



COUNTY OF KENOSHA

COUNTY CLERK

Regi Waligora

GL-05-24

1010 - 56th Street
Kenosha WI 53140
(262) 653-2552
Fax: (262) 653-2564

CLAIM AGAINST KENOSHA COUNTY

FULL NAME Samantha Conner DATE 02/12/23

ADDRESS [REDACTED] 53181

TELEPHONE NUMBER: Home: [REDACTED]

Work: _____

DATE & TIME OF ACCIDENT OR LOSS 01/23/2024
about 6:00am

LOCATION OF ACCIDENT 31617 CTHC EB
735 FT E OF 318TH AVE

DESCRIPTION OF ACCIDENT OR LOSS _____
Parked on the side of the road after being hit by another car when a snow plow slide
into the front end of my car.

WITNESS: Name _____

Address _____

Phone _____

AMOUNT OF CLAIM (damages) \$885.66 - Estimate from Silver Lake Auto Body

CLAIMANT'S SIGNATURE Samantha Conner

Please attach receipts, estimates, and/or other supporting data to this form.

RETURN THIS FORM TO: KENOSHA COUNTY CLERK
1010 - 56TH STREET
KENOSHA WI 53140



Kenosha County Sheriff's Department

Summary

Print Date/Time: 02/13/2024 07:34
Login ID: kjs\crm406
Case Number: 2024-00303220

Kenosha County Sheriff's Department
ORI Number: WI0300000

Case

Case Number: 2024-00303220
Location: 31617 CTH C
WILMOT, WI 53181
Reporting Officer ID: 331 - Nicola

Incident Type: Accident / Hit and Run
Occurred From: 01/23/2024 07:30
Occurred Thru: 01/23/2024 07:30
Disposition:
Disposition Date:
Reported Date: 01/23/2024 07:30 Tuesday


Offenses

| No. | Group/ORI | Crime Code | Statute | Description | Counts |
|-----|-----------|------------|--------------|-------------|--------|
| 1 | State | 999T | 346.67(1)004 | HIT AND RUN | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

Routing:

| | | | | | |
|---|--|---|--|--------------------------------|------------------------|
|  | | KENOSHA SHERIFF FIELD CASE REPORT | | CASE# 2024-00303220 | |
| EVENT | REPORTED DATE/TIME 1/23/2024 07:30 | OCCURRED DATE/TIME Accident / Hit and Run | | | |
| | OCCURRED FROM DATE/TIME 01/23/2024 07:30 | OCCURRED THRU DATE/TIME 01/23/2024 07:30 | LOCATION OF OCCURRENCE 31617 CTH C WILMOT WI, 53181 | | |
| | | | | | |
| OFFENSES | STATUTE/DESCRIPTION | | | COUNTS | ATTEMPT/CONVICT |
| | 01 346.67(1)004 HIT AND RUN | | | 1 | COMMITTED |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SUBJECT | JACKET/SUBJECT TYPE Adult Victim | | NAME (LAST, FIRST, MIDDLE SUFFIX) CONNER SAMANTHA NICOLE | | |
| | DOB 1993 30 | | ADDRESS (STREET, CITY, STATE, ZIP) 53181 | | |
| | RACE White | SEX Female | HEIGHT or RANGE 5 1 | WEIGHT or RANGE 5 1 | HAIR 115 115 |
| | IDENTIFICATION TYPE | | PHONE #1 Cellular Phone | PHONE #2 | PHONE #3 |
| | | | | | |
| | | | | | |
| SUBJECT | JACKET/SUBJECT TYPE Adult Other | | NAME (LAST, FIRST, MIDDLE SUFFIX) AYERS JOHN J | | |
| | DOB 1980 43 43 | | ADDRESS (STREET, CITY, STATE, ZIP) 19600 75TH ST BRISTOL WI 53104- | | |
| | RACE White | SEX Male | HEIGHT or RANGE 5 10 | WEIGHT or RANGE 5 10 | HAIR 230 |
| | IDENTIFICATION TYPE | | PHONE #1 Work | PHONE #2 | PHONE #3 |
| | | | (262)653-1870 | | |
| | | | | | |
| SUBJECT | JACKET/SUBJECT TYPE | | NAME (LAST, FIRST, MIDDLE SUFFIX) | | |
| | DOB | | ADDRESS (STREET, CITY, STATE, ZIP) | | |
| | RACE | SEX | HEIGHT or RANGE | WEIGHT or RANGE | HAIR |
| | IDENTIFICATION TYPE | | PHONE #1 | PHONE #2 | PHONE #3 |
| | | | | | |
| | | | | | |
| REPORTING OFFICER Nicla Christopher 331 | | DATE 1/23/2024 | REVIEWED BY Forster, Chase A | | 01/23/2024 |



