



AMERICAN FAMILY INSURANCE GROUP

440 S EXECUTIVE DR • BROOKFIELD WI 53005-4280 • PHONE: (262) 784-9100, 784-2933
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

March 15, 2001

City of Milwaukee
220 E. Wells Street, Room 800
Milwaukee, WI 53202

CITY OF MILWAUKEE
01 MAR 16 PM 12: 56
RONALD D. LEONHARDT
CITY CLERK

RE: Our File No.: 00-631-021670-941
Our Insured: Sheila M Smith
Date of Loss: December 29, 2000
Amt. of Loss: \$1,574.26

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 December 29, 2000, involving a vehicle owned by American Family Insurance Company's insured, Sheila M Smith, and a Milwaukee police vehicle. The accident occurred at 3154 N Achillies Street in the city of Milwaukee.

As a result of the negligence of the operator of a police vehicle, the vehicle insured by American Family Mutual Insurance Company was damaged in the reasonable and necessary sum of \$1,574.26.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$1,074.26 and the insured incurred a deductible loss of \$500.00.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of \$1,574.26.

Respectfully,

Pahoua Thao
Casualty Claim Analyst
Milwaukee Urban Service Center

PT

Enclosures

CITY OF MILWAUKEE
RECEIVED
01 MAR 16 PM 3: 30
OFFICE OF
CITY ATTORNEY

March 15, 2001

NOTICE OF CLAIM

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

Date of Accident/Loss: December 29, 2000

Brief Facts of Accident/Loss: A snow plow truck owned by the city of Milwaukee struck the insured's vehicle while parked in front of her home.

Amount Claimed: \$1,574.26

Signature: *Rahova Rao*

Daytime Telephone No.: 784-2933 Ext. 48260

Date: March 15, 2001

STATE OF WISCONSIN)
)SS
COUNTY OF MILWAUKEE)

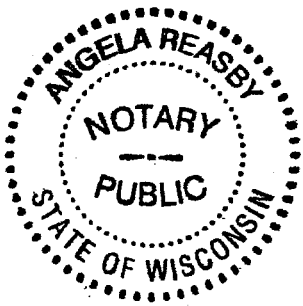
I, Pahoua Thao , being duly sworn on oath, deposes and states that she/he is a Claims Analyst employed with American Family Mutual Insurance Company, that I have been involved in the investigation of the afore-described claim, that I have reviewed the foregoing Notice of Claim and am familiar with the 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 15 day of March, 2001

Pahoua Thao
Pahoua Thao
Signature of Affiant

Personally appears before me this 15 day of March, 2001, the above administration of oath executed the foregoing instrument and acknowledged the truth and accuracy of the same.

[Signature]
Notary Public, State of Wisconsin
My Commission: 7/22/2001



CLAIM RECORD OF PAYMENT DISPLAY

CLAIM: 00-631-021670 ST: 48 POLICY: 48-966544-04 INCURRED: 12/29/2000
INSURED: SMITH, SHEILA M BENEFITS/LOSSES PAID TO DATE: 1074.26
LEGAL EXPENSE: 0.00
MEDICAL EXPENSE: 0.00
OTHER EXPENSE: 0.00

NO	DATE	DRAFT#	TYPE	ID	PER	LOSS PAYMENTS AMOUNT	CREDITS AMOUNT	EXPENSE PAYMEN AMOUNT
01	01/17/2001	0060643354	01	00	025	68.90		
IN PAYMENT OF: COLLISION LOSS OCCURRING 12/29/2000 DEDUCTIBLE PREVIOUSLY AP SUPPLEMENT								

