



**Office of the Clerk Treasurer**

201 Delafield Street  
Waukesha, Wisconsin 53188-3633

**Katie Panella, City Clerk**

[clerktreas@waukesha-wi.gov](mailto:clerktreas@waukesha-wi.gov)

1-262-524-3550

**December 12, 2025**

**To: Natalie Driebel, Accounting Clerk, Finance Department**

**Re: Claim for Property Damage**

**Submitted by: George Hardy  
805 S East Ave  
Waukesha, WI 53186**

**Date Claim Received: December 12, 2025**

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

**Sincerely,**

A handwritten signature in black ink that reads "Katie Panella".

**Katie Panella  
City of Waukesha City Clerk**

**Cc: Clerk (original) / Finance / Attorney / Public Works**

George Hardy

262 424 3366

Incident date 11-19-25

Driving down Wabash ave noticed a Bobcat Pulling leaves off the curb onto the street, I came to a full stop for around thirty seconds. The Bobcat driver pulled the Bobcat back to the curb on opposite side my my travel way. So I started to proceed forward figuring he obviously saw me after that point, Once I got even with him he backed up striking my vehicle, Once I confronted the worker he stated to me that he cant see behind him because of the arms on the Bobcat. For the city of waukesha to use such a vehicle on city streets was astounding. IF he would of struck me on the other side of my vehicle my 4 year old daughter was in her car seat on that side and it could of been worse.

Thank you

George M Hardy

RECEIVED

DEC 12 2025

WAUKESHA CITY CLERK

3VL0MFXHLF  
25-46201

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

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

3VL0MFXHLF

Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy <b>OFFICER K. SMIDT</b>	
Crash Date <b>11/19/2025</b>		Crash Time <b>02:32 PM</b>	Date Arrived <b>11/19/2025</b>	Time Arrived <b>02:41 PM</b>	
Date Notified <b>11/19/2025</b>		Time Notified <b>02:34 PM</b>	Total Units <b>02</b>	Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input 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	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

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information <b>NONE</b>

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

UNIT 1 WAS A CAT BRAND SKID SKEER WITH A LARGE RAKE STYLE ATTACHMENT ON THE FRONT . OPERATOR WAS PULLING LEAVES FROM THE TREE LAWN AREA ON THE NORTH SIDE OF THE ROADWAY IN THE 100 BLOCK OF W WABASH AVE. OPERATOR STATED HE DID NOT SEE THAT A VEHICLE HAD TRIED TO GET PAST BEHIND THE SKID STEER AND HE BACKED INTO IT. OPERATOR OF UNIT 1 STATED HE THOUGHT HE HAD TIME TO GET PAST THE SKID STEER THAT WAS ALREADY IN THE ROADWAY.

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Location

ON W WABASH AVE 232 FT E OF GARFIELD AVE IN THE CITY OF WAUKESHA IN WAUKESHA COUNTY	Latitude	Longitude
	42.996100957	-88.228830626
	X Coordinate	Y Coordinate
	399833.15625	4761114.5
	Structure Type	
	NO STRUCTURE	

Crash Scene

First Harmful Event	First Harmful Event Location	
MOTOR VEH IN TRANSPORT	ON ROADWAY	
Manner of Collision	Light Condition	
05 - REAR TO SIDE	DAYLIGHT	
Road Surface Condition(s)	Roadway Factor(s)	
OTHER	NONE	
Environment Factor(s)		
NONE		
Weather Condition(s)	Relation To Trafficway	
CLOUDY	TRAFFICWAY - ON ROAD	
Animal Type	Crash Classification - Jurisdiction	
	NO SPECIAL JURISDICTION	
Crash Classification - Location	Access Control	Special Study
PUBLIC PROPERTY	NO CONTROL	
Tribal Land		
Within Interchange Area	Junction Location	Intersection Type
NO	NON-JUNCTION	NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status	Vehicle Operating As Classification		Unit Type		
	IN TRANSIT	D CLASS		AUTOMOBILE		
	Vehicle Type	Operating As Endorsements				
	PASSENGER CAR					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	2		0	0	0	
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit	Total Lanes	
	NO	EASTBOUND		25	2	
	Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use			
	WORK ZONE/MAINTENANCE EQUIPMENT	NO SPECIAL FUNCTION	NOT APPLICABLE			
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing				
TWO-WAY, NOT DIVIDED	NO CONTROL	NO				
Surface Type	Road Curvature	Road Grade				
CONCRETE	STRAIGHT	LEVEL				
Truck Bus or HazMat						
NO						

