

CITY OF MILWAUKEE

**OFFICE OF THE CITY ATTORNEY
200 EAST WELLS STREET, ROOM 800
MILWAUKEE, WISCONSIN 53202
TELEPHONE NO. (414) 286-2601
FAX NO. (414) 286-8550**

FAX COVER SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

JIM VAGOURDES 286-0776

THESE PAGES ARE BEING TRANSMITTED FROM:

BOB OVERHOLT 286-5032

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET 12

DATE: 12-10-04

TIME: 2:10 PM

COMMENTS:

JIM -
HERE'S THE INFORMATION YOU REQUESTED IN THE
CHESTNUT MATTER. PLS. CALL w/ QUESTIONS.
BB

FOR ANY QUESTIONS PLEASE CONTACT:

FAX OPERATOR: _____

PHONE NUMBER: _____

CONFIDENTIAL TRANSMISSION

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NOTICE OF DAMAGE/CLAIM - RESIDENTIAL
PERSONAL PROPERTY LOSS NOTICE

Name of Claimant (Print or Type)

Bernetta S Chestnut

Development Manager

Mr. Vargardes

Address of Claimant

1963 W. Lawrence Ave

Development Name Scattered Site

Home Phone

374-6335

Work Phone

INSTRUCTIONS: Claimant is to complete all applicable items, sign certification below and return to your manager as soon as possible in order to expedite claim processing time.

1. Kind of Loss/Damage (Fire, Wind, Loss of Electricity)

Clothes, Carpet - Water Damage - Cleanup.

2. Amount Claimed \$

700.00

3. Date and Time Damage Occurred

4-30-04

Date and Time Office Notified

Called

How Notified?

over the weekend -

4. Place of Occurrence (Kitchen, Bedroom, etc.)

Basement

5. Explain in Detail What Happened:

Sewer Damage

6. Is The Housing Authority Responsible?

If Yes, Explain Why.

Sewer Damage

7. List of Damages: (Claim Should be Documented With Appropriate Estimates, and/or description of Loss or Damaged Items)

ITEM	COST	*DATE PURCHASED
Clothes... etc	350.00 (smelly)	?
Carpet & Rental Rug	350.00 (smelly)	?

Was a Police Report Filed?

NO

Date of Filing

-

*Attach Available Receipts

8. Claimant Did you have insurance to cover this damage? Yes ___ No

If yes, please give name and address of company

I submit this information in support of a Notice for Damages. I certify that the above information is true and accurate to the best of my knowledge, that falsification of any item submitted herewith may result in forfeiture of the entire claim.

May 7, 2001 Bonetta Chesnut
Date Signature of Claimant

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY CENTRAL OFFICE:

Claim Received (date) _____ Claim Completed Yes _____ No _____

Claim Forwarded for Additional Action Yes _____ No _____ Date _____

Review Committee's Action Completed (date) _____

**HOUSING AUTHORITY OF THE CITY OF MILWAUKEE
 DAMAGE CLAIM
 HOUSING MANAGER'S INVESTIGATION REPORT**

Complete the appropriate section(s) below. Record or Attach any significant comments or documents which would contribute to the systemic processing of this claim.

A. SECTION TO BE COMPLETED BY HOUSING MANAGER:

Claimant		Home Phone	Work Phone
Last Name	First Name	Address	
<u>Chestnut</u>	<u>Bernette</u>	<u>1463W. Lawrence</u>	<u>374-6335</u> <u>N/A</u>
Date & Time Reported to Office	Development	Development Manager	
<u>May 3, 2004 per Plumbing Work Order</u>	<u>Scattered Sites</u>	<u>James Vogardes</u>	
Kind of Loss/Damage	Pictures Attached?	Work Orders Attached?	
<u>Sewer Backup Damage</u>	<u>YES</u> NO	<u>YES</u> NO	
Person(s) Contacted	Attached Statements?		
<u>Bernette Chestnut</u>	<u>YES</u> NO <u>None of Damage Claim</u>		
Total Claim Amount	Date & Time of Damage		
<u>\$ 700⁰⁰</u>	<u>April 30, 2004</u>		
Was Claimant Insured? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>	Police Report Filed? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>		
Name of Insurance Company	Proof of Purchase? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>		
Date(s) of Investigation <u>5-28-04</u>	Damage Verified? <u>YES</u> NO		
Estimated Damage <u>100 - Rujs</u>	By Whom? <u>J. Vogardes</u>		
<u>\$ 400⁰⁰</u>	<u>300 - CIO Thus (# Bugs)</u>		

