



Liberty Mutual Fire Insurance Company

6575 Snowdrift Rd Ste 101
Allentown PA 18106
Tel: (610) 398-9800 / (800) 521-0986
Fax: (610) 398-3930

May 17, 2002

CITY OF MILWAUKEE - CITY CLERKS OFFICE
200 E WELLS ST - ROOM 205
MILWAUKEE WI 53202

ATTN OFFICE OF CITY ATTORNEY

INSURED: BETTY GREER
CLAIMANT: BETTY GREER
DATE OF LOSS: 10/24/2001
CLAIM NUMBER: PD414-001873819-01

CITY OF MILWAUKEE
2002 MAY 24 PM 1:32
RONALD D. LEONHARDT
CITY CLERK

Dear Sir::

Reference is made to your denial letter of March 14, 2002, concerning the accident that occurred October 24, 2001(see copy of that letter enclosed.) Your file number is 02-V-25.

According to the police report and our insured's statement, the accident did not occur according to the Fleet Accident Report. Both the police report and our insured's first report indicate that our insured's car door was already open when it was struck by the City Jeep. This would indicate inattention on the part of the driver of your vehicle. Granted, there are no witnesses to corroborate either party's version of what happened. I feel that each driver is equally responsible for this accident and am willing to settle this case on a 50/50 basis. Please advise me of your decision in this matter.

If there are any questions, please contact me at (800)521-0986, x438.

Sincerely,
LYNN KRAMER
Claims Department
Ext. 438

CITY OF MILWAUKEE
RECEIVED
2002 MAY 24 PM 3:00
OFFICE OF
CITY ATTORNEY



02-V-25
Liberty Mutual Fire Insurance Company

6575 Snowdrift Rd Ste 101
Allentown PA 18106
Tel: (610) 398-9800 / (800) 521-0986
Fax: (610) 398-3930

February 05, 2002

CITY OF MILWAUKEE - CITY ATTORNEY'S OFFICE
200 E WELLS ST - SUITE 800
MILWAUKEE WI 53202

2002 MAR 14 PM 3:52
RONALD D. LEONHARDT
CITY CLERK
CITY OF MILWAUKEE

OUR INSURED: BETTY GREER
CLAIM NUMBER: PD414-001873819-01
DATE OF LOSS: 10/24/2001
AMOUNT OF LOSS: \$ 1551.94

LOCATION OF LOSS: 1617 N FARWELL &
MILWAUKEE, WI

Dear Sir/Madam:

The purpose of this letter is to inform you that as a result of this loss, Liberty Mutual Fire Insurance Company has paid damages to our Insured under their Automobile coverage.

Right of Subrogation Subrogation involves our right to recover from a negligent party the money we have paid on our Insured's behalf for property damage and related expenses.

Notice of Liability Since our investigation shows that this loss occurred due to negligence on your part, we shall expect you to reimburse us the amount shown above.

This letter is official notice of our claim against you for these damages.
Please Note: Any payments you may have made to our Insured will not relieve your responsibility to reimburse us.

If You Were Insured If you had insurance at the time of this loss, we ask that you do the following:

- promptly notify your insurance carrier of this lien notice;
- *please advise us* that you are doing so and we will communicate directly with that company.

(over)

2002 MAR 15 PM 4:01
CITY ATTORNEY
CITY OF MILWAUKEE

AMATO COLLISION CENTER
8301 NORTH 76TH STREET
MILWAUKEE, WI 53223
OFFICE: (414)357-8500 FAX: (414)357-8161

CD LOG NO 3651-1 DATE 10/30/01

SHOP: ABRA AUTO BODY & GLASS INSP DATE: 10/29/01
ADDRESS: 8301 N 76TH STREET CONTACT: JIM REINICKE
CITY STATE: MILWAUKEE, WI PHONE 1: (414)357-7800
ZIP: 53223- FAX: (414)357-8161

OWNER: GREER, BETTY HOME PHONE: (414)449-9224
ADDRESS: 3160 N 40TH ST WORK PHONE: (414)779-7246
CITY STATE: MILWAUKEE, WI
ZIP: 53216-3611

CLAIM#: 001873819-01 POLICY#: PD414
INSURED: BETTY GREER, TYPE OF LOSS: COLLISION/DRP
LOSS DATE: 10/24/01
POINT OF IMPACT: 6

