

16.
27.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
2009-0614	Claim	Claim Report
Progressive Universal communication on behalf of Patricia Corey regarding vehicle damage allegedly sustained at 7700 W. Becher St. on December 26, 2008.		
Introduced: 1/6/2009		Controlling Body: Administration & Finance Committee

PLACE ON FILE

COMMITTEE RECOMMENDATION

ACTION DATE	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
APR 02 2009			Barczak				
			Czaplewski				
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
	X		Reinke	✓			
			Roadt				
			Sengstock				
		X	Vitale	✓			
			Weigel				
			TOTAL	5	1		

SIGNATURE OF COMMITTEE MEMBER

Kurt Kopplin

 Chair Vice-Chair Member

PLACE ON FILE

COMMON COUNCIL ACTION

ACTION DATE	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
APR 07 2009			Barczak				✓
	✓		Czaplewski	✓			
			Kopplin	✓			
			Lajsic	✓			
		✓	Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	9	1		1



OFFICE OF THE CITY ATTORNEY

Scott E. Post
City Attorney

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

March 24, 2009

Common Council
City of West Allis

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 paid and placed on file:

Patricia Corey/Artisan and Truckers Casualty Co. Amount: \$5,377.80

This is a claim for property damages to the claimant's vehicle on December 26th, 2008, when it was struck, while unoccupied and legally parked in the 7700 Block of West Becher Street, West Allis, Wisconsin, by a City-owned outrigger bucket truck causing damage to the left door and left back side of the claimant's vehicle. The claimant turned the claim over to her insurance carrier, Progressive Insurance Company, who determined that the vehicle was totaled due to its age and condition, and filed a claim against the City for subrogation in the amount of \$4,700.00, which substantiating documentation. Meanwhile, the claimant also filed a claim for reimbursement for a rental vehicle pending her purchase of another car along with the costs of obtaining title for the newer vehicle.

Our investigation of this incident indicated that the operator of the City vehicle was solely negligent for striking the claimant's legally parked and unoccupied vehicle by not maintaining a safe and proper distance while attempting to pass said vehicle. The costs associated with the purchase and title of a newer vehicle submitted by the claimant were reasonable under the circumstances. The documentation in support of the salvaging of the claimant's damaged vehicle by the insurance company coincided with the current valuation estimates provided on-line by NADA and Kelly Blue Book Services. Pursuant to settlement guidelines, the City Attorney's Office settled this claim in the amount stated above by paying \$4,700.00 to Artisan and Truckers Casualty Co., on behalf of Progressive Insurance Company, and \$677.80 directly to the claimant.

Based upon the above, it is the recommendation of the City Attorney's Office to place this claim on file.

Respectfully submitted,



Jeffrey J. Warchol
Assistant City Attorney

JJW:da

MEMORANDUM

RECEIVED
JAN 12 2009
WEST ALLIS
CITY ATTORNEY

TO: Mike Pertmer, Director of Public Works

FROM: Jeff Warchol, Assistant City Attorney 

DATE: January 7, 2009

SUBJECT: Claim Against the City of West Allis by Booker Gutter
On Behalf of Patricia Corey

The attached claim has been filed against the City of West Allis. It is requested that you conduct an investigation and provide written advice to this office of your findings and recommendations as to the disposition.

Thank you for your assistance and cooperation.

*We hit the car.
The car was not
struck by a plow
truck. It was
struck by an antique
on the street. Div. Budget
to avoid oncoming
traffic in opposite
dir. police report
MP
1-8-09*

JJW:da
Attachment

L:\jeff\claims\memos\Memo-Pertmer, Mike

RECEIVED

DEC 3 1 2008

CITY OF WEST ALLIS
CLERK/TREASURER

Progressive Claims Branch
175 Corporate Drive, #160
Brookfield WI, 53045
Phone: 262-879-7100
Fax: 262-878/0371

Underwritten by: Progressive Universal
Policyholder: Patricia Corey
Claim number: 08-5046671
Date of Loss: December 26, 2008
Today's Date: December 29, 2008
1-800-PROGRESSIVE (1-800-776-4737)

City Clerk's Office
7525 W Greenfield
West Allis, WI 53214

City Clerk's Office,

I would like to file a claim on behalf of Patricia Corey. Ms. Corey's 99 Oldsmobile was struck on December 26, 2008 by a snow plow truck operated by Peter Adamczic. The car was parked at 7700 W Becher Street. Her vehicle was damaged on the left side. Please contact me or Ms. Corey. Ms. Corey may be contacted at 414-651-4606. You may contact me at 262-879-7113.

Thank you,



Booker Gutter
Claims Representative
Direct Dial (262) 879-7113

RECEIVED

JAN 12 2009

CITY OF WEST ALLIS
CLERK/TREASURER

PROGRESSIVE

Payment Address
24344 Network Place
Chicago, IL 60673-1243

Document Address
P.O. Box 89440
Cleveland, OH 44101
Phone: (877)818-0139
Fax: (888) 792-5922

01/08/2009 01:43:00 PM

Certified Mail 91 7108 2133 3934 2194 4729 Return Receipt Requested

CITY OF WEST ALLIS
7525 W GREENFIELD
west allis, wi 53214

RECEIVED
JAN 12 2009
WEST ALLIS
CITY ATTORNEY

Your Client: ADAMCZIC, PETER

Your Claim Number:unk

Our Insured:Corey, Patricia

Our Claim Number:08-5046671

Amount Subject to Reimbursement:\$4,700.00 - salvage sale pending

Amount of Insured's Deductible: 500.00

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

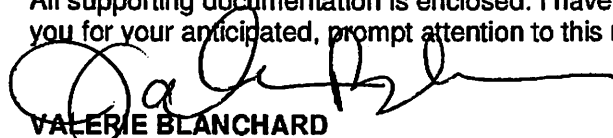
Location of Loss: 7700 W. BECHER ST, WEST ALLIS, WI

Date and Time of Loss:12/26/2008 AT 10:00 AM

Description of Loss: OUR INSURED'S VEHICLE, A 1999 OLDS CUTLASS, WAS PARKED ON WEST BECHER STREET AND WAS STRUCK BY CITY PLOW, DRIVEN BY PETER ADAMCZIC, CAUSING DAMAGE TO OUR INSURED'S VEHICLE LEFT DOOR AND LEFT REAR.

Please make your draft payable to Artisan and Truckers Casualty Co as subrogee of "COREY, PATRICIA", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated, prompt attention to this matter.



VALERIE BLANCHARD

Subrogation Representative
Artisan and Truckers Casualty Co
Tel. 877-818-0139 Ext 37519
Fax. 888-792-5922
VALERIE_BLANCHARD@progressive.com

PROGRESSIVE

Correspondence Only
P.O. Box 89440
Cleveland, OH 44101
Phone: 877-818-0139
Fax: (888) 792-5922

01/08/2009 01:36:00 PM

To: claims handler/city clerk
Company: City of West Allis
Our Insured: Patricia M Corey
Our Claim#: 08-5046671
Date of Loss: 12-26-2008
Your Insured: Peter Adamczxic
Your Claim/Policy#: unk

Total Subrogation Balance: \$4,700.00 – salvage sale pending. This includes our insured's \$500.00 deductible. We are seeking reimbursement at %, for a total of \$4,700.00 – salvage sale pending.

Please take this as formal notice of our subrogation rights with regards to the above captioned claim. We have completed our investigation into the facts of the above captioned loss and find that your insured was the proximate cause of the accident.

Please make draft payable to "Artisan and Truckers Casualty Co as Subrogee of Patricia M Corey", and remit to:

Subrogation Payment Processing Center
24344 Network Place
Chicago, Il 60673-1243.

If you need additional documents or information, please fax your requests to 888-792-5922.

Thank you for giving this matter your immediate attention. We look forward to receiving your payment soon.

Artisan and Truckers Casualty Co


Valerie Blanchard

Tel 877-818-0139 ext 37519

Valerie_blanchard@Progressive.com

**PLEASE INCLUDE THE PROGRESSIVE CLAIM NUMBER
08-5046671 ON ANY AND ALL CORRESPONDENCE**

ENTERPRISE RENT-A-CAR COMPANY, INC., 10922 W NATIONAL AVE, WEST ALLIS, WI 532273104 (414) 546-6900

RENTAL AGREEMENT REF#
548687 4CSV1Q

RENTER
COREY, PATRICIA

DATE & TIME OUT
12/29/2008 11:35 AM
DATE & TIME IN
01/16/2009 08:56 AM

BILLING CYCLE
CALENDAR DAY

VEH #1 2008 TOYO YARI 3DR
VIN# JTDJT923585175818
LIC# 750HVG
MILES DRIVEN 514

BILL TO ACCOUNT# PRO4401
PROGRESSIVE INS-BROOKFIELD**
ATTN: ROMIE, MARK
175 NORTH CORPORATE DRIVE #160
BROOKFIELD, WI 530455898

CLAIM INFO
085046671
INSURED
SHOP: UNKNOWN**
PHONE: (999) 999-9999
ATTN: CUST PAY RENTAL

SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	12/29 - 01/16	19	DAY	\$19.74	\$375.06
REFUELING CHARGE	12/29 - 01/16				\$0.00
Subtotal:					\$375.06
Taxes & Surcharges					
SALES TAX	12/29 - 01/16			5.6%	\$21.60
TITLE & REGISTRATIONS	12/29 - 01/16	19	DAY	\$0.56	\$10.64
RECOVERY FEE					
Total Charges:					\$407.30
Bill-To / Deposits					
DEPOSITS					(\$407.30)

Total Amount Due \$0.00

PAYMENT INFORMATION
AMOUNT PAID TYPE CREDIT CARD NUMBER
\$407.30 CHECK

RECEIVED
JAN 20 2009
WEST ALLIS
CITY ATTORNEY

WISCONSIN TITLE & LICENSE PLATE APPLICATION

MV1 1/2008

Processor ID No

Received-Date-Opened

4445

1-16-09

Title No. - New License Plate No.

Amount Received, Document No.
Check Cash

270.50

DO NOT WRITE ABOVE THIS LINE.

Complete form using BLUE or BLACK INK.

Section A - Vehicle Owner Information

Owner Legal Name - Last, First, Middle Initial OR Business Name <i>CORRY PATRICIA M</i>		Birth Date <i>7-12-56</i>	Owner Social Security # or Driver License # or FEIN - Required <i>398-64-7719</i>	
Co-Owner (if any) - Name - Last, First, Middle Initial		Birth Date	Co-Owner Social Security # or Driver License # or FEIN - Required	
<input type="checkbox"/> OR <input type="checkbox"/> AND (check one)				
Street Address (Include PO Box if applicable) <i>4312 W FOREST HOME AVE</i>	City <i>MILWAUKEE</i>	State <i>WI</i>	ZIP Code <i>53219</i>	Owner Daytime Area Code - Telephone Number <i>414-657-4606</i>
If this is a leased vehicle, list Lessee Name			Lessee Social Security # or Driver License # or FEIN - Required	
Lessee Street Address	City	State	ZIP Code	Lessee Daytime Area Code - Telephone Number

Section B - Vehicle Information

Vehicle Identification Number <i>1G1ND52J84C306166</i>	Year <i>2000</i>	Make <i>CHEVROLET</i>	Type (car, truck, van, etc) <i>CAR</i>	Color <i>GOLD</i>	Fleet No. (Optional)
WI License Plate to Transfer or Temporary Plate <i>220NYT</i>	Plate Type		Check box if plates transferred between husband/wife. License plates <u>cannot</u> be transferred between other family members.		
Date you first drove this vehicle in Wisconsin: <i>1-16-09</i>	Check any that apply (See Instructions)				
	<input checked="" type="checkbox"/> Title Transfer	<input type="checkbox"/> Title Only	<input type="checkbox"/> Salvage	<input type="checkbox"/> Police	<input type="checkbox"/> Taxi
	<input type="checkbox"/> Flood Damaged	<input type="checkbox"/> Hail Damaged			
Vehicle is kept in County <i>OF: MILWAUKEE</i>	City Village Town (Check one) <input checked="" type="checkbox"/> <i>MILWAUKEE</i>				

Section C - Loan Information

Secured Party Number(s)	Name of Lending Agency(s) or Person(s)	Street Address, City, State, ZIP Code	Area Code - Telephone Number
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Section D - Fees

Title Fee \$69.50 (Replacement \$20).....	\$ <i>109.50</i>	<p>Pay title fee if you are changing the owner(s) on the title, or titling the vehicle in Wisconsin for the first time. Pay replacement title fee if replacing a lost, stolen or mutilated Wisconsin title. See instructions to determine which taxes apply.</p> <p>If tax exempt, enter code If other, list reason</p> <p>See instruction on local sales tax to determine your tax rate. Example: \$10,000 X .005 = \$50 (Amount subject to tax) (Rate) (Local tax)</p> <p>For other plate types see section G on back of this page .</p> <p>Enter plate type..... and gross weight if applicable..... and registration period..... and enter fee at left.</p> <p>Note - For Heavy vehicles that qualify for Consecutive Monthly or Quarterly registration, see back page of instructions for more information and <u>special address</u>.</p> <p>REGULAR SERVICE: Mail the original vehicle Title (not a copy), application and check to: WI Dept. of Transportation PO Box 7949 Madison WI 53707-7949</p> <p>PRIORITY SERVICE: (not available for personalized plates) Mail the original vehicle Title (not a copy), application and check with extra \$4 priority service fee to: WI Dept. of Transportation PO Box 7306 Madison WI 53707-7306</p> <p>SPECIAL PLATES: For all special plates, mail entire application to: WI Dept. of Transportation PO Box 7911 Madison WI 53707-7911</p> <p>Make check payable to: Registration Fee Trust</p>
Purchase Price \$ <i>3500.00</i>		
Less trade-in allowance... \$		
Amount subject to tax \$		
State Sales Tax (Amount subject to tax X 0.05) \$ <i>175.00</i>		
Local Sales Tax (See example) \$ <i>21.00</i>		
Loan Filing Fee \$4 (Pay fee for each loan in section C) \$		
License Plate Fee (check one box)..... \$ -		
<input type="checkbox"/> Passenger Vehicle \$75		
<input type="checkbox"/> Light Truck (Private operation only): 4500 pounds gross weight or less \$75 6000 pounds gross weight or less \$84 8000 pounds gross weight or less \$106		
<input type="checkbox"/> Other License Plate Types (See information at right)		
Miscellaneous Fees (See instructions to determine if any apply.)		
• Wheel Tax (See instructions)..... \$		
• Motor Carrier Class Fee from section G..... \$		
• Temporary Plate Fee \$3 (Only if no plate to transfer, and if applying at an authorized agent) \$		
Optional Fees (Customer initials to OK)		
• Mail-in Priority Service Fee \$4 (Use Priority Service Address)..... \$		
• Counter Service Fee \$5 (If you apply in person at DOT)..... \$ <i>5.00</i>		
• Electronic Title/License Plate Filing Fee (If applying thru an agent that files electronically, then an additional fee will be charged. Make check payable to the agent) \$		
ENTER FEE TOTAL \$ <i>270.50</i>		

Vehicle Owner Certification - If an owner is under 18 years old, complete Consent to Purchase (Section E) on back of this page.

I (we) certify that the information and statements on this application are true and correct. Commercial Carrier: I further certify that I have knowledge of applicable federal and state motor carrier safety rules, regulations, standards, and orders, and declare that all operations will be conducted in compliance with such requirements.

Patricia Corry *1-16-09* X
(Owner Signature) (Date) (Co-Owner Signature) (Date)

Did you: Enclose a signed check with correct fees? Enclose your original vehicle title if needed? Sign the application?

2 - CUSTOMER



OFFICE OF THE CITY ATTORNEY

Scott E. Post
City Attorney

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

March 24, 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.

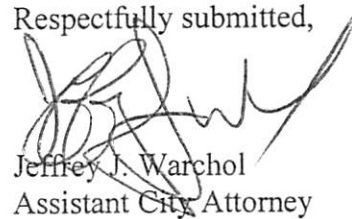
The following claim/lawsuit has been paid and placed on file:

Patricia Corey/Artisan and Truckers Casualty Co. (\$5,377.80)

The following claim/lawsuit has been denied:

Sook Ja Kim (\$1,063.50)

Respectfully submitted,



Jeffrey J. Warchol
Assistant City Attorney

JJW:da
Enclosures

cc: Thomas E. Mann, CVMIC