

C.I. FILE NO: 08-5-371

10/30/08

TO WHOM IT MAY CONCERN:

I WOULD LIKE TO APPEAL YOUR DECISION

REGARDING THE ATTACHED LETTER



THANK YOU
ES SWARTZ

Edward E. Swartz

CEL: 414-630-5612

CITY OF MILWAUKEE
2008 NOV -4 PM 4: 15
RONALD D. LEONHART
CITY CLERK

CITY OF MILWAUKEE
RECEIVED
2008 NOV -4 PM 3:41
OFFICE OF
CITY ATTORNEY

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

From: Edward Swartz
11937 W Appleton Ave Unit #3
Milwaukee, WI 53225
414-358-2567

RE: Pot Hole Claim
Location: West of 22nd Street on Atkinson Frontage Road
Date: 3/12/2008
Time: 3pm
Total cost of claim: \$578.53

Description of claim:

I was driving along Atkinson frontage road going west and saw the pothole at the same time that I hit it. I drove home and assessed the damages; this is when I realized that the right front tire had a bulge on the sidewall. Then I drove my car to Wilde Honda located at: 1710 Hwy 164 Waukesha, WI 53186. They said that the rim as well as the tire was damaged beyond repair. They replaced the rim and tire. Then Wilde Honda also fixed the front and rear alignment.

Please consider refunding me for the cost of \$578.53, which was necessary to repair my car.

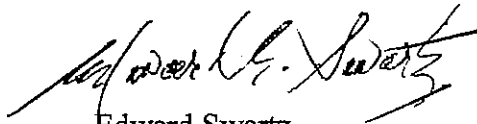
Enclosed: Copy of drivers license, receipt, map, and photo of pothole.

Tire and rim are at my house if you need evidence of damage.

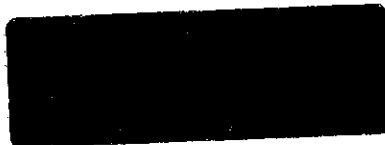
*The loss location info is a bit
miped up - coordinate it with
the photos*

(INCLUDE)

Sincerely,



Edward Swartz
March 18th, 2008



CITY OF MILWAUKEE
08 APR 16 AM 11:44
CHARLES D. LE...
CITY CLERK

CITY OF MILWAUKEE
08 APR 16 PM 3:32
CITY ATTORNEY

WISCONSIN

DRIVER
LICENSE

REGULAR



DID: S632-2253-9182-03 DOB: 05-22-39

Issued: 05-17-00 Expires: 05-22-08

Class: D Endorsements: None Restrictions: See back

Sex: M Hair: BRO Eyes: BLU Height: 5'07" Weight: 175

EDWARD E SWARTZ
11937 W APPLETON AVE #3
MILWAUKEE WI 53224

31522-921-618



Edward E. Swartz





WILDE HONDA



1710 Hwy 164 • Waukesha, WI 53186
(262) 542-9300 • www.wildeauto.com

CUSTOMER NO. 159003	ADVISOR RICHARD J HELFER	2021	TAG NO. 6738	INVOICE DATE 03/13/08	INVOICE NO. HOCS361399
EDWARD E SWARTZ 11937 W APPLETON AVE UNIT 3 MILWAUKEE, WI 53224-4919	LABOR RATE	LICENSE NO. 433EVH	MILEAGE 6,186	COLOR NGHTRWK BLK	STOCK NO. 34476
	YEAR / MAKE / MODEL 07/HONDA/ACCORD SEDAN/4DR SDN EX-V6			DELIVERY DATE 06/28/07	DELIVERY MILES 16
	VEHICLE I.D. NO. 1 H G C M 6 6 5 5 7 A 0 9 2 7 9 8			SELLING DEALER NO. 206863	PRODUCTION DATE
	F.T.E. NO.		P.O. NO.		R.O. DATE 03/13/08
RESIDENCE PHONE 414-358-2567	BUSINESS PHONE	COMMENTS E# J30A5-2105518			MO: 6189

LABOR & PARTS
J# 1 37HOZ

WHEEL & TIRES TECH(S): 1705 2170 165.00
CUSTOMER REQUESTS TO REPLACE THE PASSENGER SIDE FRONT TIRE // SIDE WALL DAMAGE FROM POT HOLE. AFTER THE TIRE IS REPLACED PLEASE ROTATE THE TIRES. POT HOLE DAMAGE THE PASSENGER FRONT TIRE AND THE RIM WAS REPLACED. THEN WE HAD PERFORMED A FOUR WHEEL ALIGNMENT. ALL RETESTED GOOD.

