

**AMERICAN FAMILY INSURANCE GROUP**

440 SOUTH EXECUTIVE DRIVE • BROOKFIELD WI 53005-4280 • PHONE: 262-784-9100; FAX: 262-784-3828

Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

September 2, 2005

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

RE: C.I. File No.: 05-V-130
Our Claim No.: 601-393729-0518
Our Insured: Magda T. Galan
Date of Loss: June 8, 2005

Dear Sir or Madam:

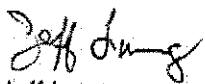
We are writing at this time to appeal your decision to deny our collision subrogation claim in the amount of \$10,548.47.

Please send us a written description of the appeal process and any instructions we may require to proceed with this appeal.

Should you need to reach us by telephone for any reason, please call the undersigned at 1-262-784-2933, extension 48148, during normal business hours.

Thank you in advance for giving this matter your prompt attention.

Yours truly,


Jeff Lang
Casualty Claim Examiner

***** FACSIMILE COVER SHEET *****

SEP 02 2005 15:58

Message To:

914142868550

Message From:

AMFAM SOUTH CLAIMS

01

Pages

Follow This Cover Page



AMERICAN FAMILY INSURANCE GROUP

440 SOUTH EXECUTIVE DRIVE • BROOKFIELD WI 53005-4280 • PHONE: 262-784-9100; FAX: 262-784-3828

Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

August 8, 2005

City Clerk
Attn: Claims
200 East Wells Street, Room 205
Milwaukee, WI 53202

CITY OF MILWAUKEE
05 AUG -8 AM 11:41
RONALD D. LEONHARDT
CITY CLERK

RE: Our Insured: Magda T. Galan
Claim Number: 601-393729-0518
Date of Loss: 06/08/2005
Amount of Claim: \$10,548.47

Dear Sir or Madam:

We are notifying you of our claim against you for the above amount. We believe that we are entitled to recover some or all of this money from you. In that regard, you should be aware that Wisconsin is a comparative negligence state. In handling this claim with you, we will take Wisconsin's comparative negligence laws into consideration.

Our claim is for the payments we have made to and on behalf of our insured, Magda T. Galan, whose vehicle was struck by a City of Milwaukee Police squad car on June 8, 2005 while it was parked on the street in front of 1614 South 21st Street. As we have been unable to obtain a copy of the police report from the City of Milwaukee Police Department, we are unable to identify the officer involved in this accident at this time. Our insured has reported that the squad car was a 2004 Ford and the accident was investigated by Officer Rueda.

Please note that the amount of our claim is based on the payments that have been made through August 8, 2005 (please see enclosed payment copies). It may increase should we be required to make any further payments in connection with this accident.

Our supporting documentation is enclosed. Should you require any additional information regarding our claim, please call the undersigned at 1-262-784-2933, extension 48148, during normal business hours.

Thank you in advance for giving this matter your prompt attention and acknowledging our claim in writing by return mail.

Yours truly,

Jeff Lang
Casualty Claims Examiner

Enclosures

CITY OF MILWAUKEE
2005 AUG -8 PM 3:40
CITY CLERK
ATTORNEY

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-601-393729 ST: 48 POLICY: 07-308369-03 INCURRED: 06/08/2005
INSURED: GALAN, MAGDA T BENEFITS/LOSSES PAID TO DATE: 10298.47

LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 0.00

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
01	07/28/2005	0060848894	01	00	025	260.84		
IN PAYMENT OF: COLLISION LOSS OCCURRING 06/08/2005 DEDUCTIBLE PREVIOUSLY APPL								
PAYEE/PAYOR: QUALITY AUTO BODY								
RECONCILED: 00 08022005 TIN: 391978778-1 WITH TAKEN: N								

02	07/22/2005	0060848192	01	00	022	750.00		
IN PAYMENT OF: 402683-02/POLICY LIMITS								
PAYEE/PAYOR: MAYFAIR RENT A CAR								
RECONCILED: 00 07272005 TIN: 391575668-1 WITH TAKEN: N								

