



Wisconsin Mutual

Insurance Company

Southeast Claims Office
P.O. Box 201
Menomonee Falls, WI 53052
Phone# (262) 255-8113
Phone# (262) 255-8103
FAX# (262) 255-8120

March 6, 2013

CITY CLERK
ATTN: CLAIMS
200 E WELLS ST, RM 205
MILWAUKEE, WI 53202-3567

CITY OF MILWAUKEE
2013 MAR -7 PM 3:23
CITY CLERK'S OFFICE

RECEIVED
MAR 08 2013
OFFICE OF
CITY ATTORNEY

Re: Our Insured: Juanita Ratz
Date of Loss: 01/31/2013
Our Claim #: 40-626-13

To Whom it May Concern:

Please be advised in regard to the above referenced claim we place liability with the City of Milwaukee, the damage to our insured vehicle being caused by a loose manhole cover. The cover was thrown at our insured vehicle after being run over by another vehicle (documented page 3 on Milwaukee MVA Report copy enclosed).

We have completed repairs in regard to this matter and are enclosing all supporting documentation. This letter with enclosures is our *notice of subrogation* in the amount of \$9,617.88 including deductible.

Please make your check payable and mail to:

Wisconsin Mutual Insurance Company
PO BOX 201
Menomonee Falls, WI 53052

We hereby request that a claim be filed with the City Attorney's office and *please contact me with any questions or concerns*. Thank you for your cooperation concerning this matter; we await your response.

Sincerely,

Dominic Ladd
Claim Representative

cc: Dennis and Juanita Ratz
file

DL/sp
Enclosures--comp claim docs

PK2011

POLICE #
ACCIDENT # 130312270

GENERAL INFORMATION

RECEIVED
MAR 08 2013
OFFICE OF CITY ATTORNEY
RECEIVED
MAR 07 2013
OFFICE OF CITY ATTORNEY

<input checked="" type="checkbox"/> Reportable Accident	<input type="checkbox"/> On Emergency	<input type="checkbox"/> Amended	DOT Document Number QPTLXBJ	Document Override Number
Agency Accident Number 130312270		Police Number		
4 - Accident Date 01/31/2013	5 - Time of Accident (Military Time) 1754	6 - Total Units 01	7 - Total Injured 00	8 - Total Killed 00
2 - County MILWAUKEE - 40	3 - Municipality MILWAUKEE - 57, CITY	11 - Accident Location INTERSECTION		
14 - On Hwy No.	14 - On Street Name 25TH ST N	14 - Bus/Frnt/Rmp	15 - Est. Dist Ft/Mi	15 - Hwy. Dir
16 - Fr/At Hwy No.	16 - From/At Street Name MT VERNON AV W	16 - Business/Frontage/Ramp		
17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude	
80 - First Harmful Event OTHER OBJECT-- NOT FIXED		93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT		
112 - Access Control NO CONTROL	113 - Road Curvature CURVE	113 - Road Terrain HILL	Surface Type CONCRETE - 1	
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)				
117 - Relation To Roadway ON-ROADWAY				
114 - Light Condition DARK-LIGHTED		116 - Road Surface Condition DRY		118 - Weather CLOUDY
<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Government Property	<input type="checkbox"/> Fire	<input type="checkbox"/> Photos Taken	<input type="checkbox"/> Trailer or Towed
<input 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

OPERATOR/PEDESTRIAN 01

Unit Status		81 - Most Harmful Event: Collision With OTHER OBJECT-- NOT FIXED		23 - Dir Of Travel NORTH	24 - Speed Limit 25
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number R3204315179206		30 - State WI	31 - Expiration Year 2013	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name RATZ		25 - First Name JUANITA		25 - Middle Initial K	25 - Suffix
32 - Date Of Birth 08/12/1951		33 - Sex FEMALE			
26 - Address Street & Number 203 S 1ST ST				26 - PO Box	
27 - City WATERFORD		27 - State WI	27 - Zip Code 53185	28 - Telephone Number (262) 534-7143 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag DEPLOYED		42 - Ejected NOT-EJECTED	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action	
44 <input type="checkbox"/> Medical Transport					
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 NOT-APPLICABLE					
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
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 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 2
	66 - License Plate Number 262TPZ		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2013	55 - Vehicle Identification Number 3VWSF31Y49M411129
	50 - Year 2009	51 - Make VOLK	52 - Model NO DATA FO	53 - Body Style CV	54 - Color GLD	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR DRIVER SIDE, MIDDLE DRIVER SIDE, FRONT DRIVER SIDE					
	95 - Extent Of Damage MODERATE		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 RATZ		46 - First Name DENNIS		46 - Middle Initial W
	46 - Company Name		46 - Suffix		Date Of Birth 03/04/1947
	47 - Address Street & Number 203 S 1ST ST			47 - PO Box	
	48 - City WATERFORD		48 - State WI	48 - Zip Code 53185	49 - Telephone Number (262) 534-7143 EXT.