KENOSHA SHERIFF
FIELD CASE REPORT

CASE# 2024-00303220

VEHICLES as INVOLVED

| | | | | |
|------------------------------------|-------------------|-----------------|-----------|--------------|
| INVOLVED VEHICLE | VEHICLE ROLE | | | |
| | Victim Vehicle | | | |
| | VEH YR | TYPE/MAKE/MODEL | | STYLE |
| | 2023 | Honda CRV | | 4 Door |
| | PLATE / STATE | VIN | TOP COLOR | BOTTOM COLOR |
| ABT3222 | 7FARS4H79PE014666 | Gray | | |
| ADDITIONAL DESCRIPTIVE INFORMATION | | | | |

| | | | | |
|------------------------------------|-------------------|-----------------|-----------|--------------|
| INVOLVED VEHICLE | VEHICLE ROLE | | | |
| | Involved Vehicle | | | |
| | VEH YR | TYPE/MAKE/MODEL | | STYLE |
| | 2009 | Sterling | | Other |
| | PLATE / STATE | VIN | TOP COLOR | BOTTOM COLOR |
| 75956 / WI | 2FZAAZCV09AAD7145 | Orange | | |
| ADDITIONAL DESCRIPTIVE INFORMATION | | | | |
| SNOW PLOW | | | | |

VEHICLES as PROPERTY

| | | | | |
|------------------|------------------------------------|-----------------|-----------|--------------|
| PROPERTY VEHICLE | PROPERTY CODE | | | VALUE |
| | VEH YR | TYPE/MAKE/MODEL | | STYLE |
| | PLATE / STATE | VIN | TOP COLOR | BOTTOM COLOR |
| | ADDITIONAL DESCRIPTIVE INFORMATION | | | |

| | | | | |
|------------------|------------------------------------|-----------------|-----------|--------------|
| PROPERTY VEHICLE | PROPERTY CODE | | | VALUE |
| | VEH YR | TYPE/MAKE/MODEL | | STYLE |
| | PLATE / STATE | VIN | TOP COLOR | BOTTOM COLOR |
| | ADDITIONAL DESCRIPTIVE INFORMATION | | | |

| | | | | |
|------------------|------------------------------------|-----------------|-----------|--------------|
| PROPERTY VEHICLE | PROPERTY CODE | | | VALUE |
| | VEH YR | TYPE/MAKE/MODEL | | STYLE |
| | PLATE / STATE | VIN | TOP COLOR | BOTTOM COLOR |
| | ADDITIONAL DESCRIPTIVE INFORMATION | | | |

| | | |
|-----------------------|-----------|------------------|
| REPORTING OFFICER | DATE | REVIEWED BY |
| Nicla Christopher 331 | 1/23/2024 | Forster, Chase A |



KENOSHA SHERIFF
FIELD CASE REPORT

CASE# 2024-00303220

NARRATIVE

24-303220

Hit and Run

V- Samantha N Conner F/W DOB: [REDACTED] 1993 # [REDACTED]

V- ABT3222 2023 Honda CR-V Gray 7FARS4H79PE014666

O- John J Ayers M/W DOB: [REDACTED] 1980 # [REDACTED]

V- 75956 2009 Sterling Snow Plow Truck Orange ZFAAZCV09AAD7145

On 01-23-2024 at approximately 0730hrs I Deputy Nicla 331 was working within Kenosha County. Several vehicles were in the ditch due to an ice storm that was taking place. The location of the crash was in front of 31617 CTH C in the Kenosha County township of Randall. Due to the weather, we had to shut the road down in both directions and I had to walk to the scene on foot.

Once I arrived on the scene several of the Kenosha County Highway Department snow plows were stuck in the above location along with multiple civilian vehicles. I was able to determine that a three-vehicle accident did take place. One of the vehicles did leave the scene and I have not identified who they are. A Tracs crash report was completed #OFLOFM7N and will be included.

From that crash report along with this report when I reference unit 1 that will be Samantha N Conner F/W DOB: [REDACTED] 1993. She was driving a 2023 Honda CR-V Gray in color with WI registration ABT3222.

