

**\*\*\*ATTACHMENTS\*\*\***

**CITY OF SHEBOYGAN**

**REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION**

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**ITEM DESCRIPTION:** R.O. No. 23-20-21 is a claim from Bettymae Schuh for alleged damages to his property.

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**REPORT PREPARED BY:** Laurie Suhrke, Auditor/Analyst

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**REPORT DATE:** June 11, 2020

**MEETING DATE:** June 22, 2020

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**FISCAL SUMMARY:**

Budget Line Item: N/A  
Budget Summary: N/A  
Budgeted Expenditure: N/A  
Budgeted Revenue: N/A

**STATUTORY REFERENCE:**

Wisconsin Statutes: N/A  
Municipal Code: N/A

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**BACKGROUND / ANALYSIS:**

R.O. No. 23-20-21 is a claim from Bettymae Schuh for alleged damages to her property when a city tree fell during a storm.

**STAFF COMMENTS:**

City staff has reviewed the above claim and under the authorization by the Common Council, Res. No. 64-17-18, has determined it is in the best interest of the City of Sheboygan to deny the claim.

**ACTION REQUESTED:**

Motion to recommend the Common Council accept and file document R.O. No. 23-20-21.

**ATTACHMENTS:**

- I. R.O. No. 23-20-21

I

3.2

R. O. No. 23 - 20 - 21. By CITY CLERK. June 15, 2020.

Submitting a claim from Bettymae Schuh for alleged damages to her house when a city tree fell on it.

F&P

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CITY CLERK

DATE RECEIVED

6-10-2020

RECEIVED BY

MKC

CLAIM NO.

4-20

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

JUN 10 '20 PM 3:50

**INSTRUCTIONS: TYPE OR PRINT IN BLACK INK**

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

**TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.**

- 1. Name of Claimant: Bettymae Schuk
- 2. Home address of Claimant: 3119 South 20<sup>th</sup>
- 3. Home phone number: 920-452-0822
- 4. Business address and phone number of Claimant: \_\_\_\_\_

5. When did damage or injury occur? (date, time of day) June 2 - 9:15 p.m.

6. Where did damage or injury occur? (give full description) city tree fell on the house & ruined the rain gutter & screen

7. How did damage or injury occur? (give full description) wind storm on June 2 - 9:15 p.m.

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: \_\_\_\_\_

(b) Claimant's statement of the basis of such liability: \_\_\_\_\_

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: \_\_\_\_\_

(b) Claimant's statement of basis for such liability: \_\_\_\_\_

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

no injury

11. Name and address of any other person injured: \_\_\_\_\_

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ \_\_\_\_\_

Property: \$ 720.00

Personal injury: \$ \_\_\_\_\_

Other: (Specify below) \$ \_\_\_\_\_

**TOTAL** \$ 720.00

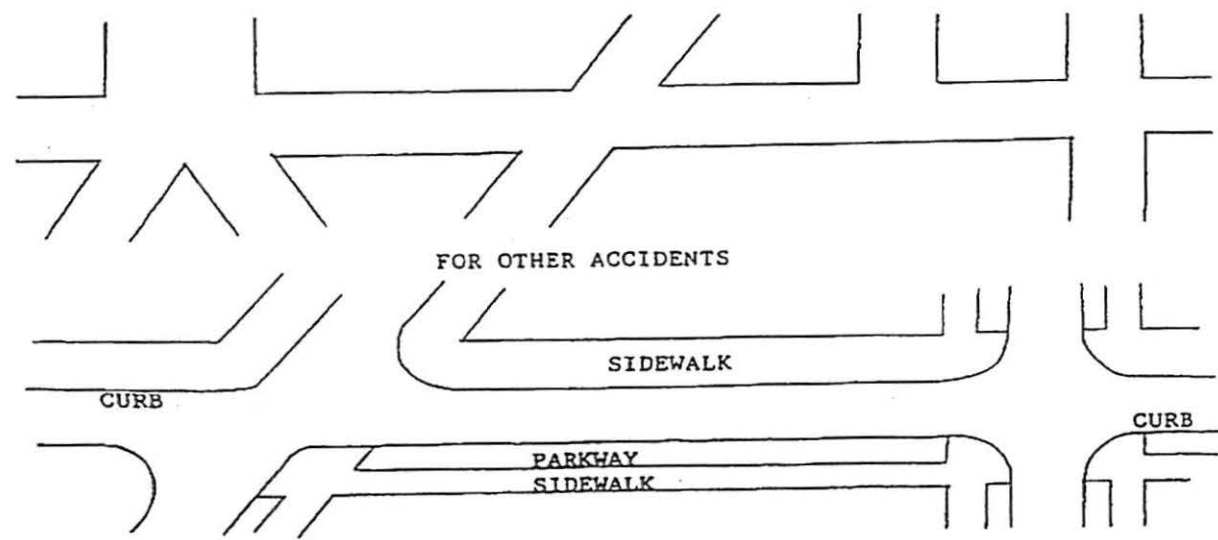
Damaged vehicle (if applicable)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Mileage: \_\_\_\_\_

Names and addresses of witnesses, doctors and hospitals: \_\_\_\_\_

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



**SIGNATURE OF CLAIMANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

DATE RECEIVED 6-10-2020

RECEIVED BY MKC

CLAIM NO. 4-20

CLAIM

Claimant's Name: Betty Mae Schuch  
Claimant's Address: 3119 S. 20<sup>th</sup> Street  
Sheboygan, WI 53081  
Claimant's Phone No. 920-452-0822

Auto \$ \_\_\_\_\_  
Property \$ 720.00  
Personal Injury \$ \_\_\_\_\_  
Other (Specify below) \$ \_\_\_\_\_  
**TOTAL** \$ 720.00

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.  
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 720.00.

SIGNED Betty Mae Schuch DATE: 6-10-2020

ADDRESS: 3119 South 20<sup>th</sup> St, Sheboygan, WI 53081

MAIL TO: CLERK'S OFFICE  
828 CENTER AVE #100  
SHEBOYGAN WI 53081

**CITY OF SHEBOYGAN**

**REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION**

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**ITEM DESCRIPTION:** Res. No. 35-20-21 by Alderpersons Donohue and Bohren authorizing the I/T Director to enter into a contract with Ontech Systems, Inc. for an I/T Security Assessment.

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**REPORT PREPARED BY:** Eric Bushman, Information Technology Director

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**REPORT DATE:** June 17, 2020

**MEETING DATE:** June 22, 2020

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**FISCAL SUMMARY:**

Budget Line Item: 70717100-521900  
Budget Summary: Contracted Services  
Budgeted Expenditure: \$5,000  
Budgeted Revenue: \$4,850

**STATUTORY REFERENCE:**

Wisconsin Statutes: N/A  
Municipal Code: N/A

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**BACKGROUND / ANALYSIS:**

As part of the 2020 budget, the Sheboygan Information Technology Department planned on contracting with Ontech Systems, Inc. to perform an I/T Security Assessment.

**STAFF COMMENTS:**

Ontech Systems, Inc. performed an I/T Security Assessment in 2016 which we will use as a benchmark against this 2020 Assessment. This assessment is a program offered through CVMIC where they pick-up half the cost, reducing the City's cost to \$4,850.

**ACTION REQUESTED:**

Motion to recommend the Common Council adopt Res. No. 35-20-21.

**ATTACHMENTS:**

- I. Res. No. 35-20-21

**III**

4.2.

Res. No. 35 - 20 - 21. By Alderpersons Donohue and Bohren.  
June 15, 2020.

A RESOLUTION authorizing the IT Director to enter into a Contract with Ontech Systems, Inc. for an IT Security Assessment.

RESOLVED: That the IT Director is hereby authorized to execute the attached Contract with Ontech Systems, Inc.

BE IT FURTHER RESOLVED: That the appropriate City officials are authorized to draw funds not to exceed \$4,850.00 from Account No. 70717100-521900 pursuant to the terms of the Agreement.

FAP

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Dated \_\_\_\_\_ 20 . \_\_\_\_\_, City Clerk

Approved \_\_\_\_\_ 20 . \_\_\_\_\_, Mayor

## CONSULTING SERVICES AGREEMENT

This Agreement is made as of \_\_\_\_\_ between Ontech Systems, Inc., a Wisconsin corporation ("Ontech"), N85W16186 Appleton Avenue, Suite A, Menomonee Falls, WI 53051, (262) 522-8560 and City of Sheboygan ("CLIENT"), 828 Center Ave, Sheboygan, WI \_\_\_\_\_, 53081, (920) 459-4271.

### RECITALS

A. Ontech is engaged in, among other things, the business of providing computer consulting services ("Services") and the sale of computer hardware and software ("Products"), collectively referred to as the "Work".

B. CLIENT desires to hire Ontech to perform that certain Work more fully described on Attached Schedule A on the terms and conditions set forth in this Consulting Services Agreement or in subsequent amendments thereto (the "Agreement").

NOW, THEREFORE, in consideration of the mutual promises set forth below, the parties hereby agree as follows:

1. **Services.** Ontech shall provide to CLIENT the mutually agreed upon Work as is more fully described on Schedule A attached hereto and incorporated herein by reference.

2. **Fees.** As compensation for the Work provided or performed by Ontech, CLIENT agrees to pay Ontech the fees and charges set forth in Schedule A or in any subsequent "Scope of Work" entered into by and between Ontech and CLIENT (together with any sales or use tax that may be applicable). Ontech reserves the right to raise its fees and charges upon thirty (30) days written notice to CLIENT; provided however fees and charges shall not be increased during the first one hundred and eighty (180) days from the date of Schedule A or the date of any subsequent "Scope of Work".

CLIENT shall also pay Ontech for the one-way travel time between Ontech's office and the CLIENT's location at one-hundred percent (100%) of the rates stated above. Crisis reply rates of one hundred fifty percent (150%) of the rates stated above shall apply to services requested and performed between 6:00 p.m. and 8:00 a.m. There shall be a fifteen minute minimum charge for any onsite service call.

CLIENT further agrees to reimburse Ontech for all direct costs incurred by Ontech in providing the Services including, without limitation, travel expenses from Ontech's office to CLIENT's office. Upon CLIENT's request, Ontech shall provide CLIENT with itemization and documentation concerning such direct costs.

Ontech agrees to issue invoices for the Work provided to CLIENT on a periodic basis but at least on a monthly basis. CLIENT agrees to pay such invoices within fifteen (15) days of receipt. A late fee of one and one-half percent (1.5%) per month may be charged by Ontech

on any balance more than fifteen (15) days past due. If any invoice is not paid when due, interest will be added to and payable on all overdue amounts at eighteen percent (18%) per annum. CLIENT will also be responsible for and pay all costs of collection incurred by Ontech including without limitation, reasonable attorney fees.

