



6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001

Underwritten By:  
American Family Insurance Company  
Tel: 1-800-MY AMFAM (1-800-692-6326)  
Fax: 1-866-935-2858

CITY OF WEST ALLIS  
7525 W GREENFIELD AVE  
WEST ALLIS, WI 53214

Claim Number: 01-005-722693  
Date Of Loss: 01/29/2023  
Policy Number: 410456567793  
Policyholder: Shaquanda Dalton And Jonquis Rucker-eason

February 22, 2023

Dear City Of West Allis,

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.

If you have liability insurance that covers these damages, please share this letter with your insurance company. Additionally, please fill out the attached form and return it to our Subrogation Department in the envelope provided.

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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### INSURANCE INFORMATION FORM

American Family Insurance Company  
ATTN: Cristy Wick  
6000 AMERICAN PARKWAY  
MADISON WI 53783-0001

Date of Loss: 01/29/2023

American Family Insurance Company Claim Number: 01-005-722693

American Family Insurance Company Insured's Name: Shaquanda Dalton

My Name: \_\_\_\_\_

Name of My Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My Policy Number is: \_\_\_\_\_

Insured Name on My Policy: \_\_\_\_\_

My Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4000 00030003 000900 0000



I have reported this loss to My Insurance Company. Yes  No

Check Here  if you do not have a liability insurance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



Insure carefully, dream fearlessly.  
6000 AMERICAN PARKWAY  
MADISON, WI 53783-0001

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CITY OF WEST ALLIS  
7525 W GREENFIELD AVE  
WEST ALLIS, WI 53214

8200 00010003 000900 0000

*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

AMERICAN FAMILY INSURANCE  
6000 AMERICAN PARKWAY  
MADISON, WI 53791-9815