Unit two in this crash will be a Kenosha County Highway Department Snow plow that was driven by John J Ayers DOB: [REDACTED] 1980 # 262-653-1870. His snow plow was a 2009 Sterling Snow Plow Truck with Municipal registration 75956. It was truck number 144

The final unit in this crash was an unknown white SUV that left the scene. They will be Unit Three in the reports.

Unit one was heading west on CTH C when she began to slide going up the hill. Unit one felt this and pulled over to the side of the road into the ditch line area. This is where unit one remained. Unit three was heading eastbound when she began to come down the hill. She began to slide and made contact with unit 1 on the driver's rear near the gas tank cap. Unit three continued down the hill. Unit one said she never made contact with unit three and when I was there she was no longer on scene.

Unit two was attempting to salt the roads westbound up the hill. He went to pass unit one when he began to slide. Unit two was unable to make it up the hill and slid into unit one's drivers side. There was minimal to no damage from unit two sliding into unit one.

REPORTING OFFICER:
Nicla Christopher 331

DATE
1/23/2024

REVIEWED BY
Forster, Chase A

01/23/2024



KENOSHA SHERIFF
FIELD CASE REPORT

CASE# 2024-00303220

NARRATIVE (continuation)

We were able to get the road salted and unit one was able to back up and away from unit two without causing any more damage. It appears that the majority of the damage is from unit three striking unit one in the gas cap area.

At this time we have no leads on who unit 3 is.

Unit one- Seatbelt yes, Airbag no, Injured No, Insurance- American Family

Unit two- Seatbelt yes, Airbag no, Injured no, Insurance- Employers Mutual Casualty Company

No further information at this time

End of report

C. Nicla 331

| | | | |
|--|-------------------|---------------------------------|------------|
| REPORTING OFFICER Nicla Christopher 331 | DATE 1/23/2024 | REVIEWER BY Forster, Chase A | 01/23/2024 |
|--|-------------------|---------------------------------|------------|

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24-303220

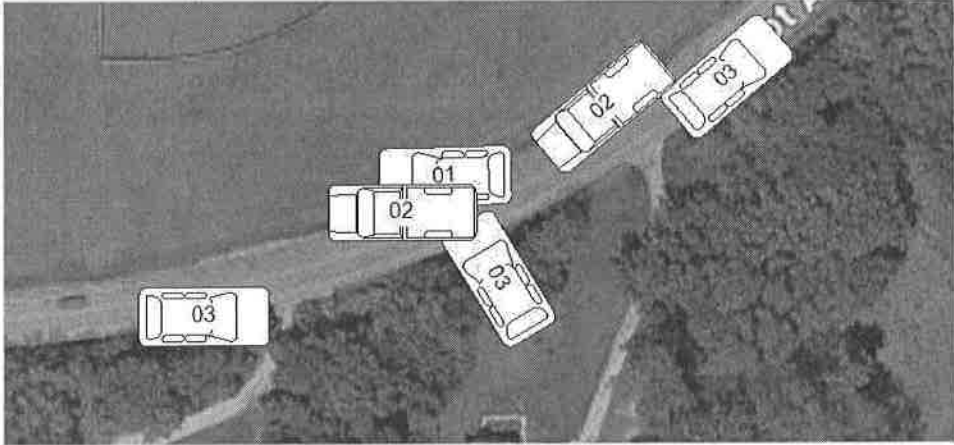
WISCONSIN MOTOR VEHICLE CRASH REPORT

KENOSHA COUNTY SHERIFFS DEPART
1000 55TH STREET
KENOSHA, WI 53140
(262) 605-5100

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| | | | | | | | |
|--|---|--|--|------------------------------------|--|---|--|
| Document Number Override | | Primary Crash Document # | | Agency Crash Number | | Investigating Officer/Deputy DEPUTY CHRISTOPHER NICLA | |
| Crash Date 01/23/2024 | | Crash Time 07:30 AM | | Date Arrived 01/23/2024 | | Time Arrived 07:33 AM | |
| Date Notified 01/23/2024 | | Time Notified 07:30 AM | | Total Units 03 | | Total Injured 00 | Total Killed 00 |
| <input type="checkbox"/> On Emergency | <input checked="" 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 | | 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 |
| <p>24-303220 NOT DRAWN TO SCALE</p>  | Photos By |
| | Additional Information NONE |

