

HARVEY JAY GOLDSTEIN, S.C. ATTORNEY AT LAW

Court Commissioner

P. O. Box 240037
Milwaukee, WI 53224-9002
Telephone: (414) 586-5600
Fax: (414) 365-9902
e-mail: harvey@hgoldlaw.com

Also Licensed in Florida

Florida Office

Of Counsel to:

Law Office of Paul D. Nicoletti
943 S. Patrick Circle
West Palm Beach, FL 33496-4476
Telephone: (561) 242-9700

286-3456

June 9, 2003

City Of Milwaukee
City Clerk
200 E. Wells St., Room 205
Milwaukee, WI 53202-3551


RE: C.I. File No. 03-S-166

Dear Clerk:

I represent Progressive Insurance Company with respect to the above claim. Progressive wishes to appeal the decision of the City Attorney dated May 19, 2003.

Very truly yours,

By:


Harvey Jay Goldstein

HJG/pyp

cc: Steven Carini
cc: Cathie McAdams; claim no. 029384987

CITY OF MILWAUKEE
2003 JUN -9 PM 4:40
RONALD D. LEONHARDT
CITY CLERK

CITY OF MILWAUKEE
RECEIVED
03 JUN 10 PM 3:14
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
RECEIVED

03 FEB 19 PM 3:21

OFFICE OF
CITY ATTORNEY

PROGRESSIVE INSURANCE COMPANY

P.O. Box 89440, Cleveland, Ohio 44101-6440

CITY OF MILWAUKEE
RECEIVED
03 FEB 18 PM 3:39
CITY CLERK

Date: February 15, 2003

Company: Milwaukee City Attorney's Office
Attention: Claims
Address or Fax#: 414-286-8550

Our Insured: Joel Robinett
Our Claim #: 029384987
Date of Loss: December 19, 2002

Your Insured: Milwaukee City Attorney's Office
Your Claim/Policy: Milwaukee City Attorney's Office

Total Subro Balance: \$ 3954.48. This includes our insured's \$ 1000.00 deductible.

We are seeking reimbursement at 100 %, for a total of \$ 3954.48.

Please takes this as a formal notice of our subrogation rights with regards to the above captioned claim. We have completed our investigation into the facts of the above captioned loss and find that your insured was the proximate cause of the accident.

Please make draft payable to "Progressive as Subrogee of Joel Robinett", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated, prompt attention to this matter.

Progressive Insurance Company

Crystal Neitzel

Subrogation Representative

(440) 603 - 5316

TOLL FREE 1-877-818-0139, EXT 35316

CITY OF MILWAUKEE
2003 FEB 18 PM 3:36
RONALD D. LEONHARDT
CITY CLERK

*** PLEASE INCLUDE MY CLAIM NUMBER ON ALL CORRESPONDENCE ***

Date: 12/31/02 12:26 PM
 Estimate ID: 02-9384987-01
 Estimate Version: 1
 Supplement: 1(P) 12/31/02 12:26:0
 Profile ID: Wauk:all_part_types

PROGRESSIVE INSURANCE
 175 North Corporate Dr. Suite 160 Brookfield, WI 53045-5098
 Fax: (262) 879-0371

Damage Assessed By: ROB HOLZRICHTER
 Supplemented By: ROB HOLZRICHTER

Appraised For: ROB HOLZRICHTER
 (262) 879-7163

Type of Loss: Auto
 Date of Loss: 12/15/02
 Deductible: 1,000.00
 Policy No: 48102463-002

Claim Number: 02-9384987-01

Insured: JOEL ROBINETT
 Address: 7770 W HEATHER AVE MILWAUKEE, WI 53223
 Telephone: Work Phone: (414) 765-3979 Home Phone: (414) 617-3995

Mitchell Service: 911130

Description: 1997 Honda Accord LX
 Body Style: 4D Sed
 VIN: 1HGCD5632VA073874
 Mileage: 69,808
 OEM/ALT: A
 Color: BLUE
 Options: Air Conditioning, Power Steering, Power Brakes, Power Windows, Power Door Locks, Tilt Steering Wheel, Cruise Control, Electric Defogger, AM-FM Stereo Cassette, Automatic Transmission, Power Driver Seat, Passenger-Front Air Bag, Disc Brakes, 4-Door, Driver-Front Air Bag.

