

Vehicle Accident

Claim Info

| | | | |
|-----------------------------|--------------------|-----------------------------|---------------------|
| E-mail ACORD To: | - | LSS Claim | No |
| <u>Event Number</u> | EV1992000005 | <u>Claim Number</u> | VAPD1992000005 |
| Policy LOB | - | <u>Claim Type</u> | APD Property Damage |
| <u>Department</u> | 139 - City Police | <u>Claim Status</u> | C Closed |
| Date Closed | 10/25/1996 9:57 AM | Close Method | SET Settlement |
| Claim Supervisor | - | File Number | - |
| Current Adjuster | - | Jurisdiction | - |
| Catastrophe Type | - | Catastrophe | - |
| | | Number | - |
| Catastrophe | - | Jurisdiction County | - |
| Description | | | |
| <u>Date Of Event</u> | 12/12/1992 | <u>Time Of Event</u> | 11:00 AM |
| <u>Date Of Claim</u> | 12/30/1992 | <u>Time Of Claim</u> | 10:00 AM |
| Review Status | - | Event Date Rptd. | 12/12/1992 |
| Event Time Rptd. | 4:00 PM | Claim Date Rptd. | - |
| Est. Collection | \$0.00 | Policy Name | - |
| Service Code | - | Document | - |
| | | Retention Date | - |
| Exclude from | No | Minor Involved | No |
| Deletion | | | |
| Payments Frozen | No | High Priority Claim | No |
| Channel | - | Client Program | - |
| Notification | - | | |
| Method | | | |

Event Detail

| | | | |
|--------------------|---------------------|--------------------|----------------------|
| Event On Premise | No | Location | - |
| | | Description | - |
| Location Address 1 | 558 Kingswood Drive | Location Address 2 | - |
| Location Address 3 | - | Location Address 4 | - |
| Country | - | State | MI Michigan |
| City | Oakhills | Zip | 48334- |
| County of Injury | - | Primary Location | DW Driveway |
| Authority | - | Location Type | PR Private Residence |
| Contacted | | | |
| Event Description | - | Cause Code | - |
| Number Of Injuries | 0 | Number Of | 0 |
| | | Fatalities | |

Vehicle Accident

| | | | |
|-----------------|-----------|---------------------|--------------------------------|
| Accident Type | P Parking | Accident Desc | BSFO Backing-Struck Fixed Obj. |
| Date of Federal | - | Date of State Spill | - |
| DOT Report | | Report | |
| DOT Report # | - | In Traffic | No |
| Reportable | No | Preventable | No |

Supplementals

| | | | |
|--------------------|---|-------------------|---|
| LUY | - | My New Field X | - |
| TEST | - | Owner Responded | - |
| | | To Locate Request | |
| Substructure Was | - | Ticket# | 0 |
| Accurately Located | | | |
| FOUND-FLOW | - | Other Approver | - |
| | | Details | |
| LU | - | CLOCK | - |

EDI Denial - Damaged Items
Description

| Item | Description | Replacement Value |
|--------------------------|-------------|---|
| Bus/Rail Operator Report | No | Describe to the Best of Your Knowledge How the Accident Occurred: - |
| Why? | - | Complaint Received? No |
| Date Resolved | - | Date Received - |
| Make | - | Was Company Regulator Changed? - |
| Excavating For Website | - | Year - |
| Other | - | User Search None Selected |
| | | Property Inspected? No |
| Contractor Name | - | Damaged Property |
| Property damaged | | Damage estimate |
| | | Total Loss? |

| | | | |
|---|---|---|--------|
| Explain | - | Equipment Causing Damage | - |
| Give Locations And Percentages As Found By Baring Block | - | Review Date | - |
| Boring For | - | Route No. | - |
| Business Objects | - | UK MIB | UK MIB |
| Trip Start Date | - | Google | |
| Term Start Date | - | Trip End Date | - |
| Main / Service Is | - | Term End Date | - |
| Date you started Operating Buses | - | TW Test Checkbox | No |
| Completed by: | - | Audit Date | - |
| Excavation Location | - | Last Date Reviewed | - |
| Excavation Was | - | Incident Involved | - |
| | | An Excavation? | |
| Facility Involved | - | Excavation Was Done By | - |
| License No. | 0 | Store Manager | - |
| | | Leakage Of | - |
| | | Main/Service Detected | |
| Service Cut And Tested | - | Defects Found | - |
| Defective Facility | - | Removed | - |
| Condition of Your Bus or Stop | - | Direction | - |
| ID No. | - | Location (On what street) | - |
| At or Near What Street | - | Light | - |
| Traffic Control | - | Date of Birth | - |
| EDI Insured Report Number (DN0026) | 0 | On Active Duty (in Hours) | 0 |
| Since Relief (in hours) | 0 | Describe to the Best of Your Knowledge How the Accident Occurred: | - |
| Physical Condition Involved With | - | Gender | - |
| | - | Age of Other Driver or Pedestrian: | 0 |