INS. CO: LIBERTY MUTUAL CONTACT: KEN KRISCHKE
ADDRESS: P.O. BOX 32061 PHONE 1: (800)832-5495
CITY STATE: NAPERVILLE, IL FAX: (630)505-1749
ZIP: 60566-

LIC#: LPP-757 STATE: WI VIN: 1G4NJ52TXTC439230
BODY COLOR: RED MILEAGE: 54,554
CONDITION: GOOD ACCTNG CTL#: ZZZZZZZZZZ
DRIVEABLE: YES VEH. INSP#:

*=USER-ENTERED VALUE	E=NEW PART	NG=REPLACE NAGS
EC=QUALITY REPLACEMENT PART		EU=REPLACE RECYCLED
EP=SEE QUAL. REPL. PRT. RPT.		TE=PART/PARTIAL REPLACE
ET=LABOR/PARTIAL REPLACE	IT=LABOR/PARTIAL REPAIR	I=REPAIR
L=REFINISH	BR=BLEND REFINISH	TT=TWO-TONE
CG=CHIPGUARD	SB=SUBLET	N=ADDNL LABOR OPERATION
RI=R&I ASSEMBLY	P=CHECK	AA=APPEARANCE ALLOWANCE
RP=RELATED PRIOR DAMAGE	UP=UNRELATED PRIOR DAMAGE	

PRELIM EST..CHECKED LKQ STAR. N/A.. CHECKED LKQ CALUMET N/A
VEH IN SHOP... 4-5 DAY REPAIR
PLEASE ISSUE DRAFT TO SHOP.....
SOME PRIOR SCRATCHES ON HOOD...

1996 BUICK SKYLARK CUSTOM 4DOOR SEDAN 4CYL GASOLINE 2.4
CODE: S3223A/A OPTNS T/24FOG

OPTIONS:
TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES
TILT STEERING WHEEL ANTI-LOCK BRAKE SYSTEM

AIR CONDITIONING

OP	GDE	MC	DESCRIPTION	MFG.PART NO.	PRICE	AJ%	B%	HOURS	R
E	0103	40	FENDER,FRONT	LT 22637105 GM PART	237.98			3.4	1
L	0103	09	FENDER,FRONT	LT REFINISH				4.2	4
I	0132	01	MLDG,FENDER SIDE	L/R REPAIR				0.3	*1
RI	0132	01	MLDG,FENDER SIDE	L/R R&I ASSEMBLY				0.4	1
L	0132		MLDG,FENDER SIDE	L/R REFINISH				0.2	4
I	0207		DOOR SHELL,FRONT	LT REPAIR				6.0	*1
L	0207		DOOR SHELL,FRONT	LT REFINISH				2.6	4
RI	0231	01	PNL,INNER DOOR TRIM	LT R&I ASSEMBLY					1
RI	0257		MLDG,FRONT DOOR BEL	LT R&I ASSEMBLY				1.0	1
E	0280	01	MLDG,FRONT DOOR SID	LT 12360841 GM PART	55.00			0.6	1
L	0280		MLDG,FRONT DOOR SID	LT REFINISH				0.2	4
RI	0151	01	N/PLATE,FRONT DOOR	LT R&I ASSEMBLY				0.2	1
RI	0229	01	MIRROR,OUTER R/C	LT R&I ASSEMBLY				0.3	1
I	0211		HINGE,FRONT DOOR UP	LT REPAIR				0.5	*1
I	0213		HINGE,FRONT DOOR LW	LT REPAIR				0.5	*1
RI	0227	01	HANDLE,FRONT DOOR O	LT R&I ASSEMBLY				0.8	1

16 ITEMS

MC MESSAGE(S)

- 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
- 09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE
- 40 PXN SEARCHED BUT NOT COMPARED

FINAL CALCULATIONS & ENTRIES

GROSS PARTS					292.98
PAINT MATERIAL					144.00
PARTS TOTAL					436.98
TAX ON PARTS & MATERIAL @				5.600%	24.47
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	40.00	6.7	7.3		560.00
2-MECH/ELEC	65.00				
3-FRAME	40.00				
4-REFINISH	40.00	7.2			288.00
5-PAINT MATERIAL	20.00				
LABOR TOTAL					848.00
TAX ON LABOR		@		5.600%	47.49
SUBLET REPAIRS					
TOWING					
STORAGE					
GROSS TOTAL					1,356.94
LESS: DEDUCTIBLE					500.00-
NET TOTAL					856.94

1996 BUICK SKYLARK CUSTOM 4DOOR SEDAN
CD LOG NO 3651-1

ADP SHOPLINK U1246 ES CD LOG 3651-1 DATE 10/30/01 10:54:31AM R6.2 CD 10/01
PXN:Y/01/00/00/00 CUM:01/00/00/00 HOST LOG
COPYRIGHT 2000, AUTOMATIC DATA PROCESSING, INC.