01 UNIT VEHICLE	Vehicle				
	License Plate Number	Plate Type	St	Country of Issuance	
	BAN1494	AUT - AUTOMOBILE	WI	UNITED STATES	
	Vehicle Identification Number	Make	Year	Model	
	3FAHP0JG1BR284628	FORD	2011	FUSION	
	Color	Body Style	Bus Use		
SIL - SILVER (ALUMINUM)	4D - 4DR				
Initial Contact Point	Vehicle Damage				
08 - LEFT SIDE REAR	08 - LEFT SIDE REAR				
Extent Of Damage					
MINOR DAMAGE					



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UNIT VEHICLE	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>	
	Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
01 01	Owner Name <b>ABIGAIL R HILL (262) 470-8171</b>		Owner Address <b>805 S EAST AVE WAUKESHA, WI 53186 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>WORK ZONE/MAINTENANCE EQUIPMENT</b>			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	DRIVER <b>GEORGE M HARDY (262) 424-3366</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>805 S EAST AVE WAUKESHA, WI 53186 , US</b>		Date of Birth <b>07/25/1969</b>	Race <b>WHITE</b>
			Driver License Number <b>H6303136926503 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
01 001	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<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	
<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	

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CRASH REPORT

WAUKESHA POLICE DEPARTMENT  
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(262) 524-3802

UNIT	Individual		
	Prior Action		
	Action		
Action Other			To/From School
01	<b>Drug &amp; Alcohol</b>		
	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	Individual		
	PASSENGER JADE L HARDY (262) 424-3366		Citations Issued 0
			Sex FEMALE
			Date of Birth 09/16/2021
			Race WHITE
	Address 805 S EAST AVE WAUKESHA, WI 53186 , US		Driver License Number
01	<b>Safety Equipment</b>		
	On Duty Crash		Safety Equipment
	Row 02 - SECOND ROW	Seat Position 09 - RIGHT	CHILD RESTRAINT SYSTEM - FORWARD FACING
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>		
Injury Severity NO APPARENT INJURY		Airbag NON DEPLOYED	
002	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
	<b>Distracted By</b>		
Distracted By Source			
Distracted By Action			
Non Motorist	Striking Unit #		Location
	Prior Action		

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UNIT INDIVIDUAL	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>	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			
	01 002			

Unit Summary

UNIT 02	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>O CLASS</b>	Unit Type <b>EQUIPMENT</b>		
	Vehicle Type <b>OTHER WORKING MACHINE</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>NO</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT VEHICLE 02 02	<b>Vehicle</b>			
	License Plate Number	Plate Type	St	Country of Issuance
	Vehicle Identification Number	Make	Year	Model
	Color	Body Style	Bus Use	
	Initial Contact Point <b>16 - VEHICLE NOT AT SCENE</b>	Vehicle Damage <b>00 - NO DAMAGE</b>		
	Extent Of Damage <b>NO DAMAGE</b>			
	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>		
What Driver Was Doing <b>BACKING</b>				

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UNIT VEHICLE	Vehicle Factors		
	NOT APPLICABLE		
	Driver Prior Action Other		
02	Driver Actions LOOKED BUT DID NOT SEE		
	Owner Name FABICK RENTALS (262) 513-6666	Owner Address 2445 PEWAUKEE RD WAUKESHA, WI 53188 , US	
<b>Sequence Of Events</b>			
01	Event MOTOR VEH IN TRANSPORT		
02	Event		
03	Event		
04	Event		
UNIT INDIVIDUAL	<b>Individual</b>		
	DRIVER DARRIN R WEARING (262) 271-2564	Citations Issued 0 Sex MALE	
	Date of Birth 07/27/1987	Race WHITE	
Address W399S3904 FOX HILL DR DOUSMAN, WI 53118 , US		Driver License Number W6521768726701 STATE: WISCONSIN COUNTRY: UNITED STATES	
02	<b>Safety Equipment</b>		
	On Duty Crash	Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	RESTRAINT USE UNKNOWN
	Helmet Use	Helmet Compliance	
	Eye Protection	Tint Compliance	
003	<b>Injury</b>		
	Injury Severity NO APPARENT INJURY	Airbag NOT APPLICABLE	
	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
<b>Distracted By</b>			
Distracted By Source			
Distracted By Action			
<b>Non Motorist</b>			
Striking Unit #		Location	
Prior Action			