| | | | |
|---|---|--|--------|
| Vehicle/ Pedestrian: | - | Or Object was : | - |
| What was Distance Between Your Bus and Other Vehicle At This Time (in Feet) ? | 0 | Your Speed at Time (in MPH) | 0 |
| Other Vehicle Speed at Time (in MPH) | 0 | Your Bus was Headed | - |
| Other Vehicle Headed | - | If Pedestrian was person | - |
| Was Your Bus How Near Your Bus (In Feet) | - | Other Vehicle | - |
| Did You Give Any Warning? | 0 | Your Speed at the Time (in MPH) | 0 |
| Before Contact Did You Apply Emergency Brake? | - | What? | - |
| What Part of Bus Made Contact? | - | Did Other Vehicle or Pedestrian | - |
| | | What Part of Other Vehicle or Pedestrian Made Contact? | - |
| Your Speed at this Time (in MPH) | 0 | Other's Speed(In MPH) | 0 |
| Did Bus | - | Did Other Vehicle | - |
| How Far Did Your Bus Move (in Feet)? | 0 | How Far Did Other Vehicle Move (in Feet) ? | 0 |
| What Did The Other Person Say? | - | Any Traffic Violation? | - |
| Was Policeman at Scene of Accident? | - | Badge No. | - |
| Number of Witness | 0 | Number of Passengers | 0 |
| Make of Other Vehicle | - | License No. of Other Driver | - |
| Date Status Updated | - | Signature of Driver | - |
| Witness/ At Fault Card | - | This is your claim's current progress status | - |
| Claim Status Notes | - | Co. Vehicle No. | - |
| Year & Make | - | Body Type | - |
| Vehicle License Number | - | Est. Cost of Repairs | \$0.00 |
| Seat Belt Fastened | - | Insurance? | - |
| Insurance | - | Policy# | - |
| Company Name | - | Phone | - |
| Address | - | Insured | - |
| Paramedics/Ambulance at scene | - | transported from scene? | - |
| Seat Belt fastened Passenger? | - | Seat Belt Fastened Driver? | - |
| Describe damage to company vehicle | - | To or from Work: | - |
| Purpose of Trip | - | Employed by Company | - |
| Address | - | Phone Number | - |
| Vehicle Year & Make | - | Body Type | - |
| Vehicle License | - | Describe damage to other vehicle | - |
| Legal Owner of vehicle | - | Employer of driver | - |
| Address | - | Seat Belt fastened? | - |

| | | | |
|---|---|---|---|
| Owners Name and address | - | Co. Vehicle Direction | - |
| On | - | Speed(MPH) | - |
| Other vehicle direction | - | On | - |
| Speed(MPH) | - | Speed at time of impact of Co. vehicle(MPH) | - |
| Speed at time of impact of other vehicle(MPH) | - | Did Accident occur on ? | - |
| If at an intersection indicate any view obstruction | - | Where was the other vehicle when first observed | - |
| Type of control at intersection | - | Were any signals given by either driver . If yes explain | - |
| In what distance did co. vehicle stop after impact ? (feets) | - | Other vehicle(feets) | - |
| kind of paving | - | Wet or dry? | - |
| Weather | - | Headlights on Co. vehicle | - |
| Other vehicle | - | Defects on company vehicle prior to the accident? | - |
| Other vehicle. Explain if necessary? | - | Did other driver indicate you were at fault | - |
| If yes. Why? | - | What did you say? | - |
| Management or other employees at the scene. Name: | - | Company's Regulator | - |
| Taken By | - | Supervisor Name | - |
| District | - | Date | - |
| Supervisor Signature | - | IN | - |
| Did any person indicate that company is responsible for injury or damage? | - | If yes who : Name | - |
| Pressure For | - | If yes Address : | - |
| If yes Telephone Number : | - | If yes Zip: | - |
| Repairs Made Describe | - | Describe | - |
| Other Facility Involved | - | Work Order No. | - |
| Contribute to or cause the accident | - | What is the claim or allegation of company responsibility | - |
| If yes who and what act | - | Did any act of : | - |
| Arrived At Site | - | Company Notification Time | - |
| Circuit # | 0 | Approx. Customers Impacted | - |
| Does Claimant expect contact from Claims | - | Was the individual advised to contact Claims | - |
| Sketch attached | - | Primary | - |
| | | Secondary | - |
| | | Transformer # | 0 |

