



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

December 10, 2001

MILWAUKEE CITY CLERK
220 E WELLS STREET, ROOM 205
MILWAUKEE, WI 53202

CITY OF MILWAUKEE
2001 DEC 12 PM 1:04
RONALD D. LEONHARDT
CITY CLERK

RE: Our File No.: 00-601-299466-0328
Our Insured: Heather Kruse
Date of Loss: April 24, 2001
Amt. of Loss: \$1344.00

We respectfully request a hearing as we would like to appeal the City Attorney's decision regarding an accident that occurred on April 24, 2001, involving a vehicle owned by American Family Insurance Company's insured, Heather Kruse, and a City of Milwaukee gradall. The accident occurred at North Hawley Road & West Notre Dame Court, Milwaukee, WI.. A copy of the denial received from the City Attorney's Office is enclosed.

As a result of the negligence of the operator, Robert P. Riemann, the vehicle insured by American Family Mutual Insurance Company was damaged in the reasonable and necessary sum of \$1344.00.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$844.00 and the insured incurred a deductible loss of \$500.00.

Please advise.

Respectfully,

Tanya Tracy
Casualty Claim Analyst
Milwaukee South Branch
262-784-9100, Ext. 48264
ttracy@amfam.com

Enc.

CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY
01 DEC 12 PM 3:39

MILWAUKEE POLICE DEPARTMENT DRIVER INFORMATION EXCHANGE NON-REPORTABLE ACCIDENT

IMPORTANT
INSTRUCTIONS
ON REVERSE SIDE

DATE: 04-24-01 TIME: 12:00P LOCATION: W. NOTRE DAME CT + N. HAWLEY RD DIST: 3

UNIT #1
DRIVER #1: NAME ROBERT P. RIEMANN D.O.B. 9-3-49
ADDRESS: 3702 S. 22 ST. MILW. WI 53221
OWNER: CITY OF MILW 2142 W. CANAL ST.
PHONE: 326-4555 INSURANCE CO: SELF-INSURED
YEAR: 1998 MAKE: GRADALL COLOR: YEL
TYPE: GRADALL PLATE #: 53734 STATE: WI
DAMAGE: NONE

UNIT #2
DRIVER #2: NAME HEATHER L. KRUSE D.O.B. 10-22
ADDRESS: 7521 W. DIXON ST. MILW. WI 53211
OWNER: SAME/LEASE
PHONE: 258-6665 INSURANCE CO: AMER. FAM
YEAR: 2000 MAKE: CHEV COLOR: WHITE
TYPE: PICK-UP PLATE #: BL81-502 STATE: WI
DAMAGE: RIGHT DOOR FRAME, REAR RIGHT SIDE
DRIVERS LICENSE # K620-3327-4882-01 (WI)

OTHER PROPERTY: _____ OWNER: _____ ADDRESS: _____ PHONE: _____

WITNESS NAME: _____ ADDRESS: _____ PHONE: _____

MANNER OF COLLISION 5	1 No Contact	2 Rear End	3 Head On	4 Rear to Rear	Direction of Travel Before Accident
	→	→→	→←	←→	
	5 Angle	6 Side Swipe	7 Side Swipe	8 Other	
	↗	↔	↔		

WHAT DRIVERS WERE DOING		Unit 1	ROAD CONDITION		Unit 1
1. Going Straight Ahead	10. Backing	5	1. Dry	5. Sand/Mud/Dir/Oil	B
2. Left Turn	11. Changing Lanes		2. Wet	6. Other	
3. Right Turn	12. Overtake Left		3. Snow/Slush	7. Unknown	
4. Slow/Stopping	13. Overtake Right	Unit 2	4. Ice		Unit 2
5. Stop in Traffic	14. U-Turn	5			N
6. Legally Parked	15. Turn On Red				
7. Viol. No Pass Zone	16. Merging				
8. Illegally Parked	17. Negotiating Curve				
9. Park Maneuver	18. Other				

