

RECEIVED
OFFICE OF CITY ATTORNEY

JUN 4 - 2018

12:45 A.M./P.M.

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

SUSAN E. LAPPEN
PATRICIA A. FRICKER
HEIDI WICK SPOERL
GREGG C. HAGOPIAN
ELLEN H. TANGEN
JAY A. UNORA
KATHRYN Z. BLOCK
KEVIN P. SULLIVAN
THOMAS D. MILLER
ROBIN A. PEDERSON
JEREMY R. MCKENZIE
PETER J. BLOCK
NICHOLAS P. DESIATO
JOANNA FRACZEK
JENNY YUAN
KAIL J. DECKER
ALLISON N. FLANAGAN
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NAOMI E. GEHLING
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RACHEL S. KENNEDY
TYRONE M. ST. JUNIOR
HANNAH R. JAHN
SAVEON D. GRENELL
ROSE SIMON-SILVA
JULIE P. WILSON
GREGORY P. KRUSE
Assistant City Attorneys

May 16, 2018

Ms. Angelica Ortega
1734 S. 16th Street
Milwaukee, Wisconsin 53204

RE: C.I. File No. 1030-2018-958
Communication from Angelica Ortega

Dear Ms. Ortega:

We are in receipt of your claim for damages to your 2013 Kia Optima, occurring on April 15, 2018, in the amount of \$500.93. You allege that when the City plowed the street, the snow and ice was thrown onto your vehicle causing damages.

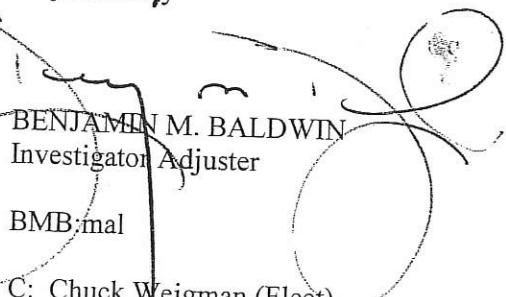
We have concluded our investigation of this matter. The drivers of the City snow plow are keenly aware of vehicles that are parked along the street when they are removing snow and ice. Unfortunately, the drivers of these units have no control as to the amount or velocity in which the snow and ice comes off the snow blade during plowing operations.

In that the snow plow operator was reasonable and prudent in the course of their duties, we cannot accept liability for your damages. Accordingly, 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


BENJAMIN M. BALDWIN
Investigator Adjuster

BMB:mal

C: Chuck Weigman (Fleet)

CITY OF MILWAUKEE
2018 JUN - 6 P 1:38
CITY CLERK'S OFFICE

1030-2018-958:249388

RECEIVED
OFFICE OF CITY ATTORNEY

JUN 4 - 2018

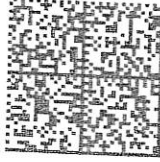
12:45 A.M. (P.M.)

**CITY OF
MILWAUKEE**
Office of the City Attorney
OFFICE OF THE CITY ATTORNEY

800 City Hall
200 East Wells Street
Milwaukee, Wisconsin 53202-3551

Ms. Angelica Ortega
1734 S. 16th Street
Milwaukee, Wisconsin 53204

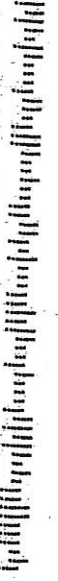
PRESORTED
FIRST CLASS



U.S. POSTAGE & PITNEY BOWES
ZIP 53005 \$ 090.37⁸
02 4W
00000337172 MAY 17 2018

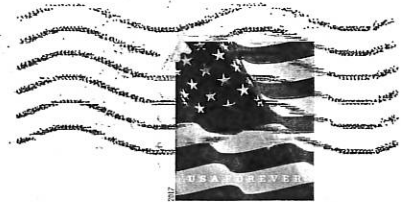


53204 53204



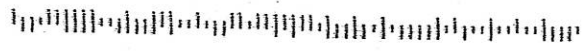
Ortega
0.16 st.
Milwaukee Wisconsin 53204

MILWAUKEE WI 532
30 MAY 2018 PM 3 L



Milwaukee City Clerk
200 East Wells Street Room 205
Milwaukee, Wisconsin 53202

53202-357099



RECEIVED
OFFICE OF CITY ATTORNEY

JUN 4 - 2018

____:____ A.M./P.M.




Citizen: Benjamin

4/30/2018

To whom it may concern: My name is Cangelica Ortega, my car was parked on the even side of 3610 50-16 St Milwaukee WI 53221, when me and husband were shoveling the snow. I was shoveling the garage ways and husband cleaning the street area by the car. The snow plow passed by at 9:55 Am and a whole bunch of heavy water and snow smashes the car. My husband shouted that the plow truck had broken the mirror. We waited for the plow truck to pass again so he passed by at 10:05 Am husband flagged him down he never stopped kept going so I went inside of house and called the city. I had reported the damage and the lady operator told me supervisor would call me back. So I waited and waited. I made several phone calls finally she said that supervisors not in on the weekend. A supervisor called me couple of days later to inspect the car mirror.

Cangelica Ortega
1734 50-16 St
Milw. WI 53204
414 469-9614





CITY OF
MILWAUKEE
Office of the City Attorney

800 City Hall, 200 E. Wells St., Milwaukee, WI 53202, Telephone 414-286-2601, Fax 414-286-8550

MEMORANDUM

TO: Chuck Weigman, Dispatch Mgr.
Operation Division - Fleet Services
2142 W. Canal St, 2nd Floor

FROM: Benjamin Baldwin, Claims Department
City Hall - 800

DATE: May 1, 2018

Please forward a copy of the following report, if available, and any **photos** that may have been taken. We request your response within 45 days of the date of this letter. If you have any questions regarding this matter, please contact Claims Adjuster, Benjamin Baldwin.

