



Depend on your hometown professionals®

March 24, 2000

CITY CLERK  
ATTENTION CLAIMS  
200 E WELLS STREET ROOM 205  
MILWAUKEE WI 53202-3567

Our Insured - Gregg, Mary and Jill Graycarek  
Claim Number - T3-R20 044  
Date of Loss - 3/6/00

City Clerks Office:

Pekin Insurance Company is putting the City of Milwaukee on notice of a subrogation/contribution claim for damages to our insured's vehicle, those to the claimant vehicle involved and to the injuries of the passengers and claimant driver of both vehicles. The reason for this claim is that our insured is being charged for failure to yield right of way to the claimant driver at a stop sign controlled intersection of North 30th and Center Avenue, Milwaukee, WI. Our insured was traveling north bound on 30th Street approaching the intersection. At that time, the stop sign controlling that intersection was down due to an earlier accident. Our insured driver was not able to see the sign in making her aware of the control at that intersection.

The damages know to date are as follows:

Total loss of insured's vehicle	\$14,275.00
Sales tax, license fee	pending
Salvage recovery	pending
Medical for insured driver	pending
Medical and injury claims for insured vehicle passengers Jyl Steffens, Dale Hayes and Raquel Hayes	pending
Property damage to claimant vehicle, Gregory Rich	4,835.00
Salvage	pending
Mr. Rich's insurance carrier will be submitting a claim to us when final settlement has been made	pending
Injury claim - claimant driver - Gregory Rich	pending

The only documentation that we have is the estimate and Proof of Loss on the total loss of our insured vehicle. Enclosed is that information plus a copy of our draft records. The information on the additional claims will be forwarded to you along with the salvage results of the insured vehicle when they become available.

Waukesha Service Office  
Silvernail Woods Office Park  
Suite 204  
2717 North Grandview Boulevard  
Waukesha, Wisconsin 53188-1672  
Phone (262) 524-9450  
Fax (262) 524-9640  
www.pekininsurance.com

CITY OF MILWAUKEE  
'00 MAR 28 AM 11: 29  
RONALD D. LEONHARDT  
CITY CLERK

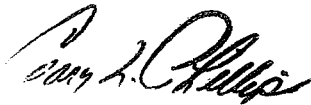
CITY OF MILWAUKEE  
RECEIVED  
MAR 28 PM 3:40  
OFFICE OF  
CITY ATTORNEY

Page 2  
City Clerk  
March 24, 2000

Claim Number T3-R20 044 - Gregg & Mary Graycarek

I am enclosing a copy of the Police Report for your file. The information on that Police Report is correct in contacting any of the parties involved in that accident. Please contact this adjuster at the number given on this letterhead. If you have any additional questions or requests at this time please feel free to contact us.

Sincerely,



Gary Phillips, Sr. Claim Adjuster

gc

Enclosures: Copies of: Total Loss Worksheet, Proof of Loss, Computer print out,  
Police Report



Pekin Insurance Claim Draft Copy

F1036746

Issue Date 03/14/00

Pay \*\*\*\*\* Non Negotiable Copy \*\*\*\*\*

\$\*\*\*\*13,013.29

HONDA LEASE TRUST

Insured G GRAYCAREK

Claim No. 0R20044

Date of Loss 03/06/00

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HONDA LEASE TRUST  
P.O. BOX 4080  
ARLINGTON HEIGHTS IL 60006

COPY

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.



PEKIN INSURANCE CLAIM DRAFT  
PEKIN, ILLINOIS 61558

70-232  
711

F1036694

DATE 03/24/00

PAY \*\*\*\*1Thousand\*11Dollars\*and\*71/100\*\*\*\*\* \$\*\*\*\*1,011.71

JILL GRAYCAREK

Void if not presented for payment within 90 days

INSURED G GRAYCAREK  
CLAIM NO. 0R20044 DATE OF LOSS 03/06/00

*Virginia Casenares*  
PAYABLE THROUGH THE HERGET NATIONAL BANK OF PEKIN, ILLINOIS

⑈ 1036694 ⑈ ⑆ 071102322⑆ 00⑈0019⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