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

24-303220. SEE REPORT FOR INFORMATION

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24-303220

WISCONSIN MOTOR VEHICLE
CRASH REPORT

KENOSHA COUNTY SHERIFFS DEPART
1000 55TH STREET
KENOSHA, WI 53140
(262) 605-5100

Location

| | | |
|--|----------------------------------|----------------------------|
| ON 31617 CTHC EB 735 FT E OF 318TH AVE (HOUSE/BUILDING 31617) | Latitude 42.509745103 | Longitude -88.193204001 |
| IN THE TOWN OF RANDALL IN KENOSHA COUNTY | X Coordinate 401973.625 | Y Coordinate 4707065 |
| | Structure Type HOUSE/BUILDING | |

Crash Scene

| | | |
|---|--|--|
| First Harmful Event MOTOR VEH IN TRANSPORT | First Harmful Event Location ON ROADWAY | |
| Manner of Collision 01 - ANGLE | Light Condition DARK/UNLIT | |
| Road Surface Condition(s) ICE | Roadway Factor(s) ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC) | |
| Environment Factor(s) WEATHER CONDITIONS | | |
| Weather Condition(s) FREEZING RAIN OR FREEZING DRIZZLE | | |
| 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 NON-JUNCTION | Intersection Type NOT AN INTERSECTION |
| Closure Type FULL CLOSURE | Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, WEATHER CONDITIONS | |
| Date Initial Lane/Rd Closed 01/23/2024 | Time Initial Lane/Rd Closed 07:30 AM | |
| Date All Lanes Open 01/23/2024 | Time All Lanes Open 08:40 AM | Date Scene Cleared 01/23/2024 |
| | | Time Scene Cleared 08:40 AM |


Unit Summary

| | | | |
|---------------|--|--|---|
| UNIT 01 | Unit Status IN TRANSIT | Vehicle Operating As Classification D CLASS | Unit Type AUTOMOBILE |
| | Vehicle Type PASSENGER CAR | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | Total Trailers 0 |
| | | <input type="checkbox"/> Pre Crash Tire Mark | Total HazMat Types 0 |
| | | Speed Limit 35 | Total Lanes 2 |
| | 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 NO CONTROL | Traffic Control Inoperative/Missing NO |
| | Surface Type BLACKTOP (BITUMINOUS) | Road Curvature CURVE RIGHT | Road Grade UPHILL |
| | Truck Bus or HazMat NO | | |
| VEHICLE 01 | Vehicle | | |
| | License Plate Number ABT3222 | Plate Type AUT - AUTOMOBILE | St WI |
| | Vehicle Identification Number 7FARS479PE014666 | Make HONDA | Country of Issuance UNITED STATES |
| | | Year 2023 | Model CR-V |

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24-303220

WISCONSIN MOTOR VEHICLE
CRASH REPORT

KENOSHA COUNTY SHERIFFS DEPART
1000 55TH STREET
KENOSHA, WI 53140
(262) 605-5100

| | | | | |
|------|------------|---|---|---|
| UNIT | VEHICLE | Color GRY - GRAY | Body Style 4D - 4DR | Bus Use |
| | | Initial Contact Point 08 - LEFT SIDE REAR | Vehicle Damage 08 - LEFT SIDE REAR |  |
| | | Extent Of Damage MINOR DAMAGE | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | |
| UNIT | VEHICLE | What Driver Was Doing STOP IN TRAFFIC | Vehicle Factors NOT APPLICABLE | |
| | | Driver Prior Action Other | | |
| UNIT | VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | |
| | | Owner Name SAMANTHA N CONNER | Owner Address 53181 , US | |
| UNIT | VEHICLE | Sequence Of Events | | |
| | | Event MOTOR VEH IN TRANSPORT | | |
| | | Event | | |
| | | Event | | |
| | | Event | | |
| UNIT | VEHICLE | Policy Holder | | |
| | | Insurance Company AMERICAN-FAMILY-MUTUAL-INS-CO | Individual SAMANTHA CONNER | |
| UNIT | INDIVIDUAL | Individual | | |
| | | Driver SAMANTHA N CONNER | Citations Issued 0 | Sex FEMALE |
| | | Date of Birth 1993 | Race WHITE | |
| | | Address 53181 , US | Driver License Number C5607949359609 STATE: WISCONSIN COUNTRY: UNITED STATES | |
| UNIT | INDIVIDUAL | Safety Equipment | | |
| | | On Duty Crash | Safety Equipment SHOULDER & LAP BELT | |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | |
| | | Helmet Use | Helmet Compliance | |
| UNIT | INDIVIDUAL | 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 # |