Date: 4/15/2018

Location: 3610 South 16th Street

Claimant: Angelica Ortega

File No: 1030-2018-958

Thanks,

Benjamin, Ext. 2601

1030-2018-958:248978

CUSTOMER #: 113536

287663
CITY OF MILWAUKEE
RUSS DARROW KIA OF WAUWATOSA

LUIS RAMIREZ
3610 S 16TH ST
MILWAUKEE, WI 53221-1620
ANGIEGETITGIRL@GMAIL.COM
HOME: 414-469-9614 CONT: ANGIEGETITGIRL@GMAIL.COM
BUS: 414-469-9614 CELL:

1901 N. Mayfair Rd.
Wauwatosa, WI 53226
Phone: (414) 778-5700
Fax: (414) 479-2080

INVOICE*
2018 APR 27 P 1:20
PAGE 1
CITY CLERK'S OFFICE



SERVICE ADVISOR: 95149 MIRANDA ZARLING

| COLOR | YEAR | MAKE/MODEL | VIN | LICENSE | MILEAGE IN/ OUT | TAG | |
|--------------|------------|------------|-------------------|---------|-----------------|---------|-----------|
| WHITE | 13 | KIA OPTIMA | 5XXGM4A74DG215407 | 760WLF | 47931/47931 | TOR812 | |
| IN.SVC. DATE | PROD. DATE | WARR. EXP. | PROMISED | PO NO. | RATE | PAYMENT | INV. DATE |
| 14OCT14 DD | | | WAIT 21APR18 | | | CASH | 21APR18 |

DATE OF REPAIR: 12:13 21APR18
DATE OFFERED BACK: 13:10 21APR18
OPTIONS: SOLD-STK: PKL7757 DLR: 03581
ENG: 2.4_Liter_GDI 1) RL121001418080

LINE OPCODE TECH TYPE HOURS LIST NET TOTAL

A CAR CARE - OIL & FILTER CHANGE-GASOLINE VEHICLES
1800 CAR CARE - OIL & FILTER CHANGE-GASOLINE VEHICLES

RECEIVED
OFFICE OF CITY ATTORNEY

APR 27 2018

3:20 AM/PM

95197 JONES, JEFFERY LIC#: 95197
ICORK
1 26300-35504 FILTER ASSY-ENGINE O
5. OIL OIL
1 21513-23001 GASKET-OIL PLUG

(N/C)
(N/C)
(N/C)
(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

B PERFORM WALK AROUND MULTI-POINT VEHICLE INSPECTION AT NO CHARGE
KCP2 PERFORM WALK AROUND MULTI-POINT VEHICLE INSPECTION AT NO CHARGE

95197 JONES, JEFFERY LIC#: 95197
CPEX

0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

C ESTIMATE ON DRIVERS SIDE REAR VIEW MIRROR ASSEMBLY

1 TO REPLACE DRIVERS SIDE VIEW MIRROR ASSY -
\$486.17+TAX - PART IS SOP AND HAS TO GO TO BODY SHOP FOR PAINT- TAKES ABOUT 1 WEEK
999 ISPK

(N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C: 0.00

D DO NOT WASH

1 MISC. REPAIRS
999 CPK

0.00 0.00

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D: 0.00

EST: 27.95 21APR18 12:13 SA: 95149

RECOMMEND TIRE ROTATION NEXT
OIL CHANGE \$16.95

THANK YOU!
Service Department Hours

Monday - Friday
7:00 A.M. - 6:00 P.M.

Saturday
8:00 A.M. - 5:00 P.M.

CALL FOR APPOINTMENT
(414) 778-5700



MATERIAL: ALL PARTS NEW UNLESS SPECIFIED. U=USED R=REBUILT C=RECONDITIONED Y=RECYCLED

STATEMENT OF DISCLAIMER: The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

CUSTOMER SIGNATURE

| DESCRIPTION | TOTALS |
|--------------------------|--------|
| LABOR AMOUNT | 0.00 |
| PARTS AMOUNT | 0.00 |
| GAS, OIL, LUBE | 0.00 |
| SUBLET AMOUNT | 0.00 |
| ENVIRONMENTAL / SUPPLIES | 0.00 |
| TOTAL CHARGES | 0.00 |
| LESS INSURANCE | 0.00 |
| SALES TAX | 0.00 |
| PLEASE PAY THIS AMOUNT | 0.00 |



CARSTAR LOU'S AUTO BODY

Workfile ID:

c0507377

3940 S 13TH ST, MILWAUKEE, WI 53221

Phone: (414) 481-9449

RECEIVED
OFFICE OF CITY ATTORNEY

Preliminary Estimate

Customer: ORTEGA, ANGELICA

APR 27 2018

Written By: Guy Cypert

3:20 A.M.P.M.

Insured: ORTEGA, ANGELICA

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact: 09 Left T-Bone (Left Side)

Owner:

ORTEGA, ANGELICA
1734 S 16TH ST
MILWAUKEE, WI 53204
(414) 469-9614 Cell

Inspection Location:

CARSTAR LOU'S AUTO BODY
3940 S 13TH ST
MILWAUKEE, WI 53221
Repair Facility
(414) 481-9449 Business

Insurance Company:

CUSTOMER PAY

VEHICLE

2013 KIA Optima LX 4D SED 4-2.4L Gasoline Direct Injection PEARL WHITE

VIN: 5XXGM4A74DG215407

Interior Color:

Mileage In: 48,024

Vehicle Out:

License: 760-MLF

Exterior Color: PEARL WHITE

Mileage Out:

State: WI

Production Date: 5/2013

Condition:

Job #:

TRANSMISSION

Automatic Transmission
Overdrive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors

DECOR

Dual Mirrors
Body Side Moldings
Tinted Glass

Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel

RADIO

AM Radio

FM Radio

Stereo

Search/Seek

CD Player

Auxiliary Audio Connection

Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags

Hands Free Device

SEATS

Cloth Seats
Bucket Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Three Stage Paint

OTHER

Fog Lamps
Traction Control
Stability Control
Signal Integrated Mirrors
Power Trunk/Gate Release

Get live updates at www.carwise.com/e/3pcfrD

Preliminary Estimate

Customer: ORTEGA, ANGELICA

2013 KIA Optima LX 4D SED 4-2.4L Gasoline Direct Injection PEARL WHITE

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------------------|------|--|-------------|-----|-------------------|------------|------------|
| 1 | | FRONT DOOR | | | | | |
| 2 | Repl | LT Mirror assy US build w/o power fold | 876104C010 | 1 | 286.17 | 0.3 | 0.8 |
| 3 | | Add for Three Stage | | | | | 0.3 |
| 4 | # | Subl Hazardous waste removal | | 1 | 7.00 T | | |
| 5 | # | Refn Color Tint | | | | | 0.5 |
| SUBTOTALS | | | | | 293.17 | 0.3 | 1.6 |

