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*ALSO ADMITTED IN ORIO

**ALSO ADMITTED IN MICHIGAN

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MARY LEE RATZEL WILLIAM R. SACHSE, JR. RANDY S. PARLEE JANET E. CAIN

December 11, 2006

VIA FACSIMILE, ORIGINAL MAIL

CHICAGO OFFICE

SUITE 2000 30 NORTH LASALLE CHICAGO, ILLINOIS 60602 TELEPHONE 312-782-7150 METRO WI AREA 414-431-5768 FACSIMILE 312-238-9018

Ronald D. Leonhardt City Clerk City Hall, Room 205 200 East Wells Street Milwaukee, WI 53202

RE: Progressive Insurance Company and Brian D. Johnson v. Elisha Henry, Jr.

CI File No. 05-V-100 Client's File No. B78903 Claim No. 055921573 Our File No. 1222-0047

Dear Clerk:

I represent Progressive Northern Insurance Company in regard to its claim for monetary damages arising out of a May 25, 2005 motor vehicle accident that occurred at or near the intersection of South 35th Street and West Mitchell Street, located in Milwaukee, Wisconsin. Kindly set this matter for a hearing and advise me of the same.

Thank you for your attention to this matter. If you have any questions, comments or concerns, please advise.

Very truly yours,

PETERSON, JOHNSON & MURRAY, S.C.

Werner Erich Scherr WES:pc



Correspondence Address: P.O. Box 89440 Cleveland, OH 44101 Phone: (877) 818-0139 Fax: (888) 792-5922

OUR INSURED: JOHNSON, BRIAN D

DATE OF LOSS: MAY 25 05

LOSS LOCATION: 35TH ST & MITCHELL ST

YOUR DRIVER: HENRY, ELIJAH

FACTS OF LOSS: LIA: IV WAS NB ON 35TH STREET AT MITCHELL(35TH IS 2 LANES IN EACH DIRECTION). THE INSD WAS IN THE RIGHT LANE AT A STOP LIGHT. THE CV WAS IN THE LEFT LANE. THE LIGHT WAS RED AND THE INSD WAS STOPPED THEN CHANGED TO GREEN. THE CV WAS BEHIND A VEHICLE IN THE LEFT LANE THAT WAS WAITING TO MAKE A LEFT TURN. THE CV ATTEMPTED TO GO AROUND THIS VEHICLE AND IN DOING SO THE CV STRUCK THE IV IN THE LEFT REAR. BOTH VEHICLES STOPPED.

FAX TRANSMITTAL

June 03, 2005

P.O. Box 89440

Cleveland, OH 44101

Fax: 888-792-5922

To:

TORT CLAIMS

Company:

CITY CLERK

Our Insured:

JOHNSON, BRIAN D

Our Claim#:

055921573

Date Of Loss:

MAY 25 05

Your Insured:

CITY OF MILWAUKEE

Your Claim/Policy#:

N/A

Total Subrogation Balance: \$3,334.00. This includes our insured's \$500.00 deductible. We are seeking reimbursement at 100 %, for a total of \$3,334.00.

Please take this as 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 NORTHERN INSURANCE as Subrogee of JOHNSON, BRIAN D", in the amount stated above and mail it to the attention of the undersigned.

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 NORTHERN INSURANCE Subrogation Representative CHUCK JULIANA 440-603-7487

PLEASE INCLUDE OUR CLAIM # ON ANY AND ALL CORRESPONDENCE



Not what you'd expect from an insurance company.^{sм}

Date: 5/26/2005 02:40 PM Estimate ID: 05-5921573-01

Estimate Version: 0

Committed

Profile ID: Milw:all_part_types

PROGRESSIVE

175 N. CORPORATE DRIVE SUITE 110 BROOKFIELD, WI 53045

(262) 879-7153 Fax: (262) 879-0371

Damage Assessed By: JUSTIN YAHNKE

Appraised For: JUSTIN YANKE

(262) 879-7153

Type of Loss: Auto Date of Loss: 5/25/2005 Contact Date: 5/26/2005 Deductible: 500.00 Policy No: 46543184-004

Claim Number: 05-5921573-01

Insured: BRIAN JOHNSON Address: 7920 W BARNARD AVE GREENFIELD, WI 53220

Telephone: Home Phone: (414) 282-3681

Mitchell Service: 918529

Description: 2002 Chrysler Sebring LXi

Body Style: 4D Sed

Vehicle Production Date: 07/01

VIN: 1C3EL56R22N103625 Mileage: 63,698

Drive Train: 2.7L Inj 6 Cyl 4A FWD License: 412GLL WI

OEM/ALT: A

Color: BLUE

Search Code: BROOKFIEL1

Options: Alum/Alloy Wheels, Air Conditioning, Power Steering, Power Brakes, Power Windows, Power Door Locks,

Tilt Steering Wheel, Cruise Control, Electric Defogger, Power Sunroof, Automatic Transmission, Power Driver Seat, AM-FM Stereo/CDPlayer(Single), Fog Lights, Passenger-Front Air Bag, Power Remote Mirror,

V6 Engine, 4-Door, Driver-Front Air Bag.

