



AMERICAN FAMILY INSURANCE GROUP

440 SOUTH EXECUTIVE DRIVE • BROOKFIELD WI 53005-4280 • PHONE: 262-784-9100; FAX: 262-784-3828
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

May 18, 2006

CITY OF MILWAUKEE
2006 MAY 19 PM 3:10
RONALD D. LEONHARDT
CITY CLERK

MILWAUKEE CITY CLERK
200 E WELLS ST, ROOM 205
MILWAUKEE WI 53202

RE: Our Claim Number: 00-601-409842-0229
Our Policy Number: 16635362-01
Our Insured: Chawa Thao
Date of Loss: January 26, 2006
C.I. File Number: 06-S-105

Dear Milwaukee City Clerk:

I am in receipt of your letter dated May 8, 2006 regarding this file.

We, hereby, formally requesting a hearing concerning this matter. Please notify our office in writing of the scheduled hearing date. Thank you.

Sincerely,

Lindsey A Block
Casualty Claim Analyst
American Standard Insurance Company of Wisconsin
Phone: (262)784-2933 x48150
lbloc2@amfam.com
Fax: 262-784-3828

CITY OF MILWAUKEE
RECEIVED
2006 MAY 19 PM 3:33
OFFICE OF
CITY ATTORNEY



AMERICAN FAMILY INSURANCE GROUP

440 SOUTH EXECUTIVE DRIVE • BROOKFIELD WI 53005-4280 • PHONE: 262-784-9100; FAX: 262-784-3828
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

March 30, 2006

City of Milwaukee
220 E. Wells Street, Room 205
Milwaukee, WI 53202

CITY OF MILWAUKEE
06 APR -3 AM 11:55
RONALD D. LEONHARDT
CITY CLERK

RE: Our File No.: 00-601-409842-0229
Our Insured: Chawa Thao
Date of Loss: January 26, 2006
Amt. of Loss: \$1,976.43 to date

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to an accident that occurred on January 26, 2006, involving a vehicle owned by American Family Insurance Company's insured, Chawa Thao, and Heidi Lueck. The accident occurred at 79th Street and Carmen Avenue.

As a result of a stop sign missing at this intersection, Chawa Thao, the driver of the vehicle insured by American Family Mutual Insurance Company, struck the vehicle driven by Heidi Lueck causing damage in the reasonable and necessary sum of \$1,976.43.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$1,976.43 using the Liability coverage. Please be advised that an injury claim for Ms. Lueck is still pending. Upon settlement of this claim, I will be in contact with your office regarding contribution.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment.

Respectfully,

Lindsey Block, AIC
Casualty Claim Analyst
American Family Insurance
Phone: (262)784-2933, Ext. 48150
Fax: (262)784-3828
E-mail: lbloc2@amfam.com

Lab

CITY OF MILWAUKEE
06 APR -3 AM 11:55
RONALD D. LEONHARDT
CITY CLERK

March 30, 2006

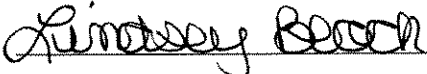
NOTICE OF CLAIM

Name: American Standard Insurance Company of Wisconsin
P. O. Box 2927
Milwaukee, WI 53201-2927

Date of Accident/Loss: January 26, 2006

Brief Facts of Accident/Loss: Our insured was traveling east on Carmen Avenue and approaching the intersection with 79th Street. As a result of the stop sign missing for the eastbound Carmen Avenue traffic, our insured proceeded into the intersection and struck the claimant who was traveling north on 79th Street. The Milwaukee Police Department Driver Information Exchange Non-Reportable Accident form completed by Officer Bowen also supports the fact that this stop sign was missing.

Amount Claimed: \$1,976.43

Signature: 


Daytime Telephone No.: 784-2933 Ext. 48150

Date: March 30, 2006

STATE OF WISCONSIN)
)SS
COUNTY OF MILWAUKEE)

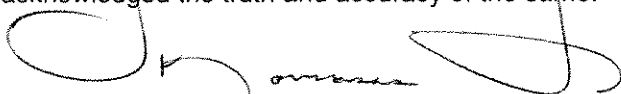
I, Lindsey Block, being duly sworn on oath, deposes and states that she/he is a Casualty Claim Analyst employed with American Family Mutual Insurance Company, that I have been involved in the investigation of the afore-described claim, that I have reviewed the foregoing Notice of Claim and am familiar 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 30 day of March, 2006



