

TRAVELERS

02-5-135

THE TRAVELERS INDEMNITY COMPANY
HEATHER L SARKES
PO BOX 3022
FALL RIVER MA 02722-3022
(800) 925-7693 X 8391
(508) 324-8391

October 21, 2004

CITY CLERK
ATTN: CLAIMS
200 E WELLS ST
ROOM 205
MILWAUKEE WI 53202-3567

CITY OF MILWAUKEE
2004 OCT 25 PM 1:37
CITY CLERK

Our Client: MICHAEL & ZITA PEAVY
Claim/File #: 273 AB LFZ3052 K
Date of Loss: 04/19/2002
Your Insured: MILWAUKEE DEPT OF PUBLIC WORKS
Your File #: UNK
Reference: Subrogation Claim

Dear CLAIM

I have enclosed all supporting documentation regarding our subrogation claim on the above-captioned matter.

Please send us your check as soon as possible. If there are any issues, let me know.

I appreciate your prompt response.

ST PAUL TRAVELERS HAS BEEN TRYING TO GET A CLAIM SETUP WITH YOUR CITY,
PLEASE PROVIDE CLAIM INFO AND CONTACT US WITH YOUR LIABILITY DECISION.

Sincerely,
HEATHER L SARKES
CL REP
(508) 324-8391
Fax:
Email:

CITY OF MILWAUKEE
2004 OCT 25 PM 4:17
CITY CLERK

Financial Detail for CMT: 001 - MICHAEL PEAVY

Claim Number: LFZ3052 - K - AB
Insured: MICHAEL PEAVY

Fin Ref#	Date	Status	Cov	Kind	Amount	ED/SD
21213297	07/10/2002	Issued/C				
883B AEC /273		Payee: UPTOWN BODY SHOP	COLL		1390.87	
For		: SUPPLEMENT				

18656613	04/23/2002	Issued/C				
883B JDH /273		Payee: UPTOWN BODY SHOP	COLL		1443.28	
For		: LESS COLL DED \$500				
Explain		: REPAIR 97 FORD EXPEDITION				+ 500.00

subro
amt - 3334.15

97 FORD EXPEDITION EDDIE BAUER 4 DR 24OPDIFK LOG# 5777544

CLAIM # LFZ3052 001
D/R / / D/A / /
INSURED MICHAEL PEAVY
LOSS DATE 04/19/02

POLICY# 0PM860941057
CLAIM REP ALISON WELCH
CLAIMANT MICHAEL PEAVY
TYPE OF LOSS COLL/08
SUPPLEMENT

INSP DATE 04/22/02
APPRAISER CARL S.
REGIS. # 04 22 02

LOCATION RESIDENCE
COMPANY

NAME MICHAEL PEAVY
ADDRESS 4251 N 22ND ST
CITY STATE MILWAUKEE , WI
ZIP 53209

PHONE 414-442-1656

LIC# WI908ANS VIN 1FMEU18W3VLA75284
ENG/COLOR BURGANDY MILEAGE 80613
CONDITION EXCE ACCT`NG CTL# P11-S00-DY-R10
E=NEW PART EC=QUAL REPL PART EU=LIKE KIND & QUALITY EP=QUAL RPL PRT RPT P=CHECK
I=REPAIR/ALIGN/SUBLET L=REFINISH N=ADDITIONAL LABOR OPERATION
TE=PART/PARTIAL REPLACE ET=LABOR/PARTIAL REPLACE IT=LABOR/PARTIAL REPAIR
AA=APPEARANCE ALLOWANCE RP=RELATED PRIOR DAMAGE UP=UNRELATED PRIOR DAMAGE
CARL S PAGLINI 1 800 842 6172 X4269***FAX 262 654 8237
05 13 02 SUPPLEMENT OK PLEASE SEND DRAFT TO SHOP, SHOP COULD NOT SAVE R
COPY FAXED TO SHOP , SHOP HAS PHOTOS AND RECPTS, CARL P.

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	HOURS	R
E	095		STRIPE ASSEMBLY	RT F75Z7820000AAA	58.65		1.6	1
E	124		MLDG, QTR WHL OPENING	RT F75Z7829164AAA	96.38		.3	1
L	124		MLDG, QTR WHL OPENING	RT REFINISH			.7	4
E	158		PANEL, BODYSIDE FRONT	RT F75Z78211A10BA	510.36	S	6.8	*1
L	158		PANEL, BODYSIDE FRONT	RT REFINISH		S	6.8	4
I	288		DOOR SHELL, REAR	RT REPAIR/ALIGN		S	.3	*1
I	390		PANEL, QUARTER	RT REPAIR/ALIGN			8.0	*1
L	390		PANEL, QUARTER	RT REFINISH		S	3.0	4
TE	391	01	BOARD, RUNNING	F75Z16450AA	500.00		1.5	*1
I	446		PANEL, WHEELHOUSE REAR R/R	REPAIR/ALIGN		S	2.0	*1
EC	014		CORROSION PROTECTION	REPLACE AFTERMARKET			1.0	*4
I	018		SET-UP AND MEASURE	REPAIR/ALIGN		S	2.0	*1
I	019		REALIGN CONTROL POINTS	REPAIR/ALIGN		S	4.0	*3
SB			ALIGN 4 WHEEL		79.95*	S	.0	1
I			PRE PULL	REPAIR/ALIGN		S	1.5	*3

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	1,165.39
ADJUSTMENTS	
DISCOUNT @ .0%	.00
OTHER PARTS	.00
MARKUP	.00
PAINT MATERIAL	253.00

PARTS TOTAL

TAX ON PARTS & MATERIAL @ 5.6%	79.43
TOTAL	1,418.39

LABOR	RATE	REPLACE HRS	REPAIR HRS	TOTAL
1-SHEET METAL	42.00	10.2	12.3	945.00
2-MECH/ELEC	68.00			

4-REFINISH	42.00	11.5	483.00
5-PAINT MATERIAL	22.00		
LABOR TOTAL			1,659.00
TAX ON LABOR		@ 5.600%	92.90
SUBLET REPAIRS			79.95
TOWING & STORAGE			
GROSS-TOTAL			3,334.15
LESS DEDUCTIBLE			500.00
NET TOTAL			2,834.15
LESS ORIGINAL NET TOTAL			1,443.28
NET SUPPLEMENT TOTAL			1,390.87

**** FOR TRAVELERS INTERNAL USE ONLY DO NOT SEND OUTSIDE THE TRAVELERS ****

97 FORD EXPEDITION EDDIE BAUER 4 DR 24OPDIFK LOG# 4401235

CLAIM # LFZ3052 001
D/R 04/19/02 D/A 04/19/02
INSURED MICHAEL PEAVY
LOSS DATE 04/19/02

POLICY# 0PM860941057
CLAIM REP ALISON WELCH
CLAIMANT MICHAEL PEAVY
TYPE OF LOSS COLL/01

INSP DATE 04/22/02
APPRAISER CARL S.
REGIS. # 04 22 02

LOCATION RESIDENCE
COMPANY

NAME MICHAEL PEAVY
ADDRESS 4251 N 22ND ST
CITY STATE MILWAUKEE , WI
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PHONE 414-442-1656

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ENG/COLOR BURGANDY MILEAGE 80613
CONDITION EXCE ACCT`NG CTL# P11-S00-DY-R10
E=NEW PART EC=QUAL REPL PART EU=LIKE KIND & QUALITY EP=QUAL RPL PRT RPT P=CHECK
I=REPAIR/ALIGN/SUBLET L=REFINISH N=ADDITIONAL LABOR OPERATION
TE=PART/PARTIAL REPLACE ET=LABOR/PARTIAL REPLACE IT=LABOR/PARTIAL REPAIR
AA=APPEARANCE ALLOWANCE RP=RELATED PRIOR DAMAGE UP=UNRELATED PRIOR DAMAGE
CARL S PAGLINI 1 800 842 6172 X4269***FAX 262 654 8237
APPRAISAL COMPLETED ON SITE., SHOP HAS EST, DRAFT CALLED IN, PAYMENT QUE
CALL ALISON WELCH 630 961 8151

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	HOURS	R
E	095		STRIPE ASSEMBLY	RT F75Z7820000AAA	58.65		1.6	1
E	124		MLDG,QTR WHL OPENING	RT F75Z7829164AAA	96.38		.3	1
L	124		MLDG,QTR WHL OPENING	RT REFINISH			.7	4
I	188		PANEL,ROCKER	RT REPAIR/ALIGN			6.0	*1
L	188		PANEL,ROCKER	RT REFINISH			2.4	4
I	390		PANEL,QUARTER	RT REPAIR/ALIGN			8.0	*1
L	390		PANEL,QUARTER	RT REFINISH			3.0	4
TE	391	01	BOARD,RUNNING	F75Z16450AA	500.00		1.5	*1
EC	014		CORROSION PROTECTION	REPLACE AFTERMARKET			1.0	*4

FINAL CALCULATIONS & ENTRIES

GROSS PARTS		655.03
ADJUSTMENTS	DISCOUNT @ .0%	.00
OTHER PARTS		.00
MARKUP		.00
PAINT MATERIAL		156.20

PARTS TOTAL

TAX ON PARTS & MATERIAL	@ 5.6%	45.43
-------------------------	--------	-------

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	42.00	3.4	14.0	730.80
2-MECH/ELEC	68.00			
3-FRAME	42.00			
4-REFINISH	42.00	7.1		298.20
5-PAINT MATERIAL	22.00			

LABOR TOTAL

TAX ON LABOR		1,029.00
SUBLET REPAIRS	@ 5.600%	57.62

GROSS-TOTAL	1,943.28
LESS DEDUCTIBLE	500.00
NET TOTAL	1,443.28

**** FOR TRAVELERS INTERNAL USE ONLY DO NOT SEND OUTSIDE THE TRAVELERS ****

Amended Document On Emergency

7979351

Document Number Override

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS
Please use a Black Ink Pen or #2 Pencil

Mark Areas as shows:
Correct Mark Incorrect Marks

Reportable Accident N

County **40** MUNI/TWP **57**

Accident Date
MONTH DAY YEAR
19 02

Time of Accident (Military Time)
HOUR MIN
13 35

Total Number
UNITS INJURED KILLED
1 0 0 0 0

Hit & Run Y N
Government Property Y N
Fire (Narrative) Y N
Photos Taken (Narrative) Y N
Trailer or Towed (Narrative) Y N
Truck or Bus (Last Page) Y N
Load Spillage Y N
Construction Zone Y N
Names Exchanged Y N

Unit #
Sheet No. Of
11

ACCIDENT LOCATION

Public Highway, Intersection/Related
 Public Highway, Non-Intersection
 Parking Lot
 Private Property or Road

LATITUDE (GPS) Degrees Minutes Seconds LONGITUDE (GPS) Degrees Minutes Seconds

ON Hwy No. and Street Name **N 22 STREET** Estimated **1.0** FROM/AT Hwy No. and Street Name **W OLIVE STREET**

House # Fire # Other Agency Space Special Unit

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2 3 4	2 3 4	0 2 3 4 5 6	W E S	1 2 3 4	1 2 3 4	0 1 2 3 4 5 6	W E S

OPERATOR Last NAME First M.I. ADDRESS Street & Number City & State ZIP Phone Number Driver's License Number State Exp Year

COOPER-PEAVY, LITA M.
4251 N. 22 STREET
MILWAUKEE, WI 53209
WI 09

Date of Birth Sex M F Operating (Mark Only One) Class (Mark All That Apply) Endorse (Mark All That Apply)

08-17-71 **M** **25** **A B C** **H P T N S F**

Severity SEAT SAFETY AIRBAG EJECTED

1 **1** **1** **1** **1**

TRAPPED/EXTRICATED Vehicle Owner Last Name First M.I. Vehicle Owner Last Name First M.I.

Year of Vehicle Make Model Body Style Color Year of Vehicle Make Model Body Style Color

97 FORD EXPEDITION 4OR MAR

Vehicle ID Number License Plate Number Plate Type State Exp Year License Plate Number Plate Type State Exp Year

1FMEU18W3VLA75284
908-ANS AUT WI 07

Policy Holder's Name Liability Insurance Company Sec # Liability Insurance Company Sec #

THE TRAVELERS

Occupant Unit Number NAME Last First M.I. Date of Birth Sex Severity SEAT SAFETY AIRBAG

Address Same as Operator EJECTED TRAPPED/EXTRICATED Agency Space

APR 27 2002

MY4000 899 EMS Number

CA04-29-025R

7979351
APR 19 2002
4251 N. 22 ST + W OLIVE ST

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severty	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP	K N A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown

Address Same as Operator	EJECTED	3 Totally Ejected	TRAPPED/ EXTRICATED	3 Trapped/Extricated	Medical Transport	Agency Space
Yes	1 Not Applicable	4 Partially Ejected	1 Not Applicable	4 Trapped/Not Extricated	Y	
No	2 Not Ejected	5 Unknown	2 Not Trapped	5 Unknown	N	

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severty	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number		City & State		ZIP	K N A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown

Address Same as Operator	EJECTED	3 Totally Ejected	TRAPPED/ EXTRICATED	3 Trapped/Extricated	Medical Transport	Agency Space
Yes	1 Not Applicable	4 Partially Ejected	1 Not Applicable	4 Trapped/Not Extricated	Y	
No	2 Not Ejected	5 Unknown	2 Not Trapped	5 Unknown	N	

Type of Accident

19 First Harmful Event

Most Harmful Event	
Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

(select one per vehicle)

Collision With Object Not Fixed

1	Motor Vehicle in Transport	1
2	Parked Motor Vehicle	2
3	Deer	3
4	Pedalcycle	4
5	Pedestrian	5
6	Railway Train	6
7	Other Animal	7
8	Motor Vehicle in Transport In Other Roadway	8
9	Other Object (Not Fixed)	9

Collision With Fixed Object

10	Traffic Sign Post	10
11	Traffic Signal	11
12	Utility Pole	12
13	Lum. Light Support	13
14	Other Post	14
15	Tree	15
16	Mailbox	16
17	Guardrail Face	17
18	Guardrail End	18
19	Median Barrier	19
20	Bridge Parapet End	20
21	Bridge Pier/Abut.	21
22	Impact Attenuator	22
23	Overhead Sign Post	23
24	Bridge Rail	24
25	Culvert	25
26	Ditch	26
27	Curb	27
28	Embankment	28
29	Fence	29
30	Other Fixed Object	30
31	Unknown	31

Non-Collision

32	Overturn	32
33	Fire Explosion	33
34	Immersion	34
35	Jackknife	35
36	Other Non-Collision	36

Driver Condition

Unit Number	
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

Driver Factors (Or Pedestrians)

1	Appeared Normal	1
2	Reduced Alertness	2
3	Ability Impaired	3
4	Not Observed	4

Presence

Neither Alcohol nor Drugs Present

5	Neither Alcohol nor Drugs Present	5
6	Yes—Alcohol Present	6
7	Yes—Drugs Present	7
8	Yes—Alcohol & Drugs Present	8
9	Unknown	9

Alcohol

AC Value: AC Value:

10	Test Not Given	10
11	Test Refused	11
12	Test Given, Alcohol Unknown	12
13	Test Given, No Alcohol Reported	13

Drugs

Test Not Given

14	Test Not Given	14
15	Test Refused	15
16	Test Given, Drugs Unknown	16
17	Test Given, No Drugs Reported	17
18	Drugs Reported (Specify Below)	18
19	Marijuana	19
20	Cocaine	20
21	Opiates	21
22	Amphetamines	22
23	PCP	23
24	Other Drug Medication	24
25	Type Unknown	25

Pedestrian

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

Manner of Collision

No Collision with Motor Vehicle in Transport

2	Rear-end	2
3	Head On	3
4	Rear to Rear	4
5	Angle	5
6	Sideswipe, Same Direction	6
7	Sideswipe, Opposite Direction	7
8	Unknown	8

Darken Numbered Area(s) of Vehicle Damage

0 None
10 Undercarriage

11 Total (Damage to All Areas)
12 Other
13 Unknown

Extent of Damage

0	None	4	Severe
1	Very Minor	5	Very Severe
2	Minor	6	Unknown
3	Moderate		

Vehicle Towed Due to Damage: Y N

Vehicle Removed By: OPERATOR

Darken Numbered Area(s) of Vehicle Damage

0 None
10 Undercarriage

11 Total (Damage to All Areas)
12 Other
13 Unknown

Extent of Damage

0	None	4	Severe
1	Very Minor	5	Very Severe
2	Minor	6	Unknown
3	Moderate		

Vehicle Towed Due to Damage: Y N

Vehicle Removed By:

Fixed Object Struck	PROPERTY OWNER	First	M.I.
Unit # 09	City of Waukegan - Street & Sewer Maint.		
	ADDRESS Street & Number		
	841 N. Broadway		
Govt. Damage Tag #	City & State	ZIP	Phone Number
	Waukegan, WI	53007	714 286-3400

Pictorial Representation of Narrative

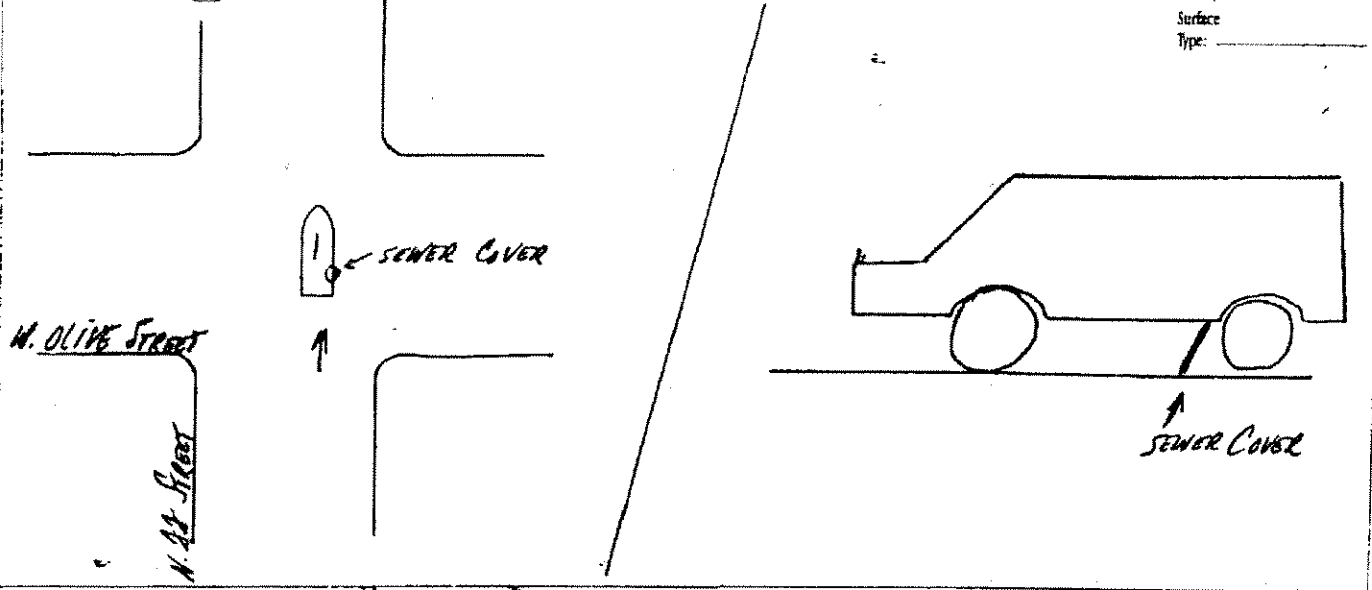
Draw Diagram of Accident & Indicate North with an arrow in the circle.



Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1 Unit 2
FEET

Surface Type: _____



N Unit 1 WAS NORTHBOUND ON W. 22 STREET WHEN
A THE RIGHT FRONT TIRE TOOK UP A SEWER COVER. THE
R COVER THEN FLIPPED IN ITS SIDE AND CAUSED DAMAGE
R TO UNIT 1.
A
T
I
V
E

Photos By: SA JRS - 6 PHOTOS
 TO TECH R. BASILE

What Drivers Were Doing

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18

- 1 Going Straight
- 2 Making Left Turn
- 3 Making Right Turn
- 4 Slowing or Stopping
- 5 Stopped in Traffic
- 6 Legally Parked
- 7 Violating No Passing Zone
- 8 Illegally Parked
- 9 Parking Maneuver
- 10 Backing Maneuver
- 11 Changing Lanes
- 12 Overtaking on Left
- 13 Overtaking on Right
- 14 Making U Turn
- 15 Turning on Red
- 16 Merging
- 17 Negotiating Curve
- 18 Other

WITNESS NAME	Last	First	M.I.
ADDRESS	Street & Number		Date of Birth
City & State	ZIP	Phone Number	()

ACCESS CONTROL

- 1 No Control (Unlimited Access)
- 2 Full Control (Only Ramp Entry Exit)
- 3 Partial Control

ROAD TERRAIN

Part A

- 1 Straight
- 2 Curve

Part B

- 1 Level/Flat
- 4 Hill

LIGHT CONDITION

- 1 Daylight
- 2 Dark-Not Lighted
- 3 Dark-Lighted
- 4 Dawn
- 5 Dusk
- 6 Unknown

TRAFFIC WAY

- 1 Not Physically Divided (2-Way Traffic)
- 2 Divided Highway, Median Strip, without Traffic Barrier
- 3 Divided Highway, Median Strip, with Traffic Barrier
- 4 One-Way Traffic
- 5 Parking Lot or Private Property

ROAD SURFACE CONDITION

- 1 Dry
- 2 Wet
- 3 Snow/Slush
- 4 Ice
- 5 Sand, Mud, Dirt, Oil
- 6 Other
- 7 Unknown

WEATHER

- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, Smog, Smoke
- 6 Sleet, Hail (Freezing Rain or Drizzle)
- 7 Blowing Sand, Soil, Dirt, Snow
- 8 Severe Crosswinds
- 9 Other
- 10 Unknown

RELATION TO ROADWAY

- 1 On Roadway
- 2 Parking Lot or Private Property
- 3 Shoulder (Other Than Shoulder within Median or Gore)
- 4 Median (Other Than Median within Gore)
- 5 Outside Shoulder-Left
- 6 Outside Shoulder-Right
- 7 Off Roadway-Location Unknown
- 8 Gore (Area between Ramp & Highway)
- 9 On Ramp
- 10 Unknown

Traffic Control

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

- 1 No Control
- 2 Traffic Signal (operating)
- 3 Traffic Signal Flashing
- 4 Stop Sign
- 5 Stop Sign with Flasher
- 6 Warning
- 7 Warn Sign with Flasher
- 8 Yield Sign
- 9 Traffic Control Person
- 10 RR-Sign Signal
- 11 Other

Please return this statement in the enclosed envelope.

Subro Rep. Name: HEATHER L SARKES

Insured: MICHAEL & ZITA PEAVY

Our File No.: 273 AB LFZ3052 K

SEP 10, 2004

WRITTEN STATEMENT

What is your full name? Zita Cooper Peavy
What is your complete address? 4251 N 22nd Street (414) 449-2008
What is your date of birth? 8-17-71
Are you: married single (Please circle)
What is your occupation? Nurse
Who is your employer? Staff one
Do you have any physical impairment? NO

CAR INVOLVED

Who is the owner of the vehicle you were driving? Self
What is the year, make & model of the vehicle? '97 Ford Expedition
Was the vehicle in good mechanical condition? yes
Do you have a valid driver's license? yes
Does the license have any restrictions? NO

EVENTS BEFORE THE ACCIDENT

Where were you going? home
Where were you coming from? Steele Doctors on 73rd and Capital
Were there any passengers in your vehicle? NO
If yes, who were they? (Name, Address & Phone Number) _____

Where were they sitting? N/A
Were you under the influence of any prescription or non-prescription drugs? NO
Were you under the influence of any alcohol? NO
If yes, then how much did you drink? _____
What was the date of accident? 4/19/02
What was the approximate time of accident? 3:30 pm
What was the location of accident? corner of N. 22nd Street and Olive
Did accident occur at night? NO
If yes, did you have headlights on? _____

Please provide brief description of road:

How many lanes in each direction? 1

Were there any stop signs or signal lights in the area? yes

If yes, where? west bound on Olive St

Please list any landmarks in the area: _____

Anything else about the road that we should know? manhole cover was loose

What were the weather conditions like? good

What was the speed limit in the area? 20 MPH

What direction were you traveling? North on 22nd Street

What street were you traveling on? 22nd Street

In what lane and direction were you in when the accident occurred? right lane going north

How long were you traveling in that lane? 1 block

What direction was the other party traveling? N/A

What lane were they in when accident occurred? N/A

Did you have a clear view of vehicle? N/A

If no, what was obstructing your view? _____

Tell me in your own words how this accident happened: (Use a separate sheet if necessary) _____

I was driving north bound on N 22nd Street my vehicle fell over a manhole and the hood came off becoming wedged between my vehicle and the ground.

What did you do to avoid the accident? There was no way to prevent it, the manhole cover was loose

What was your speed at the time of impact? 15-20 MPH

What part of your car was damaged? frame, tire well

What direction was each of the cars facing after the accident?

Your car North on 22nd St Other party's car N/A

Was your car drivable? yes

Was the other party's vehicle drivable? N/A

Were there any witnesses to the accident? yes

If yes, who? (Name, Address & Telephone Number) _____

unknown

Which police department, if any, investigated the accident? just District

Were there any citations issued? no

If yes, to whom and for what? _____

Additional comments:

After filing a complaint to the city they informed me that they were not liable even though it is their responsibility to maintain safe thoroughways.

P0350004 12/01

PLEASE ENSURE THAT ADDRESS BELOW APPEARS IN ADDRESS AREA OF RETURN ENVELOPE



THE TRAVELERS INDEMNITY COMPANY
HEATHER L SARKES
PO BOX 3022
FALL RIVER MA 02722-3022

Claim

4/23/02

Lita Peavy
4251 N 22nd St
Milwaukee, WI
53209

'02 APR 23 11 3 33

CITY OF MILWAUKEE

414-442-1656 or 414-745-5346

At 1:25 pm on Friday April 19th 2002 I was driving past the corner of N 22nd St and West Olive when I lost control of my vehicle and heard several loud "smashing/crunching" noises. My vehicle ('97 Ford Expedition) immediately shut off. Upon inspection and from observers I found out as I drove over the "manhole" located at this intersection the cover came off and lodged itself underneath my vehicle causing damage. The police were notified and a report was filed (#7979351) City workers were called by a female city employee in the area. At their arrival ~~arrived~~, the city workers informed myself and the police officer on the scene (Officer James Borkowski) that the cover on the manhole was the wrong one and did not fit properly. At this time I have \$1934.00 worth of Body Damage

to my vehicle, this estimate does not include other repairs that will be charged after the body shop completes a thorough inspection. There is also \$500.00 out of pocket expense for me to my insurance. I expect for the city of Milwaukee to pay all expenses for the "ill" fitting cover over the manhole.

Lita Key

CITY OF MILWAUKEE

02 APR 23 AM 10:55

RONALD D. LEONHARDT
CITY CLERK