

RESOLUTION NO. 2023-91

**RESOLUTION OF THE VILLAGE BOARD OF THE VILLAGE OF CALEDONIA
AUTHORIZING THE PAYMENT TO LIBERTY MUTUAL FOR A MEDICAL PAYMENT
CLAIM ON BEHALF OF SARIYAH CORBITT INVOLVING THE CALEDONIA FIRE
DEPARTMENT**

WHEREAS, the Village of Caledonia is self-insured under CVMIC for all property and liability claims;

WHEREAS, the Village of Caledonia, through a Caledonia Fire Department Battalion 12 vehicle, was allegedly involved in a rear-end collision on January 3, 2023;

WHEREAS, the driver of Battalion 12 allegedly reached down to retrieve his phone and allegedly rear-ended the vehicle in front of him causing minor damages to the insured's vehicle;

WHEREAS, on February 2, 2023, Liberty Mutual submitted a claim in the amount of \$1,000.00 requesting reimbursement for an amount they paid in connection with medical payments they made on behalf of Sariyah Corbitt, shown in **Exhibit A**, attached hereto.

WHEREAS, on July 25, 2023, the Finance Committee recommended that the Village resolve this claim by paying Liberty Mutual a total of \$1,000.00 after the execution of a release; and

NOW, THEREFORE, BE IT RESOLVED by the Caledonia Village Board, that the recommendation of the Finance Committee is hereby approved, and such claim shall be resolved by paying Liberty Mutual a total of \$1,000.00 upon the execution of a release in exchange for the settlement payment of the claim as set forth above.

Adopted by the Village Board of the Village of Caledonia, Racine County, Wisconsin, this 8 day of August 2023.

VILLAGE OF CALEDONIA

By: Thomas R. Weatherston

Thomas Weatherston
Village President

Attest: Joslyn Hoeffert
Village Clerk

Liberty Mutual Insurance Company
P.O. Box 5014
Scranton PA 18505-5014



 **CONTACT US**

Corinne.Smith@LibertyMutual.com

Direct: (509) 960-3331
Toll-Free: (800) 225-2467
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**Liberty Mutual Insurance
Company**
P.O. Box 5014
Scranton PA 18505-5014
United States

LibertyMutual.com

Village of Caledonia
6922 Nicholson Rd
Caledonia, WI 53108
US

May 23, 2023

Your Insured: Village of Caledonia
Your Claim Number: 0
Date of Incident: 01/03/2023

Our Claim Number: 052137629-01
Our Insured: Cobey Corbitt

Dear claims,

I'm writing with important information about your insured's claim number 0. Based on our investigation, we believe your insured is responsible for 100% of the injuries sustained by SARIYAH CORBITT as a result of this loss.

Pending - Amount Paid to Date \$1,000.00

Please include our claim number on your check for the total amount shown above.

Please forward payment to:

**Liberty Mutual
Attn: Claims Financial Operations
PO Box 2825
New York, NY 10116-2825**

We're Here to Help

If you have any questions, please contact me directly and I'll be happy to help. I can assist you more quickly if you reference your claim number in all communications.

Sincerely,

CORINNE SMITH
Claims Department