

7/14/11

CITY OF MILWAUKEE
RECEIVED

MILW. City Clerk

2011 JUL 22 PM 3:19

OFFICE OF
CITY ATTORNEY

My name is Robert E Jesko
CI File # 11-V-38 I had my
vehicle parked on a city street
on February 11, 2011 and it was
struck by a city vehicle, I
would like to request a hearing.

Thank you

Robert E Jesko
[Signature]

Note: Denial Letter was
mailed to the claimant
on 7-7-11

(INCLUDE)

CITY OF MILWAUKEE
2011 JUL 20 PM 12:05
RONALD D. LEONHARDT
CITY CLERK

ROOT RIVER AUTO BODY, LTD
 8595 SOUTH 27TH STREET
 FRANKLIN, WI 53132
 PHONE: 414-761-0180 FAX: 414-761-0727
 EMAIL: ROOTRIVERAUTOBODY@SBCGLOBAL.NET

*** PRELIMINARY ESTIMATE ***

03/01/2011 03:38 PM

Owner

Owner: BOB -jesko
 Address: 354 ROBERT CT NORTH
 City State Zip: Oak Creek, WI 53154

Work/Day: (414)570-5880
 FAX:

CITY OF MILWAUKEE
 RECEIVED
 2011 MAR -7 AM 6:35
 OFFICE OF
 CITY ATTORNEY
 RONALD D. J. JAMES
 CITY OF MILWAUKEE
 2011 MAR -14 AM 7:33

Inspection

Inspection Date: 03/01/2011 03:38 PM
 Primary Impact: Left Side

Inspection Type:
 Secondary Impact:

Appraiser Name: MIKE PAUL

Appraiser License # :

Vehicle

1991 Dodge Spirit ES 4 DR Sedan
 6cyl Gasoline 3.0
 4 Speed Automatic

Lic Expire:
 Veh Insp# :
 Condition:
 Ext. Color: LIGHT ROSEWOOD PEARL MET
 Ext. Refinish: Two-Stage
 Ext. Paint Code: EE2

VIN: None
 Mileage Type: Actual
 Code: N1523C
 Int. Color:
 Int. Refinish:
 Int. Trim Code:

Options

AM/FM Stereo Tape	Airbag Restraint	Aluminum/Alloy Wheels
Cruise Control	Fog Lights	Ground Effects Package
Heated Power Mirrors	Power Brakes	Power Steering
Rear Window Defroster	Special Seats	Tilt Steering Wheel
Trip Computer		

Damages

Line	Op	GuIde	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
1	L	207	13	Door Shell,Front LT	Refinish				3.6	RF
2	E	211	#	Mirror,Outer R/C LT	4615301	\$200.00			1.0	SM
				# = 01, 02						
3	L	383		Panel,Bodyside Rear LT	Refinish				3.4	RF
4	EC			Pinstripes-Tape	Replace Economy				1.0*	SM
5	EC			Cover Car Exterior	Replace Economy	\$5.00*				SM
6	E			HASZARDESS WASTE	Replace OEM	\$3.00*				SM
6		Items								

MC Message
 01 CALL DEALER FOR EXACT PART # / PRICE
 02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO.
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts \$203.00

Other Parts	\$5.00	
Paint Materials	\$224.00	
Parts & Material Total		\$432.00
Parts & Material (Taxable)		

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$52.00	2.0		2.0	\$104.00
Mech/Elec (ME)	\$68.00				
Frame (FR)	\$52.00				
Refinish (RF)	\$52.00	7.0		7.0	\$364.00
Paint Materials	\$32.00				

Labor Total (Taxable)		9.0 Hours	\$468.00
Taxable Total	\$900.00		
Tiered Tax 1	\$900.00 @ 5.600%		\$50.40
Tiered Tax 2	@ 5.600%		
Tiered Tax 3	@ 5.600%		
Gross Total			\$950.40
Net Total			\$950.40


Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53132 Default
 SPPL Yes Zip Code: 53132 Default

Audatex Estimating 6.0.353 ES 03/01/2011 03:39 PM REL 6.0.353 DT 02/01/2011 DB 02/15/2011
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1.7 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = Replace Recycled
TE = Partial Replace Price	PM = Replace PXN Reman/Rebtl	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



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OCHS AUTO BODY
Federal ID #:392022705
Commitment To Quality
2731 West Elm Road
Franklin, WI 53132
(414)761-3146 Fax: (414)761-1435

