



Wisconsin Mutual

Insurance Company
8201 Excelsior Drive
Madison, Wisconsin 53717-1907
(608) 836-4663 FAX# (608) 836-1645

CITY OF MILWAUKEE

2003 MAR 19 AM 11:30

RONALD D. LEONHARDT
CITY CLERK

March 17, 2003

City of Milwaukee
City Clerk, 200 E. Wells St. - Rm 205
Milwaukee, WI 53202-3567

RE: Our Insured: Ruby L. Wiley
Our Claim No: 29-888-03
Date of Loss: 02/08/03
Claimant: City of Milwaukee

Dear Sir / Madam:

We are writing you about the accident in which you were involved with our insured on the date shown. Our investigation indicates that you are responsible for this accident.

If you have insurance to protect you please send us the name of your insurance company, its address and your policy number or send this letter to your company. If you do not have insurance coverage please contact our office to discuss reimbursement of this claim.

We have made the following payments and request reimbursement as shown below:

Name of our Payee	Payments Made
Ruby Wiley	\$5,000.00
Net Amount Paid by Company	\$5,000.00
Insured's Deductible	N/A
TOTAL	\$5,000.00

PLEASE CONTACT ROD SCHEIB FOR QUESTIONS.

SINCERELY,

Rod Scheib
CLAIMS DEPARTMENT

ENCL
CC 203

03 MAR 19 11 35 AM
CITY OF MILWAUKEE

3/15/03 11:39:27

CLAIMS CHECK DISPLAY
Check Detail

CLODSPM

Posted Date: 2003-02-25
Check #: 390753
Payment#: 000140158

Date Voided.....:
Check Issue Date....: 2003-02-25
Account Number.....: 1 & C 5003

Payee...: RUBY L. WILEY
5805 N 111TH ST
MILWAUKEE

WI 53225

Check Amount...: 5,000.00

Check Status...: PAID

Comment: Full & final settlement of homeowner loss, sewer backup,
deductible waived. Adj #50 -R

F3=Exit F12=Cancel Enter