

35.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2009-0403	Claim	Claim Report
Kelly Loehe communication regarding vehicle damage allegedly sustained at 8739 W. Orchard Street on May 29, 2009.		
Introduced: 6/16/2009		Controlling Body: Administration & Finance Committee

COMMITTEE RECOMMENDATION

POF Denied

ACTION DATE:
AUG 04 2009

MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
		Barczak				
		Czaplewski				
		Kopplin	✓			
		Lajsic	✓			
		Narlock				✓
		Reinke	✓			
		Roadt				
		Sengstock				
		Vitale	✓			
		Weigel				
TOTAL			4	1		1

SIGNATURE OF COMMITTEE MEMBER

Kurt E. Kopplin
 Chair _____ Vice-Chair _____ Member _____

COMMON COUNCIL ACTION

Denied

ACTION DATE:
AUG 04 2009

MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
		Barczak				✓
		Czaplewski	✓			
		Kopplin	✓			
		Lajsic	✓			
		Narlock				✓
		Reinke	✓			
		Roadt	✓			
		Sengstock	✓			
		Vitale	✓			
		Weigel	✓			
TOTAL			8	1		2

**STANDING COMMITTEES OF THE
CITY OF WEST ALLIS COMMON COUNCIL**

ADMINISTRATION & FINANCE

Chair: Kurt E. Kopplin
Vice-Chair: Vincent Vitale
Thomas G. Lajsic
Richard F. Narlock
Rosalie L. Reinke

PUBLIC WORKS

Chair: Gary T. Barczak
Vice-Chair: Martin J. Weigel
Michael J. Czaplewski
Daniel J. Roadt
James W. Sengstock

SAFETY & DEVELOPMENT

Chair: Thomas G. Lajsic
Vice-Chair: Richard F. Narlock
Kurt E. Kopplin
Rosalie L. Reinke
Vincent Vitale

LICENSE & HEALTH

Chair: Michael J. Czaplewski
Vice-Chair: James W. Sengstock
Gary T. Barczak
Daniel J. Roadt
Martin J. Weigel

ADVISORY

Chair: Rosalie L. Reinke
Vice-Chair: Daniel J. Roadt
Kurt E. Kopplin
Richard F. Narlock
Vincent Vitale



July 16, 2009

OFFICE OF THE CITY ATTORNEY

Common Council
City of West Allis

Scott E. Post
City Attorney

Sheryl L. Kuhary
Jeffrey J. Warchol
Jenna R. Merten
Assistant City Attorneys

RE: City Attorney's Report of Claim

Dear Council Members:

The enclosed claim has been referred to this office in accordance with Section 3.05(8) of the Revised Municipal Code. This office has examined the facts of the claim and the applicable law. Our Opinion regarding liability is as follows:

It is the recommendation of this office that the following claim be denied:

Kelly Loehle - Amount: \$1,194.97

This is a claim for damage to the claimant's vehicle on May 29th, 2009, in front of 8739 West Orchard Street, West Allis, WI when the claimant backed into a portable stop sign placed in the middle of the road for use by the Woodrow Wilson Grade School. The claimant alleges that the City was responsible for removing the stop sign after school and since the sign was not removed on this particular day, the City is negligent for her backing into the sign causing damage to her vehicle. The claimant obtained estimates for repair and filed a claim against the City on June 4th, 2009.

Our investigation into this claim indicated that the stop sign is placed and removed on a daily basis in the middle of the street by school officials and not employees of the City of West Allis. Although the claimant disputes who is actually responsible for maintenance of the sign, the claimant's analysis of liability is still somewhat hard to follow because she leaves out the most important fact that it is her duty to keep a proper lookout when backing up a vehicle under any and all circumstances. In other words, the fact that someone did not remove a sign in the road does not remove the duty on the claimant to maintain a proper and safe lookout when backing up a vehicle. The claimant admits in her statement that she did not "expect" the sign to be there; however, an expectation as opposed to actually looking for obstacles in the way while backing up a vehicle are two very different concepts at work in determining liability in this case. Regardless of the issue of maintenance of the sign, it is the position of the City Attorney's Office that the City bears no legal responsibility based on the facts of this case.