PAYEE/PAYOR: NORTHPOINT FORD
RECONCILED: 00 01242001 TIN: 391558862-1 WITH TAKEN: N

02	01/05/2001	0060641858	01	00	025	1005.36		
IN PAYMENT OF: COLLISION LOSS OCCURRING 12/29/2000 500 DEDUCTIBLE APPLIED								

PAYEE/PAYOR: SMITH, SHEILA M & HEISER FORD
RECONCILED: 00 01182001 TIN: 390341080-1 WITH TAKEN: N

NEXT --

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

1031-021670-~~8412~~

CD LOG NO 8207 -1

SUPPLEMENT S1

233

CLAIM #	00-631-021670SUP1	POLICY #	4896 6544 04
FILE #		FILE HNDLR	THAO, PAHOVA
INSURED	SMITH, SHEILA	INSP DATE	01-05-01
OWNER	SMITH, SHEILA	APPRAISER	RYAN SCHRANK
VEHICLE	1998 FORD ESCORT SE 4 DR SEDAN		

ADDED LINES

GDE	PART	OPERATION	PRICE	ADJ	LABOR RATE
0375	Mldg, Rear Door Side	LT Rep			0.4 SM
0375	Mldg, Rear Door Side	LT Ref			0.4 RF

SUPPLEMENT

CALCULATION CHANGES

	FROM	TO	DIFFERENCE		
GROSS PARTS		70.25	95.50	25.25+	
PAINT MATERIAL	20.00	178.00	20.00	186.00	8.00+
TAX ON PARTS & MATERIAL	5.600%	33.80	5.600%	35.66	1.86+
SM - SHEET METAL	40.00	256.00	40.00	272.00	16.00+
RF - REFINISH	40.00	356.00	40.00	372.00	16.00+
TAX ON LABOR	5.600%	43.23	5.600%	45.02	1.79+

Supp 1 NET TOTAL

68.90+

SUMMARY	NET TOTAL	DATE	TIME	APPRAISER
Orig Est	1,005.36	01-05-01	1:41 PM	RYAN SCHRANK
Supp 1	68.90	01-17-01	3:50 PM	RYAN SCHRANK

~~1 1 7 1 1~~
AA

not needed.
molding corner
colored to
match car

1/22/01
PR

OFFICE 63 Milwaukee Office North
440 South Executive Drive
Brookfield Wisconsin 53005
Phone (262) 784-9100 Fax (262) 784-2933

Shop Name **HEISER FORD**
 Address **2319 W. PROSPECT AVE.**
 City State **MILWAUKEE Wisconsin**
 Zip **53211**

Inspection **1/5/2001**
 Contact
 Fax
 Phone **(414) 276-9440**

Owner **SMITH, SHEILA**
 Address **3148 N ACHILLES STREET**
 City State **MILWAUKEE Wisconsin**
 Zip **53212**

Home Phone **(414) 263-2484**
 Work Phone

Claim **00-631-021670**
 Insured **SMITH, SHEILA**
 Loss Date **12/29/2000**
 Inspection Type **Drive In**

Policy **4896 6544 04**
 Agent
 Claimant
 Loss Type **Collision**

Destination **AMERICAN FAMILY INSURANCE CO**

Appraiser Company **AMERICAN FAMILY INSURANCE**
 Address **5355 S 27TH STREET**
 City State **MILWAUKEE Wisconsin**
 Zip **53221**

Appraiser **RYAN SCHRANK**
 Phone **(414) 281-4750**

License **TMZ-351**
 Body Color **TAN**
 Condition **Good**

VIN **1FAFP13P7WW226889**
 Mileage **22,937**
 Ref Number **THAO, PAHOVA**

1998 FORD ESCORT LX/SE 4 DOOR SEDAN P1553CB

Last Update 20010105 at 135112 3.38 CD 12/15/2000

Rate	Labor Rate	Replace Hours	Repair Hours	Net Labor
1 Sheet Metal	\$40.00	6.4		\$256.00
2 Mech/Elec	\$40.00			
3 Frame	\$40.00		4.0	\$160.00
4 Refinish	\$40.00	8.9		\$356.00
5 Paint Material	\$20.00			
6 Shop Material	\$0.00			
Total	\$0.00	15.3	4.0	\$772.00

Gross Parts **\$70.25**
 Other Parts **\$305.33**
 Markup **\$50.00**
 Paint Material **\$178.00**
 Net Parts **\$603.58**

