



Nationwide*
On Your Side

CITY OF MILWAUKEE

2009 AUG 17 PM 12:14

RONALD D. LEONHARDT
CITY CLERK

August 13, 2009

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

Your File# 09-V-126
Date of Loss: 05/18/2009
Our Claim# 724820010270
Our Insured-Joseph & Susan Boucher

*Our letter was
mailed on 7-29-09
(INCLUDE)*

OFFICE OF
CITY ATTORNEY

2009 AUG 18 PM 2:35

CITY OF MILWAUKEE
RECEIVED

Dear Sir/Madam:

This correspondence is a follow up to your letter dated July 22, 2009. In your letter you denied liability stating that your driver claimed that they had a green light. Our insured also claims to have had a green light. This comes down to a word vs word light dispute. In my opinion the determining factor regarding liability is where the vehicles were located in the intersection at the time of the collision. If you please review a copy of the police report diagram which I have included you will see that our insured had traveled over ½ way through the intersection. Your driver had just pulled into the intersection. Our insured was established and had control of the intersection.

I request that you please reconsider your denial of liability.

Please contact me at the phone number below with any questions or concerns.

Sincerely,

Tony Brundage
Legal Representative
Allied Insurance
1100 Locust St Dept 2019
Des Moines, IA 50391
Fax - 866-313-0535
Ph - 800-879-6707 ext 2520
brundat@nationwide.com



Nationwide Insurance
 Allied Insurance
 Nationwide Agribusiness
 Titan Insurance
 On Your Side* Victoria Insurance

CITY OF MILWAUKEE
 RECEIVED

2009 JUN -8 PM 3:19

One Nationwide Gateway * Dept 2004 * Des Moines, IA 50391-2004

June 3, 2009

CITY ATTORNEY

City Of Milwaukee
 City Clerk Attn:Claims
 200 E Wells St., Room 205
 Milwaukee, WI 53202

CITY OF MILWAUKEE
 2009 JUN -8 PM 1:48
 RONALD D. LEONARDI
 CITY CLERK

OUR INSURED : Joseph Boucher Susan Boucher 8318 Landfall Dr Madison, WI 53705 #608-645-5370

OUR CLAIM NUMBER : 72 48 20 010270 05182009 01

DATE OF LOSS : 05-18-2009

YOUR INSURED : City Of Milwaukee City Clerk Attn:Claims

YOUR INSURED'S ADDRESS : 200 E Wells St., Room 205
 Milwaukee, WI 53202

YOUR POLICY NUMBER :

ACCIDENT LOCATION : State St and 3rd St Milwaukee WI

Dear City Of Milwaukee City Clerk Attn:Claims:

We have been informed that you are the representative for the City Of Milwaukee . Our assessment of the accident between our respective insureds which occurred on the above date indicates that your insured was responsible.

The accident occurred on State St. and 3rd St. in Milwaukee, WI. Our insured has stated he was traveling west bound on State St., when he was hit by the City vehicle who ran the red light on 3rd St. At this time, the only information we have for the City driver is his name is Ben.

This letter is notice of our subrogation rights. At this time, we have not made final payment for our insured damages, but there included is an initial estimate. We will provide you with supporting documents and the amount due, once we have issued payments.

If you have any questions, please contact me. Thank you for your cooperation.

Sincerely,

Nationwide Affinity Insurance Company
 Courtney Arthur
 Claims Department
 1-(800)532-1212 Ext. 7534

05/21/2009 AT 09:30 AM
82158

JOB NUMBER:

GATES AUTO BODY
5317 WAYNE TERRACE
MADISON, WI 53718
(608) 249-7032 FAX: (608) 249-8273

ESTIMATE OF RECORD

WRITTEN BY: SHANNON CRY 05/21/2009 09:29 AM
ADJUSTER: ADJUSTER UNKNOWN
ASSIGNMENT TYPE: 75 INSPECT AND REPAIR

INSURED: JOSEPH BOUCHER SUSAN BOUCH CLAIM #72482001027005180901J/B11
OWNER: JOSEPH BOUCHER SUSAN BOUCH POLICY #NATIONWIDE AFFINITY INS
ADDRESS: 6318 LANDFALL DR DEDUCTIBLE: \$500.00
MADISON, WI 53705-4309 DATE OF LOSS: 05/18/2009 AT 12:01 AM
DAY: (608) 661-4500 TYPE OF LOSS: COLLISION
EVENING: (608) 233-4105 POINT OF IMPACT: 4. RIGHT QTR POST