Detach and Keep for Your Records

PAYMENT RECORD

F1036694

DATE 03/24/00



INSURED G GRAYCAREK  
CLAIM NO. 0R20044 DATE OF LOSS 03/06/00  
ADJ NO. T3 AMOUNT \$1,011.71

COLLISION LOSS - TOTAL  
BALANCE TO THE INSURED WITH LEASE PAY-OFF AND DEDUCTIBLE APPLIED

ACV OF VEHICLE: 14275.00  
LEASE PAY-OFF <13013.29>  
DEDUCTIBLE <250.00>  
BALANCE 1011.71

JILL GRAYCAREK  
4474 N. OAKLAND AVE. #202  
SHOREWOOD WI 53211

COPY

# TOTAL LOSS SUMMARY & SALVAGE REPORT

Claim Number: R20-044 Insured: Don & Mary Chas Penick  
 Date of Loss: 3/6/00 Adjuster: Ray [Signature]  
 Vehicle Owner: Jill Chas Penick Inspection Date: 3/8/00  
 Vehicle Location: 9140. 1st Ave SE

<input checked="" type="checkbox"/> INSURED VEHICLE		<input type="checkbox"/> CLAIMANT VEHICLE		<input checked="" type="checkbox"/> TOTAL LOSS REPORT		<input type="checkbox"/> TOTAL THEFT REPORT	
Salvage Kept By Pekin Insurance <input type="checkbox"/>		Salvage Kept By Owner <input type="checkbox"/>		Can Salvage Be Rebuilt? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Year: <u>98</u>	Make: <u>Honda</u>	Model: <u>Civic LX</u>	Body Style: <u>4DR</u>	Trucks: <input type="checkbox"/> Long Bed <input type="checkbox"/> Regular Cab			
				<input type="checkbox"/> Short Bed <input type="checkbox"/> Extended Cab			
Engine: (Cyl.) (C.C.) <u>4</u>	Mileage: <u>21094</u>	License Number: <u>UDS-912 WT</u>	Color: <u>Silver</u>				
Vehicle Identification Number: <u>1HGEJ56572X L030878</u>				Condition: Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>			
Air Bags Deployed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Prior Damage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach estimate.					

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> A/C \$ <u>0</u>        | <input type="checkbox"/> Cruise \$ <u>0</u>                  |
| <input type="checkbox"/> Automatic \$ <u>0</u>             | <input checked="" type="checkbox"/> AM - FM \$ <u>0</u>      |
| <input type="checkbox"/> Manual \$ <u>0</u>                | <input type="checkbox"/> Anti-lock \$ <u>0</u>               |
| <input type="checkbox"/> P. Steering \$ <u>0</u>           | <input checked="" type="checkbox"/> Tape \$ <u>0</u>         |
| <input type="checkbox"/> P. Brakes \$ <u>0</u>             | <input type="checkbox"/> CD Player \$ <u>0</u>               |
| <input type="checkbox"/> Sun Roof \$ <u>0</u>              | <input checked="" type="checkbox"/> Rear Defrost \$ <u>0</u> |
| <input checked="" type="checkbox"/> P. Windows \$ <u>0</u> | <input type="checkbox"/> Leather Seats \$ <u>0</u>           |
| <input checked="" type="checkbox"/> P. Seats \$ <u>0</u>   | <input type="checkbox"/> Alloy Wheels \$ <u>0</u>            |
| <input checked="" type="checkbox"/> P. Locks \$ <u>0</u>   | <input type="checkbox"/> \$ <u>0</u>                         |
| <input checked="" type="checkbox"/> Tilt \$ <u>0</u>       | <input type="checkbox"/> \$ <u>0</u>                         |

NADA BOOK	\$ <u>14275.00</u>
ADDITIONS	
Options	\$ <u>0</u>
Mileage	\$ <u>0</u>
<b>TOTAL</b>	\$ <u>14275.00</u>
DEDUCTIONS	
Equipment	\$ <u>0</u>
High Mileage	\$ <u>0</u>
Old Damage	\$ <u>0</u>
<b>AUTO VALUE</b>	\$ <u>14275.00</u>
Deductible	\$ <u>200</u>
(Owner Retained) Salvage Deduction	\$ <u>0</u>
<b>NET PAID</b>	\$ <u>14075.00</u>

