



Represented by:
FLEIS INSURANCE AGENCY INC
PO BOX 537
ONALASKA, WI 54650

Corporate Claims Subrogation Unit PO Box 65150 West Des Moines IA 50265-0150 (800)766-1853
1300 Woodland Ave West Des Moines IA 50265 (800)766-1853

December 29, 2009

2010 JAN -4 AM 9:47

RONALD D. LEONHARDT
CITY CLERK

Milwaukee City Clerk
200 E Wells St, Room 205
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
RECEIVED
2010 JAN -4 PM 2:46
OFFICE OF
CITY ATTORNEY

Insured: THOMAS J BALLINGER
Claim Number: BALL-0023289-080809
Loss Date: 08/08/2009
Your File No: 09-S-362

Dear Robert Overholt:

This letter is in response to your denial letter dated December 14, 2009. Your letter states that the Forestry Section responded to an emergency request for service and they found a branch split from a live tree that showed no external signs of decay. I have enclosed colored photos of the tree branch. It does show external signs of decay. The branch that fell has several limbs with no green leaves. There is also another branch on the tree with no green leaves. I believe this would be considered external sign of decay. Please take this into consideration when reviewing your file.

Sincerely,

Julie Silbaugh
Subrogation Specialist Fax (317)931-6595
800-444-9950 ext 4665

XCC002(0196)E



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October 1, 2009

CITY OF MILWAUKEE

2009 OCT -5 AM 10:50

RONALD D. LEONHARDT
CITY CLERK

Milwaukee City Clerk
200 E Wells St, Room 205
Milwaukee, WI 53202-3567

Insured: THOMAS J BALLINGER
Claim Number: BALL-0023289-080809
Loss Date: 08/08/2009

Dear City Clerk:

Mr. Ballinger's car was parked on Farwell Street when a tree fell on on his vehicle. I have enclosed our supporting documents, including photos of the tree showing the tree was rotted, proof of payment and itemized estimate. State Auto paid \$1,292.56, Mr. Ballinger has a \$500.00 deductible, making our total claim \$1,792.56. Please contact me if you have any questions.

Sincerely,

Julie Silbaugh
Subrogation Specialist Fax (317)931-6595
800-444-9950 ext 4665

CITY OF MILWAUKEE
RECEIVED
2009 OCT -5 PM 2:39
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
2009 OCT -5 PM 1:38
RONALD D. LEONHARDT
CITY CLERK

XCC002(0196)E

FLEIS INSURANCE AGENCY INC
PO BOX 537
ONALASKA WI 54650

Central Claims-Des Moines, PO Box 65150, West Des Moines IA 50265-0150
1300 Woodland Ave, West Des Moines IA 50265
(800)766-1853, Fax (317)931-6456

ENTERPRISE RENT-A-CAR
S17 W22650 LINCOLN AVE
WAUKESHA WI 53187

DATE ISSUED: 08-29-2009 AMOUNT: \$98.52 CHECK NUMBER: 070369461

INSURED : THOMAS J BALLINGER
FILE NUMBER: PWI 0023289
LOSS DATE : 08-08-2009
CLAIMANT : THOMAS J BALLINGER

Invoice: D557207-4404

DESCRIPTION OF PAYMENT:
Settlement Rental Reimbursement

QUESTIONS ABOUT YOUR PAYMENT? PLEASE CALL:
Amanda Hentges, Central Claim Specialist, (800)766-1853

DATE ISSUED: 08-29-2009 FILE #: PWI 0023289

National City Bank 070369461
Ashland, Ohio
56-389/412
LOSS DATE
08-08-2009

ENTERPRISE RENT-A-CAR

NINETY EIGHT DOLLARS AND FIFTY TWO CENTS

*****98.52

<070369461< :041203895: 0110955<



Rental Company: ENTERPRISE RENT-A-CAR
Invoice: D557207-4404

Bill To:
STATE AUTO INS
ATTN: AMANDA HENTGES
518 EAST BROAD ST
COLUMBUS, OH 43215

RENTER INFORMATION:
Renter: ROSALIA, BALLINGER

RENTAL INFORMATION:
Rental Branch Location:
ENTERPRISE RENT-A-CAR (4404)
10922 W NATIONAL AVE
WEST ALLIS, WI 532273104
(414) 546-6900

ADDITIONAL CLAIM INFORMATION:
Claim Number :BALL-0023289-080809
Claim Type: Insured
Vehicle Condition: Driveable
Date Of Loss: 8/8/09
Insured Name:
Owner's Vehicle:
Additional Driver:

Repair Facility:
UNKNOWN

9

VEHICLES RENTED:

Effective Date and Time	Year	Make	Model	VIN	Starting Mileage	Ending Mileage	Mileage
8/17/09 9:50 AM	2008	CHEV	COBA	1G1AL58F887323774	27578	28378	800

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR COMPANY (4499)
S17 W22650 LINCOLN AVE.
WAUKESHA, WI 53187
Federal ID:43-1507735

Total Charges: \$98.52
Less Amount Received: \$0.00
Total Amount Due..... \$98.52

Please include on your check:
Invoice: D557207-4404

FLEIS INSURANCE AGENCY INC
PO BOX 537
ONALASKA WI 54650

Central Claims-Des Moines, PO Box 65150, West Des Moines IA 50265-0150
1300 Woodland Ave, West Des Moines IA 50265
(800)766-1853, Fax (317)931-6456

THOMAS J BALLINGER
1312 CLIFFVIEW AVE
ONALASKA WI 54650

DATE ISSUED: 08-14-2009 AMOUNT: \$1,194.04 CHECK NUMBER: 070362802

INSURED : THOMAS J BALLINGER
FILE NUMBER: PWI 0023289
LOSS DATE : 08-08-2009
CLAIMANT : THOMAS J BALLINGER

As we discussed, this payment represents the cost of repair or replacement, less your deductible.

DESCRIPTION OF PAYMENT:
Settlement Falling objects

QUESTIONS ABOUT YOUR PAYMENT? PLEASE CALL:
Amanda Hentges, Central Claim Specialist, (800)766-1853

DATE ISSUED: 08-14-2009 FILE #: PWI 0023289
THOMAS J BALLINGER
AND MARY K BALLINGER
AND KRAUSE AUTO BODY

National City Bank 070362802
Ashland, Ohio
56-389/412
LOSS DATE
08-08-2009

*****1,194.04
ONE THOUSAND ONE HUNDRED NINETY FOUR DOLLARS AND FOUR CENTS

<070362802< :041203895: 0110955<

Claim # BAL0023289

Estimate ID: 86
 Estimate Version: 0
 Preliminary
 Profile ID: tomk

att aminda Hunter

TOM KRAUSE AUTO BODY

655 South 70th, Milw, WI 53214
 (414) 453-2600
 Fax: (414) 453-9928

Damage Reported By: Tom Krause

Deductible: UNKNOWN
 Claim Number: 86

Insured: ROSALIA BALLINGER
 Address: 3225 N MARIETTA AVE, MILW, WI 53211
 Telephone: Home Phone: (800) 367-5222

Mitchell Service: 911368

Description: 2001 Volkswagen New Beetle GL
 Body Style: 2D HB
 Options: AUTOMATIC TRANSMISSION

Drive Train: 2.0L Inj 4 Cyl 4A FWD

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	101856	BDY	REPAIR	ROOF PANEL	Existing		12.0* #
2	AUTO	REF	REFINISH	ROOF PANEL			C 2.4
3	100089	BDY	REMOVE/REPLACE	L ROOF MOULDING	100 853 701 GRU	80.00	C 2.5
4	AUTO	REF	REFINISH	L ROOF MOULDING			C 0.5
5	102269	BDY	REMOVE/INSTALL	SUNROOF ASSY			1.5 #
6	900500	BDY *	ADD'L LABOR OP	R & I HEAD LINER	Existing		1.5*
7	900500	BDY *	REPAIR	UPPER RAIL	Existing		7.0*
8	900500	GLS *	REPAIR	R R SIDE GLASS	Existing		0.0*
9	AUTO	REF	ADD'L OPR	CLEAR COAT			1.1
10	AUTO		ADD'L COST	PAINT/MATERIALS		128.00 *	
11	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL		3.00 *	

* - Judgment Item

- Labor Note Applies

C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 08/11/2009 10:19:00 86

Mitchell Data Version: JUN_09_V

UltraMate Version: 6.7.023

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Estimate ID: 86
 Estimate Version: 0
 Preliminary

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary			
Body	22.6	52.00	0.00	0.00	1,175.20 T	Taxable Parts			Amount
Refinish	4.0	52.00	0.00	0.00	208.00 T	Sales Tax	@	5.600%	90.00
									5.04



















