



City of Milwaukee Fiscal Impact Statement

A	Date 11/24/2025	File Number 1030-2025-704	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject Payment of Uninsured Motorist Settlement of Bobby Jones, Jr.			

B	Submitted By (Name/Title/Dept./Ext.) Naomi E. Sanders, Deputy City Attorney, X2601
---	--

C	<p>This File</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Increases or decreases previously authorized expenditures.<input type="checkbox"/> Suspends expenditure authority.<input type="checkbox"/> Increases or decreases city services.<input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.<input type="checkbox"/> Increases or decreases revenue.<input type="checkbox"/> Requests an amendment to the salary or positions ordinance.<input type="checkbox"/> Authorizes borrowing and related debt service.<input type="checkbox"/> Authorizes contingent borrowing (authority only).<input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.
---	--

D	Charge To <ul style="list-style-type: none"><input type="checkbox"/> Department Account<input type="checkbox"/> Capital Projects Fund<input type="checkbox"/> Debt Service<input type="checkbox"/> Other (Specify) _____	<ul style="list-style-type: none"><input type="checkbox"/> Contingent Fund<input checked="" type="checkbox"/> Special Purpose Accounts<input type="checkbox"/> Grant & Aid Accounts
---	---	---

E	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages		\$0.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other	Uninsured Motorist Settlement	\$25,000.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$25,000.00	\$ 0.00

F

Assumptions used in arriving at fiscal estimate.

G

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

1-3 Years 3-5 Years

1-3 Years 3-5 Years

1-3 Years 3-5 Years

H

List any costs not included in Sections D and E above.

I

Additional information.

J

This Note Was requested by committee chair.