.60	3,400.00	5,997.60	5,997.60		5,997.60
Total Depreciation	27,003.60	13,600.00	27,003.60	27,003.60		27,003.60
Net Book Value	8,996.40	22,400.00	8,996.40	8,996.40		8,996.40

Jill Rettler
Controller
WB Holdings, Inc.
262-629-5000 x3034
Cell Phone 920-210-4384