

Warren Harrington

May, 9, 2013

To the Milwaukee City Clerk I am regarding a letter of a incident that happended on February 27, 2013. I was told that my claim that I filed was denied. So I am appealing this incident. To my knowledge I am not responsible for that tree falling on my vehicle and damaging it. The tree that fell onto my vehicle was not my fault even if the tree wasn't decaying. So if I have to come to court I will do so. My name is Warren Harrington regarding my deny. Thank You!

CITY OF MILWAUKEE  
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2013 MAY 14 PM 2:57

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CITY ATTORNEY

CITY OF MILWAUKEE  
2013 MAY 13 AM 10:23  
CITY CLERK'S OFFICE

Per Claimant: Snowstorm  
the day before. Walked  
outside and a tree branch  
fell on vehicle. Damage  
occurred to the right door  
and passenger side mirror.

Forestry did remove the tree  
and took photos.

**MIDTOWNE AUTO BODY**

Workfile ID:

d50d1b5b

3901 N MARTIN LUTHER KING DR, MILWAUKEE,  
WI 53206

Phone: (414) 562-8411

FAX: (414) 562-8414

CITY OF MILWAUKEE

2013 MAR 26 PM 1:33

**Preliminary Estimate**

CITY CLERK'S OFFICE Job Number:

**Customer: HARRINGTON, WARREN**

Written By: Darrell Hillman

Insured: HARRINGTON, WARREN  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
HARRINGTON, WARREN  
3238 N RICHARDS  
MILWAUKEE, WI 53212  
(414) 484-9293 Cell

**Inspection Location:**  
MIDTOWNE AUTO BODY  
3901 N MARTIN LUTHER KING DR  
MILWAUKEE, WI 53206  
Repair Facility  
(414) 562-8411 Business

**Insurance Company:**

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MAR 26 2013

**VEHICLE**

Year: 2003	Body Style: 4D SED	VIN: 2G1WF52K539224923	Mileage In:
Make: CHEV	Engine: 6-3.8L-FI	License:	Mileage Out:
Model: IMPALA	Production Date:	State:	Vehicle Out:
Color: Int:	Condition:	Job #:	

**TRANSMISSION**

Automatic Transmission  
Overdrive

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Power Trunk/Tailgate

**DECOR**

Tinted Glass

Body Side Moldings  
Dual Mirrors

**CONVENIENCE**

Air Conditioning  
Rear Defogger  
Tilt Wheel  
Intermittent Wipers  
Climate Control  
Keyless Entry

**RADIO**

AM Radio

FM Radio  
Stereo

Cassette  
Search/Seek

**SAFETY**

Anti-Lock Brakes (4)  
Driver Air Bag  
Passenger Air Bag  
4 Wheel Disc Brakes

**SEATS**

Cloth Seats

Recline/Lounge Seats

**WHEELS**

Full Wheel Covers

**PAINT**

Clear Coat Paint

**OTHER**

Traction Control

**Preliminary Estimate**

**Customer: HARRINGTON, WARREN**

**Job Number:**

Vehicle: 2003 CHEV IMPALA 4D SED 6-3.8L-FI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>ROOF</b>					
2	*	Rpr Roof panel w/o sunroof				8.5	2.8
3		Add for Clear Coat					1.1
4		<b>FRONT DOOR</b>					
5	**	Repl A/M RT Mirror assy w/defogger	10331511	1	114.00	0.3	0.6
6		Overlap Minor Panel					-0.2
7		Add for Clear Coat					0.1
8	#	FLEX ADD.		1	3.00		
9	#	STONE GUARD		1	5.00		
10	#	CORROSION PROTECTION		1	10.00		
11	#	HAZARDSOUS WASTE		1	3.00		
<b>SUBTOTALS</b>					<b>135.00</b>	<b>8.8</b>	<b>4.4</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			135.00
Body Labor	8.8 hrs @	\$ 54.00 /hr	475.20
Paint Labor	4.4 hrs @	\$ 54.00 /hr	237.60
Paint Supplies	4.4 hrs @	\$ 38.00 /hr	167.20
Subtotal			1,015.00
Sales Tax	\$ 1,015.00 @	5.6000 %	56.84
<b>Grand Total</b>			<b>1,071.84</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>1,071.84</b>

ALL WORK GURANTEED

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 53708-8911.

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.

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MAR 26 2013

OFFICE OF  
CITY ATTORNEY

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 on the reverse side 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

## 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.

