

January 31, 2013

City Of Milwaukee Public Works Division
PO Box 514062
Milwaukee WI 53203-3462

State Farm Claims
PO Box 52273
Phoenix AZ 85072-2273

2013 FEB -4 PM 3:14
OFFICE OF
CITY ATTORNEY

RE: Claim Number: 49-10C2-993
Date of Loss: 07/22/2012
Our Insured: Roberto Esqueda Jr
Amount of Loss: \$21,386.09

RECEIVED
FEB 5 2013
OFFICE OF
CITY ATTORNEY
CITY CLERK'S OFFICE
2013 FEB -5 AM 8:58
CITY OF MILWAUKEE

To Whom It May Concern:

We are writing regarding the incident of 07/22/2012. 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:	\$20886.09
Rental Paid by Company:	+ \$ 0
Uninsured Motorist/Bodily Injury:	+ \$ 0
Medical Payments:	+ \$ 0
Other:	+ \$ 0
Less Salvage:	- \$
Total Company Portion:	= \$20,886.09
Insured's Deductible:	+ \$500.00
Rental Paid by Insured:	+ \$ 0
Total Amount of Loss:	= \$21,386.09

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.

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,



Rae Lynn Kahle
Claim Representative
Phone: (262) 798-6215
Fax:

State Farm Mutual Automobile Insurance Company

Enclosure: Return Envelope



RBZ0003H
State Farm Mutual Automobile Insurance Company

Auto Payments

Route To: Rae Lynn Kahle

BASIC CLAIM INFORMATION

Claim Number: 49-10C2-993
Date of Loss: 07-22-2012
Policy Number: 0686-555-49D
Named Insured: ESQUEDA, ROBERTO

PAYMENTS

C denotes consolidated payment
E denotes EFT payment
P previously converted payment from CAT/CMR

<u>Payment Number</u>	<u>Issued Date</u>	<u>Payee</u>	<u>Status</u>	<u>Amount</u>	<u>Auth ID</u>
105385469J	10-13-2012	PROGRESSIVE	Paid	\$370.38	HBL3
105371761K E	10-03-2012	ENTERPRISE RENT-A-CAR	Paid	\$150.18	ECSAPY
105343910K E	09-13-2012	HERTZ LOCAL EDITION	Paid	\$431.77	ECSAPY
DBL INSRD	09-13-2012	State Farm	Paid	\$158.25	JPP4
105340227K E	09-11-2012	AMATO COLLISION CENTER - EAST	Paid	\$6,556.78	ECSAPY
105339829J	09-11-2012	GERALD REED	Paid	\$2,608.83	UWX0
105314750J	08-23-2012	BRET CEBULLA	Paid	\$742.74	TCPD
105292787J	08-08-2012	ANTONIO CONNER	Paid	\$1,775.00	C6D1
105289939J	08-06-2012	SCOTT PECOTTE	Paid	\$500.00	STR6
DBL INSRD	08-06-2012	State Farm	Paid	\$2,863.62	STR6
105285309J	08-02-2012	ROBERTO ESQUEDA & TINA ESQUEDA	Paid	\$5,615.10	BIKU
Grand Total:				\$21,772.65	

Date: 02-01-2013

Page 1

This report includes only ECS Claims.
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