ESTIMATE TOTALS

| Category | Basis | Rate | Cost \$ |
|----------------------|-------------|--------------|---------------|
| Parts | | | 286.17 |
| Body Labor | 0.3 hrs @ | \$ 60.00 /hr | 18.00 |
| Paint Labor | 1.6 hrs @ | \$ 60.00 /hr | 96.00 |
| Paint Supplies | 1.6 hrs @ | \$ 42.00 /hr | 67.20 |
| Miscellaneous | | | 7.00 |
| Subtotal | | | 474.37 |
| Sales Tax | \$ 474.37 @ | 5.6000 % | 26.56 |
| Grand Total | | | 500.93 |
| Deductible | | | 0.00 |
| CUSTOMER PAY | | | 0.00 |
| INSURANCE PAY | | | 500.93 |

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Equip. No.: # 25351
 Mileage/Hours
 Ro No.:
 Rept. No.:

**CITY OF MILWAUKEE
 FLEET ACCIDENT REPORT 6**
 Investigative
 Fleet Accident
 Equipment Damage Only
 Vandalism or Theft

Claim No.
 Operator's 1b. Dept. **SANT**
 Operator's License No. 1c. **B450-5507-7250-00**

1a. City Operator Name-Address: **BLANN Mathew J 1673 S. 53rd 53214**
 1d. Supervisor & Phone: **W. FAYKOWSKI x6103**
 2a. of Accident: **4/15/18 9:55am** Location 2b. of Accident: **3610 S. 16th**
 2c. Police Dept. Notified? YES NO

3. Description of Accident: **OWNER OF UNIT #2 CLAIMS she heard a thump when city Plow CAME past her CAR. It would be very difficult for plow truck with large amount of snow to get that close to contact mirror ->**

4a. City Vehicle: **2016 INT** Description: **Syd / Plow** VIN: **3HAZZAAR9GL220519** License No.: **muni - 91225**

4b. Description of Damage: **NONE**

5a. City Vehicle Occupants of: **driver** Name: **ONLY** Address: **ONLY** Injury: **NONE** Phone: **254-5633**
 5b. Passenger: **NONE** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

6a. Unit No.: **2** Description 6b.: **2013 KIA Optima** License No. 6c.: **760-WLF** Ins. Co. 6d.: **UNKNOWN**

4b. Description of Damage: **broken driver-side mirror (OUB.2)**

7. Owner: **Angelina Ortega** Name: **Angelina Ortega** Address: **3610 S. 16th 53221** Injury: **N/A** Phone: **414-469-9614**

8a. Driver: **NONE** Name: **parked at curb.** Address: **NONE** Injury: **NONE** Phone: **NONE**

8b. Passenger: **N/A** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

8c. Passenger: **NONE** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

9a. Unit No.: **9b. Description** License No. 6c.: **9d. Ins. Co.**

4b. Description of Damage: **NONE**

7. Owner: **NONE** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

8a. Driver: **NONE** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

8b. Passenger: **NONE** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

8c. Passenger: **NONE** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

12a. Witness: **NONE** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

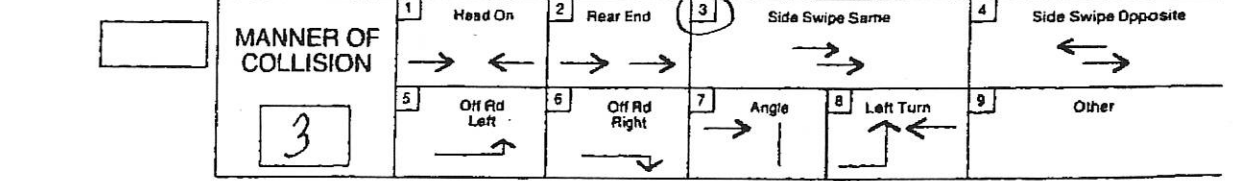
12b. Witness: **NONE** Name: **NONE** Address: **NONE** Injury: **NONE** Phone: **NONE**

SAFETY EQUIPMENT
 1=Shoulder Belt 5=Helmet
 2=Lap Belt 6=Eye Protect
 3=Child Res 7=Helmet & Eye
 4=Air Bag 8=None

ENTER ONE NUMBER FOR EACH OCCUPANT PER UNIT

| | |
|---------|---------|
| UNIT 1 | UNIT 2 |
| 1 2 3 | 1 2 3 |
| 4 5 6 | 4 5 6 |
| Other 7 | Other 7 |

CYCLE OR



DRIVER CONDITION (OR PEDESTRIAN)

1. Had been drinking
 2. Use of drugs
 3. Physical disability
 4. Other

| | | |
|--------|--------|--------|
| UNIT 1 | UNIT 1 | UNIT 1 |
| UNIT 2 | UNIT 2 | UNIT 2 |

DRIVER FACTOR (OR PEDESTRIAN)

1. Appeared normal
 2. Reduced alertness
 3. Ability impaired

| | |
|--------|--------|
| UNIT 1 | UNIT 2 |
| 1 | N/A |

Draw diagram of accident.
Indicate north with an arrow in the circle.

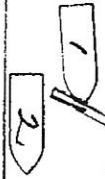
81 PICTORIAL REPRESENTATION OF NARRATIVE

Skidmarks to Impact
Unit 1 FT. Unit 2 FT.



W. Wilbur St.

S. 16th St.



Narrative: Without causing additional damage to side doors of
83 CAR - Damage is not consistent with being hit by
plow. #2 was legally parked and unoccupied at curb.
Unit #1's driver has no knowledge of damage.

WEATHER CONDITION

| | |
|----------------|----------------|
| 1. Clear | 5. Fog or Mist |
| 2. Cloudy | 6. Sleet |
| 3. Rain | |
| 4. Snow or ice | |

89 4

Circle Area Of Vehicle Damage

| | | | | |
|---------------------|---------------|-----------|--------------------|----|
| UNIT 98 1 | 9 | 10 | 11 | 12 |
| | | NONE | Front | |
| Overturn - 14 | 6 | 5 | 4 | 3 |
| | Multiple - 15 | | Undercarriage - 16 | |
| Damage Severity | 1. Scratched | 2. Dented | 3. Structural | 99 |
| Drivesable | Y/N | | 100 | |
| Vehicle Removed By: | Driver | | | |
| 101 | | | | |

Circle Area Of Vehicle Damage

| | | | | |
|---------------------|---------------|-----------|--------------------|----|
| UNIT 98 2 | 9 | 10 | 11 | 12 |
| | | | Front | |
| Overturn - 14 | 6 | 5 | 4 | 3 |
| | Multiple - 15 | | Undercarriage - 16 | |
| Damage Severity | 1. Scratched | 2. Dented | 3. Structural | 99 |
| Drivesable | Y/N | | 100 | |
| Vehicle Removed By: | Driver | | | |
| 101 | | | | |

