PACCAR

11-4-2017

ATTACHMENT

Request Number 4

Files 5011

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RQ17-001

PACCAR

11/9/2017

ATTACHMENT

REQUEST NUMBER 4 FILES

5011

Police _Report [redacted]

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

TC002

X000626783

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
9 U 1 U		12	4	1	16 U 1 U	1 U 1 U	1 U 1 U	4	5	15 U 1 U		

INVESTIGATING AGENCY	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	TYPE OF REPORT		AGENCY CRASH REPORT NO.	CREW
ISP	☐ $500 OR LESS ☐ $501 - $1,500 ☒ OVER $1,500	☒ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☐ A No Injury / Drive Away ☒ B Injury and / or Tow Due To Crash	YR 2016 [redacted]	3

ADDRESS NO.	HIGHWAY or STREET NAME	City / Township	INTERSECTION RELATED	DATE OF CRASH	TIME	LARS CODE	VEHT
	I-57	CO UNIT ROAD DIST	☐Y ☒N	10/23/2016 (mo day yr)	06:10 ☒AM ☐PM		7 U 1

☒ 0.54 FT (CIRCLE) (N) E S W AT INTERSECTION WITH	UN-NAMED STREET (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY	PRIVATE PROPERTY	DOORING WITH PEDALCYCLIST?	NUMBER MOTOR VEHICLES INVLD	LARS CODE	U
		WILLIAMSON	☐Y ☒N	☐Y ☒N	1		

UNIT 1

NAME ☒DRIVER ☐PARKED ☐DRIVERLESS ☐PED ☐PEDAL ☐EQUES ☐NMV ☐NCV	DATE OF BIRTH	MAKE	MODEL	YEAR
[redacted]	[redacted]	FREIGHTLINE	TRUCK	2017

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR
[redacted]	M	2	4	[redacted]	IN	2017

CITY	STATE	ZIP	INJURY	EJECT	VIN
MESA	AZ	[redacted]	K	1	[redacted]

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)	INSURANCE CO.
	[redacted]	AZ	A	CTG LEASING CO	UNK

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.
WILLIAMSON CO. MORGUE	WILLIAMSON CO. CORONER	400 BIRMINGHAM HWY, CHATTANOOGA, TN 37419		UNK

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; (11) - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN. POINT OF FIRST CONTACT: 99

TOWED DUE TO CRASH	FIRE	CELLPHONE	EXCEED SPEED LIMIT	COM VEH *
Y ☒	☐	☐	☐	☒
N ☐	☒	☒	☒	☐

NO. LANES 4; ALCH 2; DRUG 1; VEHI 10 U 1 U; RDEF 1; BAC 96 U 1 U; # OCCS 2 U 1 U; CORF 1 U 1 U

UNIT

NAME ☐DRIVER ☐PARKED ☐DRIVERLESS ☐PED ☐PEDAL ☐EQUES ☐NMV ☐NCV (LAST, FIRST, MI)	DATE OF BIRTH (mo / day / yr)	MAKE	MODEL	YEAR

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR

CITY	STATE	ZIP	INJURY	EJECT	VIN

TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST M.I.)	INSURANCE CO.

TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE; 10 - UNDER CARRIAGE; 11 - TOTAL (ALL AREAS); 12 - OTHER; 99 - UNKNOWN. POINT OF FIRST CONTACT:

TOWED DUE TO CRASH	FIRE	CELLPHONE	EXCEED SPEED LIMIT	COM VEH *
Y ☐	☐	☐	☐	☐
N ☐	☐	☐	☐	☐

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
1	3	8/31/1973	M	2	4	K	1	TALBERT, CHRISTOPHER NMI / 9858 SIDNEY HAYES RD, ORLANDO, FL 32824 / (850)631-1783	DEACONESS HOSPITAL	LIFELINE HELICOPTER

UNIT	(VNO)	(MOST)	(LVMT)	(LOC)
UNIT 1	1	☐	1	2
	2	☐	1	3
	3	☒	2	3
UNIT	1	☐		
	2	☐		
	3	☐		

DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY

PROPERTY OWNER ADDRESS	CITY	STATE	ZIP

ARREST NAME	SECTION	CITATION NO.

ARREST NAME	SECTION	CITATION NO.

OFFICER ID	OFFICER NAME	BEAT DIST.	SUPERVISOR ID
4975	A COOPER	13	H BAXTER, 4962

CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE?	IF YES CHECK ONE BELOW
PRIMARY 20	70	☐Y ☒N	☐ CONSTRUCTION ☐ MAINTENANCE ☐ UTILITY ☐ SCHOOL BUS ZONE TYPE
SECONDARY 15			

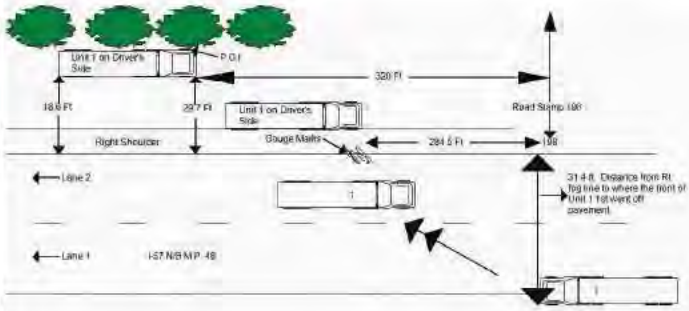
DATE POLICE NOTIFIED (mo / day / yr)	TIME NOTIFIED	COURT DATE (mo / day / yr)	COURT TIME	WORKERS PRESENT?
10/23/2016	06:11 ☒AM ☐PM		☐AM ☐PM	☐Y ☒N

*IF YES TO COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

Printed by authority of the State of Illinois

SR 1050 JANUARY 2013

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

[redacted]

LOCAL USE ONLY

U 1 Color WHITE	U Color
U 1 Towed by / to Campbell Bros Garage & Tow / Campbell's B	U Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus), or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME: COVENANT TRANSPORTATION

ADDRESS: 400 BIRMINGHAM HWY

CITY STATE ZIP: CHATTANOOGA / TN / 37419

USDOT NO.: 273818 ILCC NO.:

