



AMERICAN FAMILY INSURANCE GROUP

440 S EXECUTIVE DR • BROOKFIELD WI 53005-4280 • PHONE: (262) 784-9100, 784-2933 • FAX: (262) 784-3828
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

March 6, 2001

CITY CLERK
ATTN: CLAIMS
200 E WELLS ST, ROOM 205
MILWAUKEE, WI 53233

5
CITY OF MILWAUKEE
01 MAR -6 PM 1:37
RONALD D. LEONHARDT
CITY CLERK

RE: Our File No.: 00-601-282852-731
Our Insured: William J & Judi Janicek
Date of Loss: January 30, 2001
Amt. of Loss: \$pending

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to an incident that occurred on January 30, 2001, involving a break in a city water main and subsequent sewer main collapse and American Family Insurance Company's insured, William J & Judi Janicek. The incident occurred on the street in front of 3661 S. Alabama Ave., Milwaukee, WI 53207.

As a result of the negligence of the City of Milwaukee and its actions, William & Judi Janicek's home insured by American Family Mutual Insurance Company was damaged in the reasonable and necessary sum of \$pending.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$pending and the insured incurred a deductible loss of \$250.00.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of \$pending.

If you have any questions regarding this matter, please contact me at 262-784-2933, Ext. 48125.

Respectfully,

Mary J. Sheetz
Property Claim Field Examiner
Milwaukee South Branch
1-800-374-1111, Ext. 48125.
msheet1@amfam.com

MS

CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY
01 MAR -6 PM 2:23

March 6, 2001

NOTICE OF CLAIM

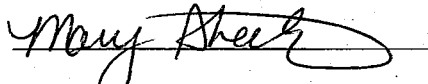
Name: American Family Mutual Insurance Company
P. O. Box 2927
Milwaukee, WI 53201-2927

Date of Accident/Loss: January 30, 2001

Brief Facts of Accident/Loss: City water main on Alabama St. in front of our insured's residence failed/ruptured causing the city sewer main lateral to collapse. This sewer main collapse in combination with the water main break caused water damage to our insured property. As of result of the citys actions/inactions our insured sewer lateral has continued to be blocked causing additional damages.

Amount Claimed: \$pending

Signature:



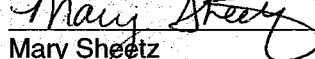
Daytime Telephone No.: 784-2933 Ext. 48125

Date: March 6, 2001

STATE OF WISCONSIN)
)SS
COUNTY OF MILWAUKEE)

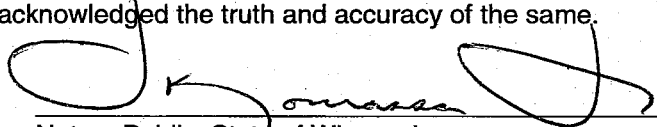
I, Mary Sheetz, being duly sworn on oath, deposes and states that she/he is a Property Claim Field Examiner employed with American Family Mutual Insurance Company, that I have been involved in the investigation of the afore-described claim, that I have reviewed the foregoing Notice of Claim and am familiar with the factual averments contained therein, and that all such statements and averments are true and correct to the best of my knowledge and information based upon my investigation and adjustment of the claim referenced above.

Dated this 05 day of March, 2001



Mary Sheetz
Signature of Affiant

Personally appears before me this 05 day of March, 2001, the above administration of oath executed the foregoing instrument and acknowledged the truth and accuracy of the same.