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24-303220

WISCONSIN MOTOR VEHICLE
CRASH REPORT

KENOSHA COUNTY SHERIFFS DEPART
1000 55TH STREET
KENOSHA, WI 53140
(262) 605-5100

| | | | |
|---|--|-----------------|---|
| UNIT INDIVIDUAL 01 001 | Hospital | Date of Death | Time of Death |
| | Distracted By Distracted By Source UNKNOWN | | |
| | Distracted By Action UNKNOWN | | |
| | 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 Summary

| | | | | | |
|--|---|--|--|---|--------------------------------------|
| UNIT 02 | Unit Status IN TRANSIT | Vehicle Operating As Classification B CLASS | | Unit Type TRUCK | |
| | Vehicle Type SNOW PLOW | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 |
| | Insurance? YES | Direction Of Travel WESTBOUND | <input type="checkbox"/> Pre CrashTire Mark | Speed Limit 35 | Total Lanes 2 |
| | 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 NO CONTROL | Traffic Control Inoperative/Missing NO | |
| | Surface Type BLACKTOP (BITUMINOUS) | | Road Curvature CURVE RIGHT | Road Grade UPHILL | |
| | Truck Bus or HazMat TRUCK OR TRUCK COMBINATION > 10,000LBS GVWR/GCWR | | | | |
| | Vehicle | | | | |
| | License Plate Number 75956 | | Plate Type MUN - MUNICIPAL | St WI | Country of Issuance UNITED STATES |
| Vehicle Identification Number 2FZAAZCV09AAD7145 | | Make STERLING | Year 2009 | Model UNKOWN | |
| Color ONG - ORANGE | | Body Style TK - TRUCK | Bus Use | | |

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24-303220

WISCONSIN MOTOR VEHICLE CRASH REPORT

KENOSHA COUNTY SHERIFFS DEPART
1000 55TH STREET
KENOSHA, WI 53140
(262) 605-5100



| | | | | |
|--------------------|------------|---|--|--------------------|
| UNIT | VEHICLE | Initial Contact Point | Vehicle Damage | |
| | | 03 - RIGHT SIDE MIDDLE | 00 - NO DAMAGE | |
| | | Extent Of Damage | | |
| | | NO DAMAGE | | |
| UNIT | VEHICLE | Towed Due To Damage | Vehicle Removed By | |
| | | NOT TOWED | OPERATOR | |
| | | What Driver Was Doing | Vehicle Factors | |
| | | GOING STRAIGHT | | |
| UNIT | VEHICLE | Driver Prior Action Other | NOT APPLICABLE | |
| | | | | |
| | | | | |
| | | | | |
| UNIT | VEHICLE | Driver Actions | | |
| | | NO CONTRIBUTING ACTION | | |
| | | | | |
| | | | | |
| 02 | 02 | Owner Name | Owner Address | |
| | | KENOSHA COUNTY HIGHWAY DEPT (262) 653-1870 | 19600-75TH ST SUITE 122-1 BRISTOL, WI 53104 , US | |
| Sequence Of Events | | | | |
| UNIT | VEHICLE | Event | | |
| | | MOTOR VEH IN TRANSPORT | | |
| | | Event | | |
| | | Event | | |
| UNIT | VEHICLE | Event | | |
| | | Event | | |
| | | Event | | |
| | | Event | | |
| UNIT | VEHICLE | Policy Holder | | |
| | | Insurance Company | Government | |
| UNIT | VEHICLE | EMPLOYERS-MUTUAL-CASUALTY-CO | KENOSHA COUNTY HIGHWAY DEPT | |
| | | Individual | | |
| UNIT | INDIVIDUAL | Driver | Citations Issued | Sex |
| | | JOHN J AYERS | 0 | MALE |
| | | | Date of Birth | Race |
| | | | 1980 | WHITE |
| UNIT | INDIVIDUAL | Address | Driver License Number | |
| | | 19600-75TH ST SUITE 122-1 BRISTOL, WI 53104 , US | A62047080325 STATE: ILLINOIS COUNTRY: UNITED STATES | |
| UNIT | INDIVIDUAL | Safety Equipment | Safety Equipment | |
| | | On Duty Crash | SHOULDER & LAP BELT | |
| | | WINTER-HWY-MAINTENANC | | |
| | | Row | Seat Position | |
| UNIT | INDIVIDUAL | 01 - FRONT ROW | 07 - LEFT | |
| | | Helmet Use | Helmet Compliance | |
| | | Eye Protection | Tint Compliance | |
| | | Injury | Injury Severity | Airbag |
| UNIT | INDIVIDUAL | NO APPARENT INJURY | NON DEPLOYED | |
| | | Ejected | Ejection Path | Trapped/Extricated |
| | | NOT EJECTED | NOT EJECTED/NOT APPLICABLE | NOT TRAPPED |
| | | Medical Transport | EMS Agency Identifier | EMS Run # |
| UNIT | INDIVIDUAL | NOT TRANSPORTED | | |
| | | Hospital | Date of Death | Time of Death |

