

PO Box 15149
Worcester MA 01615-0149
Telephone: 800-628-025 Ext: 8552452
Fax Number: 508-926-5660

November 02, 2021

CITY OF WEST ALLIS
7525 W GREENFIELD AVE
WEST ALLIS WI

RECEIVED
NOV 05 2021
WEST ALLIS
CITY ATTORNEY

Re: Our Insured: Amy Moreno
Claim Number: 19-00926785 001
Date of Loss: 08/26/2021
Your Insured: City of West Allies Ambulance
Your File Number:

Dear Sir or Madam:

Our investigation indicated the above incident was caused by the negligence of your insured.

Enclosed are subrogation papers documenting our request for reimbursement of the following outlined payments:

Our Payment:	2360.98
Deductible:	0.00
Total Claim:	2360.98

Please forward your payment to: The Hanover Insurance Company
Claim Recoveries
PO Box 896658
Charlotte, NC 28289-6658

Please note the claim number on the check.

Thank you for your cooperation in this matter.

Sincerely,
Lori Dansereau

Lori Dansereau
Subrogation Adjuster
Allmerica Financial Benefit
ldansereau@hanover.com



CLAIMANT CONTACT INFORMATION

Name: Hanover Insurance a/s/o of Amy More
Address: P.O. Box 15149
Worcester, MA 01615

Phone: 508-855-2452
Email: ldansereau@hanover.com

INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: 08/26/2021 Time of day: 02:00
Location: 56 St, Milwaukee, WI

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

West Allies ambulance struck the legally parked Moreno vehicle, police report in evidence.

Check one:

- I am seeking damages at this time (complete Claim Amount section below)
- I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Lori Dansereau A/s/o Amy Moreno Date: 11/2/2021
Claim 19-00926785 CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

The total amount sought is: \$ 2,360.98

SAVE

PRINT

1SL0JLQZ64
21-029443

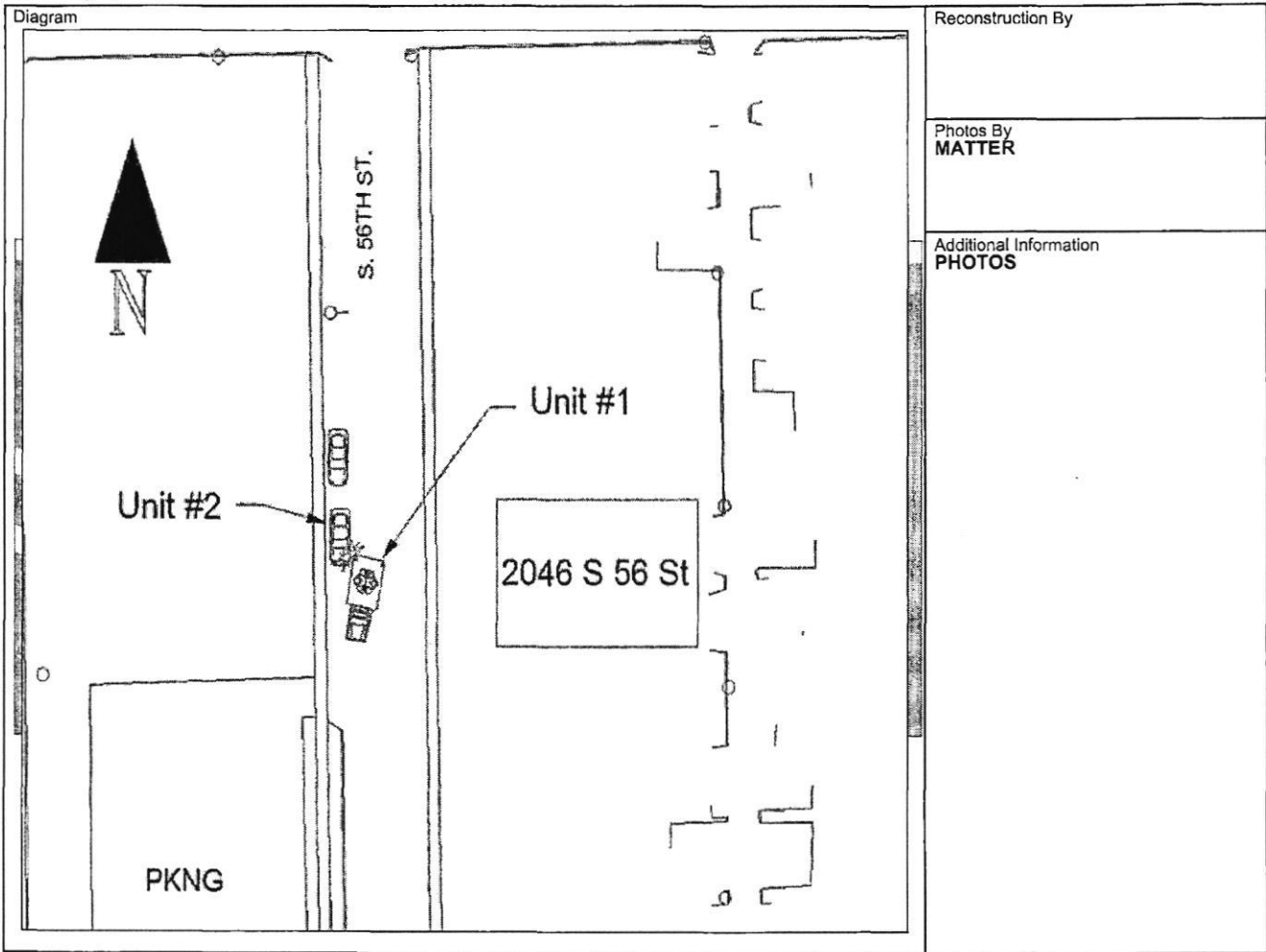
WISCONSIN MOTOR VEHICLE
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

1SL0JLQZ64

Document Number Override		Primary Crash Document #	Agency Crash Number 21-029443	Investigating Officer/Deputy OFFICER A. MATTER	
Crash Date 08/26/2021		Crash Time 02:13 PM	Date Arrived 08/26/2021	Time Arrived 02:20 PM	
Date Notified 08/26/2021		Time Notified 02:13 PM	Total Units 02	Total Injured 00	Total Killed 00
<input checked="" type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description



I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT #2 WAS LEGALLY PARKED, UNOCCUPIED, ON THE WEST SIDE OF THE STREET IN THE 2000BLK S 56 ST. UNIT #1 (WAFD AMBULANCE M1) WAS RESPONDING, IN EMERGENCY RESPONSE, TO A MEDICAL CALL FOR SERVICE IN THE 2000BLK S. 56 ST. UNIT #1 PULLED TO THE WEST TO PARK ACROSS THE STREET FROM 2046 S 56 ST. THE REAR PASSENGER SIDE OF UNIT #1 CRASHED INTO THE FRONT DRIVERS SIDE OF UNIT #2.