



April 11, 2014

City of Milwaukee
Office of the City Attorney
C/O Kari Gipson
200 E. Wells Street Room 205
Milwaukee, WI 53202

Re: C.I. File No. 1030-2014-636 // GPI-3 AAC810

Dear Ms. Gipson,

Wheels, Inc. received your denial on 4/3/2014 regarding case 1030-2014-636. We are appealing your decision and we are requesting a hearing regarding this matter. Please advise us of the hearing date.

Thank you,

Nicole Anaya, CSR
Wheels, Inc.
Senior Subrogationist
847-544-4611 (p)
847-699-8491 (f)

GPE-3 AACB10 1/23/14



2/20/14

City Clerk
ATTN: Claims
200 E. Wells St Room 205
Milwaukee, WI 53202

To whom it may concern:

Our vehicle, a 2014 Chevy Sonic, was involved in an automobile accident with a vehicle owned by the City of Milwaukee on 1/23/2014. The Chevy was being driven by a Tracy Badger. The VIN on the vehicle is 1G1JA6SH6E4133586. The plate number is 380ULZ (WI). The City of Milwaukee vehicle was unit number 32466. The contact is listed as Gene Derounte at 414-286-5561. The Chevy Sonic is owned by Wheels, Inc. We are located at P.O. Box 5046 Des Plaines, IL 60017. I am the contact. My name is Nicole Anaya. My phone number is 847-544-4611.

On 1/23/2014, the Chevy Sonic, driven by Tracy Badger, was stopped at a stop sign on 27th Street at the intersection of Hope Street in Milwaukee. The City of Milwaukee vehicle, #32466, struck the rear of the stopped Chevy Sonic.

Total damages to the Chevy Sonic are \$2057.38. Our estimate, photos and proof of pay are attached. Please contact me to discuss this loss. Again, my direct line is 847-544-4611

Thank you,

Nicole Anaya, CSR
Wheels, Inc.
Senior Subrogationist
847-544-4611 (p)
847-699-8491 (f)

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QQ1H73Z

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Accident Report MV4000e 01/2005

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POLICE # DISTRICT 5

ACCIDENT # 140231570

<input type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number QQ1H73Z		Document Override Number	
Agency Accident Number 140231570				Police Number DISTRICT 5					
4 - Accident Date 01/23/2014		5 - Time of Accident (Military Time) 1350		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.		14 - On Street Name 27TH ST N			14 - Bus/Fmt/Rmp		15 - Est. Dist 75		15 - Hwy. Dir F SOUTH
16 - Fr/At Hwy No.		16 - From/At Street Name HOPE AV W			16 - Business/Frontage/Ramp				
17 - Structure Type OTHER #		17 - Structure Number 4132		12 - Latitude			13 - Longitude		
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				83 - Manner of Collision REAR-END					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			118 - Road Surface Condition DRY			118 - Weather CLEAR			
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT			23 - Dir Of Travel NORTH		24 - Speed Limit 30		
36 - Operating as Classified C CLASS		37 - Endorsements			35 <input checked="" type="checkbox"/> Operating Commercial Motor Vehicle				
29 - Driver's License Number S2204246288205			30 - State WI	31 - Expiration Year 2017		34 - On Duty Accident			
25 - Operator/Pedestrian Last Name SYKES				26 - First Name JACQUELINE		25 - Middle Initial D		25 - Suffix	
32 - Date Of Birth 10/22/1962		33 - Sex FEMALE							
26 - Address Street & Number 6160 N 40TH ST						26 - PO Box			
27 - City MILWAUKEE			27 - State WI	27 - Zip Code 53209		28 - Telephone Number (414) 286-5561 EXT.			
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)					40 - Safety Equipment RESTRAINT-USE-UNKNOWN				
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport			
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action					
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued			
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.		64 - 5th Statute No.				
122 - Driver Factors FOLLOWING-TOO-CLOSE									
88 - Driver or Pedestrian Cond APPEARED NORMAL			69 - Substance Presence UNKNOWN						
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN			

OPERATOR/PEDESTRIAN 01

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91 - Drugs Reported	
124 - Highway Factors NOT-APPLICABLE	