3. **Term.** This Agreement shall be effective as of the date first above written and shall continue in effect for a period of twelve (12) months (the "initial term") unless canceled by either party upon ninety (90) days' written notice to the other. This Agreement, if not canceled, shall further automatically renew for additional and successive periods of twelve (12) months and shall remain in effect thereafter until canceled by either party.

In the event of termination of this Agreement, CLIENT agrees that it will pay Ontech pursuant to the terms set forth herein for all Products that have been ordered, partial Services provided and direct costs incurred by Ontech to meet the specifications of the Work described on Schedule A.

4. **Relationship.** The relationship of Ontech and CLIENT shall be that of independent contractors, not that of employer/employee, partnership or joint venture. Ontech shall be free to exercise independent judgment as to the time, place and manner of performing the Work under this Agreement subject to the mutual agreement of CLIENT.

5. **Limited Warranties; Disclaimers.** Ontech represents and warrants that any Services that it provides to CLIENT under this Agreement will be performed in accordance with generally accepted industry standards of care and competence. CLIENT's sole and exclusive remedy for a breach of Ontech's warranty relating to Services shall be that Ontech will, in its sole discretion, either (i) use its reasonable commercial efforts to re-perform the Services, or (ii) refund the fee CLIENT paid for the Services that are in breach of Ontech's warranty. A claim for breach of Ontech's warranty relating to Services must be made by CLIENT, in writing to Ontech, within fifteen (15) days of the date the Services that do not comply with Ontech's warranty are performed. If CLIENT does not notify Ontech of a breach of Ontech's warranty relating to Services during such 15 day period, CLIENT shall be deemed to have irrevocably accepted the Services.

Ontech does not provide any warranty relating to any Products sold to CLIENT pursuant to this Agreement other than such warranty as may be available from the manufacturer of the Product. All Products are provided to CLIENT by Ontech "AS IS." Ontech shall, to the extent it is allowed by its vendors, pass through any warranties provided by the manufacturer of the Product. In the event such warranties are not assignable to CLIENT, Ontech also agrees to take commercially reasonable efforts to obtain warranty coverage or enforce such warranties on CLIENT's behalf.

CLIENT acknowledges that no employee of Ontech or any other party is authorized to make any representations or warranties on behalf of Ontech that are not in this Agreement. **ONTECH EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES RELATED TO THE SERVICES AND/OR PRODUCTS, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF**

**ACCURACY, TITLE, NON-INFRINGEMENT, FITNESS FOR A PARTICULAR PURPOSE, MERCHANTABILITY, OR OTHER PERFORMANCE.**

6. **Insurance.** Ontech shall, at its sole expense, maintain in effect at all times during the performance of the Work, insurance coverage with limits not less than those set forth below:

(a) **Worker's Compensation.** Ontech shall cover or insure under the applicable labor laws relating to worker's compensation insurance, all of their employees in accordance with the law in the State of Wisconsin. Ontech shall provide statutory coverage for work related injuries with limits of \$100,000 each accident, \$500,000 disease policy limit, and \$100,000 disease each employee.

(b) **Commercial General Liability, Professional Liability (Errors and Omissions) and Automobile Liability Insurance.** Ontech shall provide and maintain the following commercial general liability, professional liability and automobile liability insurance policies with the following coverage:

(c) **Limits** - Ontech shall maintain limits no less than the following:

1. **General Liability** - One million dollars (\$1,000,000) per occurrence (\$2,000,000 general aggregate if applicable) for bodily injury, personal injury and property damage.
2. **Automobile Liability** - One million dollars (\$1,000,000) for bodily injury and property damage per occurrence limit covering all vehicles to be used in relationship to the Agreement.
3. **Professional Liability** - One million dollars (\$1,000,000) per claim and annual aggregate.

(d) **Evidences of Insurance** - Upon execution of this Agreement, Ontech will, if requested by CLIENT, provide CLIENT with a certificate of insurance confirming the existence of the above described coverages.

**7. Limitations of Liability. IN RECOGNITION OF THE RELATIVE RISKS AND BENEFITS OF THE SERVICES TO BE PERFORMED BY ONTECH THE RISKS HAVE BEEN ALLOCATED SUCH THAT THE CLIENT AGREES TO LIMIT THE LIABILITY OF ONTECH TO THE CLIENT FOR ANY AND ALL CLAIMS, LOSSES, COSTS, DAMAGES OF ANY NATURE SO THAT THE TOTAL AGGREGATE LIABILITY OF ONTECH SHALL NOT EXCEED: THE TOTAL FEE PAID TO ONTECH FOR SERVICES RENDERED TO CLIENT ON THE SCOPE OF WORK DESCRIBED ON SCHEDULE A, OR THE TOTAL FEE PAID TO ONTECH FOR SERVICES RENDERED TO CLIENT OVER THE TWELVE (12) MONTHS IMMEDIATELY PRECEDING THE EVENT OR OCCURRENCE GIVING RISE TO CLIENT'S CLAIM; WHICHEVER AMOUNT IS GREATER. IT IS INTENDED THAT THIS LIMITATION SHALL**

**APPLY TO ANY AND ALL LIABILITY OR CAUSE OF ACTION HOWEVER ALLEGED OR ARISING. IN NO EVENT SHALL ONTECH BE LIABLE FOR DAMAGES IN EXCESS OF PAYMENTS MADE BY ONTECH'S INSURANCE COMPANY TO CLIENT OR FOR DAMAGES THAT ARISE FROM A LOSS THAT IS NOT COVERED BY ONTECH INSURANCE. IT IS FURTHER AGREED THAT ONTECH SHALL NOT BE LIABLE FOR CLAIMS BASED UPON BREACH OF IMPLIED WARRANTY OR FOR DAMAGES RELATING TO INTERRUPTION OF BUSINESS, CONSEQUENTIAL OR PUNITIVE DAMAGES.**

**8. Confidentiality.** The Parties acknowledge and agree that during the course of the performance of the parties' respective obligations under this Agreement, each party may make available to the other Confidential Information that is of value to the party disclosing the information. Each party agrees to maintain the confidentiality of the Confidential Information of the other party and not to disclose or disseminate such Confidential Information to third parties. The party receiving Confidential Information agrees to use the same standard of care in maintaining the confidentiality of the Confidential Information as it uses to avoid disclosure of its most sensitive Confidential Information. Nothing in this Section shall preclude a party from disclosing Confidential Information to the extent that the disclosure thereof is required by law. Upon termination or expiration of this Agreement, the parties shall destroy or return all Confidential Information of the other and shall not use any Confidential Information of the other in its business. Ontech further acknowledges that CLIENT owns all proprietary data, files and information maintained, within the files, records and electronic data systems of CLIENT (other than software copyright protected or software licensed by third parties). Ontech will protect and not release any of CLIENT's data, files or information to any party except upon the express written direction of CLIENT.

**9. Non-solicitation of Ontech employees.** CLIENT recognizes that Ontech has invested valuable time and resources in the selection, hiring, training and retention of employees that will be assigned to perform Work on behalf of CLIENT. As a result, CLIENT agrees that it will not solicit for employment or offer employment to any employee of Ontech. If CLIENT violates this provision, then Ontech may immediately terminate this Agreement irrespective of any notice otherwise required herein and CLIENT agrees to pay Ontech a fee equal to 40% of the yearly wages of the employee or employees that CLIENT hires or attempts to hire as liquidated damages, which amount CLIENT agrees to be a fair and reasonable amount.

**10. Miscellaneous.** This Agreement supersedes all previous agreements between the parties with respect to the subject matter hereof and shall be binding upon the parties, their respective successors, assigns, subsidiaries, affiliates, legal representatives and administrators. This Agreement shall be governed by the laws of the state of Wisconsin and any claims or actions arising under this Agreement shall be filed and heard in the Circuit Court of Washington County, Wisconsin. No modification, amendment or waiver of any provision of this Agreement shall be effective unless approved in writing by both parties. The failure of either party at any time to enforce any of the provisions of this Agreement shall in no way be construed as a waiver of such provisions. This Agreement may not be assigned

without the written consent of the other party. Signatures on a copy of this Agreement or on copies of any other documents provided pursuant to this Agreement transmitted by facsimile, scanned and transmitted by electronic mail or electronically signed ("e-signed") shall be binding upon the parties and of the same legal effect as original signatures.

Ontech Systems, Inc.

CLIENT

Title: President

Title: \_\_\_\_\_

Address:

N85W16186 Appleton Avenue  
Suite A  
Menomonee Falls, WI 53051  
Phone: 262-522-8560  
Facsimile: 815-301-6602

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_

**SCHEDULE A TO  
ONTECH SYSTEMS, INC.  
CONSULTING SERVICES AGREEMENT**

**A. Description of Scope of Work to be provided.**

At CLIENT's request, Ontech agrees to provide CLIENT with the Work more completely described below subject to the terms and conditions of the attached Agreement:

1. Hourly Services – Services may be performed onsite or remotely and shall be billed at a rate of \$140 per hour. Services may be provided for planned projects or on an as needed basis. Services include but are not limited to product selection, implementation, documenting, maintenance and the troubleshooting of IT solutions. IT solutions may include but are not limited to network switches, routers, wireless access points and controllers, PCs, laptops, servers, printers, phone systems, virus and malware protection, backup and disaster recovery, network operating systems, office productivity software and other network nodes. Projects may be more fully defined within a subsequent “scope of work” as needed or requested by Ontech or CLIENT.

Hourly Services notes: CVMIC SA Project only. Quote RV#005909. Post 15 days from project completion will signify cancellation of agreement unless requested by City of Sheboygan.

2. Managed Services – Managed services may be provided via third-party vendors through Ontech or directly by Ontech and shall be subject to recurring monthly charges. Managed services include but are not limited to monitoring and alerting for network devices, internet connection, other network services and remote remediation. Managed services may be more fully defined in a subsequent Managed Services “scope of work” as agreed upon on a per case basis.
3. Hosted solutions – Hosted solutions may be provided via third-party vendors through Ontech or directly by Ontech and shall be subject to recurring monthly charges. These solutions include but are not limited to email and web security, hosted applications and backup. Hosted solutions may be more fully defined in a subsequent Hosted Solution “scope of work” as agreed upon on a per case basis.

Ontech Systems, Inc.

