CITY OF WEST ALLIS

OCI SI SON

Payment Address 24344 Network Place

Chicago, IL 60673-1243

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*PROGRESSIVE* 

10/14/2014 9:08:00 AM Certified Mail 91 7199 9991 7035 1203 8102 Return Receipt Requested

CITY OF WEST ALLIS ATTN: CITY ATTORNEY 7525 W GREENFIELD AVE CITY HALL, ROOM 232 WEST ALLIS, WI 53214 RECEIVED

OCT 20 2014

WESTALLIS
CITY ATTORNEY

Your Client: WAYSTEDT, CHRISTINE Your Claim Number:n/a Our Insured:KRONQUIST, THOMAS Our Claim Number:14-2238440 Amount Subject to Reimbursement:4,801.92 Amount of Insured's Deductible: 500.00

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: 72ND ST / LINCOLN AVE in WEST ALLIS

Date and Time of Loss:08-08-14 at 4:35pm

Description of Loss: Our named insured's' 2000 Dodge Dakota was traveling West Bound on 72<sup>nd</sup> St at the intersection of Lincoln Ave. A City of West Allis 2001 Chevrolet Impala, license plate# E1336, was traveling East Bound on 72<sup>nd</sup> St at the intersection of Lincoln Ave. As our insured's' vehicle approached the intersection, the 2001 Chevrolet Impala made a left turn and collided with our insured's vehicle. The driver, Christine Waystedt, is the proximate cause of the accident for failure to yield right of way.

Please make your draft payable to Artisan and Truckers Casualty Co as subrogee of "KRONQUIST, THOMAS", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience. All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated, prompt attention to this matter.

Richard Bertan Subrogation Representative

Artisan and Truckers Casualty Co

Tel. 440-910-5828 Fax. 888-781-6947

Email: Richard W Berlan@progressive.com