



AMERICAN FAMILY INSURANCE GROUP

SCANNING CENTER • 6000 AMERICAN PKWY • MADISON WI 53783-0001 • 1-800-MYAMFAM (1-800-692-6326)

June 30, 2010

65-KRC010

CITY OF MILWAUKEE
OFFICE OF THE CITY ATTORNEY/BOB OVERHOLT
200 E WELLS ST
MILWAUKEE WI 53202-3515

RE: Your Claim Number: 10-V-75
Your Insured: Milwaukee Public Works
Our Claim Number: 00-651-492974-1230
Our Insured: Tyrone li Dorthy
Date of Loss: January 10, 2010

Thank you for your recent correspondence.

I want to clarify my intent in filing a claim with the City of Milwaukee. I concede that our policyholder, Tyrone Dorthy IV, had the majority of negligence in this accident. I am seeking contribution from the City of Milwaukee for the injuries sustained to one of the passengers of Mr. Dorthy's vehicle, Shelton Gillie.

Although snow removal is an essential service performed by the City of Milwaukee Public Works, there is also a responsibility by the employees to remove the snow in a safe manner. The end loader was operating diagonally across the north-bound portion of the street and behind the dump truck. Due to the proximity to the intersection, this maneuver created a blind spot for our policyholder's turning vehicle.

I am seeking contribution in the amount of 20% for the injuries sustained to Mr. Gillie. We have settled this injury claim and this settlement has released the City of Milwaukee. Please advise whether you agree to this contribution request.

Thank you for your attention to this matter. When sending correspondence, please include 'Attn: Subrogation Dept'.

Respectfully,

Kevin R Carnell
Casualty Claim Desk Adjuster
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 48149
kcarnell@amfam.com
Fax: (800) 977-9029
www.amfam.com/claims

**AMERICAN FAMILY
INSURANCE**

AMERICAN FAMILY INSURANCE GROUP
PO BOX 2927 • MILWAUKEE WI 53201-2927

RETURN SERVICE REQUESTED

CITY OF MILWAUKEE
RECEIVED

2010 JUL -6 AM 11:22

OFFICE OF
CITY ATTORNEY

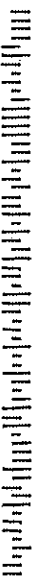
PRESORTED
FIRST CLASS



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FIRST CLASS PERMIT NO. 53188 MILWAUKEE WI

Strong, Growing and Friendly

EWG/SRA1 53202





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City of Milwaukee
220 E. Wells Street, Room 205
Milwaukee, WI 53202

CITY OF MILWAUKEE
10 MAY -6 PM 2:00
RONALD D. LEONHARDT
CITY CLERK

RE: Our File No.: 00-651-492974-1230
Our Insured: Tyrone Dorty II
Date of Loss: January 10, 2010
Amt. of Loss: \$7509.03

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to an accident that occurred on January 10, 2010, involving a vehicle owned by American Family Insurance Company's insured, Tyrone Dorty II, and a City of Milwaukee vehicle. The accident occurred at Wells & Broadway in Milwaukee.

As a result of the negligence of the operator of 1988 Cat 836E (VIN 51047), the vehicle insured by American Family Mutual Insurance Company was damaged in the reasonable and necessary sum of \$7509.03. Furthermore, injuries were sustained to the passengers of our insured vehicle.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$8009.03 and the insured incurred a deductible loss of \$500. Medical expense and bodily injury settlements are pending/

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of \$7509.03 (not final)

Respectfully,

Kevin Carnell
Casualty Claims Desk Adjuster
American Family Mutual Insurance Company of Wisconsin
1-800- MYAMFAM (1-800-692-6326) X 48149
kcarnell@amfam.com
Fax (800) 977-9029
www.amfam.com/claims

CITY OF MILWAUKEE
RECEIVED
2010 MAY -7 PM 3:05
OFFICE OF
CITY ATTORNEY



May 5, 2010
AMERICAN FAMILY INSURANCE GROUP

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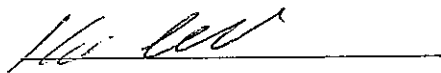
NOTICE OF CLAIM

Name: American Family Mutual Insurance Company
P. O. Box 2927
Milwaukee, WI 53201-2927

Date of Accident/Loss: January 10, 2010

Brief Facts of Accident/Loss Tyrone Dorty II was traveling EB on Wells St. He was in the left lane and making a left turn to go north on Broadway. As he was completing his turn, a City of Milwaukee snow removal bobcat cut across traffic. The bobcat was on its way to dump snow into a truck that was facing south.

Amount Claimed: \$7509.03

Signature: 

Daytime Telephone No.: ~~784-2933~~ Ext. 48149

(262) 446-6501

Date: May 5, 2010



00-651-492974-1230


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STATE OF WISCONSIN)
)SS
COUNTY OF MILWAUKEE)

I, Kevin Carnell, being duly sworn on oath, deposes and states that she/he is a Casualty Claims Adjuster employed with American Family Mutual Insurance Company, that I have been involved in the investigation of the afore-described claim, that I have reviewed the foregoing Notice of Claim and am familiar with the factual averments contained therein, and that all such statements and averments are true and correct to the best of my knowledge and information based upon my investigation and adjustment of the claim referenced above.

Dated this 05 day of May, 2010



Kevin Carnell
Signature of Affiant

Personally appears before me this 05 day of May, 2010, the above administration of oath executed the foregoing instrument and acknowledged the truth and accuracy of the same.

Notary Public, State of Wisconsin
My Commission: _____

POLICE # DISTRICT 1

ACCIDENT # 100100214

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9G9HZC7		Document Override Number		
Agency Accident Number 100100214					Police Number DISTRICT 1					
4 - Accident Date 01/10/2010			5 - Time of Accident (Military Time) 0210		6 - Total Units 02		7 - Total Injured 01		8 - Total Killed 00	
2 - County MILWAUKEE - 40			3 - Municipality MILWAUKEE - 57 CITY				1 - Accident Location INTERSECTION			
14 - On Hwy No.		14 - On Street Name BROADWAY ST N			14 - Bus/Fmt/Rmp		15 - Est. Dist	Ft/Mi	15 - Hwy. Dir	
18 - Fr/At Hwy No.		16 - From/At Street Name WELLS ST E			16 - Business/Frontage/Ramp					
17 - Structure Type HOUSE #		17 - Structure Number 808		t2 - Latitude			13 - Longitude			
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT					93 - Manner of Collision HEAD ON					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1				
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)										
117 - Relation To Roadway ON-ROADWAY										
114 - Light Condition DARK-LIGHTED			118 - Road Surface Condition WET			118 - Weather CLEAR				
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed		
<input type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input checked="" type="checkbox"/> Names Exchanged			
10t <input checked="" type="checkbox"/> Supplemental Reports		102 <input checked="" type="checkbox"/> Witness Statements			t03 <input type="checkbox"/> Measurements Taken		79 - E M S Number 455			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT			23 - Dir Of Travel NORTH		24 - Speed Limit 30	
38 - Operating as Classified D CLASS		37 - Endorsements			35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number D6308008729801			30 - State WI		31 - Expiration Year 2014		34 - On Duty Accident	
25 - Operator/Pedestrian Last Name DORTY				25 - First Name TYRONE		25 - Middle Initial	25 - Suffix	
32 - Date Of Birth 08/18/1987		33 - Sex MALE						
26 - Address Street & Number 3631 N 54TH BLVD						28 - PO Box		
27 - City MILWAUKEE			27 - State WI	27 - Zip Code 53216		28 - Telephone Number (414) 899-9419 EXT.		
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)					40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY			41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action				
118 - What Driver Was Doing MAKING-LEFT-TURN				120 - Traffic Control TRAFFIC-SIGNAL-OPERATING			82 - No. of Citations Issued 0	
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
122 - Driver Factors NOT-APPLICABLE								
88 - Driver or Pedestrian Cond APPEARED NORMAL			89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN		

OPERATOR/PEDESTRIAN 01

91 - Drugs Reported
124 - Highway Factors SNOW, ICE, -OR- WET

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 3
	56 - License Plate Number 578MYS	57 - Plate Type AUT	58 - State WI	59 - Exp. Year 2010	55 - Vehicle Identification Number 2G1WB55K879315911	
	50 - Year 2007	51 - Make CHEV	52 - Model IMPALA LS	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE					
	95 - Extent Of Damage MODERATE	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By AAA			
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator			
	46 - Vehicle Owner Last Name DORTY	46 - First Name TYRONE	46 - Middle Initial	46 - Suffix
	48 - Company Name			
	47 - Address Street & Number 3631 N 54TH BLVD		47 - PO Box	
	48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53216	49 - Telephone Number (414) 899-9419 EXT.

Insurance

INS 01	63 - Liability Insurance Company STATE-FARM	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name DORTY	61 - Policy Holder First Name TYRONE
	61 - Policy Holder Company	

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel WEST	24 - Speed Limit 30
36 - Operating as Classified O CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number P3202905538801	30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident WINTER-HWY-MAINTENANCE
25 - Operator/Pedestrian Last Name PATZ	25 - First Name GREGORY	25 - Middle Initial J	25 - Suffix
32 - Date Of Birth 10/28/1955	33 - Sex MALE		

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 200 E WELLS ST				26 - PO Box	
	27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53233	28 - Telephone Number (414) 286-0744 EXT.	
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT		
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED	44 <input type="checkbox"/> Medical Transport	
	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing SLOWING-OR-STOPPING		120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued 0	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN	
	91 - Drugs Reported					
	124 - Highway Factors SNOW,ICE,-OR-WET					

Vehicle

VEHICLE 02	21 - Unit Type EQUIPMENT			Vehicle Type SNOW-PLOW		22 - Total Occupants 1
	56 - License Plate Number		57 - Plate Type	58 - State	59 - Exp Year	55 - Vehicle Identification Number 51047
	50 - Year 1988	51 - Make CAT	52 - Model 836E	53 - Body Style OT	54 - Color YEL	100 - Skidmarks to Impact (F) 0
	94 - Vehicle Damage NONE					
	95 - Extent Of Damage NONE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator						
	46 - Vehicle Owner Last Name			46 - First Name		46 - Middle Initial	46 - Suffix
	46 - Company Name CITY OF MILWAUKEE						
	47 - Address Street & Number 200 E WELLS ST				47 - PO Box		
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53233	49 - Telephone Number (414) 286-0744 EXT.		

Insurance

INS 02	63 - Liability Insurance Company NOT-REQUIRED		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name	
	61 - Policy Holder Company		

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Occupant

OCCUPANT 01	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name GILLIE	66 - First Name SHELTON	66 - Middle Initial L	66 - Suffix
	68 - Address Street & Number 3367 N 49TH ST		68 - PO Box		
	68 - City MILWAUKEE		68 - State WI	68 - Zip Code 53216	
	67 - Date of Birth 04/24/1985		69 - Sex MALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)		72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	70 - Injury Severity C - POSSIBLE INJURY	73 - Airbag NON-DEPLOYED	75 - Ejected NOT-EJECTED	77 <input checked="" type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

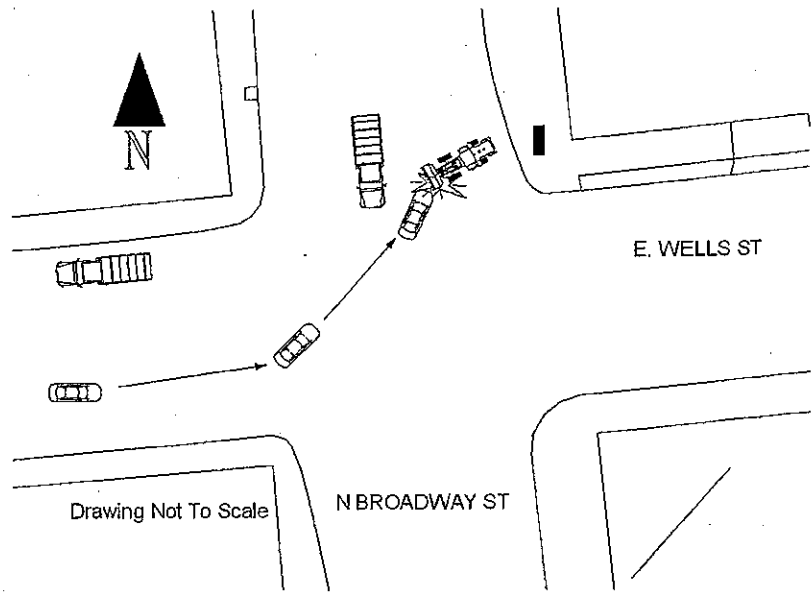
Occupant

OCCUPANT 02	<input type="checkbox"/> Address Same As Operator				
	65 - Unit No 01	66 - Occupant Last Name SAFFOLD	66 - First Name KYLE	66 - Middle Initial L	66 - Suffix
	68 - Address Street & Number 7300 W HAMPTON AV		68 - PO Box		
	68 - City MILWAUKEE		68 - State WI	68 - Zip Code 53218	
	67 - Date of Birth 05/13/1989		69 - Sex MALE		
	71 - Seat Position SECOND-SEAT-RIGHT		72 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT		
	70 - Injury Severity N - NO APPARENT INJURY	73 - Airbag NOT APPLICABLE	75 - Ejected NOT-APPLICABLE	77 <input type="checkbox"/> Medical Transport	
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space			

Diagram and Narrative

105 - PHOTOS BY SQUAD 1921

DIAGRAM AND NARRATIVE



UNIT # 1 WAS TRAVELING EASTBOUND ON E. WELLS STREET WHEN IT MADE A LEFT HAND TURN ONTO N. BROADWAY STREET STRIKING A FRONT END LOADER WHICH WAS ON N. BROADWAY.

SUPPLEMENTAL REPORT

THIS REPORT IS TYPED BY P.O. CORSTAN D. COURT ASSIGNED TO THE FIRST DISTRICT - LATE SHIFT. ON 01-10-10 AT 2:13 AM, SQUAD 1344, P.O.'S COURT AND DANIEL BOECK WERE DISPATCHED TO N. BROADWAY STREET AND E. WELLS STREET FOR A P/I ACCIDENT. UPON ARRIVAL, OFFICERS INTERVIEWED THE DRIVER OF A CITY OF MILWAUKEE FRONT END LOADER, GREGORY PATZ, W/M 10-28-55, WHO STATED THAT HE WAS CLEANING SNOW OFF THE CITY STREET AND WAS ABOUT TO PUT HIS LOAD INTO A DUMP TRUCK THAT WAS PARKED ON N. BROADWAY STREET. PATZ OBSERVED A VEHICLE TRAVELING EASTBOUND ON E. WELLS STREET AT A HIGH RATE OF SPEED AND TURN INTO HIS FRONT END LOADER.

OFFICERS THEN INTERVIEWED JAMES E HUGHLETT, B/M 10-21-46, WHO STATED THAT HE WAS INSIDE HIS PARKED DUMP TRUCK AT N. BROADWAY AND E. WELLS, FACING SOUTHBOUND, WHEN HE OBSERVED A VEHICLE TRAVELING AT A HIGH RATE OF SPEED ON E. WELLS STREET. THE VEHICLE THEN MADE A LEFT HAND TURN ONTO N. BROADWAY STRIKING A CITY OF MILWAUKEE FRONT END LOADER.

OFFICERS INTERVIEWED THE DRIVER OF UNIT #1, DORTY, WHO SAID THAT HE WAS TRAVELING EASTBOUND ON E WELLS STREET AND MADE A LEFT HAND TURN ONTO N. BROADWAY STREET. DORTY STATED THAT HE COULD NOT SEE THE FRONT END LOADER BECAUSE THERE WAS A DUMP TRUCK BLOCKING HIS VIEW.

THE PAS SANGER OF UNIT #1, GILLIE, HAD A LACERATION ON HIS LIP AND WAS CONVEYED BY BELL 455 TO MT. SINAI, WHERE HE WAS TREATED AND RELEASED.

Witness

WITNESS 01	107 - Witness Last Name HUGHLETT	107 - First Name JAMES	107 - Middle Initial E	
	108 - Address Street & Number 200 E WELLS ST	108 - PO Box		109 - Date of Birth 10/21/1946
	110 - City MILWAUKEE	State WI	110 - Zip Code 53233	111 - Telephone Number (414) 286-0744 EXT.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name COURT		125 - First Name CORSTAN	125 - Middle Initial D	131 - Officer ID 10963	
	129 - Law Enforcement Agency No. 006	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT				
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET					
	127 - City MILWAUKEE		127 - State WI	127 - Zip Code 53233	128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 01/10/2010	133 - Time Notified (Military Time) 0213	134 - Time Arrived (Military Time) 0215		135 - Date Of Report 01/10/2010	
	Agency Accident Number 100100214	Police Number DISTRICT 1	19 - Special Study			
	18 - Agency Space					