

**HOUSING AUTHORITY OF THE CITY OF MILWAUKEE
DAMAGE CLAIM
HOUSING MANAGER'S INVESTIGATION FORM**

Complete the appropriate section(s) below. Record or Attach any significant comments or documents which would contribute to the systematic processing of this claim.

A. SECTION TO BE COMPLETED BY HOUSING MANAGER:

Claimant Last Name	First Name	Address	Home Phone	Work Phone
Bracken	Carolyn	2417 W. Galena	627-3758	—

Date & Time Reported to Office	Development	Development Manager
6/22/09 - 9AM	Cherry Ct	Gail L. Wood

Kind of Loss/Damage	Pictures Attached?	Work Orders Attached?
Sewer BACK UP	(YES) NO	(YES) NO
Person(s) Contacted	Attached Statements?	
MANAGER	(YES) NO	

Total Claim Amount	Date & Time of Damage
\$	

Was Claimant Injured?	YES	NO	Police Report Files?
		(NO)	YES (NO)
Name of Insurance Company	Date(s) of Investigation		
	6/22/09		
Estimated Damage	Proof of Purchase? YES (NO)		
\$	Damage Verified? YES (NO)		
	By Whom?		

Summarize Your Investigation and Determine Cause of Damage: (Attach additional pages if necessary to the back of this page.)

Resident called in to report sewer backup, work order written to check A/C, sump pump + furnace. New hot water heater installed on 6/22/09 - Emergency Restoration called for basement floor/walls. Claim # 09033 - No claim amount for damages. No receipts - Resident forwarded pictures

Housing Manager	Date
Gail L. Wood	7/20/09

B. SECTION TO BE COMPLETED BY HOUSING OPERATIONS MANAGER:

Was Report Complete?	Recommend Settlement?	Amount Recommended?
YES NO	YES NO	\$

If Claim is Covered by Insurance, Indicate Carrier Disposition:

Additional Comments:

RONALD O. LEE
CITY OF MILWAUKEE
2009 OCT 8 AM 11:33
CITY OF MILWAUKEE
2009 OCT 8 AM 11:33
CITY OF MILWAUKEE
2009 OCT -8 PM 2:34
CITY OF MILWAUKEE
RECEIVED

Housing Operations Manager	Date

**DAMAGE CLAIM
HOUSING MANAGER'S INVESTIGATION FORM (Continued)**

C. IF CLAIM EXCEEDS \$1,000-SECTION TO BE COMPLETED BY CITY ATTORNEY:

Comments and Summation: (Attach Detailed Decision to Back of Form)

City Attorney

Date

D. SECTION TO BE COMPLETED BY DIRECTOR OF FINANCE:

Comments and Recommendations:

Director of Finance

Date

E. SECTION TO BE COMPLETED BY APPEAL HEARING MEMBERS: (IF APPLICABLE)

Members:

Recommendations:

APPROVAL _____ DENIAL _____ AMOUNT \$ _____

Comments:

Signed

Date

09:03:26

Work Order

WO# 121628 Status: Active

Tenant Name **CAROLYN BRACKEN** Phone #
 Address **2417 W. GALENA STREET** Tenant Phone # **(414)610-4879**
 Apt #

Project # **693** Date Called **06/22/2009**
 Unit # **93048** Time Called **09:01**
 Sequence # **1** Estimated Completion Date **06/22/2009**
 Start Date **6/22/09** **11**
 Start Time **1:00**
 Work Area Date Completed **6/22/09** **11**
 Priority **EMERGENCY** Time Completed **2:00** **::**
 Source **Tenant** Enter Apartment **Yes**

HouseKeeping	Good	Fair	Poor			
Smoke Alarm Standard Check List	Is Applicable?	Yes	No			
Smoke Alarm Downstairs	Is Working?	Yes	No	Has Battery?	Yes	No
Smoke Alarm Upstairs	Is Working?	Yes	No	Has Battery?	Yes	No

Work Code Description	Done	Time	WK	Time	Charges	Labor Cost	Applied Labor Cost
WATER HEATER-ADJUST/REPAIR/RPL ISIDORO MUNOZ	---	---	---	---	---	---	---
HEATING/VENT/AIR-COND./GENERAL ISIDORO MUNOZ	---	---	---	---	---	---	---