1.6 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.

"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."

THIS IS NOT AN AUTHORIZATION TO REPAIR. PRESENT THIS APPRAISAL TO THE
REPAIRING GARAGE BEFORE REPAIRS BEGIN. WE RESERVE THE RIGHT TO INSPECT
ANY ADDITIONAL DAMAGE BEFORE CONSIDERING PAYMENT OF SUPPLEMENTAL REPAIR
CHARGES.

NUMBER OF DAYS TO REPAIR:

ADP # AUDATEX (A1)

Lynn Kramer

IN 11:16AM 11/06/01
OUT 11:27AM 10/25/01

ENTERPRISE RENT-A-CAR COMPANY, INC.
5204 WEST FOND DU LAC AVE 414-536-3600
MILWAUKEE WI 53216-1346 4422
RENTAL TYPE I SOURCE LMI153D- 999

RENTAL AGREEMENT
D027943
PAGE 1 OF 1

CALENDAR DAY

UNIT 1
UNIT # WT9138
LIC# 561ADL
MODEL METR
COLOR SILVER
IN 14760
OUT 14460

RENTER
BETTY GREER
3160 N 40TH ST
MILWAUKEE WI 53216-
LOCAL:
(H) 414-449-9224
(O) 414-779-7246

SUMMARY OF CHARGES

MILES
NO CHARGE

13 DAYS 0 17.99 233.87

DR. LICENSE G6600935056503
STATE WI EXPIRE 2/25/07
DOB 2/25/50 HT 5 8 WT 176
EYES BLACK HAIR BLACK
S.S.#
EMPLOYER

BILL TO Y CUST # LMI153D
LIBERTY MUTUAL-NAPRV (TN HOUSE
ATTN: TANNURA*SUSAN*
1811 CENTRE POINT CIRCLE
NAPERVILLE IL
630-245-9144 60563

SALES TAX 5.60 13.10

ADDITIONAL DRIVER
NO OTHER DRIVER PERMITTED

CLAIM INFO
POL/CLAIM/PO#

PERMISSION TO LEAVE STATE
YES NO X

PD414-001873819-0001
INSURED
GREER* BETTY*

CUSTOMER SIGNATURE ON FILE

TOTAL CHARGES 246.97

LOSS DATE
THEFT ACCIDENT I

PAYMENT INFORMATION
AMOUNT PD.BY TYPE DATE AUTH
50.00 CASH SALE 10/25/01
1.97 CASH SALE 11/06/01

DEPOSITS 51.97
REFUND

TYPE CAR
BUICK SKYLA

BILL TO CUST LMI153D 195.00

SHOP AMATO**
PHONE 414-357-7800
NAME

CLOSED TICKET PAYMENT INFO

OPENED BY #7480J BRIAN G DE LA CER
CLOSED BY #7480J BRIAN G DE LA CER

Files Edit Activities Tools Help



Amounts per Coverage:

Coverage	Gross Paid to Date	Net Paid to Date	Loss Estimates
COLL	1051.94	1051.94	1052.00

Estimates...

ACES...

Gross Expenses Paid to Date: \$0.00

Select New Process:

Open New Process...

Net Expenses Paid to Date: \$0.00

Refund Reason:

Financial Transaction History:

Sched	Name	Payee/Issuer Type	Status	Amount	Pay From	Pay Through	Transaction Date
No	ENTERPRISE F	Billing Provider	Disbursed	195.00			12/18/2001
No	AMATO COLL	Billing Provider and Insur	Disbursed	856.94			10/30/2001

Refund Estimates:

Issuer Name	Status
City of Milwaukee	Open

Add Receipt

Open Detail

Occurrence Financials