

CITY OF MILWAUKEE

Form CA-43

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July 18, 2001

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CGU Insurance

Attn: Carol M. Siefkes, Sr. Claims Rep.
Post Office Box 1083
Waukesha, WI 53187-1083

RE: C.I. File No: 01-V-196
Your Insured: Seymour Orth
Your Clm. No: 4009174800

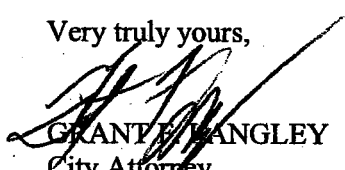
Dear Ms. Siefkes:


This office is in receipt of your contribution claim on behalf of a guest passenger in the amount of \$273.62 arising from an automobile accident involving a City of Milwaukee police vehicle on May 29, 2000 at the intersection of North 5th Street and West Michigan Street.

The Wisconsin Motor Vehicle Accident Report completed as a result of this accident noted your insured failed to stop for the red traffic signal that controlled his direction of travel. Two outside witnesses verified your driver ran the red light. The primary liability for this accident clearly rests with your insured, and as such the City will not accept liability for your contribution claim request. Accordingly, we are denying your claim.

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 Adjuter

RMO:beg