Summarize Your Investigation and Determine Cause of Damage: (Attach additional pages if necessary to back of this page.)

Sewer Backup - see attached

J. Vogardes 6-7-04
 Housing Manager Date

B. SECTION TO BE COMPLETED BY ASSIST. HSG. OPERATIONS MANAGER:

Was Report Complete?	Recommend Settlement?	Amount Recommended?
<u>YES</u> NO	<u>YES</u> NO	\$

If Claim is Covered by Insurance, Indicate Carrier Disposition:

Additional Comments:

Assistant Housing Operations Manager

Date

DAMAGE CLAIM
HOUSING MANAGER'S INVESTIGATION REPORT (Continued)

C. IF CLAIM EXCEEDS \$1,000-SECTION TO BE COMPLETED BY CITY ATTORNEY:

Comments and Summation: (Attach Detailed Decision to Back of Form)

City Attorney

Date

D. SECTION TO BE COMPLETED BY DIRECTOR OF FINANCE:

Comments and Recommendations:

Director of Finance

Date

E. SECTION TO BE COMPLETED BY APPEAL HEARING MEMBERS: (IF APPLICABLE)

Members: _____

Recommendation:

APPROVAL _____ DENIAL _____ AMOUNT \$ _____

Comments: _____

Signed

Date

Re: Bernetta Chestnut. Damage Claim

On May 26, 2004 I was contacted by Bernetta Chestnut to follow up on a damage claim. She claimed that on April 30, 2004 she had a sewer backup in her basement. The damage claim was found and I did an inspection of her unit on May 28, 2004.

Ms. Chestnut showed me numerous clothes that she claimed were damaged by the sewer backup.

Clothes were in a hamper, purple cloth bag, white cloth bag and also some separate items.

There was also a carpet piece about six foot by eight foot with an oriental rug on top of it. The oriental rug was approximately three feet by five feet. Both rugs appeared to have water damage. Resident indicated there were additional clothes thrown away, including bluejeans; Hilfilger jeans; a Jersey and two pairs of shoes. No pictures or receipts were presented for any claimed damages by residents.

Resident did have a sump pump in her basement but it was not hooked up. The outlet was used for two extension cords. I unhooked one outlet and plugged in the sump pump. It worked properly and the water in the well was pumped out. The resident indicated the sump pump had been "sparking" and not working. Work order # 187574 was generated and Monty Mcynose confirmed that, when plugged in, the sump pump worked properly.

It should be noted that no work order had been generated by Ms. Chestnut in regards to new sump pump. Braden plumbing was contracted on May 3, 2004 and responded to the sewer backup. The damage did appear to be caused by a sewer backup

