

April 22, 2008

Attn: City Clerk & Steve Carini

Claim #07-S-443 – Original Claim submitted on 12/26/07

I'm writing to appeal a decision that was made to deny an alleged claim against the City of Milwaukee for a water main break on the corner of 22nd & Wright on 12-13-07.

In your letter you stated you received a report of a leak and responded in a timely manner. What time did the call or report come in and what do you call a timely response. I beg to differ because I watched the DPW ride in this area they circled numerous times because to try and locate this break there was so much water in our area and due to the fact our cars are parked on the street in front of my house my vehicle was flooded. Again I'm looking to be reimbursed for my expenses or some of my expenses. I took my car to Amato Olds on N2 Port Washington Rd had to leave my car 9 days to allow for my vehicle to dry in order for them to see how much damage was done. I had to get a rental vehicle so that I could get to work and function.

Rental Car – My portion because I have insurance \$5 p/day (12/14 – 12/24/07) = **\$45.00.**

Gas in the rental (receipts are submitted with the original claim) = **\$40**

My Insurance Co-pay (since I had to file the claim against my own insurance) **\$100**

Missed work on 12/14 because I had no car, power, or hot water (stubs are attached with the original claim) **\$173.00**

Total = \$358.00

I feel that the City should be responsible for something out of this claim.

If you have any questions please contact me

Charita Ross 414-906-7724

08 APR 23 AM 10:04
CITY OF MILWAUKEE

2008 APR 22 AM 9:38
CITY OF MILWAUKEE
RECORDS
OFFICE OF
CITY ATTORNEY

**State Farm Mutual Automobile
Insurance Company**

Home Office, Bloomington, Illinois 61710



December 27, 2007

MILWAUKEE

2008 JAN -3 AM 11:39

City Clerk
Attn: CLAIMS
200 E. Wells St., Room 205
Milwaukee WI 53202-3567

Auto Claims
State Farm Insurance
PO BOX 82613
Lincoln NE 68501-2613

RONALD J. LECHTARSKI
CITY CLERK



RE: Claim Number: 49-5010-612
Date of Loss: 12-12-07
Our Insured: Kenneth F & Charita Ross
Case number:
Loss Location: 2456 N 22nd Street, Milwaukee, WI 53206-1522

Dear Sir or Madam:

A city water main broke and flooded the street in front of our insured's home. As a result of the water main break, our insured incurred damage to their motor vehicle in the amount of \$638.88. State Farm Insurance has issued payment in that amount and is asserting its subrogation rights.

Please accept this as notice of our subrogation claim.

Pursuant to Wisconsin Open Records Law (§19.31-19.31 Wis.Stats.) we are requesting any written regulations, policies, and/or protocols mandated by the city regarding the inspection, testing, and maintenance of city water mains, and in particular the main at or adjacent to 2456 N 22nd Street, Milwaukee, WI 53206-1522. In addition, we are requesting any findings regarding the inspection, testing, and maintenance of the main at or adjacent to 2456 N 22nd Street, Milwaukee, WI 53206-1522

Sincerely,

Jason LaRose
Claim Representative
(262) 798-7512

CITY ATTORNEY
2008 JAN -3 PM 8:32
CITY CLERK

1-3-08

ATTN: Steve CARINI
FROM: CHARITA ROSS

CLAIM # 07-5-443

RENTAL CAR

419-KKF

WELCOME TO
CITGO-255

00011926255-01 BULK CITGO #255
6410 W SILVER SPRI MILWAUKEE WI

Descr.	qty	amount
Prepay CAN02		20.00
Sub Total		20.00
Tax		0.00
TOTAL		20.00
CASH \$		20.00

THANKS, COME AGAIN
REG# 0001 CSH# 001 DR# 01 TRAN# 15395
12/18/07 17:05:26 ST# AB125

RENTAL CAR
419-KKF

WELCOME TO
BULK PETROLEUM #212

4209 W SILVER SPRINGS
MILWAUKEE, WI 53209
414-438-9118

00000049700-01 BULK MARATHON 212
4209 W SILVER SPRI MILWAUKEE WI

Descr.	qty	amount
Prepay CAN02		20.00
Sub Total		20.00
Tax		0.00
TOTAL		20.00
CASH \$		20.00