| | | | |
|--|----|--|----|
| Pole # | 0 | Padmount | No |
| Overhead | No | Customer Facility | No |
| Transmission Line | | | |
| Overhead | No | Other | No |
| Was company test performed | - | Explain | - |
| Was company property damaged in the incident | - | Were photographs taken | - |
| By Who | - | Police /Fire department response | - |
| Department | - | Reference Number | - |
| Phone Number | - | Report Your Detailed Observations | - |
| | | Sketches And Facts Of The Incident Including Statements By The Other Party And Witnesses | |
| Prepared By | - | Date | - |
| Phone # | 0 | What Facts Or Observations Do You Have That Will Assist In Determining Responsibility? | - |
| Supervisor's Name (Print) | - | District | - |
| Supervisor's Signature | - | Supervisor's Phone No. | 0 |
| Date | - | Adjuster Checklist | |

| Task | Date Completed | Completed By | Notes |
|------|----------------|--------------|-------|
|------|----------------|--------------|-------|

| | | | |
|-----------|--------|--------------------|--------|
| Amount #1 | \$0.00 | Amount 2 | \$0.00 |
| Amount 3 | \$0.00 | Amount 4 | \$0.00 |
| Amount 5 | \$0.00 | EDI IAIABC R1 FROI | - |
| | | Filing Status | |

Repair Itemization

| Item | Cost |
|------|------|
|------|------|

| | | | |
|---|----|--------------------------------------|---|
| TW Checkbox 1 | No | | |
| EDI IAIABC R3 FROI | - | EDI IAIABC R2 FROI | - |
| Filing Status | | Filing Status | |
| EDI IAIABC R1 SROI | - | EDI IAIABC R3 SROI | - |
| Filing Status | | Filing Status | |
| EDI Agency Claim Number (DN0005) | - | EDI Agreement to Compensate (DN0075) | - |
| EDI Date Processed (DN0108) | - | EDI Date Extracted from RM | - |
| EDI Maximum Medical Improvement Date (DN0070) | - | EDI FROI | - |
| EDI Permanent Impairment Percentage (DN0084) | 0 | Maintenance Type Code (DN0002) | |
| EDI Return to Work Qualifier (DN0071) | - | EDI Filing Late Reason (DN0077) | - |
| EDI Salary Cntd.in Lieu of | - | EDI Return to Work Type (DN0189) | - |
| | | EDI Employer Paid Salary Prior to | - |

| | | | |
|--|------------------|---|--------|
| Compensation (DN0273) | Acquisi (DN0203) | | |
| EDI SROI | - | EDI Accident | - |
| Maintenance Type Code (DN0002) | | Premises Code (DN0249) | |
| EDI Award Date | - | EDI Cal. Weekly Compensation Amt. (DN0134) | \$0.00 |
| | | EDI Death Result of Injury (DN0146) | - |
| EDI Date Empl'r Knew of Init.Disability (DN0281) | - | | |
| EDI Denial Effective Date (DN0199) | - | EDI Denial Reason 1 | - |
| EDI Denial Reason 2 | - | EDI Denial Reason 3 | - |
| EDI Denial Reason 4 | - | EDI Denial Reason 5 | - |
| EDI Initial Date Disability Began(DN0056) | - | EDI Discontd Fringe Benefits (DN0149) | \$0.00 |
| EDI Estimated Gross Weekly Amt Ind (DN0172) | - | EDI Full Wages Paid Ind (DN0066) | - |
| EDI Insolvent Insurer FEIN (DN0292) | - | EDI Jurisdiction Branch Code (DN0186) | - |
| EDI Lump Sum Payment (DN0293) | - | EDI MCO Code | - |
| EDI MTC Correction Code (DN0295) | - | EDI MTC Correction Date (DN0296) | - |
| EDI FROI Maintenance Type Code Release 2 (DN0002) | - | EDI Partial Denial Code (DN0294) | - |
| EDI Impairment Min. Payment Ind (DN0223) | - | EDI Recision Effective Date (DN0196) | - |
| EDI Reduced Earnings Actual (DN0124) | \$0.00 | EDI Reduced Earnings Amount (DN0096) | \$0.00 |
| EDI Reduced Earnings Code (DN0095) | - | EDI Reduced Earnings Deemed (DN0147) | \$0.00 |
| EDI Reduced Earnings Week Number (DN0242) | 0 | EDI Reporting Period (DN0227) | - |
| EDI Suspension Effect. Date (DN0193) | - | EDI Suspension Description (DN0233) | - |
| EDI Type of Loss (DN0290) | - | EDI Employer Unemployment Insurance No. (DN0329) | - |
| EDI Anticipated Wage Loss Ind (DN0201) | - | EDI Reduced Benefit Amount Code (DN0202) | - |
| EDI Initial Date of Lost Time (DN0297) | - | EDI Current Date Disability Began(DN0144) | - |

