



6000 AMERICAN PARKWAY MADISON, WI 53783-0001

> Claim Number: Date Of Loss: Policy Number: Policyholder:

01-005-481743 11/22/2022 410258665689

Olivera Andric And Milivoje Andric

CITY OF MILWAUKEE 2142 W CANAL ST MILWAUKEE, WI 53233-2504

February 10, 2023

Dear City Of Milwaukee,

This correspondence contains important information regarding your claim. Please review and respond accordingly.

Our investigation indicates you may be responsible for the damages incurred by our customer due to the incident that occurred on the above referenced date of loss. We anticipate making payments to our insured. Once payment is made, we intend to seek reimbursement from you or your insurance carrier.

Please respond to us as soon as possible. If we do not hear from you within 14 days upon receipt of this letter, we will take the necessary steps, including legal action, to recover our damages.

As the representative for this claim, I am here to assist you with any questions you may have. Please use the contact information listed below to reach me. Thank you.

Sincerely,

Cristy Wick

Cristy Wick Claim Adjuster II

AFICS on behalf of American Family Insurance Company

Cristy.Wick@afics.com

Phone: 1-608-722-4579 | Fax: 1-866-935-2858

Mail: 6000 American Parkway, Madison, WI 53783-0001





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CITY OF MILWAUKEE 2142 W CANAL ST MILWAUKEE, WI 53233-2504

Detach on perforation and return the stub

Important Information Regarding Your Claim

Business Reply Slip

Please detach and return with your correspondence. Remember to make sure the address shows through the window.

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

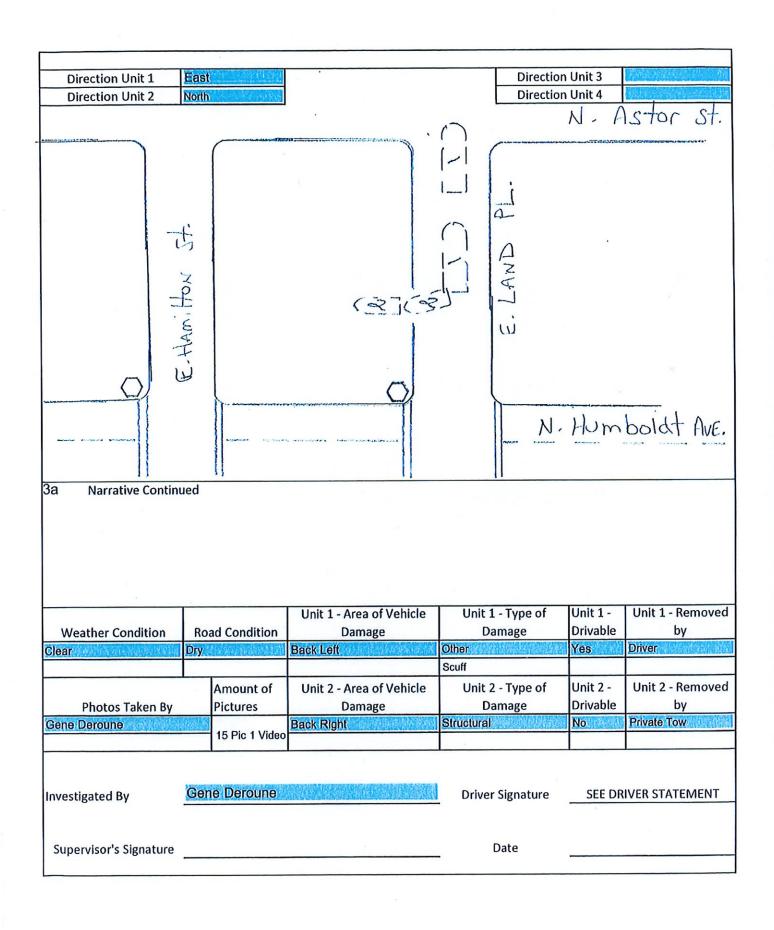
PERMIT NO. 26-105

MADISON, WI

POSTAGE WILL BE PAID BY ADDRESSEE



Equip No	32565				ity of Milwaukee		Claim No			ME-4	
Mileage			Fleet Accident Repo			ort					
Rept No			nvestiga			Operator's Dept					
EID#	029395	Fleet Accident				1b Sanitation					
D&A Tested	ed			quipme	ent Damage Only		Operator's I	erator's License No			
		/andalis	m or Theft		1c W325-8127-8086-06						
Name-A	rus L. V	Valkins		3.0			Supervisor & Phone				
1a City Op	erator	4614 N			ukee WI 53218	M. Stolowski			(6102		
Date-Time 2a of Accident	11-22-2022 10:05 AM		Loca 2b ^{Ac}	ation of cident	1015 E. Land Place	Police Dep 2c		t Notified	J9L1LtDXZ1		
Description of Accident	Unit #1 backing e/b on E. Land PI. for residential house-to-house collection with all flasher lights and warning alarm activated. Unit #2 backing n/b from driveway into roadway. Made contact in the center of street causing damaged to both. #2 has driver only no injuries reported at scene, caused moderate damage to (R) rear side of vehicle. #1 occupied by driver and labor minor scuff mark on rear (L) side step, no injuries reported at scene. Driver of #1 and #2 state they did not see each other.										
4a City Ve	hicle		Description			VIN			License Plate No		
32565					1H9AADADXG1674194			92986			
Damage Description: Scuff on rear (L) Step											
Occupants		ne			Address			Injury	Phone		
of City 5a Vehicle	driver same as above			same as above			No	414-243-6278			
		Nam	e		Address			Injury	Phone		
Passenger	Darnell Perkin	-Overto	on						No	414-243-2327	
5b									414-240-2021		
6a Unit No	6b		Descr	ription		6c License No			6d Ins Co		
#2	2021 Mazda (CX-30			AMM5076			Am Fam			
Damage Description 4b	moderate rear (L) side structural damage										
	Name				Address			Injury	Phone		
Owner 7	Milivoje Andri	С				1015 E. Land Place. Milwaukee WI 53202				414-801-8006	
	Name					Address			Injury	Phone	
Driver 8a	Milica Andric					1602 New Jersey Ave. NW Washington DC. 2001			No	414-801-8006	
Passenger		Name				Address			Injury	Phone	
8b	None										
Passenger		Name				Address			Injury	Phone	
8c									Harris Toy		
Witness			Na	me			Address		Phone		
8d	I was a second of the second o										
Safety Equipment None						Manner of Collision Backing					
Driver Condition						Driver Factor					
Unit 1	Normal		Unit 3		Haran Caranga II	Unit 1	Appeared I		Unit 3		
Unit 2	Normal	14.1	Unit 4		Managara Cara	Unit 2	Appeared N	lormal	Unit 4	TO SERVICE AND A SERVICE OF THE SERV	



Drivers Accident Statement Form

Return this form to: Fax # 414-286-8514 ATTN: GENE
Name of Driver: Javarus Watkins Dr/Lic # W325-8127-8086-06
Address 4614 N. 66 th ST Zip Code 5340 Phone # 414-243-60178
Date/Time (Of Accident): 11/22/22 10:05 Am Police Report? J9L1LT DXZ
Location of Accident 1015 & LAND PLACE Emp Id# 029395
City Equipment #: 32565 Using Department SANITATION C-2
Supervisor Name/Phone # Mile Storile ski 4141703-5340 Drivers Statement: I Was (xve(sing Journ Eland PL going East bound From Noath Aster to collect garbage. Fast bound From Noath Aster to collect garbage. Fastoria and the As I backer up chickers my micross I was clear to proceed and out of no where I felt singthing hit the left gide of my truck and I stopped to stantly. The lady driving her truck came up to the packer and gain I hit for and I called my supervisor at fact point. Any information known about the other unit:
Any information known about the other unit:
Signature: was Wattents Dare 1/12/22