CLIENT

Title: President

Title: \_\_\_\_\_

Address:

Address:

N85W16186 Appleton Avenue  
Suite A

\_\_\_\_\_  
\_\_\_\_\_

Menomonee Falls, WI 53051

\_\_\_\_\_

Phone: 262-522-8560

Phone: \_\_\_\_\_

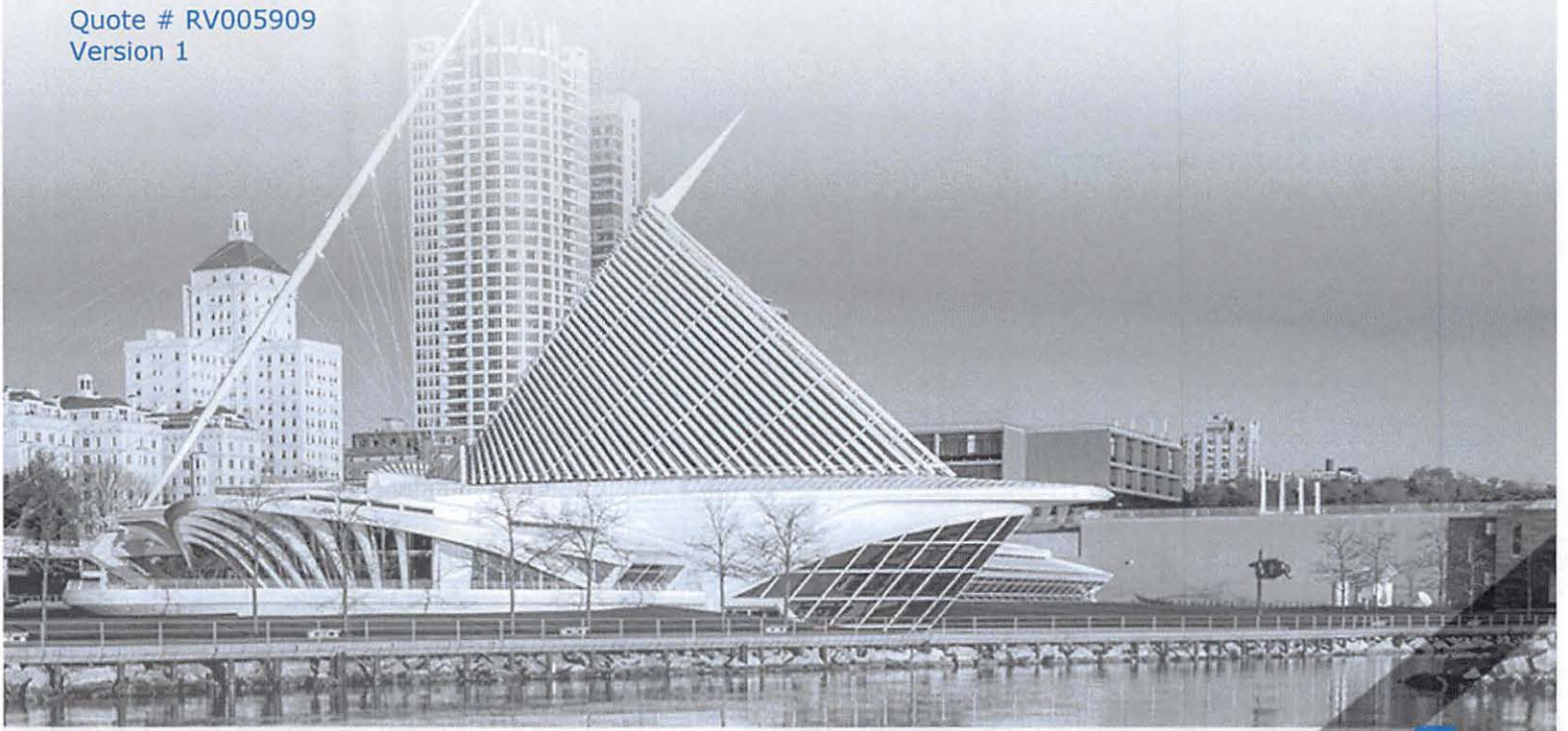
Facsimile: 815-301-6602

Facsimile: \_\_\_\_\_



## **CVMIC Security Assessment**

Quote # RV005909  
Version 1



Prepared for:

**City of Sheboygan**

Eric Bushman  
eric.bushman@sheboyganwi.gov

Prepared by:  
**Ontech Systems Inc.**

Robyn Vidas  
robyn@ontech.com

## Scope of Work

# Overview

## 1. Project Background and Description

City of Sheboygan is requesting a security assessment to get a “current state” of their network security, and to obtain recommendations on any actions needed to fix and security issues on their network.

## 2. Project Scope

This project includes the following items:

Onsite visit to run network scans and perform physical security assessment, including:

- 3 AD Domain (PD/Village, WW Treatment, Library)
- Approximately 425 endpoints (about 325 with PD/Village, 75 with Library)
- Approximately 34 Windows Server instances, 8 Linux servers, with shared storage
- 16 physical locations
- Approximately 37 VLAN networks of class C size or smaller (approximately 9500 total IP Addresses)

Evaluation of scan results and creating documentation around findings and recommendations

Presenting recommendations to City of Sheboygan staff

## 3. Roles and Responsibilities

Ontech will be responsible for:

Providing the appliance hardware to run network scans

Providing the software necessary to run network scans

Providing documentation and recommendations resulting from the scan

City of Sheboygan will be responsible for:

Providing a person familiar with the computer network and physical facilities to accompany Ontech's security engineer the day of the assessment and to answer questions

Providing domain administrator credentials for the purposes of running the Windows-centric network and computer scans

Providing access to a domain-joined computer (preferably a domain controller) to run some of the Windows scans from

Providing a secure area with network access for the network scan appliance to be staged from

## 4. Deliverables

Work with Clty of Sheboygan to schedule the initial onsite visit

Perform the scans and evaluation in a timely manner

Documentation, results, and recommendations stemming from the assessment in digital format

An onsite results meeting to review the items above

## 5. Assumptions

Ontech assumes that Clty of Sheboygan will be able to provide all items under their responsibility in section 3.

## 6. Anticipated Impact

There should be no impact to the user base or system availability. Ontech will take steps to try and ensure there are no unplanned impacts or outages.

## 7. Specific Exclusions from Scope

Penetration testing (active exploiting of vulnerabilities) is not included as part of the scope of this assessment.

Social Engineering and user testing is not included as part of this assessment.

### CVMIC Security Assessment Program

Description	Price	Qty	Ext. Price
<b>Network Security Appliance</b> Please review attached PDF for details in regard to the appliance and reports.	\$1,500.00	1	\$1,500.00
<b>Security Assessment Labor Fixed Fee</b> Fixed fee labor for service or project work.	\$8,200.00	1	\$8,200.00

#### Notes

- CVMIC Covers 50% of the assessment amount, Municipality billed 50%
- Through the assessment program, CVMIC is provided a copy of the reports from the assessment. A CVMIC representative may sit in on the presentation meeting.

Subtotal: \$9,700.00



N85W16186 Appleton Ave  
Suite A  
Menomonee Falls, Wisconsin 53051  
www.ontech.com  
(262) 522-8560

## CVMIC Security Assessment

### Quote Information:

**Quote #: RV005909**

Version:

Delivery Date:

Expiration Date:

### Prepared for:

**City of Sheboygan**

828 Center Ave #204

Sheboygan, WI 53081

Eric Bushman

(920) 459-4271

eric.bushman@sheboyganwi.gov

### Prepared by:



**Ontech Systems Inc.**

Robyn Vidas

(262) 522-8560

robyn@ontech.com

## Quote Summary

Description	Amount
CVMIC Security Assessment Program	\$9,700.00
Total:	\$9,700.00

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

**Ontech Systems Inc.**

**City of Sheboygan**

Signature:

Name: Robyn Vidas

Title: Account Manager

Date: 06/09/2020

Signature:

Name: Eric Bushman

Date:

**CITY OF SHEBOYGAN**

**REQUEST FOR FINANCE AND PERSONNEL COMMITTEE CONSIDERATION**

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**ITEM DESCRIPTION:** R.C. No. 314-19-20 (R.O. No. 175-19-20) is a claim from West Bend Mutual Insurance on behalf of Roger Rodewald for alleged damages to her property.

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**REPORT PREPARED BY:** Laurie Suhrke, Auditor/Analyst

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**REPORT DATE:** June 17, 2020

**MEETING DATE:** June 22, 2020

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**FISCAL SUMMARY:**

Budget Line Item: N/A  
Budget Summary: N/A  
Budgeted Expenditure: N/A  
Budgeted Revenue: N/A

**STATUTORY REFERENCE:**

Wisconsin Statutes: N/A  
Municipal Code: N/A

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**BACKGROUND / ANALYSIS:**

R.C. No. 314-19-20 (R.O. No. 175-19-20) is a claim from West Bend Mutual Insurance on behalf of Roger Rodewald for alleged damages to his vehicle when it was struck by a police squad.

**STAFF COMMENTS:**

City staff has reviewed the above claim and under the authorization by the Common Council, Res. No. 64-17-18, has determined it is in the best interest of the City of Sheboygan to pay the claim in the amount of \$12,968.70.

**ACTION REQUESTED:**

Motion to recommend the Common Council accept and file document R.C. No. 314-19-20 (R.O. No. 175-19-20).

**ATTACHMENTS:**

- I. R.C. No. 314-19-20 (R.O. No. 175-19-20).

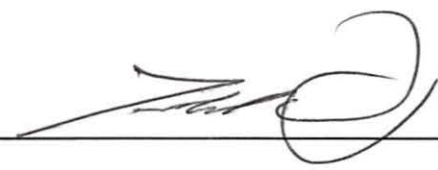
VI

6.24

R. C. No. 314 - 19 - 20. By FINANCE AND PERSONNEL COMMITTEE.  
April 8, 2020.

Your Committee to whom was referred R. O. No. 175-19-20 by City Clerk submitting a claim from West Bend Insurance for alleged damages to their insured client's (Roger Rodewald) vehicle when it was struck by a City of Sheboygan squad car; recommends referring to the Finance and Personnel Committee of the 2020-2021 Council.

20-21  
FTP

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Dated \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_, City Clerk

Approved \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_, Mayor

II

4.2

R. O. No. 175 - 19 - 20. By CITY CLERK. March 16, 2020.

Submitting a claim from West Bend Insurance for alleged damages to their insured client's (Roger Rodewald) vehicle when it was stuck by a City of Sheboygan squad car.