Includes taxes on Materials
 Parts Tax @ **5.600%** **\$33.80**
 Labor Tax @ **5.600%** **\$43.23**
 Sublet Tax @ **5.600%** **\$2.80**
 Net Tax **\$79.83**

Net Parts **\$603.58**
 Net Labor **\$772.00**
 Sublet Repairs **\$49.95**
 Net Tax **\$79.83**
 Gross Total **\$1,505.36**

Gross Total **\$1,505.36**
 Deductible **(\$500.00)**
 Net Total **\$1,005.36**

1998 FORD ESCORT LX/SE 4 DOOR SEDAN P1553CB

Engine 4 CYL ENGINE 2.0L

Options 24BNO

**TWO-STAGE - EXTERIOR SURFACES
ELEC REMOTE CONTROL MIRRORS
AUTOMATIC TRANS**

**TWO-STAGE - INTERIOR SURFACES
AIR CONDITIONING**

Operation	GDE	MC	Description	Part Number	Price	Aj%	Hours	R
Replace PXN	103		fender,front lt		\$55.33		2.2	1
Refinish	103		fender,front lt				4.0	4
Replace OEM	081	01	nameplate,fender lt	F7CZ16098AAD	\$20.05		0.2	1
Replace OEM	105		skirt,inner fender lt	F7CZ16103AA	\$23.33		INC	1
Salvage Part	207	A	door assembly,front lt		\$250.00	* +20	2.2	1
Refinish	207		door shell,front lt				3.4	4
Replace OEM	255	01	mldg,front door side lt	F8CZ5420878AAB	\$26.87		0.4	1
R&I Assembly	337		mldg,rear door belt lt				0.9	1
R&I Assembly	291		handle,rr door outer lt				0.5	1
Refinish	M16		color blend				1.5	* 4
Repair/Align	M18		set-up and measure				2.0	* 3
Repair/Align	M19		realign control points				2.0	* 3
Repair/Align	V600		two wheel alignment		\$49.95	*		* 1 *

13 Items

PXN: Y/01/01/00/00/00 CUM: 01 / 01 / 00 / 00

Messages

01 CALL DEALER FOR EXACT PART NUMBER / PRICE

Footnotes

A LKQ PART LOCATED AT SMART PARTS 1-920-349-3236 NEIL X107 QT#201386.

3.0 hours were added to this estimate based on ADP's two-stage refinish formula: 20% of refinish hours, after overlap, plus setup time for the first major panel, where noted.

Estimate calculated using the 2.5 hour maximum allowance for two-stage refinish of non-flex, exterior surfaces.

Host Log No	Status			Transaction Time	Received Time	Submitted Time	Net Total	Net Supplement Total
4175958	New	EST	ES	1/6/2001 0:10AM	1/6/2001 0:10AM		\$1,005.36	\$1,005.36
4175958	Transferred	EST	ES	1/6/2001 0:10AM		1/5/2001 2:13PM	\$1,005.36	\$1,005.36

Shoplink Remarks

Photolink Memo

1/6/01

RPS

DAMAGE TO LT FENDER, LT FNT DOOR, HINGE PILLAR. APSD. DRAFT GIVEN TO OWNER.

NOTICE: WHEN SELECTING A REPAIR FACILITY, THE VEHICLE OWNER SHOULD CONSIDER THAT THE REPAIRS TO THIS VEHICLE MAY REQUIRE SPECIFIC WELDING EQUIPMENT AND THE RESTORATION OF CORROSION RESISTANT COATINGS AS RECOMMENDED BY THE MANUFACTURER. FAILURE TO HAVE THE VEHICLE PROPERLY REPAIRED COULD RESULT IN A SAFETY HAZARD.

"NOTICE"

"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."

"AFTERMARKET OR REPLACEMENT PARTS ARE IDENTIFIED ON THE ESTIMATE BY THE WORDS, "QUALITY REPLACEMENT PART", "PXN" OR "ECONOMY PART". YOUR CLAIM REPRESENTATIVE CAN EXPLAIN FURTHER."

