

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Robert Mills Notice of Circumstances

Date: 5/14/2020

In-person

Process Server

Claimant

Other \_\_\_\_\_

RECEIVED  
MAY 14 2020  
CITY OF WEST ALLIS  
CITY CLERK

By mail Certified

By email

By fax

Received by: Jlemanska

- Hand deliver to: Ann Marie  or Janel
- Forwarded to Attorney's Office by Ann Marie or Janel
- Response from Attorney's Office
- Common Council Agenda: Yes  No



**PHILLIP S GEORGES PLLC**

WOLFPACK LAWYERS

RECEIVED

MAY 14 2020

CITY OF WEST ALLIS  
CITY CLERK

May 7, 2020


CITY CLERK  
City of West Allis  
7525 W. Greenfield Ave.  
Room 108 to 110  
West Allis, Wisconsin 53214

Re: Notice of Circumstances of Claim  
For Robert Mills

Dear City Clerk,

Please see the enclosed Notice of Circumstances of Claim along with the accident report. We have attempted to deliver service via process server on May 7, 2020; however, we were unsuccessful due to your office not being open to the public. In an addition, we have attempted to contact you via telephone on May 7, 2020. With COVID-19 we are requesting that you accept service via U.S. Mail. Furthermore, I am requesting that you please sign the enclosed document agreeing to accept service via U.S. Mail and use the enclosed prepaid return envelope to send said document back to my office. If possible, please contact me upon your review. If there is anything that I am able to assist with further, please do not hesitate with contacting my office.

Very Truly Yours,  
**Phillip S. Georges, PLLC**



Phillip S. Georges  
Attorney

*Enclosure*

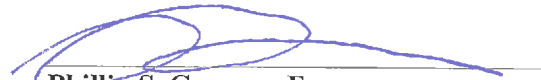
The Law Offices of Phillip S. Georges, PLLC  
("The Wolf Pack")  
2303 21<sup>st</sup> Ave S. Suite 204  
Nashville, TN 37212

\_\_\_\_\_/\_\_\_\_\_/2020

**Re: Notice of Circumstances of Claim  
For Robert Mills**

I \_\_\_\_\_ hereby accept service provided by U.S. Mail from  
The Law Offices of Phillip S. Georges, PLLC ("The Wolf Pack").

\_\_\_\_\_  
(Signature)

  
\_\_\_\_\_  
**Phillip S. Georges, Esq.**

\_\_\_\_\_  
(Print Name)

**Sec 893.80 Wis. Stats. Notice of Circumstances of Claim**

TO: CITY CLERK  
City of West Allis  
7525 W. Greenfield Ave.  
Room 108 to 110  
West Allis, Wisconsin 53214

Mr. Patrick L. Samz  
2448 S. 79<sup>th</sup> St.  
West Allis, WI 53219

RE: Robert Mills  
1717 S. 115<sup>th</sup> Court  
Apt. #1  
West Allis, WI 53214

Date of Accident: April 27, 2020  
Location: S. 116<sup>th</sup> St. and W. Rogers St.

PLEASE TAKE NOTICE, pursuant to § 893.80, Wis. Stats., that on April 27, 2020, Robert Mills suffered injuries and damages in a motor vehicle accident that occurred when Patrick L. Samz, operator of a City of West Allis vehicle with a license plate of ACR1675, VIN 1FM5K8D82JGB47259, negligently operated his vehicle and negligently struck another vehicle causing a collision with Robert Mills' vehicle, while upon information and belief was in the course and scope of his employment with the City of West Allis.

Liability for Robert Mills' injuries and damages are attributed to the City of West Allis pursuant to the theory of *Respondent Superior*, in that the City of West Allis are liable for the acts of their employee, herein, Patrick L. Samz while in the course and scope of his employment. Robert Mills suffered damage to his vehicle and injury to

his neck and back for which he is seeking medical treatment. Damages for these injuries and property may exceed \$250,000.00.

Dated at Milwaukee, Wisconsin this 6 day of May, 2020.

Phillip S. Georges, PLLC  
Attorneys for Robert Mills

By: 

Phillip S. Georges  
State Bar No. 1056511

POST OFFICE ADDRESS:

2303 21<sup>st</sup> Ave. S  
Suite 204  
Nashville, TN 37212  
615-577-1014

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20-014393

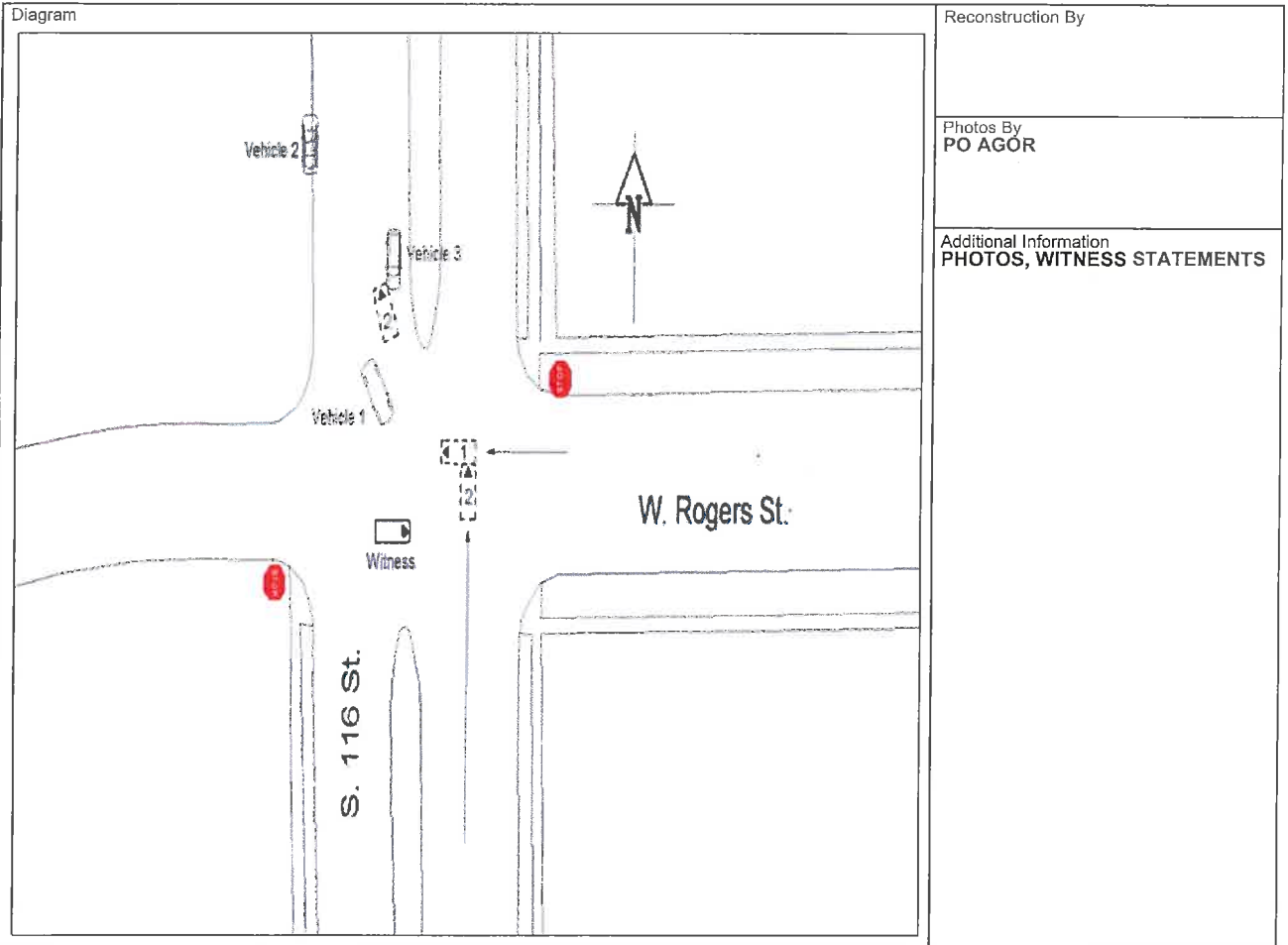
WISCONSIN MOTOR VEHICLE  
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT  
11301 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227  
(414) 302-8000

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Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy <b>INVESTIGATOR C. SOHRE</b>	
Crash Date <b>04/27/2020</b>		Crash Time <b>09:25 AM</b>	Date Arrived <b>04/27/2020</b>	Time Arrived <b>09:28 AM</b>	
Date Notified <b>04/27/2020</b>		Time Notified <b>09:27 AM</b>	Total Units <b>03</b>	Total Injured <b>03</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input checked="" type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description



