

9.
12.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2009-0043 Claim Claim Report

Progressive Universal communication on behalf of Thomas Pecard regarding injuries and vehicle damage allegedly sustained at the intersection of South 70 Street and West Washington Street on December 6, 2008.

Introduced: 1/20/2009

Controlling Body: Administration & Finance Committee

COMMITTEE RECOMMENDATION

POF

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>JUN 16 2009</u>			Barczak				
			Czaplewski				
			Kopplin	✓			
			Lajsic	✓			
	X		Narlock	✓			
			Reinke	✓			
			Roadt				
			Sengstock				
		X	Vitale	✓			
			Weigel				
			TOTAL	5			

SIGNATURE OF COMMITTEE MEMBER

Kurt Kopplin
 Chair Vice-Chair Member

COMMON COUNCIL ACTION **PLACE ON FILE**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>JUN 16 2009</u>			Barczak				✓
			Czaplewski	✓			
	✓		Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
		✓	Vitale	✓			
			Weigel	✓			
			TOTAL	9			1



OFFICE OF THE CITY ATTORNEY

May 28, 2009

Scott E. Post
City Attorney

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

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:

**Progressive Universal Insurance Co. as Legal Subrogee of Claimant Thomas Pecard –
Amount \$5,323.53**

This is a claim by the claimant's insurance company acting as a legal subrogee for damages that occurred to the claimant's vehicle on December 6th, 2008, at West Washington and South 70th Streets in the City of West Allis, Wisconsin, when a City-owned snowplow, operated by an on duty City employee, collided with the claimant's vehicle resulting in a total loss of said vehicle. The claimant's insurance company paid the claimant the fair market value for the automobile and on January 13th, 2009, filed a claim against the City for reimbursement. Please note that this portion of the claim is for property damage only and not personal injuries. Regarding personal injuries, the claimant hired an attorney and said claim is still pending.

Our investigation into this matter indicated that the City employee was primarily negligent for failing to yield the right-of-way at the intersection to the claimant's vehicle. Research revealed that the amount paid to the claimant for total loss of the vehicle was reasonable and in line with values obtained from both NADA and Kelly Blue Book valuation resources. Pursuant to settlement guidelines, the City Attorney's Office paid this claim in the amount stated above to close out the issue of property damage in this matter.

Based upon the above, the property damage portion of the claim should be placed on file.

Respectfully submitted,


Jeffrey J. Warchol
Assistant City Attorney

JJW:da

PROGRESSIVE

Progressive Claims Branch
175 N. Corporate Dr., Ste. 160
Brookfield, WI 53045
Phone: 262-879-7109
Fax: 262-879-0371

Underwritten by: Progressive Universal
Policyholder: Thomas Pecard
Claim Number: 08-4744050
Date of Loss: 12/06/2008
Today's Date: 01/09/2009

City of West Allis
Attn: City Clerk
7525 W. Greenfield Avenue
West Allis, WI 53214

RECEIVED

JAN 13 2009

CITY OF WEST ALLIS
CLERK/TREASURER

To Whom It May Concern:

This letter is to confirm that a claim has been reported to Progressive Insurance regarding a loss involving our insured, Thomas Pecard, and a city employed snow plow driver, Timothy Prunt. Please find enclosed a copy of the City of West Allis Police Report.

Based on our investigation to date, we have found your employee to be the at fault party in this loss. As a result, we will be seeking reimbursement for payments made under the collision and medical coverage under Progressive's policy. This letter is to put you on notice regarding the same.

In addition to the physical damages to our insured's vehicle, Mr. Pecard was also injured and has subsequently had to undergo surgery for his injuries.

Please acknowledge receipt of our notice.

If you have any questions or comments, please feel free to contact me at the below number.

Sincerely,


Kelly Walt
Claims Representative
262-879-7109

Demand Progressive
2/12/09

PROGRESSIVE

Payment Address Document Address
24344 Network Place P.O. Box 89440
Chicago, IL 60673-1243 Cleveland, OH 44101
Phone: (877)818-0139
Fax: (888) 792-5922

02/04/2009 02:21:00 PM
Certified Mail Return Receipt Requested

91 7108 2133 3934 2099 4077

CITY OF WEST ALLIS
7525 W. GREENFIELD AVE.
WEST ALLIS, WI 53214

RECEIVED
FEB 12 2009
WEST ALLIS
CITY ATTORNEY

Your Client: CITY OF WEST ALLIS
Your Claim Number: UNKNOWN
Our Insured: PECARD, THOMAS
Our Claim Number: 08-4744050
Amount Subject to Reimbursement: 5323.53
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: NB 70TH ST & WASHINGTON, WEST ALLIS WI.
Date and Time of Loss: 12.6.08 12:06AM

Description of Loss: OUR INSURED'S VEHICLE WAS TRAVELING NORTH BOUND ON 70TH STREET WHEN A CITY OF WEST ALLIS SNOW PLOW FAILED TO OBEY A FLASHING RED LIGHT UPON ATTEMPTING A RIGHT TURN ONTO 70TH STREET AND STRUCK OUR INSURED'S 2003 HYUNDAI ELANTRA CAUSING DAMAGE TO THE RIGHT FRONT AND SAID VEHICLE IS A TOTAL LOSS.

Please make your draft payable to Progressive Universal Insurance Co. as subrogee of "PECARD, THOMAS", 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.

BRIDGET MAGAR
Subrogation Representative
Progressive Universal Insurance Co.
Tel. 877-818-0139 Ext 37152
Fax. 888-792-5922
BRIDGET_MAGAR@PROGRESSIVE.COM

1	Adjusted Average Retail Value	\$5,825.00
2	Preexisting Damage \$626.84 X 80.00 %	(\$501.47)
3	Condition Adjustment	\$0.00
4	Refurbishment(s)	\$0.00
5	Custom Parts & Equipment	\$0.00
6	Actual Cash Value	\$5,323.53
7	Fees	\$0.00
8	Taxes tax \$5,323.53 X 5.60 % = \$298.12 Taxes applied to settlement	\$0.00
9	Net Settlement	\$5,323.53
10	Deductible	(\$500.00)
11	Total Settlement	\$4,823.53

Lien Holder Account Balance (Amount You Owe)

\$0.00

Net to Owner

\$4,823.53

Vehicle Summary With N.A.D.A. Values

N.A.D.A. Official Used Car Guide

Evaluation Date: Tuesday, December 09, 2008

Guide Edition: Central Used Car Guide - December 2008

Vehicle Description: 2003 HYUNDAI
Elantra-4 Cyl. - Sedan 4D GT

VIN: KMHDN45D33U689577

MSRP: \$14,149 **Weight:** 2,635 pounds

<u>Accessories:</u>	<u>Selected Accessories</u>	<u>Retail</u>	<u>Trade</u>	<u>Loan</u>
Aluminum/Alloy Wheels	X	w/body	w/body	w/body
Cruise Control	X	w/body	w/body	w/body
Leather Seats	X	w/body	w/body	w/body
Power Door Locks	X	w/body	w/body	w/body
Power Sunroof		\$350	\$300	\$300
Power Windows	X	w/body	w/body	w/body
W/out Air Condition		-\$400	-\$400	-\$400
W/out Auto. Trans.		-\$375	-\$375	-\$375
		<u>Retail</u>	<u>Trade</u>	<u>Loan</u>
N.A.D.A Base Values		\$5,975	\$4,575	\$4,125
Mileage Value @ 88,624 miles		-\$150	-\$150	-\$150
Accessories Values*		\$0	\$0	\$0
N.A.D.A. Adjusted Values		\$5,825	\$4,425	\$3,975

*This Accessories Value reflects the sum of the accessories selected for the vehicle.
 These current N.A.D.A. values are furnished under license from NADASC.
 All Values Copyright © NADASC 2009

CMSD2340 /CMSM2340	P A C M A N	FEB 04 09 - 14:20
OPID: DRW0015	CLAIM PAYMENT INQUIRY	TERMID: ?018
INSD: PECARD, THOMAS		POL: 13162905 -1
DOL : DEC 06 08 WI-BROOK2-GRP-	CLM: 084744050 OPEN	REP: K WALT

PAY TO THE ORDER OF: TOTAL DRAFT AMOUNT: 4,823.53

LINE 1: THOMAS PECARD, ONLY*****
 LINE 2:
 LINE 3:

ADDRESS: 10722 W FISHER PKWAY

CITY: WAUWATOSA ST/PR* WI ZIP/CPC: 53226 CNTRY* USA

IN PAYMENT OF: COLL-'03 HYUNDAI ELANTRA-TL PROG RETAIN

1099 ? N	FEDERAL TAX ID:	LAST UPDT REP: A080191
CDS CODE * 13 PCL	EFT TRACE #:	ISSUING REP: K WALT
BANK CODE* AS2	ISSUE DATE : DEC 10 08	APPROVED BY:
STATE * WI	AREA * 644	REVIEW DATE: 00 00
STOP RSN *	DRAFT # : 459353371	REVIEWED BY:

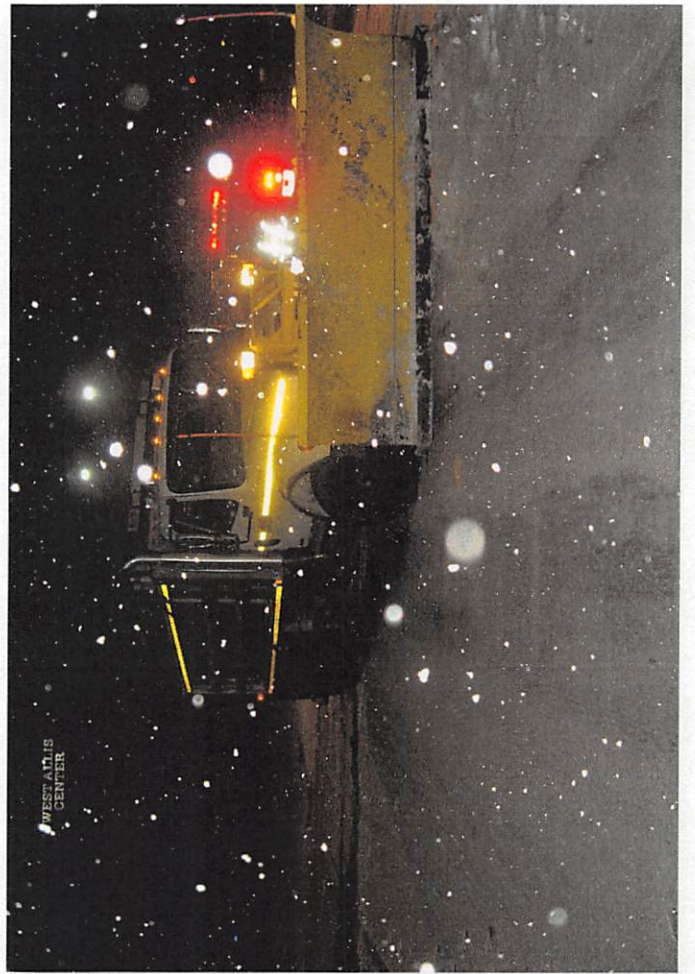
COMMAND:



IMG_0001.JPG



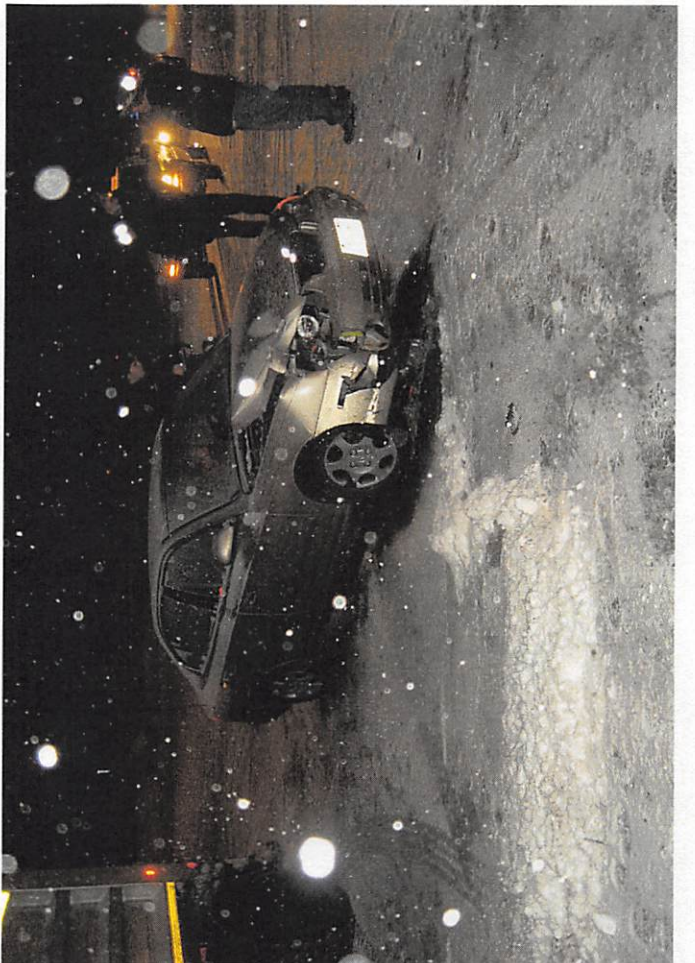
IMG_0005.JPG



IMG_0004.JPG



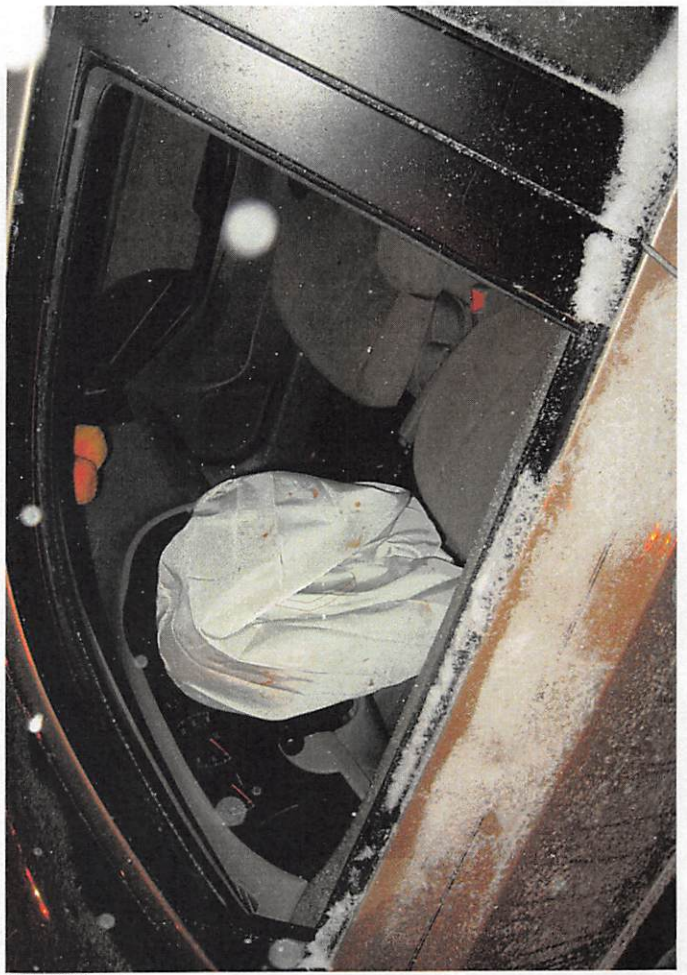
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IMG_0002.JPG



