

Office of the Clerk Treasurer
201 Delafield Street
Waukesha, Wisconsin 53188-3633

Linda Gourdoux, Interim - Clerk
clerktreas@waukesha-wi.gov
1-262-524-3550

January 3, 2025

To: Natalie Driebel, Accounting Clerk, Finance Department
Re: Claim for Property Damage

Submitted by: Joseph Knauer
122 N Hine Ave
Waukesha, WI 53189

Date Claim Received: January 3, 2025

Date Incident Occurred: November 21, 2024

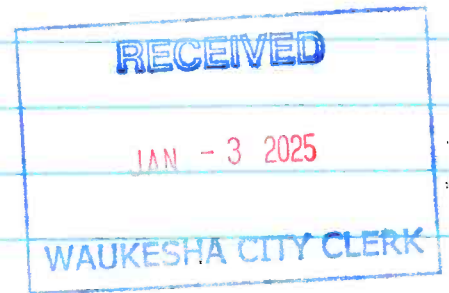
The enclosed is being sent to you to provide to our insurance or as needed for your review.

Sincerely,

Linda Gourdoux,
City of Waukesha Interim - Clerk

Cc: Clerk (original) / Finance / Attorney / Department of Public Works

Joseph KNAUER
122 N Hine Ave
Waukesha WI 53188
262-513-9736
262-510-5543



| | |
|---|--------------|
| Repair Costs | 1511.76 |
| Police Reports x 2 | 4.00 |
| 2 days rental car (2 days estimated to repair) | <u>90.18</u> |

I was sitting at a red light and
~~was~~ a city of Waukesha vehicle, ~~stop~~ slid
into the rear of my vehicle while
it was snowing

AX 24-45240

CALIBER COLLISION

CALIBER - WAUKESHA

RESTORING THE RHYTHM OF YOUR LIFE
S31W24601 Sunset Drive, Waukesha, WI 53189
Phone: (262) 574-6963
FAX: (262) 574-7798

Workfile ID: 2791f966
Federal ID: 33-0730794
State ID: N/A
Federal EPA: WIR000050823
State EPA: N/A

Preliminary Estimate

Customer: Knauer, Joseph

Written By: Cassandra Wolf

Insured: Knauer, Joseph
Type of Loss:
Point of Impact: 06 Rear

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:

Knauer, Joseph
(262) 510-5543 Cell

Inspection Location:

CALIBER - WAUKESHA
S31W24601 Sunset Drive
Waukesha, WI 53189
Repair Facility
(262) 574-6963 Business

Insurance Company:

CUSTOMER PAY

VEHICLE

2018 KIA Sportage LX AWD 4D UTV 4-2.4L Gasoline Gasoline Direct Injection White

| | | | |
|------------------------|-------------------------|-----------------|--------------|
| VIN: KNDPMCAC3J7369120 | Interior Color: | Mileage In: | Vehicle Out: |
| License: | Exterior Color: White | Mileage Out: | |
| State: | Production Date: 7/2017 | Condition: Good | Job #: |

TRANSMISSION

Automatic Transmission
Overdrive
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors

DECOR

Dual Mirrors
Privacy Glass
Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Backup Camera

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags

Head/Curtain Air Bags

Hands Free Device

SEATS

Cloth Seats
Bucket Seats
Reclining/Lounge Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Rear Spoiler