Insurance

INS 01	63 - Liability Insurance Company LIGGETT INSUANCE		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name RATZ		61 - Policy Holder First Name DENNIS		
	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				

Occupant

01	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name RATZ		66 - First Name DENNIS	66 - Middle Initial W
	68 - Address Street & Number 201 S 1ST ST			68 - PO Box	

OCCUPANT	68 - City WATERFORD	68 - State WI	68 - Zip Code 53185	
	67 - Date of Birth 03/04/1947	69 - Sex MALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)		72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	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		

Property

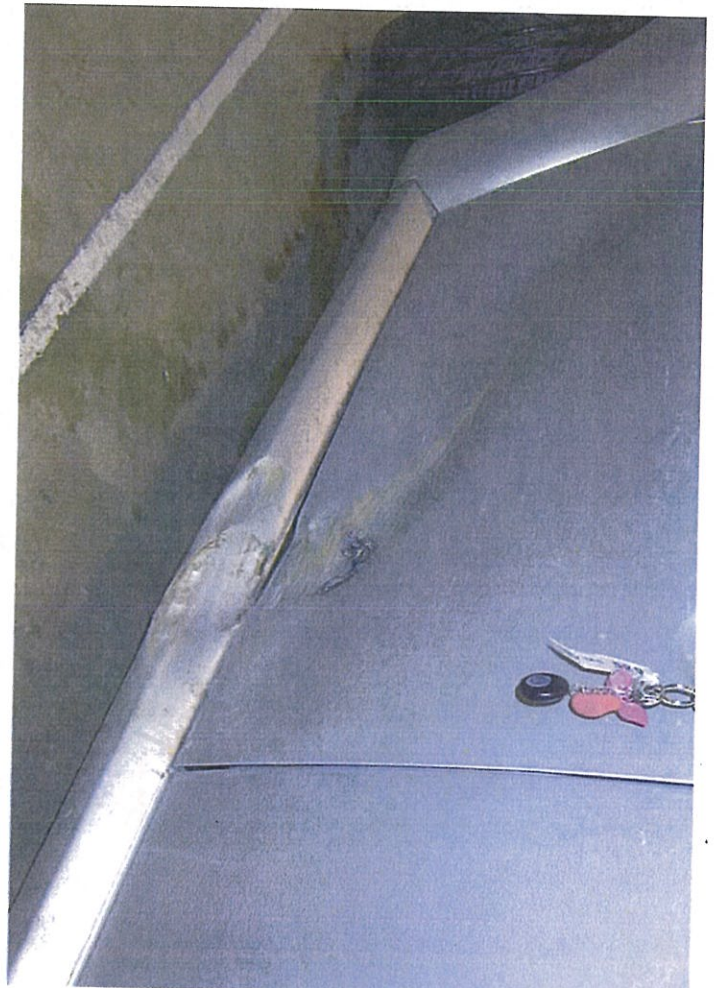