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT	PRICE
JOB # 1	1		42751-MIC-031	TIRE P215/50R17		222.00
JOB # 1	1		MICH.PILOT HX MXM4			1.50
JOB # 1	1		VALVESTEM			200.90
JOB # 1	1		42700-SDB-J02	DISK 17X6 1/2JJ		200.90
JOB # 1 TOTAL PARTS						424.40
JOB # 1 TOTAL LABOR & PARTS						589.40

SERVICE & PARTS DEPARTMENT HOURS

Service
Mon - Thur 7:00 - 7:00 Fri 7:00 - 5:30
Sat 8:00 - 4:00

Parts
Mon - Fri 7:00 - 7:00 Sat 8:00 - 4:00

SALES DEPARTMENT HOURS

Monday - Friday
9:00 AM - 9:00 PM
Saturday
9:00 AM - 5:00 PM

MISC

JOB #	CODE	DESCRIPTION	CONTROL NO	PRICE
JOB # A	MH	HAZARDOUS WASTE AND SUPPLIES		20.00
JOB # 1	DL10	10% DISCOUNT LABOR		-16.50
JOB # 1	DP10	10% DISCOUNT PARTS		-42.44
TOTAL - MISC				-38.94

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$600.00 (+TAX)

COMMENTS
WAITER / 10% DISC

TOTALS

TOTAL LABOR...	165.00
TOTAL PARTS...	424.40
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	20.00
TOTAL MISC DISC	-58.94
TOTAL TAX.....	28.07

CASH CHECK..... BE SURE TO VISIT OUR 24-HOUR SHOWROOM ON THE INTERNET!!
MC...AMEX... http://www.wildehonda.com
DISCOVER.....

1. WAS YOUR SERVICE EXPERIENCE EXCELLENT?
2. DID YOUR SERVICE ADVISOR EXPLAIN WHAT WAS DONE TO YOUR VEHICLE?
3. DO YOU FEEL IT WAS EXPLAINED WELL ENOUGH?
4. DO YOU UNDERSTAND YOUR INVOICE?
IF YOU CAN NOT ANSWER YES TO ALL THESE QUESTIONS, PLEASE CONTACT JIM <SERVICE MANAGER> AT 262-542-9300 EXT 2751

FOR E-DISCOUNT COUPONS, PLEASE GIVE US YOUR E-MAIL ADDRESS

TOTAL INVOICE \$ 578.53

**THANK YOU
WE APPRECIATE
YOUR BUSINESS!**




**HAVE AN
EXCELLENT DAY!**

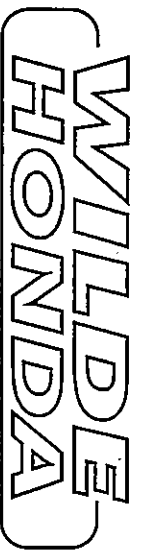
DISCLAIMER OF WARRANTIES
The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

Motor vehicle repair trade 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.

CUSTOMER SIGNATURE



Reynolds and Reynolds EPALZRWVW 00307810 Q (11/01)



1710 Hwy 164 • Waukesha, WI 53186
(262) 542-9300 • www.wildeauto.com



This vehicle received anti-lock brakes from a customer contact.
J30A5-2105518

SHOP REPRESENTATIVE SIGNATURE

RECOMMENDED SERVICES

OPERATION	OPERATION DESCRIPTION	MO / MI	TOTAL
24HOZ7500SERV	7500 MIL SERVICE	MO	99.95
24HOZ37500SERV	37500 MIL SERVICE	MO	99.95
24HOZ67500SERV	67500 MIL SERVICE	MO	99.95
24HOZ112500SERV	112500 MIL SERVICE	MO	99.95
24HOZ85000SERV	82500 MILE SERVICE	MO	99.95
24HOZ22500SERV	22500 MILE SERVICE	MO	99.95
24HOZ52500SERV	52500 MILE SERVICE	MO	99.95
24HOZ97500SERV	97500 MILE SERVICE	MO	99.95
07HOZBATTERY	FREE BATTERY TEST	MI	0.00
13HOZ22500SERV	22500 MILE SERVICE	MO	99.95

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repairs.

