



City of Milwaukee Fiscal Impact Statement

A

Date 6/2/2025 File Number 1029-2024-1004 ☒ Original ☐ Substitute
Subject Payment of uninsured motorist settlement of Omar Garcia

B

Submitted By (Name/Title/Dept./Ext.) Naomi E. Sanders, Deputy City Attorney, x2601

C

- This File
- ☒ Increases or decreases previously authorized expenditures.
 - ☐ Suspends expenditure authority.
 - ☐ Increases or decreases city services.
 - ☐ Authorizes a department to administer a program affecting the city's fiscal liability.
 - ☐ Increases or decreases revenue.
 - ☐ Requests an amendment to the salary or positions ordinance.
 - ☐ Authorizes borrowing and related debt service.
 - ☐ Authorizes contingent borrowing (authority only).
 - ☐ Authorizes the expenditure of funds not authorized in adopted City Budget.

D

- Charge To
- ☐ Department Account
 - ☐ Capital Projects Fund
 - ☐ Debt Service
 - ☐ Other (Specify) Damages and Claims Fund, Account No. 636505-0001-1490- 2632- S118
 - ☐ Contingent Fund
 - ☒ Special Purpose Accounts
 - ☐ Grant & Aid Accounts

E

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		\$0.00	\$0.00
		\$0.00	\$0.00
Supplies/Materials		\$0.00	\$0.00
		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
		\$0.00	\$0.00
Services		\$0.00	\$0.00
		\$0.00	\$0.00
Other	Uninsured Motorist Settlement	\$25,000.00	\$0.00
		\$0.00	\$0.00
TOTALS		\$25,000.00	\$ 0.00

F

Assumptions used in arriving at fiscal estimate. _____

G

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

☐ 1-3 Years ☐ 3-5 Years☐ 1-3 Years ☐ 3-5 Years☐ 1-3 Years ☐ 3-5 Years**H**

List any costs not included in Sections D and E above. _____

I

Additional information. _____

JThis Note ☐ Was requested by committee chair.