



Insure carefully, dream fearlessly.

6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

WAUWATOSA CITY
7725 W NORTH AVE
WAUWATOSA, WI 53213-1720

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.*

AMERICAN FAMILY INSURANCE
6000 AMERICAN PARKWAY
MADISON, WI 53783-0001



6000 AMERICAN PARKWAY
MADISON, WI 53783-0001

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

WAUWATOSA CITY
7725 W NORTH AVE
WAUWATOSA, WI 53213-1720

Claim Number: 01-006-018312
Date Of Loss: 04/15/2023
Policy Number: 0674009204
Policyholder: Patrick Haley And Amanda Haley

February 15, 2024

Dear Wauwatosa City,

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.

If you do not have liability insurance, you will be personally responsible for repaying the entire amount. Please notify us if your insurance does not cover these charges, or if you are uninsured, to set up a repayment plan.

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,

Brittany Jo Rubino

Brittany Jo Rubino
Desk Adjuster
AFICS on behalf of American Family Mutual Insurance Company, S.I.
BrittanyJo.Rubino@afics.com
Phone: 1-608-722-2783 | Fax: 1-866-935-2858
Mail: 6000 American Parkway, Madison, WI 53783-0001

Claim Number: 01-006-018312
American Family Mutual Insurance Company, S.I.

INSURANCE INFORMATION FORM

American Family Mutual Insurance Company, S.I.
ATTN: Brittany Jo Rubino
6000 AMERICAN PARKWAY
MADISON WI 53783-0001

Date of Loss: 04/15/2023

American Family Mutual Insurance Company, S.I. Claim Number: 01-006-018312

American Family Mutual Insurance Company, S.I. Insured's Name: PATRICK HALEY

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: _____

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

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

Signature

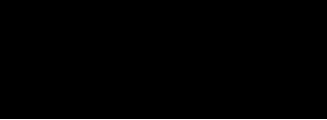
Date

Printed Name

CITY OF WAUWATOSA
7725 W. North Avenue
Wauwatosa, WI 53213

NOTICE OF CIRCUMSTANCES OF CLAIM

Name: Mila Haley

Address: 

Phone: 

Incident/Accident Information

Date: 4/15/2023

Time: 7pm

Place: E bound on Vliet St, Milwaukee, WI

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary.) For auto damages, attach a copy of police report, if any, and a diagram of the accident scene indicating north, south, east or west corners if the accident occurred at an intersection. For bodily injury, indicate nature of injury, whether or not medical attention was given and the name of the treatment provider. Identify any witnesses to the incident/accident.
Our insured was proceeding through the intersection when there was an active police chase and
The police officer entered the intersection in an unsafe manner and impacted our insured who was
Already established in the intersection prior to the officer. The officer also entered without
Any lights per our insured statement.

Signed: Brittany Jo Rubino claims adjuster on behalf of Mila Haley American Family
Insurance Date: 9/12/2023
01-006-018312

CLAIM

NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Circumstances of Claim you may file a claim with the City at any time consistent with the applicable statute of limitations. However, in order for the City to formally accept or deny your claim at this time, the following claim must be completed and signed.

The undersigned hereby makes a claim against the City arising out of the circumstances described above in the amount of \$_____.

To process this claim it is necessary to detail all damages being sought.

Signed: _____

Date

Address: _____