Based upon the above, it is the recommendation of the City Attorney's Office to deny this claim pursuant to the provisions of Wisconsin Municipal Claims Statute 893.80.

Respectfully submitted,


Jeffrey J. Warchol
Assistant City Attorney

JJW:da

RECEIVED

JUN - 4 2009

**CITY OF WEST ALLIS
CLERK/TREASURER**

I live across from Woodrow Wilson grade school. A portable metal stop sign is utilized during school hours. It is placed in the middle of the intersection which is also the middle of my driveway exit. The sign is normally placed there around 8 am and removed after normal school hours. On 5-29-2009 I was leaving my home at approximately 3:45 am to go to work. I hit the stop sign upon backing up. The sign was left there overnight by a city employee and not removed the day before. It was dark and somewhat foggy and I was not expecting the sign to be there. I am attaching a police report regarding the incident. I have also contacted Alderman Gary Barczak who contacted the city attorney on my behalf. Gary told me to submit a claim to the city of West Allis for the damages to my vehicle in regards to this incident.

Sincerely,

Kelly Loehe

8739 W Orchard St. 53214

414-975-6341



AMERICAN FAMILY INSURANCE GROUP

PO BOX 77040 • MADISON WI 53707-1040 • PHONE: (800) 692-6326

May 29, 2009

93-JMG007

KELLY A LOEHE
8739 W ORCHARD ST
WEST ALLIS WI 53214-4346

RE: Claim Number: 00-651-476169-2732
Policy Number: 03728102-06
Date of Loss: May 22, 2009

Dear Kelly :

We have reviewed the estimate you provided for the repairs to your vehicle, and have reached an agreed-upon price with Heiser Chevrolet for \$1,194.97.

A copy of the revised estimate along with payment of \$694.97 for the cost of repair to your vehicle is enclosed. An additional copy of the agreed price estimate has been sent directly to the body shop.

The enclosed payment represents the estimate amount less your deductible of \$500.00.

On occasion there is damage that cannot be seen until the repairs are started. When hidden damage is found, the body shop will contact American Family directly to discuss the additional damage. We will reach an agreed price for the supplemental repairs with the shop and pay the shop directly for the additional repair amount. When you pick up your automobile, the body shop should inform you of any additional damage found during the repair process.

If you or the body shop have any questions, please contact me at the number listed below.

Sincerely,

Julie M Gerbitz
Customer Care Center Auto Representative
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 71261
jgerbitz@amfam.com
Fax: (866) 737-3455
www.amfam.com/claims

CONFIRM DATE 2 EXTENSION
71251

Enc: payment and copy of estimate

AMERICAN FAMILY INSURANCE
PO BOX 77040
MADISON, WI 53707-1040
1-800-MYAMFAM (1-800-692-6326)
WWW.AMFAM.COM/CLAIMS

*** PRELIMINARY ESTIMATE ***

05/29/2009 10:18 AM

Owner

Owner: KELLY A LOEHE
Address: 8739 W ORCHARD ST
City State Zip: WEST ALLIS, WI 53214

Home/Day: (414)453-3462
Cell: (414)975-6341
Work/Day: (262)860-4260x114

Control Information

Claim #: 00651476169-0
Loss Date/Time: 05/22/2009 07:00 AM
Deductible: \$500.00

Insured Policy #: 0372810206
Loss Type: Collision

Ins. Company: American Family Insurance

Insured: KELLY A LOEHE
Address:

(414)453-3462
(414)975-6341

Inspection

Inspection Date: 05/29/2009 10:21 AM
Inspection Location: residence
Address: 8739 W ORCHARD ST
City State Zip: WEST ALLIS, WI 53214
Primary Impact: Left Rear Side
Driveable: Yes

Inspection Type: Office Handled Claim
Contact: (414)975-6341

Secondary Impact: Left Rear Corner
Rental Assisted:

Assigned Date/Time:
First Contact Date/Time:

Received Date/Time: 05/29/2009 10:15 AM
Appointment Date/Time: 06/01/2009 08:00 AM

Appraiser Name: Julie GERBITZ
Address: PO Box 77040
C CCC
City State Zip: Madison, WI 53791-9992
Email: jgerbitz@amfam.com