Source of above info: [X] Side of Truck [ ] Papers [ ] Driver [ ] Log Book

Gross Vehicle Weight Rating (GVWR): 80000

Were HAZMAT placards displayed on the vehicle? [ ] Y [X] N

If yes, name on placard:

4-digit UN no: 1-digit Hazard Class no:

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? [ ] Y [X] N [ ] UNK

Did HAZMAT Regulations violation contribute to the crash? [ ] Y [X] N [ ] UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? [ ] Y [X] N [ ] UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT [ ] Y [X] N [ ] UNK Out of Service? [ ] Y [ ] N

MCS [X] Y [ ] N [ ] UNK Out of Service? [X] Y [ ] N

Form No.:

IDOT PERMIT NO.: WIDE LOAD? [ ] Y [X] N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	[X]	[ ]	[ ]
TRAILER 2	[ ]	[ ]	[ ]

TRAILER LENGTH(S): 1 53 ft TRAILER 2 ft

TOTAL VEHICLE LENGTH 65 ft NO. OF AXLES: 5

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION: 6

CARGO BODY TYPE: 2 LOAD TYPE: 5

RQ17-001

PACCAR

11/9/2017

ATTACHMENT

REQUEST NUMBER 4 FILES

2016-00115

accident report

Secure this Information

● At the scene of the accident

Walgreens

Form 882 (Rev. 10/96) I.C 961215

VEHICLE ACCIDENT REPORT

[redacted]

Answer All Questions - - Every Accident Must Be Fully Reported

PRINT OR TYPE

Date, Time, & Location of Accident

Date	Time of Accident	Location	Highway Numbers	Streets	Block No. or Both
05 JAN 14	0622 ☒ AM ☐ PM	[redacted]	MM 73 3/4		

Name Nearest Town	Distance From	Direction From	County	State
DES PLAINES, IL				IL

Company Drivers Personal Data

Drivers Full Name	Social Security No.	Home Street Address In Full	City & Zip Code	County	State
[redacted]		[redacted]	STOUGHTON [redacted]	[redacted]	WI

Home Telephone No.	Years Driving	How Long With Co.	Driver's Lic. No.	State	Your Age
A/C [redacted]	30 yrs	2 1/2 yrs	[redacted]	WI	[redacted]

Miles You Drove Before Accident	How Long Driving	How Long On Duty	Were You Injured In This Accident?	Describe
APPROX 131	3 hr 25 min	2 hr 45 min.	☐ Yes ☒ No	

Company Vehicle

Year	Make	Type	V.I.N.	Company No.	Trailer	Year	Make	Type	Company No.
14	FRT	TRA		66085	760045				

License Tag No.	State	Area Damaged on Truck/Trailer	Was Vehicle Driveable After Accident	Condition Of Brakes
		FRONT WHEEL - STEERING	☐ Yes ☒ No	GOOD

Cargo

Describe Cargo	Cargo Weight	Vehicle's Weight	Gross Weight	Was Cargo Damaged	Amount
EMPTY VAN TRAIL				☐ Yes ☒ No	$

Schedule Data

Date Run Began	Time Began	Date Ending	Time Ending	If Turn Around Most Distant Point
05 JAN 14	0345 ☐ AM ☐ PM	05 JAN 14	0622 ☒ AM ☐ PM	

Persons Involved

How Many People In Other Vehicle(s)	How Many In Your Vehicle	Total Number Of Persons Involved	How Many Known To Be Injured	Was Ambulance Required
0	1	1	0	☐ Yes ☒ No

Other Driver's Name In Full	Other Driver's Address In Full - City, State	Phone No.	Age
N/A	N/A	A/C N/A	0

Other Vehicle

Year	Make	Model	Tag Year	State	License Tag No.	Area Damaged On Vehicle
N/A						

Owner's Name	Address	City/State/Zip Code	Phone No.	Was There Any Other Damage?
			A/C /	☐ Yes ☐ No

Other Insurance

Insurance Carrier	Policy Number	Expiration Date
N/A		

Police Action

Investigation Officer's Name	Department	City or State
N/A		

Where Charges Filed?	Against Who?	Traffic Charges	Date of Hearing
☐ Yes ☒ No	☐ Me ☐ Other Party		

Facts Of Accident

Print or Type Clearly — Describe How Accident Occurred

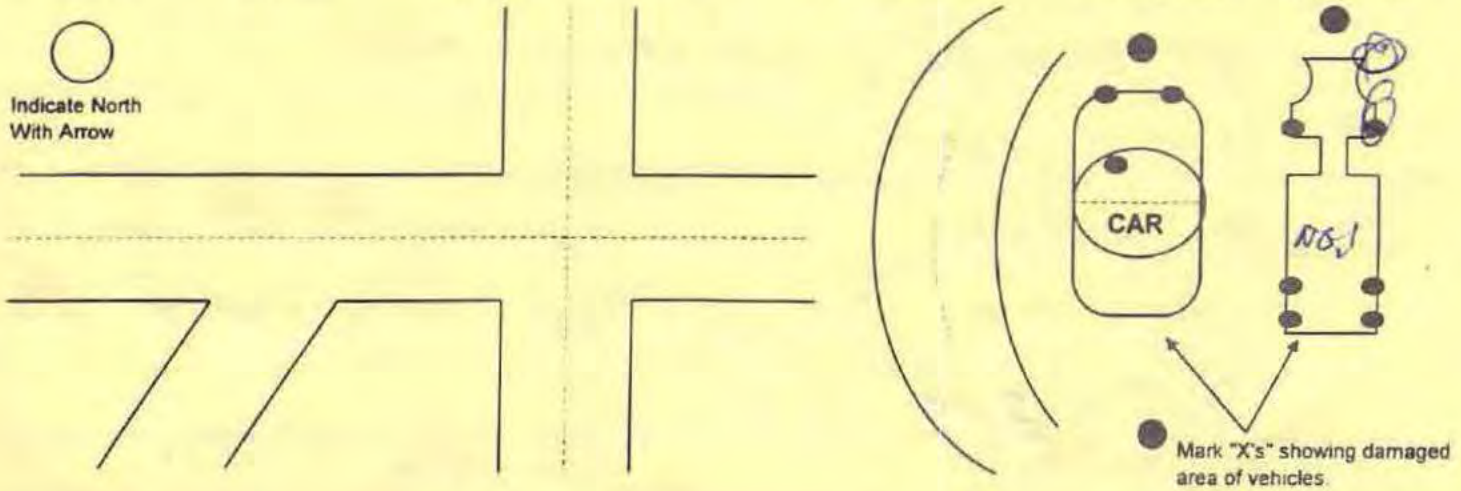
I left the Windsor D.C. at 0349 and was East Bound on Interstate 90. Around the Janesville, WI area, mm 175(ish) the vehicle was beginning to Wonder on the road. around Belvidere, IL it was getting troublesome to hold my position in lane. *continued on attached sheet of Paper.

