

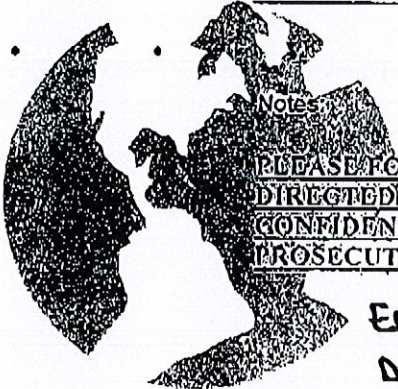
SAVE*ENTERPRISES

3018 N. 40TH STREET
MILWAUKEE, WI 53210
(414) 444-1083 VOICE/FAX

facsimile transmittal

To: CITY CLERKS : ATTN: CLAIMS Fax: (414) 286-3456
From: CURTIS L. CRAIG Date: 12/21/2021
Re: TREE DAMAGE CLAIM Pages: 5 of 5
CC: KHALI RAINBY, ALDERPERSON

Urgent For Review Please Comment Please Reply Please Recycle



Notes

PLEASE FORWARD THIS FAX INFORMATION TO THE PARTY THAT IT WAS DIRECTED TO IMMEDIATELY. THE INFORMATION IS PERSONAL AND CONFIDENTIAL. UNLAWFUL USE OF THIS INFORMATION WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

ENCLOSED IS MY CLAIM INFORMATION FOR DAMAGES TO MY VEHICLES DUE TO TREES DOWNED ON THEM.

CITY OF MILWAUKEE
2021 DEC 22 P 12:02
CITY CLERK'S OFFICE

OFFICE OF CITY ATTORNEY
28 DEC '21 PM 04:11



CONFIDENTIAL



OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed at the bottom of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. 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.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

City Clerk

ATTN: CLAIMS

200 E. Wells St., Room 205

Milwaukee, WI 53202-3567

FAX NO. (414) 286-3456

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 in determining 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 employees; 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 thereof nor against any officer, official, agent or employee 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 employee 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 to the defendant officer, official, agent or employee; 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.

A Note From

Curtis L Craig

12/21/2021

CITY TREES FELL ON VEHICLES
PLEASE FIND ENCLOSED
THE COST OF DAMAGES

FOR STORM ON 8/10/2021
THAT OCCURED TO MY
VEHICLES HONDA

ODYSSEE AND CHRYSLER
PACIFICA. PLEASE
REIMBURSE MY FOR THE

OUTLAYS OF \$7,835.²⁵ TO
REPAIR MY VEHICLES.

PLEASE REMIT AMOUNT TO:

CURTIS L. CRAIG
3018 N. 40TH ST
MILWAUKEE, WI 53210
(414) 719-8078

curtislcraig342@gmail.com

CC. ALDERMAN KHALIF
RAINEY (414) 236-8863
FAX NO.

33190

RUSS DARROW CHRYSLER JEEP DODGE RAM

INVOICE

10901 W. METRO BLVD.

MILWAUKEE, WISCONSIN 53224

SERVICE DIRECT: (414) 357-4848

www.russdarrow.com

RUSS DARROW
CHRYSLER JEEP DODGE
0901 W METRO AUTO MALL
MILWAUKEE WI 53224
414 357-8438

1/10/2021 10:20

T: 414-719-8078

Sale

SERVICE ADVISOR: 94001 JOANNE ALFORD

Trans #: 1 Batch #: 139

VEH/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
ODYSSEY	5FNRL6H78KB113850		10230/10230	T1934

Mastercard CHIP
*****4724 **/**
Invoice #: 33190

TR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
	18:00	13SEP21		CASH	09NOV21

Amount: \$500.00

ADY OPTIONS: DLR:12045 ENG:3.5_Liter

Resp: APPROVAL 010740
Code: 010710
Ref #: 131416402437
TransID: 1110MDJX0BR22

HOURS	LIST	NET	TOTAL
ANTHONY LIC#: 581			(N/C)

App Name: Mastercard
CID: A0000000041010
VR: 0000208000
SI: E800

3S INV. WOPRE0106398 PO 319277			
ALS		330.00	330.00
355526 CLEAN FOR DELIVERY		976.12	976.12
		0.01	0.01

THANK YOU!
CUSTOMER COPY

PAID RUSS DARROW
Cashier BH

NOV 10 2021

Cash: _____ Check # 2038873096 \$6,835.25
Credit Card: MC \$500.00

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP AS IS. THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND 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 PARTS OR PRODUCTS OR THE REPAIR. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR THE ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE ABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

*SHOP SUPPLY COSTS: We have added a charge equal to 12% of the total cost of labor and parts, not to exceed \$34.97, to the Repair Order for shop supplies used in connection with this repair.

DESCRIPTION	TOTALS
LABOR AMOUNT	5052.00
PARTS AMOUNT	4076.36
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	330.01
MISC. CHARGES *	976.12
TOTAL CHARGES	10434.49
LESS INSURANCE	0.00
SALES TAX	573.89
PLEASE PAY THIS AMOUNT	11008.38

By signing below, you acknowledge that you were notified of and authorized the dealership to perform the services/repairs itemized in this invoice and that you received it had the opportunity to inspect any replaced parts as requested by you. The vehicle being returned to you in exchange for your payment of the Amount Due.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

Repairs Performed By (List mechanics/team leader and names of any subcontractors):

Motor vehicle repair 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 53708-9911.

Print Settlement Summary

Progressive Group of Insurance Companies

Settlement Summary

Progressive takes vehicle Tiffany 440 566 4283

Claim Information

Claim Number: 21-6760982-01

Coverage Type of Loss: Comprehensive

Policy Number:

Loss Date: 08/10/2021

Owner: CRAIG, CURTIS

Reported Date: 08/12/2021

Valuation Report ID: 1013297677

Vehicle Information

Loss Vehicle: 2006 Chrysler Pacifica Touring 4 Door Wagon 3.5L
6 Cyl Gas A FWD

Location: WI 53210

VIN: 2A4GM68496R602045

Exterior Color: Stone White

Mileage: 165,252 miles

License Plate:

Title History: No

Title History Comments:

Loan Information

Payment Information

Lien Holder Payoff:

\$0.00

Lien Holder Payment(s):

\$0.00

Loan/Lease Payoff Coverage:

\$0.00

Net to Owner:

\$2,514.03

Settlement

Stated Amount:	\$0.00
Actual Cash Value:	\$3,014.03
Base Value:	\$3,160.19
Title History Adjustment:	-\$0.00
Refurbishment Adjustments:	\$0.00
After Market Parts Adjustment:	\$0.00
Condition Adjustment:	-\$146.16
Prior Damage Adjustment:	-\$0.00
Market Value:	\$ 3,014.03
Settlement Adjustment(Pre-Tax):	\$0.00
Fees:	\$0.00
Taxes:	\$0.00
Company Obtains:	\$0.00
Net Settlement:	\$3,014.03
Settlement Adjustment(Post-Tax):	\$0.00
Deductible:	-\$500.00
Other Adjustments:	\$ 0.00
Total Settlement:	\$2,514.03

Adjuster License #:

Comments:

1-4-21

Called Curtis Craig to ask
how he determined damages - l/m

Tree fell on two vehicles

500.00 deductible

6835.25

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He will look for pictures on  
wife's phone.