

RESOLUTION NO. 2024-002

**RESOLUTION OF THE VILLAGE BOARD OF THE VILLAGE OF CALEDONIA
AUTHORIZING THE PAYMENT TO STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY FOR AN AUTO LOSS CLAIM ON BEHALF OF ELSIE
SASAN INVOLVING A VILLAGE PARK'S DEPARTMENT VEHICLE**

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

WHEREAS, the Village of Caledonia, through a Caledonia Park's Department vehicle, was allegedly involved in an auto collision on June 30, 2023; and

WHEREAS, allegedly, the driver of the Park's Department Vehicle backed into a vehicle parked behind him allegedly causing damages to the Elsie Sasan's (the "insured") vehicle; and

WHEREAS, on October 2, 2023, State Farm Mutual Automobile Insurance ("State Farm") submitted a claim on behalf of its insured in the amount of \$8,088.43, requesting reimbursement for the amount they paid in connection with the vehicle accident damage and their insured's deductible, as set forth in **Exhibit A**, attached hereto; and

WHEREAS, on December 12, 2023, the Committee of the Whole recommended that the Village resolve this claim by paying the claimed total of \$8,088.43 after obtaining a signed release from State Farm.

NOW, THEREFORE, BE IT RESOLVED by the Caledonia Village Board, that such claim shall be resolved by paying a total of \$8,088.43 upon the execution of a release by State Farm 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 9 day of January 2024.

VILLAGE OF CALEDONIA

By: Thomas R Weatherston

Thomas Weatherston
Village President

Attest: Megan O'Brien

Megan O'Brien
Deputy Village Clerk

October 2, 2023

Village Of Caledonia
5043 Chester Ln
Racine WI 53402-2414

Subrogation Services
PO Box 106172
Atlanta GA 30348-6172

RE: Claim Number: 49-52G3-73X
Our Insured: Elsie Sasan
Date of Loss: June 30, 2023
Your Insured: Village Of Caledonia
Your Insured Driver: Peyton Lacoursiere
Your Claim Number: Unknown
Your Policy Number: Unknown
Loss Location: 8201 Nicholson Rd Caledonia, WI

To Whom It May Concern:

We have been informed you are the liability carrier for the party involved in this loss with our insured. Our investigation indicates your insured is responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm® paid by Cause of Loss:

Total Amount Paid by State Farm:	\$7,588.43
Insured Deductible Amount:	\$500.00
Total Amount Due to State Farm:	\$8,088.43

If you have paid the deductible to our insured, please reduce the Total Amount Due to State Farm by the deductible amount.

Property Damage

042 - Uninsured Motorist PD	\$0
300 series/400 - Comp/Collision	\$7,588.43
501 - Rental/Loss of Use	\$0
Other Property Damage	\$0
Salvage Recovery	\$0
Insured Deductible Amount	\$500.00

49-52G3-73X
Page 2
October 2, 2023

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$8,088.43.

Your driver is liable for striking parked and unoccupied vehicle.

Please remit payment of this claim, or contact us at (877) 787-8276 Ext. 6156923508 to discuss settlement. Please include our claim number on the payment. If you reimburse our insured's deductible directly, please advise us at time of payment. Thank you for your cooperation.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

If you have questions or need assistance, call us at (877) 787-8276 Ext. 6156923508.

Sincerely,

Rebeca Thomsen
Claim Associate
(877) 787-8276 Ext. 6156923508
Fax: (866) 231-9276
statefarmclaims@statefarm.com

For your protection, when emailing State Farm, please do not include sensitive personal information such as Social Security Number, credit/debit card number (financial account number), driver's license number, or health/medical information in an email. Please contact us at (877) 787-8276 Ext. 6156923508 to discuss sensitive information.

State Farm Mutual Automobile Insurance Company

Enclosure(s): supports

Other insurance carriers with access to st8.fm/oic-self-service can check for claims and review claim status online, including some payment details such as issue date, status, and amount. They can also view principal damage information and upload documents for an open claim. All insurance carriers can file an auto claim online on statefarm.com/claims.



