



August 25, 2014

RECEIVED

AUG 26 2014

OFFICE OF
CITY ATTORNEY

MILWAUKEE CITY CLERK
200 EAST WELLS STREET; ROOM 205
MILWAUKEE WI 53202

RE: Injury Settlement of Valeria Zorich
Claim Number: MN1289
Date of Loss: 05/17/2011
C.I File No.: 1032-2014-1090

Dear Madam or Sir:

We have been advised by the City Attorney's office that the City of Milwaukee denies liability as to their driver Philyus Pulliam relevant to the May 17, 2011 accident involving Valeria Zorich. Please be advised that ACUITY wishes to appeal this decision and requests a hearing in regard to the matter.

CITY OF MILWAUKEE

2014 AUG 26 A 11:46

CITY CLERK'S OFFICE

Sincerely,

Jodi Carlson Eismann
Claim Representative
Jodi.Eismann@acuity.com

*City Atty Office: our
denial letter was
mailed 8-4-14
(INCLUDE)*



CITY OF MILWAUKEE

2014 JUL 24 P 4:10

CITY CLERK'S OFFICE

July 22, 2014

CITY CLERK
ATTN: CLAIMS
200 E WELLS STREET ROOM 205
MILWAUKEE WI 53202

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JUL 28 2014

OFFICE OF
CITY ATTORNEY

RE: The injury settlement of Valeria Zorich
Our File Number: MN1289
Date of Loss: 05/17/2011
Insured Name: UNIQUE CARPET
INSTALLATION INC

Dear Madam or Sir:

Please be advised we have concluded the injury claim presented by Valeria Zorich. Ms Zorich was a passenger in the 2008 Ford Crown Victoria driven by Philyus Pulliam at the time of a May 17, 2011 motor vehicle accident. This accident was determined to be a split negligence situation with twenty percent contributory negligence resting with your driver, City of Milwaukee Police Officer Philyus Pulliam. In that regard we request twenty percent contribution on the injury settlement of Valeria Zorich.

Enclosed please find paperwork related to Ms. Zorich's injury settlement; as you will note her claim was settled for \$119,000.00. Given the liability assessment of this accident we request \$23,800 or twenty percent of the injury settlement.

Please contact the undersigned with any questions related to this matter or should your office require additional information or paperwork regarding the claim presented by Ms. Zorich.

Sincerely,

Jodi Carlson Eismann
Field Claim Representative
Jodi.Eismann@acuity.com

Enclosure(s)



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JUL 28 2014

MN1289

UPDATE - PEND CL
AUTO - COMMERCIAL AUTO

Payment List Print
UNIQUE CARPET INSTALLATION INC

OFFICE OF
CITY ATTORNEY

Loss Location: WI
Loss Date: 05/17/2011

Requestor: JODI L EISMANN

Run Date: 07/22/2014

Time: 4:16PM

Payment Amount: \$119,000.00

Payment Number: 10872061

Pay To: CERMELE & MATTHEWS SC CLIENT TRUST
ACCOUNT

Mail To: CERMELE & MATTHEWS SC
ATTN: JON CERMELE
6310 W BLUEMOUND ROAD SUITE 200
MILWAUKEE WI 53213

Pay Period:

Invoice Number:

Issued Date: 01/03/2014

Accounting Status: Honored 01/08/2014

Service Dates:

In Payment Of: FULL & FINAL SETTEMENT OF VALERIA
ZORICH'S INJURY CLAIM

Remarks:

CERMELE & MATTHEWS, S.C.

6310 WEST BLUEMOUND ROAD • SUITE 200 • MILWAUKEE • WISCONSIN 53213
PHONE (414) 276-8750 • FAX (414) 276-8906
CERMELELAW.COM

JONATHAN CERMELE
jon@cermelelaw.com
BRENDAN P. MATTHEWS
brendan@cermelelaw.com

PATRICK RITTER
patrick@cermelelaw.com

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JUL 28 2014

OFFICE OF
CITY ATTORNEY

January 8, 2014

Jodi L. Eismann
Claim Representative
Acuity
2800 South Taylor Drive
Sheboygan WI 53081

Re: My Client: Valeria Zorich
DOL: 05/17/11
Your File: MN1289

Dear Ms. Eismann:

Enclosed is a fully executed original Release of All Claims, as well as a copy of the WKC-170 (Third Party Distribution Agreement).

I appreciate your professionalism in resolving this matter.

Sincerely,

CERMELE & MATTHEWS, S.C.

Jon Cermele

JC/can
Enclosures
PC: Valeria Zorich (w/encs)

REPRESENTING LAW ENFORCEMENT UNIONS AND INDIVIDUAL OFFICERS
THROUGHOUT THE STATE OF WISCONSIN.

