

SUSAN T. ERTMER
County Clerk

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

Winnebago County
Office of the County Clerk

The Wave of the Future

NOTICE OF CLAIM

Date: January 26, 2016
To: Doug, Linda and Joan
Re: Claim from Jeffrey C. Jajtner, 532 S Waupaca Street, Wautoma; for damage to vehicle resulting from a plow truck backing up into him.

This claim will be presented to the County Board at their February 9, 2016 meeting.

FILED

JAN 29 2016

WINNEBAGO COUNTY CLERK'S OFFICE
 OSHKOSH, WI

School Bus

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

TRL 01	106 - Power Unit Number	License Plate Number	Plate Type	State	Expiration Year
	Trailer Make		Unit Type		Vehicle Identification Number

Diagram and Narrative

105 - Photos By

DIAGRAM AND NARRATIVE

me
 He backed up to me - not looking while I was blowing my Horn! Front end Damage like hood & ect...

DIAGRAM NOT DRAWN TO SCALE

UNIT 1 WHICH IS A FRONT END LOADER WAS BACKING AFTER IT WAS IN THE TRUN LANE TO CLEAR SNOW. THE DRIVER OF UNIT 1 STATED THAT HE DID NOT SEE OR HEAR UNIT 2 THAT WAS BEHIND UNIT 1 IN THE TURN LANE. UNIT 1 BACKED INTO THE FRONT END OF UNIT 2. UNIT 2 HAD MINOR DAMAGE TO THE GRILL AND IT APPEARED THAT THE HOOD OF UNIT 2 WAS POPPED OFF OF THE HINGES HOWEVER NO DAMAGE TO THE HOOD IT'S SELF WAS OBSERVED. UNIT 1 IS INSURED THROUGH WISCONSIN COUNTY MUTUAL.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name JOHNSON		125 - First Name ROSS		125 - Middle Initial		131 - Officer ID W47		
	129 - Law Enforcement Agency No.			130 - Law Enforcement Agency Name WINNEBAGO COUNTY SHERIFFS DEPT					
	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 01/08/2016			133 - Time Notified (Military Time) 1405		134 - Time Arrived (Military Time) 1431		135 - Date Of Report 01/08/2016	
	16-000079			16-000079			19 - Special Study		
	18 - Agency Space								

POLICE # 16-000079

ACCIDENT # 16-000079

<input type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number CJDRQQ1		Document Override Number	
Agency Accident Number 16-000079				Police Number 16-000079					
4 - Accident Date 01/08/2016		5 - Time of Accident (Military Time) 1400		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County WINNEBAGO - 70		3 - Municipality NEENAH - 05, TOWN				11 - Accident Location INTERSECTION			
14 - On Hwy No.	14 - On Street Name CTH CB			14 - Bus/Frnt/Rmp		15 - Est. Distance		15 - Hwy. Dir	
16 - Fr/At Hwy No.	16 - From/At Street Name OAK RIDGE RD				16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude 44.185191		13 - Longitude -88.505143			
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				93 - Manner of Collision HEAD ON					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition WET			118 - Weather RAIN			
9 <input type="checkbox"/> Hit and Run	9 <input type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire	9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed			
9 <input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone		9 <input 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			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH		24 - Speed Limit 45	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number H2005105032304		30 - State WI	31 - Expiration Year 2023	34 - On Duty Accident WINTER-HWY-MAINTENANCE			
25 - Operator/Pedestrian Last Name HAASE			25 - First Name KENNETH		25 - Middle Initial J	25 - Suffix	
32 - Date Of Birth 09/03/1950		33 - Sex MALE					

OPERATOR/PEDESTRIAN 01

26 - Address Street & Number 6740 BRECKLIN LOOP					26 - PO Box		
27 - City LARSEN			27 - State WI	27 - Zip Code 54947		28 - Telephone Number (920) 232-1700 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 N - NO APPARENT INJURY		41 - Airbag NOT APPLICABLE		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 BACKING-MANEUVER			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 UNSAFE-BACKING							
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	

PK2012

91 - Drugs Reported
124 - Highway Factors SNOW,-ICE,-OR-WET

Vehicle

VEHICLE 01	21 - Unit Type EQUIPMENT		Vehicle Type SNOW-PLOW			22 - Total Occupants 1
	56 - License Plate Number		57 - Plate Type	58 - State	59 - Exp Year	55 - Vehicle Identification Number 1DW544KZHEE661759
	50 - Year 2000	51 - Make DEER	52 - Model 544K	53 - Body Style LD - LOADER	54 - Color YEL	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage NONE					
	95 - Extent Of Damage NONE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
	46 - Company Name BROOKS TRACTOR					
	47 - Address Street & Number 1031 LAWRENCE DR			47 - PO Box		
	48 - City DEPERE		48 - State WI	48 - Zip Code 54115	49 - Telephone Number (608) 837-5141 EXT.	