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UNIT INDIVIDUAL          02 003	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	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		

# Estimate Report

DATE 12/12/25

NAME Mike Hanoy YEAR 2011 MAKE Ford MODEL Fusion  
 LICENSE NO. \_\_\_\_\_ RELEASE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ VIN NO. 3FAAP0JG1BR25621  
 MAKE DATE \_\_\_\_\_ BODY CODE \_\_\_\_\_ PAINT \_\_\_\_\_ TRIM \_\_\_\_\_

REL. CO. \_\_\_\_\_ ADDRESS \_\_\_\_\_ MAKE OF LENS \_\_\_\_\_ CLAIM NO. \_\_\_\_\_  
 ADJUSTER \_\_\_\_\_ PHONE \_\_\_\_\_ LIC. NO. \_\_\_\_\_ FILE NO. \_\_\_\_\_ DR. \_\_\_\_\_

LINE NO.	REPAIR	RE-PAINT	DETAILS OF REPAIR R = Repair S = Straighten RC = Recycle/Rechrom/Flare	PARTS INDEX A = Aftermarket N = New U = Used R = Refinish	PI	LABOR HOURS				PARTS	SUBLET/MISC.
						BODY	PAINT	FRAME	MECH		
1	✓		LEFT REAR DRAG LEAF								
2			QUANTIC PANEL + BLEND			6.0	3.5				
3	✓		LEFT REAR DRAG LEAF + BLEND			4.0	3.5				
4	✓		RIGHT REAR DRAG LEAF			1.5	1.0				
5											
6											
7											
8											
9											
10											
11											
12											
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25											
26											
27											

OLD PARTS WILL BE DISCARDED UNLESS OTHERWISE INSTRUCTED **TOTALS =>**

SOMETIMES AFTER THE WORK HAS BEEN STARTED, ADDITIONALLY DAMAGED OR WORK PARTS ARE DISCOVERED WHICH WERE NOT EVIDENT ON FIRST INSPECTION. THIS DAMAGE REPORT DOES NOT COVER OR INCLUDE ANY ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED. ALL PARTS PRICES ARE SUBJECT TO INVOICE.  
 I hereby authorize the above work and acknowledge receipt of copy.  
 Signed X Date \_\_\_\_\_



**WEBER AUTO BODY**  
 215 N. Harrison St.  
 North Prairie, WI 53153  
 Phone (262) 844-8201  
 FAX # (262) 392-2050  
 WeberAutoBody.Rick@gmail.com

**LABOR**

BODY 16.5 hrs @ 25 \$ 412.50  
 PAINT 2.0 hrs @ 25 \$ 50.00  
 FRAME \_\_\_\_\_ hrs @ \_\_\_\_\_ \$ \_\_\_\_\_  
 MECH \_\_\_\_\_ hrs @ \_\_\_\_\_ \$ \_\_\_\_\_

PARTS Prices subject to Invoice

SUBLET / MISCELLANEOUS

Paint Supplies 1 hrs @ 55 \$ 55.00  
 Body Supplies \_\_\_\_\_ hrs @ 25 \$ 25.00  
 Towing / Storage \_\_\_\_\_ \$ \_\_\_\_\_

SUB TOTAL ..... 1927.50

TAX \_\_\_\_\_ % on \$ \_\_\_\_\_ \$ 96.37  
 EPA / Waste Disposal Charge \_\_\_\_\_ \$ 10.00

**TOTAL \$ 2033.87**

*Handwritten notes:*  
 Julie 262-225-1645  
 Mark 262-894-7121  
 Friday 12/12/25  
 21AN  
 262-894-7121  
 6700  
 2606180  
 21