Preliminary Estimate

Customer: Knauer, Joseph

2018 KIA Sportage LX AWD 4D UTV 4-2.4L Gasoline Gasoline Direct Injection White

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------------------|------|-------------------------------|-------------|-----|-------------------|------------|------------|
| 1 | | REAR LAMPS | | | | | |
| 2 | R&I | RT Combo lamp assy w/o LED | | | | 0.4 | |
| 3 | R&I | LT Combo lamp assy w/o LED | | | | 0.4 | |
| 4 | | REAR BUMPER | | | | | |
| 5 | Repl | Lower cover | 86612D9000 | 1 | 257.30 | 0.7 | |
| 6 | R&I | R&I bumper assy | | | | 2.1 | |
| 7 | * <> | Rpr Bumper cover | | | | <u>1.0</u> | 2.8 |
| 8 | | Add for Clear Coat | | | | | 1.1 |
| 9 | * | Repl Tow eye cap | 86617D9000 | 1 | 17.97 | | <u>0.0</u> |
| 10 | R&I | RT Signal lamp | | | | | |
| 11 | R&I | LT Signal lamp | | | | | |
| 12 | # | Subl Hazardous Waste Disposal | | 1 | 10.00 T | | |
| 13 | # | Flex Additive | | 1 | 12.00 T | | |
| 14 | | VEHICLE DIAGNOSTICS | | | | | |
| 15 | # | Pre-repair scan | | 1 | 40.00 T | 0.5 | |
| 16 | # | Post-repair scan | | 1 | 80.00 T | 0.5 | |
| SUBTOTALS | | | | | 417.27 | 5.6 | 3.9 |

ESTIMATE TOTALS

| Category | Basis | Rate | Cost \$ |
|--------------------|---------------|--------------|-----------------|
| Parts | | | 275.27 |
| Body-Labor | 5.6 hrs @ | \$ 83.00 /hr | 464.80 |
| Paint Labor | 3.9 hrs @ | \$ 83.00 /hr | 323.70 |
| Paint Supplies | 3.9 hrs @ | \$ 60.00 /hr | 234.00 |
| Miscellaneous | | | 142.00 |
| Subtotal | | | 1,439.77 |
| Sales Tax | \$ 1,439.77 @ | 5.0000 % | 71.99 |
| Grand Total | | | 1,511.76 |

/

Preliminary Estimate

Customer: Knauer, Joseph

2018 KIA Sportage LX AWD 4D UTV 4-2.4L Gasoline Gasoline Direct Injection White

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Caliber Collision is the industry leader in quality collision repair. Since day one, our highest purpose has been to get people just like you back on the road as quickly as possible and fully restored to the rhythm of your life. You can be sure we do everything possible to ensure your complete satisfaction including:

- Personalized, high quality service from the largest collision repair company in the U.S.
- Consistently ranked among the highest customer satisfaction scores in the industry.
- Approved by every major insurance company in the U.S.
- Expedited car rental and towing services to get you back on the road again in no time.
- Repair work backed by a written, lifetime warranty honored at every location.
- 24/7/365 customer service to answer questions and put your mind at ease.

This is a preliminary estimate based on visible damage. There may be additional repairs needed once the vehicle is taken apart by our I-CAR Gold Class technicians to identify any additional damage.

If an insurance company has written an estimate for you, please provide us with a copy. Properly endorsed insurance company checks are welcome as payment for the repair of your vehicle. Caliber Collision gladly accepts all major credit cards, debit cards, cashier's and traveler's checks. See your Caliber Collision center for details on acceptance of personal checks.

Before leaving your vehicle with us, please remove all important personal and valuable items from your vehicle. Caliber Collision is not responsible for belongings left in your vehicle.

Please let us know how we can be of further assistance, and when we can schedule an appointment for your vehicle to be repaired.

Caliber Collision - Restoring The Rhythm Of Your Life

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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.

Preliminary Estimate

Customer: Knauer, Joseph

2018 KIA Sportage LX AWD 4D UTV 4-2.4L Gasoline Gasoline Direct Injection White

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARY2304, CCC Data Date 12/02/2024, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2024 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.
X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category.
M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel.
CAPA=Certified Automotive Parts Association. CFC=Carbon Fiber.
D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part.
O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. STS=Stainless Steel. Subl=Sublet.
UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Solutions Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

WALK IN

02/12/2025 08:00 AM COMPACT

Reservation: 6TTL6B

Date Taken:

By:

Origin: BRANCH

Vehicle

Car Class:

COMPACT

Rate Quoted:

\$40.00/DAY

Est. Total
Quoted:

2 days = \$90.18

Specials:

Mileage Charge: NO CHARGE

Preferences:

Authorization

Status:

Car Class:

Auth Amount:

of Days:

Max Per Day:

Total Max Amount:

% Auth:

Product/Services

DW/CDW OPTIONAL

\$30.00/DAY

PERSONAL EFFECTS COVERAGE

\$7.50/DAY

RAP

\$6.99/DAY

SUPPLEMENTAL LIABILITY PROTECTION 2

\$13.00/DAY

Authorization

Pick Up/Return

Pick Up Date: 02/12/2025

Pick Up Time: 08:00 AM

Pick Up Group: A0044_WISCONSIN

Pick Up Branch: WAUKESHA 4410
1714 PARAMOUNT DR
WAUKESHA, WI 531863922

Pick Up Method: WALK IN

Pick Up Location:

Directions:

Return Date: 02/14/2025

Return Time: 08:00 AM

Return Group: A0044_WISCONSIN

Return Branch: WAUKESHA 4410
1714 PARAMOUNT DR
WAUKESHA, WI 531863922

Return Method:

Return Location:

Renter Information

Home:

Work:

Other:

Bill-to

Rental Type: RETAIL

Claim Type:

Claim/Pol/PO/RO:

Insured Name:

Shop

Renters Vehicle:

Flight Information

Airline:

Flight:

Terminal:

Arrival Date:

Arrival Time:

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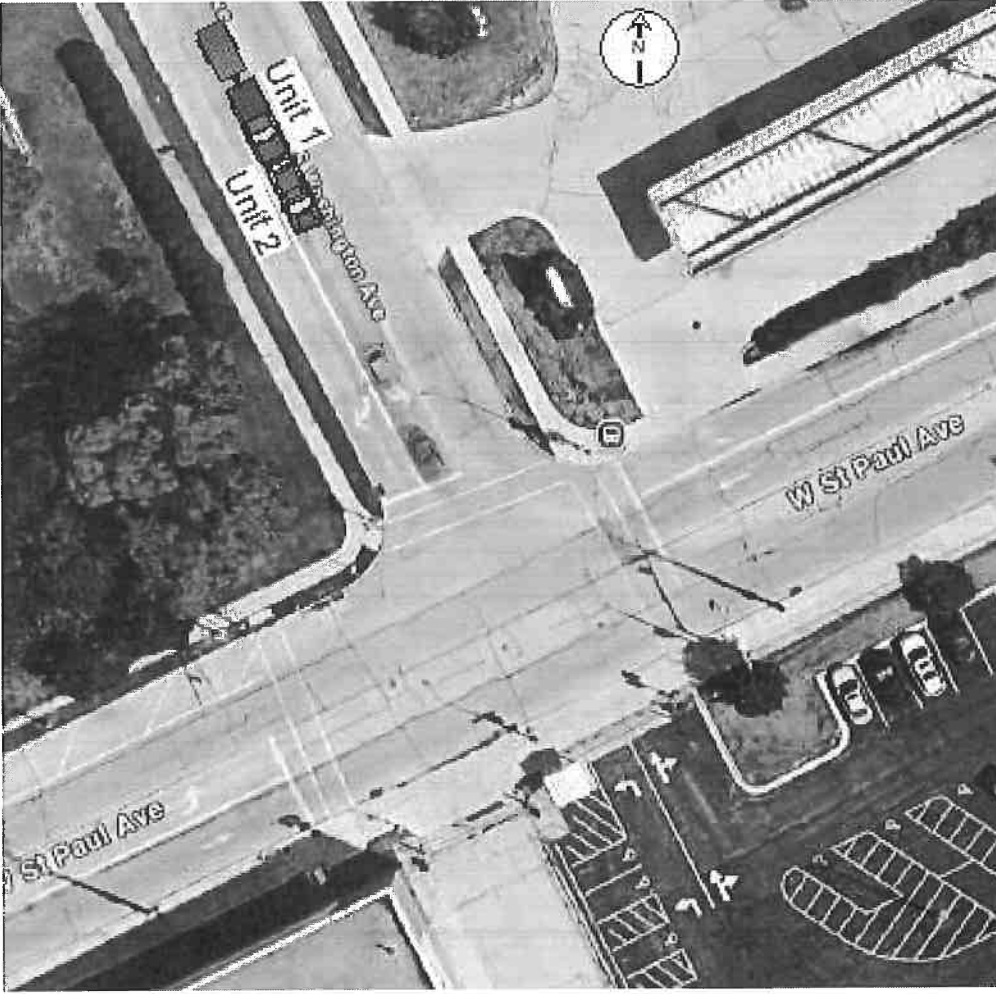
24-45240