THANKS, COME AGAIN
REG# 0001 CSH# 001 DR# 01 TRAN# 17222
12/23/07 10:38:56 ST# 212

CITY ATTORNEY

08 JAN -3 AM 8:13

CITY OF MILWAUKEE

12-26-07

CITY OF MILWAUKEE

Attention: ^{2007 DEC 26 PM 12:00} City of Milwaukee Claims #205
Subject: ^{RONALD L. LEONARD} Water Main Break on 22nd
Wright Street on 12-13-07

Damage - My vehicle was flooded
I took my car to Amato Olds/Cadillac
on North St. Washington Rd on 12-14-07
I had to leave my vehicle and get a
rental car from Enterprise Rental
car I'm looking to be reimbursed
by the City of Milwaukee for the following:

My Personal Expenses

Car Rental My portion #5 day (12-14-07-12/24/07)
= \$450.00

Gas in vehicle = \$40.00 (Receipts attached)

Insurance Copay = \$100.00

Missed work on 12/14/07 = \$173.00 (Stub inc.)

Pain & Suffering = \$150.00

Grand Total = \$508.00

STATE FARM INS EXPENSES

= \$638.00 (Estimate Attached)

= CAR RENTAL \$16 / Per Day 12/14 - 12/24

RENTAL CAR

WELCOME TO
CITGO-255

00011926255-01 BULK CITGO #255
6410 W SILVER SPRI MILWAUKEE WI

Descr.	qty	amount
Prepay CA#02		20.00
Sub Total		20.00
Tax		0.00
TOTAL		20.00
CASH \$		20.00

THANKS, COME AGAIN
REG# 0001 CSH# 001 DR# 01 TRAN# 15395
12/18/07 17:05:26 ST# ABL23

ENTERPRISE RENT-A-CAR COMPANY, INC., 5623 N GREEN BAY AVE, GLENDALE, WI 532094406 (414) 540-7100

RENTAL AGREEMENT REF#
475428 275DNL

RENTER
ROSS, CHARITA

DATE & TIME OUT
12/14/2007 03:04 PM
DATE & TIME IN
12/24/2007 01:04 PM

BILLING CYCLE
CALENDAR DAY

VEH #1 2008 NISN SENT BASE
VIN# 3N1AB61EX8L627995
LIC# 419KKF
MILES DRIVEN 458

BILL TO ACCOUNT# STF4406
STATE FARM-MILWAUKEE**
ATTN: LONGMEYER, BILL
P.O. BOX 13368
MILWAUKEE, WI 53213

CLAIM INFO
495010612
INSURED: SAME
LOSS DATE: 12/12/2007
INSURED
SHOP: AMATO COLLISION CENTER-
EAST**
PHONE: (414) 964-4400
ATTN: KEN

SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	12/14 - 12/24	11	DAY	\$18.55	\$204.05
REFUELING CHARGE	12/14 - 12/24				\$0.00
Subtotal:					\$204.05
Taxes & Surcharges					
SALES TAX	12/14 - 12/24			5.6%	\$11.68
TITLE & REGISTRATIONS	12/14 - 12/24	11	DAY	\$0.41	\$4.51
RECOVERY FEE					
Total Charges:					\$220.24
Bill-To / Deposits					
STATE FARM-MILWAUKEE**					
TIME & DISTANCE	12/14 - 12/24	11	DAY		
SALES TAX	12/14 - 12/24	1	PERCENT	5.6%	
TITLE & REGISTRATIONS	12/14 - 12/24	11	DAY		
RECOVERY FEE					
Subtotal:					(\$176.00)
DEPOSITS					(\$19.24)

Total Amount Due \$0.00

PAYMENT INFORMATION
AMOUNT PAID TYPE
\$19.24 CASH
\$25.00 Visa

CREDIT CARD NUMBER
XXXXXXXXXXXX3515 PENDING

Manpower, Inc.
 100 Manpower Place
 Milwaukee, WI 53212

[Print Pay Check](#) [Close Window](#)

General			
Name:	Charita L Ross	Pay Begin Date:	11/24/2007
Employee ID:	21314	Pay End Date:	12/07/2007
Address:	2456 N 22nd St Milwaukee, WI 53206-1522	Check Date:	12/13/2007
		Department:	6506 - Global IS Governance
		Base Rate:	\$1,730.76 Biweekly