Vehicle Production Date: 11/96
 Drive Train: 2.2L I4 4 Cyl4A
 License: 766APK WI
 Search Code: BROOKFIELD1

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	500223	BDY	REMOVE/REPLACE	QUARTER PANEL			
2	AUTO	REF	REFINISH	L REPLACE QUARTER PANEL	-S Qual Recycled Part	300.00*	19.5
3	AUTO	REF	REFINISH	L QUARTER PANEL			C 3.0
4				L ADD FOR EDGE & PILLAR			C 1.0
5				JANTZ 84869 800 554 4770			
6				CALL SHOP FOR FLOOR CUT			
7	900500	REF*	REFINISH/REPAIR	LINE MARKUP \$20.00		60.00	
8				CORROSION PROTECTION-MAJOR REPAIR	Sublet	15.00*	0.5*
9	500254	BDY	REMOVE/REPLACE	REAR BUMPER & LAMPS			
10	AUTO	REF	REFINISH	REAR REPLACE BUMPER	Qual Recycled Part	200.00*	INC
11				REAR BUMPER			C 1.6
12				JANTZ 84869 - 800 554 4770			
				LINE MARKUP \$20.00		40.00	
				*** END OF ATG SECTION ***			
13	116150	REF	BLEND	REAR DOOR			
				L REAR DOOR OUTSIDE			C 0.8
				MANUAL ENTRIES			

ESTIMATE RECALL NUMBER: 12/02/02 12:26:07 02-9384987-01

Mitchell Data Version: NOV_02_A
 UltraMate Version: 4.8.013

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Date: 12/31/02 12:26 PM
 Estimate ID: 02-9384987-01
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 Supplement: 1(P) 12/31/02 12:26:0
 Profile ID: Wauk:all_part_types

14	900500	BDY*	REPAIR	SET UP AND MEASURE	Existing		2.0*
15	900500	BDY*	REPAIR	SUBSEQUENT PULLS	Existing		2.0*
16	900500	BDY*	REMOVE/REPLACE	FLEX ADD	Sublet	12.00*	0.0*
17	900500	BDY*	REMOVE/REPLACE	4 WHEEL ALIGNMENT	Sublet	79.95*	0.0*
18	116410	BDY	REMOVE/INSTALL	REAR DOOR			
19	116430	BDY	REMOVE/INSTALL	L REAR BELT MLDG			0.9 #
20	101707	BDY	REMOVE/INSTALL	L REAR DOOR MOULDING			0.3
				L REAR DOOR HANDLE			0.8 #
21	119410	REF	REFINISH	QUARTER PANEL			
22				R QUARTER PANEL OUTSIDE			C 1.0*
23	120210	BDY	REMOVE/REPLACE	BLEND W/IN PANEL			
24	900500	BDY*	ADD'L LABOR OP	L REAR QUARTER TRIM PANEL	94651-SV4-ADDZA	132.11	0.9 #
				CUT, FIT & TRIM USED PART	Existing		3.0*
25	102359	REF	REFINISH	LUGGAGE LID			
26	102264	BDY	REMOVE/INSTALL	LUGGAGE LID OUTSIDE			C 1.7
27	102328	BDY	REMOVE/REPLACE	LUGGAGE LID ASSY			0.5
28	102334	BDY	REMOVE/INSTALL	LUGGAGE LID ADHESIVE EMBLEM	75701-SV4-A00	15.80	0.2
				LUGGAGE LID MOULDING	Existing		0.2*
29	100051	BDY	REPAIR	REAR BODY			
30		REF	REFINISH	REAR BODY PANEL	Existing		3.0*#
				REAR BODY PANEL			C 1.1
31	102374	BDY	REMOVE/REPLACE	REAR LAMPS			
				L COMBINATION LAMP LENS & HOUSING	Qual Recycled Part	50.00*	0.5

32			JANITE 84869 800 554 4770	
33			LINE MARKUP \$20.00	
34	REF	ADD'L OPR	ADDITIONAL OPERATIONS	10.00
			CLEAR COAT	
35		ADD'L COST	QUARTER PANEL	2.9
36		ADD'L COST	PAINT/MATERIALS	
			HAZARDOUS WASTE DISPOSAL	326.40*
				1.00*