Notary Public, State of Wisconsin
My Commission: Expires 6/8/03



01-5-87

AMERICAN FAMILY INSURANCE GROUP CITY OF MILWAUKEE

440 S EXECUTIVE DR • BROOKFIELD WI 53005-4280 • PHONE: (262) 784-9100, 784-2933 • FAX: (262) 784-3828
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

2001 APR -9 AM 11:16

April 6, 2001

RONALD D. LEONHARDT
CITY CLERK

CITY CLERK
ATTN: CLAIMS
200 E WELLS ST, ROOM 205
MILWAUKEE, WI 53233

RE: Our File No.: 00-601-282852-731
Our Insured: William J & Judi Janicek
Date of Loss: January 30, 2001
Amt. of Loss: \$9,657.91

This letter is being sent regarding a follow up to our original notice that was sent and received in the City of Milwaukee, City Clerk's office on March 6, 2001 by Ronald Leonhardt. We now have completed our settlement of this claim and are including supporting documentation.

As a result of the negligence of the City of Milwaukee and its actions, William & Judi Janicek's home insured by American Family Mutual Insurance Company was damaged in the reasonable and necessary sum of \$9,657.91.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$9,407.91 and the insured incurred a deductible loss of \$250.00.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of \$9,657.91.

If you have any questions regarding this matter, please contact me at 262-784-2933, Ext. 48125.

Respectfully,

Mary J. Sheetz
Property Claim Field Examiner
Milwaukee South Branch
1-800-374-1111, Ext. 48125.
msheet1@amfam.com

mjs

PROPERTY STATEMENT OF CLAIM
American Family Mutual Insurance Company

Claim Number: 00-601-282852-731
Policy Number: 48-B13961-01
Named Insured: William J & Judi Janicek
Deductible: \$250.00
Property Description: building and personal property

I state that on January 30, 2001, I suffered damage to my property located at 3661 S Alabama Ave, Milwaukee, WI 53207. The cause of the damage was City water main broke causing city sewer later to break and water/sewage backed up into our home causing damages. The property is titled in the name of William & Judi Janicek and the lien holder is ABN Amro Mortgage Group Inc.

I have no other insurance covering this property, except policy number 48-B13961-01 issued by American Family Mutual Insurance Company. I state that the damage for which claim is made was accidental and I did not intentionally damage the property nor ask anyone to do so. I understand that it is a criminal offense to intentionally damage my property for the purpose of presenting a claim against an insurance company.

Total amount of loss \$9,657.91
Deductible \$250.00
Total amount claimed \$9,407.91

I agree that the company is subrogated, to the extent of its payment, to all rights of recovery which I have against any person or organization on account of this loss. I agree to execute any document, furnish any information required by the company or do whatever else is necessary to secure and prosecute these rights and I empower the company to sue, compromise or settle in my name or otherwise.

Comments:

Actual Cash Value of loss after \$250.00 deductible = \$7091.33

Date 3-12-01 _____

William Janicek Signature

Judi Janicek Signature
Judi Janicek

3/13/01
WJ

PERSONAL AND BUSINESS LINES SETTLEMENT REPORT

DATE OF LOSS January 30, 2001	DATE ASSIGNED 2-1-2001	CLAIM NUMBER 00-601-282852-731
DATE FIRST CONTACT 1-31-2001	DATE OF REPORT February 1, 2001	ADJUSTER Mary Sheetz
ORIGIN OF LOSS plumbing overflow	OFFICE Milwaukee	
INSURED NAME & ADDRESS (FOR MAILING) WILLIAM J & JUDI JANICEK 3661 S ALABAMA AVE MILWAUKEE WI 53207		TYPE OF LOSS (PERIL) 064

DESCRIPTION	TOTAL
1. Replacement of water heater and mitigation of water/mud in basement as completed by All Plumbing and paid in full by insured	1,372.80
2. 1/2 of film developing charges	8.09

Sub Total:	\$	1,380.89
Deductible Amount:	\$	250.00
Total Amount:	\$	1,130.89

mjs

Building Estimate

2/2/2001 11:01:20AM

Insured: William & Judi Janicek
 Address: 3661 S. Alabama Ave
 Milwaukee, WI 53207

File #: janicek282852
 Claim #: 00-601-282852-731

Adjuster: Mary Sheetz
 Company: American Family

Date of Loss: 1/30/2001
 Date Assigned:
 Date Inspected: 1/31/2001

Phone:
 Fax:

Description	Qty	U/M	Unit Cost	Repl Cost	Depr	ACV
Basement						
Ceiling: 600.00 SF Floor: 600.00 SF Wall: 700.00 SF Perim: 100.00 LF						
Rectangular-Normal Ceiling 20'0" X 30'0" X 7'0"						
Rem&Rein - Crown Molding 1"x3"	55.00	LF	.66	36.30	36.30	.00
Tear Out - Wall Paneling	280.00	SF	.21	58.80	58.80	.00
Replace - Wall Paneling	350.00	SF	1.67	584.50	58.45	526.05
Repair - Sheetrock Walls Taped 1/2"	1.00	MIN	125.00	125.00	.00	125.00
Seal - Sheetrock Walls Taped 1/2"	1.00	MIN	125.00	125.00	.00	125.00
Minimum charge for minimum drywall repair of 4' from floor includes drywall, seal, paint & texture.						
Tear Out - Pine Base Molding 1"X3"	52.00	LF	.23	11.96	11.96	.00
Replace - Pine Base Molding 1"X3"	54.60	LF	1.32	72.07	7.21	64.86
Clean - Concrete Block Walls	700.00	SF	.32	224.00	.00	224.00
Seal - Concrete Block Walls	700.00	SF	.26	182.00	.00	182.00
Paint - Concrete Block Walls	700.00	SF	.46	322.00	32.20	289.80
Paint - Pole	3.00	EA.	25.00	75.00	.00	75.00
includes clean, seal and paint						
Clean - Concrete Floor	600.00	SF	.25	150.00	.00	150.00
Seal - Concrete Floor	600.00	SF	.24	144.00	.00	144.00
Paint - Concrete Floor	600.00	SF	.39	234.00	23.40	210.60
Move & Reset Contents	4.00	RM	62.50	250.00	.00	250.00
Repair - Furnace	1.00	EA				
Open						
Debris Removal 10 Yd Load	1.00	LD	138.67	138.67	138.67	.00
Totals for Basement				2,733.30	366.99	2,366.31

Totals for Estimate				2,733.30	366.99	2,366.31
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PERSONAL AND BUSINESS LINES SETTLEMENT REPORT

DATE OF LOSS January 30, 2001	DATE ASSIGNED 1-31-2001	CLAIM NUMBER 00-601-282852-731
DATE FIRST CONTACT 1-31-2001	DATE OF REPORT February 16, 2001	ADJUSTER Mary Sheetz
ORIGIN OF LOSS plumbing overflow		OFFICE Milwaukee
INSURED NAME & ADDRESS (FOR MAILING) WILLIAM J & JUDI JANICEK 3661 S ALABAMA AVE MILWAUKEE WI 53207		TYPE OF LOSS (PERIL) 064

DESCRIPTION	TOTAL
1. Washer and Dryer inspection cost paid in full by you	40.00
2. Furnace Inspection by Roth Heating	51.74

Sub Total:	\$	91.74
Deductible Amount:	\$	Previous
Total Amount:	\$	91.74

Mr. & Mrs. Janicek:

Enclosed please find a copy of a draft sent directly to Roth Heating for your furnace inspection. Also find a draft made out to you for the appliance inspection.

Please continue to work on the personal property inventory forms that I left for you regarding any damaged/destroyed personal property. Again, please do not dispose of any item over \$100.00 in value and please do not replace any items until we have reached a settlement. Questions please contact me at 262-784-2933, Ext. 48125.