ROAD CONDITION

| | |
|----------------|----------|
| 1. Dry | 6. Muddy |
| 2. Snow or ice | 7. Oily |
| 3. Wet | 8. Other |
| 4. Gravel | |
| 5. Slush | |

90 2

Damage Description Cont'd. 6 pics

Investigated by GENE DERJUNE Date 4-15-18

Driver's Signature See Statement Date 4-15-18

Supervisor's Signature _____ Date _____

Drivers Accident Statement Form

Return this form to: Fax # 414-286-8514

ATTN: GENE

Name of Driver: Matthew Blann Dr/Lic # B450-5J07-7250-00

Address 16815 Pepper Ln Zip Code 53005 Personal Phone # 414-254-5633

Date/Time (Of Accident): 4-15-18 Police Report? NO

Location of Accident 3610 516th st

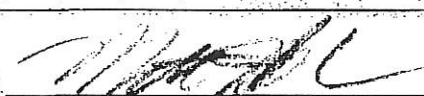
City Equipment #: 25331 Using Department SANT.

Supervisor Name/Phone # 414-236-6103 W. Falkner

Details and Circumstances of Incident

all of the WHO, WHEN, WHAT, WHERE, AND HOW Drivers Statement: Don't remember anything
I don't remember hitting anything.

Any information known about the other unit: _____

Signature 

Date 4-18-18

Truck:

PROP DAMAGE, 04-17-2018



un-print



un-scan



3610 S 16TH ST

CURB

Prop Damage (Mailbox, treelaw)

CALLER STATED PLOW DRIVER TORE
OFF SIDE MIRROR WHILE PLOWING,
PLEASE CALL (414) 469-9614

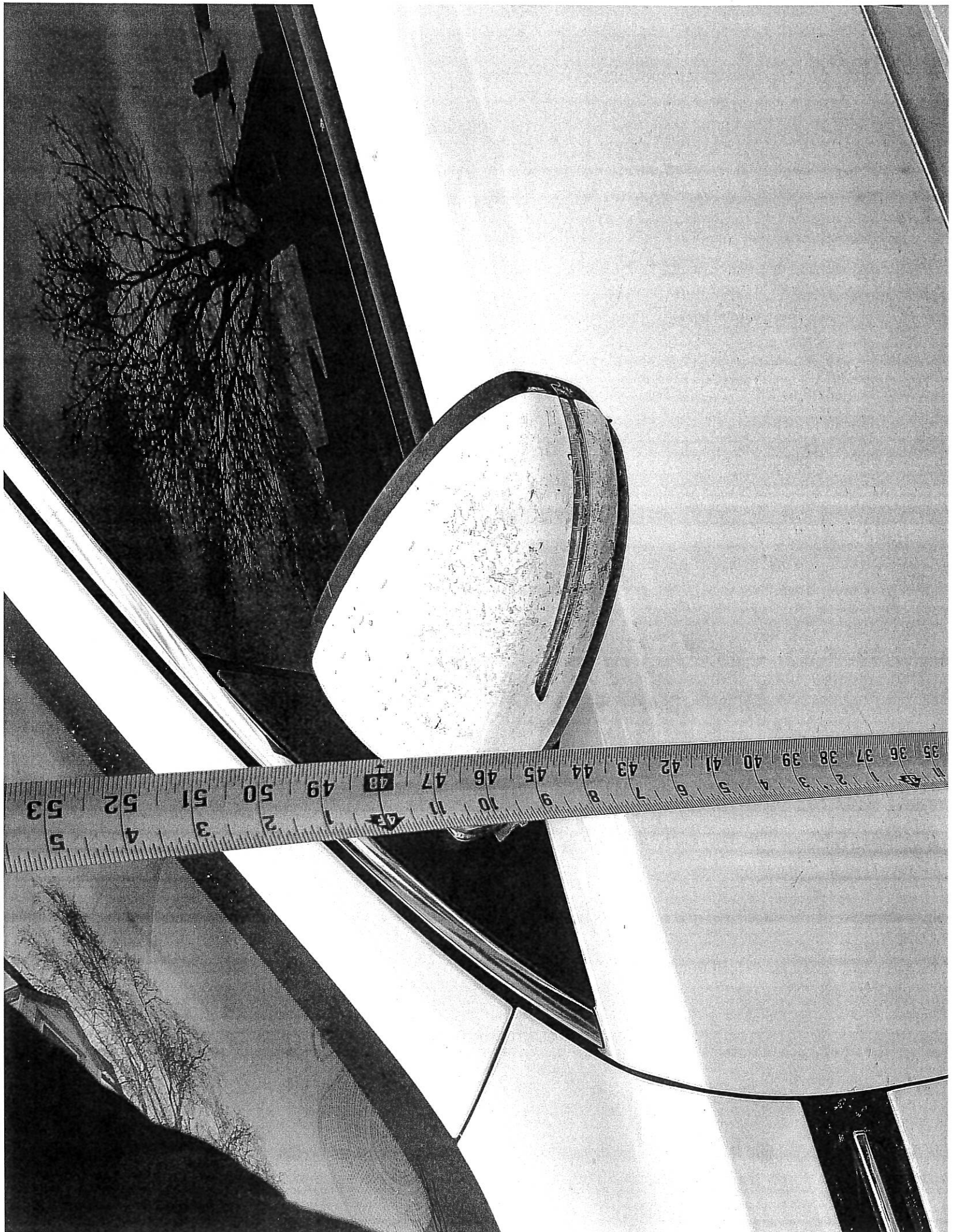


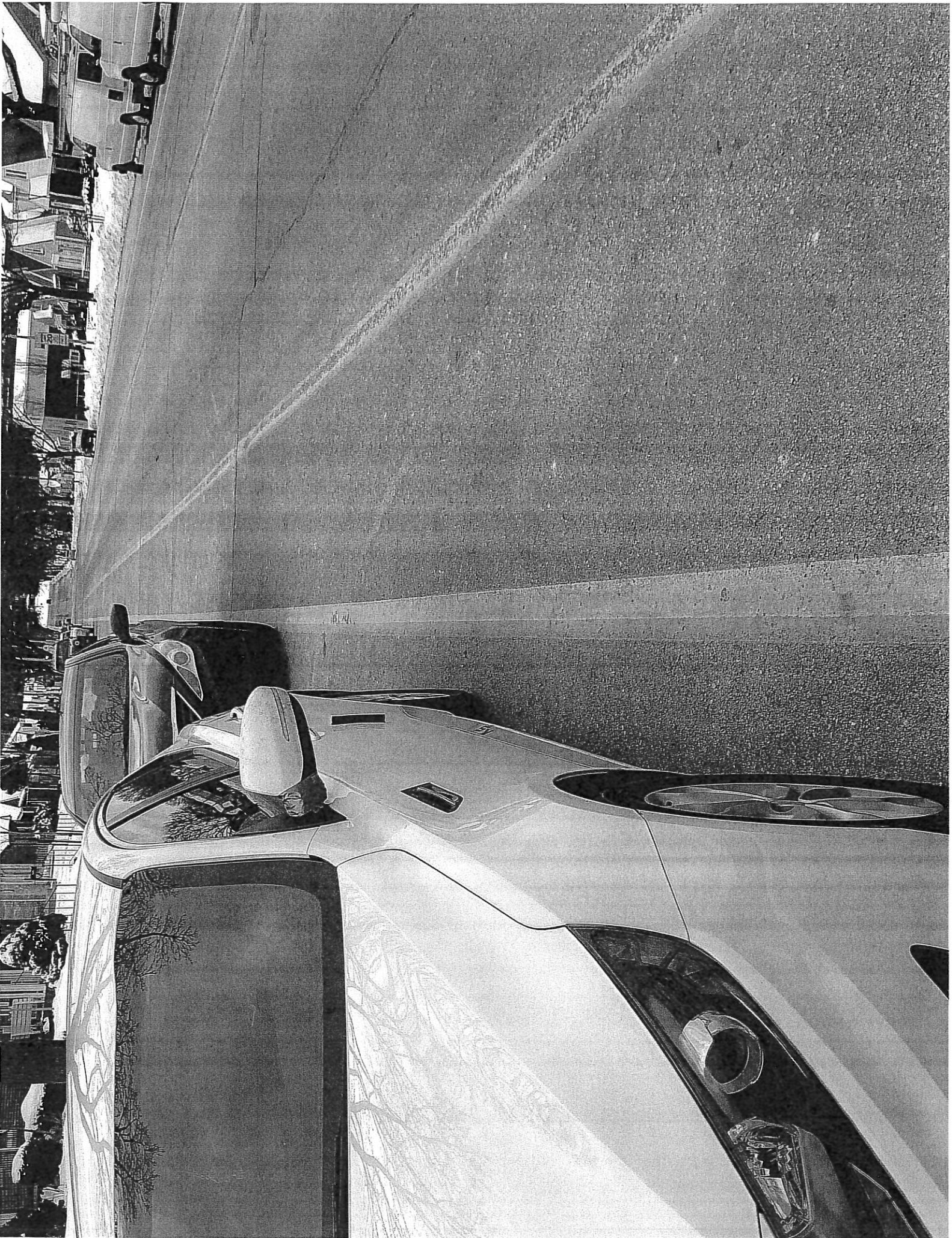