Vehicle

VEHICLE 01	21 - Unit Type TRUCK		Vehicle Type PICKUP/UTILITY-TRUCK			22 - Total Occupants 2
	56 - License Plate Number 66440		57 - Plate Type MUN	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 1CYCCL4864T046349
	50 - Year 2004	51 - Make CCC	52 - Model NO DATA FOUND	53 - Body Style GG	54 - Color YEL	100 - Skidmarks to Impact (Ft)
	84 - Vehicle Damage NONE					
	95 - Extent Of Damage NONE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator.					
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name CITY OF MILWAUKEE					
	47 - Address Street & Number 2142 W CANAL ST			47 - PO Box		
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53223	48 - Telephone Number (414) 286-5561 EXT.	

Insurance

INS 01	59 - Liability Insurance Company GOVERNMENT		60 <input type="checkbox"/> Policy Holder Same As Owner			
	61 - Policy Holder Last Name		61 - Policy Holder First Name			
	61 - Policy Holder Company					

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From		School Name	Body Make	Seating Capacity
	School District Contracted With				

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel NORTH	24 - Speed Limit 30
36 - Operating as Classified D CLASS		37 - Endorsements		38 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number B3288149403103		30 - State WI	31 - Expiration Year 2021	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name BADGER		25 - First Name TRACY		25 - Middle Initial O	25 - Suffix
32 - Date Of Birth 01/31/1994		33 - Sex MALE			

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OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 5239 N TEUTONIA AVE				26 - PO Box	
	27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53209		28 - Telephone Number (000) 000-0000 EXT.
	30 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment RESTRAINT-USE-UNKNOWN	
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED	
	44 <input type="checkbox"/> Medical Transport					
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing SLOWING-OR-STOPPING			120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	68 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence UNKNOWN			
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN	
	91 - Drugs Reported					
124 - Highway Factors NOT-APPLICABLE						

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 380ULZ		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2014	56 - Vehicle Identification Number 1G1JAG8H6E4133586	
	50 - Year 2014	51 - Make CHEV	52 - Model SONIC LS	53 - Body Style 4H	54 - Color WHI	100 - Skidmarks to Impact (Ft)	
	94 - Vehicle Damage REAR						
	95 - Extent Of Damage MINOR		96 <input type="checkbox"/> Vehicle Towed Due To Damage			97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
	Date Of Birth					
	48 - Company Name WHEELS LT					
	47 - Address Street & Number 666 GARLAND PL			47 - PO Box		
48 - City DES PLAINES		48 - State IL	48 - Zip Code 60016		49 - Telephone Number	

Insurance

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INS 02	63 - Liability Insurance Company LIBERTY-MUTUAL		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name	
	61 - Policy Holder Company WHEELS LT		

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Occupant

OCCUPANT 01	<input type="checkbox"/> Address Same As Operator					
	65 - Unit No 01	66 - Occupant Last Name THOMPSON	65 - First Name KELVIN	66 - Middle Initial K	66 - Suffix	
	68 - Address Street & Number 5235 N 55 ST APT 6		68 - PO Box			
	68 - City MILWAUKEE		68 - State WI	68 - Zip Code 53209		
	67 - Date of Birth 10/21/1960		69 - Sex MALE			
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)			72 - Safety Equipment RESTRAINT-USE-UNKNOWN		
	70 - Injury Severity N - NO APPARENT INJURY		73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED		78 - Agency Space			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
UNIT 1 WAS TRAVELING NORTH AND STRUCK/REAR ENDED UNIT 2, WHICH WAS ALSO TRAVELING NORTH IN FRONT OF UNIT 1.	

Officer Information

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OFFICER INFORMATION	125 - Officer Last Name VILLAGOMEZ		125 - First Name RONALD		125 - Middle Initial A		131 - Officer ID 08388		
	129 - Law Enforcement Agency No. 51			130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT					
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET								
	127 - City MILWAUKEE			127 - State WI		127 - Zip Code 53233		128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 01/23/2014			133 - Time Notified (Military Time) 1400		134 - Time Arrived (Military Time) 1405		135 - Date Of Report 01/23/2014	
	Agency Accident Number 140231670			Police Number DISTRICT 5		19 - Special Study			
	18 - Agency Space								