.....THIS IS NOT AN AUTHORIZATION TO REPAIR, VEHICLE OWNER MUST AUTHORIZE.AGREED REPAIR PRICE ONLY.WE ACCEPT AND AGREE TO DO THE DESCRIBED REPAIRS AT TOTAL REPAIR COST AS SHOWN.SIGN.....DATE..... ANY SUPPLEMENT MUST HAVE PRIOR APPROVAL OF A REPRESENTATIVE OF THIS COMPANY.

Vehicle/Administrative

Source OFFICE 63 Milwaukee Office North Contact North Office View Origin Customer Id 033WW600647	Phone (262) 784-9100 Fax (262) 784-2933 Product
Owner SMITH, SHEILA Claim 00-631-021670 Insured SMITH, SHEILA Loss Date 12/29/2000	Phone (414) 263-2484 Policy 4896 6544 04 Claimant Loss Type Collision
Market Area Brookfield	Zip 53005
VIN 1FAFP13P7WW226889 Style/Model FORD ESCORT LX/SE 4 DOOR SEDAN Engine 4 CYL ENGINE 2.0L Drive Transmission	Year 1998 License TMZ-351 Odometer Mileage 22,937 Body Color TAN
Inspection 1/5/2001	Inspection Location SO 27TH STREET

Vehicle Equipment**After Market Equipment****Vehicle Condition****Memo**

1/6/01

RPS

DAMAGE TO LT FENDER, LT FNT DOOR, HINGE PILLAR. APSD. DRAFT GIVEN TO OWNER.

CD Log No 7942

Owner **SMITH, SHEILA**
Style/Model **FORD ESCORT LX/SE 4 DOOR SEDAN**
Insured **SMITH, SHEILA**
Loss Date **12/29/2000** Inspection Type **DRV / COLL**
Destination **AMERICAN FAMILY INSURANCE CO**
Ref Number **THAO, PAHOUA**

Host Log No 4175958 Page 5

Claim **00-631-021670**
Policy **4896 6544 04**
Agent
Claimant
Shop Name **HEISER FORD**
File #

Photo # 1 Private



Capture Date **1/5/2001 2:13PM**

FILE OF REPORT: Jan. 2, 2001

ATTENTION: PAHO...THAO

262-784-0484

WISCONSIN DRIVER REPORT OF ACCIDENT

(See instructions on reverse side before completing - Please Print)

CONTINUE ONLY ...if there was \$1000 or more damage to any one person's property, OR ...if anyone was injured, OR ...if there was \$200 or more damage to government property, other than vehicles.

Header section with fields: Hit a Run Accident? (checked YES), Hit a Door? (unchecked YES), County of Milwaukee, City of Milwaukee, ACCIDENT DATE 12 29 00, Friday 8:00 PM, Total Units Involved 2, Total Injured 0, LOCATION 3154 North Achilles Street

Driver Information for Unit 1: Driver Full Name (Last, First, MI) SMITH, SHEILA, MAE, Sex FEMALE, Address 3146 North Achilles Street, Birth Date 09-24-60, City & State Milwaukee, WI 53212, Daytime Phone Number (414) 268-2484, Driver License Number 5530-7936-0844-09, Issuing State WI, Vehicle Legality Parked (checked YES), Operating a commercial vehicle? (unchecked YES), Owner Full Name (Last, First, MI) SMITH, SHEILA, MAE, Address 3146 N. Achilles Street, City & State Milwaukee, WI 53212, Daytime Phone Number (414) 268-2484, License Plate Number TH2-351, Exp Yr 01, Issuing State WI, Vehicle Make Ford, Year 1998, Color Bronze, Vehicle Identification Number LEAP13P7WW226889, Was a motor vehicle liability insurance policy in effect on the day of the accident? (checked YES), Policy Holder's Name SHEILA MAE SMITH, Exact Name of Insurance Company AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Driver Information for Unit 2: Driver Full Name (Last, First, MI) UNKNOWN, Sex UNK, Address UNKNOWN, Birth Date UNK, City & State UNKNOWN, Zip Code UNKNOWN, Daytime Phone Number UNKNOWN, Driver License Number UNKNOWN, Issuing State UNKNOWN, Vehicle Legality Parked (unchecked YES), Operating a commercial vehicle? (checked YES), Owner Full Name (Last, First, MI) CITY OF MILWAUKEE, Address 200 E. WELLS, City & State MILWAUKEE, WIS. 53202, Daytime Phone Number (414) 286-2150, License Plate Number UNKNOWN, Exp Yr UNKNOWN, Issuing State UNKNOWN, Vehicle Make UNKNOWN, Year UNKNOWN, Color UNKNOWN, Vehicle Identification Number UNKNOWN, Was a motor vehicle liability insurance policy in effect on the day of the accident? (checked YES), Policy Holder's Name UNKNOWN, Exact Name of Insurance Company UNKNOWN

