

CITY OF MILWAUKEE

Form CA-43

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November 4, 2004

The Travelers Indemnity Co.
Attn: Heather Sarkes, Claim Representative
Post Office Box 3022
Fall River, MA 02722-3022

RE: C.I. File No: 02-S-135
Your Insureds: Michael & Zita Peavy
Your Clm. No: 273 AB LFZ3052 K

Dear Ms. Sarkes:


We have received your subrogation claim in the amount of \$3,334.15, relating to damage sustained to your insured's vehicle on April 19, 2002 at North 22nd Street and West Olive Street, Milwaukee, WI.

Enclosed you will find a letter dated May 9, 2002 to your insured with regard to the above-referenced claim against the City of Milwaukee. The City of Milwaukee denied liability for the claim for the reason noted in the letter. Therefore, we are denying your subrogation claim based upon the same grounds.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,


GRANT F. LANGLEY
City Attorney


ROBERT M. OVERHOLT
Investigator Adjuster

RMO:beg
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