I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

VEHICLE #1 W/B ON W. ROGERS ST. FROM STOP SIGN AT S. 116TH ST., FAILS TO YIELD THE RIGHT OF WAY TO VEHICLE #2 N/B ON S. 116TH ST. VEHICLE #2 STRIKES VEHICLE #1. VEHICLE #1 ROLLS ONTO ROOF, AS VEHICLE #2 CONTINUES IN A NW DIRECTION, ENTERING THE S/B LANES OF S. 116TH ST., STRIKING VEHICLE #3 S/B ON S. 116TH ST. VEHICLE #2 CONTINUES NW JUMPING THE CURB. WITNESS CONFIRMS NARRATIVE.

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WISCONSIN MOTOR VEHICLE  
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Location

INTERSECTION ON S 116TH ST AT W ROGERS ST IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude 43.008370189	Longitude -88.056881755
	X Coordinate 413866.65625	Y Coordinate 4762286
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE		Light Condition DAYLIGHT	
Road Surface Condition(s) DRY		Roadway Factor(s)  NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLEAR			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION	
Closure Type CLOSURE-ONE DIRECTION		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 04/27/2020	Time Initial Lane/Rd Closed 09:28 AM		
Date All Lanes Open 04/27/2020	Time All Lanes Open 10:15 AM	Date Scene Cleared 04/27/2020	Time Scene Cleared 10:15 AM

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	<b>Vehicle</b>					
	License Plate Number ACR1675		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FM5K8D82JGB47259		Make FORD	Year 2018	Model EXR		

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UNIT	VEHICLE	Color <b>GRY - GRAY</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>	Bus Use	
		Initial Contact Point <b>08 - LEFT SIDE REAR</b>	Vehicle Damage		
		Extent Of Damage <b>DISABLING DAMAGE</b>	<b>15 - ALL AREAS</b>		
		Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>N &amp; S TOWING</b>		
		What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors		
UNIT	VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>		
		Driver Actions <b>FAILED TO YIELD RIGHT-OF-WAY</b>			
		Owner Name <b>CITY OF WEST ALLIS (414) 302-8200</b>	Owner Address <b>7525 W GREENFIELD AVE WEST ALLIS, WI 53214 , US</b>		
UNIT	01	<b>Sequence Of Events</b>			
		Event <b>MOTOR VEH IN TRANSPORT</b>			
		Event			
		Event			
		Event			
UNIT	01	<b>Policy Holder</b>			
		Insurance Company <b>SELF-INSURED</b>	Organization/Company <b>CITY OF WEST ALLIS</b>		
UNIT	INDIVIDUAL	<b>Individual</b>			
		Driver <b>PATRICK L SAMZ</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>	
			Date of Birth <b>11/11/1979</b>	Race <b>WHITE</b>	
		Address <b>2448 S 79TH ST WEST ALLIS, WI 53219 , US</b>	Driver License Number <b>S5206727941100 STATE: WISCONSIN COUNTRY: UNITED STATES</b>		
UNIT	001	<b>Safety Equipment</b>			
		On Duty Crash	Safety Equipment		
		Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
		Helmet Use	Helmet Compliance		
		Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>	
		Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #			



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WEST ALLIS POLICE DEPARTMENT  
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(414) 302-8000

UNIT INDIVIDUAL          01 001	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
Drug Type						
Individual Condition APPEARED NORMAL						

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type PASSENGER CAR				Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? NO	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 4		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE		
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO		
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	02 02	<b>Vehicle</b>					
		License Plate Number 544YLG		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 1C3CCB8EN121826		Make CHRYSLER		Year 2014	Model 200 LX		
Color BGE - BEIGE		Body Style 4D - 4DR		Bus Use			