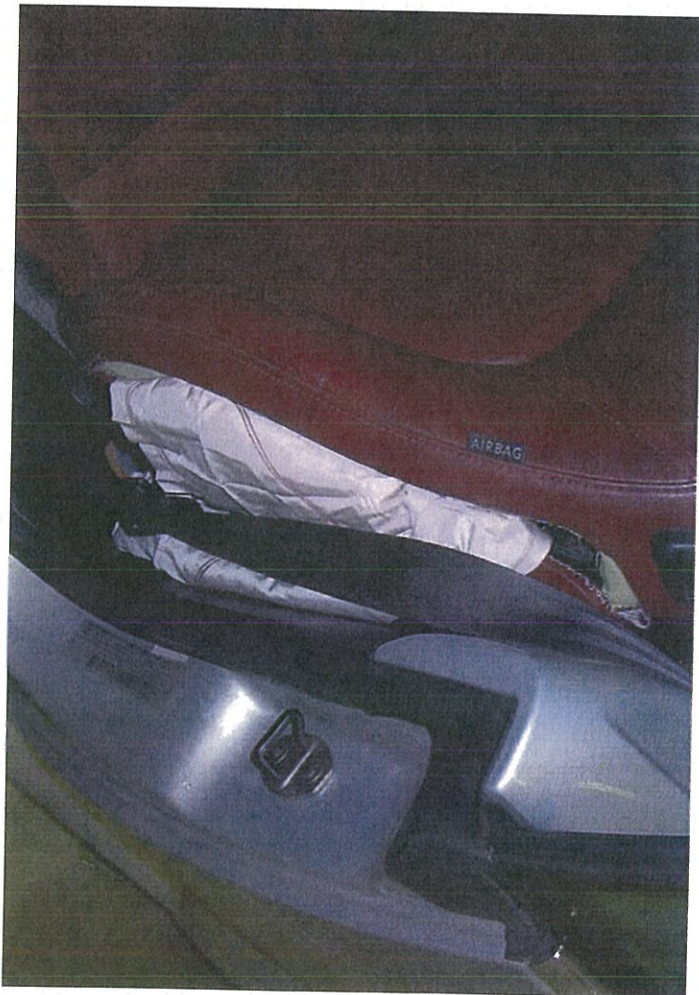
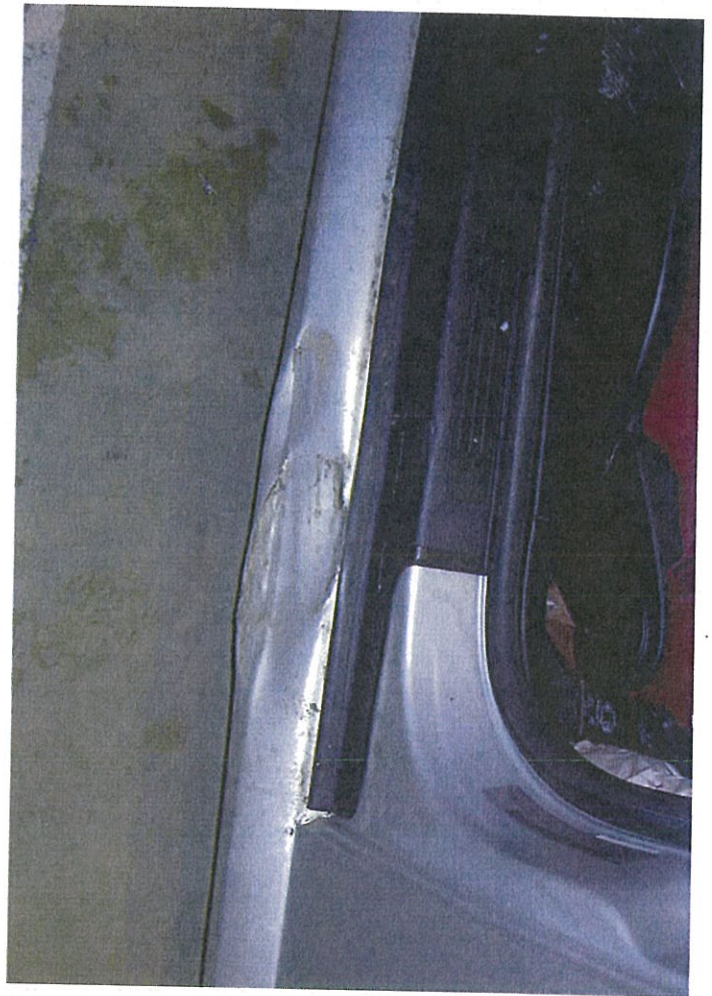
PROPERTY OWNER 01	Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix	
	84 - Company Name CITY OF MILWAUKEE			Government Property Type COUNTY/MUNICIPAL		
	85 - Address Street & Number 200 E WELLS ST		85 - PO Box			
	86 - City MILWAUKEE	86 - State WI	86 - Zip Code 53202	87 - Telephone Number (414) 286-2150 EXT.		
	83 - Government Damage Tag Number					
	Fixed Objects Struck					
	82 - Striking Unit 1	82 - Object Struck OTHER-OBJECT-NOT-FIXED		82 - Striking Unit	82 - Object Struck	
	82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object Struck	
	82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object Struck	

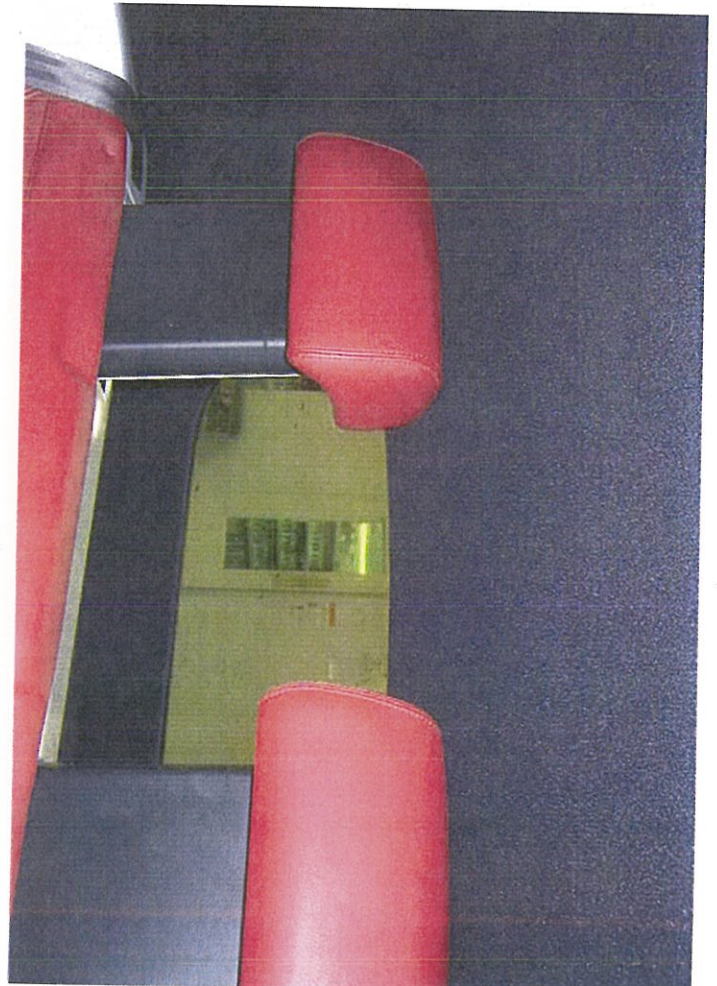
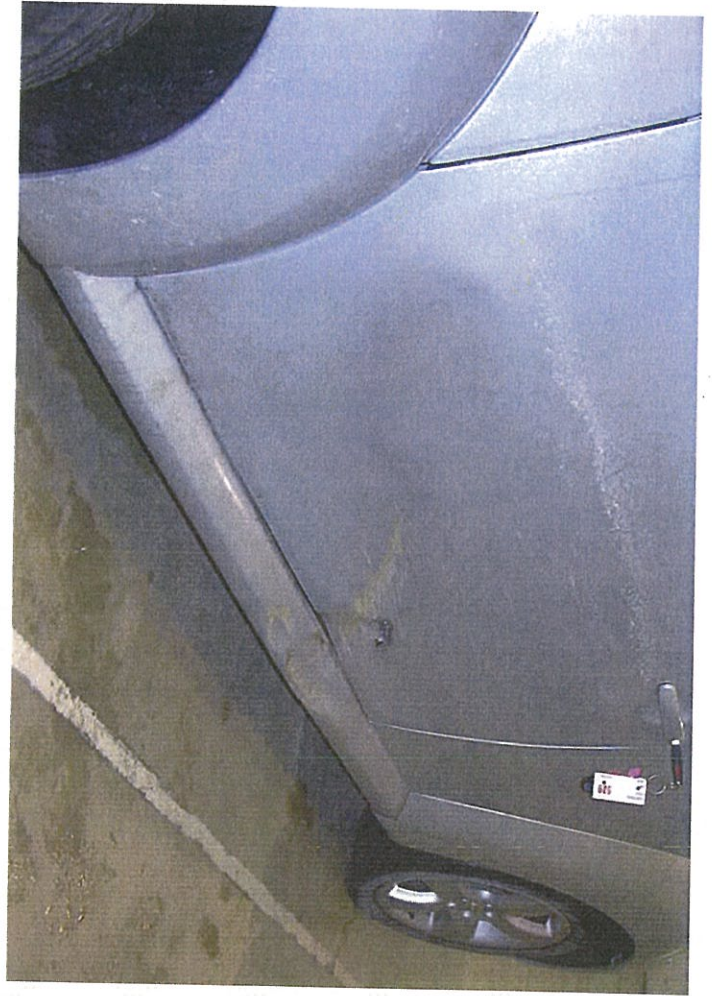
Diagram and Narrative