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

ESTIMATE RECALL NUMBER: 12/02/02 12:26:07 02-9384987-01

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UltraMate Version: 4.8.012

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Profile ID: Wauk:all_part_types

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals
Body	33.8	44.00	0.00	0.00	1,487.20 T
Refinish	13.6	44.00	0.00	15.00	613.40 T
Taxable Labor					2,100.60
Labor Tax @ 5.100%					107.13
Labor Summary 47.4					2,207.73

II. Part Replacement Summary	Amount
Taxable Parts	789.86
Parts Adjustments	210.00
Sales Tax @ 5.100%	45.89
Total Replacement Parts Amount	945.75

III. Additional Costs	Amount
Taxable Costs	327.40
Sales Tax @ 5.100%	16.70
Total Additional Costs	344.10

IV. Adjustments	Amount
Insurance Deductible	1,000.00-
Customer Responsibility	1,000.00-
I. Total Labor:	2,207.73
II. Total Replacement Parts:	945.75
III. Total Additional Costs:	344.10
Gross Total:	3,497.58
IV. Total Adjustments	1000.00-
Net Total:	2,497.58
Less Original Net Total:	2,295.79
Net Supplement Amount:	201.79
SI: ROB HOLZKRICHTER	201.79

Point(s) of Impact

9 LEFT REAR SIDE (P)

Insurance Co: PROGRESSIVE INSURANCE, BROOKFIELD
Address: 175 N. CORPORATE DR SUITE 160
BROOKFIELD, WI 53045
Telephone: (262) 879-7100
Fax phone: (262) 879-0371

Inspection Site: MANDER COLL
WAUKESHA, WI
Inspection Date: 12/23/02

ESTIMATE RECALL NUMBER: 12/02/02 12:26:07 02-9384987-01

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THIS IS A DAMAGE ASSESSMENT ONLY--NOT AN AUTHORIZATION TO REPAIR -
BASED ON DAMAGE VISIBLE OR CERTAIN AT THE TIME IT WAS WRITTEN.

THE OWNER OF THE VEHICLE MAY SELECT THE REPAIR FACILITY OF HIS/HER CHO
ICE.

TO ENSURE PROPER AND PROMPT PAYMENT FOR ADDITIONAL DAMAGE DISCOVERED D
URING THE COURSE OF REPAIRS, CONTACT PROGRESSIVE FOR SUPPLEMENT HANDLI
NG PROCEDURES.

REPAIR SHOP MANAGER'S/AUTHORIZED REPRESENTATIVE'S SIGNATURE INDICATING
AGREEMENT ON COST OF REPAIRS, TOWING/STORAGE CHARGES, AND TO COMPLETE
ALL LISTED REPAIRS: _____

ESTIMATED COMPLETION DATE: _____

ESTIMATE RECALL NUMBER: 12/02/02 12:26:07 02-9384967-01

Mitchell Data Version: NOV_02 A
UltraMate Version: 4.8.012

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Page 4 of 5

Date: 12/31/02 12:26 PM
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LIFETIME GUARANTEE FOR SHEET METAL AND PLASTIC BODY

PARTS

The replacement parts written on the estimate are intended to return y
our vehicle to its pre-loss condition with proper installation. After
repair, if any sheet metal or plastic body part included in the estim
ate fails to return your vehicle to its pre-loss condition (assuming p
roper installation), in terms of form, fit, finish, durability or func
tionality, Progressive will arrange and pay for the replacement of the
part, to the extent not covered by a manufacturer's or other warranty
. This service will be performed at no cost to you (including associat
ed repair and rental car costs). To obtain service under this Guarante
e, call Progressive at 1-800-274-4641.

This Guarantee applies as long as you own or lease the vehicle. This G
uarantee is not transferable and terminates if you sell or otherwise t
ransfer your vehicle.

THIS GUARANTEE DOES NOT COVER NORMAL WEAR AND TEAR OR DAMAGE CAUSED BY
IMPROPER MAINTENANCE, NEGLIGENCE, ABUSE OR SUBSEQUENT ACCIDENT.

