



FAX COVER LETTER

CITY OF MILWAUKEE
RECEIVER

2010 JUN 15 PM 2:48

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE

2010 JUN 16 AM 8:53

RONALD D. LEOMILLER
CITY OF MILWAUKEE
CITY ATTORNEY

CITY OF MILWAUKEE
RECEIVER

2010 JUN 16 AM 10:24

OFFICE OF
CITY ATTORNEY

RECIPIENT

NAME: STEVE KARINNEY - RISK MGR

COMPANY: CITY OF MILWAUKEE

FAX PHONE NO: 1-414-286-8550

SENDER

NAME: Matthew B McCarthy

PHONE NO: 1-800-531-8722 Ext. 3-3596

FAX PHONE NO: 800-531-8669

IF YOU DO NOT RECEIVE FULL TRANSMISSION, CALL SENDER

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Thank you.

2010 JUN 16 AM 9:03



9800 Fredericksburg Road
San Antonio, Texas 78288

CITY OF MILWAUKEE - CITY CLERK
200 E WELLS ST RM 205
MILWAUKEE WI 53202-3567

June 11, 2010

Reference: Request for payment
DEAR CITY OF MILWAUKEE,

We reimbursed our insured for damages sustained as a result of the loss referenced below. Our investigation shows that your insured is responsible. This is notification that we intend to recover the amount we paid.

USAA policyholder:	Benjamin M. Adank
Claim #:	7296058-7102-3-8944
Date of loss:	February 11, 2010
Loss location:	Milwaukee, Wisconsin
USAA tax ID:	59-3019540
Your policyholder:	MILWAUKEE
Your reference #:	10-S-72

We ask that you not settle the claim with our insured without protecting our recovery rights. Please see the attached Payment Summary for additional details.

If you need additional assistance, please call 1-800-531-8722, ext. 3-3596. I, or one of my co-workers, will assist you.

Sincerely,

A handwritten signature in black ink that reads "Matthew B McCarthy".

Matthew B McCarthy
Subrogation Department
USAA Casualty Insurance Company

Payment Summary

USAA claim #: 7296058-7102-3-8944
Your reference #: 10-S-72

Vehicle damages	\$	12,267.36
Deductible	\$	500.00
Rental/loss of use	\$	900.00
Towing	\$	150.00
Total payment requested	\$	13,817.36

- Make your certified check or money order payable to: **USAA as subrogee of Benjamin M. Adank.**
- Provide claim# 7296058-7102-3-8944 on your check or money order.
- Send your payment to: **USAA Subrogation Dept
P.O. Box 659476
San Antonio, Texas 78265-9476.**

Any payment less than the full amount that we have requested will not satisfy our claim. We will not waive our legal rights to enforce collection of the remaining unpaid amount unless we provide you a written release.