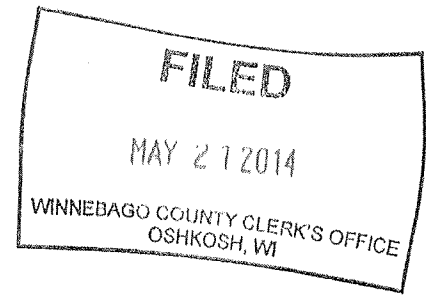


NOTICE OF INJURY  
AND  
CLAIM FOR DAMAGES



TO: COUNTY OF WINNEBAGO  
C/o County Clerk  
415 Jackson Street  
Oshkosh, WI 54901

JAMES STADTMUELLER  
140 Lone Elm Avenue  
Van Dyne, WI 54979

PLEASE TAKE NOTICE that on February 21, 2014, Linda Pitz, residing at 819 Hawthorne Terrace, Manitowoc, Wisconsin was involved in an automobile incident at the location of 9<sup>th</sup> Avenue near Koeller Street, City of Oshkosh, Winnebago County, causing her to sustain personal injuries which necessitated medical care and attention; furthermore, these injuries may be permanent in nature.

**LIABILITY**

The County of Winnebago on account of its liability for the acts of its agents and/or employees, and particularly James Stadtmueller, as further set in the Notice of Injury and Claim for Damages, who was acting within the scope of his employment at the time of said incident.

At said time and place, James Stadtmueller was driving a 2013 Ford transit cargo van, owned by the County of Winnebago when he rear ended a motor vehicle being operated by Linda Pitz.

At said time and place, James Stadtmueller, failed to keep proper look out, failed to safely manage and control said vehicle,

drove inattentively and negligently operated said vehicle at and immediately prior to the time of said incident.

DAMAGES

As a proximate result of the above-described negligence, Linda Pitz sustained personal injuries, including but not limited to, her lower back pain shooting up into thoracic spine and sometimes into legs causing her to incur medical bills and expenses, and pain and suffering all to her damage in the amount of:

MEDICAL BILLS TO DATE:

Holy Family Memorial	\$ 15,000.00
Lakeshore Radiology	\$ 2,000.00

<u>FUTURE MEDICAL EXPENSES:</u>	\$ 10,000.00
---------------------------------	--------------

PAIN AND SUFFERING:


Past pain and suffering and disability	\$ 5,000.00
Future pain and suffering and disability	\$ 5,000.00

<u>TOTAL CLAIM:</u>	\$ 37,000.00
---------------------	--------------

WHEREFORE, Linda Pitz, demands THIRTY SEVEN THOUSAND DOLLARS (\$37,000.00) from said County of Winnebago and James Stadtmueller.


DATED at Milwaukee, Wisconsin this 20 day of May, 2014.

BY: \_\_\_\_\_

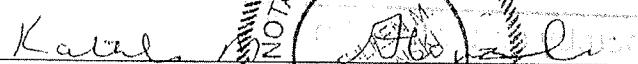
  
JOHN F. McNALLY  
SBW#: 01013701  
Hausmann-McNally, S.C.  
Attorneys for Claimant

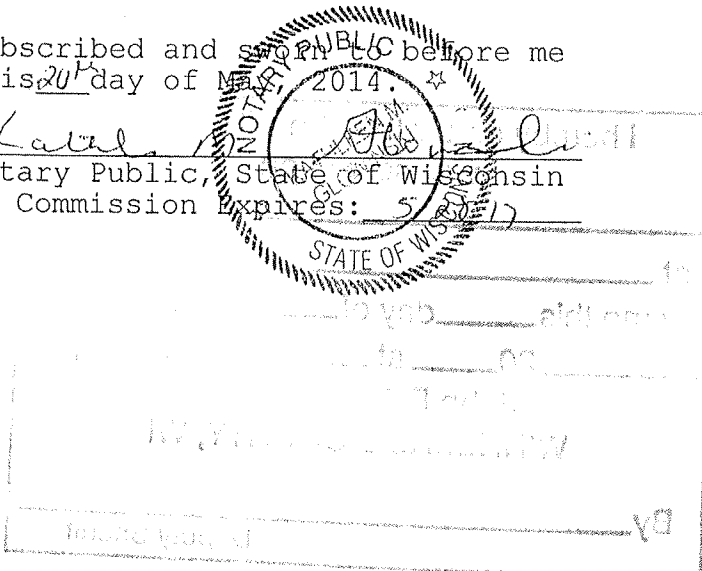
STATE OF WISCONSIN)  
)  
MILWAUKEE COUNTY )

