



**Liberty**  
Regional Agency Markets  
Central

CITY OF MILWAUKEE

2002 FEB 13 PM 3: 52

RONALD D. LEONHARDT  
CITY CLERK

February 11, 2002

Office of City Attorney  
200 E. Wells St., Suite 800  
Milwaukee, WI 53202-3551

Attention: Grant F. Langley

Your C.I. file #: 01-V-196  
Date of accident: 5-29-00  
Our insured: Seymour Orth  
Our claim #: 400917480

Dear Mr. Langley:

This matter has now been reassigned to me for further handling. Please direct all future correspondence to my attention.

In addition to the contribution requests outlined in our letter of 6-4-01, we have also made medical payments to Goldie Sosoff, a passenger in our car, totalling \$1934.28. Therefore, our total contribution request from you at this time is \$467.05.

Concerning the comments in your letter of July 18<sup>th</sup>, 2001, we feel we do have a valid claim for contribution which is supported by our investigation and Wisconsin Comparative Negligence laws and, further, has been acknowledged by the City of Milwaukee Department of Public Works in correspondence of 11-30-2000. Therefore, your denial is not acceptable. Please advise if your comments, directing us to request a hearing if we disagree with your denial, are only your suggestion or are determined by statute. If by statute, please provide us with a copy for our review.

I look forward to your detailed response. Thank you.

Mr. Terry Darling  
1-262-787-5711 or  
1-800-242-7420, ext. 5711.

**Liberty Regional Agency Markets Central**  
400 N Executive Drive, Brookfield, WI 53005-6039  
(800) 242-7420 (262) 785-0900 Claims Fax 262-787-5770



CGU Insurance  
P.O. Box 1083  
Waukesha, WI 53187-1083

June 4, 2001

City of Milwaukee  
200 E. Wells Street, Room 706  
Milwaukee, WI 53202

Claim# 4009174800  
D/L: 5-29-00  
Insured: Seymour Orth  
Your Employees: Kathy Schult, Edward Clausen, Lynette Halbert

01 JUN 11 AM 11:21  
CITY OF MILWAUKEE  
CITY ATTORNEY  
RECEIVED

This letter is in regard to the above-captioned motor vehicle accident. Please note that my address has changed and be sure to send all future correspondence to the above address.

Please find enclosed a copy of our drafts and the Release of All Claims for claimant Joshua Jaeckel. As you will recall, Mr. Jaeckel was the innocent 3<sup>rd</sup> party involved in this accident. Due to the fact we settled with your office on a 90/10% liability split, we are now coming to you for contribution. We settled Mr. Jaeckel's property damage claim in the amount of \$1213.54 and his bodily injury claim in the amount of \$1522.75. Therefore we are requesting contribution in the amount of \$273.62. You will note the city of Milwaukee is named on the release. Please send your check as soon as possible.

CGU Midwest Insurance

Carol M. Siefkes  
Sr. Claims Representative  
866-290-9601

RECEIVED  
JUN - 7 2001

JR 29

RELEASE OF ALL CLAIMS

SEP 19 2000

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned, being of lawful age, for the sole consideration of One thousand five hundred twenty-two & 75/100 Dollars (\$1522.75-) to the undersigned in hand paid, receipt whereof is hereby acknowledged, do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge Seymour Orth, Hawkeye Security Insurance, CGU Midwest Insurance, Kathy Schutt, City of Milwaukee

and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen bodily and personal injuries and property damage and the consequences thereof resulting or to result from the accident, casualty or event which occurred on or about the 29th day of May, 2000, at or near Milwaukee, WI

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releasees deny liability therefor and intend merely to avoid litigation and buy their peace.

The undersigned hereby declare(s) and represent(s) that the injuries sustained are or may be permanent and progressive and that recovery therefrom is uncertain and indefinite and in making this Release it is understood and agreed, that the undersigned rely(ies) wholly upon the undersigned's judgment, belief and knowledge of the nature, extent, effect and duration of said injuries and liability therefor and is made without reliance upon any statement or representation of the party or parties hereby released or their representatives or by any physician or surgeon by them employed.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this 15 day of October, 2000 X

CAUTION: READ BEFORE SIGNING BELOW ↓

X Joshua Jaechel LS

Witness

Witness

Witness

STATE OF \_\_\_\_\_ } SS.

COUNTY OF \_\_\_\_\_ }

On the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_ acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

My term expires \_\_\_\_\_, 19\_\_\_\_.

Form No. L-3857

Notary Public

RECEIVED  
JUN - 7 2001



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HAWKEYE-SECURITY INSURANCE COMPANY  
414 W STEPHENSON ST  
FREEPORT IL 61032

90007909

CLAIM NUMBER:  
90-091748-00  
/JSZ  
DATE OF LOSS:  
05/29/00

JOSHUA JAECKEL  
6828 S 50TH STREET  
FRANKLIN WI 53132

DRAFT AMOUNT  
\$ 1,300.00

FULL & FINAL SETTLEMENT - BODILY INJURY

HAWKEYE-SECURITY INSURANCE COMPANY  
414 W STEPHENSON ST  
FREEPORT IL 61032

90007909

PAYABLE THROUGH

FIRST BANK NORTH  
FREEPORT, IL

DATE: 10/20/00

1	2	3	4	5CF	6CFN	7CFW	8Help	9	AMOUNT
									10Quit

\$1522.75