SHORT NARRATIVE: VEHICLE #1, D.P.W. EQUIPMENT WORKING AT JOB WHEN TURRET TURNED MAKING CONTACT WITH VEH. #2 ON THE LEFT SIDE OF VEH #1

DISTRIBUTION
WHITE -- TRAFFIC SECTION
YELLOW -- DRIVER
PINK -- DRIVER
P.O. JEFFERY GIESE
OFFICER (PRINT)
48619
PAYROLL #
1-8
DISTRICT

vehicle # 54061

✓

CITY OF MILWAUKEE

2001 APR 26 AM 11:49

RONALD D. LEONHARDT
CITY CLERK

893.80 Claims against governmental bodies or officers, agents or employes; notice of injury; limitation of damages and suits. (1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employe of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employe under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employe; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

To File A CLAIM with The **CITY OF MILWAUKEE:**

You will need the following information

DATE of Incident _____

4/24/01

"City" Vehicle Number _____

54061

CITY OF MILWAUKEE
RECEIVED
01 APR 26 PM 3:16
OFFICE OF
CITY ATTORNEY

part 921-111

HOLZ MOTORS, INC. BODY SHOP
10701 W. COLLEGE AVE. (FRANKLIN) (P.O. BOX 226)
HALES CORNERS, WI 53130
DIRECT LINE: (414) 529-7848 & (414) 425-2400 FAX: (414) 529-7533
FEDERAL I.D. #39-0792093
CD LOG NO 0012590 DATE 04/24/01

SHOP CONTACT: DAVE

INSP DATE 04/24/01

OWNER HEATHER KRUSE
ADDRESS 7521 W. DIXON STREET
CITY STATE MILWAUKEE WI
ZIP 53214

cell phone 430-2343

HOME PHONE (414) 258-6665
WORK PHONE (414) 453-2392

POINT OF IMPACT 12

TYPE OF LOSS /

LIC#
BODY COLOR WHITE
CONDITION GOOD

VIN 1GCCS1949Y8177758
MILEAGE 20147
ACCT'NG CTL#

- E=NEW PART
- EP=SEE PX REPORT
- L=REFINISH
- ET=LABOR/PARTIAL REPLACE
- RP=RELATED PRIOR DAMAGE
- EC=ECONOMY PART
- P=CHECK
- N=ADDN'L LABOR OPERATION
- IT=LABOR/PARTIAL REPAIR
- UP=UNRELATED PRIOR DAMAGE
- EU=SALVAGE PART
- I=REPAIR/ALIGN/SUBLET
- TE=PART/PARTIAL REPLACE
- AA=APPEARANCE ALLOWANCE
- *=USER ENTERED VALUE

2000 CHEVROLET S10 LS/SS EXTENDED CAB U8544A/C OPTNS E/24

OPTIONS: TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES

OP	GDE	MC	DESCRIPTION	MFG.	PART NO.	PRICE	AJ%	HOURS	R
E	G279		GLASS, CAB SIDE	RT	12543940 GM PART	188.70		.8	1
E	374		NAMEPLATE, CAB REAR	RT	15678961 GM PART	3.33		.2	1
I	210		PNL, FRONT DOOR OUTER	RT	REPAIR/ALIGN			2.5	*1
L	210	09	PNL, FRONT DOOR OUTER	RT	REFINISH			3.6	4
E	325		N/PLATE, FRONT DOOR	RT	15733585 GM PART	13.90		.4	1
E	329		CHANNEL, FRONT GLASS	RU RT	15734150 GM PART	45.60		.6	1
L	M16		COLOR BLEND		REFINISH			1.0	*4

7 ITEMS

MC MESSAGE

09 INCLUDES 0.6 HOURS MAJOR PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	251.53
OTHER PARTS	
PAINT MATERIAL	105.80
PARTS TOTAL	357.33
TAX ON PARTS & MATERIAL	@ 5.600% 20.01

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	42.00	2.0	2.5	189.00
2-MECH/ELEC	65.00			
3-FRAME	42.00			
4-REFINISH	42.00	4.6		193.20
5-PAINT MATERIAL	23.00			
LABOR TOTAL				382.20
TAX ON LABOR		@ 5.600%		21.40
SUBLET REPAIRS				
TOWING				
STORAGE				
GROSS TOTAL				780.94
NET TOTAL				780.94

ADP SHOPLINK U3508 ES LOG 0012590 DATE 04/24/01 13:46:22 R4.2 CD 04/01
PXN:NN/00/00/00/00 CUM:00/00/00/00
Copyright, 2001 Automatic Data Processing

1.1 HOURS WERE ADDED TO THIS ESTIMATE BASED ON ADP'S TWO-STAGE REFINISH FORMULA: 20% OF REFINISH HOURS, AFTER OVERLAP, PLUS 0.6 HOURS FOR THE FIRST MAJOR PANEL, WHERE NOTED.

"AFTERMARKET OR REPLACEMENT" PARTS ARE IDENTIFIED ON THE ESTIMATE BY THE WORDS "QUALITY REPLACEMENT PART", "PXN", OR "ECONOMY PART". YOUR CLAIM REPRESENTATIVE CAN EXPLAIN FURTHER.

"NOTICE:WHEN SELECTING A REPAIR FACILITY, THE VEHICLE OWNER SHOULD CONSIDER THAT THE REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC WELDING EQUIPMENT AND THE RESTORATION OF CORRISION RESISTANT COATINGS AS RECOMMENDED BY THE MANUFACTURER. FAILURE TO HAVE THE VEHICLE PROPERLY REPAIRED COULD RESULT IN A SAFETY HAZARD.

plus 3 days car rental * \$199⁹⁹/day
equals \$599⁹⁹
Total claim \$840⁹¹

Heather Kruse

01-V-159


012334

PA-46 Rev. 5/00

MILWAUKEE POLICE DEPARTMENT DRIVER INFORMATION EXCHANGE NON-REPORTABLE ACCIDENT

IMPORTANT
INSTRUCTIONS
ON REVERSE SIDE




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 DRIVER #1: NAME ROBERT P. RIEMANN D.O.B. 9-3-49
 ADDRESS: 3702 S. 2257 MILW. WI 53221
 OWNER: CITY OF MILW 2142 W. CANAL ST.
 PHONE: 220455541 INSURANCE CO: SELF-INSURED
 YEAR: 1998 MAKE: GRADALL COLOR: YBL
 TYPE: GRADALL PLATE #: 53734 STATE: WI
 DAMAGE: NONE
 DRIVERS LICENSE # R550-7754-9323-09 

UNIT #2
 DRIVER #2: NAME HEATHER L. KRUSE D.O.B. 10-22-77
 ADDRESS: 7521 W. DIXON ST, MILW. WI 53214
 OWNER: SAME/LEASE
 PHONE: 258-6665 INSURANCE CO: AMEC. FAM.
 YEAR: 2000 MAKE: CHEV. COLOR: WHI
 TYPE: PICK-UP PLATE #: BL81-502 STATE: WI
 DAMAGE: RIGHT DOOR FRAME, REAR RIGHT SIDE
 DRIVERS LICENSE # K620-3327-4882-01 WINDOW

OTHER PROPERTY: OWNER: ADDRESS: PHONE:

WITNESS NAME: ADDRESS: PHONE:

MANNER OF COLLISION 	1 No Contact	2 Rear End	3 Head On	4 Rear to Rear	Direction of Travel Before Accident
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WHAT DRIVERS WERE DOING		ROAD CONDITION		Unit 1 	
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DISTRIBUTION
 WHITE — TRAFFIC SECTION
 YELLOW — DRIVER PINK — DRIVER

P. J. JEFFERY GIESE 48619 1-8
 OFFICER (PRINT) PAYROLL # DISTRICT
CA0427-01SA