2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____

3. I DO NOT want an estimate.

ADDITIONAL WORK AUTHORIZED BY: _____

DATE: _____ TIME: _____ AM/NO. CALLED: _____ NEW TOTAL ESTIMATE: _____

The dealer is not a party to any Manufacturer's warranty on parts or services contained herein. THE DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO ANY PARTS, LABOR OR DIAGNOSTIC SERVICES FURNISHED UNDER THIS ORDER. MATERIAL: ALL PARTS NEW UNLESS SPECIFIED. USED R-REBUILT

DATE	REPAIR ORDER	MILEAGE	ADVISOR	TECHNICIAN	TYPE	OPERATION	OPERATION DESCRIPTION
01/17/08	355989	5269	2021	2099	C	13HOZ19.95	EXPRESS OIL CHANGE
10/10/07	346435	2546	2021	2023	I	13HOZ	*EXPRESS OIL CHANGE
06/28/07	335612	51	2021	2020	I	11HOZ	ACCESSORIES INSTALL
06/22/07	334902	10	1367	2020	I	91HOZ	P.D.I.

SERVICE SALESPERSON NO. 1516 GARY C. BECKHAM

VEHICLE ID NO. 1HGCM66557A092798
YEAR / MAKE / MODEL 07/HONDA/ACCORD SEAN/4DR SDN EX-V6
CUSTOMER NO. 159003
DELIVERY DATE 06/28/07
EXPIRATION DATE 16 206863
R.O. DATE 03/13/08
STOCK NO. 34476
SELLING DEALER NO. 433EYH
R.O. NO. 361399
MILEAGE 6,186
ADVISOR NO. 2021
PRODUCTION DATE

RESIDENCE PHONE 414-358-2567
BUSINESS PHONE
DATE / TIME PROMISED 03/13/08 09:00pm
PRIORITY 6
APPOINTMENT YES NO
ADVISOR: RICHARD J HELFER

TERMS: STRICTLY CASH
I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

LABOR INSTRUCTIONS
CUSTOMER'S SIGNATURE

ORIGINAL CUSTOMER ESTIMATE: TOTAL 260.00

COMMENTS: WALTER / 10% DISC

WHEEL & TIRES
CUSTOMER REQUESTS TO REPLACE THE PASSENGER SIDE FRONT TIRE
// SIDE WALL DAMAGE FROM POT HOLE. AFTER THE TIRE IS REPLACE
D PLEASE ROTATE THE TIRES.

CALL WHEN VEHICLE IS READY YES NO

SERVICE & PARTS DEPARTMENT HOURS
Man - Thur 7:00 - 7:00
Friday 7:00 - 5:30
Saturday 8:00 - 4:00
Parts
Mon - Fri 7:00 - 7:00
Saturday 8:00 - 4:00