		NG = No Good X = Usable				OK = Good Panels N = None			
	OK	X	NG	N		OK	X	NG	N
Roof	<input checked="" type="checkbox"/>				LF Fender				<input checked="" type="checkbox"/>
Hood			<input checked="" type="checkbox"/>		LF Door	<input checked="" type="checkbox"/>			
Grille			<input checked="" type="checkbox"/>		LR Door	<input checked="" type="checkbox"/>			
Cowl			<input checked="" type="checkbox"/>		LR Quarter	<input checked="" type="checkbox"/>			
Dash			<input checked="" type="checkbox"/>		RF Fender			<input checked="" type="checkbox"/>	
Radiator			<input checked="" type="checkbox"/>		RF Door			<input checked="" type="checkbox"/>	
Trunk Lid	<input checked="" type="checkbox"/>				RR Door	<input checked="" type="checkbox"/>			
Body Floor	<input checked="" type="checkbox"/>				RR Quarter	<input checked="" type="checkbox"/>			
Frame	<input checked="" type="checkbox"/>				Rear Bumper				
Front Bumper			<input checked="" type="checkbox"/>						

Salvage Buyer \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Date of Contact \_\_\_\_\_ Time \_\_\_\_\_  
 Salvage Bid \$ \_\_\_\_\_  
 Salvage Value \_\_\_\_\_ % of Red Book \$ \_\_\_\_\_  
 Handling Charge \$ \_\_\_\_\_  
 Towed By \_\_\_\_\_  
 Storage \$ \_\_\_\_\_ from \_\_\_\_\_ \$ \_\_\_\_\_  
Per Day Date  
 Net from Salvage Buyer \$ \_\_\_\_\_  
 Remarks \_\_\_\_\_  
 Repair Estimate \$ \_\_\_\_\_

TIRES:	TREAD	BRAND
RF	<u>8/32</u>	<u>Dunlop SP20FE</u>
LF	<u>8/32</u>	<u>P185-65R14</u>
RR	<u>8/32</u>	<u>?</u>
LR	<u>8/32</u>	<u>?</u>

COPY

Date Salvage Title Ordered \_\_\_\_\_  
 Date Salvage Payment Received \_\_\_\_\_  
 Date Salvage Payment Sent to Home Office \_\_\_\_\_

**AUTOMOBILE PROOF OF LOSS**

Policy Number: WP041821 Agency: Valley Insurance Associates #2801  
Claim Number: T3-R20 044 Name of Insured: Jill Graycarek  
Address: 4474 N. Oakland Avenue, Apt. 202, Shorewood, WI 53211  
Make, Model, VIN Number and Year: 1999 Honda Civic LX Sedan #1HGEJ6572XL030879  
Coverage: Collision \$250 Deductible  
Date of Loss and Location: 3/6/2000 - 30th and Center, Milwaukee, WI  
Cause: Collision with another vehicle  
Other interests or liens on vehicle: Honda Lease Trust  
Other insurance on vehicle: None

**Whole Loss** The actual loss and damage to above described automobile as a result of said loss was \$ 14,275.00

**Deductible** Amount of insured's deductible to be applied to this loss \$ \$250.00

**Amount Claimed** Insured hereby claims of this company and will accept from this company in full release and satisfaction in compromise settlement of all claims under this policy the sum of \$ 14,025.00  
It is expressly understood and agreed that the furnishing of this blank to the insured the preparation of proofs by the insured or any agent of the company is not waiver of any rights of said company, and that any additional information that may be required will be furnished on request.

X Jill Graycarek Insured X Bugida Burns Witness  
Signed this X 20<sup>th</sup> day of March 2000

**Release and Subrogation Assignment**

In consideration of the sum of \$ 14,025.00 dollars, paid under the above policy of insurance, the receipt whereof is hereby acknowledged, I or we do hereby release and forever discharge the said company from all claims because of loss or damage to the above described vehicle or expense in connection therewith and resulting or to result from the above loss which occurred on or about the 6th day of March, 2000, hereby expressing myself or ourselves fully paid and satisfied for all claims against said company arising out of or as the result of said above loss under its Policy Number WP041821.

And in further consideration of the sum aforesaid, I or we do hereby sell, assign and subrogate to the said company, any and all claims or demands that I or we may have both at law and in equity against other party or parties because of the loss aforesaid and the damage resulting therefrom and agree to assist said company to recover from such other party or parties and the company may bring an action, therefore, in my or our name.

Dated X 3-20-2000 Insured X Jill Graycarek  
Witness X Bugida Burns

**Certificate of Satisfaction and Authorization to Pay Other Than Insured**

This is to certify that the loss or damage claimed herein has been made good to my entire satisfaction and I hereby request, authorize and empower the said company named herein to pay the proceeds of said claim to Honda Lease Trust for pay off and agrees that such payment shall fully discharge the said company from any and all claims and demands arising out of said loss or damage.

Date X 3/20/2000 Insured X Jill Graycarek

COPY

00-2-55

The Farmers Automobile Insurance Association

Pekin Insurance Company



Pekin Life Insurance Company

CITY OF MILWAUKEE  
PAC, Inc.

Depend on your hometown professionals

'00 SEP -1 PM 2:18

RONALD D. LEONHARDT  
CITY CLERK

August 30, 2000

CITY OF MILWAUKEE  
CITY CLERK  
ATTENTION CLAIMS  
200 E WELLS STREET ROOM 205  
MILWAUKEE WI 53202-3567

Our Insured - Gregg and Mary Graycarek  
Claim Number - T3-R20-044  
Date of Loss - 3/6/2000

Dear City Clerks Office:

This is in follow up to our earlier letter of March 24, 2000 in regard to our subrogation/contribution claim for the damages resulting in the auto accident of 3/16/2000 at the intersection of North 30th and West Center Street. This claim is being made based on the fact that the stop sign located on North 30th Street at this intersection was down due to a previous accident. It had not been repaired and therefore was not visible for our insured as she approached this intersection.

The damages known to date are as follows:

Total loss of insured vehicle	\$14,275.00
Sales tax, license fee included	
Salvage recovery	713.00
Net Claim	13,562.00
Medical and injury claims for insured vehicle passengers	Pending
Property damage to claimant vehicle	5,035.03
Injury claim, claimant driver Gregory Rich	Pending
City property damage	1,101.88

I am enclosing the additional documentation we have. Enclosed is the documentation on the salvage received on the insured vehicle. Also enclosed is an invoice received from the City of Milwaukee on the light pole damage.

CITY OF MILWAUKEE  
RECEIVED  
'00 SEP -1 PM 2:36  
OFFICE OF  
CITY ATTORNEY

Waukesha Service Office  
Suite 204  
2717 North Grandview Blvd.  
Waukesha, Wisconsin 53188-1672  
Telephone (262) 524-9450  
Fax No. (262) 524-9640

Page 2  
City Clerk  
August 30, 2000

Claim Number T3-R20-044 - Gregg and Mary Graycarek

Please acknowledge the receipt of this and our previous letter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gary A. Phillips".

Gary Phillips, Sr. Claim Adjuster

gc

Enclosures: Salvage Documents, City of Milwaukee Documents



RECEIVED MAY 02 2000



# WISCONSIN AUTO AUCTION

DRIVEN TO DELIVER

Year : 1999 Color : SILVER  
Make : HONDA  
Model : CIVIC LX 4D 4/STD  
Damage: F & RS

Sale Date : 04/24/2000  
VIN : 1HGEJ6572XL030879  
License : Y/PL Y/PB  
Mileage : 21,096  
Stock Number: 00031294  
Sale No. : 109  
Row : 3  
Called In : 03/08/2000  
Pickup Date : 03/13/2000

PEK2  
PEKIN INSURANCE  
2717 N. GRANDVIEW BLVD.  
#204  
WAUKESHA, WI 53188

### Proceeds Transmittal

Adjuster : GARY PHILLIPS  
Claim Number : T3-R20-044  
Date of Loss : 03/06/2000  
Policy Holder: GRAYCAREK GREIG & MARY  
Owner : GRAYCAREK JILL

**Sale Information**  
High Bid Amt 1,000.00  
Paid Out 157.00  
WAA Charges 130.00

Attached please find the sales proceed check for the vehicle listed above.