3036842 2018-04-15

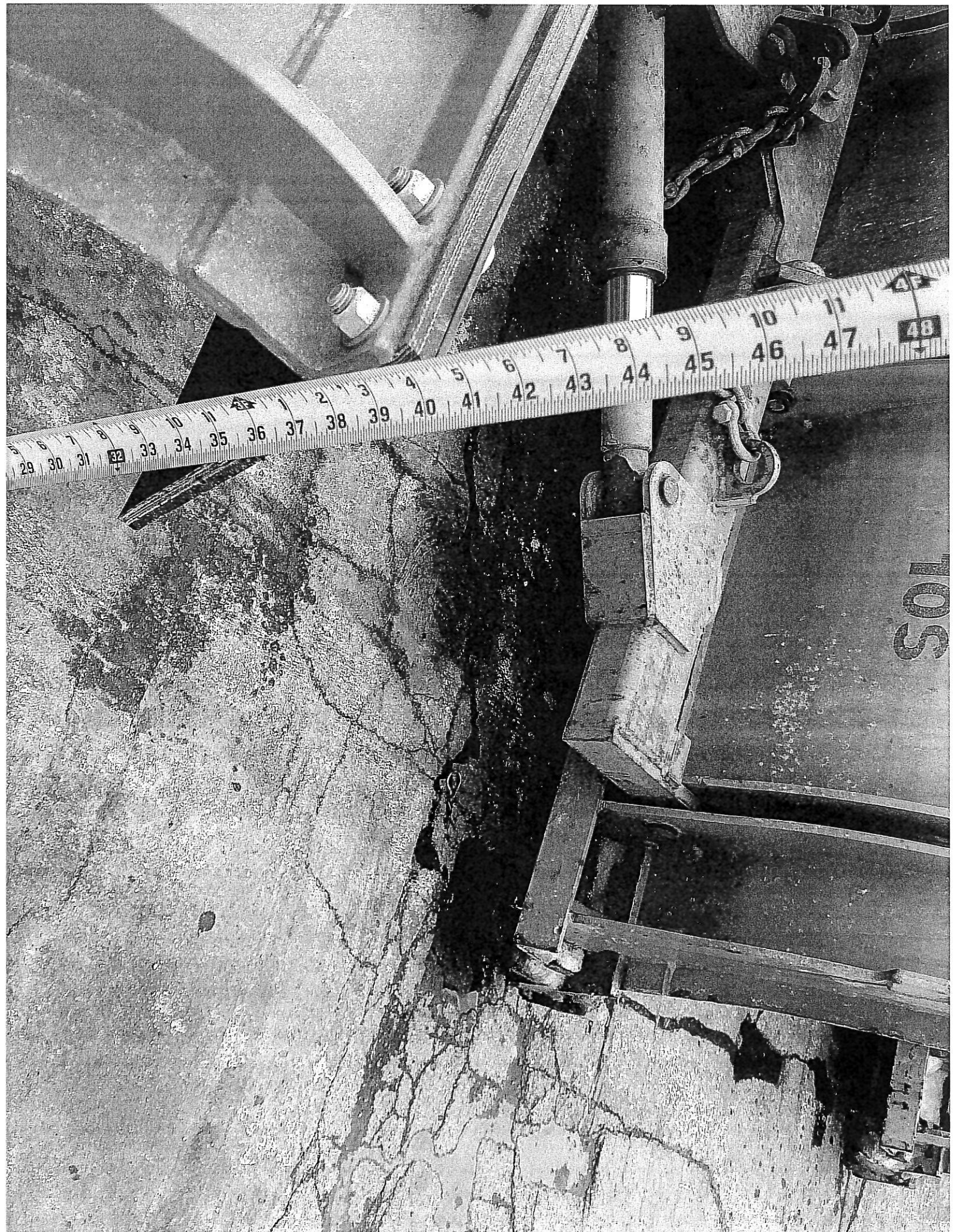
SG4-30

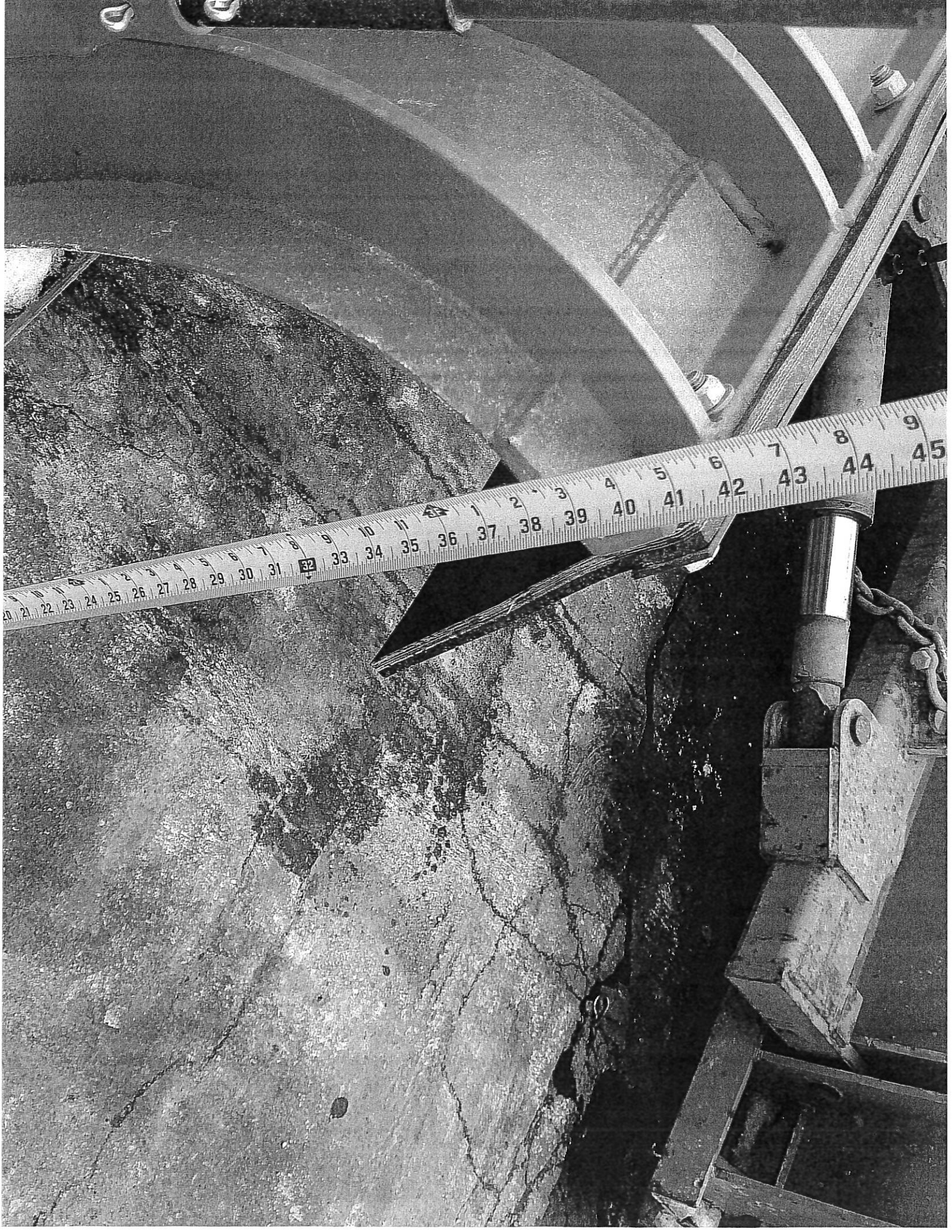
ORTEGA, ANGELICA (414) 469-9614