WISCONSIN MOTOR VEHICLE
CRASH REPORTWAUKESHA POLICE DEPARTMENT
1901 DELAFIELD STREET
WAUKESHA, WI 53188
(262) 524-3802

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| | | | | |
|--|--|---------------------------------------|---|--|
| Document Number Override | Primary Crash Document # | Agency Crash Number | Investigating Officer/Deputy OFFICER B. JIRIKOWIC | |
| Crash Date 11/21/2024 | Crash Time 07:58 AM | Date Arrived 11/21/2024 | Time Arrived 08:26 AM | |
| Date Notified 11/21/2024 | Time Notified 07:59 AM | Total Units 02 | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Work Zone | <input checked="" type="checkbox"/> Trailer or Towed |
| <input type="checkbox"/> Government Property | <input type="checkbox"/> Active School Zone | School Bus Related NO | Tags | |
| <input checked="" type="checkbox"/> Reportable | Crash Type DT4000 (STANDARD CRASH) | | <input type="checkbox"/> Amended | <input type="checkbox"/> Secondary Crash |

Description

| | |
|---|---|
| Diagram  | Reconstruction By Photos By Additional Information NONE |
| <input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report. | |
| UNIT 2 STOPPED IN TRAFFIC FOR THE LIGHT. UNIT 1 PULLING A TRAILER WITH A BACKHOE. EXTREME WEATHER CAUSED VERY SLICK ROAD CONDITIONS IN A SHORT PERIOD OF TIME. UNIT 1 LOST TRACTION ON THE SLICK HILL AND SLID INTO UNIT 2. | |

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24-45240

WISCONSIN MOTOR VEHICLE CRASH REPORT

WAUKESHA POLICE DEPARTMENT
1901 DELAFIELD STREET
WAUKESHA, WI 53188
(262) 524-3802

Location

| | | |
|---|---------------------------------------|-----------------------------------|
| ON S WASHINGTON AVE 90 FT N OF W ST PAUL AVE IN THE CITY OF WAUKESHA IN WAUKESHA COUNTY | Latitude 43.007071062 | Longitude -88.245431474 |
| | X Coordinate 398498 | Y Coordinate 4762352.5 |
| | Structure Type NO STRUCTURE | |

Crash Scene

| | | |
|---|---|--|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 03 - FRONT TO REAR | Light Condition DAYLIGHT | |
| Road Surface Condition(s) WET, SNOW | ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) CLOUDY, SNOW | | |
| Animal Type | Relation To Trafficway TRAFFICWAY - ON ROAD | |
| Crash Classification - Location PUBLIC PROPERTY | Crash Classification - Jurisdiction NO SPECIAL JURISDICTION | |
| Tribal Land | Access Control NO CONTROL | Special Study |
| Within Interchange Area NO | Junction Location INTERSECTION-RELATED | Intersection Type T-INTERSECTION |

Unit Summary

| | | | | | | | |
|---|---|--|---|--|--|---|--|
| UNIT 01 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | | |
| | Vehicle Type STRAIGHT TRUCK (INSERT TRUCK) | | | | Operating As Endorsements | | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 1 | Total HazMat Types 0 | | |
| | Insurance? YES | Direction Of Travel SOUTHBOUND | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit 25 | Total Lanes 3 | | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | Special Function NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NOT APPLICABLE | | |
| | Traffic Way TWO-WAY, NOT DIVIDED | | Traffic Control TRAFFIC SIGNAL | | Traffic Control Inoperative/Missing NO | | |
| | Surface Type CONCRETE | | Road Curvature STRAIGHT | | Road Grade DOWNHILL | | |
| | Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR | | | | | | |
| | UNIT 01 VEHICLE 01 | Vehicle | | | | | |
| | | License Plate Number C24193 | | Plate Type LTK - LIGHT TRUCK | St WI | Country of Issuance UNITED STATES | |
| Vehicle Identification Number 1FDUF5HN7PDA06132 | | Make FORD | Year 2023 | Model F550 | | | |
| Color RED - RED | | Body Style PK - PICKUP | | Bus Use | | | |
| Initial Contact Point 12 - FRONT | | Vehicle Damage | | | | | |
| Extent Of Damage NO DAMAGE | | 00 - NO DAMAGE | | | | | |



