

To: whom it concerns

I request a hearing
for my claim.

Thanks

414 233-5456

Tracy
Kouch
Tracy
Kouch

CAO:
Our letter was mailed
on 2-15-18
(INCLUDE)

CITY OF MILWAUKEE
2018 MAR -8 A 9:05
CITY CLERK'S OFFICE

CITY OF MILWAUKEE
RECEIVED
2018 MAR -8 AM 7:53
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
OFFICE OF
CITY ATTORNEY
2018 MAR -8 AM 9:10

GRANT F. LANGLEY
City Attorney

MIRIAM R. HORWITZ
ADAM B. STEPHENS
MARY L. SCHANNING
JAN A. SMOKOWICZ
Deputy City Attorneys

CITY OF MILWAUKEE
Office of the City Attorney

Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551
Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax: 414.286.8550

STUART S. MUKAMAL
SUSAN E. LAPPEN
PATRICIA A. FRICKER
HEIDI WICK SPOERL
GREGG C. HAGOPIAN
ELLEN H. TANGEN
JAY A. UNORA
KATHRYN Z. BLOCK
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PATRICK J. MCCLAIN
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BENJAMIN J. ROOVERS
ELLENY B. CHRISTOPOULOS
RACHEL S. KENNEDY
TYRONE M. ~~ST. JAMES~~
HANNAH R. JAHN
SAVEON D. GRENNEL
ROSE SIMON-SILVA
JULIE P. WILSON
Assistant City Attorneys

February 14, 2018

Tracy Korich
711 W. Somers Street, #461
Milwaukee, WI 53205

RE: C.I. File No. 1029-2018-165
Communication from Tracy Korich

Dear Ms. Korich:

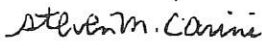
We have received your claim in the amount of \$1,639.23, relating to a loss on November 21, 2017.

The Infrastructure Services Division indicates that the traffic control devices were properly set up and weighted down for further protection per construction standards. There is no evidence that the City was negligent in this matter. As such, the city would not be liable. Therefore, we are denying your claim.

If you wish to appeal this decision, you may do so by sending a written statement requesting a hearing within 21 days of the postmarked date of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202. Please include a photocopy of this letter's envelope, showing the postmark, and retain the original in the event further proof is needed.

Very truly yours,


GRANT F. LANGLEY
City Attorney


STEVEN M. CARINI
Investigator Adjunct

SMC:mal

c: Anthony Kotecki (Infrastructure)

1029-2018-165:247092

mailed
2-15-18



City Clerk Claims

JAN 17 2018

3:10 A.M./P.M.

Date: November 21, 2017

Time: Between 12:00pm - 1:00pm.

place: 3rd and Juneau

Carson's restaurant on Corner

I Tracy Korich was going Southbound on 3rd Street. The middle of the intersection 3rd and Juneau the construction workers were working with a digger. The lanes were sectioned off with orange barricades. It was one lane going Northbound and Southbound. The light turned green, so I proceeded through. The wind blew the barricade with the yellow light on it into my van. The barricade hit the passenger side. The front fender ~~the~~ side door and the windshield. The sand bag landed on my antenna and part of the windshield. A part of the sign hit the windshield leaving a circle like shape. I did see the barricade coming towards

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my vehicle but I could not
swerve over because of the
orange barrels. I was not
injured at the time of impact.
I did lose wages from missing
work while waiting for the
city employee. The city worker
took pictures of the damage and
I also took pictures. While I
was waiting, the workers checked
the other barricades. The one
that hit my van, the workers
put weights on both ends of
the barricade. Everyone was
very helpful. If needed, I'm
sure Carson's have a camera
on their building. Thank you
for taking time out to review
my claim. Any further
questions my cell (414) 233-5456

Tracy Kouich.
Tracy Kouich

Address: 711 W Somers St
Milwaukee WI

53205

"We Repair All Makes and Models"

RECEIVED
OFFICE OF CITY ATTORNEY

Steve Groth
Body Shop Manager

Griffin's Hub Chrysler Jeep Dodge
5700 S. 27th Street
Milwaukee, WI 53221
Direct: 414-935-4727
Direct Fax: 414-727-0371
Phone: 414-325-3333
Fax 414-325-3336
shop@griffindodge.com

HUB CHRYSLER JEEP DODGE
5700 S. 27TH ST.
LWAUKEE, WI. 53221
4-325-3333 FAX: 414-727-0371
TAX ID # 391933920

JAN 17 2018

3:10 AM/PM



LIMINARY ESTIMATE ***

12/28/2017 09:27 AM

Owner

Owner: TRACY KORICH
Address: 711 W SOMERS ST
City State Zip: Milwaukee, WI 53205

Work/Day:
Home/Evening: (414)233-5456
FAX:

