

# WESTON PATRICK

A PROFESSIONAL ASSOCIATION SINCE 1897\*  
84 STATE STREET  
BOSTON, MASSACHUSETTS 02109-2299  
(617) 742-9310  
FACSIMILE (617) 742-5734  
www.WestonPatrick.com

GEORGE B. REDDING (1905 - 1996)  
RALPH H. WILLARD, JR. (1917 - 2004)  
CHARLES E. HOLLY  
C. PETER R. GOSSELS  
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J. WALTER FREIBERG, III  
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ERIN B. FINN  
EDWARD K. LAW  
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JONATHAN P. ASH  
CHARLES N. GALLO  
ELIZABETH C. CAIAZZI  
MATTHEW K. BARISON

CLIENT'S OWN INSURANCE COMPANY  
attn: CLAIMS

DATE

RE: my client and your insured:  
automobile collision on: date, location

Dear Sir or Madam,

Please be advised that I have been retained by NAME of TOWN or CITY, STATE, whose automobile insurance policy is with your company.

CLIENT'S NAME was injured in an automobile collision caused by another motorist's negligence.

Enclosed please find a copy of the letter we have sent to DEFENDANT'S INSURANCE COMPANY, which provides details of the collision. I also enclose the report from the TOWN or STATE POLICE which responded to the crash.

Claim is hereby made for all benefits available to my client under his automobile insurance policy with your company, including Personal Injury Protection benefits for the payment of his/her medical bills and lost wages and, if the motorist at fault has no insurance or insufficient insurance, for Un-Insured or Under-Insured coverage.

Please be kind enough to forward all necessary claims forms and a Personal Injury

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\*EACH ATTORNEY IN THIS ASSOCIATION IS AN INDEPENDENT PROFESSIONAL WHO IS NOT RESPONSIBLE FOR THE PRACTICE OR LIABILITY OF ANY OTHER ATTORNEY IN THE ASSOCIATION EXCEPT FOR THOSE DIRECTLY EMPLOYED BY OR PRACTICING IN PARTNERSHIP WITH THAT ATTORNEY

Protection form to my attention, so my client can submit his medical bills and lost wage claim for payment.

I will be happy to allow a representative of your company to take a statement from my client, in person at my office, or over the telephone, in my presence.

You may expect our complete cooperation in this matter.

Thank you for your anticipated prompt attention to this letter.

Very truly yours,

/s/ Gregory R. Barison

Gregory R. Barison

GRB:ssd-enc.  
cc: CLIENT