PRELIMINARY ESTIMATE

Written By: Larry Ochs
Adjuster:

Insured:	Claim #
Owner: Bob Jesko	Policy #
Address: 354 Robert Crt North	Deductible:
Oak Creek, WI 53154	Date of Loss:
Evening: (414)570-5580	Type of Loss:
	Point of Impact: 10. Left Front Pil

Inspect OCHS AUTO BODY	Business: (414)761-3146
Location: 2731 West Elm Road	
Franklin, WI 53132	

Insurance	Days to Repair
Company:	

1991 DODG SPIRIT 4-2.5L-FI 4D SED Red Int:

~~VIN: 1B3XA46K7MF678907 Lic: Prod Date: Odometer:~~

Intermittent Wipers	Body Side Moldings	Dual Mirrors
Console/Storage	Power Steering	Power Brakes
AM Radio	FM Radio	Stereo
Driver Air Bag	Cloth Seats	Bucket Seats
Recline/Lounge Seats	5 Speed Transmission	Deluxe Wheel Covers

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1		FRONT DOOR				
2*	Rpr	LT Door shell			2.5	2.2
3	Repl	LT Mirror remote	1	94.85	0.4	
4#	Repl	Pin stripe	1	12.00	0.5	
5	R&I	LT Handle, outside			0.4	
6		REAR LAMPS				
7	R&I	LT Tail lamp assy			0.5	
8		QUARTER PANEL				
9*	Rpr	LT Quarter panel			2.5	2.3
10		Overlap Major Non-Adj. Panel				-0.2
11#	Repl	Car cover	1	5.00		
12#	Repl	waste removal	1	5.00		
Subtotals ==>				116.85	6.8	4.3

PRELIMINARY ESTIMATE

1991 DODG SPIRIT 4-2.5L-FI 4D SED Red Int:

Parts		116.85
Body Labor	6.8 hrs @ \$ 52.00/hr	353.60
Paint Labor	4.3 hrs @ \$ 52.00/hr	223.60
Paint Supplies	4.3 hrs @ \$ 32.00/hr	137.60

SUBTOTAL		\$ 831.65
Sales Tax	\$ 831.65 @ 5.6000%	46.57

GRAND TOTAL		\$ 878.22

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 based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DE3PB89, CCC Data Date 02/01/2011, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. 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. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. Non-Original Equipment Manufacturer aftermarket parts are described as AM, Qual Repl Parts or Comp Repl Parts which stands for Competitive Replacement Parts. Used parts are described as LKQ, Qual Recy Parts, 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 2010 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 Pathways estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

CCC Pathways - A product of CCC Information Services Inc.

WISCONSIN DRIVER REPORT OF ACCIDENT

CONTINUE ONLY ...if there was \$1000 or more damage to any one person's property,
OR ...if anyone was injured,
OR ...if there was \$200 or more damage to government property, other than vehicles.

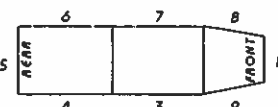
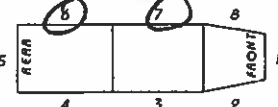
(See instructions on reverse side before completing - Please Print)

Hit and Run Accident? <input type="checkbox"/> YES	ACCIDENT	County of MILWAUKEE	City, Village or Township of	ACCIDENT DATE 2-11-11	Month Day Year FRI 12:30 p.m.	Day of Week, Time <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
Total Units Involved 2	Total Injured * 0	LOCATION Name and Number of Street(s) or Highway or Parking Lot TAMARACK & FOND DU LAC AVE				
TYPE OF ACCIDENT (Please check one)						
<input type="checkbox"/> Hit another motor vehicle in operation		<input checked="" type="checkbox"/> Hit a parked vehicle		<input type="checkbox"/> Hit a deer		<input type="checkbox"/> Hit a bicyclist or pedestrian
<input type="checkbox"/> Other						