Tax Data			
Fed Marital Status:	Married	WI Marital Status:	Married
Fed Allowances:	1	WI Allowances:	1
Fed Addl Percent:	0.000	WI Addl Percent:	0.000
Fed Addl Amount:	\$0.00	WI Addl Amount:	\$0.00

Earnings				
Description	Hours	Earnings	YTD Hours	YTD Earnings
Regular	80.00	1,730.77	1786.00	36,472.50
PTO			180.00	3,668.00
Pr Yr Pto			32.00	633.85
Total:	80.00	1,730.77	1998.00	40,774.35

Taxes		
Description	Current	YTD
Fed Withholding	156.54	3,637.70
Fed MED/EE	25.10	591.23
Fed OASDI/EE	107.31	2,528.01
WI Withholding	101.46	2,406.87
Total:	390.41	9,163.81

Pre-Tax Deductions		
Description	Current	YTD
401(k)	51.92	641.09
Total:	51.92	641.09

After-Tax Deductions		
Description	Current	YTD
United Way	2.00	50.00
Dep Life	0.29	7.25
Sup AD&D	0.89	22.25
Sp Life	2.43	60.75
Total:	5.61	140.25

PTO Balances	
Description	Hours
Carryover	25.93
YTD Earned	230.53
YTD Taken	180.00
Current Balance:	76.46

Net Pay Distribution				
Payment Type	Advice Number	Account Type	Account Number	Amount
Direct Deposit	164899	Savings	X4005	57.00
Direct Deposit	164899	Checking	X4005	1,225.83
				1282.83

5200 North Port Washington Road
Glendale, WI 53217
(414) 964-4400
(414) 964-1433

**Amato Collision
Center - East**

Fax

To: Charita Ross	From: Steve Italiano
Fax: 414-906-7798	Pages: 4 incl cover
Phone:	Date: December 19, 2007
Re: 2001 Cavalier	cc:

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

• **Comments:**

AMATO COLLISION CENTER
5200 N PORT WASHINGTON ROAD
'GLENDALE, WISCONSIN' 53217
OFFICE: 414-964-4400 FAX: 414-964-1433

CD LOG NO 9333-1 DATE 12/19/07

SHOP: AMATO COLLISION CENTER EAST
ADDRESS: 5200 N. PORT WASHINGTON RD.
CITY STATE: GLENDALE, WI
ZIP: 53217-

INSP DATE: 12/17/07
CONTACT: STEVE ITALIANO
PHONE 1: (414)964-4400
FAX: (414)964-1433

OWNER: ROSS, KENNETH
ADDRESS: 2456 N 22ND ST
CITY STATE: MILWAUKEE, WI
ZIP: 53206-1522

HOME PHONE: (414)374-8284

CLAIM#: 49-5010-61201
INSURED: ROSS, KENNETH
LOSS DATE: 12/12/07
POINT OF IMPACT: 16

CLAIM REP: PROCESSOR, COMBO
TYPE OF LOSS: COMPREHENSIVE

PROMISE DATE: 12/26/07
VEH. DROP OFF DATE/TIME: 12/14/07 12:20 PM

INS. CO: STATE FARM
ADDRESS: 5200 N. PORT WASHINGTON RD.
CITY STATE: GLENDALE, WI
ZIP: 53217-

CONTACT: PROCESSOR, COMBO
PHONE 1: (414)964-4400
FAX: (414)964-1433

LIC#: 539-BEM STATE: WI
BODY COLOR: BLACK
CONDITION:

VIN: 1G1JF52T117220191
MILEAGE: 49,857
ACCTNG CTL#:

DRIVEABLE: YES

VEH. INSP#:

*=USER-ENTERED VALUE	E=NEW PART	NG=REPLACE NAGS
EC=QUALITY REPLACEMENT PART		UE=DISABLED
UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT	EU=QUALITY RECYCLED PART
EP=SEE PX REPORT	OE=DISABLED	PC=PXN RECONDITIONED
PM=PXN REMAN/REBUILT	TE=PART/PARTIAL REPLACE	ET=LABOR/PARTIAL REPLACE
IT=LABOR/PARTIAL REPAIR	I=REPAIR	L=REFINISH
BR=BLEND REFINISH	TT=TWO-TONE	CG=CHIPGUARD
SB=SUBLET	N=ADDITIONAL OPERATION	RI=R&I ASSEMBLY
P=CHECK	AA=APPEARANCE ALLOWANCE	RP=RELATED PRIOR DAMAGE
UP=UNRELATED PRIOR DAMAGE		

ESTIMATE PER INSPECTION OF BUTCH CHASE
REPAIR TIMES BASED ANTICIPATED DRYING TIME.