Lindsey Block
Signature of Affiant

Personally appears before me this 30 day of March, 2006, 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 6/3/07

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-601-409842 ST: 98 POLICY: 16-635362-01 INCURRED: 01/26/2006
INSURED: THAO, CHAWA BENEFITS/LOSSES PAID TO DATE: 1976.43

LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 0.00

NO DATE PAYMT# TYPE ID PER LOSS PAYMENTS CREDITS EXPENSE PAYMENTS
AMOUNT AMOUNT AMOUNT

01 02/24/2006 0060874562 01 01 R37 194.01

IN PAYMENT OF: PD- AUTO RENTAL 01/26/2006

D454038, LUECK - PAYMENT LESS EXPO/VR CHARGE ON BILL

PAYEE/PAYOR: ENTERPRISE RENT-A-CAR

RECONCILED: 00 03012006 TIN: 431507735-1 WITH TAKEN: N

02 02/20/2006 0065017440 01 01 037 88.71

IN PAYMENT OF: PROPERTY DAMAGE LOSS OF 01/26/2006

FINAL/SUPP PAYMENT FOR APPROVED EST FORHEIDI LECK

PAYEE/PAYOR: PINKEY'S CAPITAL AUTO BODY

RECONCILED: 00 02282006 TIN: 390985331-1 WITH TAKEN: N

NEXT --

OPT -- POL --- CLM --- DRFT ---

ENTER OR PF8=PAGE FORWARD PF3=COPS MENU PA2=COMPANY MENU

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-601-409842 ST: 98 POLICY: 16-635362-01 INCURRED: 01/26/2006
INSURED: THAO, CHAWA BENEFITS/LOSSES PAID TO DATE: 1976.43

LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 0.00

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
03	02/02/2006	0065014480	01	01	037	1693.71		
IN PAYMENT OF: PROPERTY DAMAGE LOSS OF 01/26/2006								
PAYMENT FOR APPROVED EST FOR HEIDI LUECK								
PAYEE/PAYOR: LUECK, HEIDI & PINKEY'S CAPITAL AUTO BODY								
RECONCILED: 00 02282006 TIN: 390985331-1 WITH TAKEN: N								

NEXT --

OPT -- POL -- ----- CLM -- --- ----- DRFT -----

ALL PAYMENTS FOR THIS CLAIM HAVE BEEN DISPLAYED. PF7=PAGE BACK PF3=COPS MENU

Claim # 601409842

MILWAUKEE POLICE DEPARTMENT
DRIVER INFORMATION EXCHANGE NON-REPORTABLE ACCIDENT

DATE: 1-26-06 TIME: 7:20 AM

LOCATION: 79th + CARMEC

District: 4

IMPORTANT INSTRUCTIONS ON REVERSE SIDE

UNIT #1

DRIVERS NAME: CHA WA THAO

D.O.B. ID: 10-63 INS. CO. ANNAVIAMINS

ADDRESS: 8309 W. DENVER AVE

CITY: MILWAUKEE STATE: WI ZIP: 53223

VEH. OWNER: OWNER

DRIVERS PHONE NUMBER: (414) 358-1392

VEH. OWNER'S PHONE NUMBER: ()

DL#: 1000-1196-3370-02 STATE: WI EXP: 02

YEAR: 99 MAKE: TOYOTA COLOR: GRAY

TYPE: 4DR PLATE #: 376HEN STATE: WI

VIN. # 4T1B152K6V0919319

OTHER PROPERTY: OTHER

WITNESS NAME: #1 COLCO1409842

WITNESS NAME: #2 MILWAUKEE

CIT. / W.C. List Statute No. 1

CIT. / W.C. List Statute No. 2

UNIT #2

DRIVERS NAME: HEIDI W. DECK

D.O.B. ID: 02-22-69 INS. CO. ANNAVIAMINS

ADDRESS: 1309 W. WASHINGTON

CITY: MILWAUKEE STATE: WI ZIP: 53223

VEH. OWNER: OWNER

DRIVERS PHONE NUMBER: (414) 330-3765

VEH. OWNER'S PHONE NUMBER: ()