JOHN F. McNALLY, being duly sworn on oath deposes and says:  
That he is one of the attorneys for the above-named claimants and  
that he makes this Affidavit on claimant's behalf being duly  
authorized to do so; that he is a resident of the City and County  
of Milwaukee, State of Wisconsin, that he has read the foregoing  
Notice of Injury and Claim for Damages and believes upon  
information and belief that the matters stated therein are true.  
That the source of affiant's information are statements made by  
the claimant and that he has been duly authorized to verify this  
Notice of Injury and Claim for Damages.

  
\_\_\_\_\_  
JOHN F. McNALLY  
SBW#: 01013701

Subscribed and sworn to before me  
this 20<sup>th</sup> day of May, 2014.

  
\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission Expires: 5-28-17



I hereby certify that the within copy  
was served on  
Sue Zetner  
at 415 Jackson  
by me this 21 day of May  
20 14 at 3:00 am/pm  
John F. Matz, Sheriff  
WINNEBAGO COUNTY, WI  
By J. V. Belle WS5  
Deputy Sheriff



# HAUSMANN-MCNALLY, SC

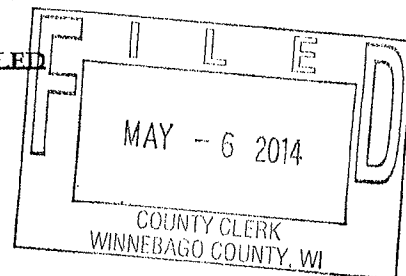
ATTORNEYS AT LAW

633 WEST WISCONSIN AVENUE, SUITE 2000, MILWAUKEE, WI 53203  
1-414-271-5300 / TOLL FREE 1-866-400-0080 / FAX 414-271-7780

[WWW.HAUSMANN-MCNALLY.COM](http://WWW.HAUSMANN-MCNALLY.COM)

May 6, 2014

**FACSIMILE & MAILED**  
920-303-3025



GREGORY D. ABEL\*\*  
DAVID J. BISCHMANN\*  
JULIE A. BLANKS\*\*  
J. SCOTT BOWMAN\*\*  
AMY M. DAVIS#  
MICHAEL J. DONOVAN\*\*\*  
CHARLES HAUSMANN\*  
MILES G. LINDNER\*  
JOHN F. McNALLY\* ++  
NATASHA R. MIERA\* \*\*  
PATRICK C. O'NEILL\* \*\*  
PAUL P. PODEREYKO# \*\*  
JASON POHREN\* \*\* \*\*  
CRAIG D. QUEEN\*\*  
RODNEY ALAN TUCKER##  
KEN A. WINJUM\*\*  
MATTHEW T. WOLF\*\*

LICENSED IN WI\*  
LICENSED IN IL\*\*  
LICENSED IN IA\*\*\*  
LICENSED IN CA+  
LICENSED IN ND++  
LICENSED IN IN#  
LICENSED IN MN\*  
LICENSED IN OH\*\*  
LICENSED IN NE##

MILWAUKEE OFFICE  
(414) 271-5300  
(866) 400-0080

MADISON OFFICE  
(608) 258-4860  
(866) 258-4860

APPLETON OFFICE  
(920) 982-4861  
(866) 982-4861

EAU CLAIRE OFFICE  
(800) 227-8699

INDIANA OFFICE  
(317) 634-9900  
(866) 634-9901

OHIO OFFICE  
(614) 223-0100  
(877) 223-0104

DECATUR OFFICE  
(217) 424-8833  
(866) 424-8833

ROCKFORD OFFICE  
(815) 853-3668  
(866) 853-3644

BELLEVILLE OFFICE  
(618) 234-8833  
(800) 227-8699

PEORIA OFFICE  
(309) 691-5700  
(800) 227-8699

MERRILLVILLE OFFICE  
(219) 791-8920  
(877) 791-8375

DES MOINES OFFICE  
(563) 400-0080

NORWALK OFFICE  
(515) 951-5220

OMAHA OFFICE  
(402) 537-8000  
(866) 400-0080

Ms. Sue Ertmer  
County Clerk  
Winnebago County  
P.O. Box 2808  
Oshkosh, Wisconsin 54903