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
L B	000060	BDY	REMOVE/REPLACE	FRONT SUSPENSION REPLACE WHEEL			***
				jantz 800554-4770 quote 42914 LINE MARKUP % 20.00	Used/Recycled	150.00*	0.3
	000142	BDY	REMOVE/REPLACE	REAR DOOR		30.00	
	AUTO	rep	refinish	L REAR REPLACE DOOR ASSY L REAR DOOR	Used/Recycled	d 225.00*	1.1
•	AUTO	ref	Refinish	L REAR ADD FOR JAMBS & INTERIOR		C	1.6
				smart parts s/w jim quote 270134 LINE MARKUP %20.00		C	1.0
				*** END OF ATG SECTION ***		45.00	
	300776	REF	BLEND	FRONT DOOR			
	300790	BDY	REMOVE/INSTALL	L FRT DOOR OUTSIDE L FRT DOOR MIRROR		c	0.9
1	301530	BDY	REMOVE/INSTALL			ū	0.2 #
8	301608	BDY	REMOVE/INSTALL	L FRT DOOR REAR WINDOW FRAME MLDG L FRT OTR BELT MOULDING			0.3
8	300798	BDY	REMOVE/INSTALL	L FRT DOOR ADHESIVE MOULDING			0.3
			,	add .3 for clean and retape	Existing		0.2 *
		BDY	ADD'L LABOR OP	L FRT DOOR ADHESIVE MOULDING			
egri	מ שיי לא	©∂%TT ¥	TTIME - /				0.3 *
	TARELES IC	ecurit v	UMBER: 5/27/2005	09:20:20 05-5921573-01			

Mitchell Data Version: MAY_05_A UltraMate Version: 5.5.021

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Date: 5/26/2005 02:40 PM

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Estimate ID: 05-5921573-01

Estimate Version: 0 Committed

Profile ID: Milw:all_part_types

17	800814	Dna			. route in: wilm:arr_bart_f	.ypes	
	44454	1317.1	REMOVE/INSTALL	L FRT OTR DOOR HANDLE			
18	800878		REFINISH	REAR DOOR L REAR DOOR MOULDING		0.5	#
19	801532	BDY	REMOVE/INSTALL	7. DEAD BOOK HOUDDING	r r	6 6	
20	800880	BDY	REMOVE/INSTALL	L REAR DOOR REAR WINDOW FRAME MLDG	<i>₩</i>	0.5	
21			THE PARTY OF THE P	L REAR UPR DOOR MOULDING		0.3	
22		BDY	ADD'L LABOR OP	add .3 for clean and retape		0.1	
23	800886			L REAR UPR DOOR MOULDING			
24	800898		REMOVE/INSTALL	L REAR DOOR TRIM PANEL		0.3	*
25.05	000038	BDX	REMOVE/INSTALL	L REAR OTR DOOR HANDLE		INC	
						^ -	44

Progre	essive In	nsurai	nce - Estimate				
25	801426		REMOVE/INSTALL	L REAR DOOR OPENING WEATHERSTRIP		Existing	Page 2 of 5
26 27	801911	BDY	REPAIR	SIDE BODY L DOOR OPENING PANEL ASSY	~S	Existing	0.6 *
28 29 30 31		ref Ref	Refinish/Repair Remove/Replace Refinish Refinish	partial refinish, full clear L DOOR OPENING PANEL ASSY L QUARTER OUTER PANEL L QUARTER PANEL OUTSIDE L QUARTER PANEL EDGE	-s	5018845AB	4.0 * C 1.8 * 310.00 15.5 # C 1.5
32 33	802221	rep Bdy	refinish Repair	L ADD FOR PILLAR L QUARTER WHEELHOUSE PANEL		Existing	C 0.5 C 0.5 3.5 *
34	901107	T3 23.87	D. 202.20.20.	REAR BUMPER		-	3.5 *

REAR BUMPER COVER

REAR BUMPER COVER

REAR BUMPER COVER

PAINT/MATERIALS

CLEAR COAT SPECIAL ENTRY

TOWING

ADDITIONAL OPERATIONS

HAZARDOUS WASTE DISPOSAL

partial refinish, full clear coat

MOUNT & BALANCE, VALVE STEM & DISP FEE

CORROSION PROTECTION - MINOR REPAIR

* - Judgement Item

REPAIR

REMOVE/INSTALL

REFINISH/REPAIR

REPAIR

ADD'L OPR

ADD'L COST

ADD'L COST

ADD'L LABOR OF

REFINISH/REPAIR

34

35

36

37

38

39

40

41

42

43

801187 BDY

801191 BDY

900500 MCH*

900500 REF*

900500 BDY*

REF

REF

ESTIMATE RECALL NUMBER: 5/27/2005 09:20:20 05-5921573-01

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Profile ID: Milw:all_part_types