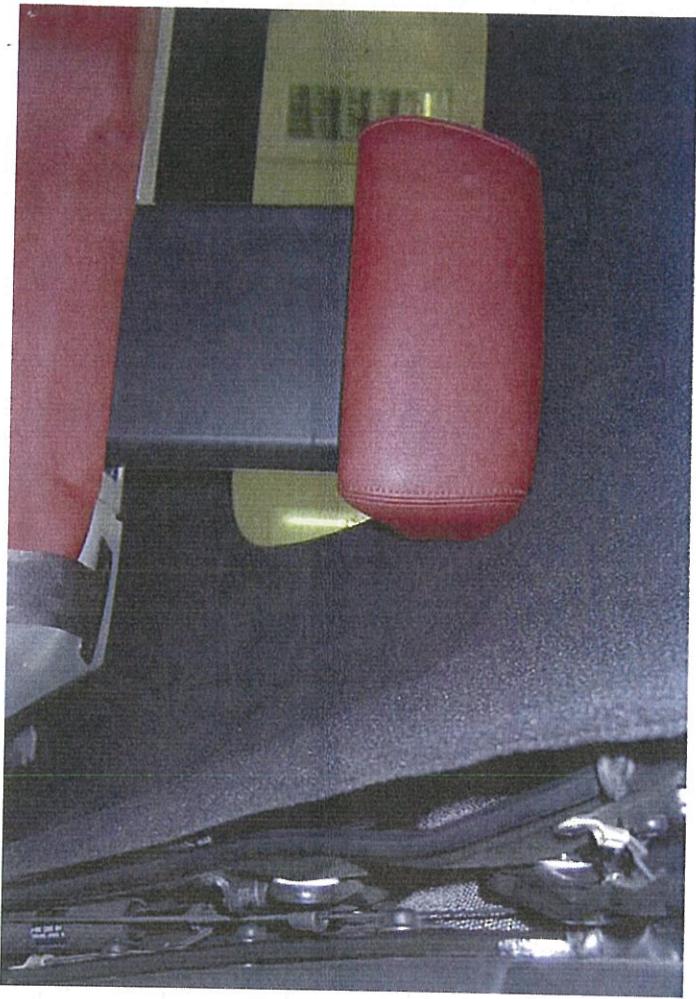
DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>UNIT #1 WAS NORTHBOUND ON N. 25TH ST APPROACHING W. MT VERNON AVE WHEN IT WAS STRUCK BY A LOOSE MANHOLE COVER.</p> <p>UNIT #1 STATED THAT THEY WERE NORTHBOUND ON N. 25TH ST APPROACHING W. MT VERNON AVE WHEN A FLATBED TRUCK TRAVELING SOUTHBOUND ON N. 25TH ST APPROACHING W. MT VERNON AVE FLIPPED UP A LOOSE MANHOLE COVER, STRIKING HER VEHICLE ON THE DRIVER'S SIDE. UNIT #1 STATED THAT SHE DID NOT GET A LICENSE PLATE OF THE OTHER VEHICLE.</p>

Officer Information

OFFICER INFORMATION	125 - Officer Last Name TONDU		125 - First Name TAMMY	125 - Middle Initial S	131 - Officer ID 15510	
	129 - Law Enforcement Agency No. 32	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 01/31/2013		133 - Time Notified (Military Time) 1829	134 - Time Arrived (Military Time) 1836	135 - Date Of Report 01/31/2013	
	Agency Accident Number 13031 2270		Police Number	19 - Special Study		
	18 - Agency Space					