2001 CHEVROLET CAVALIER LS 4DOOR SEDAN 4CYL GASOLINE 2.4
CODE: U2344B/G OPTNS E/24FMVHIJL
OPTIONS:

TWO-STAGE - EXTERIOR SURFACES
 HEATED BACK GLASS
 ANTI-LOCK BRAKE SYSTEM
 AIR CONDITIONING
 CRUISE CONTROL

TWO-STAGE - INTERIOR SURFACES
 TRACTION CONTROL SYSTEM
 TILT STEERING WHEEL
 AUTOMATIC TRANS

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
N	0892		CARPET R & I	ADDITIONAL OPERAT				3.0	1
RI	0885		SEAT ASSEMBLY,DRIVE LT	R&I ASSEMBLY				0.4	1
RI	0888		SEAT ASSEMBLY,REAR	R&I ASSEMBLY				0.2	1
RI	0886		SEAT ASSEMBLY,PASS RT	R&I ASSEMBLY				0.4	1
EC			CARPET PADDING	** NON-OEM PART	65.00*			2.0	1*
I			DIAGNOSE AIRBAG/ENGINE REPAIR					1.0	2*
SB			CLEAN/DISINFECT INTERI	SUBLET REPAIR	150.00*				1*

7 ITEMS

FINAL CALCULATIONS & ENTRIES

OTHER PARTS	65.00
PARTS & MATERIAL TOTAL	65.00
TAX ON PARTS & MATERIAL @	5.600% 3.64

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	50.00	3.0	3.0	300.00
2-MECH/ELEC	90.00		1.0	90.00
3-FRAME	50.00			
4-REFINISH	50.00			
5-PAINT MATERIAL	28.00			
LABOR TOTAL				390.00
TAX ON LABOR		@	5.600%	21.84
SUBLET REPAIRS				150.00
TAX ON SUBLET		@	5.600%	8.40
TOWING				
STORAGE				

GROSS TOTAL	638.88
LESS: DEDUCTIBLE	100.00-
NET TOTAL	538.88

SHOPLINK U7008 ES CD LOG 9333-1 DATE 12/19/07 02:00:15PM R6.37 CD 11/07

PXN: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE 53217

HOST LOG3377951

(C) 1998 - 2007 AUDATEX NORTH AMERICA, INC.

 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.

2001 CHEVROLET CAVALIER LS 4DOOR SEDAN
CD LOG NO 9333-1

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 NOT AN AUTHORIZATION TO REPAIR. ALL SUPPLEMENTS REQUIRE PRIOR APPROVAL
BY A STATE FARM CLAIM REPRESENTATIVE.

AMATO COLLISION CENTER E
5200 N PORT WASHINGTON R
GLENDALE, WI. 53217
414-964-4400

Amato Collision Center East

5200 North Port Washington Road
Glendale, WI 53217
(414)-964-4400 Fax: (414)-964-1433

RO #005967

Sale

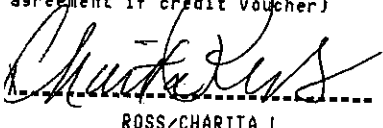
Final Bill Page 1 of 2

ID: 001005000005602465000
12/24/07 13:22:26

VISA
4305721522128417 Exp: 07/10
Appr Code: 06018A Inv#: 000001
Total: \$ 100.00

Make: 2001 Chevrolet	STATE FARM
Model: CAVALIER	
Style: 4DR	
License:	
Color:	Adjuster:
VIN:	Ins. Co. Phone (414) - x
Miles In: Miles Out:	Claim #: 49-5010-61201
Hat No.: SF	Date of Loss:
Unit No.:	Source: Shoplink®

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)



ROSS/CHARITA L

Merchant Copy
THANK YOU!