Re:	Our Client:	Linda Pitz
	Your Insured:	James Stadtmueller/Winnebago County
	Your Claim No.:	Unknown
	Type of Accident:	Auto
	Date of Accident:	2/21/2014

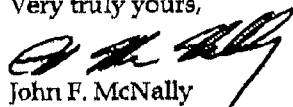
Dear Ms. Ertmer:

Please be advised that we have been retained by the above-named client to represent a claim for injuries sustained on the above date when our client was involved in an automobile accident with your insured. Please be further notified of our attorney's lien in reference to this case pursuant to the statutes of the State of Wisconsin.

As a result of this accident, our client sustained personal injuries, which necessitated medical care and attention.

Upon receipt of your acknowledgment of this letter, we will forward the appropriate medicals and specials after they have all been received by our office. Thank you in advance for your anticipated cooperation in this matter.

Very truly yours,

  
John F. McNally  
Attorney at Law

P.S. We are hereby revoking any authorizations signed by our client(s) and are requesting copies of any written or recorded statements our client(s) may have given.

JFM/jt  
cc: Linda Pitz

Ertmer, Sue

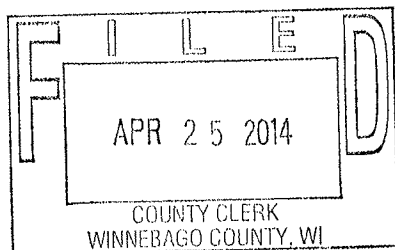
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**From:** Lichtenwalner, Maxwell [Maxwell.Lichtenwalner@LibertyMutual.com]  
**Sent:** Friday, April 25, 2014 9:37 AM  
**To:** Ertmer, Sue  
**Subject:** Your Claim Number: unk / Our Claim Number: 029212589-0002  
**Attachments:** demand.pdf; estimate.pdf; proof.pdf; rental.pdf; 838601969[1].jpg; 838601989[1].jpg; 838601999[1].jpg

**\*\*\*PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL\*\*\*** If you require additional documents or are missing a document, please send your request with the Liberty Mutual Claim Number in the subject line to [docsrequest@LibertyMutual.com](mailto:docsrequest@LibertyMutual.com). All other requests or questions should be directed to our Customer Claims Representative found on the attached letter.

Liberty Mutual Insurance  
Personal Market Claims - Subrogation Recovery Team  
1-800-521-0986  
fax - 1-603-334-0372

Notice: The information contained in this electronic mail transmission is intended by Liberty Mutual for the use of the named individual or entity to which it is directed and may contain information that is privileged or otherwise confidential. If you have received this electronic mail transmission in error, please delete it from your system without copying or forwarding it, and notify the sender of the error by reply e-mail or by telephone (collect), so that the sender's address records can be corrected.





## CONTACT US

ATTN: Wisconsin County Mutual Insurance Corp.  
Fax:  
Email: [sertmer@co.winnebago.wi.us](mailto:sertmer@co.winnebago.wi.us)

Date: April 25, 2014

Your Claim Number: unk  
Your Insured: WINNEBAGO COUNTY DEPT OF FACILITIES

Our Claim Number: 029212589-0002  
Our Insured: ERICH PITZ

Date of Loss: 02/21/2014

**By Phone**  
Tel: (800) 521-0986  
Ext: 7273476  
Fax: (603) 334-0372

**By Email**  
CONNIE.KUKOLY  
[@libertymutual.com](mailto:@libertymutual.com)

**LM General Insurance  
Company**  
5050 W. Tilghman St.-Ste 200  
Allentown, PA 18104-9915

**Visit us online**  
[LibertyMutual.com](http://LibertyMutual.com)

### NOTE: PLEASE SCROLL ALL THE WAY DOWN TO VIEW ENCLOSED PROOFS.

Based on our investigation of this accident/loss, we believe your Insured to be responsible for our Insured's damage.

Please see the enclosed Subrogation Demand in the amount of \$ 3,208.39

If liability is pending, please provide the status of your investigation and the timeframe in which you anticipate your investigation will be completed.