Inspection

Inspection Date: 12/28/2017 09:28 AM
Primary Impact: Right Front Corner

Inspection Type:
Secondary Impact: Right Front Side

Appraiser Name: Steve Groth
Address:
City State Zip: Milwaukee, WI 53221
Email: shop@griffindodge.com

Appraiser License # :
Work/Day: (414)325-3333x1045
Work/Day: (414)935-4727
FAX: (414)727-0371

CITY OF MILWAUKEE
CITY CLERK'S OFFICE
2018 JAN 16 4:10

Repairer

Repairer: Griffin's Hub Chrysler Jeep Dodge
Address:
5700 S. 27TH ST.
City State Zip: Milwaukee, WI 53221
Email: shop@griffindodge.com

Contact:
Work/Day: (414)325-3333x150
FAX: (414)727-0371
Work/Day:

Target Complete Date/Time:

Days To Repair: 5

Vehicle

2005 Dodge Caravan Grand SXT 4 DR Passenger Van
6cyl Gasoline 3.8
4 Speed Automatic

Lic.Plate:
Lic Expire:
Prod Date:
Veh Insp# :
Condition:
Ext. Color: INFERNO RED CRYSTAL PRL
Ext. Refinish: Two-Stage
Ext. Paint Code: PRH

Lic State: WI
VIN: 2D4GP44LX5R296294
Mileage: 244,000
Mileage Type: Actual
Code: N6644C
Int. Color: red
Int. Refinish: Two-Stage
Int. Trim Code:

Options

7 Passenger Seating
Bodyside Moldings
Digital Clock
Dual Power Sliding Doors

Aluminum/Alloy Wheels
Compact Disc W/Tape
Dual Air Conditioning
Floor Mats

Anti-Lock Brakes
Cruise Control
Dual Airbags
Fog Lights

GRIFFIN'S HUB CHRYSLER JEEP DODGE
5700 S. 27TH ST.
MILWAUKEE, WI. 53221
PHONE: 414-325-3333 FAX: 414-727-0371
FED TAX ID # 391933920

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OFFICE OF CITY ATTORNEY

JAN 17 2018

*** PRELIMINARY ESTIMATE ***

3:10 A.M./P.M.

12/28/2017 09:27 AM

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FAX:

Inspection

Inspection Date: 12/28/2017 09:28 AM
Primary Impact: Right Front Corner

Inspection Type:
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Appraiser Name: Steve Groth
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City State Zip: Milwaukee, WI 53221
Email: shop@griffindodge.com

Appraiser License #:
Work/Day: (414)325-3333x1045
Work/Day: (414)935-4727
FAX: (414)727-0371

Repairer

Repairer: Griffin's Hub Chrysler Jeep Dodge
Address: 5700 S. 27TH ST.
City State Zip: Milwaukee, WI 53221
Email: shop@griffindodge.com

Contact:
Work/Day: (414)325-3333x1501
FAX: (414)727-0371
Work/Day:

Target Complete Date/Time:

Days To Repair: 5

Vehicle

2005 Dodge Caravan Grand SXT 4 DR Passenger Van
6cyl Gasoline 3.8
4 Speed Automatic

Lic. Plate:
Lic Expire:
Prod Date:
Veh Insp#:
Condition:
Ext. Color: INFERNO RED CRYSTAL PRL
Ext. Refinish: Two-Stage
Ext. Paint Code: PRH

Lic State: WI
VIN: 2D4GP44LX5R296294
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Code: N6644C
Int. Color: red
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Options