List Names, Addresses and Phone Numbers of Other Persons Involved on Separate Sheet of Paper. See Reverse.

THIS REPORT IS CONFIDENTIAL AND TO BE USED ONLY BY "COMPANY OFFICIALS AND THE INVOLVED OPERATOR."

Draw *"COMPLETE"* diagram showing 'position' of all involved vehicles, at *TIME OF COLLISION* AND *FINAL POSITION*, showing direction of travel both *before* and *after* collision. Correct diagram to fit streets involved. Use the following symbols.

No. 1 — Pur. Veh. | No. 2 — Other Veh. | Skid Marks | X — Point of Collision of Vehicles | ⊕ — Location of Witnesses at Time of Accident | → Indicates Travel Prior to Collision | - - - → Indicates Travel After Collision



Weather •	Lighting •	Road Surface •	Road Direction •	Action of Drivers •	You	Other	Traffic Control •
☑ Clear	☐ Daylight	☐ Dry	☑ Straight	Exceeding Safe Speed			☐ Signal Lights
☐ Cloudy	☐ Dusk	☐ Muddy	☐ Level	On Wrong Side Of Street			☐ Caution Light
☐ Fog	☐ Dark-No St. Lights On	☐ Snowy	☐ Hill ☐ Up ☐ Down	Did Not Have Right-Of-Way			☐ Stop Sign
☐ Rain	☐ Dark-St. Lights On	☐ Snow Covered	☐ Paved	Disobayed Traffic Signal			☐ Police Officer
☐ Snow	☐ Headlights	☐ Ice In Places	☐ Black Top	Illegal Passing			☑ None
☐ Sleet	☑ Headlights On Dim	☐ Ice Covered	☐ One Way	Improper Turning			☐ Other
☐ Other	☐ Headlights On Bright	☑ Other wet in places	☐ Two Way	Other			What Was Speed Limit? • MPH 45
	☐ No Lights On		☑ Divided Road				
			☐ Intersection				

ANSWER EVERY QUESTION	You	Other Party
Street or highway traveling on just before accident?	I-90 EB	N/A
Direction of travel just prior to the accident? (North - South - East - West)	EAST	
• What lanes traveling in just prior to collision? (Inside - Center - Outside)	CENTER/OUTSIDE	
What was speed of both vehicles just prior to the collision? (Your opinion)	45 mph	
Were brakes applied prior to collision?	YES	
• Were there any skid marks left by either vehicle? (If so, how long were skid marks in feet?)	NO	
Was either vehicle making a signal just before or during accident? (If so, what kind?)	YES, DIRECTIONAL	
Was either vehicle moved after coming to rest prior to arrival of police?	NO, N/A, NO POLICE ON SIDE	

DO NOT WRITE IN THIS SPACE		PLEASE THINK CAREFULLY BEFORE YOU ANSWER THE FOLLOWING QUESTIONS
1.	3.	What was the *MOVEMENT* of the *OTHER VEHICLE* that alerted you to the possibility of an accident? N/A
2.	4.	What *EVASIVE ACTION* did you take to avoid accident? SLOW DOWN — APPLIED BRAKE

What company official did you first report accident to when it occured?		Date	Time
Name MARY WIESENSEL	Office DISPATCH AT WALGREENS OF SAN	01-27	☑ AM ☐ PM

• Did You Report Accident To Insurance Co ?	Who (Person's Name Or Adjusting Company's Name) and Phone Number	Location Code Number	Claim Number	City	State
☐ Yes / ☑ No			[redacted]		

IF SPACE FOR INFORMATION IS INADEQUATE - USE SEPARATE SHEET OF PA

I HEREBY CERTIFY THIS REPORT TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Date of this report 01 JAN 16 Signed: [redacted]

Please be sure to attach all witness cards to this report.

RQ17-001

PACCAR

11/9/2017

ATTACHMENT

REQUEST NUMBER 4 FILES

2016-00115

repair estimate

Date: 2/ 8/2016 03:13 PM
Estimate ID: [redacted]
Estimate Version: 0
Committed
Profile ID: * Mitchell

Property Damage Appraisers Madison

PO BOX 45871, MADISON , WI 53744
(608) 834-8089
Fax: (608) 834-0918
Email: pdamadison@pdaorg.net

*Not An Authorization For Repair *
Read disclaimers following appraisal Calculations

Damage Assessed By: TIM RUSCH
Classification: Field

Appraised For: Elisa Johnson
(866) 540-2927

Condition Code: AVERAGE
Date of Loss: 1/ 5/2016
Deductible: 0.00
File Number:* [redacted]
Claim Number:

Type of Loss: Collision
Arrival Date: 2/ 8/2016

Insured: Transervice - [redacted]
Owner: Transervice - [redacted]
Telephone: Work Phone: [redacted]

Mitchell Service: 911206

Description: 2015 Freightliner Cascadia
Type/Component: Truck
VIN: 3AKJGEDV7G[redacted]
Mileage: 135,000
OEM/ALT: A
Color: white

Vehicle Production Date: 6/15
Drive Train:
License: [redacted] ID
Search Code: 974