INC #

0.5 *#

C 1.4 *

3.1

340.60*

1.00*

12.00* 0.0 *

0.00* 0.3 *

130.00* 0.0 *

Date: 5/26/2005 02:40 PM Estimate ID: 05-5921573-01 Estimate Version: 0 Committed

Existing

Sublet

Sublet

Sublet

I. 1	abor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
	Body Refinish Mechanical	28.5 13.1 0.0	46.00 46.00 55.00	0.00 0.00 0.00	130.00 0.00 12.00	1,441.00 T 602.60 T 12.00 T	Taxable Parts Parts Adjustments Sales Tax \$ 5.600%	685.0 75.0
	Taxa	ble Labor Labor Tax	3	5.600%		2,055.60 115.11	Total Replacement Parts Amount	42. 5 802.5
L	abor Summary	41.6				2,170.71		•
TT.	Additional co-	à						

า	Taxable Labor Labor Tax	3	5.600%	2,055.60 115.11	Total Replacement Parts Amount	42.5 802.5
Labor Summary	41.6			2,170.71		
[II. Additional	Costs			% was account to		
Taxable C	inah a				. Adjustments	Amount
a manual di C	Sales Tax	@	5.600%	341.60 19.13	Insurance Deductible	500.0
Total Add	itional Costs			360.73	Customer Responsibility	500.0

^{# -} Labor Note Applies C - Included in Clear Coat / Three Stage Calc

II.	Total	Labor: Replacement Parts: Additional Costs: Gross Total:	2,170.7 802.5 360.7 3,334.0
IV.	Total	Adjustments: Net Total:	500.0 2,834.0

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.

Inspection Site: Hub South Address: Hwy 100

West Allis, WI

Inspection Date: 5/26/2005

ESTIMATE RECALL NUMBER: 5/27/2005 09:20:20 05-5921573-01

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> Date: 5/26/2005 02:40 PM Estimate ID: 05-5921573-01

Estimate Version: 0

Committed

Profile ID: Milw:all_part_types

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

IF FRAME OR UNIBODY REPAIR IS INCLUDED ON THIS ESTIMATE, THE AMOUNT SHOWN INCLUDES TIME OR ALLOWANCES FOR MEASURING BEFORE, DURING AND AFTER THOSE REPAIRS.

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:	
	COMEDITION	DATE:	

ESTIMATE RECALL NUMBER: 5/27/2005 09:20:20 05-5921573-01

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Date: 5/26/2005 02:40 PM Estimate ID: 05-5921573-01

Estimate Version: 0 Committed

Profile ID: Milw:all_part_types

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 functionality, 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 associated 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 Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

THIS GUARANTEE DOES NOT COVER NORMAL WEAR AND TEAR OR DAMAGE CAUSED BY IMPROPER MAINTENANCE, NEGLECT, 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 REPL -- These refer to an after-market part, which is a new, non-original equipment manufacturer part.

USED/RECYCLED and LKQ -- These refer to a used OEM part.

REMANUFACTURED and RECOND. and RECORE -- These refer to used/recycled OEM parts that have been refurbished.

Event Log

File Created: 05/26/2005 01:56:30 PM
Estimate Started: 05/26/2005 01:59:54 PM
Estimate Printed: 05/26/2005 02:40:49 PM
Estimate Committed: 05/27/2005 09:20:20 AM
Estimate Uploaded: 06/02/2005 07:20:38 AM

ESTIMATE RECALL NUMBER: 5/27/2005 09:20:20 05-5921573-01

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ige: 1 Document Name: untitled

MSD2340 /CMSM2340 PID: CLJ0014

CLAIM PAYMENT INQUIRY PACMAN

NSD: JOHNSON, BRIAN D

OL : MAY 25 05 WI-MILWAU-GRP-

CLM: 055921573

OPEN

TERMID: VT620514 POL: 46543184-4

JUN 03 05 - 11:14

YANKE REP: J

PAY TO THE ORDER OF:

TOTAL DRAFT AMOUNT:

2,834.00

BRIAN D JOHNSON AND HUB SOUTH ONLY***************** LINE 1: LINE 2:

LINE 3:

ADDRESS: 3035 S 108TH STREET

ITY: WEST ALLIS

ZIP/CPC: 53227 ST/PR* WI

CNTRY* USA

COLL COVERAGE-02 SEBRING-LESS 500 DED V PAYMENT OF:

FEDERAL TAX ID: 390739375

LAST UPDT REP: JRY0002 J YANKE ISSUING REP: APPROVED BY: REVIEW DATE: ISSUE DATE: MAY 27 05 * 644 EFT TRACE #: DRAFT # AREA)99 ? Y FEI)S CODE * 13 PCL NK CODE* AS2 OP RSN * ATE

: 440037466

00 00 REVIEWED BY:

MMAND:

:: 06/03/2005 Time: 11:14:25 AM