Thank you for allowing Wisconsin Auto Auction to sell your vehicle. Your patronage is appreciated.

.00  
.00  
.00  
.00  
.00  
.00  
.00  
.00  
Payments .00

**Buyer Information**  
PARADISE MOTORS  
6104 SOUTH 13TH ST  
  
MILWAUKEE, WI 53221

**Amount of Proceed** 713.00

Call Wisconsin Auto Auction for all your salvage needs!!

N70 W25277 Indian Grass Lane  
Sussex, WI 53089  
Suburb of Milwaukee

Phone 800-321-9585  
262-246-8822  
Fax 262-246-4411

COPY

**INSURANCE AUTO AUCTIONS  
dba WISCONSIN AUTO AUCTION**

N70W25277 INDIAN GRASS LANE  
SUSSEX, WI 53089 • PH: (262) 246-8822  
MILWAUKEE AREA

LASALLE BANK, N.A.  
CHICAGO, ILLINOIS  
70-2302/719

052130813

DATE: 04/26/00 CHECK NO.: 130813 CHECK AMOUNT: \*\*\*\*\*\$713.00

PAY SEVEN HUNDRED THIRTEEN AND 00/100 DOLLARS

PEKIN INSURANCE  
2717 N. GRANDVIEW BLVD.  
#204  
WAUKESHA, WI 53188

VOID AFTER 60 DAYS  
*Thomas J. Weber*

⑈052130813⑈ ⑆071923022⑆ 559⑈003275⑈0⑈

SECURITY FEATURES: MICRO PRINT TOP & BOTTOM BORDERS - COLORED PATTERN - ARTIFICIAL WATERMARK ON REVERSE SIDE - MISSING FEATURE INDICATES A COPY

**INSURANCE AUTO AUCTIONS  
dba WISCONSIN AUTO AUCTION • SUSSEX, WI 53089**

052130813

Stock No. : 00031294 VENDOR NO. VENDOR NAME  
Claim No. : T3-R20-044 PEK2 PEKIN INSURANCE

TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
------------------	-----------	--------------	-----------	------------

Sale No : 109	Sale Date : 04/24/2000		
VIN : 1HGEJ6572XL030879			
Year/Make : 1999			
Model : CIVIC LX 4D	4/STD		1,000.00
Adjuster : GARY PHILLIPS		Payments	0.00
Insured : GRAYCAREK GREIG & MARY		Charges	287.00
Owner : GRAYCAREK JILL		Proceed	713.00
Buyer : PARADISE MOTORS			

CHECK DATE	CHECK NO.	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
04/26/00	130813			713.00

COPY

# INVOICE

CITY OF MILWAUKEE  
DEPARTMENT OF PUBLIC WORKS  
ADMINISTRATION DIVISION  
(414) 286-8282

## No. 80099

08/16/2000  
ES

VALLEY INSURANCE  
CNA PLZ  
CHICAGO, IL 60685

JILL M GRAYCAREK  
4474 N OAKLAND AV #202  
SHOREWOOD, WI 53211

**THIS BILL MUST BE PAID WITHIN 30 DAYS**

J.O. Project Grant RE5233020984

LOCATION: Center N-1-W 30

Labor, Material, & Equipment necessary to make repairs to a  
~~Direct Burial Aluminum Light Pole damaged on 3-6-00.~~

Material

\$637.51

Equipment

\$90.20

Labor

\$374.17

Total:

\$1101.88

TaxKey:  
Deposit:

941090-0001-5452-0800 \$67.56

941091-0001-5140-0200 \$246.01

943085-0007-5231-9901-RE5233020984 \$788.31

Please return this portion with payment.

### D.P.W. NO. 80099

Make check payable to: City of Milwaukee

Mail To: City of Milwaukee, Treasurer's Office  
200 E Wells Room 103  
Milwaukee, WI 53202

Due From: JILL M GRAYCAREK

**Amount Due: \$1101.88**

# COPY