Total Labor Cost :
 Applied Total Labor Cost :

Notes
NO HOT WATER
CHECK FURNACE

The Work Described Above Has Been Satisfactorily Performed? **Yes No**
 Tenant Sign-off: _____ Time: _____ Employee Sign-off: T. Munoz

Unit Notes

Tenant Notes

*Water heater & Furnace need replacing
 & basement needs restoration*



DIVA Plumbing Company

PO Box 522
Brookfield, WI 53008

Invoice

Date	Invoice #
7/19/2009	550

Bill To
 Friends of Housing
 PO Box 772
 Milwaukee, WI 53201
 Contract #08-067

NAME J. Daniels
 Sign Off John Wood
 Date: 7/20/09

Project
Cherry Court

Daniels

Due Date	Contract No.
7/19/2009	08-067

Work Order...	Date	Plumber	Address/Work Performed	Hours	Rate	Amount
121309	6/22/2009	DW	1835 N 25th Supply and install new water heater	4	105.00	420.00
121309			40 Gallon Power Vent Gas Water Heater, T & P Valve with drop pipe. Connections to existing water.		817.00	817.00
Pending	6/22/2009	CJ	2417 W Galena Supply and install new water heater	4	105.00	420.00
Pending			40 Gallon Power Vent Gas Water Heater, T & P Valve with drop pipe. Connections to existing water.		817.00	817.00
121146	6/24/2009	AH	1629 N 23rd Supply and install new water heater	4	70.00	280.00
121146			40 Gallon Power Vent Gas Water Heater, T & P Valve with drop pipe. Connections to existing water.		820.00	820.00

Bracker

McKnights

Total	\$3,574.00
Balance Due	\$3,574.00

Phone #	Fax #	E-mail
414-704-1199	262-784-1518 ...	plumberchick52@hotmail.com

HOUSING AUTHORITY OF THE CITY OF MILWAUKEE
NO ICE OF DAMAGE / CLAIM - RESIDENT PERSONAL PROPERTY

Name of Claimant (Print or Type): Carolyn Bracken Development Manager: Gail Woods/Lakeshia Gatewood
Address of Claimant: 2477 W. Galena Development Name: Cherry Court
Home Phone: 1027-3758 Work Phone: _____

Instructions: C Claimant is to complete all applicable items, sign certification below and return to your manager as soon as possible in order to expedite claim processing time.

Kind of Loss/Damage (Fire, Wind, Loss of Electricity): Flood Sewage damage 2 1/2 feet

Amount claimed: \$ 5,400

Date and Time Damage Occurred: 6/19/09 Date and Time Office Notified: 10/22/09

Place of Occurrence: (Kitchen, Bedroom, etc) (Basement) How Notified? walked into the office

Explain in Detail What Happened: (Basement) Sewage (damaged Backup flood) furniture damaged, Speakers, Pictures, Radio, Computer, clothes, TV, CD's, movie's, chairs, tables

Is the Housing Authority Responsible? Yes [] No []
If Yes, Explain Why:

The city is at fault because it was a sewage back up from the city.

List of Damages: (Claim should be documented with appropriate estimates and/or description of loss or damaged item:)

EM \$5,400 COST DATE PURCHASED

Has a Police Report been filed? NO Date of Filing: _____
Attach Available Receipts

Claimant: Did you have insurance to cover this damage? Yes [] No []
If yes, please give name and address of company:

RECEIVED
JUN 24 2009
BY:

NOTICE OF DAMAGE/CLAIM – RESIDENT (Continued)

I submit this information in support of a Notice for Damages. I certify that the information submitted is true and accurate to the best of my knowledge that falsification of any item submitted may result in forfeiture of the entire claim.

6/19/2009
Date

Carolyn Bracken
Signature of Claimant

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY THE HOUSING OPERATIONS MANAGER

Claim Received (date): _____

Claim Completed: Yes [] No []

Claim Forwarded for Additional Action: Yes [] No []

Review Completed (date): _____



Housing Authority Insurance Group

PO Box 159
Cheshire, CT 06410
Attn: Claims Department

203-272-8220 Ext. 288
or 800-873-0242
Fax: 203-250-8377

Report of Claim / Incident

Note: Please return the top copy of this form to Housing Authority Insurance at the above address.
Enclose any photos, correspondence or comments relative to this incident.