Finances  
Personnel

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CITY CLERK



THE SILVER LINING™

FEB 20 '20 AM 10:22

February 18, 2020

CITY OF SHEBOYGAN  
828 CENTER AVE SUITE 205  
SHEBOYGAN, WI 53081  
ATT MELISSA CLEVENGER

Claim No.: AM11777  
Insured: RODEWALD AUTOMOTIVE, INC  
Date of Loss: 11/27/2019  
subject Notice of Damage Claim


Dear Melissa,

Thank you for send me the forms to complete for a damage claim.

Enclosed is the form along with the police report and estimate for our vehicle damage which was paid by West Bend Insurance and our client Roger Rodewald. We are seeking reimbursement of \$12,968.70.

If you need additional information, please send me an email.

Sincerely,

  
RICHARD ERICH, AIC, INS  
CLAIM REPRESENTATIVE  
(262) 338-5125 or (800) 236-5010 Extension 5125  
Fax: (262) 335-7000  
[RERICH@WBMI.COM](mailto:RERICH@WBMI.COM)

WB-1271 (03-17)

DATE RECEIVED 2-20-2020

RECEIVED BY Mike

CLAIM NO. 30-19

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

FEB 20 '20 AM 10:22

- 1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
- 2. Attach and sign additional supportive sheets, if necessary.
- 3. This notice form must be signed and filed with the Office of the City Clerk.

**4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.**

1. Name of Claimant: WEST BEND MUTUAL

2. Home address of Claimant: 1900 S. 18TH AVE. WEST BEND, WI. 53095

3. Home phone number: 262-338-5125

4. Business address and phone number of Claimant: 1900 S. 18TH AVE. WEST BEND, WI. 53095

5. When did damage or injury occur? (date, time of day) 11-27-2019

6. Where did damage or injury occur? (give full description) See enclosed POLICE REPORT

7. How did damage or injury occur? (give full description) See enclosed POLICE REPORT

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: CHRISTOPHER STEPHEN

(b) Claimant's statement of the basis of such liability: OFFICER STEPHEN HIT CLMT VEHICLE WHILE OPERATING A SQUAD CAR

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: \_\_\_\_\_

(b) Claimant's statement of basis for such liability: \_\_\_\_\_

20. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

11. Name and address of any other person injured:

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$ 12968.70

Property: \$ \_\_\_\_\_

Personal injury: \$ \_\_\_\_\_

Other: (Specify below) \$ \_\_\_\_\_

**TOTAL** \$ 12968.70

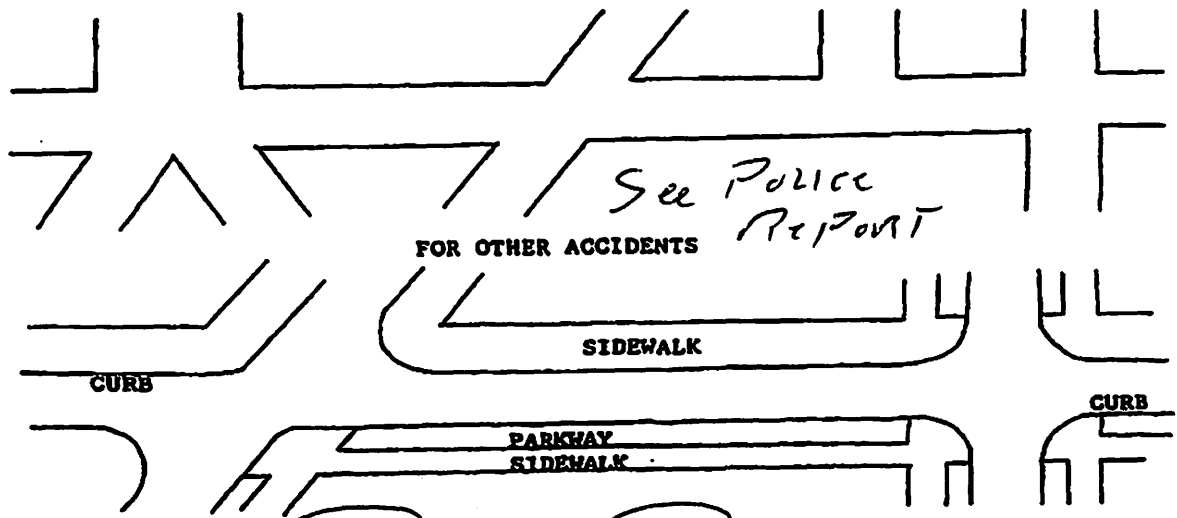
Damaged vehicle (if applicable)

Make: CADILLAC Model: CTS Year: 2014 Mileage: 50,190

Names and addresses of witnesses, doctors and hospitals: See enclosed Police Report

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT Richard Erich DATE 2-18-2020

WEST BOND INSURANCE

DATE RECEIVED

3-11-2020

RECEIVED BY

MKC

CLAIM NO.

30-19

CLAIM

Claimant's Name: West Bend Insurance Auto

\$ 12,968.70

Claimant's Address: 1900 S. 18TH AVE. Property

\$ \_\_\_\_\_

West Bend, WI 53095 Personal Injury

\$ \_\_\_\_\_

Claimant's Phone No. 202-338-5125 Other (Specify below)

\$ \_\_\_\_\_

**TOTAL** \$ 12,968.70

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.  
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 12,968.70.

SIGNED

Rubal Erik

DATE:

3-4-2020

ADDRESS: West Bend Insurance

1900 S. 18TH AVE. WEST BEND, WI. 53095

MAIL TO: CLERK'S OFFICE  
828 CENTER AVE #100  
SHEBOYGAN WI 53081



THE SILVER LINING™  
MAR 11 '20 PM 3:15

March 4, 2020

CITY OF SHEBOYGAN  
828 CENTER AVE SUITE 205  
SHEBOYGAN, WI 53081  
ATT MELISSA CLEVINGER

Claim No.: AM11777  
Insured: RODEWALD AUTOMOTIVE, INC  
Date of Loss: 11/27/2019  
subject Notice of Damage Claim

Dear Melissa,

Enclosed is the last page of the claim documentation I sent you on 2-18-2020.

If anything additional is required, please contact me.

Sincerely,

RICHARD ERICH, AIC, INS  
CLAIM REPRESENTATIVE  
(262) 338-5125 or (800) 236-5010 Extension 5125  
Fax: (262) 335-7000  
RERICH@WBMI.COM

WB-1271 (03-17)

**From:** "Erich, Rich" <RErich@WBMI.com>  
**Date:** 12/06/19 10:26:24 AM  
**To:** "PCC Scan Center" <PCCScan@WBMI.com>  
**Subject:** FW: [External] Fwd: Report S19-19461 claim # AM11777  
**Attachments:** s19-19461.pdf

**From:** Roger Rodewald <rodewaldauto@gmail.com>  
**Sent:** Wednesday, December 4, 2019 10:00 AM  
**To:** Erich, Rich <RErich@WBMI.com>  
**Subject:** [External] Fwd: Report S19-19461

----- Forwarded message -----

**From:** Erica Fink <[erica.fink@sheboygancounty.com](mailto:erica.fink@sheboygancounty.com)>  
**Date:** Tue, Dec 3, 2019 at 3:31 PM  
**Subject:** Report S19-19461  
**To:** <[rodewaldauto@gmail.com](mailto:rodewaldauto@gmail.com)>

Good Afternoon,

Here is the rest of the report you requested earlier. Please let me know if you need anything else.

Have a nice night!

Erica

--

**Erica Fink**  
**Secretary II**  
**Sheboygan County Sheriff's Office**  
**525 North 6th St**  
**Sheboygan WI 53081**  
**920-459-4355**



# SHEBOYGAN COUNTY SHERIFF'S DEPARTMENT

Incident S19-19461

C19-23344

Nature: ASSIST

Address: N 6TH ST & PENNSYLVANIA AVE  
SHEBOYGAN WI 53081

Location: N32

Offense Codes: 9805

Received By: ZINKEL, ERIC

How Received: O

Agency: SCSD

Responding Officers: BLODGETT, A, NORLANDER, C

Responsible Officer: NORLANDER, C

Disposition: CLO 11/27/19

When Reported: 13:01:01 11/27/19

Occurred Between: 13:01:01 11/27/19 and 13:01:01 11/27/19

Assigned To:

Detail:

Date Assigned: \*\*/\*\*/\*\*

Status:

Status Date: \*\*/\*\*/\*\*

Due Date: \*\*/\*\*/\*\*

### Complainant:

Last:

First:

Mid:

DOB: \*\*/\*\*/\*\*

Dr Lic:

Address:

Race:

Sex:

Phone:

City:

### Offense Codes

Reported:

Observed: 9805 ASSIST OUTSIDE AUTHORITY

Additional Offense: 9805 ASSIST OUTSIDE AUTHORITY

### Circumstances

Responding Officers:

Unit :

BLODGETT, A

S037

NORLANDER, C

S221

Responsible Officer: NORLANDER, C

Agency: SCSD

Received By: ZINKEL, ERIC

Last Radio Log: 14:46:08 11/27/19 CMPLT

How Received: O OFFICER ON VIEW

Clearance: RTF REPORT TO FOLLOW

When Reported: 13:01:01 11/27/19

Disposition: CLO Date: 11/27/19

Judicial Status:

Occurred between: 13:01:01 11/27/19

Misc Entry:

and: 13:01:01 11/27/19

Modus Operandi:

Description :

Method :

**Involvements**

Date	Type	Description	
12/02/19	Law Incident	INTERNAL INVEST C19-23344	Related Incident
12/03/19	Name	STEPHEN, CHRISTOPHER ERNST	Driver
12/03/19	Name	WAGNER, KYLE RYAN	Passenger
12/03/19	Name	RODEWALD, MIRIAM SUSANNE	Driver
12/03/19	Vehicle	RED 2014 CADI CTS PREM WI	Vehicle
11/27/19	Cad Call	13:01:01 11/27/19 ASSIST	Initiating Call

**Narrative**

INVESTIGATIVE REPORT

Date: 11-27-19

Time (approximately): 1243 hours

Location: N. 6th Street at the alley entrance between Center Avenue and Pennsylvania Avenue

Village/Township: City of Sheboygan

Captain Corey Norlander

On the above listed date and time, I, Captain Corey Norlander, walked from the Sheriff's Department to a crash involving a Sheboygan Police Department squad on N. 6th Street at the alley that leads into the Sheriff's Department, between Pennsylvania Avenue and Center Avenue.