INSPECT
LOCATION: GATES AUTO BODY UNK

INSURANCE NATIONWIDE ENTERPRISE OTHER: (515) 508-4211
COMPANY: 1100 LOCUST ST. DAYS TO REPAIR
DES MOINES, IA 50391

2006 LEXU ES 330 6-3.3L-FI 4D SED BLACK INT:
VIN: JTHBA30G165157115 LIC: BIZ LAW WI PROD DATE: 10/2005 ODOMETER: 44460
AIR CONDITIONING REAR DEFOGGER TILT WHEEL
CRUISE CONTROL INTERMITTENT WIPERS KEYLESS ENTRY
THEFT DETERRENT/ALARM STEERING WHEEL CONTROLS MESSAGE CENTER
WOOD INTERIOR TRIM DUAL MIRRORS CONSOLE/STORAGE
ELECTRIC GLASS SUNROOF FOG LAMPS CLEAR COAT PAINT
POWER STEERING POWER BRAKES POWER WINDOWS
POWER LOCKS POWER DRIVER SEAT POWER PASSENGER SEAT
POWER MIRRORS HEATED MIRRORS POWER TRUNK/TAILGATE
MEMORY PACKAGE AM RADIO FM RADIO
STEREO CASSETTE SEARCH/SEEK
CD PLAYER ANTI-LOCK BRAKES (4) DRIVER AIR BAG
PASSENGER AIR BAG HEAD/CURTAIN AIR BAGS FRONT SIDE IMPACT AIR BAG
4 WHEEL DISC BRAKES LEATHER SEATS BUCKET SEATS
AUTOMATIC TRANSMISSION OVERDRIVE ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT. PRICE	LABOR	PAINT
1#		39.8*1.5/8=7 DAYS	1			
2		QUARTER PANEL				
3	SECT RT	QUARTER PANEL CUT IN SAIL	1	481.15	15.0	3.1
		PANEL				
4		ADD FOR CLEAR COAT				1.2
5	REPL RT	PROTECTOR	1	12.60	0.1	
6	REPL RT	WHEEL OPNG MLDG	1	45.95	0.3	
7*	RPR RT	OUTER WHEELHOUSE FROM 10/02			1.0*	0.5*
8*	R&I RT	WHEELHOUSE LINER			0.2*	

05/21/2009 AT 09:30 AM
82158

JOB NUMBER:

ESTIMATE OF RECORD
2006 LEXU ES 330 6-3.3L-FI 4D SED BLACK INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
9	REPL	RT WHEELHOUSE LINER CLIP FRONT	1		1.09		
10	REPL	RT WHEELHOUSE LINER CLIP REAR	1		0.83		
11		REAR DOOR					
N 12	REPL	RT DOOR SHELL	1	467.18		4.5	3.0
13		OVERLAP MAJOR ADJ. PANEL					-0.4
14		ADD FOR CLEAR COAT					0.5
15	R&I	RT BODY SIDE MLDG BLACK				0.3	
16	R&I	RT LOWER MOLDING BLACK				0.3	
17		REAR LAMPS					
18	R&I	RT LENS & HOUSING				INCL.	
19		WHEELS					
20**	REPL	RECOND RT/REAR WHEEL, ALLOY TYPE C	1	179.00		M 0.0*	
21		REAR BUMPER					
22	R&I	R&I BUMPER COVER				INCL.	
23*	RPR	BUMPER COVER				0.5*	2.3*
24		OVERLAP MAJOR NON-ADJ. PANEL					-0.2
25		ADD FOR CLEAR COAT					0.4
26		BACK GLASS					
27	R&I	BACK GLASS TOYOTA				INCL.	
28	REPL	REVEAL MOLDING	1	105.71		INCL.	
29#	REPL	URETHANE KIT	1	25.00			
30		ROOF					
31	R&I	RT DRIP MOLDING BLACK				0.3	
32		REAR SUSPENSION					
33	REPL	RT STABILIZER LINK	1	81.54		M 0.4	M
34**	REPL	QUAL REPL PARTS RT STRUT W/O RIDE CONTROL	1	168.90*		M 1.6	M
35#	RPR	CLEAN & RE-TAPE MLDG(S)-F				0.5	
36#	REPL	RT REAR TIRE BRIDGESTONE TURANZA EL42 B20%	1	199.99			
37#		2-SIDED TAPE-F	1	3.00			
38#	SUBL	FOUR WHEEL ALIGNMENT-F	1	79.95		T	
39#	SUBL	TIRE MOUNT & BALANCE	1	20.00		T	
40#	RPR	SET-UP TO PULL				1.0	
41#	RPR	ROUGH PULL RT QUARTER				1.0	
42#	RPR	MASK WINDSHIELD				0.5	
43		FRONT DOOR					
N 44*	R&I	RT DOOR W'STRIP				0.2*	
45		PILLARS, ROCKER & FLOOR					
46	R&I	RT ROCKER MOLDING BLACK				0.4	
47#	SUBL	HAZARDOUS WASTE DISPOSAL-F	1	3.00		T	
N 48*	BLND	RT CENTER PILLAR W/ROCKER PANEL				S	0.5*
49#		CAR COVER/ MASK FOR OVERSPRAY-F	1	6.00		T	
50#		RESTORE CORROSION PROTECTION-F	1	12.00		T 0.3	
51#		FLEX ADDITIVE-F	1	8.00		T	