Date: 2/28/2013 09:59 AM
 Estimate ID: 40-626-13
 Estimate Version: 0
 Preliminary
 Profile ID: * WISCONSIN MUTUAL

WISCONSIN MUTUAL

PO BOX 362, MUSKEGO, WI 53150
 (414) 422-0663
 Fax: (262) 255-8120

Damage Assessed By: TOM ZAHN

Claim Rep: 459

Type of Loss: Comprehensive
 Date of Loss: 1/31/2013
 Deductible: 357.55
 Policy No: AP4228

Claim Number: 40-626-13

Insured: JUANITA RATZ
 Address: 201 S. 1ST ST., WATERFORD, WI 53185
 Telephone: Home Phone: (262) 534-7143

Mitchell Service: 911368

Description: 2009 Volkswagen New Beetle S
 Body Style: 2D Conv
 VIN: 3VWSF31Y49M411129
 Mileage: 45,616
 OEM/ALT: A
 Color: SILVER PEARL

Drive Train: 2.5L Inj 5 Cyl 6A FWD
 License: 262-TPZ WI

Search Code: MILW

Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING
 REAR WINDOW DEFOGGER, MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN
 TELESCOPIC STEERING COLUMN, ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS
 SAFETY ROLLBAR, ALUM/ALLOY WHEELS, AUXILIARY INPUT, LEATHER STEERING WHEEL
 SATELLITE RADIO, AUTOMATIC TRANSMISSION, FRONT AIR DAM, TINTED GLASS
 WIND DEFLECTOR OR BUFFER FOR CONVERTIBLE, ANTI-THEFT SYSTEM
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, DAYTIME RUNNING LIGHTS
 ELECTRONIC STABILITY CONTROL, FRONT HEATED BUCKET SEATS, INTERIOR AIR FILTER
 KEYLESS ENTRY SYSTEM, POWER DISC BRAKES, POWER HEATED EXTERIOR MIRRORS
 POWER LIFTGATE/TRUNK

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	105066	BDY	REMOVE/INSTALL	Frt Bumper Assy			3.1 #
2	105071	BDY	REMOVE/INSTALL	L Front Combination Lamp			INC
3	100179	REF	BLEND	L Frt Fender Outside			C 0.8
4	105380	BDY	REMOVE/REPLACE	L Fender Stone Guard	1C0 821 711 E	22.18	0.2
5	100267	MCH	REMOVE/REPLACE	Disable & Enable Air Bag System -M			0.3
6	102680	MCH	REMOVE/REPLACE	Air Bag Control Unit -M	ORDER FROM DEALER	640.00	1.1
7	103879	MCH	REMOVE/REPLACE	L Air Bag Side Module -M	1C0 880 241 C	347.76	0.8 #
8	AUTO	BDY	REMOVE/INSTALL	L Frt Seat Assy			0.5
9	103877	MCH	REMOVE/REPLACE	L Air Bag Sensor -M	1T0 909 606 A 003	136.68	0.4 #
10	105874	BDY	REMOVE/REPLACE	Alloy Wheel	Remanufactured	189.00	0.5*
11	900500	MCH*	ALIGN	Alignment	Sublet	79.95 *	0.0*
12	103683	REF	REFINISH	L Hinge Pillar			C 1.4
13	104928	BDY	REPAIR	L Rocker Outer Panel -S	Existing		10.0* #
14	AUTO	REF	REFINISH	L Rocker Panel			C 2.0
15	103354	BDY	REMOVE/REPLACE	L Rocker Scuff Plate	1Y1 853 371 B41	67.77	0.2
16	100807	BDY	REMOVE/REPLACE	Driver Side Seat Back Cover	ORDER FROM DEALER	696.00 *	1.3 #
17	103403	BDY	REMOVE/REPLACE	R Rear Seat Headrest Support	1Y0 880 077 Q	1,226.40	
18	103404	BDY	REMOVE/REPLACE	L Rear Seat Headrest Support	1Y0 880 077 Q	1,226.40	
19	101819	BDY	REMOVE/REPLACE	L Frt Seat Belt	1C1 857 705 M HCP	254.00	0.2 #