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WEST ALLIS POLICE DEPARTMENT
PHOTOGRAPHY DATA SHEET

PHOTOGRAPHER **EVENSON**

DATE **12/06/08** Digital Media Card # **SGT8A**
MONTH DAY YEAR

LOCATION **S. 70 ST / W. WASHINGTON ST.**

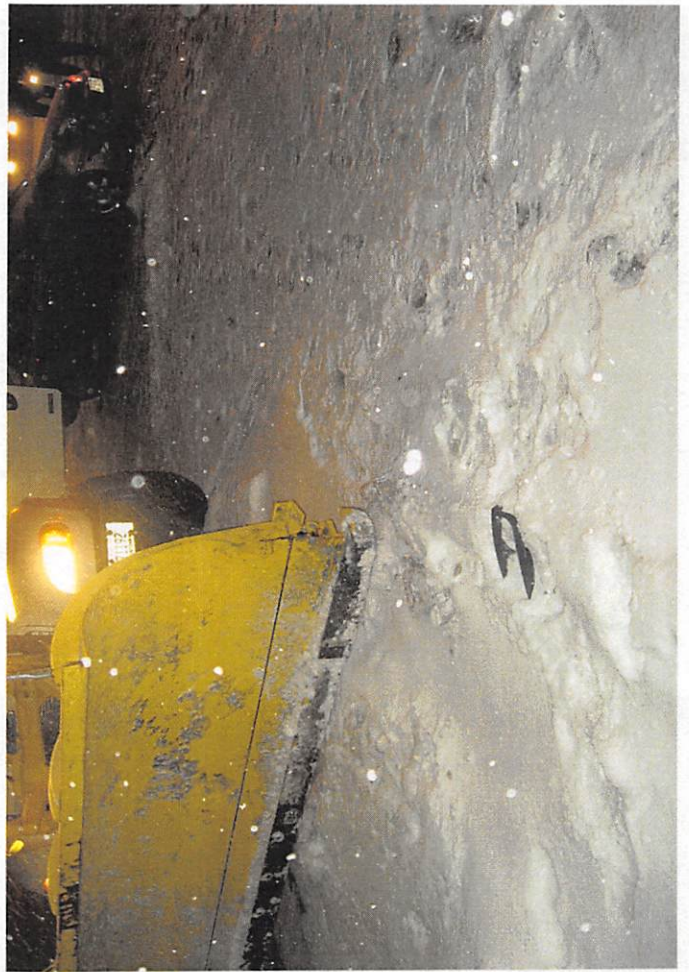
FILE # **A08120601**

CASE # **08-055878**

CASE TYPE **ACC10/PI**

*** USE MARKER - WRITE BIG ***

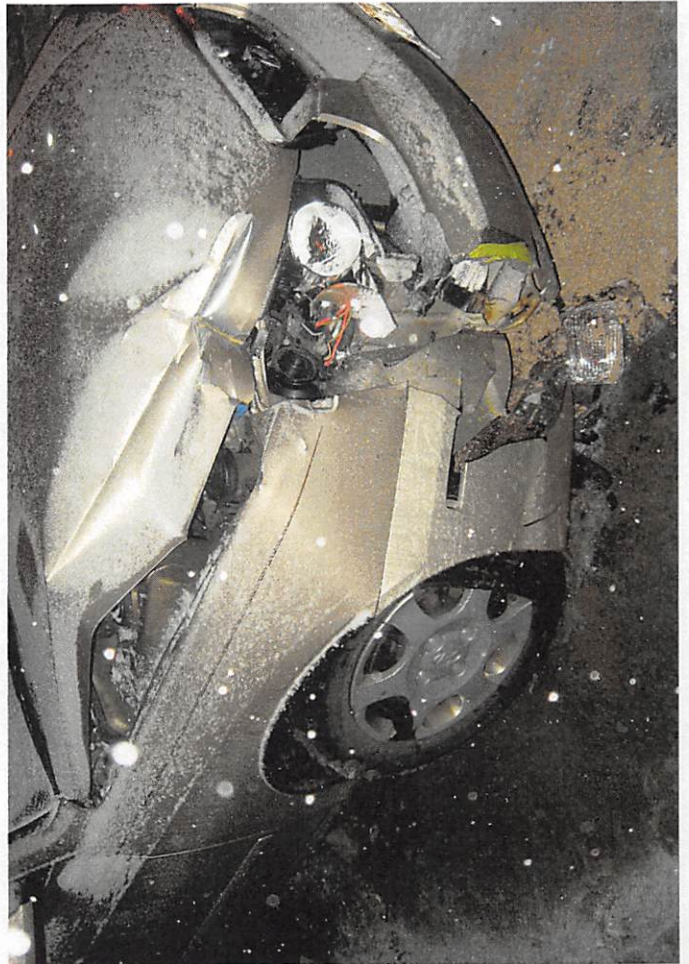
IMG_0013.JPG



IMG_0012.JPG



IMG_0011.JPG



IMG_0010.JPG

POLICE # 08055878

ACCIDENT # A08120601

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number BRRVBHK		Document Override Number	
Agency Accident Number A08120601				Police Number 08055878					
4 - Accident Date 12/06/2008		5 - Time of Accident (Military Time) 0005		6 - Total Units 02		7 - Total Injured 01		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality WEST ALLIS - 60, CITY				11 - Accident Location INTERSECTION			
14 - On Hwy No.	14 - On Street Name 70TH ST S			14 - Bus/Front/Rmp		15 - Est. Dist	Ft/Mi	15 - Hwy. Dir	
16 - Fr/At Hwy No.	16 - From/At Street Name WASHINGTON ST W				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 DIVIDED-HIGHWAY-MEDIAN-STRIP-WITH-TRAFFIC-BARRIER									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DARK-LIGHTED		116 - Road Surface Condition SNOW/SLUSH			118 - Weather SNOW				
⁹ <input type="checkbox"/> Hit and Run	⁹ <input type="checkbox"/> Government Property		⁹ <input type="checkbox"/> Fire	⁹ <input checked="" type="checkbox"/> Photos Taken		⁹ <input type="checkbox"/> Trailer or Towed			
⁹ <input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials			⁹ <input type="checkbox"/> Load Spillage		⁹ <input type="checkbox"/> Construction Zone		⁹ <input checked="" type="checkbox"/> Names Exchanged		
¹⁰¹ <input checked="" 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 MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel WEST		24 - Speed Limit 30	
36 - Operating as Classified B CLASS		37 - Endorsements		³⁵ <input checked="" type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number P6238126422208		30 - State WI	31 - Expiration Year 2009	34 - On Duty Accident WINTER-HWY-MAINTENANCE			
25 - Operator/Pedestrian Last Name PRUNT			25 - First Name TIMOTHY		25 - Middle Initial L	25 - Suffix	
32 - Date Of Birth 06/22/1964		33 - Sex MALE					
26 - Address Street & Number 2620 S 83 ST						26 - PO Box	
27 - City WEST ALLIS			27 - State WI	27 - Zip Code 53219		28 - Telephone Number (414) 254-3373 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 NOT APPLICABLE		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 MAKING-LEFT-TURN			120 - Traffic Control TRAFFIC-SIGNAL-FLASHING			62 - No. of Citations Issued 1	
64 - 1st Statute No. 346.18(2)	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

X
CS

91 - Drugs Reported
124 - Highway Factors SNOW,-ICE,-OR-WET

Vehicle

VEHICLE 01	21 - Unit Type TRUCK	Vehicle Type SNOW-PLOW				22 - Total Occupants 1
	56 - License Plate Number 71192	57 - Plate Type MUN	58 - State WI	59 - Exp Year 2006	55 - Vehicle Identification Number 1FVHCYDC27HY02207	
	50 - Year 2007	51 - Make FRHT	52 - Model	53 - Body Style TK	54 - Color WHI	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage OTHER					
	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 type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
	46 - Company Name CITY OF WEST ALLIS					
	47 - Address Street & Number 7525 W GREENFIELD AVE			47 - PO Box		
	48 - City WEST ALLIS		48 - State WI	48 - Zip Code 532141037		49 - Telephone Number (414) 302-8200 EXT.

Insurance

INS 01	63 - Liability Insurance Company CITIES-&-VILLAGES-MUTUAL-INS-CO				60 <input type="checkbox"/> Policy Holder Same As Owner	
	61 - Policy Holder Last Name		61 - Policy Holder First Name			
	61 - Policy Holder Company CITY OF WEST ALLIS					

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 NORTH	24 - Speed Limit 30
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
29 - Driver's License Number P2638217300102		30 - State WI	31 - Expiration Year 2009	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name PECARD		25 - First Name THOMAS		25 - Middle Initial A	25 - Suffix
32 - Date Of Birth 01/01/1973		33 - Sex MALE			

PK2007

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 10722 W FISHER PKWY					26 - PO Box
	27 - City WAUWATOSA		27 - State WI	27 - Zip Code 53226		28 - Telephone Number
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED		
	38 - Injury Severity B - NON-INCAPACITATING INJURY		41 - Airbag DEPLOYED		42 - Ejected NOT-EJECTED	44 <input checked="" 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-FLASHING		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 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 SNOW,-ICE,-OR-WET					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE				Vehicle Type PASSENGER-CAR		22 - Total Occupants 1
	56 - License Plate Number 575FPA		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2009	55 - Vehicle Identification Number KMHDN45D33U689577	
	50 - Year 2003	51 - Make HYUN	52 - Model ELANTRA		53 - Body Style 4D	54 - Color GLD	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage FRONT, FRONT PASSENGER SIDE						
	95 - Extent Of Damage MODERATE		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage			97 - Vehicle Removed By	
	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 PECARD			46 - First Name THOMAS		46 - Middle Initial A	46 - Suffix
	46 - Company Name						
	47 - Address Street & Number 10722 W FISHER PKWY				47 - PO Box		
	48 - City WAUWATOSA			48 - State WI	48 - Zip Code 53226		49 - Telephone Number

Insurance

PK2007

INS 02	63 - Liability Insurance Company PROGRESSIVE-ADVANCED-INSURANCE-CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name PECARD	61 - Policy Holder First Name THOMAS	
	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 SGT. EVENSON
<p>UNIT 1 WAS STOPPED AND MAKING A LEFT TURN TO GO SOUTHBOUND ON S. 70TH ST. AND FAILED TO YIELD THE RIGHT OF WAY TO UNIT 2 WHICH WAS TRAVELING NORTHBOUND ON S. 70TH ST. BY FAILING TO YIELD AT THE FLASHING RED LIGHT UNIT 1 CAUSED THE ACCIDENT BY STRIKING UNIT 2 NEAR THE HEADLIGHT ON THE FRONT PASSENGER SIDE OF THE VEHICLE.</p>	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name KEMPINSKI	125 - First Name MICHAEL	125 - Middle Initial	131 - Officer ID 9604	
	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 12/06/2008	133 - Time Notified (Military Time) 0008	134 - Time Arrived (Military Time) 0012	135 - Date Of Report 12/06/2008	
	Agency Accident Number A08120601	Police Number 08055878	19 - Special Study		
	18 - Agency Space				