RESULT: As a result of this investigation, I completed a crash report in TraCS, and am continuing to look into the incident.

Squad video: No

Follow up to come: Yes

Was interview video recorded: No (Squad video/LEC Interview Room/DC

Handheld Olympus Audio Recording: No

Digital Photos: Yes, by Sheboygan Police Department Sergeant Schmitt

Surveillance Video: Yes, from Sheriff's Department

Phone/Computer Examination: No

Written Statements: Yes

Forms Distributed: No

Has a suspect been arrested? No

Was the suspect armed when arrested? No If yes indicated weapon type:

Was force needed to make the arrest: No

Were DRUGS a factor in this incident: No  
Was ALCOHOL a factor in this incident: No  
Was this a computer facilitated crime: No

During the course of this investigation I identified the following:

OPERATOR OF UNIT #1: Officer Christopher E. Stephen, Sheboygan Police Department.

PASSENGER OF UNIT #1: Officer Kyle R. Wagner, Sheboygan Police Department.

OPERATOR OF UNIT #2: Miriam S. Rodewald, [REDACTED] telephone number 920-457-7157.

WITNESS: Peter R. Mayer, [REDACTED] telephone number 920-980-8241, and office address 502 N. 6th Street, Sheboygan, Wisconsin.

VEHICLE/UNIT #1: 2015 Ford Explorer, Police Interceptor Sport Utility Vehicle, black in color, bearing Wisconsin Official plate EV635, and VIN [REDACTED] This vehicle is registered to the City of Sheboygan.

VEHICLE/UNIT #2: 2014 Cadillac CTS, four door, red in color, bearing Wisconsin registration MIRIAMR, registered to Roger and Miriam Rodewald, with VIN [REDACTED]

NARRATIVE: Mon Dec 02 13:56:44 CST 2019/S228LKW

On the above date, I had been monitoring numerous police channels on my police radio in my office at the Sheriff's Department, when I had been overhearing Sheboygan Police officers attempting to apprehend a female student that fled a school on the west side of the city. That officer requested assistance in attempting to apprehend this female, and I observed two Sheboygan Police officers leave the department past my office quickly to go and assist.

Very shortly thereafter, I heard that officer, who I recognized as being Officer Stephen, call out that he had been in a crash with his squad at 6th Street and Pennsylvania Avenue.

I walked out of the building and observed the crash had occurred at the alley entrance leading to the Sheriff's Department. Officer Stephen was operating a black unmarked Ford Explorer squad bearing Official EV635, and was westbound in the alley. Officer Kyle Wagner was a front-seat passenger. That vehicle had proceeded out of the alley westbound, which is against traffic (since this is a one-way alley eastbound) and as it entered the northbound traffic lane, it was struck by the red Cadillac bearing MIRIAMR. That vehicle was operated by Miriam Rodewald, who was the only occupant. I observed the red and blue lights on in the squad, but there was no siren operating at the time I was outside.

I met with the three, and Officers Stephen and Wagner were complaining about pains, but not requesting an ambulance. Mrs. Rodewald was denying any injury.

I assisted with traffic direction, as N. 6th Street was effectively closed by the positioning of the damaged squad, taking a position at N. 6th Street and Center Avenue diverting traffic. I then observed a barricade indicating "Road Closed to Through Traffic" sitting on the corner, and dragged that into the intersection to close the roadway.

At that point, Sergeant Ryan Schmitt had arrived from the Sheboygan Police Department and asked if we would be willing to write the crash. I volunteered to handle this personally.

I took all of the appropriate information for the crash report, and in doing so spoke with all of the persons. Officer Stephen advised he and Officer Wagner had been in dispatch, and it was relayed to him that Officer Huibregtse was fighting with someone and another person was fleeing from him. He and Officer Wagner then quickly left dispatch to go and assist. Officer Stephen said he was not monitoring the radio transmissions as they were occurring.

Officer Stephen said he got into his squad, started heading westbound in the alley, which is the driveway to the Sheriff's Department, and turned on his lights and siren. Officer Stephen said he looked both directions, but pointed out two parked vehicles on the east side of N. 6th Street which blocked his view of the northbound car. There was a pickup truck and another vehicle parked legally in the parking lane for northbound N. 6th Street, just south of the alley entrance.

Officer Stephen said he then proceeded to turn left or southbound onto N. 6th Street, and was immediately struck by the red vehicle. Officer Stephen was complaining of pain, but did not request medical transport.

I spoke with Officer Wagner, who stated he quickly got into the vehicle and had not gotten his seat belt on yet, as the squad was being driven out of the alley. He was complaining of neck and shoulder pain as a result of the crash, but did not request transport.

I spoke with Mrs. Rodewald, who advised she was northbound and suddenly the squad was in front of her, and she had no time to do anything and struck the vehicle. She was denying any injury, and denied any medical transport.

Sergeant Dassler contacted me and advised he had located surveillance video coverage on two cameras that caught the crash, and he had downloaded those portions of video and saved them for my access and review for this investigation. At the time of this report, I have not had an opportunity to review that video.

Sergeant Schmitt advised he had taken photographs of the crash already, and would submit those under our case number related to this crash.

I located Peter R. Mayer, who was on the west side of N. 6th Street and witnessed the crash. Mayer agreed to write a written statement for me, and he stopped at the Sheriff's Department a short time later and wrote a two-page written statement for me. The body of that written statement reads as follows:

"I had exited my office building at 502 N. 6th Street in the City of Sheboygan shortly after noon on Wednesday, November 27, and was going the the office building immediately north of my building. When I was on the public sidewalk between the buildings, I heard a siren and looked to the street. I saw a police vehicle with lights and siren entering 6th Street the wrong way from a one-way alley south of the sheriff's department building. In my peripheral vision, I also saw a reddish/maroon car traveling north on 6th Street located halfway between the intersection of 6th Street and Pennsylvania Avenue and the alley. The reddish/maroon car was traveling at a normal speed after leaving the intersection but appeared to already be too close to the alley to both recognize that the siren was on a vehicle traveling the wrong way and apply brakes. The police vehicle entered the intersection but was struck before turning left to travel south. My judgement on speed of the reddish/maroon vehicle is based on a consistent rate of speed before the brakes were applied and the distance traveled from the halfway point between the intersection and the alley. I did not observe the police car's location before the siren was turned on. But, it was very close to the street since when I looked on hearing the siren, the police car had crossed the sidewalk. The police car was not traveling at a high rate of speed. I saw two officers in the vehicle and only a driver in the reddish/maroon car. The driver, an older woman, appeared to be very nervous. I waited until the officers exited the vehicle, then I asked if everyone was okay. When the first officer, driving said "yes". I offered my business card as a witness. The officers exited when another person approached the driver's window of the police car." This is the end of the written statement.

I did complete a crash report related to this incident under this complaint number. There is also a related Sheboygan Police Department assist complaint under C19-23344.

Further follow up will be completed after I have a chance to review all of this information, including the surveillance video.

### **Supplement**

On Monday, December 2, 2019, I, Captain Norlander, reviewed the surveillance video Sgt. Dassler had previously downloaded related to this. The crash is seen in part on two different parking lot cameras. The cameras only record every few seconds, so the video is not truly real time, but provides a fair representation of what occurred.

The video is visual only, with no audio, so there is no ability to determine from the video when the siren is turned on.

Officer Stephen's unmarked squad is seen travelling west, the wrong way, in the alley with emergency red and blue lights on. Vehicles in our south parking lot and two pickup trucks parked on the street create visual obstructions for both operators. Officer Stephen does not appear to stop and look before pulling into the NB traffic lane of N. 6th St.

Under normal circumstances, the vehicle entering N. 6th St. should be the vehicle required to yield the right of way (though this is the wrong way on a one way at this particular intersection). Witness Peter Mayer states that he looks at the squad when he hears the siren, and the squad is already entering N. 6th St. at that time. (It should be noted that you can see Mayer walking on the west side walk in the video.) Officer Stephen's operating in emergency mode, particularly for this short distance as he is entering the traffic lane, should not reasonably transfer the yield requirement to Mrs. Rodewald. It is my opinion Officer Stephen did not use due regard in entering N. 6th St, which is a requirement when operating in emergency mode (346.19(2)). There is, however, no corresponding traffic violation for failing to operate with due regard, and therefore, I am notifying the Sheboygan Police Department that this should be handled internally.

I spoke with Captain Veaser about this, and he stated Sgt. Kuszinski is investigating.

Copies of the report and video will be provided to Sgt. Kuszinski at the request of Captain Veaser.

**Vehicles**

**Vehicle Number:**

136927

**License Plate:** MIRIAMR

**State:** WI

**Vehicle Year:** 2014

**Make:** CADI CADILLAC

**Color:** RED /

**Vehicle Type:**

**License Type:** AUTO AUTOMOBILE

**Expires:** \*\*/\*\*/\*\*

**VI** [REDACTED]

**Model:** CTS PREM

**Doors:** 0

**Value:** \$0.00

**Owner:**

**Last:** RODEWALD

**First:** MIRIAM

**Mid:** SUSANNE

**DOB** [REDACTED]

**Dr Lic:** [REDACTED]

**Address** [REDACTED]

**Phone:** (920)457-7157

**City** [REDACTED]

**Agency:** SCSD SHEBOYGAN COUNTY  
SHERIFFS DEPT

**Date Recov/Rcvd:** \*\*/\*\*/\*\*

**Officer:** NORLANDER, C

**Area:**

**UCR Status:**

**Wrecker Service:**

**Local Status:** TA TRAFFIC ACCIDENT

**Storage Location:**

**Status Date:** 12/03/19

**Release Date:** \*\*/\*\*/\*\*

**Comments:**

**Name Involvements:**

**Passenger :** 147274

**Last:** WAGNER

**First:** KYLE

**Mid:** RYAN

---

DOB [REDACTED]	Dr Lic [REDACTED]	Address: [REDACTED]
[REDACTED]	Phone: (920)207-5078	City: [REDACTED]
Driver : 102516	First: CHRISTOPHER	Mid: ERNST
Last: STEPHEN	Dr Lic [REDACTED]	Address: [REDACTED]
[REDACTED]	Phone: (920)459-3333	City: [REDACTED]
Driver : 249485	First: MIRIAM	Mid: SUSANNE
Last: RODEWALD	Dr Lic [REDACTED]	Address: [REDACTED]
[REDACTED]	Phone: (920)457-7157	City: [REDACTED]

TIME RECEIVED  
December 3, 2019 12:07:39 PM CST

REMOTE CSID

DURATION  
174

PAGES  
8

STATUS  
Received

Dec 04 2019 12:44PM HP Fax

page 1

# RODEWALD AUTOMOTIVE

1619 Calumet Drive  
Sheboygan, WI 53081  
(920)457-5587

*Accident Report*

*claim AM 11777*

*8 Pages*

*incl cover*

**G8L1BZLVP5**  
S19-19461

**WISCONSIN MOTOR VEHICLE  
CRASH REPORT**

**SHEBOYGAN COUNTY SHERIFFS DEPT**  
525 NORTH SIXTH STREET  
SHEBOYGAN, WI 53081  
(920) 459-3112

**G8L1BZLVP5**

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>CAPTAIN C. NORLANDER</b>	
Crash Date <b>11/27/2019</b>		Crash Time <b>12:42 PM</b>		Date Arrived <b>11/27/2019</b>		Time Arrived <b>12:44 PM</b>	
Date Notified <b>11/27/2019</b>		Time Notified <b>12:43 PM</b>		Total Units <b>02</b>		Total Injured <b>02</b>	Total Killed <b>00</b>
<input checked="" type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold		
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		<input type="checkbox"/> School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

**Description**

Diagram		Reconstruction By	
<p>Not to Scale</p>		Photos By <b>SGT. RYAN SCHMIDT</b>	
		Additional Information <b>PHOTOS, WITNESS STATEMENTS, SURVEILLANCE VIDEO</b>	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 IS AN UNMARKED POLICE SQUAD. OPERATOR AND PASSENGER OF UNIT 1 WERE LEAVING THE SHERIFF'S OFFICE TO RESPOND TO AN EMERGENCY CALL. OPERATOR OF UNIT 1 WENT WB THE WRONG WAY IN A ONE WAY ONLY ALLEY. THERE WERE TWO UNINVOLVED PARKED VEHICLES ON THE EAST SIDE OF THE STREET THAT BLOCKED VISIBILITY FOR THE OPERATOR OF UNIT 1 TO SEE SOUTH. OPERATOR OF UNIT 1, WITH EMERGENCY LIGHTS AND SIREN IN OPERATION, ENTERED THE PATH OF NB UNIT 2. OPERATOR OF UNIT 2 DID NOT SEE OR HEAR UNIT 1 UNTIL UNIT 1 ENTERED UNIT 2'S PATH. UNIT 2 STRUCK UNIT 1.

**G8L1BZLVP5**  
S19-19461

**WISCONSIN MOTOR VEHICLE  
CRASH REPORT**

**SHEBOYGAN COUNTY SHERIFFS DEPT**  
525 NORTH SIXTH STREET  
SHEBOYGAN, WI 53081  
(920) 459-3112

**Location**

ON N 6TH ST 198 FT S OF CENTER AVE IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude 43.750329781	Longitude -87.709609655
	X Coordinate 442869.59375	Y Coordinate 4844388
	Structure Type	

**Crash Scene**

First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>		First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>08--FRONT TO SIDE</b>		Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>WET</b>		Roadway Factor(s)  <b>VISIBILITY OBSCURED</b>	
Environment Factor(s) <b>NONE</b>			
Weather Condition(s) <b>CLOUDY</b>			
Animal Type		Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>		Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land		Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>INTERSECTION-RELATED</b>	Intersection Type <b>FOUR-WAY INTERSECTION</b>	
Closure Type <b>CLOSURE-ONE DIRECTION</b>		Reasons for Closure <b>LAW ENFORCEMENT</b>	
Date Initial Lane/Rd Closed <b>11/27/2019</b>	Time Initial Lane/Rd Closed <b>12:42 PM</b>		
Date All Lanes Open <b>11/27/2019</b>	Time All Lanes Open <b>01:15 PM</b>	Date Scene Cleared <b>11/27/2019</b>	Time Scene Cleared <b>01:15 PM</b>

**Unit Summary**

<b>UNIT</b>	Unit Status <b>ON EMERGENCY</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>POLICE EMERGENCY</b>	Operating As Endorsements				
	Total Occs <b>2</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>	
	Insurance? <b>YES</b>	Direction Of Travel <b>WESTBOUND</b>	Pre Crash Tire Mark	Speed Limit <b>N/A</b>	Total Lanes <b>1</b>	
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>POLICE</b>	Emergency Motor Vehicle Use <b>EMERGENCY OPERATION, EMERGEN</b>		
	Traffic Way <b>ONE-WAY TRAFFIC</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>		
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>		
	Truck Bus or HazMat <b>NO</b>					

**Vehicle**

<b>01</b>	License Plate Number <b>E5635</b>	Plate Type <b>OFF - MUNICIPAL OFFICI</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>	
	Vehicle Identification Number <b>1F5K8AR5FGC27370</b>	Make <b>FORD</b>	Year <b>2015</b>	Model <b>EXPLORER P</b>	

**G8L1BZLVP5**  
S19-19461

**WISCONSIN MOTOR VEHICLE  
CRASH REPORT**

**SHEBOYGAN COUNTY SHERIFFS DEPT**  
525 NORTH SIXTH STREET  
SHEBOYGAN, WI 53081  
(920) 459-3112

<b>UNIT VEHICLE</b>	Color <b>BLK - BLACK</b>		Body Style <b>LL - CARRYALL</b>	Bus Use <b>NOT A BUS</b>
	Initial Contact Point <b>11--LEFT FRONT CORNER</b>		Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>		<b>10--LEFT SIDE FRONT, 11--LEFT FRONT CORNER, 12--FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>RITEWAY TOWING</b>	
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
<b>UNIT VEHICLE</b>	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY, DISREGARDED OTHER TRAFFIC CONTROL , WRONG SIDE OR WRONG WAY, LOOKED BUT DID NOT SEE</b>			
	Owner Name <b>CITY OF SHEBOYGAN (920) 459-3333</b>		Owner Address <b>1315 N 23RD ST SHEBOYGAN, WI 53081 , US</b>	
<b>01 01</b>	<b>Sequence Of Events</b>			
	Event <b>01</b>	<b>MOTOR VEH IN TRANSPORT</b>		
	Event <b>02</b>			
	Event <b>03</b>			
<b>UNIT</b>	<b>Policy Holder</b>			
	Insurance Company <b>CVMIC</b>	Government <b>CITY OF SHEBOYGAN</b>		
<b>UNIT INDIVIDUAL</b>	Driver <b>CHRISTOPHER ERNST STEPHEN</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth <b>11/07/1986</b>		Race <b>WHITE</b>	
	Address <b>1315 N 23RD ST SHEBOYGAN, WI 53081 , US</b>		Driver License Number <b>S3151058640701</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
	On Duty Crash <b>POLICE</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>	
<b>01 001</b>	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag <b>NON DEPLOYED</b>	
	<b>Injury</b> Injury Severity <b>POSSIBLE INJURY</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
	Ejected <b>NOT EJECTED</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #

**G8L1BZLVP5**  
S19-19461

**WISCONSIN MOTOR VEHICLE  
CRASH REPORT**

**SHEBOYGAN COUNTY SHERIFFS DEPT**  
525 NORTH SIXTH STREET  
SHEBOYGAN, WI 53081  
(920) 459-3112

Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>					
<b>Non Motorist</b>		Striking Unit #		Location	
Prior Action					
Action					
Action Other					
To/From School					
<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>	
Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results	
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results	
Drug Type					
Individual Condition <b>APPEARED NORMAL</b>					
<b>Individual</b>					
Passenger <b>KYLE RYAN WAGNER</b>		Citations Issued <b>0</b>		Sex <b>MALE</b>	
Address <b>1315 N 23RD ST SHEBOYGAN, WI 53081 , US</b>		Date of Birth <b>11/14/1987</b>		Race <b>WHITE</b>	
Driver License Number <b>W2585188741400</b>		STATE: WISCONSIN COUNTRY: UNITED STATES			
<b>Safety Equipment</b>		On Duty Crash <b>POLICE</b>		Safety Equipment	
Seat Position <b>3-FRONT SEAT-RIGHT SIDE (TRAIN ENGINEER)</b>		<b>NONE USED - VEHICLE OCCUPANT</b>			
Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance			
<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>		Airbag <b>NON DEPLOYED</b>	
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	

UNIT  
INDIVIDUAL

01  
001

UNIT  
INDIVIDUAL

01  
002

**G8L1BZLVP5**  
S19-19461

**WISCONSIN MOTOR VEHICLE  
CRASH REPORT**

**SHEBOYGAN COUNTY SHERIFFS DEPT**  
525 NORTH SIXTH STREET  
SHEBOYGAN, WI 53081  
(920) 459-3112

<b>UNIT INDIVIDUAL</b>	<b>Distracted By</b> <input type="checkbox"/> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO
		Suspected Drug Use NO
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
Alcohol Test Results		
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	
Drug Test Results		
Drug Type		
Individual Condition	<b>APPEARED NORMAL</b>	

**Unit Summary**

<b>UNIT</b>	Unit Status	Vehicle Operating As Classification	Unit Type
	<b>IN TRANSIT</b>	<b>D CLASS</b>	<b>AUTOMOBILE</b>
	Vehicle Type	Operating As Endorsements	
	<b>PASSENGER CAR</b>		
	Total Occs	Train/Bus # Recorded	Total # Citations Issued
	<b>1</b>		<b>0</b>
	Total Trailers	Total HazMat Types	
	<b>0</b>	<b>0</b>	
	Insurance?	Direction Of Travel	Pre Crash Tire Mark
	<b>YES</b>	<b>NORTHBOUND</b>	
Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use	
<b>MOTOR VEH IN TRANSPORT</b>	<b>NO SPECIAL FUNCTION</b>	<b>NOT APPLICABLE</b>	
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing	
<b>TWO-WAY, NOT DIVIDED</b>	<b>NO CONTROL</b>	<b>NO</b>	
Surface Type	Road Curvature	Road Grade	
<b>BLACKTOP (BITUMINOUS)</b>	<b>STRAIGHT</b>	<b>LEVEL</b>	
Truck Bus or HazMat			
<b>NO</b>			

**Vehicle**

<b>02 02</b>	License Plate Number	Plate Type	St	Country of Issuance
	<b>MIRIAMR</b>	<b>AUT - AUTOMOBILE</b>	<b>WI</b>	<b>UNITED STATES</b>
	Vehicle Identification Number	Make	Year	Model
	<b>1G6AZ5SX7E0188155</b>	<b>CADILLAC</b>	<b>2014</b>	<b>CTS PREMIU</b>
	Color	Body Style	Bus Use	
<b>RED - RED</b>	<b>4D - 4DR</b>	<b>NOT A BUS</b>		
Initial Contact Point				
<b>12--FRONT</b>				