Line Item	Entry Number	Labor Type	Operation	Line Item Description		Part Type/ Part Number	Dollar Amount	Labor Units
1	101655	BDY	REMOVE/REPLACE	Frt Bumper		N.A.	1,820.58 *	1.0
2	101656	BDY	REPAIR	R Frt Bumper Air Dam		Existing		0.5*
3	101658	BDY	REMOVE/REPLACE	R Frt Bumper Bracket		N.A.	209.58 *	0.3 #
4	101325	BDY	REMOVE/INSTALL	R Front Combination Lamp				0.4 #
5	101337	REF	REFINISH	R Fender Outside			C	2.5
6	900500	BDY*	REMOVE/REPLACE	Cab Splash Sheild R		New	321.81 *	1.0*
7	100911	BDY	REPAIR	R Fender Panel		Existing		3.0*
8	100827	BDY	REMOVE/REPLACE	Step Plate		N.A.	171.20 *	0.2
9	100828	BDY	REMOVE/REPLACE	R Step Bracket		N.A.	381.43 *	0.4*
10	900500	BDY*	REMOVE/REPLACE	RIGHT FRONT TIRE		** QUAL REPL PART	650.00 *	INC*
11				Bridgestone 11r225				
12	101005	BDY	REMOVE/REPLACE	Wheel		N.A.	138.32 *	1.0*#
13	101147	MCH	ALIGN	Add To Adjust Front Suspension	-M			2.5*
14	101153	MCH	REMOVE/REPLACE	R Frt Susp Dust Cap	-M	N.A.	32.25 *	0.1 #
15	900500	MCH*	REMOVE/REPLACE	Link Hardware		New	30.80 *	0.0*
16	900500	MCH*	REMOVE/REPLACE	Rear axle Seal		New	9.60 *	0.0*
17	101192	MCH	REMOVE/REPLACE	Frt Susp Tie Rod	-M	N.A.	281.95 *	0.5
18	101223	MCH	REMOVE/REPLACE	R Frt Susp Leaf Spring	-M	N.A.	545.31 *	1.8 #
19	101225	MCH	REMOVE/REPLACE	R Frt Susp U-Bolt	-M 2@71.07	N.A.	142.14 *	0.6 #
20	100679	MCH	REMOVE/REPLACE	Steering Gear	-M	N.A.	682.49 *	3.2
21	100681	MCH	REMOVE/REPLACE	Steering Drag Link	-M	N.A.	156.04 *	0.8
22	843367	MCH	REMOVE/INSTALL	Drive Shaft	-M			1.7
23	900500	MCH*	REMOVE/REPLACE	DIFFERENTIAL OIL		Sublet	60.00 *	0.0*
24	936007		ADD'L COST	SHOP MATERIALS			160.00 *	
25	AUTO	REF	ADD'L OPR	Clear Coat				1.0

ESTIMATE RECALL NUMBER: 02/08/2016 15:12:49 [redacted]
Mitchell Data Version: OEM: JAN_16_V
MAPP:JAN_16_V
Software Version: 7.1.200

Date: 2/ 8/2016 03:13 PM
Estimate ID: [redacted]
Estimate Version: 0
Committed
Profile ID: * Mitchell

26	900500	MCH*	REMOVE/REPLACE	Lug studs and nuts	New	207.00 *	1.0*
27	AUTO		ADD'L COST	Paint/Materials		192.50 *	

* - Judgment Item
\# - Labor Note Applies
C - Included in Clear Coat Calc

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	
Body	7.8	80.00	0.00	0.00	624.00	T
Refinish	3.5	80.00	0.00	0.00	280.00	T
Mechanical	12.2	80.00	0.00	0.00	976.00	T
Taxable Labor					1,880.00	
Labor Tax			@ 5.500 %		103.40	
Labor Summary	23.5				1,983.40	

II. Part Replacement Summary			Amount
Taxable Parts			5,840.50
Sales Tax	@	5.500%	321.23
Total Replacement Parts Amount			6,161.73

III. Additional Costs			Amount
Taxable Costs			342.50
Sales Tax	@	5.500%	18.84
Total Additional Costs			361.34

Paint Material Method: Rates
Init Rate = 55.00 , Init Max Hours = 99.9, Addl Rate = 0.00

IV. Adjustments	Amount
Insurance Deductible	0.00
Customer Responsibility	0.00

I.	Total Labor:	1,983.40
II.	Total Replacement Parts:	6,161.73
III.	Total Additional Costs:	361.34
	Gross Total:	8,506.47
IV.	Total Adjustments:	0.00
	Net Total:	8,506.47

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.

Point(s) of Impact
1 Right Front Corner (P), 21 Undercarriage (S)

Insurance Co: SEDGWICK CMS
Address: 570 W LAKECOOK RD STE 406
DEERFIELD, IL 60015
Work Phone: (866) 640-2927

Inspection Date:* 2/ 8/2016

ESTIMATE RECALL NUMBER: 02/08/2016 15:12:49 [redacted]
Mitchell Data Version: OEM: JAN_16_V
MAPP:JAN_16_V
Software Version: 7.1.200

Date: 2/8/2016 03:13 PM
Estimate ID: [redacted]
Estimate Version: 0
Committed
Profile ID: * Mitchell

Body Shop: TRUCK COUNTRY SHULLSBURG
Address: 119 WISCONSIN HWY 11
SHULLSBURG, WI 53586
Telephone: (608) 965-4462
Fax Phone: (608) 965-3289

**********Notice**********
This is not an authorization for repair. All costs of repairs are the sole responsibility of the vehicle owner, who must authorize all repairs. Failure to deliver a copy of this appraisal to the repair shop by the vehicle owner may result in out of pocket expense to the vehicle owner. Providing a copy of this appraisal is not an acceptance of coverage or liability and all issues of coverage or liability are to be determined by the insurance carrier.

**********Notice**********
Deductibles may or may not be addressed or included in this appraisal. If applicable, the repairer should collect the deductible from the vehicle owner prior to the release of the repaired vehicle.

**********Supplement Procedure Notice**********
It is the repairer's responsibility to send notification of the supplement via fax or email to PDA (at (608)834-8089 or pdamadison@pdaorg.net), including a statement whether the repairs have been halted on the vehicle. PDA will respond to your request within 24 hours. Please allow 48 hours to complete supplement processing from the date of request to ensure timely release of the vehicle

**********Notice**********
This appraisal is subject to the complete review and approval by the assigning insurance company to assure accuracy, cost effectiveness, and that accepted industry repair standards are met. The insurance company listed has the right to accept or reject any part or all of this appraisal or make any changes they feel necessary.