Mary Sheetz
Property Claim Examiner
Milwaukee South Branch mjs

Personal Property Inventory Sheet

Claim Number: 601-282852-731										Adjuster: SHEETZ			MAX%
Insured: JANICEK													0.80
#	Item Description	Age Years	Life Expect.	Depre %	Your Cost To Replace	Our Replacement Cost	Actual Cash Value	Deferred Amount	Paid				
1	BOX SPORTS CARDS	9.0			\$150.00	\$150.00	\$150.00	\$0.00	Closed				
2	6 FRAMED DALE EARNHART PICTURES	3.0			\$60.00	\$60.00	\$60.00	\$0.00	Closed				
3	2 PR LEATHER WORK BOOTS	0.5	2	25%	\$80.00	\$80.00	\$60.00	\$20.00					
4	2 BRAID RUGS	2.0	6	33%	\$50.00	\$50.00	\$33.50	\$16.50					
5	5 THROW RUGS	3.0	6	50%	\$65.00	\$65.00	\$32.50	\$32.50					
6	HOME BREWING BEER SUPPLIES	0.4	1	40%	\$89.00	\$89.00	\$53.40	\$35.60					
7	1 BOX PAINT SUPPLIES	3.0	10	30%	\$50.00	\$50.00	\$35.00	\$15.00					
8	1 DEHUMIDIFIER	4.0	10	40%	\$168.00	\$168.00	\$100.80	\$67.20					
9	1 BRA	1.0	2	50%	\$24.00	\$24.00	\$12.00	\$12.00					
10	1 BRA	1.0	2	50%	\$24.00	\$24.00	\$12.00	\$12.00					
11	1 BRA	1.0	2	50%	\$24.00	\$24.00	\$12.00	\$12.00					
12	1 PR TENNIS SHOES	1.0	2	50%	\$40.00	\$40.00	\$20.00	\$20.00					
13	1 PR TENNIS SHOES	1.0	2	50%	\$40.00	\$40.00	\$20.00	\$20.00					
14	1 PR TENNIS SHOES	1.0	2	50%	\$40.00	\$40.00	\$20.00	\$20.00					
15	1 PR TENNIS SHOES	1.0	2	50%	\$40.00	\$40.00	\$20.00	\$20.00					
16	1 PR TENNIS SHOES	1.0	2	50%	\$40.00	\$40.00	\$20.00	\$20.00					
17	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
18	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
19	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
20	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
21	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
22	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
23	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
24	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
25	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
26	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
27	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
28	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
29	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
30	1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed				
					Subtotal	\$1,194.00	\$871.20	\$322.80					
					Less Deductible								
					Less Advance								
					Total	\$1,194.00	\$871.20	\$322.80					

Personal Property Inventory Sheet

Claim Number: 601-282852-731

Insured: JANICEK

Adjuster: SHEETZ

Item Description	Age Years	Life Expect.	Depre %	Your Cost To Replace	Our Replacement Cost	Actual Cash Value	Deferred Amount	Paid
31 1 PR OF WOMENS SHORTS	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed
32 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
33 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
34 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
35 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
36 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
37 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
38 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
39 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
40 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
41 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
42 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
43 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
44 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
45 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
46 1 SUMMER SHIRTS	3.0			\$20.00	\$20.00	\$20.00	\$0.00	Closed
47 1 LEATHER BELT	4.0			\$13.00	\$13.00	\$13.00	\$0.00	Closed
48 1 LEATHER BELT	4.0			\$13.00	\$13.00	\$13.00	\$0.00	Closed
49 1 LEATHER BELT	4.0			\$13.00	\$13.00	\$13.00	\$0.00	Closed
50 1 LEATHER BELT	4.0			\$13.00	\$13.00	\$13.00	\$0.00	Closed
51 1 LEATHER BELT	4.0			\$13.00	\$13.00	\$13.00	\$0.00	Closed
52 1 LEATHER BELT	4.0			\$13.00	\$13.00	\$13.00	\$0.00	Closed
53 1 LEATHER BELT	4.0			\$13.00	\$13.00	\$13.00	\$0.00	Closed
54 1 TREAD MILL	10.0	10	80%	\$499.00	\$499.00	\$99.80	\$399.20	
55 1 WINDOW A/C	4.0	10	40%	\$450.00	\$450.00	\$270.00	\$180.00	
56 1 WINDOW A/C	7.0	10	70%	\$450.00	\$450.00	\$135.00	\$315.00	
57 1 WINDOW A/C	5.0	10	50%	\$450.00	\$450.00	\$225.00	\$225.00	
58 1 LG SUITCASE	6.0	10	60%	\$129.00	\$129.00	\$51.60	\$77.40	
59 1 SM SUITCASE	6.0	10	60%	\$90.00	\$90.00	\$36.00	\$54.00	
60 1 INDOOR GRILL	8.0	10	80%	\$59.00	\$59.00	\$11.80	\$47.20	
Total				\$3,727.00	\$3,727.00	\$2,106.40	\$1,620.60	2