Appraiser License # :
Work/Day: (800)692-6326x71261
Home/Evening:
FAX: (866)737-3455

Repairer

Repairer: Heiser Chevrolet
Address: 10200 W. Arthur Avenue

Contact: Quinn Mihalski
Work/Day: (414)637-2300
FAX: (414)546-7877

City State Zip: West Allis, WI 53227
License #: 391655466

Regulation ID:

Target Complete Date/Time:

Days To Repair: 3

Remarks

Deductible to paid to shop by owner after repairs are completed.
Please send PHOTOS (if you can) once vehicle is in for repairs. Thanks!
SUPPLEMENTS should be sent back to SAME appraiser and marked SUPPLEMENT.
Supplements MUST be pre-approved BEFORE supplemental repairs begin.

Vehicle

2002 Chevrolet Cavalier STD 2 DR Coupe
4cyl Gasoline 2.2

05/29/2009 01:11 PM

4 Speed Automatic

Lic.Plates: X2184T
 Lic Expire:
 Prod Date:
 Veh Insp# :
 Condition:
 Ext. Color: white
 Ext. Refinish: Two-Stage

Lic State: WI
 VIN: 1G1JC124627342931
 Mileage: 83,390
 Mileage Type: Actual
 Code: U2342A
 Int. Color:
 Int. Refinish:

Options

AM/FM CD Player	Air Conditioning	Anti-lock Brakes
Center Console	Dual Airbags	Intermittent Wipers
Power Brakes	Power Steering	Rear Window Defroster
Rem Trunk-L/Gate Release	Tachometer	Tilt Steering Wheel
Tinted Glass	Velour/Cloth Seats	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
1	I	389		Panel,Quarter LT	Repair				4.0*	SM
2	L	389	13	Panel,Quarter LT	Refinish				4.0	RF
3	RI	527		Mldg,Quarter Side L/F	R & I Assembly				0.2	SM
4	EC	467		Sealant Kit,Qtr Glass LT	Replace Economy	\$25.00*			2.1	SM
				>> SUBLET Repair Hrs						
5	RI	471		Spoiler,Deck Lid	R & I Assembly				0.7	SM
				>> To avoid overspray						
6	RI	533		Taillamp Assembly,Otr LT	R & I Assembly				0.3	SM
7	N	582		Rear Bumper Cover R&l	Additional Labor				1.1	SM
8	I	566		Cover,Rear Bumper	Repair				1.0*	SM
9	L	566		Cover,Rear Bumper	Refinish				3.1	RF
10	EC			Flex Additive	Replace Economy	\$3.00*				SM*
11	N			Hazardous Waste	Additional Labor	\$3.00*				SM
12	EC			Cover Vehicle	Replace Economy	\$5.00*				SM*
13	N			Clean & Retape MLDGS	Additional Labor	\$0.00*			0.2*	SM*
13	Items									

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Other Parts	\$36.00	
Paint Materials	\$227.20	
Parts & Material Total		\$263.20
Tax on Parts & Material	@ 5.600%	\$14.74

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$52.00	3.3	6.3	9.6	\$499.20
Mech/Elec (ME)	\$52.00				
Frame (FR)	\$52.00				
Refinish (RF)	\$52.00	7.1		7.1	\$369.20
Paint Materials	\$32.00				

Labor Total		16.7 Hours	\$868.40
Tax on Labor	@ 5.600%		\$48.63
Gross Total			\$1,194.97
Less: Deductible			\$500.00-
Net Total			\$694.97

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53708 Default
 Recycled Parts Y/11/0 Zip Code: 53708

Audatex Estimating 6.0.025 ES 05/29/2009 01:11 PM REL 6.0.025 DT 05/01/2009 DB 05/15/2009
Copyright (C) 2008 Audatex North America, Inc.

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

***** NOTE: SUPPLEMENTS WILL NOT BE PAID WITHOUT PRIOR APPROVAL FROM AN
AMERICAN FAMILY REPRESENTATIVE.*****

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/Rebit	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 = Chippguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



This report contains proprietary information of Audatex and may not be disclosed to any third party (other than the insured, claimant and others on a need to know basis in order to effectuate the claims process) without Audatex's prior written consent.

Copyright (C) 2008 Audatex North America, Inc.
Audatex Estimating is a trademark of Audatex North America, Inc.

COPY TO JFW

POLICE # 09022167

ACCIDENT # A09052201

<input type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number BRRFSG8		Document Override Number	
Agency Accident Number A09052201				Police Number 09022167					
4 - Accident Date 05/22/2009		5 - Time of Accident (Military Time) 0345		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality WEST ALLIS - 60, CITY				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.	14 - On Street Name ORCHARD ST W			14 - Bus/Frnt/Rmp	15 - Est. Dist 150	Ft/Mi F	15 - Hwy. Dir WEST		
16 - Fr/At Hwy No.	16 - From/At Street Name 87TH ST S			16 - Business/Frontage/Ramp					
17 - Structure Type HOUSE #	17 - Structure Number 8739	12 - Latitude			13 - Longitude -				
80 - First Harmful Event OTHER OBJECT-- NOT FIXED				93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DARK-LIGHTED			116 - Road Surface Condition DRY			118 - Weather UNKNOWN			
9 <input type="checkbox"/> Hit and Run	9 <input checked="" type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire	9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed			
9 <input type="checkbox"/> Truck, Bus, or Hazardous Materials			9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone		9 <input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With OTHER OBJECT-- NOT FIXED			23 - Dir Of Travel NORTH		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements			35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number L0005016096706			30 - State WI	31 - Expiration Year 2013	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name LOEHE			25 - First Name KELLY			25 - Middle Initial A	25 - Suffix	
32 - Date Of Birth 12/27/1960		33 - Sex FEMALE						
26 - Address Street & Number 8739 W ORCHARD ST						26 - PO Box		
27 - City WEST ALLIS			27 - State WI	27 - Zip Code 53214		28 - Telephone Number (414) 975-6341 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 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing BACKING-MANEUVER			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 0		
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.		
122 - Driver Factors UNSAFE-BACKING								
88 - Driver or Pedestrian Cond NOT OBSERVED			89 - Substance Presence UNKNOWN					
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN		

OPERATOR/PEDESTRIAN 01

X

MJS

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1	
	56 - License Plate Number X2184T		57 - Plate Type SES	58 - State WI	59 - Exp Year 2009	55 - Vehicle Identification Number 1G1JC124627342931	
	50 - Year 2002	51 - Make CHEV	52 - Model CAVALIER	53 - Body Style 2D	54 - Color BLK	100 - Skidmarks to Impact (Ft) 0	
	94 - Vehicle Damage REAR DRIVER SIDE						
	95 - Extent Of Damage VERY-MINOR		96 <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 checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name LOEHE		46 - First Name KELLY	46 - Middle Initial A	46 - Suffix
	46 - Company Name				
	47 - Address Street & Number 8739 W ORCHARD ST			47 - PO Box	
	48 - City WEST ALLIS		48 - State WI	48 - Zip Code 53214	49 - Telephone Number (414) 975-6341 EXT.

Insurance

INS 01	63 - Liability Insurance Company AMERICAN-FAMILY-MUTUAL-INS-CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name LOEHE		61 - Policy Holder First Name KELLY
	61 - Policy Holder Company		

School Bus

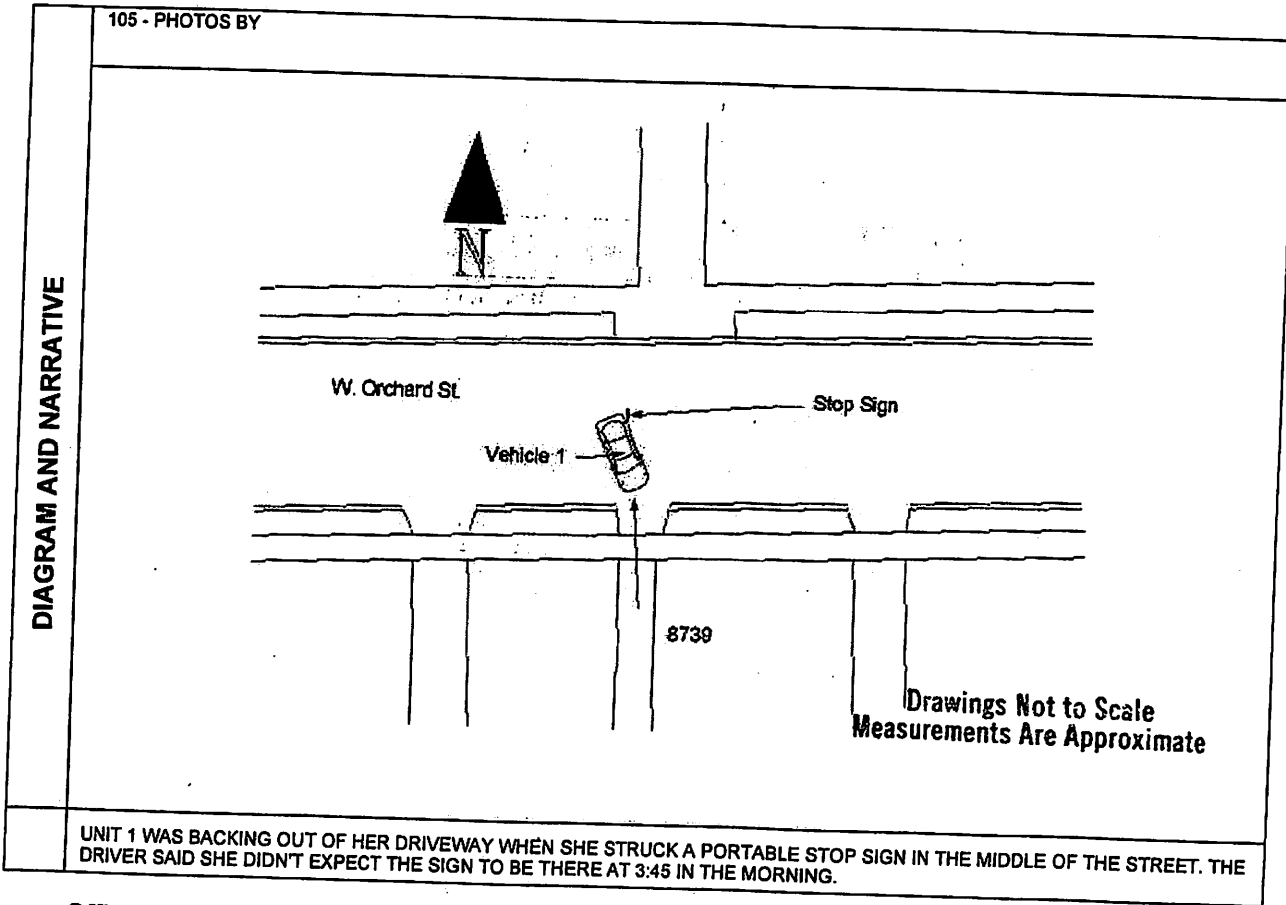
BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Property

Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
--	-------------------------------	-----------------	---------------------	-------------

PROPERTY OWNER 01	84 - Company Name CITY OF WEST ALLIS		Government Property Type COUNTY/MUNICIPAL		
	85 - Address Street & Number 7525 W GREENFIELD AVE		85 - PO Box		
	86 - City WEST ALLIS		86 - State WI	88 - Zip Code 53214	87 - Telephone Number (414) 302-8200 EXT.
	83 - Government Damage Tag Number				
	Fixed Objects Struck				
	82 - Striking Unit 1	82 - Object Struck OTHER-OBJECT-NOT-FIXED	82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck		
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck		

Diagram and Narrative



Officer Information

OFFICER INFORMATION	125 - Officer Last Name FARRELL		125 - First Name MICHAEL		125 - Middle Initial	131 - Officer ID 0158
	129 - Law Enforcement Agency No. 4116		130 - Law Enforcement Agency Name WEST ALLIS POLICE DEPARTMENT			
	126 - Law Enforcement Agency Address Street & Number 11301 WEST LINCOLN AVENUE					
	127 - City WEST ALLIS		127 - State WI	127 - Zip Code 53227	128 - Telephone Number (414) 302-8000 EXT.	
	132 - Date Notified 05/22/2009	133 - Time Notified (Military Time) 1230	134 - Time Arrived (Military Time) 0000	135 - Date Of Report 05/22/2009		
	Agency Accident Number A09052201		Police Number 09022167		19 - Special Study	
	18 - Agency Space					



CITY CLERK/TREASURER'S OFFICE
414/302-8200 or 414/302-8207 (Fax)
www.ci.west-allis.wi.us
Paul M. Ziehler
City Admin. Officer, Clerk/Treasurer
Monica Schultz
Assistant City Clerk
Rosemary West
Treasurer's Office Supervisor

June 5, 2009

Ms. Kelly Loehe
8739 W. Orchard Street
West Allis, WI 53214

Dear Ms. Loehe:

This letter acknowledges receipt of your communication regarding vehicle damage allegedly sustained at 8739 W. Orchard Street on May 29, 2009.

The original document will be submitted to the Common Council at its meeting of June 16, 2009.

It is not anticipated that a decision regarding this matter will be made on this date. Generally, all communications are directed to the City Attorney's office for investigation. Common Council action regarding your communication will not be taken until the City Attorney's investigation is completed. Any questions you may have regarding this matter should be directed to their attention.

Sincerely,

Monica Schultz
Assistant City Clerk

/jl

cc: City Attorney



OFFICE OF THE CITY ATTORNEY

Scott E. Post
City Attorney

Sheryl L. Kuhary
Jeffrey J. Warchol
Jenna R. Merten
Assistant City Attorneys

July 16, 2009

Common Council
City of West Allis

RE: City Attorney's Report of Claims/Lawsuits

Dear Council Members:

The enclosed claims/lawsuits have been referred to this office in accordance with Section 3.05(8) of the Revised Municipal Code. This office has examined the facts of each claim/lawsuit and the applicable law. Our Opinion regarding liability is attached to each claim/lawsuit.

The following claims/lawsuits have been paid and placed on file:

Spoerl Trucking, Inc. (\$1,763.82)
Midwest Fiber Networks (\$21,528.55)

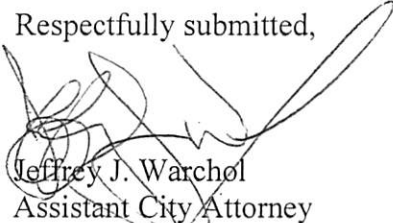
The following claims/lawsuits have been denied:

Kelly Loehle (\$1,194.97)
Tri City National Bank (\$891.00)

The following claim/lawsuit has been placed on file:

Taylor, Bean & Whitaker Mortgage Corp. v. Jose Mercado-Garcia & Maria Mercado, et al., Milw. County Case #08-CV-015904 (Foreclosure)

Respectfully submitted,


Jeffrey J. Warchol
Assistant City Attorney

JJW:da
Enclosures

cc: Thomas E. Mann, CVMIC



CITY ADMINISTRATIVE OFFICE

PAUL M. ZIEHLER
City Administrative Officer
Clerk/Treasurer

414/302-8294
414/302-8207 (Fax)

City Hall
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

pziehler@ci.west-allis.wi.us
www.ci.west-allis.wi.us

NOTICE OF DISALLOWANCE OF CLAIM

August 7, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Kelly Loehle
8739 West Orchard Street
West Allis, WI 53214

Re: Your Claim Against the City of West Allis
Date of Loss: 05/29/09

Dear Ms. Loehle:

At its meeting on August 4th, 2009, the Common Council of the City of West Allis considered your claim received on June 4th, 2009, regarding property damage allegedly sustained at 8739 West Orchard Street, West Allis, Wisconsin and denied it in full.

Please be advised that no lawsuit may be brought on this claim against the City of West Allis or any of its officials, officers, agents or employees after six (6) months from the date of receipt of this letter.

Sincerely,

Paul M. Ziehler
City Administrative Officer
Clerk/Treasurer

PMZ:da
L:\jeff\claims\denialLtrs\ltr-denial-K Loehle

cc: City Attorney's Office
City Clerk's Office ✓