**G8L1BZLVP5**  
**S19-19461**

**WISCONSIN MOTOR VEHICLE  
 CRASH REPORT**

**SHEBOYGAN COUNTY SHERIFFS DEPT**  
**525 NORTH SIXTH STREET**  
**SHEBOYGAN, WI 53081**  
**(920) 459-3112**

UNIT VEHICLE	Extent Of Damage <b>FUNCTIONAL DAMAGE</b>		Vehicle Damage <b>12--FRONT</b>
	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors
	Driver Prior Action Other		<b>NOT APPLICABLE</b>
UNIT VEHICLE	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>MIRIAM SUSANNE RODEWALD (920) 457-7157</b>		Owner Address <b>4309 N 50 ST SHEBOYGAN, WI 53083 , US</b>
02 02	<b>Sequence Of Events</b>		
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event	
	03	Event	
04	Event		
UNIT	<b>Policy Holder</b>		
	Insurance Company <b>WEST-BEND-MUTUAL-INS-CO</b>		Individual <b>MIRIAM RODEWALD</b>
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>MIRIAM SUSANNE RODEWALD (920) 457-7157</b>		Citations Issued <b>0</b>
	Date of Birth <b>06/11/1947</b>		Sex <b>FEMALE</b>
Address <b>4309 N 50 ST SHEBOYGAN, WI 53083 , US</b>		Driver License Number <b>R3435574771107</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	<b>Safety Equipment</b>		On Duty Crash
	Seat Position <b>1--FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>		Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>		Airbag <b>NON DEPLOYED</b>
Ejected <b>NOT EJECTED</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death

G8L1BZLVP5  
S19-19461

### WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN COUNTY SHERIFFS DEPT  
525 NORTH SIXTH STREET  
SHEBOYGAN, WI 53081  
(920) 459-3112

UNIT  
INDIVIDUAL  
02  
003

<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	
Distracted By Action <b>NOT DISTRACTED</b>			
<b>Non Motorist</b>		Striking Unit #	Location
Prior Action			
Action			
Action Other			To/From School
<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
Drug Type			
Individual Condition <b>APPEARED NORMAL</b>			

SHEBOYGAN COLLISION CENTER  
CHEVROLET - BUICK - GMC - CADILLAC INC  
3400 SOUTH BUSINESS DRIVE -- SHEBOYGAN, WI 53081  
OFFICE: 920-459-6855 FAX: 920-459-6286 TOLL FREE: 888-459-6855  
FED I.D.# 83-0747810 EMAIL: COLLISIONCENTER@SHEBOYGANAUTO.COM

\*\*\* PRELIMINARY SUPPLEMENT 5 \*\*\*

RO# 915090

S5

11/27/2019 03:02 PM  
02/03/2020 03:50 PM

Owner

Owner: ROGER RODEWALD  
Address: 4309 NORTH 50TH. STREET  
City State Zip: Sheboygan, WI 53083  
Home/Evening: (920)457-7157  
Cell: (920)627-4490  
FAX:

Control Information

Claim # : AM11777-1  
Loss Date/Time: 11/27/2019  
Deductible: \$1,000.00  
Insured Policy # :  
Loss Type: Collision  
Ins. Company: WEST BEND INSURANCE  
Company Contact: RICH ERICH  
Address:  
Email: rerich@wbmi.com  
Work/Day: (262)338-5125x5125

Inspection

Inspection Date: 11/27/2019 03:00 PM  
Inspection Location: Sheboygan Chev/Buick/GMC/Cad  
Address: 3400 SOUTH BUSINESS DRIVE  
City State Zip: SHEBOYGAN, WI 53081  
Email: collisioncenter@sheboyganauto.com  
Primary Impact: Front  
Driveable: No  
Inspection Type: Direct Repair Program  
Contact:  
Work/Day: (920)459-6855x  
Work/Day: (888)459-6855x  
FAX: (920)459-6286x  
Secondary Impact:  
Rental Assisted: No  
First Contact Date/Time: 11/27/2019 03:00 PM  
Appointment Date/Time:  
Appraiser Name: Cliff Netzer  
Address: 3400 South Business Drive  
City State Zip: Sheboygan, WI 53081  
Orig Appraiser Name: Cliff Netzer  
Address: 3400 South Business Drive  
City State Zip: Sheboygan, WI 53081  
Appraiser License # :  
Work/Day: (920)459-6855x348  
Work/Day: (888)459-6855x348  
FAX: (920)459-6286  
Appraiser License # :  
Work/Day: (920)459-6855x348  
Work/Day: (888)459-6855x348  
FAX: (920)459-6286

Repairer

Repairer: Sheboygan Chev/Buick/GMC/Cad  
Address: 3400 SOUTH BUSINESS DRIVE  
City State Zip: SHEBOYGAN, WI 53081  
Email: collisioncenter@sheboyganauto.com  
Contact:  
Work/Day: (920)459-6855  
Work/Day: (888)459-6855  
FAX: (920)459-6286  
Repair Start Date/Time: 12/20/2019  
Repair Complete Date/Time: 01/09/2020  
Vehicle Drop Off Date/Time: 11/27/2019  
Vehicle Pick Up Date/Time: 01/10/2020 02:19 PM

Target Complete Date/Time: 01/09/2020

Days To Repair: 14

**Remarks**

ESTIMATE OPEN FOR HIDDEN DAMAGES:

**Vehicle**

OEM Part Price Quote ID: 59176412

2014 Cadillac CTS 2.0T Premium 4 DR Sedan  
 4cyl Gasoline Turbo 2.0  
 6-Speed Automatic

Lic.Plates: MIRIAMR  
 Lic Expire:  
 Prod Date: 05/2014  
 Veh Insp# :  
 Condition:  
 Ext. Color: CAUGHT RED HANDED MET  
 Ext. Refinish: Three-Stage User Defined  
 Ext. Paint Code: 132X,G7E

Lic State: WI  
 VIN: 1G6AZ5SX7E0188155  
 Mileage: 50,190  
 Mileage Type: Actual  
 Code: T3243C  
 Int. Color: Jet Black w/Jet Black Accents  
 Int. Refinish: Two-Stage  
 Int. Trim Code: H2U

**Options - AudaVIN Information Received**

1st Row LCD Monitor(s)	2nd Row Head Airbags	4-Wheel Drive
AM/FM CD Player	Adaptive Cruise Control	Air Conditioning
Alarm System	Anti-Lock Brakes	Auto Headlamp Control
Auto-Leveling Headlamps	Automatic Dimming Mirror	Bose Sound System
Bucket Seats	Cargo/Trunk Mat	Cargo/Trunk Net
Center Console	Climate Cntrl Frnt Seats	Collision Avoidance Sys
Cross Traffic Alert	Cruise Control	Daytime Running Lights
Driver Information Sys	Driver Seat Memory	Dual Airbags
Dual Power Seats	Dual Pwr Lumbar Supports	Floor Mats
Fwd. Collision Alert	Garage Door Opener	Head Airbags
Heads-Up Display	Heated Frnt & Rear Seats	Heated Power Mirrors
Heated Steering Wheel	High Definition Radio	High Intensity Headlamps
Illuminated Visor Mirror	Intelligent Parking Asst	Intermittent Wipers
Keyless Access System	Keyless Entry System	Keyless Ignition System
Knee Air Bags	Lane Departure Alert	Leather Seats
Lighted Entry System	MP3 Decoder	Magnetic Ride Control
Mirror(s) Memory	Navigation System	OnStar System
Overhead Console	Paddle Shifter	Parking Assist System
Polished Alloy Wheels	Power Brakes	Power Door Locks
Power Rear Sunshade	Power Steering	Power Sunroof
Power Trunk (open/close)	Power Windows	Pwr Accessory Outlet(s)
Pwr Tilt/Tele. Str Wheel	Rain-Sensing W/S Wipers	Rear Collisn Mitigation
Rear Side Wndw Sunshades	Rear View Camera	Rear Window Defroster
Remote Starter	Safety Alert Seat(s)	Side Airbags
Side Blind Zone Warning	SiriusXM Satellite Radio	Special Factory Paint
Split Folding Rear Seat	Sport Suspension	Stability Cntrl Suspensn
Steering Linked Headlamps	Strg Wheel Radio Control	Theft Deterrent System
Three Zone Climate Ctrl	Tinted Glass	Tire Pressure Monitor
Traction Control System	USB Audio Input(s)	Wheel Locks
Wireless Audio Streaming	Wireless Phone Connect	

*AudaVIN options are listed in bold-italic fonts*

**Damages**

Line	Op	Guide	MC Description	MFR.Part No.	Price	ADJ% B%	Hours	R
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**Front Bumper**

1	OE	6	# Cover,Front Bumper # = 01, 46	Replace PXN OE Srpls	\$783.57		2.8	SM
2	L	6	14 Cover,Front Bumper	Refinish 2.8 Surface 1.0 Three-stage setup 1.0 Three-stage			4.8	RF
3	OE	5	46 Reinf,Front Bumper Aluminum	Replace PXN OE Srpls	\$289.91		2.9	SM
4	L	5	Reinf,Front Bumper	Refinish 0.7 Surface 0.1 Two-stage			0.8	RF
5	E	118	Rivet,Front Bumper Quantity of 4 @ \$4.44 each	11516936 GM Part	\$17.76			SM
6	E	20	46 Grille,Frt Bmpr Cvr	22806410 GM Part	\$166.79			INC SM
7	RI	35	Sensor,Blind Spot LT	R & I Assembly				INC SM
8	E	36	Sensor,Blind Spot RT	84112235 GM Part	\$345.09	S3		INC SM
9	L	14	Prep Raw Frt Bmpr Cvr	Refinish 0.6 Surface			0.6	RF
10	RI	1043	Snsr, Obstacle Warning LT	R & I Assembly				INC SM
11	RI	1044	Snsr, Obstacle Warning RT	R & I Assembly				INC SM
12	RI	1127	Snsr, Obstacle Warning LT	R & I Assembly				INC SM
13	RI	1128	Snsr, Obstacle Warning RT	R & I Assembly				INC SM
14	RI	1379	Brkt,Obstacle Snsr LT	R & I Assembly				INC SM
15	RI	1380	Brkt,Obstacle Snsr RT	R & I Assembly				INC SM
16	RI	1381	Brkt,Obstacle Snsr LT	R & I Assembly				INC SM
17	RI	1382	Brkt,Obstacle Snsr RT	R & I Assembly				INC SM
18	OE	17	46 Filler,Front Bumper RT	Replace PXN OE Srpls	\$75.00			INC SM
19	E	21	46 Cover,Tow Hook Access	22934288 GM Part	\$49.49			SM
20	L	21	Cover,Tow Hook Access	Refinish 0.1 Surface			0.1	RF
21	E	26	Panel,Frt Bmpr License	23468245 GM Part	\$45.13		0.2	SM
22	OE	7	49 Absorber,Front Bumper	Replace PXN OE Srpls	\$111.04			INC SM
23	OE	18	46 Absorber,Front Bumper	Replace PXN OE Srpls	\$139.33			INC SM
24	E	23	Brkt,Front Bumper Mtg LT	23180173 GM Part	\$21.40			INC SM
25	E	24	Brkt,Front Bumper Mtg RT	23180174 GM Part	\$21.40			INC SM
26	E	1019	Brkt,Front Bumper Mtg LT	23188918 GM Part	\$47.25			INC SM
27	E	1020	46 Brkt,Front Bumper Mtg RT	23188919 GM Part	\$49.95			INC SM