Payment should be sent to: Liberty Mutual Insurance  
5050 West Tilghman St - Suite 200 - Allentown, PA 18104-9915

Property Damages:	\$ 2,908.40
Deductible:	\$ 0.00
Rental:	\$ 299.99

**Total Amount Due:** \$ 3,208.39

Insured's Out of Pocket (if known) \$ 0.00

Please include our claim number on your check for the total amount of damages above and send your payment to my attention. Please deal directly with our insured to discuss any out of pocket expenses they may have incurred. Payment of out of pocket expenses should be made directly to our insured.

If you have any questions, please contact me at the telephone / extension number above.

When communicating by email, please be sure to include our claim number in the subject line.

Thank you,  
CONNIE KUKOLY  
Recovery Team  
Subrogation Department

P.S.

Enclosure

SUB127A

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

\*\*\* ESTIMATE \*\*\*

03/17/2014 02:17 PM

Owner

Owner: LINDA PITZ  
Address: 819 HAWTHORNE TERRACE  
City State Zip: Manitowoc, WI 54220  
Email: LNDPITZ@YAHOO.COM

Home/Day: (920)973-7720  
Work/Day: (920)973-7720  
FAX:

Control Information

Claim # : 029212589-02  
Loss Date/Time: 02/21/2014 06:00 AM  
Deductible: Waived

Insured Policy # : XXXXX  
Loss Type: Collision

Ins. Company: Liberty Mutual

Insured: ERICH PITZ

Loss Payee: Wisconsin Medical Credit Union

Inspection

Inspection Date: 03/17/2014 02:16 PM  
Primary Impact: Right Rear Corner  
Driveable: Yes

Inspection Type: Direct Repair Program  
Secondary Impact:  
Rental Assisted:

Assigned Date/Time:  
First Contact Date/Time:

Received Date/Time: 03/14/2014 01:01 PM  
Appointment Date/Time: 03/17/2014 06:00 AM

Appraiser Name: JACK FIELDS  
Address: 151 N GREEN BAY RD  
City State Zip: Neenah, WI 54956  
Email: JFIELDS@BERGSTROMAUTO.COM

Appraiser License # :  
Work/Day: (920)729-4020x1373  
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:

Vehicle

2010 Mercedes-Benz GLK350 STD 4 DR Wagon  
6cyl Gasoline 3.5  
7-Speed Automatic

Lic.Plates: 341UHL  
Lic Expire:  
Prod Date: 07/2009

Lic State: WI  
VIN: WDCGG8HB9AF377305  
Mileage: 80,795



**Veh Insp# :**  
**Condition:**  
**Ext. Color:** ARCTIC WHITE  
**Ext. Refinish:** Two-Stage  
**Ext. Paint Code:** 650,9650

**Mileage Type:** Actual  
**Code:** 31764A  
**Int. Color:** POLSTER, KUNSTLEDER - LEDER T  
**Int. Refinish:**  
**Int. Trim Code:** 104

**Options - AudaVIN Information Received**

4-Wheel Drive	AM/FM CD Player	Air Conditioning
Alarm System	Aluminum/Alloy Wheels	Anti-Lock Brakes
<b>Automatic Dimming Mirror</b>	Bucket Seats	Cargo/Trunk Net
Center Console	Chrome Grille	Cruise Control
Daytime Running Lights	<b>Driver Seat Memory</b>	Dual Airbags
Dual Power Seats	Dual Zone Auto A/C	<b>Electronic Compass</b>
<b>Floor Mats</b>	Fog Lights	<b>Garage Door Opener</b>
Halogen Headlights	Head Airbags	<b>Heated Front Seats</b>
Heated Power Mirrors	Heated W/S Wiper Washers	Illuminated Visor Mirror
Intermittent Wipers	Keyless Entry System	<b>Leather Seats</b>
Leather Shift Knob	<b>Leather Steering Wheel</b>	Lighted Entry System
MP3 Player	<b>Panorama Sunroof</b>	Power Brakes
Power Door Locks	<b>Power Liftgate</b>	Power Steering
Power Windows	<b>Pwr Driver Lumbar Supp</b>	<b>Rain-Sensing W/S Wipers</b>
Rear Fog Lamp	Rear Window Defroster	Rear Window Wiper/Washer
<b>Reverse Sensing System</b>	Roof/Luggage Rack	Side Airbags
<b>Sirius Satellite Radio</b>	Split Folding Rear Seat	Stability Cntrl Suspensn
Strg Wheel Radio Control	Tachometer	Theft Deterrent System
Tilt & Telescopic Steer	Tinted Glass	Tonneau/Cargo Cover
Traction Control System	<b>Trailer Hitch</b>	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
<b>Rear Bumper</b>										
1	E	538		Reflector,Rear Side RT	2048200274	\$22.00			INC	SM
2	E	520	01	Cover,Rear Bumper	20488050409999	\$750.00*			3.3	SM
3	L	520	13	Cover,Rear Bumper	Refinish				3.8	RF
				2.7 Surface						
				0.6 Two-stage setup						
				0.5 Two-stage						
4	E	434		Snsr, Obstacle Warning LT	2215420417	\$134.00			2.0	SM
5	L	434		Snsr, Obstacle Warning LT	Refinish				0.1	RF
				0.1 Surface						
<b>Rear Body, Lamps And Floor Pan</b>										
6	E	548	01	Muffler Assembly RT	2044907235	\$1,190.00			0.8	ME
6	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** \$2,096.00  
**Paint Materials** \$128.70