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24-45240

WISCONSIN MOTOR VEHICLE CRASH REPORT

WAUKESHA POLICE DEPARTMENT
1901 DELAFIELD STREET
WAUKESHA, WI 53188
(262) 524-3802

| | | | | |
|-------------------------------|---|--|---|----------------------|
| UNIT VEHICLE | Towed Due To Damage NOT TOWED | | Vehicle Removed By OPERATOR | |
| | What Driver Was Doing SLOW/STOPPING | | Vehicle Factors | |
| | Driver Prior Action Other | | NOT APPLICABLE | |
| | Driver Actions FOLLOWING TOO CLOSE | | | |
| 01 | Owner Name CITY OF WAUKESHA DPW (262) 524-3820 | | Owner Address 300 SENTRY DR WAUKESHA, WI 53189 6, US | |
| Sequence Of Events | | | | |
| 01 | Event MOTOR VEH IN TRANSPORT | | | |
| 02 | Event | | | |
| 03 | Event | | | |
| 04 | Event | | | |
| UNIT | Policy Holder | | | |
| | Insurance Company LEAGUE-OF-WISCONSIN-MUNICIPALITIES-MUTU | | GOVERNMENT CITY OF WAUKESHA DPW | |
| UNIT TRAILER/ | Trailer/Towed | | | |
| | Trailer Plate # | Plate Type | Make TOWR | State |
| | Unit Type UTILITY TRAILER | | GOVERNMENT CITY OF WAUKESHA DPW (262) 524-3820 | |
| | Vehicle Identification Number VIN4KNUT162X3L161716 | | Address 300 SENTRY DR WAUKESHA, WI 53189 6, US | |
| UNIT INDIVIDUAL | Individual | | | |
| | DRIVER SAMUEL JEFFERY KARL (920) 973-1485 | | Citations Issued 0 | Sex MALE |
| | Address 1816 LINCOLN ST TWO RIVERS, WI 54241 , US | | Date of Birth 05/05/1990 | Race WHITE |
| | | | Driver License Number K6407909016500 STATE: WISCONSIN COUNTRY: UNITED STATES | |
| 01 001 | Safety Equipment | | On Duty Crash WINTER-HWY-MAINTENANC | |
| | Row 01 - FRONT ROW | | Seat Position 07 - LEFT | |
| | Helmet Use | | Safety Equipment SHOULDER & LAP BELT | |
| | Eye Protection | | Helmet Compliance | |
| | | | Tint Compliance | |
| | Injury | | Injury Severity NO APPARENT INJURY | |
| Ejected NOT EJECTED | | Ejection Path NOT EJECTED/NOT APPLICABLE | | |
| | | Airbag NON DEPLOYED | | |
| | | Trapped/Extricated NOT TRAPPED | | |

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24-45240

WISCONSIN MOTOR VEHICLE
CRASH REPORTWAUKESHA POLICE DEPARTMENT
1901 DELAFIELD STREET
WAUKESHA, WI 53188
(262) 524-3802

| | | | | | | |
|--|---|------------------|--|--|---|----------------|
| UNIT INDIVIDUAL 01 001 | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # | |
| | Hospital | | Date of Death | | Time of Death | |
| | Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | |
| | Distracted By Action NOT DISTRACTED | | | | | |
| | Non Motorist | | Striking Unit # | | Location | |
| | Prior Action | | | | | |
| | Action | | | | | |
| | Action Other | | | | | To/From School |
| | Drug & Alcohol | | Suspected Alcohol Use NO | | Suspected Drug Use NO | |
| | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | Alcohol Test Results | |
| Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results | | |
| Drug Type | | | | | | |
| Individual Condition APPEARED NORMAL | | | | | | |
| UNIT TRUCK BUS 01 001 | Carrier | | | | | |
| | <input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier | | | Source VEHICLE-SIDE | | |
| | Name CITY OF WAUKESHA DPW | | | Address 300 SENTRY DR WAUKESHA, WI 53189 6, US | | |
| | GVWR 10,000 LBS OR LESS | | Vehicle Configuration VEHICLE PULLING TRAILERS | | Cargo Body Type DUMP | |
| | US DOT # | | Carrier Type NOT IN COMMERCE/GOVERNMENT | | Permitted Load NOT APPLICABLE | |
| | <input type="checkbox"/> OS/OW Load | WI Permit Number | <input type="checkbox"/> Permitted Vehicle On Permitted Route | <input type="checkbox"/> Escort Vehicle Required By Permit | <input type="checkbox"/> Escort Vehicle Present | |
| Measured Height | | Measured Length | | Measured Width | Measured Weight | |