ESTIMATE RECALL NUMBER: 02/27/2013 14:59:26 40-626-13

Mitchell Data Version: OEM: FEB_13_V
 MAPP: FEB_13_V

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Software Version: 7.0.485

Date: 2/28/2013 09:59 AM
 Estimate ID: 40-626-13
 Estimate Version: 0
 Preliminary
 Profile ID: * WISCONSIN MUTUAL
 1Y0 831 051 N 680.00 5.0 #

20	105594	BDY	REMOVE/REPLACE	L Frt Door Shell			
21	AUTO	REF	REFINISH	L Frt Door Outside			C 1.6
22	AUTO	REF	REFINISH	L Frt Add For Jambs & Interior			C 1.0
23	102878	BDY	REMOVE/REPLACE	L Frt Door Trim Panel Assy	1C0 868 107 B MBX	835.00	* 0.3
24	103709	REF	BLEND	L Quarter Panel Outside			C 0.8
25	936012		ADD'L COST	Hazardous Waste Disposal		2.00	*
26	933005	BDY	ADD'L OPR	Restore Corrosion Protection		10.00	* 0.3*
27	933008	REF	ADD'L OPR	Chip Resistant Material Application		15.00	* 0.5*
28	AUTO	REF	ADD'L OPR	Three Stage			4.2
29	933018	REF	ADD'L OPR	Mask For Overspray			0.5*
30	AUTO		ADD'L COST	Paint/Materials		401.20	*

* - Judgment Item
 # - Labor Note Applies
 ** QUAL REPL PART - Quality Replacement Parts
 C - Included in Three Stage Calc

KEYSTONE AUTOMOTIVE
 9532 W. CARMEN AVE.
 MILWAUKEE
 WI 53225
 (800) 924-8230 (414) 463-1019

10 ** ORDER BY APPLIC. 189.00

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	21.6	54.00	10.00	0.00	1,176.40 T	Taxable Parts	6,321.19
Refinish	12.8	54.00	15.00	0.00	706.20 T	Sales Tax @ 5.600%	353.99
Mechanical	2.6	110.00	0.00	79.95	365.95 T	Total Replacement Parts Amount	6,675.18
		Taxable Labor			2,248.55		
		Labor Tax @ 5.600%			125.92		
Labor Summary	37.0				2,374.47		
III. Additional Costs					Amount	IV. Adjustments	Amount
Taxable Costs					403.20	Insurance Deductible	357.55-
Sales Tax @ 5.600%					22.58	Customer Responsibility	357.55-
Total Additional Costs					425.78		
Paint Material Method: Rates							
Init Rate = 34.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						I. Total Labor:	2,374.47
						II. Total Replacement Parts:	6,675.18
						III. Total Additional Costs:	425.78
						Gross Total:	9,475.43

ESTIMATE RECALL NUMBER: 02/27/2013 14:59:26 40-626-13

Mitchell Data Version: OEM: FEB_13_V

MAPP:FEB_13_V

Software Version: 7.0.485

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Date: 2/28/2013 09:59 AM
Estimate ID: 40-626-13
Estimate Version: 0
Preliminary
Profile ID: * WISCONSIN MUTUAL

IV. Total Adjustments: 357.55-
Net Total: 9,117.88

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Inspection Site: SHOP
Inspection Date: 2/ 5/2013

Body Shop: GORDIE BOUCHER LINCOLN MERCURY
Address: 3161 S. 108TH ST.
WEST ALLIS, WI 53227
Telephone: (414) 327-6000
Fax Phone: (414) 546-5825
FED. ID 39-1275419

Posted Date: 2013-03-04 Date Voided.....:
Check #.....: 654282 Check Issue Date.....: 2013-03-04
Payment#...: 000309883 Account Number.....: 1 55 C 5009

Payee...: GORDIE BOUCHER LINCOLN MERCURY
 AND JUANITA RATZ
 3161 S 108TH ST
 WEST ALLIS WI 53227

Check Amount...: 9,117.88

Check Status...: PAID

Comment: COMP ON 09 VW 2DR BEETLE S CONV
 16

F3=Exit F12=Cancel Enter