DL#: 4200-334-9062-02 STATE: WI EXP: 09

YEAR: 00 MAKE: TOYOTA COLOR: GRAY

TYPE: 4DR PLATE #: 376HEN STATE: WI

VIN. # 5TAR6238500000000000

OWNER: ADDRESS: WISCO Block 48150

CIT. / W.C. List Statute No. 1

CIT. / W.C. List Statute No. 2

UNIT #3

DRIVERS NAME: State

D.O.B. ID: INS. CO. NIS

ADDRESS: STATE: WI

CITY: STATE: WI ZIP: 53223

VEH. OWNER: OWNER

DRIVERS PHONE NUMBER: ()

VEH. OWNER'S PHONE NUMBER: ()

DL#: MAKE: COLOR: STATE: WI

YEAR: MAKE: COLOR: STATE: WI

TYPE: MAKE: COLOR: STATE: WI

VIN. # MAKE: COLOR: STATE: WI

OWNER: ADDRESS: PHONE #: ()

CIT. / W.C. List Statute No. 1

CIT. / W.C. List Statute No. 2

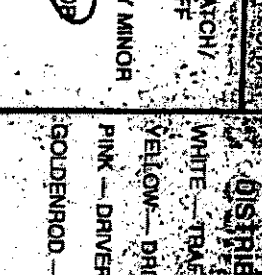
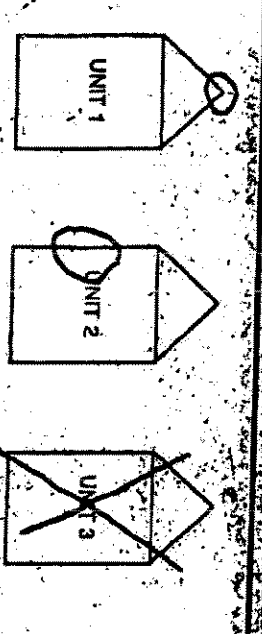
SHORT NARRATIVE: UNIT 1 TRAVELING EAST BOUND ON CARPENTER BLVD. COLLIDED INTO UNIT 2 WHICH WAS TRAVELING WEST BOUND ON CARPENTER BLVD. AT INTERSECTION OF CARPENTER BLVD AND 79TH ST. UNIT 1 DRIVER STOPPED AND AVOIDED COLLISION. UNIT 2 DRIVER STOPPED AND AVOIDED COLLISION. UNIT 3 DRIVER STOPPED AND AVOIDED COLLISION.

WHAT DRIVER WERE DOING	Unit 1	Unit 2	Unit 3
1. Going Straight Ahead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Left Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Right Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Stopping in Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lateral Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Yielding to Pedestrian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Yielding to Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Obstructed Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Obstructed Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Obstructed Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Obstructed Lane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Turn On Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Turn On Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Turn On Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Turn On Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Turn On Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Turn On Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROAD CONDITION	Unit 1	Unit 2	Unit 3
1. Dry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Snow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gravel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEVERITY CHART	Unit 1	Unit 2	Unit 3
1. SCRATCH/SCUFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. VERY MINOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. MINOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAJOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. EXTENSIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. TOTAL LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIRECTION	Unit 1	Unit 2	Unit 3
WHITE - TRAFFIC SECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YELLOW - DRIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PINK - DRIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOLDENROD - DRIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



POLICE OFFICER NAME (PRINT): DANIEL J. BOYLE
 OFFICER NAME (PRINT): DANIEL J. BOYLE
 EMPLOYEE I.D. NUMBER: 002995
 DISTRICT LOCATION NUMBER: 28

Rental Invoice



1935 W SILVER SPRING DR STE 7
MILWAUKEE WI 53209-4445

Bill To:

0000025-00015/00025-F-4412AMF4401

AMERICAN FAMILY-MILWAUKEE
ATTN: BLOCK 48150*LINSEY*
P. O. BOX 2927
MILWAUKEE WI 53201

RENTAL INFORMATION

Date Out 2/14/06 Date In 2/20/06
Renter HEIDI LUECK

Additional Driver

Name NO OTHER DRIVER PERMITTED

RENTAL VEHICLES CLAIM INFORMATION

Color License No. Claim #/Policy #/P.O. #
PLATNM 499GTM 00601409842-1C
Model Unit # Insured
05 VIBE WRFO75
Date of Loss Type of Loss
Type of Car Repair Shop
TOYOTA CAM PINKEY'S CAP

Rental Agreement

D454038 - 4412

BILLING DETAIL

Table with 3 columns: Description, Rate, Amount. Rows include 7 DAYS @, EXPO/VR, SALES TAX%, and *TRRF.