**Front End Panel And Lamps**

28	UE	28	46 Grille Assembly >> JOHN PAUL'S	Replace OE Surplus	\$1,133.05*	S2	0.4	SM
29	E	31	49 Base,Grille Ornament	22803727 GM Part	\$39.48		0.5	SM
30	E	34	46 Moulding,Grille	22881298 GM Part	\$300.37			INC SM
31	L	34	Moulding,Grille	Refinish 0.5 Surface 0.2 Three-stage			0.7	RF
32	E	38	46 Emblem,Grille	22782410 GM Part	\$75.19			INC SM
33	E	39	46 Emblem,Grille	20971940 GM Part	\$75.19			INC SM
34	OE	41	46 Headlamp Assy,Xenon LT	Replace PXN OE Srpls	\$1,211.21	S3	0.2	SM
35	OE	42	46 Headlamp Assy,Xenon RT	Replace PXN OE Srpls	\$1,211.21		0.2	SM
36	N	973	Headlamps Aim	Additional Labor			0.4	SM

**Radiator Support**

37	E	77	Adapter,Grille Supt	23186536 GM Part	\$56.42			INC SM
38	E	79	46 Crsmbr,Rad Panel Up	23433392 GM Part	\$437.21		7.2	SM
39	L	79	Crsmbr,Rad Panel Up	Refinish 0.9 Surface 0.2 Two-stage			1.1	RF
40	E	29	46 Brace,Radiator Panel LT	84053415 GM Part	\$14.84			INC SM
41	E	30	46 Brace,Radiator Panel RT	84053415 GM Part	\$14.84			INC SM

42	E	78	Cover,Rad Supt Panel	23264364 GM Part	\$167.85		INC	SM
43		1039	46 Label,Radiator Support	Replace OEM	INC			SM
44	E	1180	Ret,Rad Mtg Pnl Seal	11589289 GM Part	\$20.96			SM
			Quantity of 4 @ \$5.24 each					
45	E	1196	Ret,Rad Mtg Pnl Seal	11561269 GM Part	\$11.98			SM
			Quantity of 2 @ \$5.99 each					
46	E	833	46 Baffle,Radiator Panel LT	22753185 GM Part	\$49.32		INC	SM
47	E	834	46 Baffle,Radiator Panel RT	22881299 GM Part	\$49.32		INC	SM
48	RI	81	Airbag Sensor,Front LT	R & I Assembly			INC	ME
49	RI	82	Airbag Sensor,Front RT	R & I Assembly			INC	ME
50	E	96	Brkt,Cruise Control	22821269 GM Part	\$43.60	S3	INC	ME
51	RI	89	Module,Cruise Control	R & I Assembly			INC	ME

**Cooling And Air Conditioning**

52	E	1907	Brkt,Radiator Mounting	23473171 GM Part	\$50.33	S3	INC	SM
53	N	987	A/C Evac Rechrq & Rcvr	Additional Labor			1.8	SM*

**Front Body And Windshield**

54	EP	100	Panel,Hood	Replace PXN	\$863.83		1.1	SM
			Aluminum					
55	L	100	Panel,Hood	Refinish			5.5	RF
				3.0 Surface				
				1.2 Edge				
				1.1 Three-stage				
				0.2 Two-stage				
56	E	88	Latch,Hood Panel	84145128 GM Part	\$41.02*		INC	SM
			>> #84053839					
57	E	84	46 Hinge,Hood Panel LT	22784834 GM Part	\$115.24		0.8	SM
58	L	84	Hinge,Hood Panel LT	Refinish			0.4	RF
				0.3 Surface				
				0.1 Two-stage				
59	E	85	46 Hinge,Hood Panel RT	22784835 GM Part	\$115.24		0.5	SM
60	L	85	Hinge,Hood Panel RT	Refinish			0.4	RF
				0.3 Surface				
				0.1 Two-stage				
61	RI	86	Pad,Insulator Hood	R & I Assembly			0.4	SM
62	RI	1134	Shield,Hood Heat LT	R & I Assembly			INC	SM
63	RI	1135	Shield,Hood Heat RT	R & I Assembly			INC	SM
64	RI	119	W/Strip,Hood Panel	R & I Assembly			INC	SM
65	E	95	01 Label,Hood	22878734 GM Part	\$5.99		0.1	SM
66	E	120	46 Label,Hood	19354745 GM Part	\$33.61		0.1	SM
67	E	1042	Label,Hood	24258938 GM Part	\$17.09		0.1	SM
68	I	103	Fender,Front LT	Repair		S3	2.0*	SM
69	L	103	Fender,Front LT	Refinish		S3	2.7	RF
				2.0 Surface				
				0.7 Three-stage				
70	BR	104	Fender,Front RT	Blend Refinish			1.4	RF
				0.7 Blend				
				0.7 Three-stage				

**Front Body Interior Sheetmetal**

71	EP	721	Skirt,Inner Fender RT	Replace PXN	\$83.88	S3	INC	SM
			>> JOHN PAULS CHEVY (800) 236-7901					
			>> 3615 SOUTH 108TH ST					
			>> GREENFIELD, WI, 53228					
72	E	1803	46 Shield,Engine Lower	23480702 GM Part	\$157.22		0.4	SM*

**Dashboard And Components**

73	I	61	Scan,Pre-Repair	Repair			0.3*	ME
74	I	62	Scan,Post-Repair	Repair			0.3*	ME

**Manual Entries**

75	EC	M03	Flex Additive	Replace Economy	\$6.00*			RF
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76	L	M17	Cover Car Exterior	Refinish	\$5.00*			RF
77	I	M18	Set-Up And Measure	Repair			2.0*	SM
78	SB	M60	Hazardous Waste Removal	Sublet Repair	\$5.00*			SM
79	I	M64	Unibody-Frame Alignment	Repair			3.0*	FR
80	P		Final Bill	Check				SM
>> VEHICLE COMPLETED 1/9/2020								
81	SB		CALIBRATE FORWARD CAMERA	Sublet Repair	\$125.00*		S3	SM*
>> SHEBOYGAN CHEV. SERVICE / RO#919573								
<b>81 Items</b>								

**MC Message**

01	CALL DEALER FOR EXACT PART # / PRICE
14	INCLUDES 1.0 HOURS FIRST PANEL THREE-STAGE ALLOWANCE
46	PRINTABLE ALTERNATE PARTS COMPARE
49	UNPRINTED ALTERNATE PARTS COMPARE

**Estimate Total & Entries**

<b>Gross Parts</b>					\$2,656.57	
<b>OE Surplus Parts</b>					\$4,954.32	
<b>Other Parts</b>					\$958.71	
<b>Paint &amp; Materials</b>		18.5 Hours @	\$40.00		\$740.00	
<b>Parts &amp; Material Total</b>						\$9,309.60
<b>Tax on Parts &amp; Material</b>			@ 5.500%			\$512.03
<b>Labor</b>	<b>Rate</b>	<b>Replace Hrs</b>	<b>Repair Hrs</b>	<b>Total Hrs</b>		
Sheet Metal (SM)	\$60.00	17.9	6.2	24.1	\$1,446.00	
Mech/Elec (ME)	\$120.00		0.6	0.6	\$72.00	
Frame (FR)	\$75.00		3.0	3.0	\$225.00	
Refinish (RF)	\$60.00	18.5		18.5	\$1,110.00	
<b>Labor Total</b>				46.2 Hours		\$2,853.00
<b>Tax on Labor</b>			@ 5.500%		\$156.92	
<b>Sublet Repairs</b>					\$130.00	
<b>Tax on Sublet</b>			@ 5.500%		\$7.15	
<b>Gross Total</b>						\$12,968.70
Less: Deductible						\$1,000.00-
<b>Net Total</b>						\$11,968.70
Less: Previous Net Total						\$11,968.70-
<b>Net Supplement Total</b>						\$0.00

Alternate Parts Y/00/00/00/00/00 CUM 27/02/00/25/22 Zip Code: 53081 Default  
 OEM Part Prices DT 11/27/2019 03:02 PM EstimateID 629060572171739136 QuoteID 59176412  
 Recycled Parts NOT REQUESTED  
 Rate Name Default

Audatex Estimating 8.0.643 S5 02/03/2020 03:55 PM REL 8.0.643 DT 04/01/2019 DB 08/01/2019  
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0.7 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.  
 4.7 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S THREE-STAGE REFINISH FORMULA.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

**Op Codes**

* = User-Entered Value	^ = Labor Matches System Assigned Rates	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/Reblt
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 = Chippguard	RI = R & I Assembly
P = Check	AA = Appearance Allowance	RP = Related Prior Damage



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\*\*\* SUPPLEMENT RECONCILIATION \*\*\*

Supplement S5

Claim # : AM11777-1  
File # :  
Insured:  
Owner Name: ROGER RODEWALD  
Appraiser Name: Cliff Netzer  
Vehicle: 2014 Cadillac CTS 2.0T Premium 4 DR Sedan

Insured Policy # :  
Claim Rep:  
Inspection Date/Time: 11/27/2019 03:00 PM

Actual Supplement 5 Net Total

\$0.00+

Summary

	Net Total	Date	Time	Appraiser
Supplement 4	\$11,968.70	02/03/2020	02:18 PM	Cliff Netzer
Supplement 5	\$11,968.70	02/03/2020	03:50 PM	Cliff Netzer



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