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

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Any person who knowingly presents a false or fraudulent insurance claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison

TRUCK COUNTRY

FAMILY OWNED SINCE 1958

FREIGHTLINER

INVOICE NO.	[redacted]
INVOICE DATE	
P.O. NUMBER	
VIN	3AKJGEDV7GD[redacted]
UNIT: 66085	TAG: 226

Service Estimate

TRUCK COUNTRY - SHULLSBURG
119 STATE ROAD 11
PO BOX 368
SHULLSBURG, WI 53586
Phone: (800) 362-1313 FAX: (608) 965-3289

Bill To:
TRANS SERVICE/ BERKELEY LEASING
5300 ST. CHARLES ROAD
BERKELEY, IL 60163

Owner:
TRANS SERVICE/ BERKELEY LEASING
5300 ST. CHARLES ROAD
BERKELEY, IL 60163

WK PHONE: [redacted] HM PHONE [redacted]

CUST# [redacted]		ADVISOR	5200	ENG	471927S0360780	COLOR		SCHED	2/12/16	UNTID	433226
YEAR	16	MAKE	FTL	MODEL	CASCADIA	MILES	5	INSVC	10/14/15	ACCT	CASH

JOB#1 00 SCP GENERAL REPAIR
CONDITION RIGHT FOG LIGHT HOUSING DAMAGED
CAUSE
CORRECTION

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
	00	GENERAL REPAIR	TECH NO.	24.00
1	102F/A06-51908-005	LAMP ASSY-FOG,SAE,RH	67.85	67.85

JOB#1 00 -- PARTS: 67.85 -- LABOR: 24.00 -- MISC: 0.00 -- SUBTOTAL 91.85

JOB#2 00 SCP GENERAL REPAIR
CONDITION RIGHT REAR STEP BRACKET IS DAMAGED
CAUSE
CORRECTION

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
	00	GENERAL REPAIR	TECH NO.	120.00
1	102F/A22-69400-000	BRACKET-SIDE MOUNTING,HDEP,ZOD	168.80	168.80

JOB#2 00 -- PARTS: 168.80 -- LABOR: 120.00 -- MISC: 0.00 -- SUBTOTAL 288.80

JOB#3 00 SCP GENERAL REPAIR
CONDITION REPLACE BOTH SETS OFF STEER AXLE U-BOLTS
CAUSE
CORRECTION

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
	00	GENERAL REPAIR	TECH NO.	120.00
2	102F/680 322 12 25	U BOLT-SUSPENSION,3/4-16,190.1	17.67	35.34
4	102F/23-09114-004	WASHER-FLAT,STEEL,HARDENED,3/4	1.76	7.04
4	102F/23-00461-006	NUT-3/4 16,HI,HEX G8	4.24	16.96

JOB#3 00 -- PARTS: 59.34 -- LABOR: 120.00 -- MISC: 0.00 -- SUBTOTAL 179.34

CUSTOMER
CASH TRANSACTION - NO MAIL COPY

INVOICE NO.	[redacted]
INVOICE DATE	
P.O. NUMBER	
VIN	3AKJGEDV7GD[redacted]
UNIT: 66085	TAG: 226

CUST# [redacted]		ADVISOR	5200	ENGINE	71927S0360780	COLOR		SCHED	2/12/16	UNTID	433226
YEAR	16	MAKE	FTL	MODEL	CASCADIA	MILES	5	INSVC	10/14/15	ACCT	CASH

JOB#4 00 SCP GENERAL REPAIR
CONDITION REPLACE DAMAGED RIGHT SIDE AXLE STOP BOLT AND ADJUST
CAUSE
CORRECTION

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
	00	GENERAL REPAIR	TECH NO.	80.00
1	102F/MBA 6803320674	SCREW-STOP,M16X1.5X4	4.24	4.24
1	102F/MBA 000934016003	NUT,(STOP) DIN 934 M	1.87	1.87

JOB#4 00 -- PARTS: 6.11 -- LABOR: 80.00 -- MISC: 0.00 -- SUBTOTAL 86.11

JOB#5 00 SCP GENERAL REPAIR
CONDITION RIGHT SPEINDLE LOWER TIE ROD ARM IS BROKEN OFF
CAUSE
CORRECTION

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
	00	GENERAL REPAIR	TECH NO.	160.00
1	102F/MBA 6803323402	KNUCKLE RH - AIR BRAKE 3/4"	470.57	470.57
1	102F/MBA 6803388706	ARM TIE ROD RH	138.50	138.50
2	102F/MBA 308676020022	SCREW ISO 8765 M20X1	12.62	25.24
4	102F/CHR 35066	SEAL- OIL,FR STEER,SCOTSEAL CL	33.26	133.04
6	102F/FXC 12K200PC0Z	COTTER PIN	0.08	0.48
2	102O/MBL 98HL97	75W90	3.52	7.04

JOB#5 00 -- PARTS: 774.87 -- LABOR: 160.00 -- MISC: 0.00 -- SUBTOTAL 934.87

JOB#6 00 SCP GENERAL REPAIR
CONDITION ROLLER BREARING KINPIN PARTS NOT LISTED ON ESTIMATE AND NOT REUSEABLE
CAUSE
CORRECTION

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
	00	GENERAL REPAIR	TECH NO.	0.00
1	102F/MBA 6073300019K	KING PIN KIT,F3	362.38	362.38

JOB#6 00 -- PARTS: 362.38 -- LABOR: 0.00 -- MISC: 0.00 -- SUBTOTAL 362.38

INVOICE NO.	[redacted]
INVOICE DATE	
P.O. NUMBER	
VIN	3AKJGEDV7GL[redacted]
UNIT: 66085	TAG: 226

CUST# [redacted]		ADVISOR	5200	ENGINE	71827S0360780	COLOR		SCHED	2/12/16	UNTID	433226
YEAR	16	MAKE	FTL	MODEL	CASCADIA	MILES	5	INSVC	10/14/15	ACCT	CASH