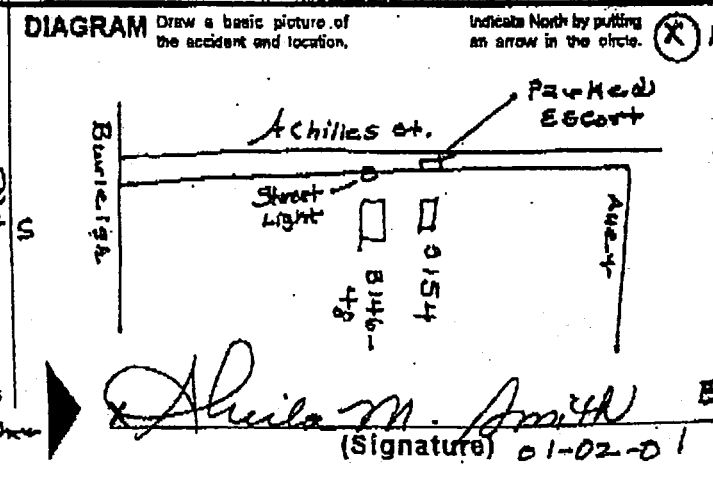
Table with 7 columns: Unit No., Name (Last, First, MI), Address, City & State, Zip Code, Sex, Date of Birth, Injury Code. Row 1: Unit 1, SMITH, SHEILA, MAE, Milwaukee, WI, F, 09-24-60, A. Row 2: Unit 2, UNKNOWN, UNKNOWN, UNKNOWN, UNKNOWN, UNK, UNKNOWN, B.

VEHICLE Unit 1 - Important - Circle the numbers closest to the damaged areas. DAMAGE Damage Estimate (Required) exceeding \$1,000.00. Diagram with numbers 1-5 and labels REAR, FRONT.

VEHICLE Unit 2 - Important - Circle the numbers closest to the damaged areas. DAMAGE Damage Estimate (If Known) \$. Diagram with numbers 1-5 and labels REAR, FRONT.

PROPERTY DAMAGE Describe what was damaged. Property damage includes structures, trees, fences, towed items, etc. Do NOT include vehicle damage. Property Owner Full Name (Last, First, MI) SHEILA M. SMITH, Address, City, State & Zip Code 3146 N. Achilles Street, Milwaukee, WI 53212, Daytime Phone Number ()

NARRATIVE Print a brief description of the accident. ON 12-30-00 at approximately 2pm, I saw the above-noted damage to my car. The car was parked on 12-29-00 between 7:45 pm - 8:30 pm in front of 3154 North Achilles St. on the evening of 12-30-00, Timothy Hicks (DOB 11-30-84), 256 N. Achilles St., Milw. (12), came to my house & tell me that on 12/29/00 at approximately 7:45 pm he saw a white city of Milwaukee snow plow truck while plowing the street hit the car. I knew that the plow truck hit the car, because he saw the car shaking. Mr. Hicks was on Queen and Achilles streets helping his mother with her car.



Signature: Sheila M. Smith (Signature) 01-02-01