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24-303220

WISCONSIN MOTOR VEHICLE
CRASH REPORT

KENOSHA COUNTY SHERIFFS DEPART
1000 55TH STREET
KENOSHA, WI 53140
(262) 605-5100

| | | | | |
|----------------------|---|--|--|---|
| UNIT INDIVIDUAL | 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 |
| 02 002 | Drug Type | | | |
| | Individual Condition APPEARED NORMAL | | | |
| | Carrier | | | |
| | <input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier | | | |
| UNIT TRUCK BUS | 02 01 | Name KENOSHA COUNTY HIGHWAY DEPT USDOT# 0000 | | Source DRIVER |
| | | Address 19600-75TH ST SUITE 122-1 BRISTOL, WI 53104 , US | | |
| | 01 | GVWR 10,001-26,000 LBS | Vehicle Configuration SINGLE UNIT TRUCK (3 OR MORE AXLES) | Cargo Body Type UNKNOWN |
| | | US DOT # 0000 | 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 | | |

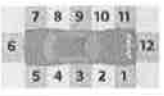
Unit Summary

| | | | | | | |
|------------|--|--------------------------------|--|-----------------------------|--|--|
| UNIT 03 | Unit Status HIT AND RUN | | Vehicle Operating As Classification D CLASS | | Unit Type AUTOMOBILE | |
| | Vehicle Type PASSENGER CAR | | | | Operating As Endorsements | |
| | Total Occs 1 | Train/Bus # Recorded | Total # Citations Issued 0 | Total Trailers 0 | Total HazMat Types 0 | |
| | Insurance? UNKNOWN | Direction Of Travel UNKNOWN | <input type="checkbox"/> Pre Crash Tire Mark | Speed Limit | Total Lanes 2 | |
| | Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT | | | Special Function UNKNOWN | Emergency Motor Vehicle Use UNKNOWN | |
| | | | | | | |

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24-303220

WISCONSIN MOTOR VEHICLE
CRASH REPORT

KENOSHA COUNTY SHERIFFS DEPART
1000 55TH STREET
KENOSHA, WI 53140
(262) 605-5100

| | | | | | |
|------------|------------------|---|---------------------------------------|---|---|
| | | Traffic Way UNKNOWN | Traffic Control UNKNOWN | Traffic Control Inoperative/Missing UNKNOWN | |
| | | Surface Type UNKNOWN | Road Curvature UNKNOWN | Road Grade UNKNOWN | |
| | | Truck Bus or HazMat NO | | | |
| UNIT 03 | VEHICLE 03 | Vehicle | | | |
| | | License Plate Number UNKNOWN | Plate Type AUT - AUTOMOBILE | St OT | Country of Issuance UNITED STATES |
| | | Vehicle Identification Number | Make | Year | Model |
| | | Color | Body Style | Bus Use | |
| | | Initial Contact Point 99 - UNKNOWN | Vehicle Damage | |  |
| | | Extent Of Damage VEHICLE NOT AT SCENE | 16 - VEHICLE NOT AT SCENE | | |
| | | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | | What Driver Was Doing UNKNOWN | Vehicle Factors | | |
| | | Driver Prior Action Other | UNKNOWN | | |
| | | Driver Actions UNKNOWN | | | |
| UNIT 03 | VEHICLE 03 | Owner Name | Owner Address | | |
| | | | | | |
| UNIT 04 | INDIVIDUAL 01 | Sequence Of Events | | | |
| | | Event MOTOR VEH IN TRANSPORT | | | |
| | | Event | | | |
| | | Event | | | |
| | | Event | | | |
| UNIT 04 | INDIVIDUAL 01 | Individual | | | |
| | | Driver | Citations Issued 0 | Sex | |
| | | | Date of Birth | Race | |
| | | Address | Driver License Number | | |
| | | | | | |
| UNIT 04 | INDIVIDUAL 01 | Safety Equipment | | On Duty Crash | Safety Equipment |
| | | Row 01 - FRONT ROW | Seat Position 07 - LEFT | RESTRAINT USE UNKNOWN | |
| | | Helmet Use | | Helmet Compliance | |
| | | | | | |

0FL0FLM7VK
24-303220

WISCONSIN MOTOR VEHICLE
CRASH REPORT

KENOSHA COUNTY SHERIFFS DEPART
1000 55TH STREET
KENOSHA, WI 53140
(262) 605-5100

| | | | | | |
|---|---|--|--|---------------------------------|---|
| 03 UNIT INDIVIDUAL 003 | Eye Protection | | Tint Compliance | | |
| | <i>Injury</i> | Injury Severity NO APPARENT INJURY | | Airbag NOT APPLICABLE | |
| | | Ejected NOT APPLICABLE | Ejection Path NOT EJECTED/NOT APPLICABLE | | Trapped/Extricated NOT APPLICABLE |
| | Medical Transport NOT TRANSPORTED | | EMS Agency Identifier | EMS Run # | |
| | Hospital | | Date of Death | Time of Death | |
| | <i>Distracted By</i> | Distracted By Source | | | |
| | | Distracted By Action | | | |
| | <i>Non Motorist</i> | Striking Unit # | Location | | |
| | | Prior Action | | | |
| | Action | | | | |
| | Action Other | | | To/From School | |
| | 03 UNIT INDIVIDUAL 003 | <i>Drug & Alcohol</i> | Suspected Alcohol Use | | Suspected Drug Use |
| | | | | | |
| | | 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 NOT OBSERVED | | | | | |



SILVER LAKE AUTO BODY INC.

WE TREAT YOUR CAR LIKE OUR OWN
1205 n pryor st., Silver Lake, WI 53170
Phone: (262) 889-8200
FAX: (262) 889-8212

Workfile ID: e140f633
PartsShare: 7LQ87W
Federal ID: 20 3354056
State ID: 456-1025308466-03
License Number: 427854

Estimate of Record

Customer: Conner, Samantha

Job Number:

Written By: Ted Morris, 1/25/2024 4:23:47 PM

Insured: Conner, Samantha
Type of Loss: Collision
Point of Impact: 11 Left Front

Policy #: 410686696917
Date of Loss: 1/23/2024 6:30 AM

Claim #: 01007166070-1
Days to Repair: 2

Owner:

Conner, Samantha

[REDACTED] 53181-9516
[REDACTED] Cell

Inspection Location:

Conner, Samantha

[REDACTED] 53181-9516
Home
[REDACTED] Cell

Insurance Company:

AMERICAN FAMILY INSURANCE COMPANY
American Family Insurance
AF3

VEHICLE

2023 HOND CR-V EX-L AWD 4D UTV 4-1.5L Turbocharged Gasoline Gasoline Direct Injection Blue

VIN: 7FARS4H79PE014666
License: ABT-3222
State: WI

Interior Color:
Exterior Color: Blue
Production Date: 1/2023

Mileage In: 15,177
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Power Passenger Seat

DECOR

Dual Mirrors
Privacy Glass
Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Rear Window Wiper
Telescopic Wheel
Climate Control
Backup Camera
Parking Sensors
Remote Starter
Intelligent Cruise

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
Rear Side Impact Air Bags
Hands Free Device
Xenon or L.E.D. Headlamps
Blind Spot Detection

Lane Departure Warning

ROOF

Electric Glass Sunroof

SEATS

Bucket Seats
Leather Seats
Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Rear Spoiler
Signal Integrated Mirrors

TRUCK

Power Trunk/Liftgate

Estimate of Record

Customer: Conner, Samantha

Job Number:

2023 HOND CR-V EX-L AWD 4D UTV 4-1.5L Turbocharged Gasoline Gasoline Direct Injection Blue

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------------------|------|-------------------------------------|-------------|-----|-------------------|------------|------------|
| 1 | | FRONT BUMPER & GRILLE | | | | | |
| 2 | * <> | Rpr Bumper cover | | | | 3.0 | 2.6 |
| 3 | | Add for Clear Coat | | | | | 1.0 |
| 4 | # | Refn BCR | | | | | -0.6 |
| 5 | | O/H front bumper | | | | 2.2 | |
| 6 | | Repl Lower cover w/o hybrid | 711053A0A00 | 1 | 127.79 | Incl. | |
| 7 | | Repl LT Trim bezel w/front park aid | 711903A0A20 | 1 | 20.10 | Incl. | |
| 8 | | FENDER | | | | | |
| 9 | | Repl LT Wheel opng mldg | 741573A0A90 | 1 | 53.60 | 0.3 | |
| 10 | # | Subl Hazardous waste removal | | 1 | 3.00 T | | |
| 11 | # | Repl Flex additive | | 1 | 5.00 T | | |
| SUBTOTALS | | | | | 209.49 | 5.5 | 3.0 |

