

CITY OF MILWAUKEE
RECEIVED

2009 JAN -2 PM 3:37

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE

2009 JAN -2 PM 1:03

RONALD D. LEONHART
CITY CLERK

December 18, 2008

Milwaukee City Clerk
Room 205
200 East Wells Street
Milwaukee, WI 53202

To Whom It May Concern:

I received notification on December 16th that the City Attorney was denying my claim in the amount of \$1,566.72 for damages and missed wages as a result of an accident involving a city vehicle at North 2nd St. and West Wisconsin Ave., and my work vehicle. I would like to appeal this decision and request a hearing as directed in the correspondence. I would like to remind the City Attorney that it was I, not the city employee that contacted 911 after the accident. That in fact the city vehicle never showed any concern as to my welfare after he hit me with his vehicle and left the scene of the accident. I believe that the investigator was given incorrect information by the city employee and the he should be aware of this. I look forward to your response.

Sincerely,



Robert Skalla

Fiberglass/Acrylic/Porcelain Repair Experts

October 28, 2008

City Clerk
ATTN: CLAIMS
200 E. Wells St.
Milwaukee, WI 53202

Dear City Clerk:

On August 21st, 2008, I was driving westbound on Wisconsin Avenue (around 2nd Street). As the road narrowed, one of the City trucks (license plate number 37356 & vehicle number 67037) accelerated to get by me. In the process, he sideswiped my front quarter panel. I followed him, expecting him to pull over. After several blocks, I realized that he wasn't going to pull over, so I called 911 to report the accident.

I have the two required estimates for the repair of my truck. I am seeking relief of \$1,798.56 (for the repair and loss of that days work).

I can be reached during business hours at 262-224-4582

Sincerely,



Bob Skalla
President
Surface Specialists of SE Wisconsin
262-548-0699
www.surfacespecialists.com

2008 OCT 30 PM 3:21
CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY

RONALD D. LEONHARD
CITY CLERK

2008 OCT 30 AM 11:41

CITY OF MILWAUKEE

MANDER COLLISION & GLASS
1604 MANHATTAN DRIVE
WAUKESHA, WI 53186
262-446-0655 FAX 262-446-0650
FEDERAL TAX ID# 41-2000478

*** PRELIMINARY ESTIMATE ***

08/22/2008 03:24 PM

Owner

Owner: ROBERT SKALLA
Address: S70W25030 PINE CT
City State Zip: Waukesha, WI 53189

Work/Day: (262)224-4582
FAX: (262)706-3141

Control Information

Claim # : 00000000
Loss Date/Time: 08/22/2008 03:23 PM
Deductible: Unknown
Address: 1604 Manhattan Dr
City State Zip: Waukesha, WI 53186

Insured Policy # :
Loss Type: Unknown
Work/Day: (262)446-0655
FAX: (262)446-0655
FAX:

Inspection

Inspection Date: 08/22/2008 03:23 PM
Primary Impact: Left Front Side
Driveable: Yes

Inspection Type: Direct Repair Program
Secondary Impact: Right Side
Rental Assisted:

Appraiser Name: JOE PALETTI

Appraiser License # :

Repairer

Repairer: Mander Collision & Glass
Address: 1604 Manhattan Dr
City State Zip: Waukesha, WI 53186
Email: eparsons@mandercollision.com

Contact:
Work/Day: (262)446-0655
FAX: (262)446-0650
Work/Day:

Vehicle

2001 Toyota Tundra STD 2 DR Standard Cab Long Bed
6cyl Gasoline 3.4
4 Speed Automatic

Lic.Plate: EY1569
Lic Expire:
Prod Date:
Veh Insp# :
Condition:
Ext. Color: RED
Ext. Refinish: Two-Stage

Lic State: WI
VIN: 5TBJN32171S160252
Mileage: 103,003
Mileage Type: Actual
Code: Y8202A
Int. Color:
Int. Refinish: Two-Stage