Parts & Material Total		\$2,224.70
Tax on Parts & Material	@ 5.000%	\$111.24

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs
Sheet Metal (SM)	\$53.00	5.3		5.3
Mech/Elec (ME)	\$72.00	0.8		0.8
Frame (FR)	\$54.00			
Refinish (RF)	\$53.00	3.9		3.9
Paint Materials	\$33.00			

Labor Total		10.0 Hours	\$545.20
Tax on Labor	@ 5.000%	\$27.26	
Gross Total			\$2,908.40
Less: Deductible			Waived-
Net Total			\$2,908.40

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 54957 Geo 54957  
Recycled Parts Y/0/0 Zip Code: 54957 INV DATE: 03/14/2014

Audatex Estimating 7.0.226 ES 03/17/2014 02:52 PM REL 7.0.226 DT 03/01/2014 DB 03/15/2014  
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1.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

"THIS IS NOT AN AUTHORIZATION TO REPAIR. PRESENT THIS APPRAISAL TO THE  
REPAIRING GARAGE BEFORE REPAIRS BEGIN. WE RESERVE THE RIGHT TO INSPECT ANY  
ADDITIONAL DAMAGE BEFORE CONSIDERING PAYMENT OF SUPPLEMENTAL REPAIR CHARGES."

NUMBER OF DAY TO REPAIR.....

THE INSURER GUARANTEES THAT ALL PARTS IDENTIFIED IN THIS ESTIMATE  
ARE CERTIFIED AS QUALITY REPLACEMENT PARTS BY AN INDUSTRY  
CERTIFICATION ORGANIZATION. THE INSURER FURTHER GUARANTEES THAT IT  
WILL REPLACE ANY QUALITY REPLACEMENT PART IDENTIFIED IN THIS ESTIMATE  
(A RECYCLED PART MANUFACTURED BY THE ORIGINAL EQUIPMENT MANUFACTURER  
OR A NEW PART NOT MANUFACTURED BY THE ORIGINAL EQUIPMENT MANUFACTURER)  
IF A DEFECT IS DISCOVERED. THIS GUARANTEE WILL BE IN EFFECT FOR AS LONG  
AS YOU OWN THE VEHICLE DESCRIBED IN THIS ESTIMATE, BUT IT IS NOT  
TRANSFERABLE TO ANY OTHER PARTY AT ANY TIME. THIS GUARANTEE COVERS THE  
COST OF THE PART, LABOR TO INSTALL, AND PAINT AND MATERIALS, IF REQUIRED,  
AS WELL AS THE COST OF RENTAL OF A TEMPORARY REPLACEMENT VEHICLE DURING  
THE REPAIRS. THIS GUARANTEE DOES NOT COVER CONSEQUENTIAL DAMAGES. IF A  
DEFECT IN A QUALITY REPLACEMENT PART IS DISCOVERED, CONTACT YOUR ADJUSTER  
OR AGENT IMMEDIATELY, AND WE WILL REPLACE THE PART WITH A NEW  
ORIGINAL EQUIPMENT MANUFACTURER PART.  
THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A  
SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. THE AFTERMARKET  
CRASH PARTS USED IN THE PREPARATION OF THIS ESTIMATE ARE WARRANTED BY THE  
MANUFACTURER OR DISTRIBUTOR OF SUCH PARTS RATHER THAN THE MANUFACTURER OF  
YOUR VEHICLE.