ESTIMATE TOTALS

| Category | Basis | Rate | Cost \$ |
|----------------------|-------------|--------------|---------------|
| Parts | | | 201.49 |
| Body Labor | 5.5 hrs @ | \$ 60.00 /hr | 330.00 |
| Paint Labor | 3.0 hrs @ | \$ 60.00 /hr | 180.00 |
| Paint Supplies | 3.0 hrs @ | \$ 40.00 /hr | 120.00 |
| Miscellaneous | | | 8.00 |
| Subtotal | | | 839.49 |
| Sales Tax | \$ 839.49 @ | 5.5000 % | 46.17 |
| Grand Total | | | 885.66 |
| Deductible | | | 500.00 |
| CUSTOMER PAY | | | 500.00 |
| INSURANCE PAY | | | 385.66 |

THE INSURANCE COMPANY PROVIDING THIS ESTIMATE DOES NOT AUTHORIZE REPAIRS. AUTHORIZATION MUST COME FROM THE VEHICLE OWNER. ANY SUPPLEMENT(S) MUST HAVE PRIOR APPROVAL FROM A REPRESENTATIVE OF THE INSURANCE COMPANY PROVIDING THIS ESTIMATE.

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.

Estimate of Record

Customer: Conner, Samantha

Job Number:

2023 HOND CR-V EX-L AWD 4D UTV 4-1.5L Turbocharged Gasoline Gasoline Direct Injection Blue

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 ARG4469, CCC Data Date 01/17/2024, 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 2023 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. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Ind.=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. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services 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.

Estimate of Record

Customer: Conner, Samantha

Job Number:

2023 HOND CR-V EX-L AWD 4D UTV 4-1.5L Turbocharged Gasoline Gasoline Direct Injection Blue

PARTS SUPPLIER LIST

| Line | Supplier | Description | Price |
|------|---|--|-----------|
| 6 | Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227 | #711053A0A00 Lower cover w/o hybrid Quote: 1751817565 Expires: 02/01/24 | \$ 127.79 |
| 7 | Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227 | #711903A0A20 LT Trim bezel w/front park aid Quote: 1751819085 Expires: 02/01/24 | \$ 20.10 |
| 9 | Schlossmann Honda City 3450 S 108th St Milwaukee WI 53227 | #741573A0A90 LT Wheel opng mldg Quote: 1751820217 Expires: 01/31/24 | \$ 53.60 |

Amanda Sorensen

From: Matthew Leys
Sent: Monday, February 12, 2024 4:20 PM
To: County Clerk
Subject: FW: C#01-007-1601137 Auto Accident 01-23-2024
Attachments: 2024-303220.pdf; Estimate_of_Record.pdf; Sams Copy of 2022 Claim Form.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Additional contact information for the previously submitted liability claim.

Matthew Leys, MBA

Assistant Budget Director
Kenosha County Division of Finance
1010 56th Street, Kenosha, WI 53140
Office: (262) 653-2461
matthew.leys@kenoshacounty.org

From: Anderson, Adam M <Adam.Anderson@afics.com>
Sent: Monday, February 12, 2024 4:18 PM
To: Matthew Leys <Matthew.Ley@kenoshacounty.org>
Subject: FW: C#01-007-1601137 Auto Accident 01-23-2024

Caution: This email originated from outside the organization. Do not click links or open attachments unless you recognize and trust the sender.

Matthew-

Once a claim is opened, please follow back up with me on the contact info for the adjuster that will be assigned. If there is anything else needed please let me know.

Adam Anderson

AFICS on behalf of (American Family Insurance)
Desk Adjuster – Auto Investigation
adam.anderson@afics.com
(608)-722-2826 (Office)
Office Hours: M-F 8:00 a.m. – 4:00 p.m. CST

From: Samantha Smith <16smithsn@gmail.com>
Sent: Monday, February 12, 2024 2:37 PM
To: matthew.leys@kenoshacounty.org; Anderson, Adam M <Adam.Anderson@afics.com>
Subject: C#01-007-1601137 Auto Accident 01-23-2024

Police report attached.
Estimate for repairs attached.
Claim Form attached.