*** THERE ARE MORE PAYMENTS ON THE NEXT PAGE ***

NEXT --

OPT -- POL -- CLM -- DRFT --
ENTER OR PF8=PAGE FORWARD PF3=COPS MENU PA2=COMPANY MENU

CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-601-393729 ST: 48 POLICY: 07-308369-03 INCURRED: 06/08/2005
INSURED: GALAN, MAGDA T BENEFITS/LOSSES PAID TO DATE: 10298.47
LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 0.00

NO	DATE	PAYMT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMENTS AMOUNT
03	06/16/2005	0060F28782	01	00	025	9287.63		
IN PAYMENT OF: COLLISION LOSS OCCURRING						06/08/2005		
PAYEE/PAYOR: GALAN, MAGDA T & QUALITY AUTO BODY								
RECONCILED: 00 07052005 TIN: 391978778-1 WITH TAKEN: N								

NEXT --

OPT -- POL -- ----- CLM -- --- ----- DRFT -----

ALL PAYMENTS FOR THIS CLAIM HAVE BEEN DISPLAYED. PF7=PAGE BACK PF3=COPS MENU

Date: 7/28/2005 07:10 AM
 Estimate ID: 00601393729-0
 Estimate Version: 1
 Supplement: 1 (F) 7/28/2005 07:09:54
 Profile ID: CUSTOMIZED

AMERICAN FAMILY INSURANCE

P.O. BOX 2927 MILWAUKEE, WI 53201-2927
 (262) 784-9100
 Fax: (800) 977-9029

Damage Assessed By: MARK CLOUGH
 Supplemented By: MARK CLOUGH

Inside Rep: LANG X48148
 (262) 784-2933

Condition Code: Good
 Date of Loss: 6/ 8/2005
 Contact Date: 6/15/2005
 Deductible: 250.00
 Policy No: 0730836903

Type of Loss: Collision

Claim Number: 00601393729-0

Insured: MAGDA T GALAN
 Address: 1248 S 28TH ST MILWAUKEE, WI 53215-0000
 Telephone: Work Phone: (414) 688-0773 Home Phone: (414) 389-0211

Mitchell Service: 918751

Description: 2000 Toyota Sienna XLE
 Body Style: Van 114" WB
 VIN: 4T3ZF13C9YU230533
 Mileage: 62,329
 OEM/ALT: A
 Color: GOLD

Drive Train: 3.0L Inj 6 Cyl 2WD
 License: 657 GTK WI

Search Code: SMILWAUKEE

Options: ALUM/ALLOY WHEELS, AIR CONDITIONING, POWER STEERING, POWER BRAKES, POWER WINDOWS
 POWER DOOR LOCKS, TILT STEERING WHEEL, CRUISE CONTROL, ELECTRIC DEFOGGER
 AM-FM STEREO CASSETTE, AUTOMATIC TRANSMISSION, DEEP TINTED GLASS, LUGGAGE RACK
 POWER DRIVER SEAT, AM-FM STEREO/CDPLAYER(SINGLE), PASSENGER-FRONT AIR BAG
 POWER REMOTE MIRROR, 2-DOOR, VAN, DRIVER-FRONT AIR BAG

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	100153	BDY	REMOVE/REPLACE	R REPLACE VAN SIDE PNL	Qual Recycled Part	600.00	*18.0
2	AUTO	REF	REFINISH	R VAN SIDE PANEL COMPLETE			C 2.4
3	AUTO	REF	REFINISH	R ADD FOR EDGE & PILLAR			C 1.0
4				CUT INC. RR BODY PANEL			
5				LINE MARKUP %25.00		150.00	
6	100156	BDY	REMOVE/REPLACE	R QUARTER MLDG	Qual Recycled Part		0.3
7	100178	BDY	REMOVE/REPLACE	REPLACE LIFTGATE	Qual Recycled Part	1,000.00	* 2.0
8	AUTO	REF	REFINISH	LIFTGATE			C 1.3
9	AUTO	REF	REFINISH	ADD FOR UNDERSIDE			C 0.9
10				LINE MARKUP %25.00		250.00	
11	100179	BDY	REMOVE/REPLACE	R LIFTGATE HINGE	Qual Recycled Part		0.4 #
12	100180	BDY	REMOVE/REPLACE	L LIFTGATE HINGE	Qual Recycled Part		0.4 #
13	100181	BDY	REMOVE/REPLACE	LICENCE LAMP	Qual Recycled Part		0.2
14	100182	BDY	REMOVE/REPLACE	WIPER ARM	Qual Recycled Part		0.2
15	100183	BDY	REMOVE/REPLACE	LIFTGATE MOULDING	Qual Recycled Part		0.2
16	100184	BDY	REMOVE/REPLACE	R TAIL LAMP	Qual Recycled Part		INC
17	100185	BDY	REMOVE/REPLACE	L TAIL LAMP	Qual Recycled Part		0.3
18	100186	BDY	REMOVE/REPLACE	HIGH MOUNT STOP LAMP	Qual Recycled Part		0.3
19	100187	BDY	REMOVE/REPLACE	R SUPPORT	Qual Recycled Part		0.1
20	100188	BDY	REMOVE/REPLACE	L SUPPORT	Qual Recycled Part		0.1

ESTIMATE RECALL NUMBER: 6/16/2005 08:27:53 00601393729-0

UltraMate is a Trademark of Mitchell International
 Copyright (C) 1994 - 2003 Mitchell International
 All Rights Reserved

Mitchell Data Version: JUN_05_A
 UltraMate Version: 5.0.206

Date: 7/28/2005 07:10 AM
 Estimate ID: 00601393729-0
 Estimate Version: 1
 Supplement: 1 (F) 7/28/2005 07:09:54
 Profile ID: CUSTOMIZED

21	100189	BDY	REMOVE/REPLACE	LIFTGATE GLASS		Qual Recycled Part	2.3	#
22	100199	BDY	REMOVE/REPLACE	REAR REPLACE BUMPER		Qual Recycled Part	400.00	* INC
23	AUTO	REF	REFINISH	REAR BUMPER			C 1.6	
24				LINE MARKUP %25.00			100.00	
25	100200	BDY	REMOVE/REPLACE	R REPLACE TAIL LAMP		Qual Recycled Part	65.00	* INC
26				LINE MARKUP %25.00			16.25	
27	900500	FRM*	ADD'L LABOR OP	SET UP & MEASURE UNIBODY		Existing		2.0*
28	900500	FRM*	REPAIR	ROUGH PULL ON RT RR		Existing		2.0*
29				*** END OF ATG SECTION ***				
30	AUTO	BDY	OVERHAUL	FRT COVER ASSY				2.3 #
31	802568	BDY	REMOVE/REPLACE	FRT BUMPER COVER		Remanufactured	309.00	* INC #
32	AUTO	REF	REFINISH	FRT BUMPER COVER			C 2.2	
33	802728	BDY	REMOVE/REPLACE	GRILLE EMBLEM		75311-08010	20.18	
34	800092	BDY	REMOVE/REPLACE	HOOD ROD HOLDER		53455-08010	1.89	0.2 #
35	800094	BDY	REMOVE/REPLACE	HOOD LATCH		53510-08010	39.61	0.4
36	800105	BDY	REMOVE/REPLACE	COOLING RADIATOR		**Qual Repl Part	320.00	* 1.5
37	800156	MCH	REMOVE/REPLACE	AIR COND CONDENSER	-M	** QUAL REPL PART	181.00	1.1
38	AUTO	MCH	REMOVE/REPLACE	EVACUATE & RECHARGE A/C	-M			1.4
39	802373	MCH	REMOVE/REPLACE	HEATER & EVAPORATOR ASSY	-M	Qual Recycled Part	400.00	* 1.2
40				LINE MARKUP %25.00			100.00	
41	900500	MCH*	REMOVE/REPLACE	RELAYS LOCATED IN RT RR		**Qual Repl Part	30.00	* 0.0*
42	900500	BDY*	ADD'L LABOR OP	CUT/FIT/TRIM LKQ PARTS		Existing		5.0*
43	800300	BDY	REMOVE/REPLACE	LWR FRONT BODY TIE BAR	-S	57104-08010	227.88	3.0
44	AUTO	REF	REFINISH	LOWER TIE BAR				0.5
45	800671	BDY	REMOVE/INSTALL	EXHAUST MUFFLER W/PIPE		Existing		0.7*
46	801270	REF	BLEND	R SIDE DOOR OUTSIDE				1.0*
47	802477	BDY	REMOVE/INSTALL	R SIDE DOOR MOULDING		Existing		0.4*
48	801290	BDY	REMOVE/INSTALL	R LWR DOOR TRIM PANEL				INC
49	801352	BDY	REMOVE/INSTALL	R DOOR HANDLE				0.7 #
50	801636	BDY	REPAIR	R QUARTER INNER PANEL		Existing		1.0*
S1 51	900500	BDY*	REMOVE/REPLACE	THREE RELAYS @ \$61.64 EACH AND ONE @ \$22.70		**Qual Repl Part	207.62	* INC*
52				LIFTGATE MOULDING		75814-08010-E0	107.97	0.3
53	802088	BDY	REMOVE/REPLACE	LIFTGATE MOULDING		75404-AC010	22.64	0.2
54	802090	BDY	REMOVE/REPLACE	LIFTGATE EMBLEM		75444-08010	28.12	0.2
55	802092	BDY	REMOVE/REPLACE	LIFTGATE ADHESIVE NAMEPLATE		75442-08010	24.61	0.2
56	802093	BDY	REMOVE/REPLACE	LIFTGATE ADHESIVE NAMEPLATE		75443-08030	18.92	0.2
57	802096	BDY	REMOVE/REPLACE	LIFTGATE ADHESIVE NAMEPLATE		67881-08020	71.43	0.7
58	802101	BDY	REMOVE/REPLACE	LIFTGATE WEATHERSTRIP				C 0.5
59	802239	REF	REFINISH	ADD FOR INSIDE				C 0.5
60	802240	BDY	REMOVE/REPLACE	OTR REAR BODY PANEL		58371-08900	0.00	* 4.5 #
61	AUTO	REF	REFINISH	REAR BODY PANEL				C 1.6
62				PART COMES ON RT SIDE CUT				
63	802241	BDY	REPAIR	REAR BODY FLOOR PAN		Existing		6.0*
64	802284	BDY	REPAIR	R REAR BODY SIDEMEMBER ASSEMBLY	-S	Existing		3.5*#
65				PINCHED				
66	900500	REF *	REFINISH/REPAIR	CORROSION PROTECTION - MINOR REPAIR		**Qual Repl Part	10.00	* 0.3*
67	802341	BDY	REMOVE/REPLACE	R REAR BUMPER PAD		52185-45010	4.37	
68	802343	BDY	REMOVE/REPLACE	R REAR BUMPER MOUNTING BRACKET		52189-45010	4.37	
69	936003		ADD'L COST	COOLANT			16.93	*
70	802345	BDY	REMOVE/REPLACE	R REAR BUMPER GUIDE		52187-45010	1.54	
71	900500	FRM*	REPAIR	PULL & SQUARE UNIBODY / FRAME		Existing		4.0*
72	802346	BDY	REMOVE/REPLACE	L REAR BUMPER GUIDE		52187-45010	1.54	
S1 73	802355	BDY	REMOVE/REPLACE	R REAR BUMPER MOUNTING ARM		52181-08010	29.78	* 0.2 #
74	936012		ADD'L COST	HAZARDOUS WASTE DISPOSAL			3.00	*
75	936018		ADD'L COST	R134A FREON & OIL			15.00	*
76	AUTO	REF	ADD'L OPR	CLEAR COAT				3.0
77	AUTO		ADD'L COST	PAINT/MATERIALS			423.80	*

ESTIMATE RECALL NUMBER: 6/16/2005 08:27:53 00601393729-0

UltraMate is a Trademark of Mitchell International
 Copyright (C) 1994 - 2003 Mitchell International
 All Rights Reserved

Mitchell Data Version: JUN_05_A
 UltraMate Version: 5.0.206

* - Judgement Item
 # - Labor Note Applies
 ** QUAL REPL PART - Quality Replacement Parts
 C - Included in Clear Coat Calc

KEYSTONE AUTOMOTIVE PP
 9532 WEST CARMEN AVE.
 MILWAUKEE
 WI 53225
 (800) 924-8230 (414) 463-1019

37 ** CND40144 181.00

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	56.0	48.00	0.00	0.00	2,688.00 T	Taxable Parts	4,127.47
Refinish	16.3	48.00	0.00	0.00	782.40 T	Parts Adjustments	616.25
Frame	8.0	48.00	0.00	0.00	384.00 T	Sales Tax @ 5.600%	265.65
Mechanical	3.7	60.00	0.00	0.00	222.00 T	Total Replacement Parts Amount	5,009.37
		Taxable Labor			4,076.40		
		Labor Tax @ 5.600 %			228.28		
Labor Summary	84.0				4,304.68		
III. Additional Costs					Amount	IV. Adjustments	Amount
Taxable Costs					458.73	Insurance Deductible	250.00-
Sales Tax @ 5.600%					25.69	Customer Responsibility	250.00-
Total Additional Costs					484.42		
						I. Total Labor:	4,304.68
						II. Total Replacement Parts:	5,009.37
						III. Total Additional Costs:	484.42
						Gross Total:	9,798.47
						IV. Total Adjustments:	250.00-
						Net Total:	9,548.47
						Less Original Net Total:	9,287.63
						Net Supplement Amount:	260.84
						S1: MARK CLOUGH	260.84

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.

Point(s) of Impact

5 Right Rear Corner (P), 4 Right Rear Side (S), 6 Rear Center (S), 12 Front Center (S)

ESTIMATE RECALL NUMBER: 6/16/2005 08:27:53 00601393729-0

Mitchell Data Version: JUN_05_A
 UltraMate Version: 5.0.206
 UltraMate is a Trademark of Mitchell International
 Copyright (C) 1994 - 2003 Mitchell International
 All Rights Reserved

Date: 7/28/2005 07:10 AM
Estimate ID: 00601393729-0
Estimate Version: 1
Supplement: 1 (F) 7/28/2005 07:09:54
Profile ID: CUSTOMIZED

Insurance Co: AMERICAN FAMILY INSURANCE CO

Inspection Site: Quality AB
Address: 4930 S 6th Street
quality 4930s6 Milwa, WI
Inspection Date: 6/15/2005

Body Shop: QUALITY AUTO BODY
Address: 4930 S. 6TH STREET
MILWAUKEE, WI 53221
Telephone: (414) 481-7576
Fax Phone: (414) 481-7715
State Lic. No: 39-1978778

This is not an authorization to repair.
Supplements will not be paid without prior approval.

____:REPAIRS WILL BE COMPLETED FOR AGREED PRICE ONLY. NO SUPPS.

SIGNATURE: _____.

ESTIMATE RECALL NUMBER: 6/16/2005 08:27:53 00601393729-0

Mitchell Data Version: JUN_05_A
UltraMate Version: 5.0.206
UltraMate is a Trademark of Mitchell International
Copyright (C) 1994 - 2003 Mitchell International
All Rights Reserved

Date: 7/28/2005 07:10 AM
 Estimate ID: 00601393729-0
 Estimate Version: 1
 Supplement: 1 (F) 7/28/2005 07:09:54
 Profile ID: CUSTOMIZED

AMERICAN FAMILY INSURANCE

P.O. BOX 2927 MILWAUKEE, WI 53201-2927
 (262) 784-9100
 Fax: (800) 977-9029

Supplement Delta Report
 Comparison of Estimate 00601393729-0 Supplement 0 and Supplement 1

Damage Assessed By: MARK CLOUGH
 Supplemented By: MARK CLOUGH

Insured: MAGDA T GALAN
 Owner: MAGDA T GALAN
 Vehicle Description: 2000 Toyota Sienna XLE
 Date of Loss: 6/ 8/2005

Line Item	Labor Type	Operation	Line Item Description	Part Type	Dollar Amount	Labor Units	CEG Unit
Added Entries							
S1 51	BDY	REMOVE/REPLACE	THREE RELAYS @ \$61.64 EACH AND	**Qual Repl Part	207.62 *	INC*	T
	52		ONE @ \$22.70			0.0	
S1 73	BDY	REMOVE/REPLACE	R REAR BUMPER MOUNTING ARM	New	29.78 *	0.2	0.2T

Global Changes

No Deductible, Labor Rate, or Part Adjustment changes were made.

	Amount
Original Estimate:	9,287.63
Supplement 1	260.84
Orig Total Tax	505.78
Supp 1 Total Tax	519.62
Net Supplement Amount	260.84
Net Total	9,548.47
Data Versions	
Supp 0	MAY_05_A
Supp 1	JUN_05_A

Quality P/B

ESTIMATE RECALL NUMBER: 6/16/2005 08:27:53 00601393729-0

UltraMate Version: 5.0.206

UltraMate is a Trademark of Mitchell International
 Copyright (C) 1994 - 2003 Mitchell International
 All Rights Reserved

MAYFAIR RENT A CAR
 1720 Paramount Drive
 Waukesha, WI 53186
 (262) 513-3300

Invoice #: 402683-2

Rental Agreement #: 402683 Invoice Date: 07/08/2005

AMERICAN FAMILY INSURANCE-MILW
 PO BOX 2927
 MILWAUKEE, WI 53201

Renter: MAGDA I TORRES-GALAN
 1248 S 28TH ST
 Milwaukee, WI 53215
 (414) 389-0211
 DL: T6245497094606 WI 12/06/09

Rental Summary

60139301

	Date	Time	Odom	Gas	Loc.
1. Rented Class: FR	Out: 06/11/05	12.41	20064	5	Airport
2005 CHRYSLER TOWN&CNT	In: 07/08/05	17.00	21014	4	Airport
Lic: 384GBK					
VIN: 2C4GP44R25R393068					

Charge Summary

Description	Rate	Charge	Free Mls
INS: Daily	28 @ 28.99	811.72	0
Net T&M Charges		811.72	
Misc Chg: VLF	0.000%	0.00	
Gas Charge: FUEL	2.50 @ 5.95/gal	14.88	
Tax: WIFEE03	0.000%	0.00	
Tax: MCAIR	0.500%	4.13	
Tax: Stad001	0.100%	0.83	
Tax: WI-05	5.000%	41.33	
Tax: LEDAIR	0.000%	0.00	
Total Charges		872.89	

NET DUE THIS INVOICE:

Company	Invoice Total	Paid	Net Due
AMERICAN FAMILY INSURANCE-MILW	792.00	0.00	792.00

OTHER PAYMENTS:

Company	Type	Invoice Total
Other	VI	14.88
Other	DB	66.01

TAX ID # 39-1575668

L
MILK