DEAR LIBERTY MUTUAL CUSTOMER,

A LIBERTY MUTUAL APPRAISER OR APPROVED REPAIR FACILITY HAS COMPLETED AN APPRAISAL OF THE DAMAGES TO YOUR VEHICLE. A COPY OF THE APPRAISAL WILL BE MAILED IF ONE IS NOT ATTACHED.

WITH LIBERTY MUTUAL YOU MAY CHOOSE WHO WILL COMPLETE REPAIRS TO YOUR VEHICLE. YOU MAY CHOOSE A SHOP YOU ARE FAMILIAR WITH OR ONE OF OUR TOTAL LIBERTY CARE SHOPS. (IF YOU DESIRE WE WILL PROVIDE YOU WITH A LIST OF OUR TOTAL LIBERTY CARE SHOPS. PLEASE PRESENT THE APPRAISAL TO THE SHOP OF YOUR CHOICE.)

THE SHOPS PARTICIPATING IN OUR TOTAL LIBERTY CARE PROGRAM OFFER YOU BOTH A WRITTEN GUARANTEE AND QUALITY REPAIRS. LIBERTY MUTUAL, HOWEVER CAN ONLY OFFER A GUARANTEE AT OUR APPROVED TOTAL LIBERTY CARE SHOPS.

SHOULD THE REPAIR SHOP FIND ADDITIONAL DAMAGE, THEY ARE REQUIRED TO CONTACT LIBERTY MUTUAL PRIOR TO PERFORMING ADDITIONAL REPAIRS. SUPPLEMENTAL CHARGES SUBMITTED WITHOUT PRIOR AUTHORIZATION FROM LIBERTY MUTUAL WILL BE DENIED. IF YOU WOULD LIKE LIBERTY MUTUAL TO ISSUE PAYMENT TO THE REPAIR SHOP YOU HAVE SELECTED DIRECTLY, PLEASE SIGN AND DATE THE AUTHORIZATION BELOW.

DIRECT PAYMENT AUTHORIZATION

I AUTHORIZE LIBERTY MUTUAL TO PAY \_\_\_\_\_ ON MY BEHALF FOR THE REPAIR OF COVERED DAMAGES TO MY VEHICLE.

VEHICLE OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*CAPA SHEET METAL OPTION\*\*\*\*\*  
A CAPA CERTIFIED SHEETMETAL PART IS AVAILABLE FOR YOUR VEHICLE FOR THE FOLLOWING PARTS.

LEFT FENDER	OEM \$	QRP \$	DIFFERENCE \$
RIGHT FENDER	OEM \$	QRP \$	DIFFERENCE \$
HOOD	OEM \$	QRP \$	DIFFERENCE \$
LEFT DOOR	OEM \$	QRP \$	DIFFERENCE \$
RIGHT DOOR	OEM \$	QRP \$	DIFFERENCE \$
DECK LID	OEM \$	QRP \$	DIFFERENCE \$
YOUR TOTAL SAVINGS IF YOU CHOOSE CAPA PARTS WOULD BE:			\$

AS THE OWNER YOU HAVE THE CHOICE \*\*\*TOTAL DIFFERENCE SUBJECT TO PART AVAILABILITY AND PRICE FLUCTUATION. USE OF CAPA CERTIFIED SUBSTITUTE SHEET METAL DOES NOT AFFECT YOUR WARRANTY.

I HEREBY GIVE THE SHOP PERMISSION TO USE THE ABOVE CAPA PARTS \_\_\_\_\_

Op Codes

\* = User-Entered Value  
EC = QUALITY REPL. PART  
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 = OEM SURPLUS PART  
EP = QUALITY REPL. PART  
PM = Replace PXN Reman/Reblt  
PC = Replace PXN Reconditioned  
SB = Sublet Repair  
I = Repair  
RI = R & I Assembly  
RP = Related Prior Damage

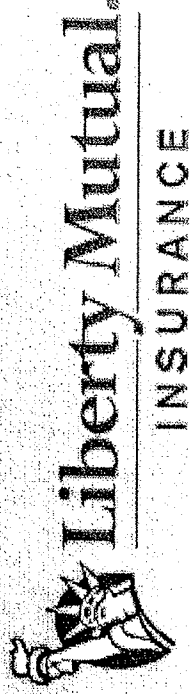
NG = Replace NAGS  
UE = OEM SURPLUS PART  
EU = LIKE KIND & QUALITY  
UM = Replace Reman/Rebuilt  
UC = Replace Reconditioned  
N = Additional Labor  
IT = Partial Repair  
P = Check



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Audatex Estimating is a trademark of Audatex North America, Inc.

Claimant: ERICH PITZ  
 Insured: ERICH PITZ  
 Claim: 029212589  
 Date of Loss: 02/21/2014



Reserve

(2) 1st Party Vehicle - ERICH PITZ - Collision - Non-Medical Loss

Payee	Check #	Issued Date	Amount Paid	Check Status
BERGSTROM VICTORY LANE IMPORTS	33910551	04/16/2014	\$299.99	Cleared
BERGSTROM	33710483	03/18/2014	\$2,908.40	Cleared
Total			\$3,208.39	

Grand Total

\$3,208.39



# RENTAL AGREEMENT FACE PAGE 1263

127079

DEALER INFORMATION			
Name <b>VICTORY LANE IMPORTS</b>			
Address <b>3023 VICTORY LANE</b>			
City <b>APPLETON</b>	State <b>WI</b>	Zip <b>54913</b>	
Phone <b>920-749-3232</b>			

RO# <b>508803</b>	H131889	RA#
CUSTOMER INFORMATION		
Customer <b>LINDA PETZ</b>		
Home Address <b>819 HAWTHORNE TER.</b>		
City <b>MAWATER</b>	State <b>WI</b>	Zip <b>54220</b>
Driver's License No. <b>P330-5375-8963 02</b>	State <b>WI</b>	Expires <b>12/2015</b>
Birth Date	Home Telephone	

CUSTOMER VEHICLE INFORMATION	
License No.	State
VIN	
Year/Make/Model/Color	

Additional Driver's Name	Birth Date
Driver's License No.	State Expires
Additional Driver's Name	Birth Date
Driver's License No.	State Expires

RENTAL VEHICLE INFORMATION			
Date and Time IN	A.M.	P.M.	
Date and Time OUT	A.M.	P.M.	
Date and Time DUE IN	A.M.	P.M.	
Vehicle VIN	<b>H131389</b>		
Vehicle Description	<b>2013 SANTA FE</b>		
Mileage IN	<b>2838</b>		
Mileage OUT	<b>2032</b>		
Miles Driven			
Miles Allowed			
Chargeable Miles			

CUSTOMER INSURANCE INFORMATION		
Insurer <b>LIBERTY Mutual</b>	Agent	
Policy No.	Expiration Date	Telephone

DAMAGE DESCRIPTION	
Initials	Condition Out:
	<b>GOOD</b>
	Condition In:
	<b>GOOD</b>

RATES DO NOT INCLUDE FUEL		RENTAL CHARGES	
HOURS: @ \$ PER HOUR			
DAYS: 10 @ \$ 28.57		285	70
WEEKS: @ \$			
MILES: @ \$ PER MILE			
TAXABLE FUEL GAL @ \$			
TITLE & REGISTRATION FEE			
TAX @ 5%		14	29
NON-TAXABLE FUEL GAL @ \$			
TITLE & REGISTRATION FEE			
NET DUE CUSTOMER DEPOSIT / REFUND / OTHER			
SUB-TOTAL		299	99
METHOD OF PAYMENT			
REFUNDED			
CUSTOMER INITIALS			
CARD VERIFIED			

## Fuel Disclosure

You are required to return the Vehicle with at least the same amount of fuel as when rented. If you do not return the Vehicle with at least the same amount of fuel; you will pay us a refueling fee of \$ plus fuel @ \$ per gallon.

- NO PETS

- NO SMOKING

LIBERTY Mutual CLAIM #029212589-02  
029234156-01

By signing below, you: agree to the terms and conditions of this Agreement set forth on the Face Page and in the Terms and Conditions; acknowledge that you had an opportunity to read the Agreement before signing; authorize us to process a separate credit/debit card voucher in your name for all Charges, including Tolls and Violations; authorize us to release your billing/rental information to third parties for billing/processing purposes; and agree that binding consideration exists, as further described in Section 2 of the Terms and Conditions of this Agreement.

Your Signature

All Charges Subject to Final Audit