AMOUNT DUE 208.82

IMPORTANT INFORMATION

Billing Inquiries Call Fed Tax ID #
414-540-7100 43-1507735
Billing Information
TOTAL CHARGES

Thank You For Choosing Enterprise

WEEKEND SPECIALS STARTING AT \$9.99/DAY
BOOK THOSE SUMMER VACATION RENTALS AT
WWW. ENTERPRISE.COM

Please Return This Portion with Remittance

AMOUNT DUE 208.82

Remit to:

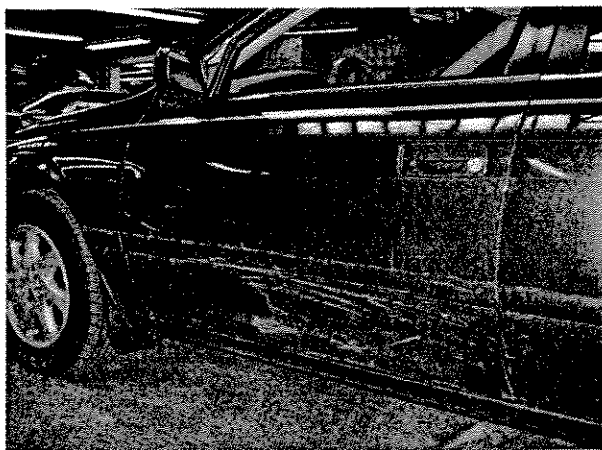
ENTERPRISE RENT-A-CAR
ATTN: ACCTS RECEIVABLE
S17 W22650 LINCOLN AVE.
WAUKESHA WI 53187

Paid by:

AMERICAN FAMILY-MILWAUKEE
ATTN: BLOCK 48150*LINSEY*
P. O. BOX 2927
MILWAUKEE WI 53201

Customer# Rental Agreement Amount GPBR
AMF4401 D454038 208.82 4412

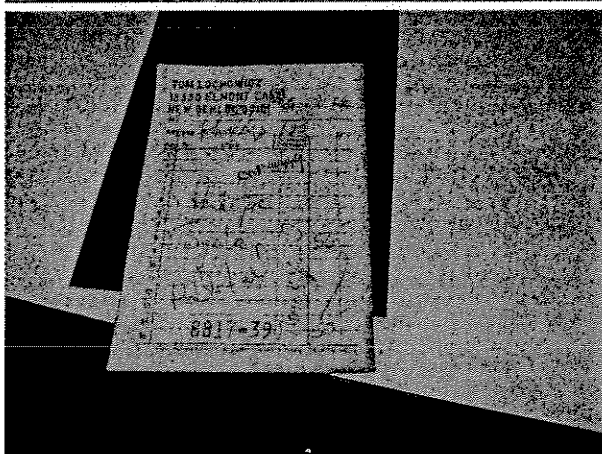
Images



Description : Image 1
Comments : Feb-02-2006 01:53p



Description : Image 2
Comments : Feb-02-2006 01:53p



Description : Image 3
Comments : Feb-20-2006 08:20a

Date: 2/20/2006 08:18 AM
 Estimate ID: 00601409842-1C
 Estimate Version: 1
 Supplement: 1(F) 2/20/2006 08:19:50 AM
 Profile ID: AMERICAN FAMILY

PINKEYS CAPITAL AUTO BODY
 3859 N RICHARDS MILWAUKEE, WI 53212
 (414) 962-3280
 Fax: (414) 962-0670
 Tax ID: 330985331

Damage Assessed By: DAVE FEEST
 Supplemented By: DAVE FEEST

Type of Loss: Property Damage
 Date of Loss: 1/26/2006
 Deductible: 0.00
 Policy No: 1663536201

Claim Number: 00601409842-1C

Insured: CHAWA THAO
 Claimant: HEIDI LUECK
 Address: 1329 E RANDOLPH CT MILWAUKEE, WI 53212
 Telephone: Home Phone: (414) 841-0292
 Owner: HEIDI LUECK
 Address: 1329 E RANDOLPH CT MILWAUKEE, WI 53212
 Telephone: Home Phone: (414) 841-0292

Mitchell Service: 914751

Description: 2000 Toyota Camry LE
 Body Style: 4D Sed
 VIN: JT2BG22K5Y0449760
 Mileage: 78,660
 OEM/ALT: A
 Color: dark green
 Options: Alum/Alloy Wheels, Air Conditioning, Power Steering, Power Windows, Power Door Locks, Tilt Steering Wheel, Cruise Control, Electric Defogger, Automatic Transmission, AM-FM Stereo/CDPlayer(Single), Power Remote Mirror, 4-Door.