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to assure the amount of repairs thereto. Not responsible for damages from freezing due to lack of antifreeze. I understand that all charges are due upon delivery of the vehicle. I acknowledge receipt of a copy of this agreement.
ALL COLLECTION AND/OR ATTORNEY FEES WILL BE ADDED TO THE AMOUNT YOU OWE

AUTH. BY:

X_____

DISCLAIMER OF WARRANTIES
ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY MANUFACTURER, IF ANY. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND TRUCK COUNTRY OF IOWA NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS. WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED AND OF REGULATIONS AND ORDERS OF THE ADMINISTRATOR OR WAGE AND HOUR DIVISION ISSUED UNDER SECTION 14 THEREOF. TRUCK COUNTRY DOES EXPRESS A LIMITED NON-TRANSFERRABLE WARRANTY, TO THE ORIGINAL PURCHASER, ON TECHNICIAN WORKMANSHIP ISSUES FOR 30 DAYS FROM THE COMPLETION DATE OF THIS REPAIR ORDER. A FINANCE CHARGE OF ONE AND ONE-HALF PERCENT (1 ½ %) PER MONTH IS APPLIED TO ALL ACCOUNTS 30 DAYS PAST DUE. THIS EQUALS AN ANNUAL PERCENTAGE RATE OF EIGHTEEN PERCENT (18%).

RECEIVED BY:_____

MISC CHARGES	0.00
PARTS	1,439.35
LABOR	504.00
PACKAGES	
SUBLET	0.00
MISC SUPPLIES	45.36
TAX	109.38
TOTAL	**2,098.09**

Please Remit Payment to:
TRUCK COUNTRY OF IOWA
PO BOX 68-9930
CHICAGO, IL 60695-9930

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

SIGNATURE BY THE CUSTOMER OR CUSTOMER REPRESENTATIVE CONSTITUTES AGREEMENT TO PAY REASONABLE LEGAL EXPENCES, INCLUDING ATTORNEY AND COURT COSTS INCURRED BY TRUCK COUNTRY FOR PAYMENT OF THIS INVOICE.

CUSTOMER
CASH TRANSACTION - NO MAIL COPY

TRUCK COUNTRY

FAMILY OWNED SINCE 1958

FREIGHTLINER

INVOICE NO.	[redacted]
INVOICE DATE	
P.O. NUMBER	
VIN	3AKJGEDV7GD[redacted]
UNIT: 66085	TAG: 226

Service Estimate

TRUCK COUNTRY - SHULLSBURG
119 STATE ROAD 11
PO BOX 368
SHULLSBURG, WI 53586
Phone: (800) 362-1313 FAX: (608) 965-3289

Bill To:
TRANS SERVICE/ BERKELEY LEASING
5300 ST. CHARLES ROAD
BERKELEY, IL 60163

Owner:
TRANS SERVICE/ BERKELEY LEASING
5300 ST. CHARLES ROAD
BERKELEY, IL 60163

WK PHONE: [redacted]

HM PHONE: [redacted]

CUST# [redacted]	ADVISOR 5200	ENG 471927S0360780	COLOR	SCHED 2/11/16	UNTID 433226		
YEAR 16	MAKE FTL	MODEL CASCADIA	MILES 5	INSVC 10/14/15	ACCT CASH		

JOB#1 00 SCP GENERAL REPAIR
CONDITION GENERAL REPAIR per estimate
CAUSE
CORRECTION

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
	00	GENERAL REPAIR	TECH NO.	0.00
1	102F/21-28643-001	BUMPER-FRONT,14.5 AEROCLAD W/L	1,820.58	1,820.58
1	102F/21-28644-000	BRACKET-BUMPER,FRONT,AEROCLAD	191.59	191.59
1	102F/A22-69527-001	SHIELD-SPLASH,CAB MTD,125,RH-S	249.66	249.66
1	102F/A22-57757-100	STEP-FUEL TANK,1000MM	150.36	150.36
1	102F/A22-69400-001	BRACKET-SIDE MOUNTING,HDEP,ZOD	168.78	168.78
1	102F/ACC 50408PKWHT21	WHEEL-POW CT WHT STL ESW, 22.5	126.44	126.44
1	102F/STM 340 4024	HUB CAP	35.39	35.39
1	102F/CHR 47691	SCOTSEAL PLUS	43.03	43.03
1	102F/A16-14463-000	SPRING-LEAF,FRONT SUSP,12K TPR	516.44	516.44
2	102F/23-12734-180	U BOLT-3/4-16,180,122/20,75	11.90	23.80
4	102F/23-09114-004	WASHER-FLAT,STEEL,HARDENED,3/4	1.76	7.04
4	102F/23-00461-006	NUT-3/4 16,HI,HEX G8	4.24	16.96
1	102F/MBA 6803302703	TIE ROD ASSY	232.65	232.65
1	102F/RGT THP60010R	STEERING GEAR, REMAN	682.49	682.49
1	102F/14-18527-000	DRAGLINK-AB BO,SWB,THP60	202.67	202.67
60	102O/MBL 98HL97	75W90	3.52	211.20
1	102F/RGT THP60010R-CORE	STEERING GEAR, REMAN	425.00	425.00

JOB#1 00 -- PARTS: 5,104.08 -- LABOR: 0.00 -- MISC: 0.00 -- SUBTOTAL 5,104.08

CUSTOMER
CASH TRANSACTION - NO MAIL COPY

INVOICE NO.	[redacted]
INVOICE DATE	
P.O. NUMBER	
VIN	3AKJGEDV7GDH[redacted]
UNIT: 66085	TAG: 226

CUST#	[redacted]	DVISOR	5200	ENGINE	71927S0360780	COLOR	SCHED	2/11/16	UNTID 433226
YEAR	16	MAKE	FTL	MODEL	CASCADIA	MILES	5	INSVC	10/14/15	ACCT	CASH