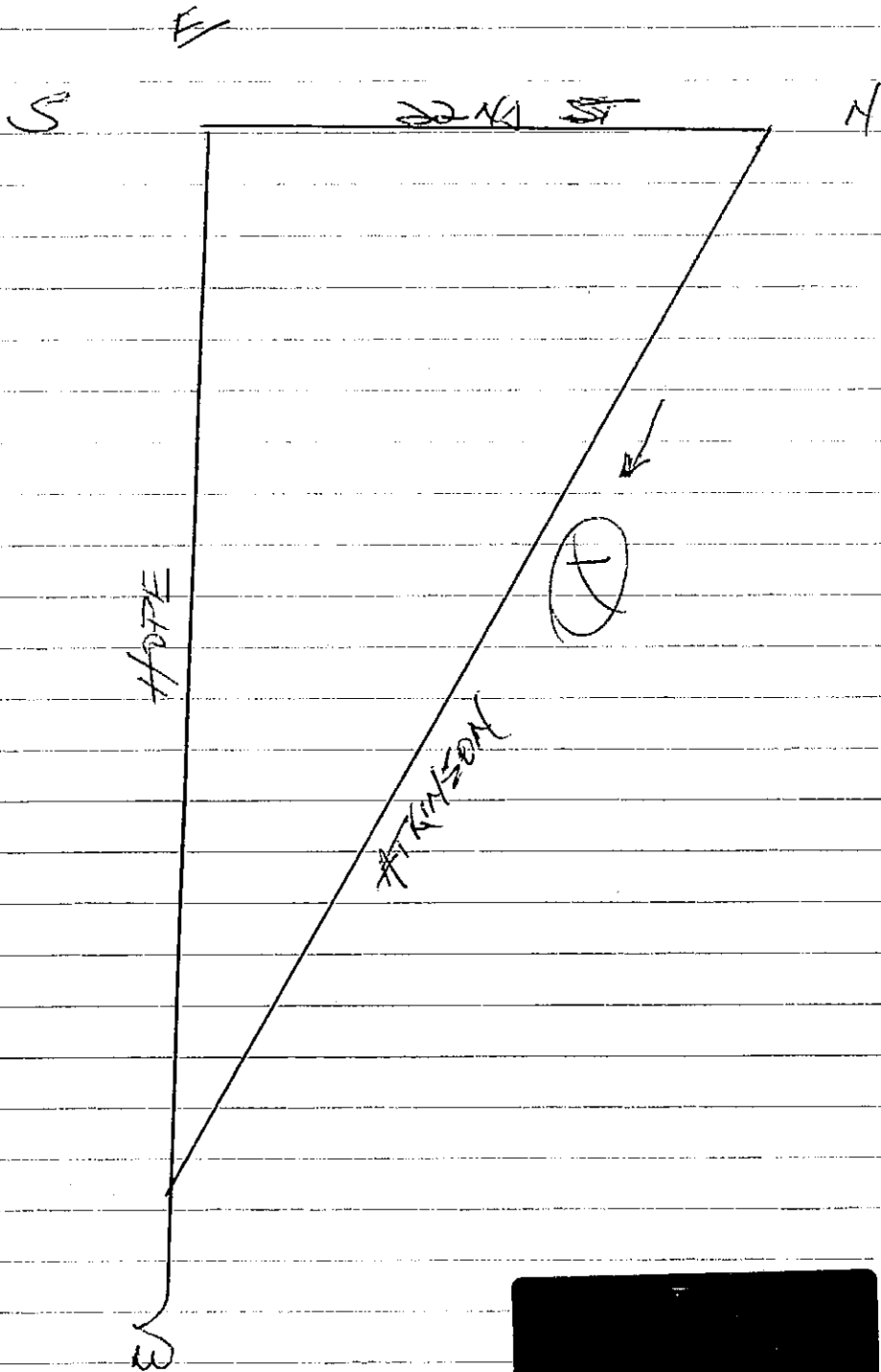
SALES DEPARTMENT HOURS
Monday - Friday 9:00 AM - 9:00 PM
Saturday 9:00 AM - 5:00 PM

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THANK YOU

WE APPRECIATE YOUR BUSINESS!

HAVE AN EXCELLENT DAY!



OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a state-law 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 the instruction sheet. Generally the statute requires the claimant to serve on the City Clerk a document stating the circumstances of the claim. The document must be signed by the claimant, or his/her agent or attorney, and should be served within 120 days of the event.

The claimant must also present to the City Clerk 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.)

Submitting the following additional information will allow the City to act on your claim more promptly:

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

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 to determine 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.

893.80 Claims against governmental bodies or officers, agents or employes; 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 there of 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 the the defendant officer, official, agent or employe; and

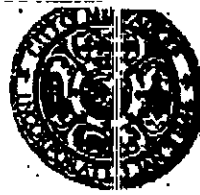
(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.





**City
of
Milwaukee**

City Hall, 200 East Wells Street
Milwaukee, Wisconsin 53202
(414) 286-2221



Common Council/City Clerk's Office
City Hall, 200 East Wells Street, Room 205
Milwaukee, WI 53202 (414) 286-2221
DOCUMENT TRANSMITTAL FORM

FAK # (414)286-3456

TELECOPY INSTRUCTIONS

Please deliver the following page(s) to:

NAME: Ed Swartz

DEPT/UNIT: _____

FAX# (414) 461-4083

These pages are sent by :

NAME: Terry MacDonald

SECTION: Council Services Section

DATE: 3/14/08 TIME 11:30 AM

Total number of pages, including this cover letter. 3

(Additional Notes):

If you do not receive all of the pages, please call:

NAME: _____ TELEPHONE# 286-2233