Drive Train: 2.2L Inj 4 Cyl 4A
 License: TEAMWIN2 WI
 Search Code: CRPSEWI

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	800202	REF	REFINISH	L FRT ADD FOR JAMBS & INTERIOR			C 1.0
2	800096	BDY	REMOVE/REPLACE	L FRT REPLACE DOOR ASSY	Qual Recycled Part	450.00*	1.7
3	AUTO	REF	REFINISH	L FRT DOOR			C 1.7
4				SMART PARTS			
5				LINE MARKUP \$25.00		112.50	
6	800106	BDY	REMOVE/REPLACE	L FRT DOOR MIRROR	Qual Recycled Part		INC
7				*** END OF ATG SECTION ***			
8	400240	REF	BLEND	L FENDER OUTSIDE			C 0.9
9	404705	REF	REFINISH	L FRT DOOR MOULDING			C 0.5
10	401554	BDY	REMOVE/INSTALL	L FRT BELT MOULDING			1.6 #
11	401730	BDY	REMOVE/INSTALL	L FRT DOOR HANDLE			0.4 #
12	401958	REF	BLEND	L REAR DOOR OUTSIDE			C 0.6

ESTIMATE RECALL NUMBER: 2/2/2006 13:52:36 00601409842-1C
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Page 1 of 3

Date: 2/20/2006 08:18 AM
 Estimate ID: 00601409842-1C
 Estimate Version: 1
 Supplement: 1(F) 2/20/2006 08:19:50 AM
 Profile ID: AMERICAN FAMILY

13	401978	BDY	REMOVE/INSTALL	L REAR BELT MOULDING		1.4	#
14	402016	BDY	REMOVE/INSTALL	L REAR DOOR TRIM PANEL		INC	
15	402056	BDY	REMOVE/INSTALL	L REAR DOOR HANDLE		0.7	#
16	402380	REP	BLEND	L QUARTER PANEL OUTSIDE		C 0.9	*
17	402397	BDY	REPAIR	L QUARTER OUTER PANEL	Existing	3.5	*#
18	402470	BDY	REMOVE/INSTALL	L QUARTER MUDGUARD		0.3	
S1 19	900500	BDY*	ADD'L LABCR OF	HANDSTRIPE	New	50.00*	0.0 *
S1 20				LINE MARKUP \$20.00		10.00	
21	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL		3.00*	
22	AUTO	REP	ADD'L OPR	CLEAR COAT			1.8
S1 23	933003	BDY*	ADD'L OPR	TINT COLOR			0.5 *
24	AUTO		ADD'L COST	PAINT/MATERIALS		212.80*	

* - Judgement Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 2/2/2006 13:52:36 00601409842-1C

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 Page 2 of 3

Date: 2/20/2006 08:18 AM
 Estimate ID: 00601409842-1C
 Estimate Version: 1
 Supplement: 1(F) 2/20/2006 08:19:50 AM
 Profile ID: AMERICAN FAMILY

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	10.1	48.00	0.00	0.00	484.80 T	Taxable Parts	500.00
Refinish	7.6	48.00	0.00	0.00	364.80 T	Parts Adjustments	122.50
						Sales Tax @ 5.600%	34.86
						Total Replacement Parts Amount	657.36
Taxable Labor					849.60		
Labor Tax @			5.600%		47.58		
Labor Summary	17.7				897.18		
III. Additional Costs					Amount	IV. Adjustments	Amount
Taxable Costs					215.80		
Sales Tax @			5.600%		12.08	Customer Responsibility	0.00
Total Additional Costs					227.88		

I. Total Labor:	897.18
II. Total Replacement Parts:	657.36
III. Total Additional Costs:	227.88
Gross Total:	1,782.42
IV. Total Adjustments:	0.00
Net Total:	1,782.42
Less Original Net Total:	1,693.71
Net Supplement Amount:	88.71
S1: DAVE FEEST	88.71

Insurance Co: AMERICAN FAMILY INSURANCE CO

Body Shop: PINKEYS CAPITAL AUTO BODY
 Address: 3859 N RICHARDS ST
 MILWAUKEE, WI 53212
 Telephone: (414) -96-2-33 ext. 80
 State Lic. No: 14374

ESTIMATE RECALL NUMBER: 2/2/2006 13:52:36 00601409842-1C

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 UltraMate Version: 9.0.214

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