JOB#2 00 SCP GENERAL REPAIR

CONDITION EXTRA PARTS NEEDED-NOT ON ORIGINAL ESTIMATE

CAUSE

CORRECTION

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
	00	GENERAL REPAIR	TECH NO.	0.00
4	102F/23-09114-004	WASHER-FLAT,STEEL,HARDENED,3/4	1.76	7.04
4	102F/23-00461-008	NUT-3/4 16,HI,HEX G8	4.24	16.96
1	102F/A22-69400-000	BRACKET-SIDE MOUNTING,HDEP,ZOD	168.80	168.80
1	102F/A06-51908-005	LAMP ASSY-FOG,SAE,RH	67.85	67.85
2	102F/680 322 12 25	U BOLT-SUSPENSION,3/4-16,190,1	17.67	35.34
2	102F/MBA 308676020022	SCREW ISO 8765 M20X1	12.62	25.24
1	102F/MBA 6803388706	ARM TIE ROD RH	138.50	138.50
1	102F/MBA 6803320674	SCREW-STOP,M16X1.5X4	4.24	4.24
1	102F/MBA 000934016003	NUT,(STOP) DIN 934 M	1.87	1.87
1	102F/MBA 6803323402	KNUCKLE RH - AIR BRAKE 3/4"	470.57	470.57
1	102F/MBA 6073300019K	KING PIN KIT,F3	362.38	362.38
1	102F/CHR 35066	SEAL- OIL,FR STEER,SCOTSEAL CL	33.26	33.26
6	102F/FXC 12K200PC0Z	COTTER PIN	0.08	0.48

JOB#2 00 -- PARTS: 1,332.53 -- LABOR: 0.00 -- MISC: 0.00 -- SUBTOTAL 1,332.53

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Not responsible for damages from freezing due to lack of antifreeze. I understand that all charges are due upon delivery of the vehicle. I acknowledge receipt of a copy of this agreement.
ALL COLLECTION AND/OR ATTORNEY FEES WILL BE ADDED TO THE AMOUNT YOU OWE.

AUTH BY

X_____

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RECEIVED BY_____

MISC CHARGES	0.00
PARTS	6,436.61
LABOR	0.00
PACKAGES	
SUBLET	0.00
MISC SUPPLIES	0.00
TAX	354.01
TOTAL	6,790.62

Please Remit Payment to:
TRUCK COUNTRY OF IOWA
PO BOX 68-9930
CHICAGO, IL 60695-9930

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CUSTOMER
CASH TRANSACTION - NO MAIL COPY

RQ17-001

PACCAR

11/9/2017

ATTACHMENT

REQUEST NUMBER 4 FILES

2016-00115

Pictures


FREIGHTLINER

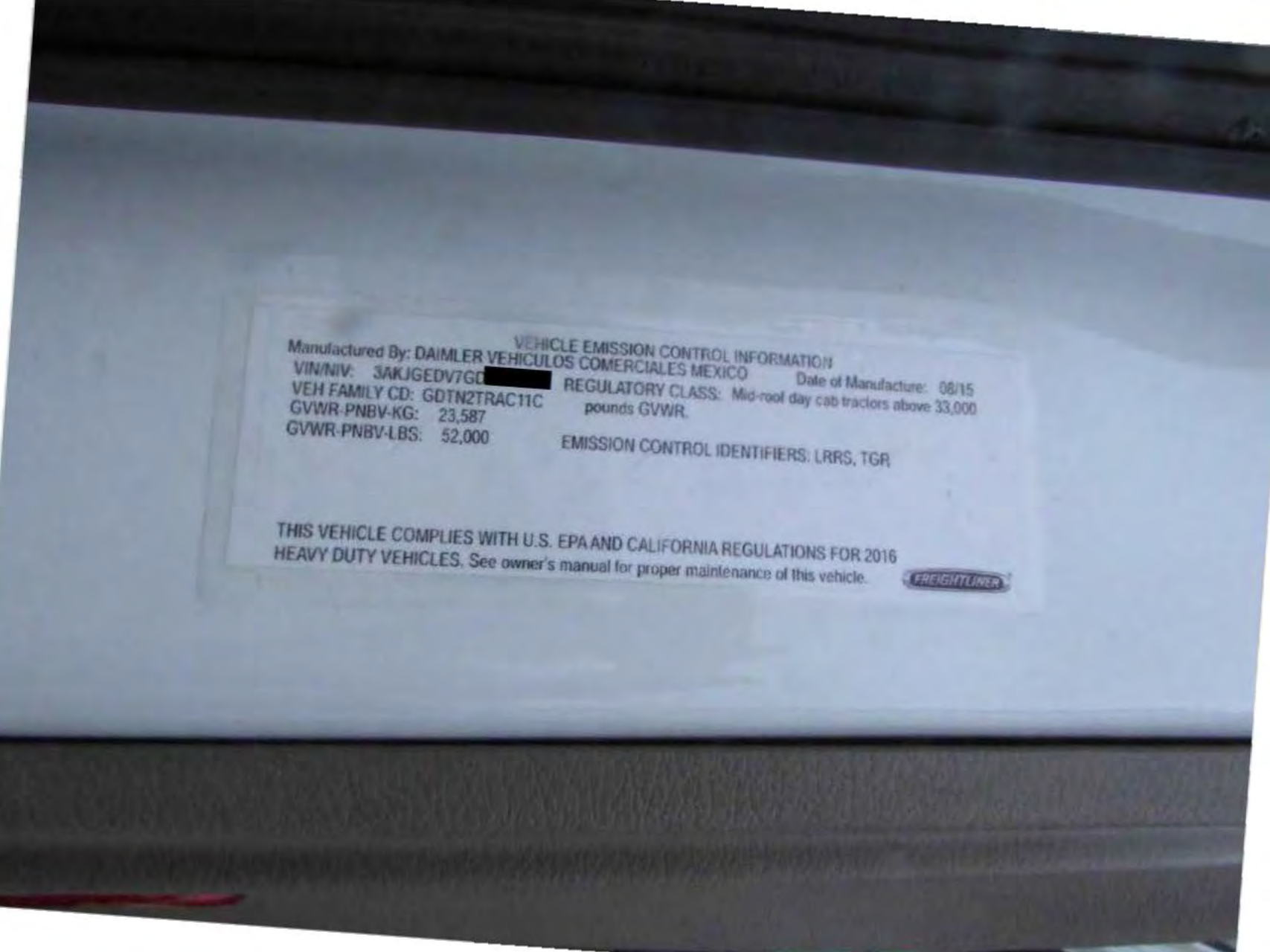

66085


66085
FREIGHTLINER


transervice
Division: Berkeley Windsor
Location: 1361
* All vendor billing must reference Division Name and Location Number