Insurance

INS 01	63 - Liability Insurance Company NOT-REQUIRED		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	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 MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel SOUTH	24 - Speed Limit 45
36 - Operating as Classified D CLASS	37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number J2354236408701		30 - State WI	31 - Expiration Year 2021	34 - On Duty Accident
25 - Operator/Pedestrian Last Name JAJTNER		25 - First Name JEFFREY		25 - Middle Initial C
32 - Date Of Birth 03/07/1964	33 - Sex MALE			

PK2012

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 532 S WAUPACA ST				26 - PO Box	
	27 - City WAUTOMA		27 - State WI	27 - Zip Code 54982	28 - Telephone Number (920) 787-2045 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 N - NO APPARENT 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 SLOWING-OR-STOPPING		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 SNOW,-ICE,-OR-WET						

Vehicle

VEHICLE 02	21 - Unit Type TRUCK			Vehicle Type PICKUP/UTILITY-TRUCK			22 - Total Occupants 1
	56 - License Plate Number 353558		57 - Plate Type LTK	58 - State WI	59 - Exp Year 2017	55 - Vehicle Identification Number 1FTDR15X0VPA49717	
	50 - Year 1997	51 - Make FORD	52 - Model RANGER	53 - Body Style 2D - 2DR		54 - Color GRN	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT						
	95 - Extent Of Damage MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OWNER		
	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 JAJTNER		46 - First Name JEFFREY		46 - Middle Initial C	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 532 S WAUPACA ST				47 - PO Box	
	48 - City WAUTOMA		48 - State WI	48 - Zip Code 54982	49 - Telephone Number (920) 787-2045 EXT.	

Insurance

INS 02	63 - Liability Insurance Company STATE-FARM			60 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name JAJTNER		61 - Policy Holder First Name JEFFREY			
	61 - Policy Holder Company					

Customer name: JEFFREY C JAJTNER
 Address: 532 S WAUPACA ST
 WAUTOMA, WI
 54982-8422
 Policy: 290 0570-B01-49G
 Status: PAID IN FULL

Company: SF Mutual
 Eff date: 02-01-2016 to 08-01-2016
 Description: 1997 FORD RANGER PICKUP
 VIN: 1FTDR15X0VPA49717
 SFPP #: POLICY NOT ON SFPP

Premium/Billing Information

Amount Due: 0.00
 Total premium: 123.32

 Last amount paid: 123.32
 Date paid: 01-14-2016
 Previous premium: 126.32
 Premium refund: 0.00

 Dividend amount: 28.90
 Dividend date: 08-01-1998
 Dividend amount: 28.70
 Dividend date: 08-01-2000
 Dividend amount: 41.50
 Dividend date: 02-01-2007

Additional Policy Details

Policy form: 9849B

Coverage Details

The premium amounts shown reflect a six-month policy term.

Code	Description	Amount
A	Liability Coverage	85.09
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
	Property Damage Limit	
	Each Accident	
	\$250,000	
C	Medical Payments Coverage	10.49

	Limit - Each Person	
	\$10,000	
H	Emergency Road Service Coverage	4.00
U	Uninsured Motor Vehicle Coverage	7.62
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
W	Underinsured Motor Vehicle Coverage	16.12
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
	Total:	123.32

Vehicle Details

Year: 1997
 Make: FORD
 Model: RANGER
 Body Style: PICKUP
 VIN: 1FTDR15X0VPA49717

MSRP base: 0.00
 MSRP additional equip: 0.00
 Prior Damage: HAIL DAMAGE

Odometer Information

Odometer reading: 75,000
 Odometer date: 10-2002

Vehicle Usage

Annual miles: 12,001
 Use of vehicle: BUSINESS

Additional Interests**Lienholders**

NONE

Additional Insured/Lessors

NONE

Insurance Certificates

NONE

The information on this document is presented for general informational purposes only and is not intended to serve as a declaration page or policy.

State Farm Mutual Automobile Insurance Company, Bloomington, Illinois

FILED

JAN 25 2015

WINNEBAGO COUNTY CLERK'S OFFICE
OSHKOSH, WI

PAT'S COLLISION REPAIR AND TOWING INC.
PO BOX 17 , W7410 STATE HWY 21/73 WAUTOMA, WI. 54982
PHONE: 920-787-7396 FAX: 920-787-3188
FEDERAL TAX ID: 39-170-8383
WE MOVED, COME SEE US AT OUR NEW LOCATION! QUALITY REPAIRS SINCE 1992

*** PRELIMINARY ESTIMATE ***

01/11/2016 04:51 PM

Owner

Owner: JEFFREY JAJTNER
Address: 532 S WAUPACA ST
City State Zip: Wautoma, WI 54982

Work/Day: (920)787-2045
FAX:

Inspection

Inspection Date: 01/11/2016 04:56 PM
Primary Impact: Right Front Corner

Inspection Type:
Secondary Impact: Front

Appraiser Name: DARRELL WOYAK

Appraiser License # :

Repairer

Repairer: PATRICK C REILLY
Address: W7410 STATE HWY 21/73
P.O.BOX 17
City State Zip: WAUTOMA, WI 54982
Email: pat@patscollision.com
License # :