Options

AM/FM Stereo
Power Brakes

Dual Airbags
Power Steering

Intermittent Wipers

Damages

Line	Op	Guide	MC Description	MFR.Part No.	Price	ADJ% B%	Hours	R
1	E	103	46 Fender,Front LT	538020C031	\$167.64		1.8	SM
2	L	103	13 Fender,Front LT	Refinish			4.0	RF

3	RI	111	Guard,Fender Mud LT	R & I Assembly			INC	SM
4	I	209	Pnl,Front Door Outer LT	Repair			4.5*	SM
5	L	209	Pnl,Front Door Outer LT	Refinish			2.6	RF
6	RI	169	W/Strip,Belt Outer LT	R & I Assembly			0.5	SM
7	RI	79	Mldg,Front Door Scalp LT	R & I Assembly			0.2	SM
8	RI	229	Mirror,Outer R/C LT	R & I Assembly			INC	SM
9	E	230	46 Mirror,Outer R/C RT	879100C030	\$117.90		0.7	SM
10	RI	125	Channel,Front Glass Ru LT	R & I Assembly			1.3	SM
11	RI	227	Handle,Front Door Otr LT	R & I Assembly			0.3	SM
12	E	M14	Corrosion Protection	Replace OEM	\$10.00*		0.3*	SM*
13	SB		RELETTER L DOOR	Sublet Repair	\$125.00*	+25.00		SM*
14	I		Mask Jamb	Repair			0.3*	SM*
14 Items								

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE
 46 PRINTABLE ALTERNATE PARTS COMPARE

Estimate Total & Entries

Gross Parts	\$295.54	
Paint Materials	\$211.20	
Parts & Material Total		\$506.74
Tax on Parts & Material	@ 5.100%	\$25.84

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$52.00	5.1	4.8	9.9	\$514.80
Mech/Elec (ME)	\$70.00				
Frame (FR)	\$52.00				
Refinish (RF)	\$52.00	6.6		6.6	\$343.20
Paint Materials	\$32.00				

Labor Total	16.5 Hours	\$858.00
Tax on Labor	@ 5.100%	\$43.76
Sublet Repairs		\$156.25
Tax on Sublet	@ 5.100%	\$7.97
Gross Total		\$1,598.56
Less: Deductible		Unknown-
Net Total		\$1,598.56

Alternate Parts Y/02/00/00/02/02 CUM 02/00/00/02/02 Zip Code: 53186 Geo 53186
 Recycled Parts NOT REQUESTED

Audatex Estimating 5.0.421 ES 08/22/2008 03:30 PM REL 5.0.421 DT 07/01/2008 DB 08/15/2008
 Copyright (C) 2008 Audatex North America, Inc.

1.6 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = RECYCLED PART
TE = Partial Replace Price	PM = Replace PXN Reman/Rebft	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipguard	RI = R & I Assembly	P = Check

NAGEL AUTO BODY INC.
 1700 ARTHUR CT.
 WAUKESHA, WI 53188
 PHONE: (262) 521-3090 FAX: (262) 521-2590
 "THE ART OF COLLISION REPAIR"

*3-4 days
 in shop*

CD LOG NO 19547-1 DATE 09/25/08

SHOP: NAGEL AUTOBODY INC.
 ADDRESS: 1700 ARTHUR CT.
 CITY STATE: WAUKESHA, WI
 ZIP: 53188-

INSP DATE: 09/25/08
 CONTACT: JIMI JOERS
 PHONE 1: (262) 521-3090
 PHONE 2: (262) 521-3083
 FAX: (262) 521-2590

OWNER: SKALLA, ROBERT
 ADDRESS: S70 W25030 PINE CT
 CITY STATE: WAUKESHA, WI
 ZIP: 53189

HOME PHONE: (262) 224-4582

POINT OF IMPACT: 5

INS. CO: AM FAM

LIC#: EY1569
 BODY COLOR: BURGANDY
 CONDITION:

STATE: WI

VIN: 5TBJN32171S160252
 MILEAGE: 103,648
 ACCTNG CTL#:

DRIVEABLE: YES

VEH. INSP#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UE=REPLACE OE SURPLUS	UC=RECONDITIONED PRT
UM=REMAN/REBUILT PRT	EU=REPLACE SALVAGE	EP=REPLACE PXN
OE=REPLACE PXN OE SRPLS	PC=PXN RECONDITIONED	PM=PXN REMAN/REBUILT
TE=PARTL REPL PRICE	ET=PARTL REPL LABOR	IT=PARTIAL REPAIR
I=REPAIR	L=REFINISH	BR=BLEND REFINISH
TT=TWO-TONE	CG=CHIPGUARD	SB=SUBLET
N=ADDITIONAL LABOR	RI=R&I ASSEMBLY	P=CHECK
AA=APPEAR ALLOWANCE	RP=RELATED PRIOR	UP=UNRELATED PRIOR

 ***** PRELIMINARY ESTIMATE *****

2001 TOYOTA TUNDRA STD 2DOOR STANDARD CAB 6CYL GASOLINE 3.4
 CODE: Y8202A/B OPTNS A/24

OPTIONS:
 TWO-STAGE - EXTERIOR SURFACES TWO-STAGE - INTERIOR SURFACES

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0103		FENDER, FRONT	LT 538020C031	167.64			1.8	1
L	0103	13	FENDER, FRONT	LT REFINISH				4.0	4
CG	0103		FENDER, FRONT	LT CHIPGUARD				0.3	4
RI	0111		GUARD, FENDER MUD	LT R&I ASSEMBLY				INC	1

2001 TOYOTA TUNDRA STD 2DOOR STANDARD CAB
 CD LOG NO 19547-1

I 0209	PNL, FRONT DOOR OUTE LT REPAIR		2.5*1
	INCLUDES PRIMRIN		08
L 0209	PNL, FRONT DOOR OUTE LT REFINISH		2.6 4
RI0169	W/STRIP, BELT OUTER LT R&I ASSEMBLY		0.5 1
RI0229	MIRROR, OUTER R/C LT R&I ASSEMBLY		INC 1
E 0230	MIRROR, OUTER R/C RT 879100C030	117.90	0.7 1
RI0125	CHANNEL, FRONT GLASS LT R&I ASSEMBLY		1.3 1
RI0227	HANDLE, FRONT DOOR O LT R&I ASSEMBLY		0.3 1
ECM14	CORROSION PROTECTION ECONOMY PART	10.00*	0.3*1*
N	REMOVE DECALS LEFT DOO ADDNL LABOR OPERA		0.3*1*
SB	COMPANY DECALS SUBLET REPAIR	75.00*	1*
	SUBJECT TO INVOICE		
L	HAZARDOUS WASTE REM. REFINISH	3.00*	*1*
L	MASK JAMBS REFINISH		0.5*4*

16 ITEMS

MC MESSAGE(S)

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS				285.54
OTHER PARTS				13.00
PAINT MATERIAL				236.80
PARTS & MATERIAL TOTAL				535.34
TAX ON PARTS & MATERIAL @			5.100%	27.30
LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	52.00	4.9	2.8	400.40
2-MECH/ELEC	70.00			
3-FRAME	52.00			
4-REFINISH	52.00	7.4		384.80
5-PAINT MATERIAL	32.00			
LABOR TOTAL				785.20
TAX ON LABOR		@	5.100%	40.05
SUBLET REPAIRS				75.00
TAX ON SUBLET		@	5.100%	3.83
TOWING				
STORAGE				

GROSS TOTAL 1,466.72

NET TOTAL 1,466.72

SHOPLINK U1575 ES CD LOG 19547-1 DATE 09/25/08 12:01:00AM R6.37 CD 09/08
 PXN: Y/00/00/00/00/00 CUM 00/00/00/00/00 GEOCODE 53188
 HOST LOG
 (C) 1998 - 2008 AUDATEX NORTH AMERICA, INC.

1.6 HRS WERE ADDED TO THIS EST. BASED ON AUDATEX TWO-STAGE REFINISH FORMULA.

 THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT

WISCONSIN DRIVER REPORT OF ACCIDENT

(See instructions on reverse side before completing - Please Print.)