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UNIT VEHICLE	Initial Contact Point <b>12 - FRONT</b>	Vehicle Damage	
	Extent Of Damage <b>DISABLING DAMAGE</b>	<b>12 - FRONT</b>	
	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>N &amp; S TOWING</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>	Vehicle Factors	
UNIT VEHICLE	Driver Prior Action Other	<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
	Owner Name <b>SHERILLA C JEFFERSON (262) 993-8347</b>	Owner Address <b>6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US</b>	
UNIT VEHICLE	<b>Sequence Of Events</b>		
	01	Event <b>MOTOR VEH IN TRANSPORT</b>	
	02	Event <b>MOTOR VEH IN TRANSPORT</b>	
	03	Event <b>CURB</b>	
	04	Event	
UNIT INDIVIDUAL	<b>Individual</b>		
	Driver <b>SHERILLA C JEFFERSON (262) 993-8347</b>	Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>6701 W BLUEMOUND RD # 3 MILWAUKEE, WI 53213 , US</b>	Date of Birth <b>01/24/1987</b>	Race <b>BLACK</b>
		Driver License Number <b>J1627838752407 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
UNIT INDIVIDUAL	<b>Safety Equipment</b>		On Duty Crash
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	<b>Injury</b>		Airbag
	Injury Severity <b>SUSPECTED MINOR INJURY</b>	<b>DEPLOYED-FRONT</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>	EMS Agency Identifier	EMS Run #	
Hospital	Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>	

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UNIT	INDIVIDUAL	Distracted By Action <b>NOT DISTRACTED</b>		
		<b>Non Motorist</b>	Striking Unit # Location	
		Prior Action		
	Action			
	Action Other		To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			

Unit Summary

UNIT	03	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>	Unit Type <b>AUTOMOBILE</b>	
		Vehicle Type <b>(SPORT) UTILITY VEHICLE</b>	Operating As Endorsements		
	Total Occs <b>1</b>	Train/Bus # Recorded	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>30</b>	Total Lanes <b>4</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>	Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>DIVIDED HWY W/O TRAFFIC BARRIER</b>		Traffic Control <b>NO CONTROL</b>	Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

UNIT	VEHICLE	<b>Vehicle</b>			
		License Plate Number <b>50662DS</b>	Plate Type <b>DIS - DISABLED</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
		Vehicle Identification Number <b>2HKYF18523H507741</b>	Make <b>HONDA</b>	Year <b>2003</b>	Model <b>PLT</b>
		Color <b>SIL - SILVER (ALUMINUM)</b>	Body Style <b>UT - SPORT UTILITY VEHICLE</b>		Bus Use
		Initial Contact Point <b>01 - RIGHT FRONT CORNER</b>	Vehicle Damage		
		Extent Of Damage <b>FUNCTIONAL DAMAGE</b>	<b>01 - RIGHT FRONT CORNER</b>		

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UNIT	Towed Due To Damage <b>NOT TOWED</b>		Vehicle Removed By <b>OPERATOR</b>	
	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>NO CONTRIBUTING ACTION</b>			
03	Owner Name <b>ROBERT ALLEN MILLS (414) 892-3969</b>		Owner Address <b>1717 S 115TH CT # 1 WEST ALLIS, WI 53214 , US</b>	
	<b>Sequence Of Events</b>			
01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
03	<b>Policy Holder</b>			
	Insurance Company <b>FOUNDERS-INS-CO</b>		Individual <b>ROBERT MILLS</b>	
04	<b>Individual</b>			
	Driver <b>ROBERT ALLEN MILLS (414) 892-3969</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Address <b>1717 S 115TH CT # 1 WEST ALLIS, WI 53214 , US</b>		Date of Birth <b>08/11/1961</b>	Race <b>WHITE</b>
			Driver License Number <b>M4207616129101 STATE: WISCONSIN COUNTRY: UNITED STATES</b>	
03	<b>Safety Equipment</b>		On Duty Crash	
			Safety Equipment	
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NON DEPLOYED</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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### WISCONSIN MOTOR VEHICLE CRASH REPORT

WEST ALLIS POLICE DEPARTMENT  
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(414) 302-8000

<b>UNIT</b>          <b>03</b> <b>003</b>	<b>Non Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition <b>APPEARED NORMAL</b>			

#### Property Owner

<b>PROP</b> <b>OWNER</b> <b>01</b>	Government <b>WEST ALLIS CITY OF</b> (414) 302-8200	Address <b>7525 W GREENFIELD AVE</b> <b>WEST ALLIS, WI 53214 , US</b>
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#### Fixed Objects Struck

<b>01</b>	Striking Unit <b>02</b>	Struck Object <b>CURB</b>	Structure Number	Damage Tag Number
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#### Witness

<b>WITN</b> <b>ESS</b> <b>01</b>	Individual <b>JAY JOSEPH SCHWALL</b> (414) 477-9615	Address <b>1953 S 89 ST</b> <b>WEST ALLIS, WI 53227 , US</b>	Date of Birth <b>09/18/1953</b>
--	---	--	------------------------------------