Date of this Report: 6/19/2009
Housing Authority Name: Cherry Courts
Contact Name: Lakeshia Gate wood
Phone: (414) 344-6705 Fax: _____
Person filing this notice: Carolyn Bracken Phone: 627-3758

Claim originates from

Family Low-rise Family High-rise

Elderly Low-rise Elderly High-rise

Section 8 Other: Hope IV Program

Date of Accident/Incident: 6/19/2009 Time (a.m. or p.m.): _____

Location (be specific): 2417 W. Galena (Basement) Sewage Backup.

Claimant Name: Carolyn Bracken Phone: _____

Street Address: 2417 W. Galena

City: Milwaukee State: WI Zip: 53205

DOB: 6/17/83 SS#: 314-90-0854 Occupation: _____

Tenant? Yes No Guardian: _____

Accident/Incident Description: Sewage backup/flood. Damage furnitz. Every thing in the Basement.

Describe injury alleged (including part of body): NONE

1. Is claimant seeking monetary damages from PHA? Yes No If yes, please explain: _____
2. Is claimant represented by an attorney? Yes No If yes, who? _____

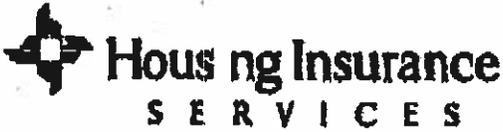
For Claimant's Property Damage	Items Damaged	Estimated Value	In your opinion, was the PHA directly responsible (negligent) for the loss or damage to property?
			<input type="checkbox"/> Yes <input type="checkbox"/> No Why? _____

Witness Name: Greg (Supervisor) Employee Tenant Relative Other

Address: Cherry Courts Phone: _____

Witness Name: _____ Employee Tenant Relative Other

Address: _____



P.O. Box 189
Cheshire, CT 06410
Attn: Claims Department

203-272-8220 Ext. 218
or 800-873-0242
Fax: 203-250-8377

Report of Property / Inland Marine Claim

Note: Please return the top copy of this form to Housing Insurance Services at the above address.
Enclose any photos, correspondence or comments relative to this claim.

Date of this Report: 6/22/2009
Housing Authority Name: Cherry Courts
Contact Name (for Address): Gail Woods/Lakeshia Gate Phone: 344-6705
Person filing this notice: Carolyn Bracken Phone: 627-3758

Project Name: _____
HUD/State Number: _____ Policy Number (if known): _____
Building Number and/or Address of Loss: _____
City: _____ State: _____ Zip: _____
Date of Loss: _____ Time of Loss: _____

Type of Loss: Fire Wind Vandalism Other: every thing flood/sewage back up personal, Belonging Furniture
Cause of Loss (if known): Carelessness Arson Defective Equipment Natural Disaster Other: Water/Sewage

Description of Loss (including approximate number of units damaged): furniture, Radio, Speakers, Pictures
Computer, CLOTHES, CD'S, MOVIES, TV (Television)
Tables, Chairs, 3 pc table set, Bar stool + table

Estimate of damage: \$ 5,400 Reported to Police or Fire Department? Yes No
Name of person/firm who estimated damage: WM Biz100
Address: _____
City, State, Zip: _____ Phone: _____

Comments: _____

Furniture \$800

Computer \$500

Radio + Speakers \$1,000

Pictures \$500 (price less memorys)

Television \$200

Clothes \$1,000

CD's + movies \$500

3 piece table \$300

Bar table + 4 stools \$300

Sony Receiver \$350

Equalizer \$200

Salon chair \$150

\$5,400

Carolyn Bracken

~~* Inventory of tossed Furniture *~~

2 Black couches (photos - priceless)

1 Salon Chair CD's + MOVIE'S

3 Black Metal Glass top tables

1 wood table stand w/ Glass top

7 all Black pillows

4 Decorative Black pillows

2 12" 3way Sony Speakers

1 Sony Speaker Receiver LBT-W5000

1 Apex TV

4 Bar Stools white tops

1 Yamaha AV Receiver Model # RX-V393

1 hp CPU (Computer tower)

1 phillips Computer monitor

1 optimus ten Band equalizer

1 Tall Metal stand table

1 hp Key Board

1 hp wireless mouse

~~* Wm Bislog *~~