7 Passenger Seating
Bodyside Moldings
Digital Clock
Dual Power Sliding Doors

Aluminum/Alloy Wheels
Compact Disc W/Tape
Dual Air Conditioning
Floor Mats

Anti-Lock Brakes
Cruise Control
Dual Airbags
Fog Lights

12/28/2017 09:33 AM

Page 1 of 3

Fold Into Floor Seats	Garage Door Opener	Heated Power Mirrors
Heated W/S Wiper Washers	Intermittent Wipers	Keyless Entry System
Leather Steering Wheel	Lighted Entry System	Overhead Console
Power Brakes	Power Door Locks	Power Drivers Seat
Power Quarter Windows	Power Steering	Power Windows
Privacy Glass	Rear Heater	Rear Window Defroster
Rear Window Wiper/Washer	Roof/Luggage Rack	Sliding Driver Side Door
Strg Wheel Radio Control	Tachometer	Theft Deterrent System
Tilt Steering Wheel	Tinted Glass	Traction Control System
Trip Computer	Velour/Cloth Seats	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	
Stripes And Mouldings										
1	RI	72		Mldg,Front Door Side RT	R & I Assembly				0.4	SI
Front Body And Windshield										
2	I	104		Fender,Front RT	Repair				3.0*	SM
3	L	104	#	Fender,Front RT	Refinish				3.0*	RI
					2.0 Surface					
					0.6 Two-stage setup					
					0.4 Two-stage					
				# = 10, 13						
4	RI	104		Front Fender R & I RT	R & I Assembly					
5	E	116		Mast,Antenna RT	56043311AC	\$19.60			2.4	SM
6	RI	1023		Cable,Antenna RT	R & I Assembly				0.1	SM
7	SB	143		Windshield,Shaded	Sublet Repair	\$206.20*			0.8	SM
				>> 356814						SM
8	E	180		Panel,Cowl Top	4717553AF	\$234.00			0.6	SM
Front Doors										
9	I	210		Pnl,Front Door Outer RT	Repair				1.5*	SM
10	L	210	10	Pnl,Front Door Outer RT	Refinish				2.0*	RF
					1.6 Surface					
					0.4 Two-stage					
11	RI	245		W/Strip,Belt Outer RT	R & I Assembly				0.2	SM
12	RI	218		Mirror,Outer R/C RT	R & I Assembly				0.8	SM
13	RI	212		Handle,Front Door. Otr RT	R & I Assembly				0.6	SM
Manual Entries										
14	SB			Haz Waste Removal	Sublet Repair	\$3.00*			0.3*	SM
15	I			Corrosion Protection	Sublet Repair	\$10.00*			0.4*	SM*
16	I			Clean & Retape Mldg	Repair					
16	Items									

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 OFFICE OF CITY ATTORNEY
 JAN 17 2018
 3:10 A.M./P.M.

MC Message

10
 13 INCLUDES AUDATEX TIME TO CLEAR ENTIRE PANEL
 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts			
Paint & Materials			
Parts & Material Total	5.0 Hours @ \$36.00	\$253.60	
Tax on Parts & Material	@ 5.600%	\$180.00	\$433.60
			\$24.28

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$56.00	5.9	5.2	11.1	\$621.60
Mech/Elec (ME)	\$125.00				
Frame (FR)	\$56.00				
Refinish (RF)	\$56.00	5.0		5.0	\$280.00
Labor Total				16.1 Hours	
Tax on Labor		@ 5.600%			\$50.49
Sublet Repairs					\$219.20
Tax on Sublet		@ 5.600%			\$12.28
Gross Total					\$1,641.45
Net Total					\$1,641.45

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JAN 17 2018

\$901.60 _____ A.M./P.M.

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53221 Default
 Rate Name Default


Audatex Estimating 8.0.414 ES 12/28/2017 09:33 AM REL 8.0.414 DT 11/01/2017 DB 12/15/2017
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1.4 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

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.

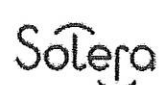
Op Codes

- | | | |
|----------------------------|---|--------------------------------|
| * = User-Entered Value | ^ = Labor Matches System Assigned Rates | E = Replace OEM |
| NG = Replace NAGS | EC = Replace Economy | OE = Replace PXN OE Srpls |
| UE = Replace OE Surplus | ET = Partial Replace Labor | EP = Replace PXN |
| EU = Replace Recycled | TE = Partial Replace Price | PM = Replace PXN Reman/Rebld |
| UM = Replace Reman/Rebuilt | L = Refinish | PC = Replace PXN Reconditioned |
| UC = Replace Reconditioned | TT = Two-Tone | SB = Sublet Repair |
| N = Additional Labor | BR = Blend Refinish | I = Repair |
| IT = Partial Repair | CG = Chipguard | RI = R & I Assembly |
| P = Check | AA = Appearance Allowance | RP = Related Prior Damage |



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OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City, a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed on the reverse side of this instruction sheet. Generally, the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours.
3. As detailed a description of the incident as possible, including the date, time and place. Include the "City" vehicle #.

All information should be submitted to:

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

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.



JAN 17 2018

893.80 Claims against governmental bodies or officers, agents or employees; 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 NOVEMBER 21 2017 (TU)

"City" Vehicle Number CITY 'A' FROM BARRICADE