MANUFACTURED BY: DAIMLER VEH. COMERC. MEXICO
DATE OF MFR: 08/15
GVWR/PNBV-KG: 23,587
GVWR/PNBV-LBS: 52,000
THIS VEHICLE COMPLIES WITH ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT AT THE DATE OF MANUFACTURE SHOWN ABOVE
VEHICLE ID NO: 3AKJGEDV7G[redacted]
TYPE: TRUCK/TRACTOR TT/CT
COUNTRY OF ORIGIN: MEXICO

	GAWR/PNBE KGS	GAWR/PNBE LBS	TIRES	RIMS
FRONT AXLE:	5,443	12,000	11R22.5(G)	22.5X8.25
1ST INT AXLE:	9,072	20,000	11R22.5(G)	22.5X8.25
2ND INT AXLE:				
3RD INT AXLE:				
4TH INT AXLE:				
5TH INT AXLE:				
6TH INT AXLE:				
REAR AXLE:	9,072	20,000	11R22.5(G)	22.5X8.25


VEHICLE EMISSION CONTROL INFORMATION
Manufactured By: DAIMLER VEHICULOS COMERCIALES MEXICO
VIN/NIV: 3AKJGEDV7GD[redacted]
Date of Manufacture: 08/15
VEH FAMILY CD: GDTN2TRAC11C
REGULATORY CLASS: Mid-roof day cab tractors above 33,000 pounds GVWR.
GVWR-PNBV-KG: 23,587
GVWR-PNBV-LBS: 52,000
EMISSION CONTROL IDENTIFIERS: LRRS, TGR
THIS VEHICLE COMPLIES WITH U.S. EPA AND CALIFORNIA REGULATIONS FOR 2016 HEAVY DUTY VEHICLES. See owner's manual for proper maintenance of this vehicle.
FREIGHTLINER


22263.1
MI
ULTRA LOW SULFUR
DIESEL FUEL ONLY
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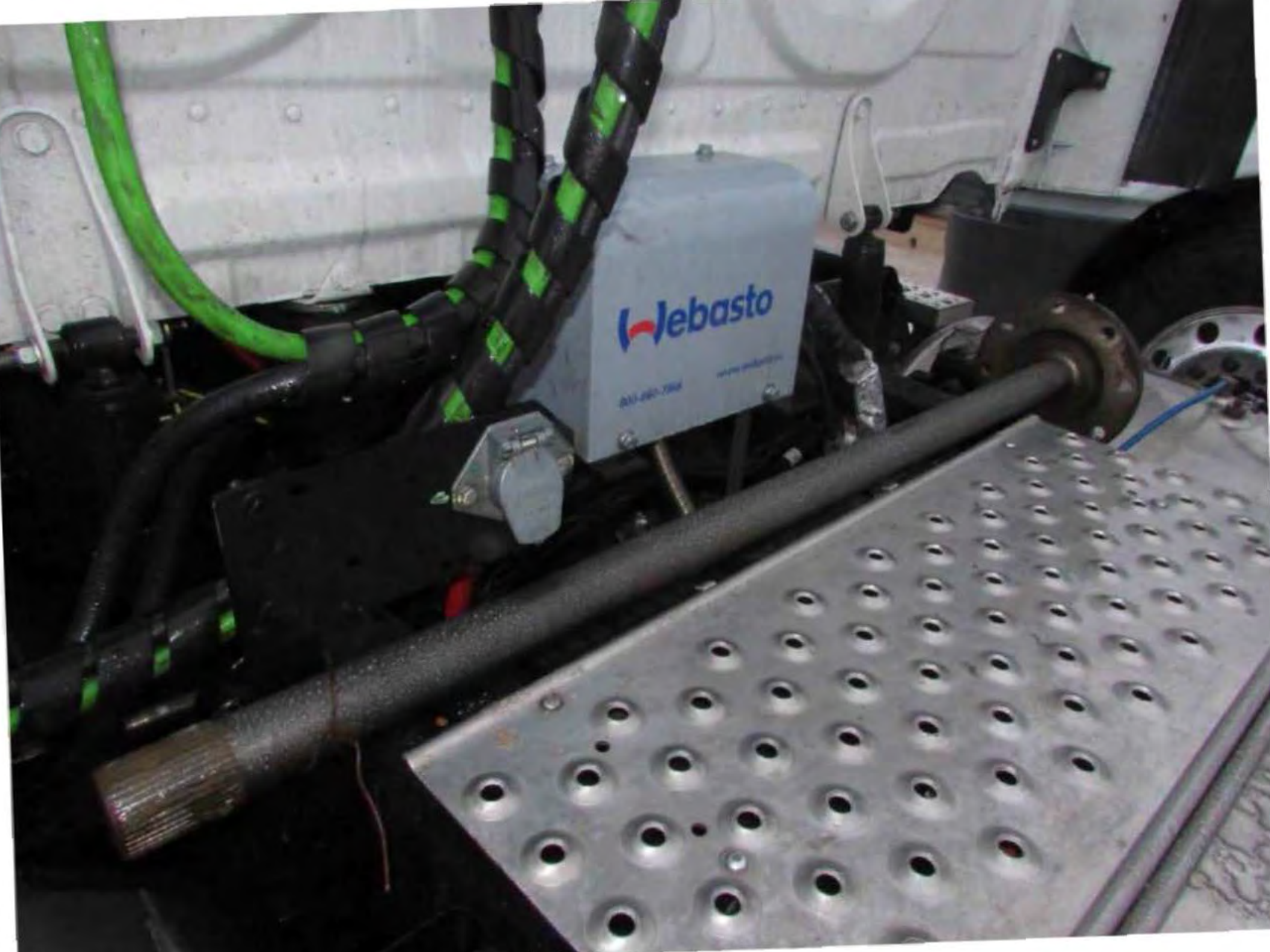
PUSH TO
LOWER VEHICLE


PUSH KNOB TO DUMP
SUSPENSION AIR
HEA OVED
ATH LAMP
UTEF LAMP
OFF
POWER OUTLET


transervice


Airgas


Webasto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