

MRS. DIANE M. WILKES

4325 W Fairmount Ave
Milwaukee, WI 53218

(414) 536-7103

Attention Claims Department
Re: Claim/01-S-127
Date: of incident March 12, 2001

April 18, 2001

CITY OF MILWAUKEE
2001 APR 19 AM 11:50
RONALD D. LEONHARDT
CITY CLERK

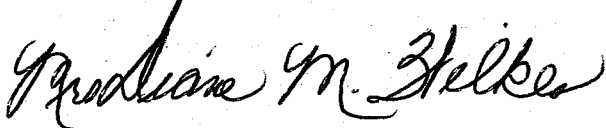
I was driving westbound between 42 and 43rd and Fairmount Avenue. Approx 12:00 pm, I was in the legal lane when my vehicle hit a rather "large" pothole in the street. This caused me to lose control of my vehicle, which caused me to hit to a vehicle, which was legally parked. As a result of this accident caused by the pothole, damages where done to the other vehicle.

I stepped out of my vehicle to see what damages had been done, I didn't see it at the time. When I stepped out of my vehicle my foot went into the other pothole. Not being able to get my footing my ankle twist, I fell I received injuries. I sought medical attention for my injuries. I've completed and released from the Drs. care for my injuries.

I paid for the damages that were caused to the other car; I file this claim being as this all happened as a result of the potholes that was in the City Street. I request reimbursement for all of my expenses that resulted because of this accident. I can now provide proof of all of my expenses that has occurred due to injuries I sustains due to those unsightly potholes that were not cover by the city. I have enclosed a copy of what debt I occurred and have paid and I'm asking that you settle this in timely manner in the amount of 2,550.00 which includes my pain and suffering and other expenses such as lost of wages.

Sincerely,

Mrs. Diane M. Wilkes



DMW/kdd

CITY OF MILWAUKEE
RECEIVED
'01 APR 19 PM 3:22
OFFICE OF
CITY ATTORNEY

ALL CHARGES/PAYMENTS

ITEMIZED STATEMENT

DATE: 04/17/2001

IRS#: 39-1483890

PATIENT: DIANE M. WILKES 990329
 4325 W FAIRMOUNT AVE
 MILWAUKEE WI 53218-4427
 SS#422-86-1348 POL#422861348-A
 DATE/INJ: 03/14/2001 GRP#

EMPLOYER:

GARY DONALDSON DC
 6812 W. BROWN DEER
 MILWAUKEE, WI 53223
 414/355-0433 Fax:414/355-6381

TO: MEDICARE - WPS
 1717 W BROADWAY PO BOX 1787
 MADISON WI 53701

DIAGNOSIS:
 846.0 LUMBOSACRAL SPRAIN/STRAIN
 724.8 LUMBAR FACET SYNDROME

FC: PER-INJURY
 DATE OF LAST BILL: 04/12/2001 PR# 75722 ID# 75722

DATE	CPT	DESCRIPTION	* POS	TOS	#	AMOUNT
03/20/2001	98941	CMT 3-4 AREAS	11	1	1	58.26
03/20/2001	97014	ELECTRICAL STIMULATION (UNATTENDED)	11	1	1	22.00
03/20/2001	99070	CHONDRA PLUS	11	1	1	19.00
03/20/2001	L9999	STATE TAX	11	1	1	1.06
03/21/2001	98941	CMT 3-4 AREAS	11	1	1	58.26
03/21/2001	97012	MECHANICAL TRACTION	11	1	1	22.00
03/28/2001	98941	CMT 3-4 AREAS	11	1	1	58.26
03/28/2001	97012	MECHANICAL TRACTION	11	1	1	22.00
03/30/2001	98941	CMT 3-4 AREAS	11	1	1	58.26
03/30/2001	97012	MECHANICAL TRACTION	11	1	1	22.00
04/06/2001	98941	CMT 3-4 AREAS	11	1	1	58.26
04/06/2001	99070	NUTRIENT	11	1	1	14.00
04/06/2001	L9999	STATE TAX	11	1	1	0.78
04/09/2001	98941	CMT 3-4 AREAS	11	1	1	58.26
04/11/2001	99213-2	OFFICE VISIT E/M EXPANDED FOCUSED	11	1	1	60.00
04/11/2001	98941	CMT 3-4 AREAS	11	1	1	58.26
04/17/2001	98941	CMT 3-4 AREAS	11	1	1	58.26
04/06/2001		PAYMENT PA CASH 1145721				-14.78

PROVIDER: GARY DONALDSON DC TOTAL: \$ 634.14
 SS# 388-54-5079 BALANCE 04/17/2001: \$ 634.14

MRS. DIANE P. WILKES

4325 W Fairmount Ave
Milwaukee, WI 53218

(414) 576-7103

Attention Claims Department
Re: Claim
Date: of incident March 12, 2001

April 5, 2001

I was driving westbound on Fairmount Avenue. Approx 12:00 pm, I was in the legal lane when my vehicle hit a rather "large" pothole in the street. This caused me to lose control of my vehicle, which caused me to hit to a vehicle, which was legally parked. As a result of this accident caused by the pothole, damages where done to the other vehicle.

I stepped out of my vehicle to see what damages had been done. I didn't see it at the time. When I stepped out of my vehicle my foot went into the other pothole. Not being able to get my footing my ankle twist, I fell I received injuries. I sought medical attention for my injuries. I'm still under the Drs. care for my injuries.

I paid for the damages that were caused to the other car, I file this claim being as this all happened as a result of the potholes that was in the City Street. I request reimbursement for all of my expenses that resulted because of this accident. I can provide proof of all of my expenses upon request.

Sincerely,

Mrs. Daine P. Wilkes



DPW/kdd

CITY OF MILWAUKEE

2001 APR -6 AM 11:08

RONALD D. LEONHARDT
CITY CLERK

CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY
01 APR -6 PM 3:25

NAME: Willie Wilks DATE RECVD: _____
 ADDRESS: _____ EST COMP DATE: _____
 CITY: _____
 HOME: 531-7103 BUS: 350-0648 CELL/PAGER: _____
 YEAR: _____ MAKE: Olds MODEL: Entrique
 LICENSE NO.: _____ MILEAGE: _____ T.D.: _____
 INSURANCE COMPANY: _____ AGENT: _____
 CLAIM #: _____ D.O.L.: _____ D.D.: _____
 ADJUSTOR: _____ CUSTOMER PAYS:
 INS. CO. PAYS:

OPER. NO.	INSTRUCTIONS	LABOR
	<u>replace Lt H/L</u>	

Paid
3/16/01
[Signature]

I HEREBY AUTHORIZE the repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident 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 understand that all charges are due upon delivery of the vehicle.
 CUSTOMER SIGNATURE: _____

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.
 This vehicle received without face to face customer contact.

ADDITIONAL WORK AUTHORIZED BY: _____ NAME: _____
 NEW ESTIMATED COMPLETION DATE: _____
 DATE: _____ TIME: _____ A.M./P.M.: _____ NO. CALLED: _____ NEW ESTIMATE: _____

ESTIMATED PRICE \$	R.O. NO. 15512	CUST. NO.														
AUTO BODY SPECIALISTS LLC 6024 W. Mitchell St. WEST ALLIS, WI 53214 (414) 545-9211		<table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>LABOR</td> <td><u>120.60</u></td> </tr> <tr> <td>PARTS</td> <td><u>169.20</u></td> </tr> <tr> <td>PAINT & MATERIAL</td> <td></td> </tr> <tr> <td>SUBLET REPAIR</td> <td></td> </tr> <tr> <td>TAX</td> <td><u>10.19</u></td> </tr> <tr> <td>PAY THIS AMOUNT</td> <td><u>#191.99</u></td> </tr> </tbody> </table>	DESCRIPTION	AMOUNT	LABOR	<u>120.60</u>	PARTS	<u>169.20</u>	PAINT & MATERIAL		SUBLET REPAIR		TAX	<u>10.19</u>	PAY THIS AMOUNT	<u>#191.99</u>
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T H A N K Y O U

RETAIN PARTS SCRAP PARTS TOTAL _____
 ALL PARTS NEW UNLESS OTHERWISE SPECIFIED R-REBUILD U-USED
 NOTE: DIAGNOSTIC AND HANDLING CHARGE, (INCLUDING RE-ASSEMBLING), OF \$ _____ PER HOUR.

Reynolds and Reynolds RC000100 "Any warranties on the products sold hereby are those made by the manufacturer. The seller, AUTO BODY SPECIALISTS LLC, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin.