

Afni, Inc: 309-820-9423
Fax: 309-820-2626



Fax Transmittal Form

Date:	10/7/2016 11:14:26 AM	Pages:	20
To:	City Clerk	From:	Carolyn Richardson
Company:		Phone:	309-831-2959
Phone:		Fax:	309-820-2626
Fax:	14143028207	Email:	

Message / Comments:

If you have any problems in the receipt of this transmission, please contact 309-831-2959.

Please find our subrogation demand attached.

If you would like to discuss this claim further, please note our adjuster contact information below:

Carolyn Richardson
Subrogation Specialist III ? Subrogation Department
Afni, Inc.
 p. 888.767.2361 ext. 2959
 f. 309.820.2626
 e. carolynrichardson@afni.com

Confidentiality Note: The documents accompanying this transmission contain information which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited, and that the documents should be returned to this Company immediately. In this regard, if you have received this telecopy in error, please notify us by telephone immediately so that we can arrange for the return of the original documents to us at no cost to you.



Subrogation Department

1310 Martin Luther King Drive | P.O. Box 3068 | Bloomington, IL 61702-3068
Phone 888-767-2361 | Fax 309-820-2626

October 7, 2016

CITY OF WEST ALLIS
CITY CLERK
7525 W GREENFIELD AVE RM 108
WEST ALLIS, WI 53214-4648

RE: Our File #: 1600715
Insured: ELEANOR L NASS
AMERICAN FAMILY INSURANCE Claim #: 00-445-187536
Your Claim #:
Your Insured: LISA FRANZEN
Date of Loss: 9/6/2016
Amount Claimed: \$463.28

Dear CITY CLERK:

We are contacting you today on behalf of AMERICAN FAMILY INSURANCE regarding a loss. The facts of the accident indicate your insured is liable for payments that AMERICAN FAMILY INSURANCE made to its policyholder as a result of this loss. Supporting documentation is enclosed for your review.

All payments should be made payable to Afni, include the Afni file number and must be directed to:

Afni – Subrogation Department
P.O. Box 3068
Bloomington, IL 61702-3068

Should you have any questions, please feel free to contact me at 888-767-2361.

Sincerely,

Carolyn Richardson

CAROLYN RICHARDSON EXT 2959
CAROLYNRICHARDSON@AFNI.COM
Subrogation Specialist

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions			FORM APPROVED OMB NO 1105-0008	
1. Submit To Appropriate Federal Agency: City of West Allis City Clerk 7525 W Greenfield Ave West Allis, WI 53214-4648				2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) AFNI O/B/O AMERICAN FAMILY A/S/O ELEANOR NASS PO BOX 3068 BLOOMINGTON, IL 61702-3068		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH N/A	5. MARITAL STATUS N/A	6. DATE AND DAY OF ACCIDENT 09/06/2016	7. TIME (A.M. or P.M.)		
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) Mrs. Nass' vehicle was damaged by a city employee, Lisa Franzen when debris from a weed eater hit Mrs. Nass' vehicle.						
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) 2015 Buick Regal						
10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. N/A						
11. WITNESSES						
NAME			ADDRESS (Number, street, city, State, and Zip Code)			
N/A						
12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)						
12a. PROPERTY DAMAGE 463.28	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 463.28			
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.						
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Alethea Gomas</i> Afni O/B/O American Family A/S/O Eleanor Nass				13b. Phone number of signatory 888-767-2361	14. DATE OF CLAIM 10/07/2016	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2571 et seq., 28 C.F.R.

- B Principal Purpose:** The information requested is to be used in evaluating claims.
- C Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim

INSTRUCTIONS

Complete all items - insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:
 (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Tort Branch
 Civil Division
 U.S. Department of Justice
 Washington, DC 20530

and to the
 Office of Management and Budget
 Paperwork Reduction Project (1105-0008)
 Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? Yes. If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number No
American Family Insurance

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?
Full Coverage

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? *(It is necessary that you ascertain these facts)*
American Family repaired their vehicle and hired Afni for subrogation. Afni's file handler is Carolyn Richardson, she can be reached at 888-767-2361 x 2959. Afni's file number is 1600715.

19. Do you carry public liability and property damage insurance? Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code) No

ICS: Claim 00-445-187536 - Financials

Page 1 of 1

[Home](#) | [Inbox](#) | [Group Pay](#) | [Admin](#)

[Recently Viewed Claims](#)

Clm: 00-445-187536 / NASS, ELEANOR L DOL: 09/06/2016 Policy: 25125868-01 Status: Open

Claim 00-445-187536 - Financials

[Overview](#) | [Documents/Images](#) | [Financials](#) | [Activity Record](#) | [Notes](#)

[Financials Summary](#) | [Medical Bill List](#)

Financials Summary & Transactions

[View Perils & Reserves](#) | [View Loss Payment - Perils Breakout](#)

[Printable Version](#)

Loss Paid-to-Date: **\$463.28** Deductible(s) Applied: **\$0.00** Expense Paid-to-Date: **\$0.00**

Filtered by: No filter applied. All items displayed.

Loss Payments:	\$463.28	Loss Credits:	\$0.00	Expense Payments:	\$0.00	Expense Credits:	\$0.00
Claim:	\$463.28	Claim:	\$0.00	Legal:	\$0.00	Legal:	\$0.00
Salvage:	\$0.00	Salvage:	\$0.00	Medical:	\$0.00	Medical:	\$0.00
Subrogation:	\$0.00	Subrogation:	\$0.00	Other:	\$0.00	Other:	\$0.00

Display By: Chronological Order Transaction Party

Displaying 1 - 1 of 1 item.

Trans Date	Trans #	Transaction	Method	Pay To/Payor	Party - Peril	Amount	Trans Status	Service From Date	Service To Action(s) Date
09/14/2016	010048771	Payment - Loss - Claim	Check	ELEANOR L NASS AND ABRA AUTO BODY & GLASS	NASS, ELEANOR L Comp - Misc. Non-Collision & Fire Theft Wind (059): \$463.28	5463.28	Issued		

Displaying 1 - 1 of 1 item.

Build ICSFIN 10.5.2 (2016-09-12 17:49:48) | All Claims | DNN021 | Current 2016-10-03 11:29:07 CD1 | Server papp032.amfam.com © 2005-2016 American Family Mutual Insurance Company All rights reserved. [Internal use information.](#) | [I/S Service Desk](#)

ABRA Auto Body & Glass - New Berlin

Workfile ID: cf673ba3
Federal ID: 41-1484683

Right the First Time...On Time
NewBerlin@ABRAAuto.com
14750 West National Avenue, New Berlin, WI
53151
Phone: (262) 649-1210
FAX: (262) 649-4155

Preliminary Estimate

Customer: NASS, ELEANOR

Job Number:

Written By: Donald Guth

Insured: NASS, ELEANOR Policy #: Claim #: 445-187536
Type of Loss: Comprehensive Date of Loss: 9/6/2016 12:00 PM Days to Repair: 0
Point of Impact: 04 Right Qtr Post (Right Side)

Owner:

NASS, ELEANOR
14550 W JANICE PL
NB, WI 53151
(920) 207-4972 Business

Inspection Location:

ABRA Auto Body & Glass - New Berlin
14750 West National Avenue
New Berlin, WI 53151
Repair Facility
(262) 649-1210 Business

Insurance Company:

AMERICAN FAMILY INSURANCE
Am Fam

VEHICLE

2015 BUIC REGAL PREMIUM 4D SED 4-2.0L-T Black

VIN: 2G4GR5GX8F9268387 Interior Color: Mileage In: 12,777 Vehicle Out:
License: 726-EWX Exterior Color: Black Mileage Out:
State: WI Production Date: 5/2015 Condition: Job #:

TRANSMISSION

Automatic Transmission

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Power Passenger Seat

DECOR

Dual Mirrors
Tinted Glass
Console/Storage

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls
Telescopic Wheel
Climate Control
Navigation System
Remote Starter
Backup Camera w/Parking Sensors
Home Link

AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Auxillary Audio Connection
Premium Radio
Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Front Side Impact Air Bags
Head/Curtain Air Bags

Hands Free Device
Rear Side Impact Air Bags

SEATS

Bucket Seats
Leather Seats
Heated Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
Traction Control
Stability Control
Signal Integrated Mirrors

Preliminary Estimate

Customer: NASS, ELEANOR

Job Number:

2015 BUIC REGAL PREMIUM 4D SED 4-2.0L-T Black

CONVENIENCE

RADIO

Communications System

Xenon Headlamps

Preliminary Estimate

Customer: NASS, ELEANOR

Job Number:

2015 BUIC REGAL PREMIUM 4D SED 4-2.0L-T Black

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR DOOR					
2	*	Rpr RT Outer panel				1.5	2.0
3		Add for Clear Coat					0.8
4		R&I RT Belt w'strip w/o GS				0.2	
5		R&I RT Handle, outside w/chrome				0.4	
6		R&I RT R&I trim panel				0.5	
7		MISCELLANEOUS OPERATIONS					
8	#	Repl `Car Cover		1	5.00		
9	#	Refn `Corrosion Protection					0.3
10	#	`Hazardous Waste		1	5.00		
SUBTOTALS					10.00	2.6	3.1

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			10.00
Body Labor	2.6 hrs @	\$ 56.00 /hr	145.60
Paint Labor	3.1 hrs @	\$ 56.00 /hr	173.60
Paint Supplies	3.1 hrs @	\$ 36.00 /hr	111.60
Subtotal			440.80
Sales Tax	\$ 440.80 @	5.1000 %	22.48
Grand Total			463.28
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			463.28

MyPriceLink Estimate ID: 202531427068166144

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

Preliminary Estimate

Customer: NASS, ELEANOR

Job Number:

2015 BUIC REGAL PREMIUM 4D SED 4-2.0L-T Black

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DR1AH11, CCC Data Date 9/1/2016, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2017 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

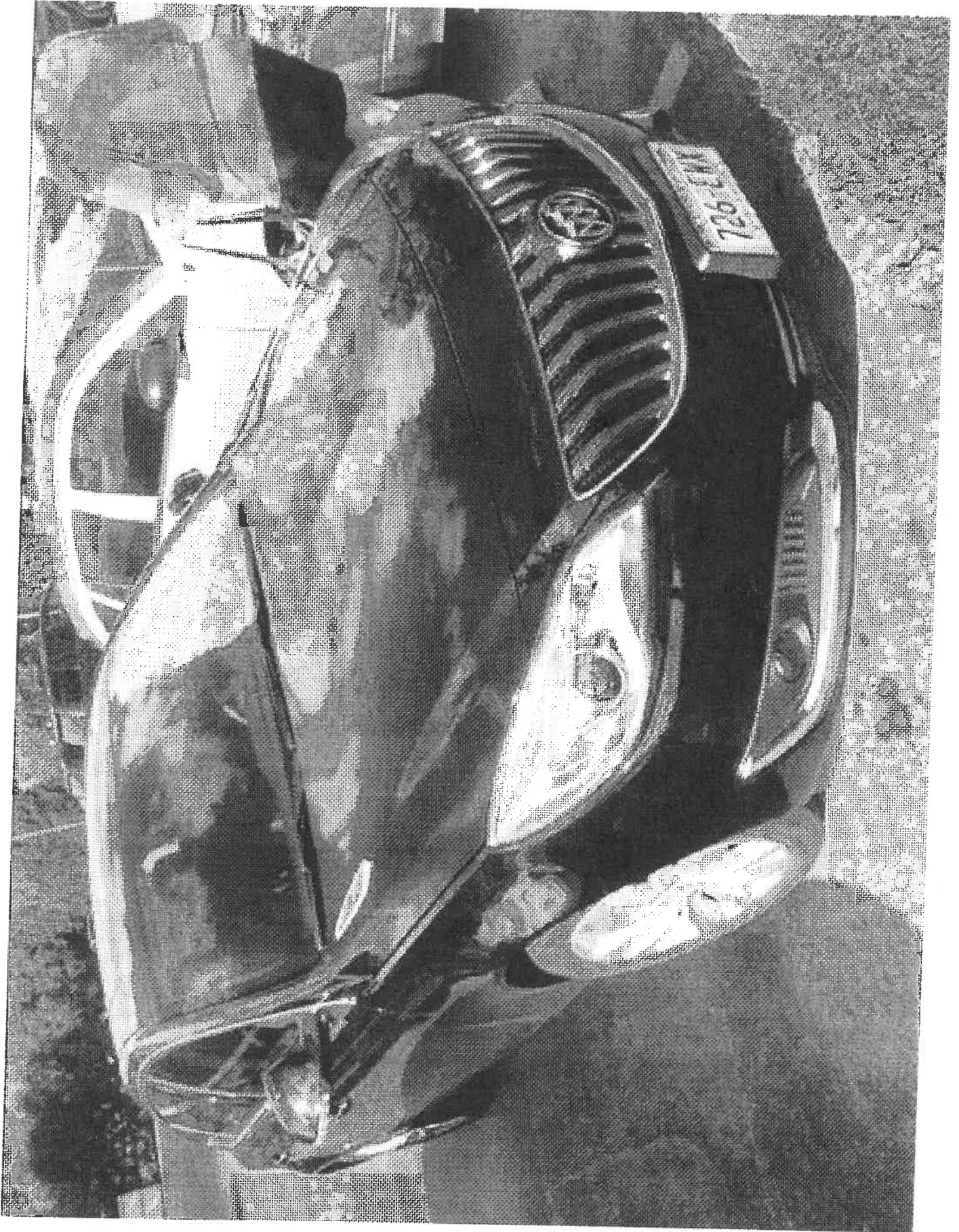
OTHER SYMBOLS AND ABBREVIATIONS:

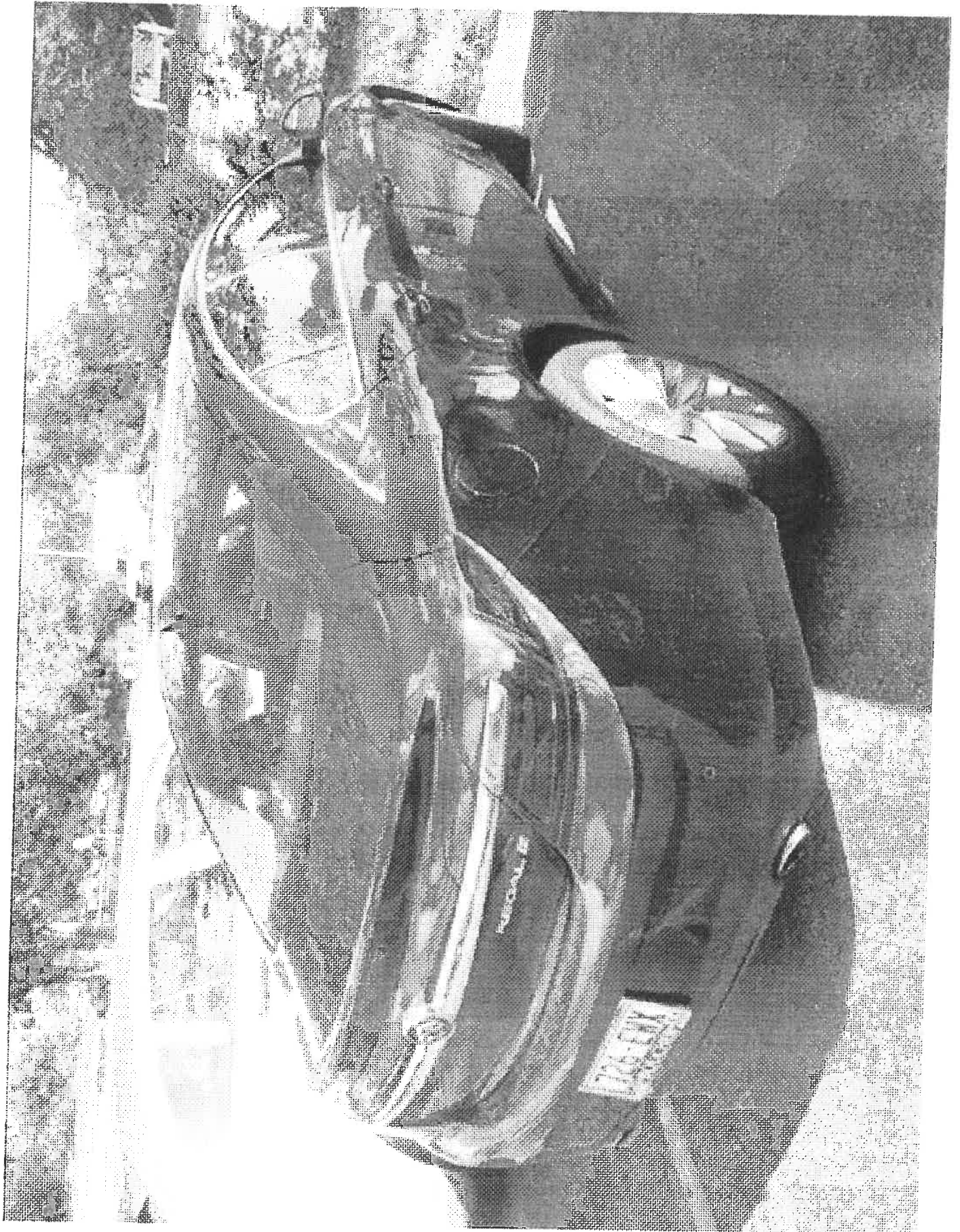
Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

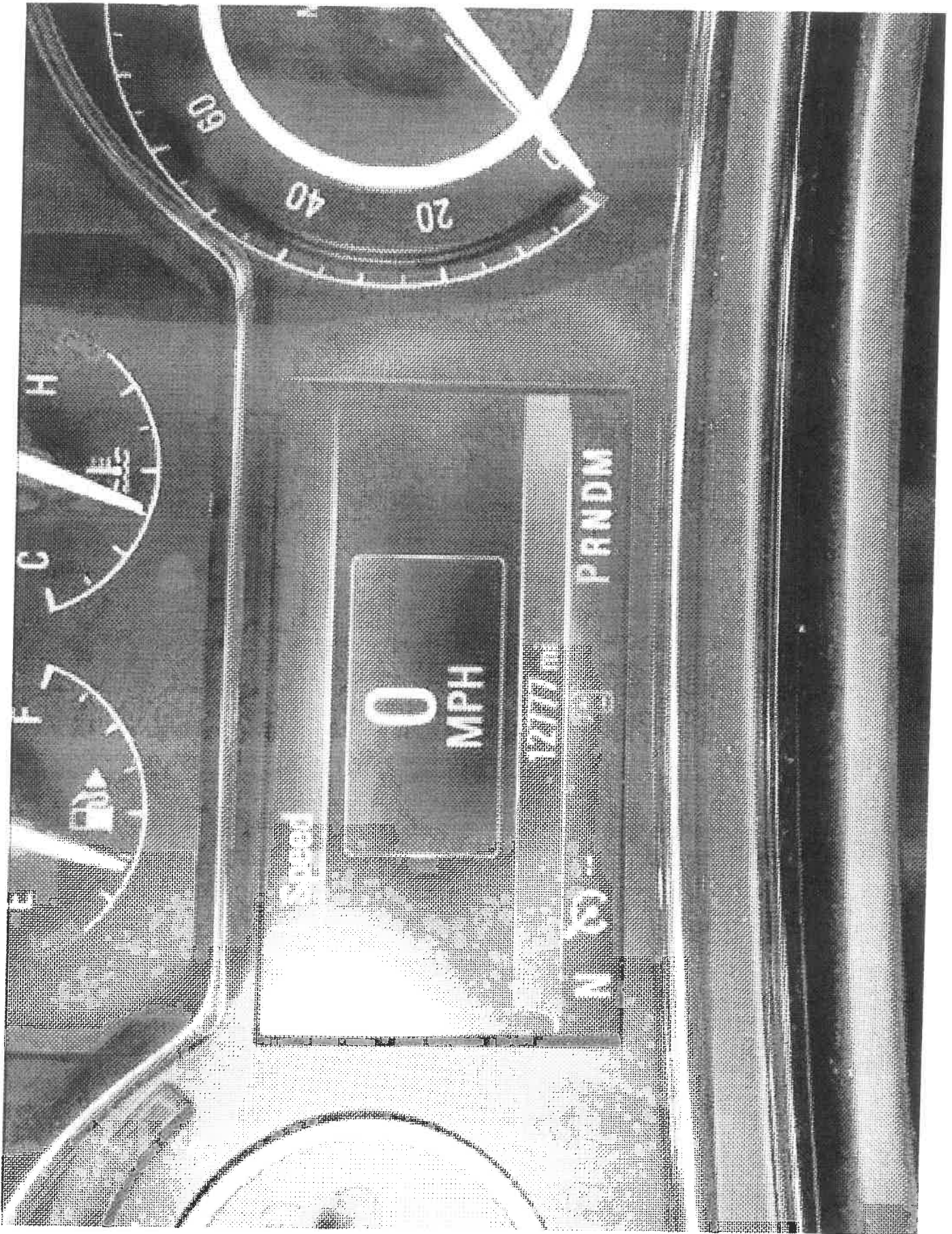
CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.







Speed

0
MPH

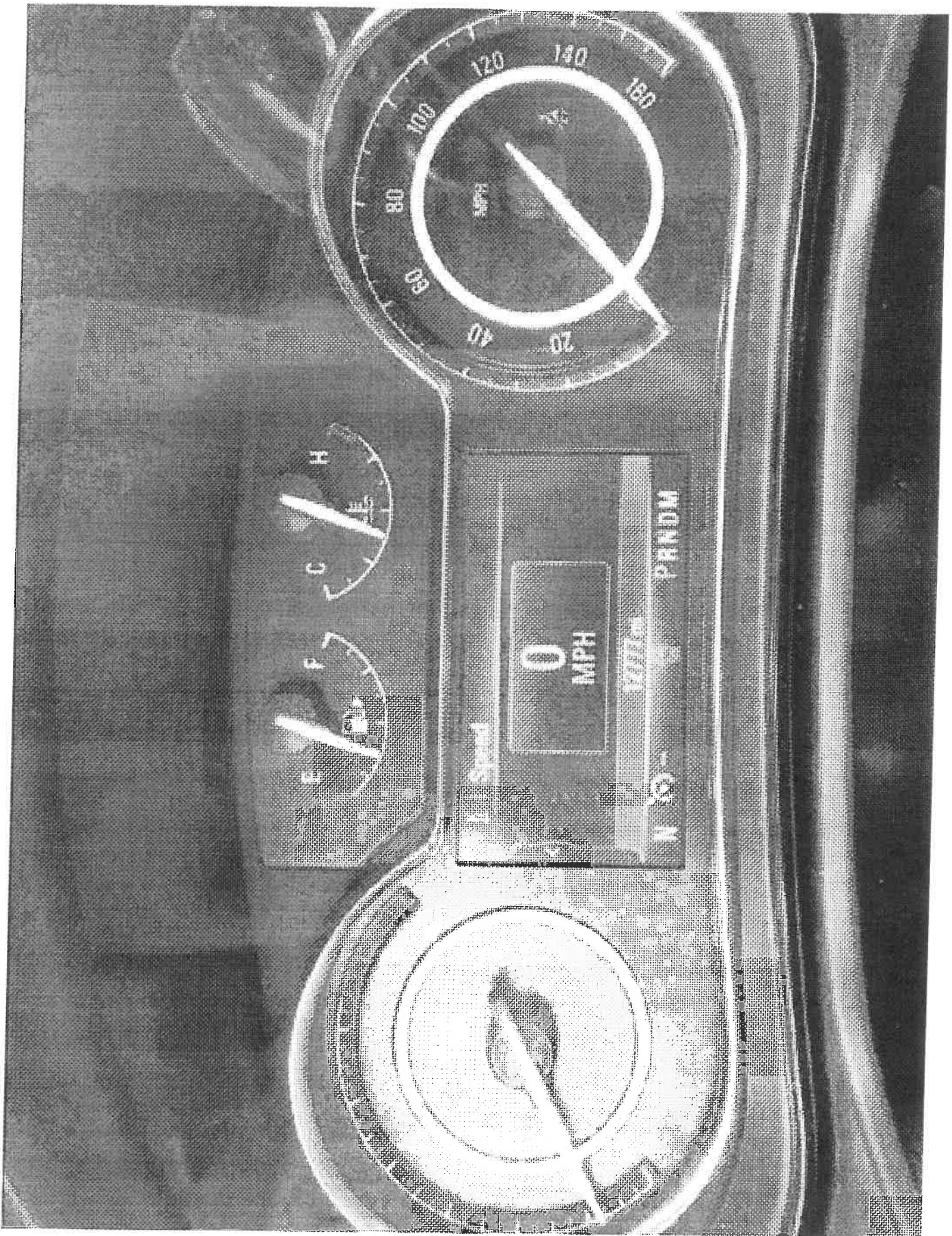
120MPH

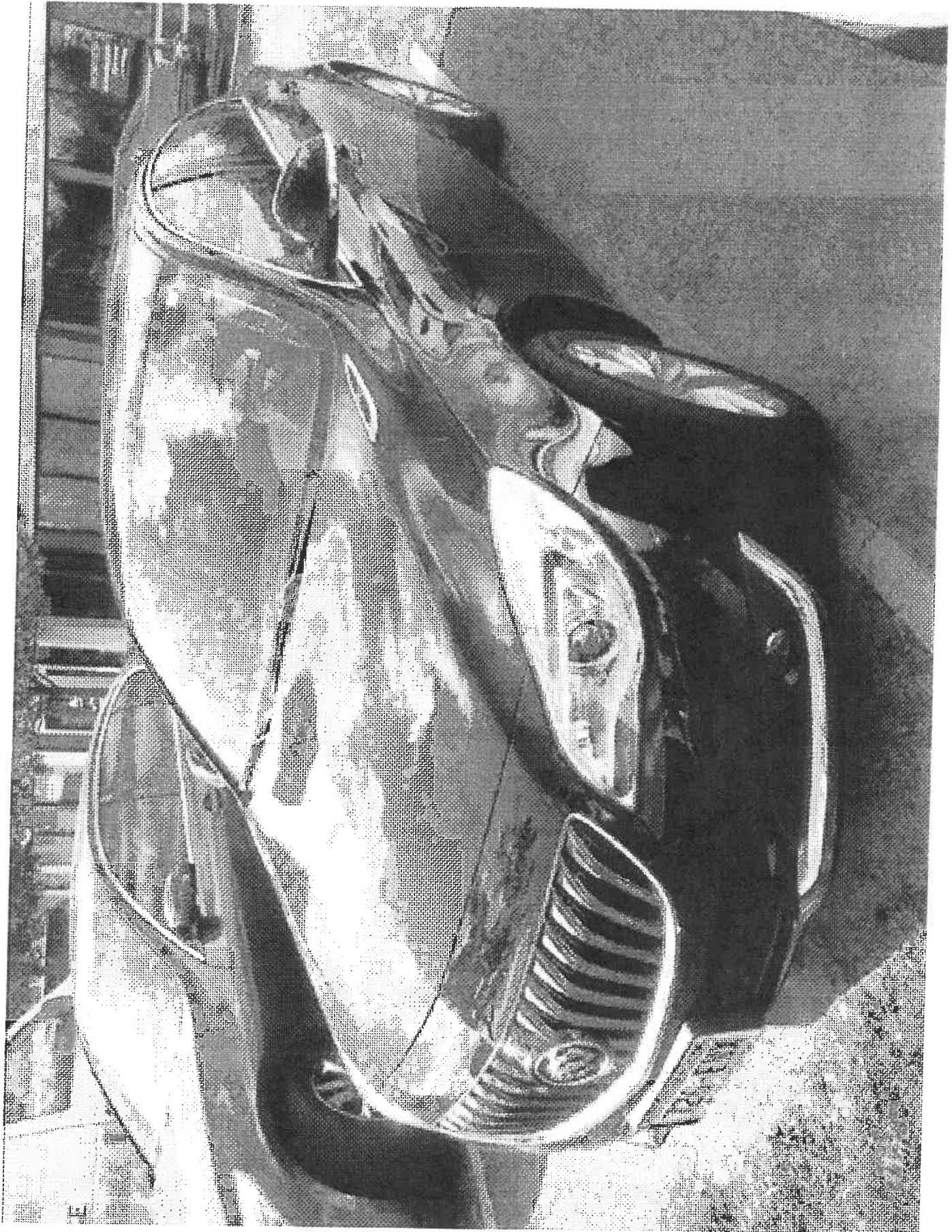
N R D M

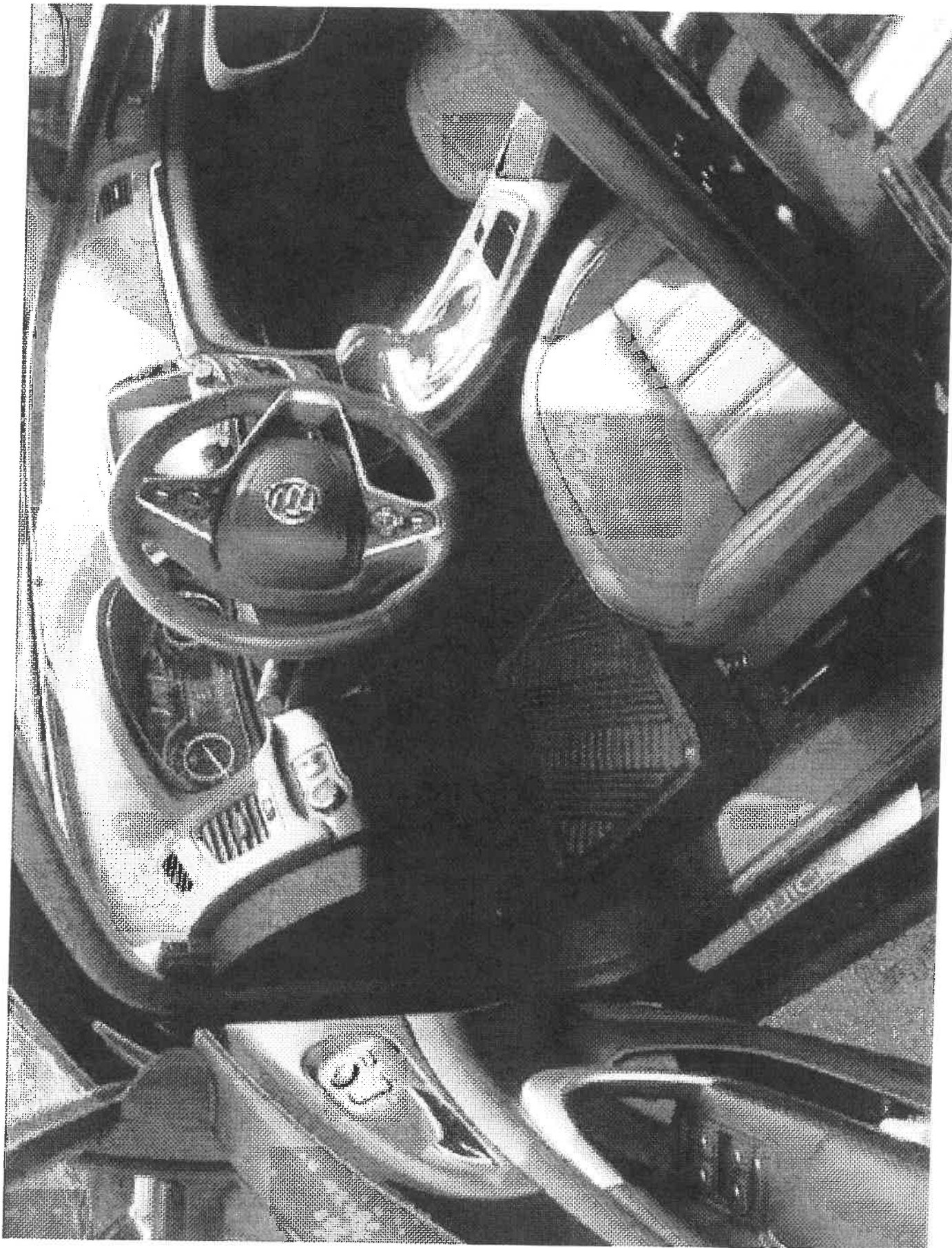
P R N D M







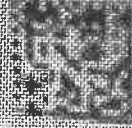






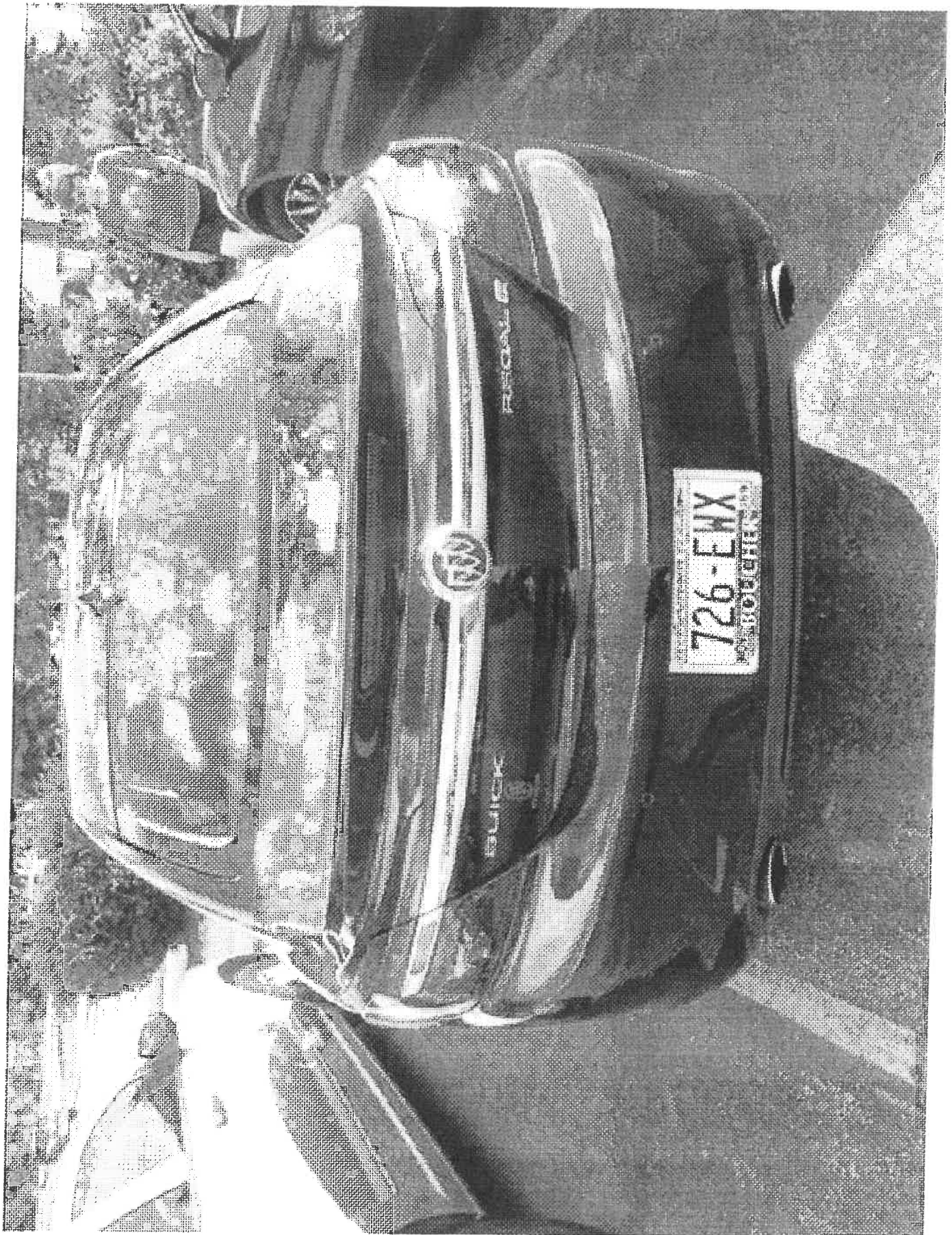
GM
MED BY GENERAL MOTORS OF CANADA LTD.

DATE	GVWR	GAWR FRT	GAWR RR
05/15	2140 KG	1118 KG	1022 KG
	4716 LB	2464 LB	2252 LB



THIS VEHICLE CONFORMS TO ALL APPLICABLE U.S. FEDERAL MOTOR VEHICLE SAFETY RUMPER, AND THEFT PREVENTION STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE SHOWN ABOVE

2G4GR55GX8F9268307 TYPE: PASS CAR





Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

October 11, 2016

Ms. Carolyn Richardson, Subrogation Specialist
Afni – Subrogation Department
1310 Martin Luther King Drive
P O Box 3068
Bloomington, IL 61702-3068

RE: Claim #00-445-187536 – Eleanor L. Nass

Dear Ms. Richardson:

Please be advised that this office, on October 7, 2016, received your Notice of Claim and Circumstances of Claim on behalf of Eleanor L. Nass regarding vehicle damages allegedly sustained on September 6, 2016. This matter will be investigated by an authorized representative of the City. Common Council action regarding your communication will not be taken until the investigation is completed and a subsequent recommendation from the City Attorney's Office is reported to the Common Council.

Any questions you may have regarding this matter should be directed to the City Attorney's Office at 414-302-8450.

Sincerely,

A handwritten signature in cursive script that reads "Monica Schultz".

Monica Schultz
City Clerk

/jl

cc: City Attorney