RBZ00070

State Farm Mutual Automobile Insurance Company

Auto Payments by Participant/COL

Route To: Rebeca Thomsen

BASIC CLAIM INFORMATION

Claim Number: 49-52G3-73X

Date of Loss: 06-30-2023

Policy Number: 2147-830-49B

Named Insured: SASAN, ELSIE

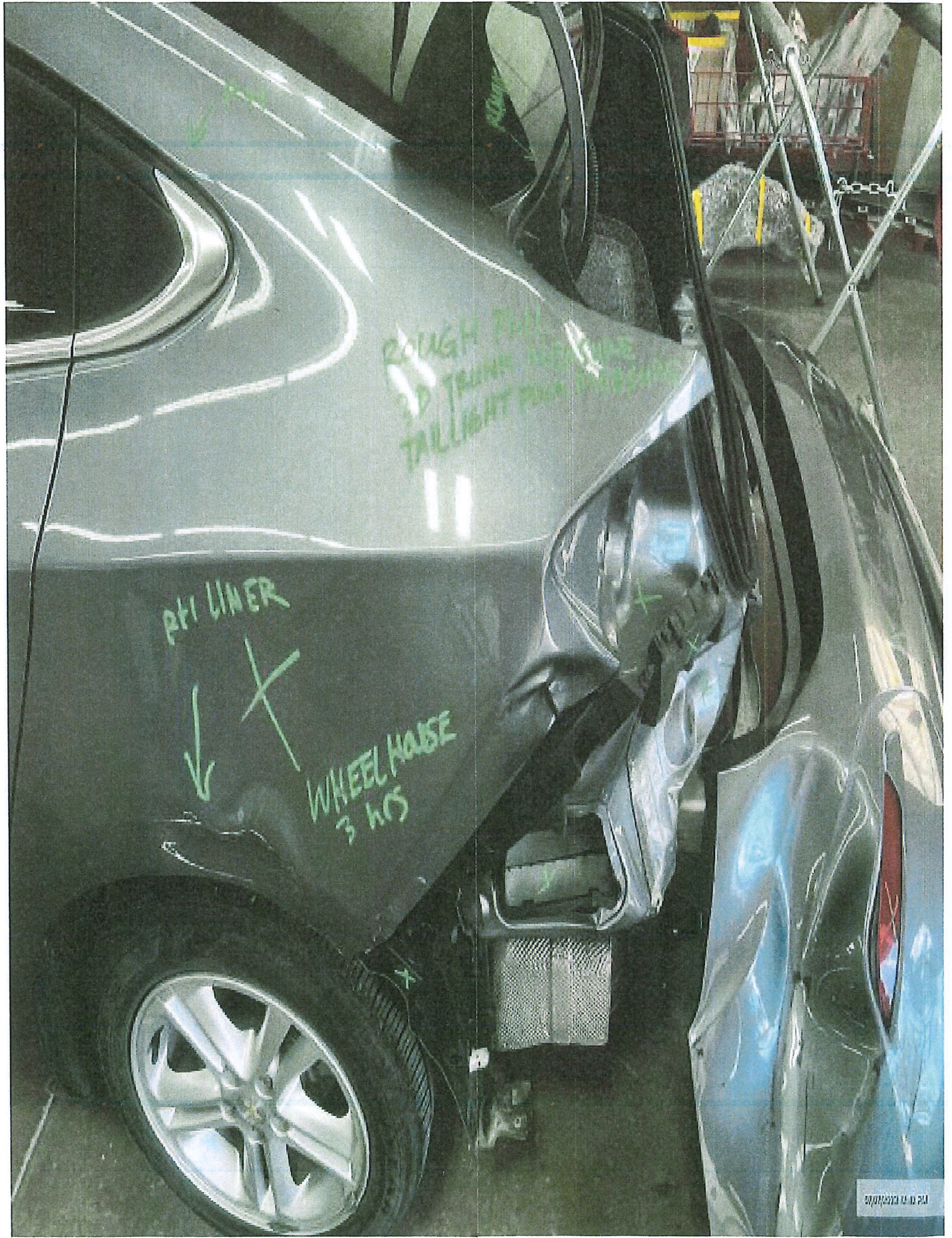
Named Insured(s) / 400 - COLL

C denotes consolidated payment

E denotes EFT payment

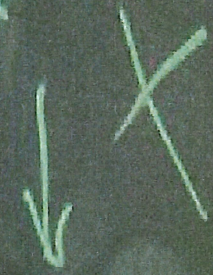
P previously converted payment from CAT/CMR

<u>Payment Number</u>	<u>Issued Date</u>	<u>Payee</u>	<u>Payable COL</u>	<u>Pay Cd</u>	<u>Status</u>	<u>Amount</u>	<u>Auth Id</u>	<u>Rsn Cd</u>
105604863K E	08-21-2023	CALIBER COLLISION - CUDAHY	400	1	Paid	\$7,588.43	ECSAPY	
Total:						\$7,588.43		



ROUGH PAINT
3D TRUNK
TALL LIGHT

PHI LINER



WHEEL HOUSE
3 HOS