<p>UNIT 1</p> <p>Driver Full Name (Last, First, MI) _____ Sex _____</p> <p>Address _____ Birth Date _____</p> <p>City, State _____ ZIP Code _____ Daytime Telephone Number () _____</p> <p>Driver License Number _____ Issuing State _____</p> <p>Vehicle Legally Parked <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Operating a commercial vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, circle appropriate classification (A) (B) (C) _____</p> <p>Owner Full Name (Last, First, MI) _____</p> <p>Address _____</p> <p>City, State _____ ZIP Code _____ Daytime Telephone Number () _____</p> <p>License Plate Number _____ Exp Yr _____ Issuing State _____ Vehicle Make Year Color _____</p> <p>Vehicle Identification Number _____</p> <p>Was a motor vehicle liability insurance policy in effect on the day of the accident? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Policy Holder's Name _____</p> <p>Exact Name of Insurance Company _____</p>	<p>UNIT 2</p> <p>Driver Full Name (Last, First, MI) JESKO Robert E Sex M</p> <p>Address 354 ROBERT CT N Birth Date 12/29/67</p> <p>City, State DAKOTA WI 53154 ZIP Code 53154 Daytime Telephone Number (414) 630 2003</p> <p>Driver License Number J200 7656 7469 07 Issuing State WI</p> <p>Vehicle Legally Parked <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Operating a commercial vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, circle appropriate classification (A) (B) (C) _____</p> <p>Owner Full Name (Last, First, MI) _____</p> <p>Address SAME</p> <p>City, State _____ ZIP Code _____ Daytime Telephone Number () _____</p> <p>License Plate Number 43D PTK Exp Yr 11 Issuing State WI Vehicle Make Year Color DOOR 91 Red</p> <p>Vehicle Identification Number 1B3XA46K7MF678907</p> <p>Was a motor vehicle liability insurance policy in effect on the day of the accident? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES</p> <p>Policy Holder's Name DAWN JESKO</p> <p>Exact Name of Insurance Company COUNTRY FINANCIAL</p>
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*INJURED Important - Number of injuries reported must equal number entered in "Total Injured" box above. Injury Codes: A=Severe, B=Moderate, C=Minor

Unit No.	Name (Last, First, MI)	Address	City, State	ZIP Code	Sex	Birth Date	Injury Code

<p>VEHICLE DAMAGE Unit 1 - Important - Circle the numbers closest to the damaged areas.</p> <p>Damage Estimate (Required)</p> <p>\$ _____</p> 	<p>VEHICLE DAMAGE Unit 2 - Important - Circle the numbers closest to the damaged areas.</p> <p>Damage Estimate (If known)</p> <p>\$ 270</p> 
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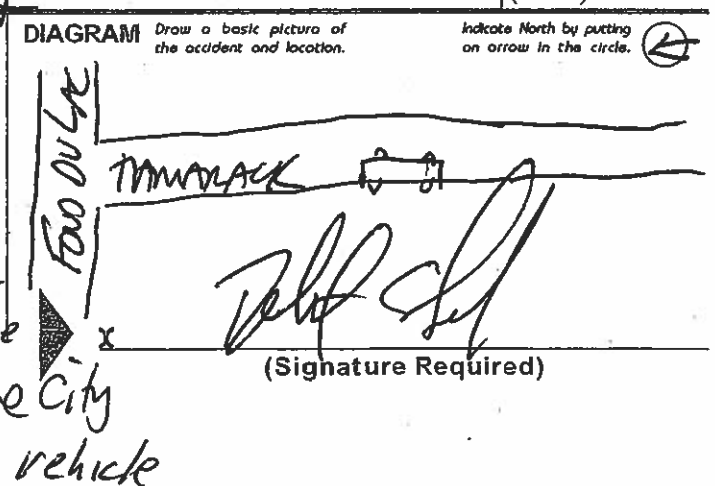
PROPERTY DAMAGE Describe what was damaged. Property damage includes structures, trees, fences, towed items, etc. Do NOT include vehicle damage.

Property Owner Full Name (Last, First, MI) _____	Address, City, State, ZIP Code _____	Daytime Telephone Number () _____
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NARRATIVE Print a brief description of the accident.

FOND DU LAC

was legally parked on TAMARACK when city vehicle # 23547 hit the side of my car, which scratched the paint on the side of my car - BROKE the MIRROR OFF. ANGELIQUE USTOPICH was eye witness + her phone is 414-750-8220, I am ASKING for the City to pay for the DAMAGES caused to my vehicle



OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City, a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed on the reverse side of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours.
3. As detailed a description of the incident as possible, including the date, time and place. Include the "City" vehicle #.

All information should be submitted to:

City Clerk
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