THIS GUARANTEE IS LIMITED TO ARRANGING FOR THE SELECTION OF REPAIR PAR
TS THAT WILL RETURN YOUR VEHICLE TO ITS PRE-LOSS CONDITION. ACCORDING
LY, PROGRESSIVE WILL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL OR CON
SEQUENTIAL DAMAGES THAT RESULT FROM THE INSTALLATION OR USE OF THESE P
ARTS.

Part Type Terms and Abbreviations

NEW and OEM or part number displayed -- These refer to a new, original
equipment manufacturer part.
NON-OEM and A/M and QUAL REFL -- These refer to an after-market part,
which is a new, non-original equipment manufacturer part.

USED/RECYCLED and LRO -- These refer to a used OEM part.
REMANUFACTURED and RECOND. and RECORE -- These refer to used/recycled
OEM parts that have been refurbished.

WARNING: Accidental air bag deployment is possible. Personal injury may result. Avoid area near steering wheel and instrument panel even if air bags have deployed. Dual-stage air bag modules may be present that could contain an undeployed stage. When disposing of a deployed dual-stage air bag, always treat it as a "live" module. See appropriate MITCHELL(R) AIR BAG SERVICE & REPAIR MANUAL, or OEM information.

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EVENT LOG

File Created: 12/23/2002 02:11:04 PM
Estimate Started 12/31/2002 12:26:07 PM
Estimate Printed 12/31/2002 12:26:43 PM
Estimate Completed 12/31/2002 12:26:51 PM
Estimate Uploaded 01/06/2003 06:55:08 PM



CMSD2340 /CMSM2340

OPID: FXS0008

INSD: ROBINETT, JOEL D

DOL : DEC 19 02 WI-MILWAU-GRP-

P A C M A N

CLAIM PAYMENT INQUIRY

CLM: 029384987 ACTIVE

FEB 15 03 - 7:43

TERMID: VT610004

POL: 48102463-2

REP: R HOLZRICHTER

PAY TO THE ORDER OF:

TOTAL DRAFT AMOUNT:

2,295.79

LINE 1: JOSHUA ROBINETT (ONLY) *****

LINE 2:

LINE 3:

ADDRESS: 7770 W HEATHER AVE

CITY: MILWAUKEE

ST/PR* WI ZIP/CPC: 53223

CNTRY* US

IN PAYMENT OF: COLL ON 97 ACCORD LESS 1000 DED

1099	? N	FEDERAL TAX ID:	LAST UPDT REP: RMH0011
CDS CODE *	13 PCL	EFT TRACE #:	ISSUING REP: R HOLZRICHTER
BANK CODE*	AS2	ISSUE DATE : DEC 24 02	APPROVED BY:
STATE	* WI	AREA * 644	REVIEW DATE: 00 00
STOP RSN *		DRAFT # : 427282988	REVIEWED BY:

COMMAND:

CMSD2340 /CMSM2340

P A C M A N

OPID: FXS0008

CLAIM PAYMENT INQUIRY

FEB 15 03 - 7:43

INSD: ROBINETT, JOEL D

TERMID: VT610004

DOL : DEC 19 02 WI-MILWAU-GRP-

CLM: 029384987 ACTIVE

POL: 48102463-2
REP: R HOLZRICHTER

PAY TO THE ORDER OF:

TOTAL DRAFT AMOUNT:

658.69

LINE 1: ENTERPRISE RENT A CAR INC (ONLY) *****
LINE 2:
LINE 3:

ADDRESS: S17 W22650 LINCOLN AVE

CITY: WAUKESHA

ST/PR* WI ZIP/CPC: 53187

CNTRY* US

IN PAYMENT OF: RN BILL FOR NI. 25.99/DAY FOR 24 DAYS RN#D288730-4411

1099	? N	FEDERAL TAX ID:	LAST UPDT REP: RMH0011
CDS CODE *	13 PCL	EFT TRACE #:	ISSUING REP: R HOLZRICHTER
BANK CODE*	AS2	ISSUE DATE : JAN 20 03	APPROVED BY:
STATE	* WI	AREA * 644	REVIEW DATE: 00 00
STOP RSN *		DRAFT # : 427602719	REVIEWED BY:

COMMAND: