

May 4, 2001

5642 N. 74th Street
Milwaukee, WI 53218
(414) 616-7512

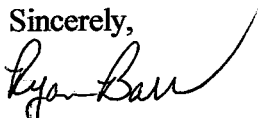
Grant F. Langley
Office of City Attorney
200 East Wells Street, Suite 800
Milwaukee, WI 53202-3551

RE: C.I. File No: 01-V-21

Dear Mr. Langley:

I am writing in response to appeal the offer proposed by Robert Overholt for \$304.13. I vehemently oppose such an offer as I consider it a slap in the face. I lost the use of my car due to the accident caused on December 11, 2000 by Milwaukee City snowplow #25230. This plow truck blew a stop sign and pulled into my right of way thus causing accident and sustaining damage to my car rendering it unsafe to drive. Because of this accident, I have lost a considerable amount of time, money, and the use of my car for 23 days. Furthermore, this driver has not been cited for her reckless driving. I feel as though the City of Milwaukee is trying to take advantage of me and does not want to live up to and be responsible for their actions. I am asking for the reimbursement for the full amount of \$582.67 for my car rental. I also am requesting a hearing for this matter as an appeal per attached letter from Mr. Overholt. I have been a long time resident of the City of Milwaukee for the past 28 years. It is a shame that people have to fight to get their own money back. The City of Milwaukee has inconvenienced me enough with this accident. Mr. Langley, I urge your assistance with this matter and please convince me that Milwaukee is still a great city to live in.

Sincerely,


Ryan Barr



AMERICAN FAMILY INSURANCE GROUP

440 S EXECUTIVE DR • BROOKFIELD WI 53005-4280 • PHONE: (262) 784-9100, 784-2933 • FAX: (262) 784-3828
Mailing Address: PO BOX 2927 • MILWAUKEE WI 53201-2927

January 10, 2001

City of Milwaukee
City Clerks Office - Rm 205
200 East Wells Street
Milwaukee, WI 53202

CITY OF MILWAUKEE
2001 JAN 12 PM 1:14
RONALD D. LEONHARDT
CITY CLERK

RE: Your Insured: City of Milwaukee
Your File Number: ???
Our Claim Number: 651-273273-227
Our Insured: Ryan Barr
Date of Incident: 12-11-2000
Total Claim: \$P.D. still pending
Company Portion: \$ still pending
Insured's Deductible: \$200.00

Dear Claims Dept.:

We have been informed that you are the insurance carrier for the above-named party. It appears from our investigation that the incident in question was caused by your insured's negligence. The total damage as well as the loss paid by the American Family Mutual Insurance Company is stated above.

If the party named above is insured in your company, we would appreciate your offer of settlement. Such offer should take into consideration the total amount of the loss, including our insured's interest.

Please consider our insureds out of pocket rental bill. Final figures on repairs to follow.

Respectfully,

John C. Hellen
Casualty Claim Analyst
Milwaukee West Branch

IN 06:00PM 1/04/01
OUT 10:39AM 12/13/00

ENTERPRISE RENT-A-CAR COMPANY, INC.
8041 NORTH 76TH STREET 414-365-0800
NORTH MILWAUKEE WI 53223-3201 4411
RENTAL TYPE I SOURCE AMF4401- 999

RENTAL AGREEMENT
D272897
PAGE 1 OF 1

UNIT 1
UNIT # WT9540
LIC# WJP882
MODEL STRA
COLOR *GOLD
IN 23501
OUT 23165

RENTER
RYAN BARR
5642 N 74TH ST
MILWAUKEE WI 53218-2246
LOCAL:
(H) 414-616-7512

SUMMARY OF CHARGES

MILES
NO CHARGE

23 DAYS @ 23.99 551.77

DR. LICENSE B6007307228507
STATE WI EXPIRE 8/05/07
DOB 8/05/72 HT WT
EYES HAIR
S.S.#
EMPLOYER

BILL TO N CUST #

SALES TAX% 5.60 30.90

ADDITIONAL DRIVER
NO OTHER DRIVER PERMITTED

CLAIM INFO
FOL/CLAIM/PO#

PERMISSION TO LEAVE STATE
YES NO X

INSURED
SAME

CUSTOMER SIGNATURE ON FILE

TOTAL CHARGES 582.67

LOSS DATE
THEFT ACCIDENT I

PAYMENT INFORMATION
AMOUNT PD. BY TYPE DATE AUTH
582.67 MC SALE 1/05/01 005295

DEPOSITS
REFUND 582.67

TYPE CAR

SHOP REFLECTIONS
PHONE 414-358-2110
NAME

CLOSED TICKET PAYMENT INFO

OPENED BY #2544B ROBERT B ELMORE
CLOSED BY #1462G KENNETH S BLAINE

Wisconsin Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS
 Please use a Black Ink Pen or #2 Pencil.
 Mark Areas as shown. Correct Mark
 Incorrect Marks
 Reportable Accident

County: **40** MUN/TWP: **57**

Accident Date: MONTH **11** DAY **00** YEAR **00**

Time of Accident (Military Time): HOUR **19** MIN **00**

Total Number: UNITS **02** INJURED **00** KILLED **00**

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

Sheet No. Of
 16 / 1

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

Police No. 5
 Please Do Not Write In This Microfilm Space
 7244204
 DEC 11 2000
 E. KEEFE AT N. RICHARDS

LATITUDE (GPS) Degrees: 12 Minutes: Seconds: LONGITUDE (GPS) Degrees: 13 Minutes: Seconds:

ON Hwy No. and Street Name: **E. KEEFE** Estimated FT. M. FROM/AT Hwy No. and Street Name: **N. RICHARDS**

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)
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7	1 2 3 4 5 6 Other	W E S	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7	1 2 3 4 5 6 Other	W E S

Operator	Address	City & State	ZIP	Phone Number	Operator	Address	City & State	ZIP	Phone Number
NAME: THIEME WENDY M.I. L X ADDRESS: 4174 N. 73RD ST City & State: MILWAUKEE, WI ZIP: 53218 Phone Number: 464-2026 Driver's License Number: T 500-8925-8622-05 WI State: WI Exp. Year: 01	NAME: BARR X RYAN M.I. J ADDRESS: 5642 N. 74TH ST City & State: MILWAUKEE, WI ZIP: 53218 Phone Number: 2616-7512 Driver's License Number: B600-7307-2285-07 W State: WI Exp. Year: 07								

Date of Birth	Sex	Operating as	Classified	Class (Mark Only One)	Endorse (Mark All That Apply)	Date of Birth	Sex	Operating as	Classified	Class (Mark Only One)	Endorse (Mark All That Apply)
04-02-58	<input checked="" type="radio"/> M	36	<input checked="" type="radio"/> M	<input type="radio"/> A <input type="radio"/> D <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> D <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> F	08-05-72	<input type="radio"/> F	35	<input type="radio"/> M	<input type="radio"/> A <input type="radio"/> D <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> F	<input type="radio"/> A <input type="radio"/> D <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> F

Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED	Severity	SEAT Position	SAFETY Equipment	AIRBAG	EJECTED
<input checked="" type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	1	1	<input type="radio"/> 1 Deployed <input type="radio"/> 2 Non Deployed <input type="radio"/> 3 Not Applicable <input type="radio"/> 4 Unknown	<input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Ejected <input type="radio"/> 3 Totally Ejected <input type="radio"/> 4 Partially Ejected <input type="radio"/> 5 Unknown	<input checked="" type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	1	1	<input type="radio"/> 1 Deployed <input type="radio"/> 2 Non Deployed <input type="radio"/> 3 Not Applicable <input type="radio"/> 4 Unknown	<input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Ejected <input type="radio"/> 3 Totally Ejected <input type="radio"/> 4 Partially Ejected <input type="radio"/> 5 Unknown

TRAPPED/EXTRICATED Not Trapped Trapped/Not Extricated Trapped/Extricated Unknown Medical Transport

Vehicle Owner	Street Address	City & State	ZIP	Phone Number	Vehicle Owner	Street Address	City & State	ZIP	Phone Number
Same <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Last Name: CITY OF MILWAUKEE M.I. X Street Address: 2142 W. CANAL ST City & State: MILWAUKEE WI ZIP: 53233 Phone Number: 	Same <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Last Name: M.I. Street Address: City & State: ZIP: Phone Number: 								

Year of Vehicle	Make	Model	Body Style	Color	Year of Vehicle	Make	Model	Body Style	Color
2000	INTL	TRK	YEL		93	CHEV	LUMINA	4DR	SL

Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year	Vehicle ID Number	License Plate Number	Plate Type	State	Exp. Year
1HTSDAAR37H253524	55606	TRK	WI	NONE	2G1WN54T2P1165844	A1248T	CV6	WI	01

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1	E. KEEFE	AT	N. RICHARDS			<input checked="" type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	1	1	<input type="radio"/> 1 Deployed <input type="radio"/> 2 Non Deployed <input type="radio"/> 3 Not Applicable <input type="radio"/> 4 Unknown

Address Same as Operator	EJECTED	TRAPPED/EXTRICATED	Medical Transport	Agency Space
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Ejected <input type="radio"/> 3 Totally Ejected <input type="radio"/> 4 Partially Ejected <input type="radio"/> 5 Unknown	<input type="radio"/> 1 Not Applicable <input type="radio"/> 2 Not Trapped <input type="radio"/> 3 Trapped/Extricated <input type="radio"/> 4 Trapped/Not Extricated <input type="radio"/> 5 Unknown	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	SEPARATE

EMT Number: **4000 899**
 CH 12-19-00 8AJ

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I.	Date of Birth	Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
	ADDRESS Street & Number City & State ZIP						
Address Same as Operator Yes <input type="radio"/> No <input type="radio"/>	EJECTED ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport (Y) (N)	Agency Space			

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I.	Date of Birth	Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
	ADDRESS Street & Number City & State ZIP						
Address Same as Operator Yes <input type="radio"/> No <input type="radio"/>	EJECTED ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport (Y) (N)	Agency Space			

Type of Accident

01 First Harmful Event 80

Most Harmful Event

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
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(select one per vehicle)

Collision With Object Not Fixed

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

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

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

Driver Condition

88 Driver Factors (Or Pedestrians)

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

89 Presence

① Neither Alcohol nor Drugs Present

② Yes—Alcohol Present

③ Yes—Drugs Present

④ Yes—Alcohol & Drugs Present

⑤ Unknown

90 Alcohol

AC Value

① Test Not Given

② Test Refused

③ Test Given, Alcohol Unknown

④ Test Given, No Alcohol Reported

91 Drugs

① Test Not Given

② Test Refused

③ Test Given, Drugs Unknown

④ Test Given, No Drugs Reported

⑤ Drugs Reported (Specify Below)

⑥ Marijuana

⑦ Cocaine

⑧ Opiates

⑨ Amphetamines

⑩ PCP

⑪ Other Drug Medication

⑫ Type Unknown

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Pedestrian 92

Location

① In Crosswalk

② In Roadway

③ Not in Roadway

④ On Sidewalk

Action

① Walking not Facing Traffic

② Disregarded Signal

③ Darting into Road

④ Dark Clothing

⑤ Walking Facing Traffic

Manner of Collision

93

① No Collision with Motor Vehicle in Transport

② Rear-end

③ Head On

④ Rear to Rear

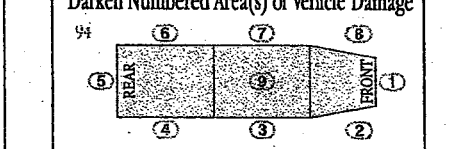
⑤ Angle

⑥ Sideswipe, Same Direction

⑦ Sideswipe, Opposite Direction

⑧ Unknown

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩



① None

② Undercarriage

③ Total (Damage to All Areas)

④ Other

⑤ Unknown

Extent of Damage

① None

② Very Minor

③ Minor

④ Moderate

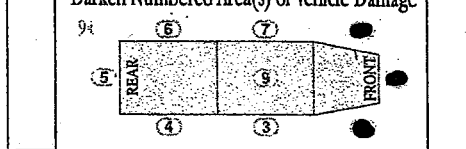
⑤ Severe

⑥ Unknown

Vehicle Towed Due to Damage (Y) (N)

Vehicle Removed By OPERATOR

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩



① None

② Undercarriage

③ Total (Damage to All Areas)

④ Other

⑤ Unknown

Extent of Damage

① None

② Very Minor

③ Minor

④ Moderate

⑤ Severe

⑥ Unknown

Vehicle Towed Due to Damage (Y) (N)

Vehicle Removed By OPERATOR

82 Fixed Object Struck

Unit #	Unit #	Unit #	Unit #
--------	--------	--------	--------

PROPERTY OWNER 84 Last First M.I.

ADDRESS Street & Number City & State ZIP Phone Number 87

Govt. Damage Tag # 83

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

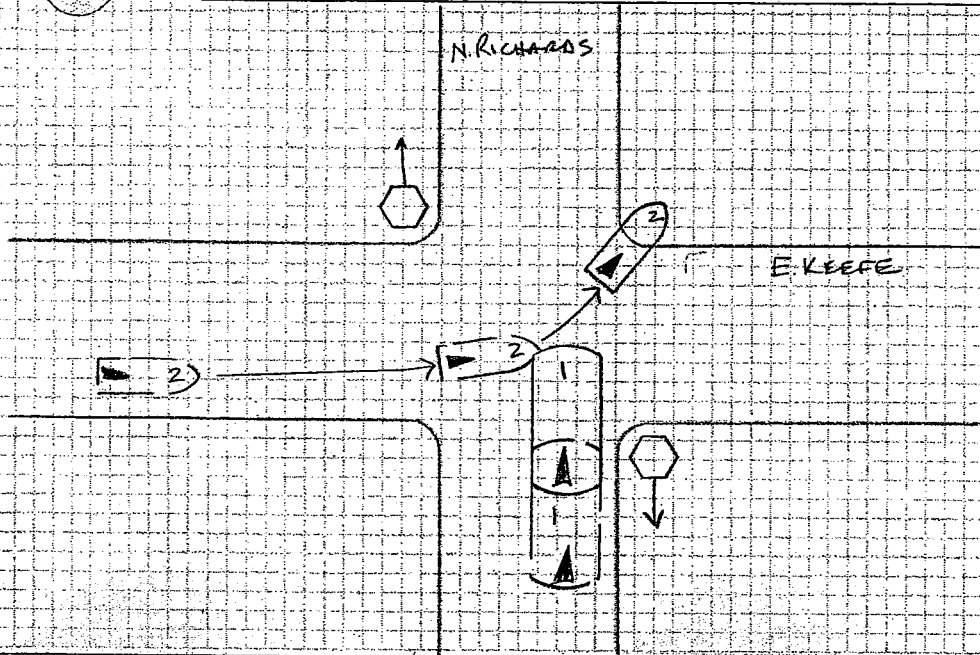


Pictorial Representation of Narrative

Supplemental Reports 101 Witness Statements 102 Measurements Taken 103

Skidmarks to Impact
Unit 1 100 Unit 2
FEET

Surface Type: _____



N UNIT 1 WAS STOPPED AT THE STOP SIGN N/B ON N RICHARDS AT E. KEEFE. UNIT 2 WAS E/B ON E. KEEFE APPROACHING N. RICHARDS WHEN UNIT 1 PULLED OUT INTO THE INTERSECTION INTO UNIT 2'S PATH CAUSING UNIT 2 TO SWERVE, COLLIDED WITH THE FRONT FLOW ON UNIT 1, AND THEN END UP IN A SNOW BANK.

I FOUR PHOTOS WERE TAKEN AT THE SCENE BY DRIVER TRAINING INSTRUCTOR DAN BOEGH 645-5561

Photos By: DAN BOEGH

What Drivers Were Doing

Unit Number	Unit Number
<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11
<input type="radio"/> 12	<input type="radio"/> 12
<input type="radio"/> 13	<input type="radio"/> 13
<input type="radio"/> 14	<input type="radio"/> 14
<input type="radio"/> 15	<input type="radio"/> 15
<input type="radio"/> 16	<input type="radio"/> 16
<input type="radio"/> 17	<input type="radio"/> 17
<input type="radio"/> 18	<input type="radio"/> 18

- Going Straight
- Making Left Turn
- Making Right Turn
- Slowing or Stopping
- Stopped in Traffic
- Legally Parked
- Violating No Passing Zone
- Illegally Parked
- Parking Maneuver
- Backing Maneuver
- Changing Lanes
- Overtaking on Left
- Overtaking on Right
- Making U Turn
- Turning on Red
- Merging
- Negotiating Curve
- Other

WITNESS NAME	Last	First	M.I.
ADDRESS	Street & Number		Date of Birth
CITY & STATE	ZIP	Phone Number	

ACCESS CONTROL 112

- No Control (Unlimited Access)
- Full Control (Only Ramp Entry/Exit)
- Partial Control

ROAD TERRAIN 113

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

LIGHT CONDITION 114

- Daylight
- Dark - Not Lighted
- Dark - Lighted
- Dawn
- Dusk
- Unknown

TRAFFIC WAY 115

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

ROAD SURFACE CONDITION 116

- Dry
- Wet
- Snow/Slush
- Ice
- Sand, Mud, Dirt, Oil
- Other
- Unknown

WEATHER 118

- Clear
- Cloudy
- Rain
- Snow
- Fog, Smog, Smoke
- Sleet, Hail
- (Freezing Rain or Drizzle)
- Blowing Sand, Soil, Dirt, Snow
- Severe Crosswinds
- Other
- Unknown

RELATION TO ROADWAY 117

- On Roadway
- Parking Lot or Private Property
- Shoulder (Other Than Shoulder within Median or Gore)
- Median (Other Than Median within Gore)
- Outside Shoulder - Left
- Outside Shoulder - Right
- Off Roadway - Location Unknown
- On Ramp
- Gore (Area between Ramp & Highway)
- Unknown

Traffic Control

Unit Number	Unit Number
<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11

- No Control
- Traffic Signal Operating
- Traffic Signal Flashing
- Stop Sign
- Stop Sign with Flasher
- Warning
- Warn Sign with Flasher
- Yield Sign
- Traffic Control Person
- RR-xing Signal
- Other

Officer's Opinion of Possible Contributing Circumstances

Driver Factors section with 14 numbered items for unit selection.

Vehicle Factors section with 12 numbered items for unit selection.

Highway Factors section with 13 numbered items for unit selection.

OFFICER INFORMATION

Officer information form for Christina M. Roesen, Milwaukee PD, Officer ID 63250.

Date and time notification grid with columns for Date Notified, Time Notified, Time Arrived, and Date of Report.

Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

Truck & Bus Accident Information Part A and Part B, including questions about hazardous materials and injuries.

Hazardous Material Information section with fields for class numbers, UN numbers, and cargo details.

Carrier Information section including carrier name, identification numbers, and source.

Vehicle Information section including vehicle configuration, weight rating, cargo body type, and a sequence of events for this vehicle.

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