April 15, 2005

To: The Milwaukee City Clerk

This letter is to inform you that I will submit a claim regarding this incident to Milwaukee County. However, I wish to appeal this decision pending the results of that claim. I have no way of knowing if the city employees reported this hazard to the proper county authorities.

Thank you,

Pamela Myers

Pamela Myers

Feb 24, 2005

To: City Clerk of Milwaukee

From: Pamela Myers
10447 N. Circle Rd
Mequon, WI 53092

On Feb 7, 2005 at approximately 7:45 am, I was driving westbound in the left hand lane of Good Hope Rd at approximately 89th to 90th street. It was raining and foggy. I was following another car at a safe distance. I hit a large pot hole that was difficult to see secondary to the fog and it was filled with water. This caused damage to the rim of my front driver's side tire and my wheel alignment. I still have the damaged rim in my possession. My tire subsequently went flat. After waiting an hour and a half for AAA, I proceeded to the district police station to report the hazard. The officer that signed the enclosed copy of my report stated they had many complaints about the same pot hole over the past three days, and they had called the situation in on three prior days. She agreed to report it again.

I feel I should be compensated for the damages to my car, because this was clearly a known problem that the city failed to remedy in a timely manner. It also caused me a great deal of inconvenience.

Sincerely,

Pamela Myers

FORM CA 46 2M

CITY OF MILWAUKEE

REPORT OF INJURY TO PERSON OR PROPERTY
ON PUBLIC HIGHWAY

ANSWER ALL QUESTIONS AND RETURN TO
CITY ATTORNEY

1. Place of accident 2-7-05 89th-90th St Good Hope (westbound)
2. Full name of injured or (damaged) Pamela Myers
3. Age 54
4. Address 10447 N Circle Rd Mequon 53092 262-241-3438 257-7453 (w)
5. Date and time of accident 2-7-05 7 am
6. Weather conditions rain & fog
7. Nature and extent of injury or damage wheel rim - tire? - suspension? - alignment
8. Was the injured conveyed to a hospital? —
9. By whom and name of hospital? —
10. Were barricades present? NO If so, give name of contractor _____

    Other warnings or signals used? _____
11. Was alleged defect measured? _____ By whom? _____

    When? _____ In whose presence? _____

    Photos taken? _____
12. Exact measurements taken: Width _____; Length _____

    Depth _____; Height _____;

SALE

TRUST TIRE AND AUTO SER
10432 N PORT WASHINGTON
MEQUON, WI 53092
2622411300
TID: 0000288

DATE: 02/09/05 TIME: 15:50
MID: 000367200991886

SEQ: 008 SALE/SWIPED
VS XXXXXXXXXXXX2871
INVOICE: 40170
APPROVAL CODE: 077661

AMOUNT $ 237.45
TOTAL $ 237.45

THANK YOU
COME AGAIN

BOTTOM COPY-CUSTOMER

TIRE & AUTO SERVICE

GOODYEAR Gemini

SLSM	TECH	PRODUCT CODE	SP	QTY	DESCRIPTION	PARTS	LABOR/SUBS	LINE TOTAL
001	000	[illegible]	R	1	NEW STEEL WHEEL	[illegible]	.00	[illegible]
002	000	[illegible]	R	1	DISMOUNT/MOUNT	.00	[illegible]	[illegible]
002	000	[illegible]	R	1	SHOP SUPPLY CHARGE	[illegible]	[illegible]	[illegible]
003	159	[illegible]	R	4	ROTATE MOUNTED TIRES	.00	.00	.00
003	159	[illegible]	R	1	ALIGNMENT [illegible]	.00	[illegible]	[illegible]

I UNDERSTAND THAT ALL CUSTOM WHEEL LUG NUTS MUST BE RE-TORQUED AFTER 50 MILES AND CHECKED PERIODICALLY. _____
(signature)

[illegible]

CUSTOMER AUTHORIZATION FOR TOTAL

[illegible]

PARTS [illegible]
LABOR [illegible]
SUBS [illegible]
TAX [illegible]
TOTAL [illegible]

[illegible]

WARRANTIES AND TIRE WARRANTY ASSIGNMENT

HAVE A QUESTION OR PROBLEM?
Please tell our store manager. We value your opinion as much as your business. Should you need additional assistance, call our
CUSTOMER ASSISTANCE LINE
1-800-321-2136