Contact:
Work/Day: (920)787-7396
Home/Evening: (000)000-0000
FAX: (920)787-3188

Regulation ID: 517875

Target Complete Date/Time:

Days To Repair: 6

Vehicle

1997 Ford Ranger XLT 2 DR Ext Cab Short Bed
6cyl Gasoline 4.0
5 Speed Automatic

Lic Expire:
Veh Insp# :
Condition:
Ext. Refinish: Two-Stage

VIN: 1FTDR15X0VPA49717
Mileage Type: Actual
Code: P8324A
Int. Refinish: Two-Stage

Options

4-Wheel Drive	AM/FM Stereo	Airbag Restraint
Anti-Lock Rear Brakes	Auto Locking Hubs (4WD)	Intermittent Wipers
Lighted Entry System	Power Brakes	Power Steering
Rear Step Bumper	Skid Plates	Steel Wheels
Tachometer	Tinted Glass	Velour/Cloth Seats

Damages

Line	Op	Guide	MC Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
------	----	-------	----------------	--------------	-------	------	----	-------	---

Front Bumper

1	I	5	Bumper,Front >> ALIGN BUMPER	Repair		2.0*	SM
---	---	---	---------------------------------	--------	--	------	----

Front End Panel And Lamps

2	EC	53	Grille Assembly	Replace Economy	\$69.00*	0.5	SM
---	----	----	-----------------	-----------------	----------	-----	----

Front Body And Windshield

3	EC	83	Panel,Hood	Replace Economy	\$325.00*	1.0	SM
4	L	83	13 Panel,Hood	Refinish		5.2	RF
				2.8 Surface			
				1.0 Edge			
				0.6 Two-stage setup			
				0.8 Two-stage			
5	EC	84	Hinge,Hood Panel LT	Replace Economy	\$21.00*	0.8	SM
6	L	84	Hinge,Hood Panel LT	Refinish		0.4	RF
				0.3 Surface			
				0.1 Two-stage			
7	EC	85	Hinge,Hood Panel RT	Replace Economy	\$21.00*	0.8	SM
8	L	85	Hinge,Hood Panel RT	Refinish		0.4	RF
				0.3 Surface			
				0.1 Two-stage			
9	RI	86	Pad,Insulator Hood	R & I Assembly		0.5	SM
10	BR	103	Fender,Front LT	Blend Refinish		1.2	RF
				0.8 Blend			
				0.4 Two-stage			
11	I	104	Fender,Front RT	Repair		1.0*	SM
12	L	104	Fender,Front RT	Refinish		2.3	RF
				1.9 Surface			
				0.4 Two-stage			
13	RI	117	Nameplate,Fender LT	R & I Assembly		0.2	SM
14	RI	118	Nameplate,Fender RT	R & I Assembly		0.2	SM
15	RI	99	Flare,Wheel Opening LT	R & I Assembly		0.9	SM
16	RI	100	Flare,Wheel Opening RT	R & I Assembly		0.9	SM
17	BR	172	Panel,Cowl Top	Blend Refinish		0.7	RF
				0.5 Blend			
				0.2 Two-stage			

Manual Entries

18	N	M14	Corrosion Protection	Additional Labor		0.1*	RF
19	N	M60	Hazardous Waste Removal	Additional Labor	\$5.00*		SM
20	N		RETAPE MOLDINGS	Additional Labor		0.3*	SM*
21	RI		FRONT RH/LH SLPASH SHEILD	R & I Assembly		0.2*	SM*
22	EC		BUG SHEILD	Replace Economy	\$95.00*	0.3*	SM*
			>> LUND BUG SHEILD				

22 Items

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Other Parts		\$536.00
Paint & Materials	10.3 Hours @ \$38.00	\$391.40
Parts & Material Total		\$927.40
Tax on Parts & Material	@ 5.500%	\$51.01

Labor	Rate	Replace	Repair Hrs	Total Hrs
			Hrs	

Sheet Metal (SM)	\$58.00	6.3	3.3	9.6	\$556.80
Mech/Elec (ME)	\$70.00				
Frame (FR)	\$70.00				
Refinish (RF)	\$58.00	10.2	0.1	10.3	\$597.40
Labor Total				19.9 Hours	\$1,154.20
Tax on Labor		@ 5.500%			\$63.48
Gross Total					\$2,196.09
Net Total					\$2,196.09


Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 54982 Audatex Host

Audatex Estimating 7.0.712 ES 01/15/2016 12:15 PM REL 7.0.712 DT 12/01/2015 DB 12/15/2015
 Copyright (C) 2016 Audatex North America, Inc.

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

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 = Replace Recycled
TE = Partial Replace Price	PM = Replace PXN Reman/Rebit	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	



This report contains proprietary information of Audatex and may not be disclosed to any third party (other than the insured, claimant and others on a need to know basis in order to effectuate the claims process) without Audatex's prior written consent.

Copyright (C) 2016 Audatex North America, Inc.
 Audatex Estimating is a trademark of Audatex North America, Inc.