Jim Young

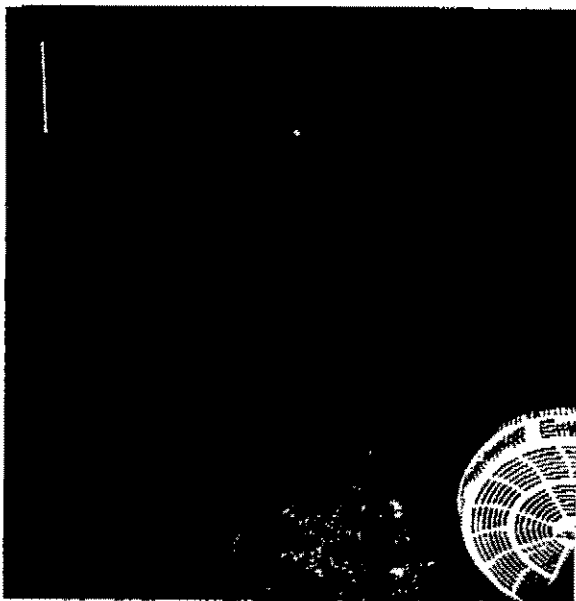
6-7-04



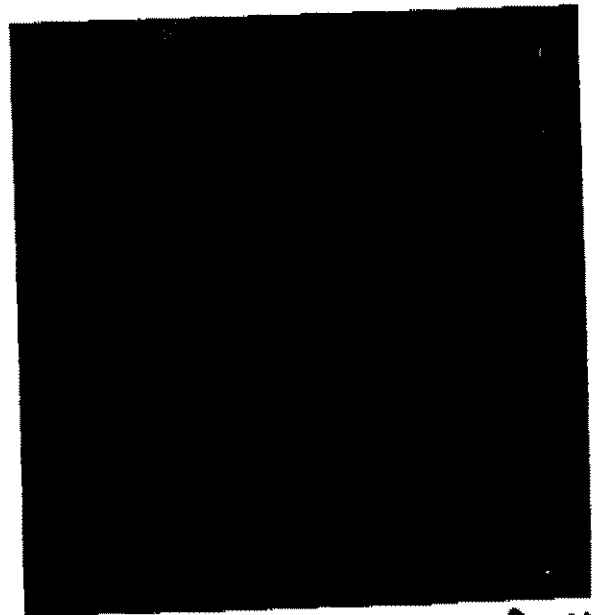
1963 Lawrence 5-28-04
 "Damaged" clothes



1963 Lawrence 5-28-04
 "Damaged" clothes



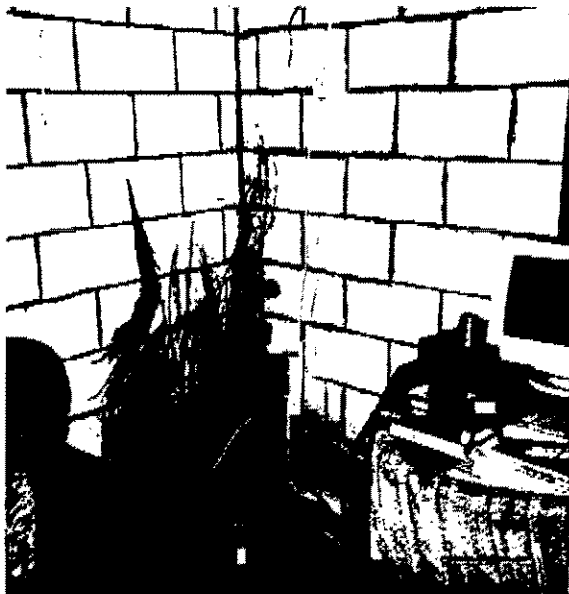
1963 Lawrence 5-28-04
 Basement



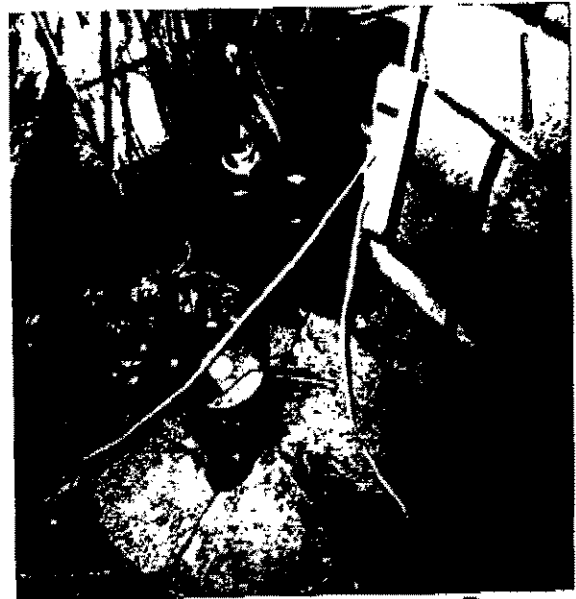
Basement 5-28-04
 Aug 2nd "Persian" rug
 1963 Lawrence