Multiple Reduced
Earnings

| EDI Reduced Earnings Week Number (DN0242) | EDI Reduced Earnings Actual (DN0124) | EDI Reduced Earnings Deemed (DN0147) | EDI Reduced Earnings Start Dt (DN0414- yyyy/MM/dd) | EDI Reduced Earnings End Dt (DN0415- yyyy/MM/dd) |
|---|--|--|---|---|
|---|--|--|---|---|

| | | | | | |
|---|---|--|--|---|--------|
| EDI ANCR/ODNCR Established | - | | | | |
| EDI Wage Effective Date (DN0256) | - | | | EDI Date Emplr Knew of Curr.Disability (DN0416) | - |
| EDI Date Admin Knew of Curr.Disability (DN0417) | - | | | Acquired Claim Last Known Indemnity Date (DN0423) | - |
| EDI Suspension Reason Code Full(DN0418) | - | | | EDI Suspension Reason Code Part(DN0419) | - |
| EDI Narrative For Claim (DN0431) | - | | | EDI Cancel Reason Code (DN0400) | - |
| EDI Jurisdiction Claim Number Related (DN0401) | - | | | EDI Cancel Reason Narrative (DN0402) | - |
| EDI Acquisition Status Code (DN0410) | - | | | EDI Partial Denial Effect Date (DN0436) | - |
| EDI Benefit Change Reason Code (DN0439) | - | | | EDI Withheld Attorney Fees - Current (DN0440) | \$0.00 |
| EDI Date Claim Administrator Knew Claim Met Reporting Requirements (DN0441) | - | | | testsupp | - |
| Was PGE Vehicle Involved | - | | | PGE Driver Name | - |
| PGE Vehicle ID (If Known) | - | | | Was a non PGE vehicle involved? | - |
| Exp Code | - | | | Make Model & Vehicle Year | - |
| Where is the damage? | - | | | Damaged Item List | |

| Item | Make/Model | Age | Date Purchased | Purchase Price | Repair or Replacement Cost | Serial No. |
|------|------------|-----|----------------|----------------|----------------------------|------------|
|------|------------|-----|----------------|----------------|----------------------------|------------|

| | | | | | | |
|---------------------------------|--------------|--|--|---|---|--|
| Account | - | | | Project | - | |
| Activity | - | | | WR Type | - | |
| Service Center Rep | - | | | Damage Prevention FCI | - | |
| SCR Phone | - | | | FCI Phone | - | |
| Police Report # | - | | | Equipment Causing Damage | - | |
| Name of Equipment Operator | - | | | Was an underground line locate requested? | - | |
| Photos taken at the scene? | - | | | Photographer | - | |
| Date & Approx time photos taken | - | | | Name of liable party's Insurance Company | - | |
| Policy Number | - | | | Contractor Invoice? | - | |
| Oil Spill | - | | | FreeText Field | - | |
| Date Field 1 | - | | | Free Text Field 2 | - | |
| The status of your claim is | - | | | Case Description | - | |
| Was the line underground? | - | | | Was a Vehicle Involved? | - | |
| Survey Score | - | | | Survey Score Comments | - | |
| Primary Positive Reason | - | | | Primary Negative Reason | - | |
| Assure Legal | Assure Legal | | | | | |

ACORD

| | | | |
|-------------------------------|--------|-----------------------------|---|
| Amount of Total Loss | \$0.00 | Remarks | - |
| Reported To | - | Contact Insured | - |
| Type Of Premises | - | Type of Product | - |
| Contact Res Phone | - | Premises/Insured Is | - |
| Products/Insured Is | - | Where Can Product Be Seen | - |
| Other Liability | - | Injured Employee Name/Addr | - |
| Injured Employee Phone | - | Where To Contact | - |
| When To Contact | - | Describe Property Damaged | - |
| Damaged Property Company Name | - | Damaged Property Policy Num | - |
| Damaged Owner Name/Addr | - | Damaged Owner Res Phone | - |
| Damaged Owner Bus Phone | - | Describe Damage | - |
| Damage Estimate Amount | \$0.00 | Where Can Damage Be Seen | - |
| Other VEH/PROP Ins | - | Driver Same as Owner | - |
| Report Number | - | Violations/Citations | - |
| Property Damaged Vehicle | - | Owner's Name | - |
| Owner's Address | - | Owner's Res Phone | - |
| Owner's Bus Phone | - | Driver Other | - |