Thank you for coming to our shop for your repairs. ***

Line Items	Price	Labor	Paint	Other
LY, DRIVER LT		3.0 B		
LY, REAR		0.4 B		
LY, PASS RT		0.2 B		
ING		0.4 B		
6 Repr DIAGNOSE AIRBAG/ENGINE	65.00 A	2.0 B		
7 Sublet Labor CLEAN/DISINFECT INTERIOR		1.0 M		150.00 O
Totals		Total \$		
Parts, Non-OEM (A)	65.00			
Parts Total	65.00			
Labor, Body (B)	6.0 @ \$50.00	300.00		
Labor, Mechanical (M)	1.0 @ \$90.00	90.00		
Labor Total		390.00		
Sublet Other (O)				150.00
Other Total				150.00
Subtotal		605.00		
SALES TAX (Rate = 5.600%)		12.04		
Labor Tax (Rate = 5.600%)		21.84		
Total		638.88		
Deductible		100.00		
Insurance Total		538.88		
Customer Due		100.00		

Amato Collision Center East

RO #005967

5200 North Port Washington Road
Glendale, WI 53217
(414)-964-4400 Fax: (414)-964-1433

Date: 12/24/2007
Time: 1:05:36PM

Final Bill Page 1 of 2

CHARITA ROSS 2456 N 22. MILWAUKEE, WI 53206 Home: Work: (414) 906-7724 Est.: STEVE ITALIANO Scheduled: Arrival: 12/14/2007	Make: 2001 Chevrolet Model: CAVALIER Style: 4DR License: Color: VIN: Miles In: Miles Out: Hat No.: SF Unit No.:	STATE FARM Adjuster: Ins. Co. Phone (414) - x Claim #: 49-5010-61201 Date of Loss: Source: Shoplink®
--	---	---

*** Thank you for coming to our shop for your repairs. ***

Line	Line Items	Price	Labor	Paint	Other
1	CARPET R & I		3.0 B		
2	R&I SEAT ASSEMBLY,DRIVER LT		0.4 B		
3	R&I SEAT ASSEMBLY,REAR		0.2 B		
4	R&I SEAT ASSEMBLY,PASS RT		0.4 B		
5	Repl CARPET PADDING	65.00 A	2.0 B		
6	Repr DIAGNOSE AIRBAG/ENGINE		1.0 M		
7	Sublet Labor CLEAN/DISINFECT INTERIOR				150.00 O
Totals		Total \$			
	Parts. Non-OEM (A)	65.00			
	Parts Total	65.00			
	Labor. Body (B) 6.0 @ \$50.00	300.00			
	Labor. Mechanical (M) 1.0 @ \$90.00	90.00			
	Labor Total	390.00			
	Sublet Other (O)	150.00			
	Other Total	150.00			
	Subtotal	605.00			
	SALES TAX (Rate =5.600%)	12.04			
	Labor Tax (Rate =5.600%)	21.84			
	Total	638.88			
	Deductible	100.00			
	Insurance Total	538.88			
	Customer Due	100.00			

Amato Collision Center East

5200 North Port Washington Road
Glendale, WI 53217

(414)-964-4400 Fax: (414)-964-1433

RO #005967

Date: 12/24/2007

Time: 1:05:36PM

Final Bill Page 2 of 2

SCHEDULE OF PAYMENTS DUE:

\$ _____ INSURANCE CHECK #1 DUE AT PICKUP _____

\$ _____ INSURANCE CHECK #2 DUE AT PICKUP _____

\$ _____ INSURANCE CHECK #3 DUE AT PICKUP _____

\$ 100.00 DEDUCTIBLE DUE FROM CUSTOMER VISA

\$ _____ BETTERMENT DUE FROM CUSTOMER _____

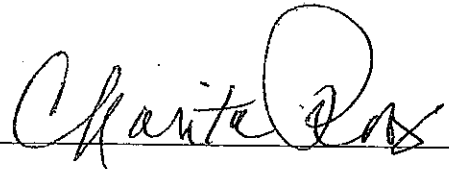
\$ 100.00 TOTAL DUE AT VEHICLE PICKUP

\$ 538.88 SUPPLEMENT PAYMENT PENDING

\$ 638.88 TOTAL COST OF REPAIR

My vehicle has been returned to me. The work has been properly completed as written on this final repair order invoice, including any additions, qualifications, or modifications made, either orally or in writing, to the original repair order. I understand that the work is covered by the Amato Collision Center warranty, of which I have received a copy. I will call Amato Collision Center should any warranty service be needed. I understand that work performed by a "Non-Amato Collision Center" facility will not be covered by the Amato Collision Center warranty and may void the Amato Collision Center warranty.

SIGNED X



DATE

12/24/07