1963 Lawrence 5-28-04
Basement Floor



Sump Pump
NOT hooked up by Resident
5-28-04
1963 Lawrence



Sump Pump
5-28-04
1963 Lawrence

10:38 AM

PHONE MESSAGE

TO: [Handwritten Name]

FROM: [Handwritten Name]

OF: [Handwritten Name]

DATE: 5/26 TIME: 12:00 AM

AREA CODE: [Blank]

NO. 374-6335

EXT. [Blank]

Call to try Thurs on Friday

RE: [Handwritten Name] (PTE)

(mildew) Washing clothes - Having to wash 2-3 times.

Complete Rug still there

SIGNED: [Handwritten Signature]

PHONED [] CALL BACK [] RETURNED CALL [] WANTSTO SEE YOU [] WILL CALL AGAIN [] WASTN [] URGENT []

WORKFORM 4 WORK ORDER MAINTENANCE

Work Order

Area 1 Priority ROUTINE Skill Level SKILLED Date Rec'd 05/24/04 Time 09:34 Crew 90 Operator *[Signature]* WO Number 187574

Location Address 1963 W LAWRENCE ST #000 Phone# 414-374-6335 Unit# 690005 Dev# 690 Bldg SS005 Floor 1

Tenant Name CHESTNUT, BERNETTA S Initiated by STAFF Client 006950 Permission to Enter No

Problem Description: CHECK SUMP PUMP MONTY

Comments:

Services Requested

Emergency Dispatch

1 8016 CHECK SUMP PUMP/REPAIR-REPLACE By: Date and Time:

Services Performed

Employee#	Service Codes	Date	Hours	Status
1 51287	181 1011161	5-28-04	1:30-3:00	<i>[Signature]</i>
2	/ / / / / /			
3	/ / / / / /			
4	/ / / / / /			
5	/ / / / / /			
6	/ / / / / /			

Materials Used (Attach form WO-2 if needed)

Stock#	Qty	Description	Unit Cost	Total Cost
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FOUND SUMP PUMP UNPLUG, FOUND TENANT TO HAVE COMPUTER AND STEREO PLUG INTO OUTLET FOR SUMP PUMP, TENANT WAS ADVISED TO KEEP SUMP PUMP PLUG IN AT ALL TIMES, ALSO ADJUSTED FLOAT ON PUMP

Cause of Work: Tenant Signature Employee Signature Supv. Initials

Inspection Date Inspector Signature Inspector I.D.#

Tenant chg: ___Y *[Signature]* Amt: Mgr. Initials _____

White - Work Order Center Yellow - Tenant Pink - Development

5-28-04

Picture

Large Bag / assorted clothes + underwear
Shirt / nightgown / two pairs pants

Resident indicates additional clothes were
Thrown away.

NO
Picture

Bluejeans, Hiltiger jeans, Jersey
2 pairs of shoes

Resident did not have sump pump
hooked up when I entered. She
had several other extension
cords in outlet used for
sump pump

~~Res~~ Sump pump did work when
plugged in by Manager. ^{Water went from "bottom" w/} 2/3 full to ^{plugged in.}

Resident indicated there was a
short or shock when cord
plugged in. None noted

Ak / Computer setup into outlet - 2 cords
Resident later said shock was in
case of sump pump.
WO called in person for shocking pump.
Per Mont. - Brand new sump pump (OK)