Personal Property Inventory Sheet

Claim Number: 601-282852-731		Adjuster: SHEETZ									
Insured: JANICEK		Item Description	Age Years	Life Expect.	Depre %	Your Cost To Replace	Our Replacement Cost	Actual Cash Value	Deferred Amount	Paid	
61	1	DEHYDRATOR NEVER USED	4.0	10	40%	\$65.00	\$65.00	\$39.00	\$26.00		
62	1	SPACE HEATER	9.0	10	80%	\$95.00	\$95.00	\$19.00	\$76.00		
63	1	13 IN TV	10.0	15	67%	\$99.99	\$99.99	\$33.00	\$66.99		
64	1	13 IN TV	12.0	15	80%	\$99.99	\$99.99	\$20.00	\$79.99		
65		BACK MASSAGE	15.0	10	80%	\$50.00	\$50.00	\$10.00	\$40.00		
66	1	MENS SHORT	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed	
67	1	MENS SHORT	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed	
68	1	MENS SHORT	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed	
69	1	MENS SHORT	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed	
70	1	MENS SHORT	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed	
71	1	MENS SHORT	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed	
72	1	MENS SHORT	3.0			\$15.00	\$15.00	\$15.00	\$0.00	Closed	
73	1	FLAT ELECTRIC GRILL	8.0	10	80%	\$50.00	\$50.00	\$10.00	\$40.00		
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
Subtotal							\$4,291.98	\$2,342.39	\$1,949.59		
Less Deductible											
Less Advance											
Total							\$4,291.98	\$2,342.39	\$1,949.59	3	

PERSONAL AND BUSINESS LINES SETTLEMENT REPORT

DATE OF LOSS January 30, 2001	DATE ASSIGNED 1-31-2001	CLAIM NUMBER 00-601-282852-731
DATE FIRST CONTACT 1-31-2001	DATE OF REPORT March 7, 2001	ADJUSTER Mary Sheetz
ORIGIN OF LOSS city water main break		OFFICE Milwaukee
INSURED NAME & ADDRESS (FOR MAILING) WILLIAM J & JUDI JANICEK 3661 S ALABAMA AVE MILWAUKEE WI 53207		TYPE OF LOSS (PERIL) 064

DESCRIPTION	TOTAL
1. Roto Rooter bill for cleaning and viewing sewer lateral to confirm no breaks on your property and still problem due to city sewer/water main break	1,160.00

Sub Total:	\$	1,160.00
Deductible Amount:	\$	previous
Total Amount:	\$	1,160.00

Mr. & Mrs. Janicek:

Enclosed please find draft for above amount for listed services completed and paid for you by you.

Also enclosed please find a Property Statement of Claim form. Please read this form over carefully and sign it and return it to me in the enclosed self addressed stamped envelope. We need this form to continue recovery efforts against the City of Milwaukee. Please note we can never guarantee recovery.

If you have any questions please contact me at 262-784-2933, Ext. 48125.

Mary Sheetz
Property Claim Analyst
Milwaukee South Branch
600731