Offices also located in Arbor Vitae, WI - Vilas County (715) 356-5164



THIRD PARTY PROCEEDS DISTRIBUTION AGREEMENT

Department of Workforce Development
Worker's Compensation Division
201 E. Washington Ave., Rm. C100
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Fax: (608) 267-0394
http://www.dwd.wisconsin.gov/wc
e-mail: DWDDWC@dwd.wisconsin.gov

Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

WC Claim Number	Employee Name Valeria Zorich
Social Security Number	Employee Mailing Address (number, street, city, state, zip code) 749 W. State St., Milwaukee, WI 53233
Injury Date 05/17/2011	Employer Name City of Milwaukee (Police)
Insurance Claim Number 111239 NRJ	Employer Mailing Address (number, street, city, state, zip code) 200 E. Wells St. #706, Milwaukee, WI 53202
Worker's Compensation Insurance Carrier City of Milwaukee (Self-Insured)	
Submitted By Jonathan Cermele	Mailing Address (number, street, city, state, zip code) 6310 W. Bluemound Rd. #200, Milwaukee, WI 53213

Acuity Insurance, insurer of
Unique Carpet Installation Inc., third party, and the above parties have
agreed to settle the liability of the tort-feasor for injury sustained on 05/17/2011

The proceeds will be distributed according to the provisions of 102.29, Wisconsin Statutes, as follows:

1. \$ 119,000 total amount of third party settlement
2. \$ 25,375 to employee's attorney as cost of collection (fee & costs)
3. \$ 31,208.33 one-third of balance to employee
4. \$ 44,863.00 to worker's compensation insurance carrier or self-insured employer as reimbursement for payment of
\$ 18,316.04 in compensation, and
\$ 26,547.40 in medical expense
5. \$ 17,553.67 balance to employee which shall constitute a cushion or credit against any additional claim under worker's compensation

PLEASE NOTE: APPROVAL VOID IF PROCEEDS RESULT FROM UNINSURED MOTORIST PROVISION	Employee Signature <i>Valeria Zorich</i>
	Attorney Signature <i>[Signature]</i>
Agreement Date <u>1/7/14</u>	Worker's Compensation Insurance Carrier or Self-Insured Employer Signature <i>[Signature]</i>

SETTLEMENT AND DISTRIBUTION OF PROCEEDS AS STATED ABOVE ARE APPROVED.

1/7/14
Date Signed

[Signature]
Administrative Law Judge, Worker's Compensation Division



2800 South Taylor Drive
Sheboygan, WI 53081

RELEASE OF ALL CLAIMS



Claim Number: MN1289

Claims Adjuster: JODI L EISMANN

FOR AND IN CONSIDERATION of the payment to me/us at this time of the sum of One Hundred Nineteen Thousand Dollars (\$119,000.00), the receipt of which is hereby acknowledged, I/we, being of lawful age, do hereby release, acquit and forever discharge Unique Carpet Installation Inc, Richard Rohde and ACUITY, A Mutual Insurance Company, Sheboygan, Wisconsin, their heirs, executors, administrators, agents and assigns, and all other persons, firms or corporations who are or might be liable, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation, on account of, or in any way growing out of, any and all known and unknown bodily injuries and property damage resulting or to result from an accident that occurred on or about the 17th day of May, 2011, at or near S 27TH ST AND PARNELL, MILWAUKEE, WI, 53201.

I/We hereby declare and represent that the injuries sustained are permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this release and agreement it is understood and agreed that I/we rely wholly upon my/our own judgment, belief and knowledge of the nature, extent and duration of said injuries, and that I/we have not been influenced to any extent whatever in making this release by any representations or statements regarding said injuries, or regarding any other matters, made by the persons, firms or corporations who are hereby released, or by any person or persons representing him or them, or by any physician or surgeon by him or them employed.

It is understood and agreed that this settlement is a compromise of a doubtful and disputed claim, that the payment is not to be construed as an admission of liability, and that liability is expressly denied by the party or parties released.

The undersigned further warrant(s) and represent(s) that there are no known persons, firms, corporations, insurance companies, hospitals, or other third parties who have rights against parties released herein based upon subrogation, derivation or assignment including any and all claims or rights of action for damages which any minor children of the undersigned may have originating from the claims of the undersigned arising out of the accident described above. The undersigned hereby agree(s) to indemnify and hold harmless all persons released hereunder, (and their attorneys,) of and from all loss, damage and expense, including all costs of defense and attorneys fees, as a result of any claim based upon subrogation, derivation or assignment including any and all claims or rights of action for damages which any minor children of the undersigned may have originating from the claims of the undersigned arising out of the accident described above.

It is further understood and agreed that this release and payment pursuant thereto is not to be construed as a waiver by or estoppel of any party released to prosecute a claim or action against the undersigned for any damages sustained.

This release contains the ENTIRE AGREEMENT between the parties hereto, and the terms of this release are contractual and not a mere recital.

I/WE FURTHER STATE THAT I/WE HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I/WE SIGN THE SAME AS MY/OUR OWN FREE ACT.

settlement includes any and all bills and liens related to this matter

WITNESS _____ hand and seal this 7th day of JANUARY, 2014
SIGNED IN THE PRESENCE OF _____ CAUTION! READ BEFORE SIGNING

Don Carmelo

Valeria Zorich (SEAL)

(SEAL)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

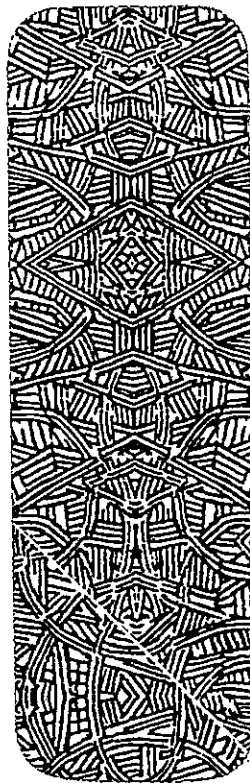
Also Applicable in Colorado: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

ACUITY

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JUL 28 2014

OFFICE OF
CITY ATTORNEY



THE UNIVERSITY OF CHICAGO



THE UNIVERSITY OF CHICAGO

THE SECRET