Unit Summary

| | | | | | | |
|----|--|----------------------|---|----------------------------|--------------------------------|--|
| 02 | Unit Status IN TRANSIT | | Vehicle Operating As Classification D CLASS | | Unit Type TRUCK | |
| | Vehicle Type (SPORT) UTILITY VEHICLE | | | | Operating As Endorsements | |
| | Total Occs 2 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | | | | | | |

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24-45240

WISCONSIN MOTOR VEHICLE
CRASH REPORTWAUKESHA POLICE DEPARTMENT
1901 DELAFIELD STREET
WAUKESHA, WI 53188
(262) 524-3802

| | | | | | |
|---------------------------|------------------------------------|----------------------------|--------------------------|---|-------------|
| UNIT | Insurance? | Direction Of Travel | Pre Crash Tire Mark | Speed Limit | Total Lanes |
| | YES | SOUTHBOUND | <input type="checkbox"/> | 25 | 3 |
| | Most Harmful Event: Collision With | | Special Function | Emergency Motor Vehicle Use | |
| | MOTOR VEH IN TRANSPORT | | NO SPECIAL FUNCTION | NOT APPLICABLE | |
| | Traffic Way | | Traffic Control | Traffic Control Inoperative/Missing | |
| UNIT | TWO-WAY, NOT DIVIDED | | TRAFFIC SIGNAL | NO | |
| | Surface Type | | Road Curvature | Road Grade | |
| | CONCRETE | | STRAIGHT | DOWNHILL | |
| | Truck Bus or HazMat | | | | |
| | NO | | | | |
| UNIT | Vehicle | | | | |
| | License Plate Number | Plate Type | St | Country of Issuance | |
| | AWM1851 | AUT - AUTOMOBILE | WI | UNITED STATES | |
| | Vehicle Identification Number | Make | Year | Model | |
| | KNDPMCAC3J7369120 | KIA MOTORS CORPORAT | 2018 | SPG | |
| | Color | Body Style | Bus Use | | |
| | WHI - WHITE | UT - SPORT UTILITY VEHICLE | | | |
| | Initial Contact Point | Vehicle Damage | |  | |
| | 06 - REAR | 06 - REAR | | | |
| | Extent Of Damage | MINOR DAMAGE | | | |
| Towed Due To Damage | Vehicle Removed By | | | | |
| NOT TOWED | OPERATOR | | | | |
| What Driver Was Doing | Vehicle Factors | | | | |
| STOP IN TRAFFIC | NOT APPLICABLE | | | | |
| Driver Prior Action Other | | | | | |
| UNIT | Driver Actions | | | | |
| | NO CONTRIBUTING ACTION | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| UNIT | Sequence Of Events | | | | |
| | Event | MOTOR VEH IN TRANSPORT | | | |
| | Event | | | | |
| | Event | | | | |
| | Event | | | | |
| | Event | | | | |
| | Event | | | | |
| | Event | | | | |
| | Event | | | | |
| | Event | | | | |
| UNIT | Policy Holder | | | | |
| | Insurance Company | INDIVIDUAL | | | |
| | STATE-FARM-CLASSIC-INS-CO | JOSEPH KNAUER | | | |
| | Individual | | | | |
| | DRIVER | Citations Issued | Sex | | |
| | JOSEPH KNAUER | 0 | MALE | | |
| | (262) 513-9736 | Date of Birth | Race | | |
| | | 07/02/1972 | WHITE | | |
| | | | | | |
| | | | | | |