05/21/2009 AT 09:30 AM
82158

JOB NUMBER:

ESTIMATE OF RECORD
2006 LEXU ES 330 6-3.3L-FI 4D SED BLACK INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
N 52*		BLND RT HINGE PILLAR				S	0.5*
SUBTOTALS ==>			1900.89		28.4		11.4

LINE 12 : LKQ NOT C/E

SMART PARTS--2131308

JANTZ--62837

LINE 44 : LOOSEN ONLY

LINE 48 : BLEND ROCKER AFTER WELD

LINE 52 : UPPER BODY

PARTS				1771.94
BODY LABOR	26.4 HRS	@ \$ 52.00/HR		1372.80
PAINT LABOR	11.4 HRS	@ \$ 52.00/HR		592.80
MECHANICAL LABOR	2.0 HRS	@ \$ 80.00/HR		160.00
PAINT SUPPLIES	11.4 HRS	@ \$ 30.00/HR		342.00
SUBLET/MISC.				128.95
SUBTOTAL				\$ 4368.49
SALES TAX	\$ 4368.49	@ 5.5000%		240.27
GRAND TOTAL				\$ 4608.76
ADJUSTMENTS:				
DEDUCTIBLE				500.00
RT REAR TIRE BRIDGESTONE	B20%			42.20
CUSTOMER PAY				\$ 542.20
INSURANCE PAY				\$ 4066.56

THE LIMIT OF YOUR COVERAGE IS THE ACTUAL CASH VALUE OF YOUR AUTO OR ITS DAMAGED PARTS AT THE TIME OF LOSS. FAIR MARKET VALUE, AGE AND CONDITION OF YOUR DAMAGED VEHICLE WILL BE CONSIDERED WHEN DETERMINING THE ACTUAL CASH VALUE OF A LOSS. CERTAIN PARTS LOSE VALUE OR DEPRECIATE BECAUSE OF AGE, CONDITION, AND/OR WEAR AND TEAR. BETTERMENT IS THE INCREASE IN VALUE OF A VEHICLE OR ANY OF ITS PARTS AS A RESULT OF REPLACING CERTAIN PARTS DAMAGED IN A LOSS. IF THE REPLACEMENT OF CERTAIN PARTS RESULTS IN AN INCREASE IN VALUE TO YOUR VEHICLE OR ANY OF ITS PARTS, A DEDUCTION FOR BETTERMENT MAY BE MADE TO YOUR LOSS PAYMENT TO REFLECT THE ACTUAL CASH VALUE YOU ARE OWED UNDER YOUR POLICY.

Wisconsin Motor Vehicle Accident Report 9G88X81
MV4000e 01/2005
PK2007

POLICE # DISTRICT 1

ACCIDENT # 091380554

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9G88X81		Document Override Number	
Agency Accident Number 091380554				Police Number DISTRICT 1					
4 - Accident Date 05/18/2009		5 - Time of Accident (Military Time) 0900		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE 40		3 - Municipality MILWAUKEE - ST. CITY						13 - Accident Location INTERSECTION	
14 - On Hwy No.		14 - On Street Name STATE ST W		14 - Bus/Fmt/Rmp		15 - Est. Dist FUMI		15 - Hwy. Dir	
16 - Fr/At Hwy No.		16 - From/At Street Name OLD WORLD 3RD ST N		16 - Business Frontage/Ramp					
17 - Structure Type		17 - Structure Number		12 - Latitude		13 - Longitude			
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				93 - Manner of Collision ANGLE					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way ONE-WAY-TRAFFIC									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT		118 - Road Surface Condition DRY				116 - Weather CLEAR			
<input type="checkbox"/> Hill and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials		<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input checked="" type="checkbox"/> Names Exchanged			
101 - Supplemental Reports		102 - Witness Statements		103 - Measurements Taken		78 - E M S Number			

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel SOUTH		24 - Speed Limit 30	
36 - Operating as Classified D CLASS		37 - Endorsements		<input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver License Number C4320706224600		30 - State WI		31 - Expiration Year 2016		32 - On Duty Accident	
25 - Operator/Pedestrian Last Name GLATZEL		25 - First Name BEN		25 - Middle Initial		25 - Suffix	
32 - Date Of Birth 07/06/1962		33 - Sex MALE					
26 - Address Street & Number 3805 N. 35TH ST.						28 - PO Box	
27 - City MILWAUKEE		27 - State WI		27 - Zip Code 53210		28 - Telephone Number (414) 708-2839 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		<input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control TRAFFIC-SIGNAL-OPERATING				62 - No. of Citations Issued	
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.	
64 - 5th Statute No.							
122 - Driver Factors NOT-APPLICABLE							
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN			

OPERATOR/PEDESTRIAN 01

Wisconsin Motor Vehicle 9G88X81

Accident Report MV4000e 01/2005

PK2007

91 - Drugs Reported

124 - Highway Factors
NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR		22 - Total Occupants 1	
	58 - License Plate Number 66895		57 - Plate Type MUN	59 - State WI	65 - Vehicle Identification Number 1GNDM13X24K186965	
	50 - Year 2004	51 - Make CHEV	52 - Model BLAZER	53 - Body Style 4D	54 - Color YEL	100 - Skidmarks to Impact (FI)
	94 - Vehicle Damage FRONT					
	95 - Extent Of Damage MINOR		<input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial	46 - Suffix
	48 - Company Name CITY OF MILWAUKEE				
	47 - Address Street & Number 2142 W. CANEL ST.		47 - PO Box		
	48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53233	49 - Telephone Number (414) - EXT.	

Insurance

INS 01	63 - Liability Insurance Company GOVERNMENT		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company		

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From		School Name	Body Make	Seating Capacity
	School District Contracted With				

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel WEST	24 - Speed Limit 30
36 - Operating as Classified D CLASS		37 - Endorsements		<input type="checkbox"/> Operating Commercial Motor Vehicle	
20 - Driver's License Number B2604995188800		20 - State WI	21 - Expiration Year 2011	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name BOUCHER		25 - First Name JOSEPH		25 - Middle Initial W	25 - Suffix
32 - Date Of Birth 10/28/1951		33 - Sex MALE			

Wisconsin Motor Vehicle Accident Report 9G88X81
MV4000e 01/2005

PK2007

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 6318 LANDFALL DR.				26 - PO Box	
	27 - City MADISON		27 - State WI	27 - Zip Code 53705	28 - Telephone Number (608) 233-4105 EXT.	
	39 - Seat Position FRONT-SEAT-LEFT-SIDE(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED	42 - Ejected NOT-EJECTED	44 - Medical Transport <input type="checkbox"/>	
	43 - Trapped/Extricated NOT-TRAPPED		82 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued	
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
	90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN	
91 - Drugs Reported						
124 - Highway Factors NOT-APPLICABLE						

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR		22 - Total Occupants 1
	53 - License Plate Number BIZLAW		57 - Plate Type SES	58 - State WI	59 - Exp Year 2010
	55 - Vehicle Identification Number NTHBA3DG155127115				
	50 - Year 2006	51 - Make LEXS	52 - Model ES 330	53 - Body Style 4D	54 - Color BLK
	100 - Skidmarks to Impact (FI)				
	94 - Vehicle Damage MIDDLE PASSENGER SIDE, REAR PASSENGER SIDE				
95 - Extent Of Damage MODERATE		96 - <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By AAA	
123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 - <input checked="" type="checkbox"/> Vehicle Owner Same As Operator			
	46 - Vehicle Owner Last Name BOUCHER		48 - First Name JOSEPH	48 - Middle Initial W
	46 - Company Name			
	47 - Address Street & Number 6318 LANDFALL DR.		47 - PO Box	
	48 - City MADISON	48 - State WI	48 - Zip Code 53705	49 - Telephone Number (608) 233-4105 EXT.

Insurance

Wisconsin Motor Vehicle
Accident Report

9G88X81

MV4000e 01/2005

PK2007

INS 02	63 - Liability Insurance Company NATIONWIDE-AFFINITY-INSURANCE-COMPANY-OF-AMERICA	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name BOUCHER	61 - Policy Holder First Name JOSEPH
	61 - Policy Holder Company	

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
UNIT 2 WAS W/B ON W. STATE ST. ENTERING THE INTERSECTION AT N. OLD WORLD 3RD ST., WHEN IT WAS STRUCK BY UNIT 1, WHICH WAS S/B ON N. OLD WORLD 3RD ST. ENTERING THE INTERSECTION AT W. STATE ST. BOTH DRIVERS RELATED THAT THEY THOUGHT THEY HAD THE GREEN LIGHT.	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name GRABER	125 - First Name PETER	125 - Middle Initial J	131 - Officer ID 10007	
	129 - Law Enforcement Agency No. 006	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET				
	127 - City MILWAUKEE	127 - State WI	127 - Zip Code 53233	128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 05/18/2009	133 - Time Notified (Military Time) 0907	134 - Time Arrived (Military Time) 0910	135 - Date Of Report 05/18/2009	
	Agency Accident Number 091380554	Police Number DISTRICT 1	19 - Special Study		
	18 - Agency Space				