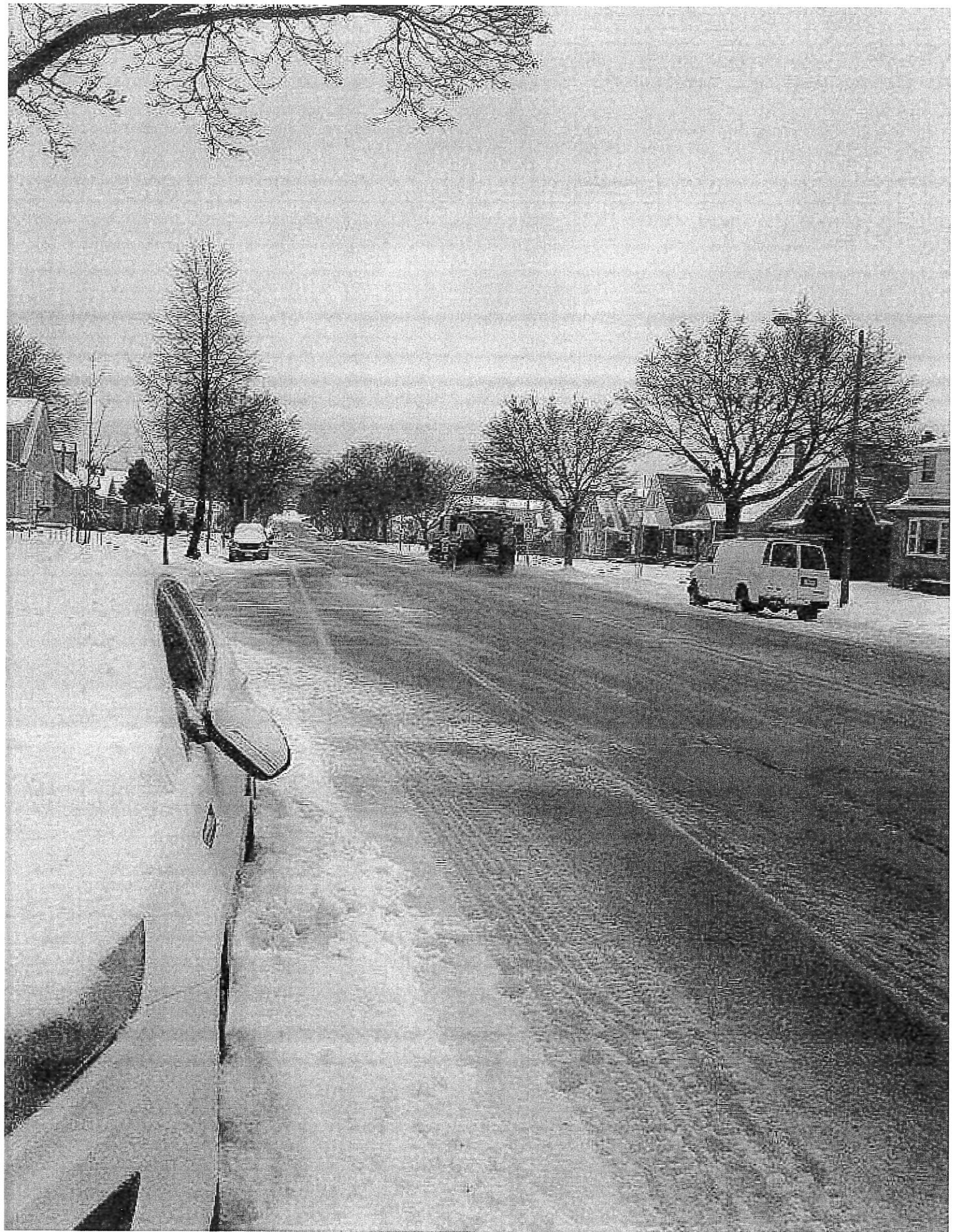
Call NLS

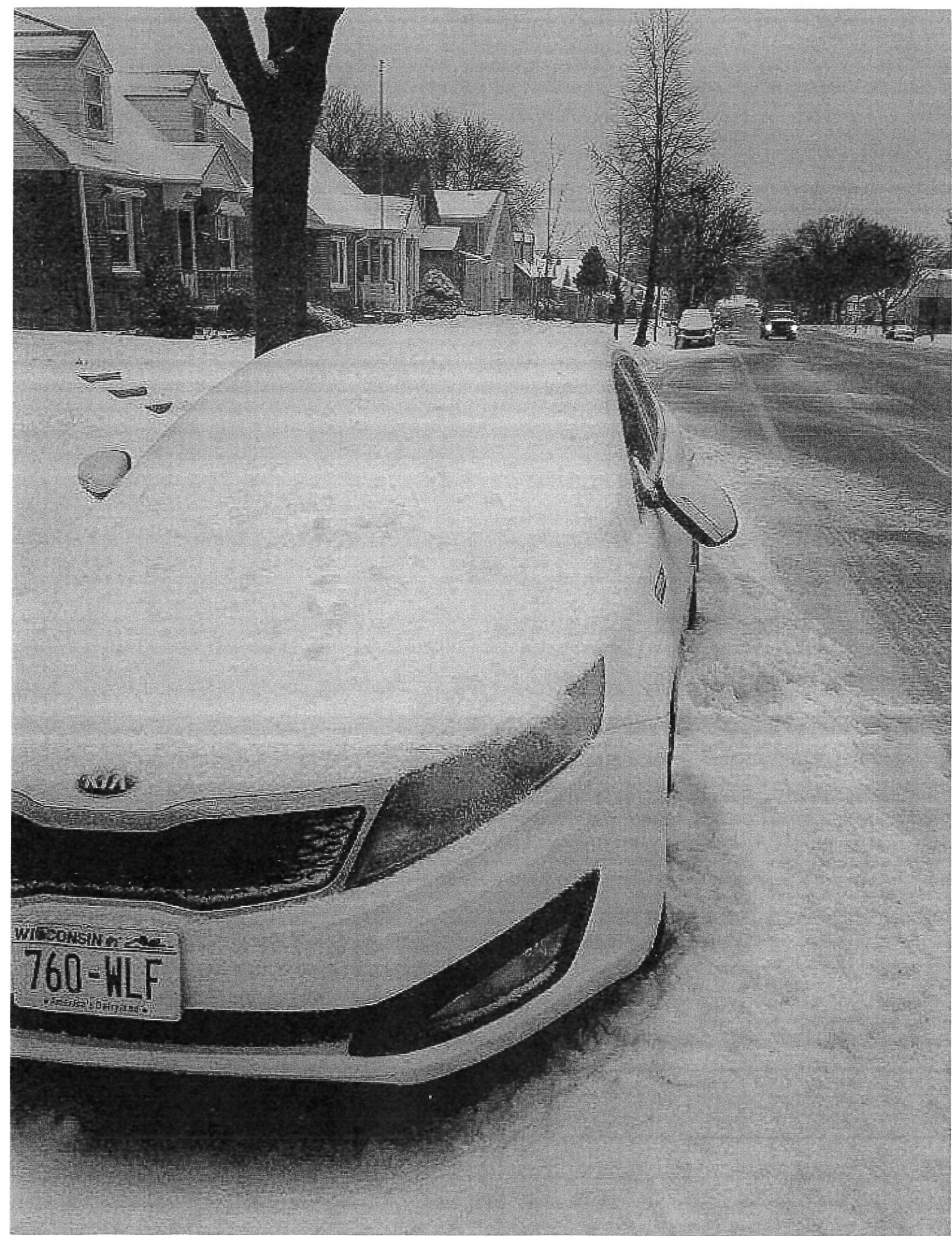




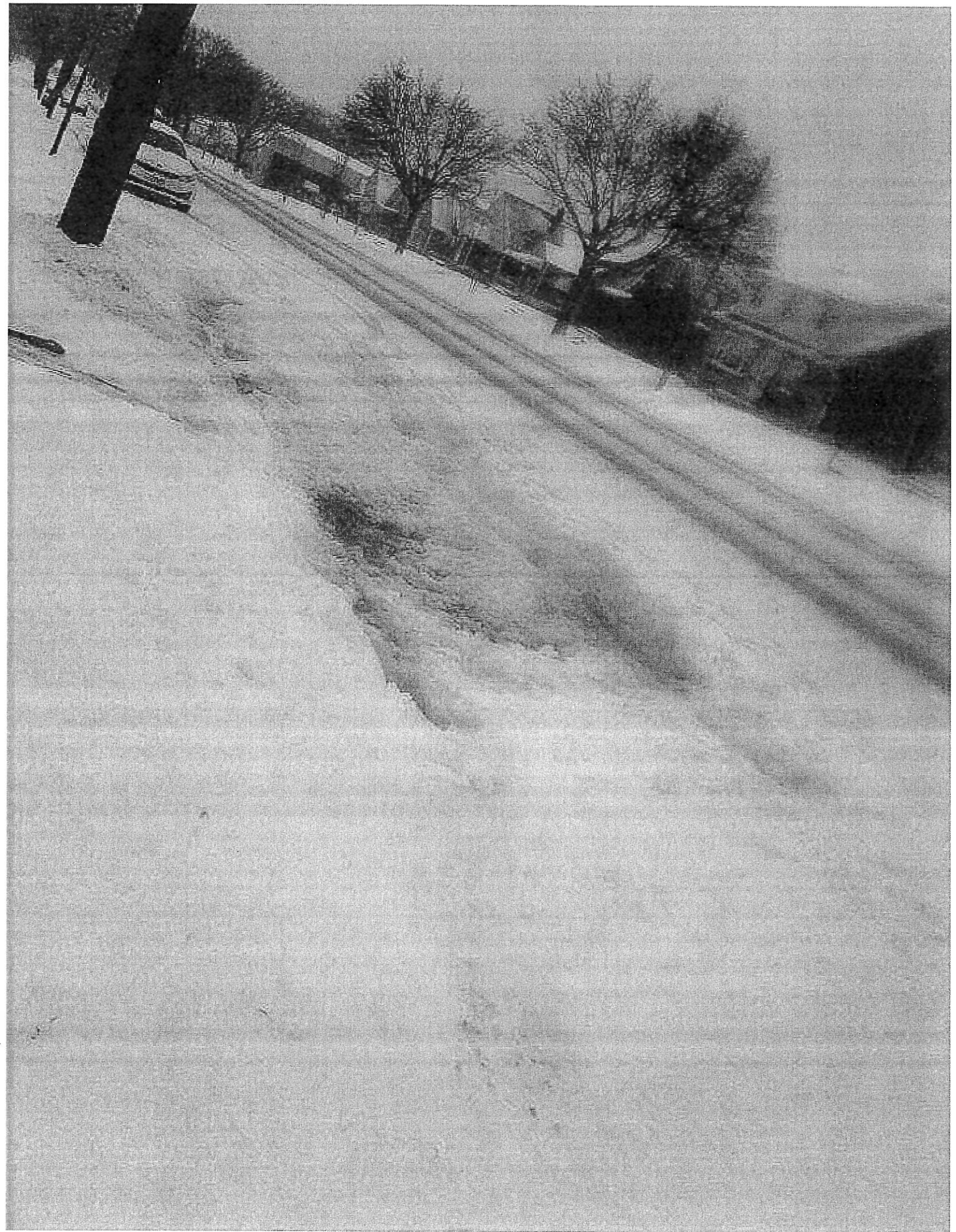






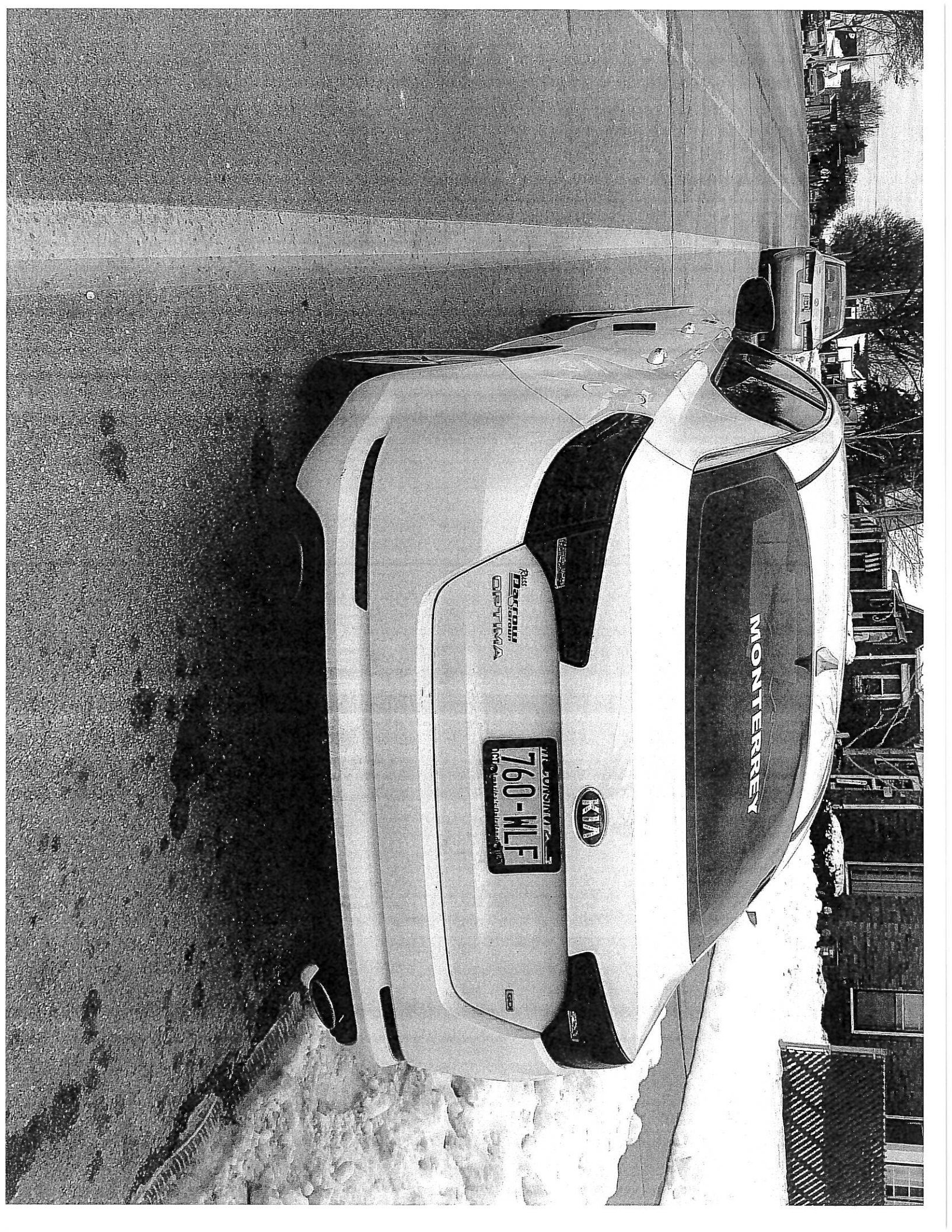


WISCONSIN
760-WLF
America's Dairyland





WISCONSIN
60-WLF
America's Dairyland



MONTERREY

ILLINOIS
100% Satisfaction Guaranteed
760-WLF

PUSH TO OPEN
OPTIMA