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24-45240

WISCONSIN MOTOR VEHICLE
CRASH REPORTWAUKESHA POLICE DEPARTMENT
1901 DELAFIELD STREET
WAUKESHA, WI 53188
(262) 524-3802

| | | | | | | |
|------------|-------------------|--|---|--|-----------------------------------|----------------------|
| UN 02 | INDIV 002 | Address 122 N HINE AVE WAUKESHA, WI 53188 , US | | Driver License Number K5604807224209 STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | | Safety Equipment | | On Duty Crash | | |
| | | Safety Equipment | | SHOULDER & LAP BELT | | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | | | |
| | | Helmet Use | | Helmet Compliance | | |
| | | Eye Protection | | Tint Compliance | | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | | EMS Run # |
| | | Hospital | | Date of Death | | Time of Death |
| UNIT 02 | INDIVIDUAL 002 | Distracted By | | Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | |
| | | Distracted By Action NOT DISTRACTED | | | | |
| | | Non Motorist | | Striking Unit # | Location | |
| | | Prior Action | | | | |
| | | Action | | | | |
| | | Action Other | | To/From School | | |
| | | Drug & Alcohol | | Suspected Alcohol Use NO | Suspected Drug Use NO | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Type | | Alcohol Test Results |
| | | Drug Test Given TEST NOT GIVEN | | Drug Test Type | | Drug Test Results |
| | | Drug Type | | | | |
| IT 02 | INDIVIDUAL 002 | Individual Condition APPEARED NORMAL | | | | |
| | | Individual | | | | |
| | | PASSENGER CAMDYN N GROTH | | Citations Issued 0 | Sex | |
| | | Date of Birth | | Race | | |

3VL0J3XHT1

24-45240

WISCONSIN MOTOR VEHICLE CRASH REPORT

WAUKESHA POLICE DEPARTMENT
1901 DELAFIELD STREET
WAUKESHA, WI 53188
(262) 524-3802

| | | | | | | | |
|--|--------------|---|--|--|--|---------------------------------|--|
| UN 02 | INDIV 003 | Address 1442 BIG BEND #J WAUKEHA, WI 53189 , US | | Driver License Number | | | |
| | | Safety Equipment | | On Duty Crash | | Safety Equipment | |
| | | Row 02 - SECOND ROW | Seat Position 09 - RIGHT | | BOOSTER SEAT | | |
| | | Helmet Use | | Helmet Compliance | | | |
| | | Eye Protection | | Tint Compliance | | | |
| | | Injury | | Injury Severity NO APPARENT INJURY | Airbag NON DEPLOYED | | |
| | | Ejected NOT EJECTED | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT TRAPPED | | |
| | | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | | |
| | | Hospital | | Date of Death | Time of Death | | |
| | | UNIT 02 | INDIVIDUAL 003 | Distracted By | | Distracted By Source | |
| Distracted By Action | | | | | | | |
| Non Motorist | | | | Striking Unit # | Location | | |
| Prior Action | | | | | | | |
| Action | | | | | | | |
| Action Other | | | | To/From School | | | |
| Drug & Alcohol | | | | Suspected Alcohol Use NO | | Suspected Drug Use NO | |
| Alcohol Test Given TEST NOT GIVEN | | | | Alcohol Test Type | | Alcohol Test Results | |
| Drug Test Given TEST NOT GIVEN | | | | Drug Test Type | | Drug Test Results | |
| Drug Type | | | | | | | |
| Individual Condition APPEARED NORMAL | | | | | | | |

1944-1945

2017-2018
Washington State
2017-2018

1944-1945 112/11

CONFIDENTIAL

1992

993

CONFIDENTIAL

1945

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Fernández

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2011

Please retain receipt as proof of payment.

ENDING TWENTY-FOUR AND FIFTY

Waukesha Municipal Court

201 Delafield St
Waukesha, WI 53188
262-524-3705

Receipt #: 16588

Receipt Date: 01/02/2025

Register: 4 - PD-FRONT CASHIER

Cashier: 712

Pay Method: Cash

Payer:

| <u>Item</u> | <u>Due</u> | <u>Paid</u> |
|------------------|------------|-------------|
| Accident Reports | \$2.00 | \$2.00 |
| Total: | | \$2.00 |
| Tendered: | | \$2.00 |
| Change: | | \$0.00 |

Please retain receipt as proof of pymt.

Entered: 01/02/2025 2:07:06 PM