

I want to make an appeal

Galvin Digger

His telephone number

30372

RONALD J. SCHEIDT
CITY CLERK

2004 AUG 19 PM 3:35

CITY OF MILWAUKEE

CITY OF MILWAUKEE
RECEIVED

2004 AUG 20 PM 3:49

CITY ATTORNEY

State Farm Insurance Companies



August 13, 2004

Calvin Dugger
2202 W Auer Ave
Milwaukee, WI 53206-1732

State Farm Insurance
PO Box 25027
St. Paul, MN 55125-0027

Phone: (888) 577-4668
Fax: (888) 577-4670

RE: Claim Number: 49-1344-14G
Date of Loss: April 30, 2004
Our Insured: Calvin Dugger

Dear Mr. Dugger:

We have received a denial from the City of Milwaukee for the damage to your vehicle. The City noted that the Fleet Accident Report that was completed noted that you never saw what actually hit your windshield, and that you assumed it was from the City dump truck.

Since there are no witnesses to this incident, and due to the small amount of the claim, we have decided to close our file.

If you wish to appeal the City's decision, you may do so by sending a letter to them by August 20th to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin, 53202, requesting a hearing. The file number for the City is 04-V-109.

Thank you for your patience and understanding.

Sincerely,

Mark Werwie

Mark Werwie
Claim Representative
(877) 450-7598
Team #:

State Farm Mutual Automobile Insurance Company

Page 2
August 13, 2004

cc: Tom Poelzer
11430 W Bluemound Rd Suite 104
Wauwatosa, WI 53226

State Farm Insurance Companies



State Farm Insurance
PO Box 25027
St. Paul, MN 55125-0027

Phone: (888) 577-4668
Fax: (888) 577-4670

June 14, 2004

Wayne King
City Of Milwaukee
2142 W. Canal St.
Milwaukee, WI 53233

RE: Claim Number: 49-1344-14G
Date of Loss: April 30, 2004
Our Insured: Calvin Dugger
Amount of Loss: \$280.03

Dear Mr. King:

We are writing regarding the incident of April 30, 2004. Our information indicates you are responsible for the damages. We have made payment and request you reimburse State Farm Insurance for the amount(s) we have paid as listed below.

Repairs/Total Loss paid by Company	\$230.03
Rental Paid by Company	+ \$
Uninsured Motorist/Bodily Injury	+ \$
Medical Payments	+ \$
Other (EXPLAIN BELOW)	+ \$
Less Salvage	- \$
Total Company Portion	= \$
Insured's Deductible	+ \$50.00
Rental Paid by Insured	+ \$
Total Amount of Loss	= \$280.03

If you have insurance, please refer this letter to your insurance company.

If you do not have insurance, please forward your check payable to State Farm Insurance in the enclosed envelope. To ensure proper credit please include our claim number on your check.

CITY OF MILWAUKEE
RECEIVED
04 JUL 13 AM 10:59
CITY ATTORNEY

CITY OF MILWAUKEE
RECEIVED
04 JUL 13 PM 3:27
CITY ATTORNEY


CITY OF MILWAUKEE
RECEIVED
04 JUL 14 PM 4:35
CITY ATTORNEY

City Of Milwaukee
Page 2
June 14, 2004

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Thank you for your cooperation.

Sincerely,


Sara Trocinske
Claim Representative
(877) 450-7598
Team #: 6859

State Farm Mutual Automobile Insurance Company

Enclosure(s): Return Envelope

PS: Your truck number 30372 driven by Reginald Barken was losing rocks from the bed of the truck. As a result our insured's windshield was damaged.

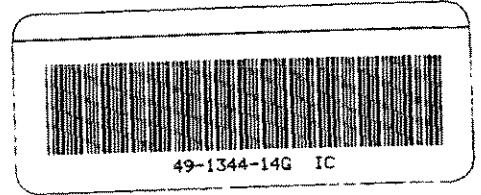
State Farm Insurance Companies



May 13, 2004

CIOS

JUN 07 2004



Calvin Dugger
2202 W Auer Ave
Milwaukee, WI 53206-1732

RE: Claim Number: 49-1344-14G
Date of Loss: April 30, 2004
Our Insured: Calvin Dugger

Dear Mr. Dugger:

State Farm Insurance recently handled your glass claim of April 30, 2004. We are writing for your assistance in determining whether another party may be responsible for this loss. Please assist us by answering the following questions:

1. Where did this incident (broken glass) occur?
 Hwy 41 between Uliet & Wash Blvd
2. Was a police report made? yes / no
If yes, please provide the police station involved and the incident report number if known:
3. Were there any suspects? yes / no
If yes, please provide suspect's name(s) and address(s) if known: Reginald Barken 2822 N. 28th St.
 He was driving a city truck # 30372, lic # B625-7205-8366-00
4. Were there any witnesses? yes / no
If yes, please provide witness's name(s) and address(s) if known:
5. Please describe how this loss occurred and provide any additional information which might assist us in our recovery efforts: Driving down Hwy & rocks start falling from bed. One hit the windshield & cracked it.

Contact: City of Milw supv Wayne King
645-5561
2219 W. Canal St
Self Insured: B625-7205-~~8366~~-00
8366



RBZ0006Z
date: 06-14-04

page: 1

route to: Sara Trocinske

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

AUTO PAYMENTS BY COL

claim number
49-1344-14G
named insured
DUGGER, CALVIN

policy number
3128-470-49B
date of loss
04-30-04

COL 340

C denotes consolidated payment
P denotes previous data

E denotes EFT payment

COL: 340 indemnity: 230.03 dir rcov: 0.00 expense: 0.00

payment number	payee	amount	status	COL	pay cd	rsn	reporting party
E 105466398K	L.L.C. LYNX SER	230.03	PAID	342	1		Named Insu