**CONTINUE ONLY ...if there was \$1000 or more damage to any one person's property,
OR ...if anyone was injured,
OR ...if there was \$200 or more damage to government property, other than vehicles.**

Hit and Run Accident? <input checked="" type="checkbox"/> YES	ACCIDENT LOCATION	County of Milwaukee City, Village or Township of Milwaukee	Month August Day 21 Year 2008 Day of Week Thursday Time <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Total Units Involved 2	Total Injured 0	Name and Number of Street(s) or Highway or Parking Lot 2nd & Wisconsin Ave.	

TYPE OF ACCIDENT (Please check one) Hit another motor vehicle in operation Hit a parked vehicle Hit a deer Hit a bicyclist or pedestrian Other

U N I T 1

Driver Full Name (Last, First, MI) **Skalla, Robert, D.** Sex **M**

Address **S70 W25030 Pine Court** Birth Date **5/6/64**

City, State **Waukesha, WI** ZIP Code **53189** Daytime Telephone Number **(262) 224-4582**

Driver License Number **S400-7646-4166-09** Issuing State **WI**

Vehicle Legally Parked YES NO Operating a commercial vehicle? YES NO If yes, circle appropriate classification **(A) (B) (C)**

Owner Full Name (Last, First, MI) **Skalla, Robert, D.**

Address **S70 W25030 Pine Court**

City, State **Waukesha, WI** ZIP Code **53189** Daytime Telephone Number **(262) 224-4582**

License Plate Number	Exp Yr	Issuing State	Vehicle Make	Year	Color
EY1569	09	WI	Toyota	2001	Red

Vehicle Identification Number **5TBJN32171S160252**

Was a motor vehicle liability insurance policy in effect on the day of the accident? NO YES Policy Holder's Name **Skalla, Robert, D.**

Exact Name of Insurance Company **American Family**

U N I T 2

Driver Full Name (Last, First, MI) _____ Sex _____

Address _____ Birth Date _____

City, State _____ ZIP Code _____ Daytime Telephone Number _____

Driver License Number _____ Issuing State _____

Vehicle Legally Parked YES NO Operating a commercial vehicle? YES NO If yes, circle appropriate classification **(A) (B) (C)**

Owner Full Name (Last, First, MI) _____

Address _____

City, State _____ ZIP Code _____ Daytime Telephone Number _____

License Plate Number	Exp Yr	Issuing State	Vehicle Make	Year	Color

Vehicle Identification Number _____

Was a motor vehicle liability insurance policy in effect on the day of the accident? NO YES Policy Holder's Name _____

Exact Name of Insurance Company _____

***INJURED** Important - Number of injuries reported must equal number entered in "Total Injured" box above. For additional injuries, provide the information on a separate piece of paper and attach. Injury Codes: A=Severe, B=Moderate, C=Minor

Unit No.	Name (Last, First, MI)	Address	City, State	ZIP Code	Sex	Birth Date	Injury Code

VEHICLE DAMAGE Unit 1 - Important - Circle the numbers closest to the damaged areas.

Damage Estimate (Required) **1598.56**

VEHICLE DAMAGE Unit 2 - Important - Circle the numbers closest to the damaged areas.

Damage Estimate (If Known) _____

PROPERTY DAMAGE N/A Describe what was damaged. Property damage includes structures, trees, fences, towed items, etc. Do NOT include vehicle damage.

Property Owner Full Name (Last, First, MI) _____ Address, City, State, ZIP Code _____ Daytime Telephone Number _____

NARRATIVE Print a brief description of the accident.

A Milwaukee Public Library truck (unit 2) & I were westbound on Wisconsin Ave. The road narrowed to two lanes of traffic. I was in front of and to the right of unit 2. As the road narrowed, I checked my mirrors, put on my blinker, and started to switch lanes. The driver of unit 2 accelerated and tried to squeeze between my truck and oncoming traffic and in doing so sideswiped the left side of my vehicle. Unit 2 driver proceeded to head westbound without stopping. I followed, got the license plate number (37356) and called 911 to report a hit and run.

DIAGRAM Draw a basic picture of the accident and location. Indicate North by putting an arrow in the circle.

Robert Skalla

