



New York Central Mutual Fire Insurance Company
1899 Central Plaza East, Edmeston NY 13335-1899
800-234-6926 nycm.com

01/07/2025

ERIE COUNTY WATER AUTHORITY
295 MAIN ST
ROOM 350
BUFFALO NY 14203-2494

Re: Policy No: 80159681
D/L: 09/04/2024
Our File: 2024627251-0
Agent: 1K 5193 HOUCK-SEWARD AGENCY
Insured: SUSAN M CARR

Dear ERIE COUNTY WATER AUTHORITY:

We are the insurance carrier for the above named insured who sustained a loss as a result of your negligence.

Inasmuch as we paid our insured directly for the damages, we look to you for reimbursement in the amount of \$4594.38.

Enclosed please find a Notice of Claim Form together with all pertinent information to substantiate our subrogation claim.

Please forward this letter to your insurance carrier for processing in order to avoid any legal action against you.

If you do not carry insurance, please contact this office in order that we may discuss reimbursement.

Very truly yours,

Mary A. Banta
APD Subrogation Examiner I

MAB:mab
Encs.

S1M (9/13)

DISCLOSURE STATEMENT

This information which has been provided to you by New York Central Mutual Fire Insurance Company is to be solely used by you in evaluating your claim. No further disclosure of the information enclosed herewith is allowed without the express written consent of New York Central Mutual Fire Insurance Company and the individual to whom this information pertains.

We thank you for your cooperation in maintaining the claimant's right to privacy. To that end, we request that the records which we provided be destroyed after the stated need has been fulfilled.

NOTICE OF CLAIM

DATE 01/07/2025

TO: ERIE COUNTY WATER AUTHORITY
295 MAIN ST
ROOM 350
BUFFALO NY 14203-2494

Please take notice that the undersigned hereby makes a claim for damages,
the claimant states:

1. CLAIMANT Name: SUSAN CARR
Address: 113 JOANIE LN
AMHERST NY 14228

2. NATURE OF CLAIM:
YOUR VEHICLE STRUCK OUR STOPPED VEHICLE

3. DATE, TIME AND PLACE CLAIM AROSE:
09/04/2024
CLEVELAND DR CHEEKTOWAGA NY

4. AMOUNT OF DAMAGE: \$4594.38

Mary Barbara
TITLE: ~~NEW YORK CENTRAL MUTUAL INSURANCE~~
NEW YORK CENTRAL MUTUAL
FIRE INSURANCE COMPANY
AS SUBROGEE OF 20246272510
FILE NO: 2024627251-0

Sworn to before me this

7th day of January, 2025
Laurie D. Jones
Notary Public

MAB:mab

LAURIE D. JONES
Notary Public, State of New York
No. 01JO4945859
Qualified in Oneida County
Commission Expires 01/27/2025

SUB10



For Customer Support refer to the appropriate platform below:

Police Records Retrieval

800-934-9698

PoliceRecords.support@lexisnexisrisk.com

Accurint for Insurance

866-277-8407

Accurint.support@lexisnexisrisk.com

For tips on ordering visit:

statetips.lexisnexisrisk.com

PAGE COUNT: 3

CLIENT: 6637

DIVISION:

ADJUSTER: SBUSCHOR

CLAIM: 20246272510

TRANSACTION #: 2859149151

DATE: 2024-10-04 11:03:16.0

DATE OF LOSS: 09/04/2024

TIME OF LOSS:

STREET: CLEVELAND DRIVE

CITY: CHEEKTOWAGA

COUNTY: ERIE

STATE: NY

INVESTIGATING AGENCY: CHEEKTOWAGA PD

REPORT NUMBER: 24-443860

REPORT TYPE: AUTOACCIDENT

PARTY1: SUSAN M CARR

PARTY2: BRIAN LYNCH

PARTY3:

CAR: MAKE: FORD YEAR: 2016

TAG: AX8124

ADDITIONAL INFO:

NOTE:

THANK YOU FOR YOUR ORDER!

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
24-443860
RMCHE45JFXDNX

AMENDED REPORT

19
7

Accident Date: 9/4/2024, WEDNESDAY, 17:05. Vehicle 1: Buffalo, ERIE COUNTY, WATER AUTHORITY. Vehicle 2: Kenmore, CARR, SUSAN M. Accident Description: ACCIDENT OCCURRED AT THE INTERSECTION OF CLEVELAND DR AND CAYUGA RD.

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Table with columns for Driver Name, License ID, Date of Birth, Sex, etc. Includes Officer's Rank and Signature: T KRZEMIEN, Date/Time Reviewed: 9/5/2024 08:38.

ALL INVOLVED

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
24-443860
RMCHE45JFXDNX

AMENDED REPORT

19

1 Accident Date: Month 9, Day 4, Year 2024. Day of Week: WEDNESDAY. Military Time: 17:05. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: Accident Reconstructed. Left Scene: . Police Photos: Yes [checked] No.

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2 VEHICLE - Driver License ID Number, Driver Name - exactly as printed on license, Address (Include Number and Street), Apt. No.

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3 City or Town, State, Zip Code, Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged.

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4 Name - exactly as printed on registration, Sex, Date of Birth, Address (Include Number and Street), Apt. No., Haz. Mat. Code, Released.

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5 City or Town, State, Zip Code, Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code.

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6 Ticket/Arrest Number(s)

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7 Violation Section(s)

VEHICLE DAMAGE CODING: Box 1 - Point of Impact, Box 2 - Most Damage. Enter up to three more damage codes. Vehicle By: Towed To: VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT.

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ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine Yes No.

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Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County ERIE, City Village Town of, Road on which accident occurred.

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Accident Description/Officer's notes: D1 STATED V1 WAS ATTEMPTING TO PULL OUT OF THE PARKING LOT OF 1505 CLEVELAND DR WHEN V1 STRUCK V2. LISTED WIT STATED IT APPEARED V1 WAS PULLING OUT OF THE PARKING LOT OF 1505 CLEVELAND DR DUE TO THE POSITIONING OF V1. V1 HAD DAMAGE TO THE FRONT PASSENGER SIDE BUMPER. V2 HAD DAMAGE TO THE REAR PASSENGER SIDE QUARTER PANEL. WITNESS #1 CLAUDINE HARPER (716) 435-7287

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8 9 10 11 12 13 14 15 16 17 BY: A L L I N V O L V E D. Officer's Rank and Signature: P/O [Signature], Badge/D No.: 1019, NCIC No.: 01455, Precinct/Post Troop/Zone, Station/Beat Sector, Reviewing Officer: VOGEL, D, Date/Time Reviewed: 9/5/2024 08:38.