Truck and Bus

PK2007

TRUCK/BUS 01	136 <input checked="" type="checkbox"/> A truck or truck combination > 10,000 lbs GVWR/GCWR		136 Any vehicle displaying a hazardous materials placard <input type="checkbox"/>		
	136 <input type="checkbox"/> A vehicle designed to carry 9 or more people, including the driver				
	136 <input type="checkbox"/> Fatal Injury	136 <input checked="" type="checkbox"/> Medical Transport	136 <input checked="" type="checkbox"/> Towed		
	Unit Number 01				
	137 - Hazardous Materials Class Numbers				
	137 - Hazardous Materials "UN" Nos.		Hazardous Material Placard Displayed <input type="checkbox"/>	Hazardous Cargo Was Released <input type="checkbox"/>	
	137 - Name Of Hazardous Materials in this Load		137 - Name Of Hazardous Materials Released		
	138 Interstate Carrier <input type="checkbox"/>	140 - US DOT No.	140 - ICC MC No.	LC No.	IC No.
	141 - Source				
	139 - Carrier Name CITY OF WEST ALLIS				
	142 - Carrier Address 7525 W. GREENFIELD AVE.		City WEST ALLIS		State WI
	Zip Code 532141037				
143 - GVWR (Lbs) 29,000	144 - Total No. of Axles	145 - Vehicle Configuration TRACTOR/TRIPLES		147 - Cargo Body Type AUTO-TRANSPORTER	
146 - First Event BLANK		146 - Second Event BLANK			
146 - Third Event		146 - Fourth Event			



Accident Investigation

Event #: 08-055878
Date of Accident: 12/06/2008 Time of Accident: 0008 hrs
Location: S. 70 St. / W. Washington St.
Investigating Officer(s): **Officer Michael Kempinski** Assisting Officer(s): **Officer Michael Sitter, Officer Joseph Lehman**
Traffic Investigator: None

Investigation

Sgt. C. Evenson reports...

PHOTOS TAKEN

The following photos were taken using the Canon Powershot A550 digital camera:

- 1) Overview of accident scene, looking north
- 2) Damage observed to vehicle #2, Lic #575-FPA
- 3) Front end damage observed to vehicle #2
- 4) Overview of accident scene, looking south
- 5) Overview of accident scene, looking south
- 6) Damage to vehicle #1 plow blade
- 7) Overview of accident scene, looking east
- 8) Interior of vehicle #2
- 9) Overview of accident scene, looking west
- 10) Damage observed to vehicle #2
- 11) Interior of vehicle #1
- 12) Damage observed to vehicle #1 plow blade
- 13) Face sheet

After the photos were taken, the memory card (SGT 8A) was transported to the station and placed into secure storage in the Forensic and Technical Services Bureau.



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

January 14, 2009

Ms. Kelly Walt, Claims Representative
Progressive Claims Branch
175 N. Corporate Dr.
Ste. 160
Brookfield, WI 53045

RE: Claim #08-4744050

Dear Ms. Walt:

This letter acknowledges receipt of your communication on behalf of Thomas Pecard regarding injuries and vehicle damage allegedly sustained at the intersection of South 70 Street and West Washington Street on December 6, 2008.

The original document will be submitted to the Common Council at its meeting of January 20, 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,

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

Monica Schultz
Assistant City Clerk

/jml

cc: City Attorney



Accident Investigation

Event #: **08-055878**

Date of Accident: **12/06/2008** Time of Accident: **0008 hrs**

Location: **S. 70 St. / W. Washington St.**

Investigating Officer(s): **Officer Michael Kempinski** Assisting Officer(s): **Officer Michael Sitter, Officer Joseph Lehman**

Traffic Investigator: **None**

RECEIVED
JAN 19 2009
WESTALLIS
CITY ATTORNEY

Investigation

Sgt. C. Evenson reports...

PHOTOS TAKEN

The following photos were taken using the Canon Powershot A550 digital camera:

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- 9) Overview of accident scene, looking west
- 10) Damage observed to vehicle #2
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- 13) Face sheet

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OFFICE OF THE CITY ATTORNEY

Scott E. Post
City Attorney

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

June 1, 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:

Farmers Insurance Group, Legal Subrogee of Tim Knapp (\$1,855.19)
Progressive Universal Insurance Co., Legal Subrogee of Thomas Pecard (\$5,323.53)

The following claim/lawsuit has been denied:

Edwin and Elizabeth Lund/Husband & Wife (\$Unknown)

Respectfully submitted,



Jeffrey J. Warchol
Assistant City Attorney

JJW:da
Enclosures

cc: Thomas E. Mann, CVMIC