



Joshua Cotillier  
210 Martin Luther King Jr. Blvd  
Madison, Wisconsin 53703

April 16, 2026

RE:     Claimant:             Sarah Millard  
         Our Claim No.:       GLDA00004564  
         Our Insured:          Dane County  
         Date of Loss:          2/28/2026

Dear Joshua Cotillier,

We received the above-referenced claim on April 9, 2026. After a thorough examination of the information regarding the claimant alleging damage to their windshield while it was parked at the airport, it has been determined that Dane County has no liability for this claim. There is no supporting evidence that shows causation for the alleged damage, no photos of the damage and no proof of negligence by the County or any County employee. Please issue formal disallowance and provide a copy of this disallowance to WMMIC.

This claim will be closed on the date of receipt of the disallowance.

A copy of this letter has been placed in the claim file for reference. If you should have any further questions, please contact me.

Sincerely,

Samantha McWilliams, CPC-A  
Liability Claim Representative  
Wisconsin Municipal Mutual Insurance Company  
(608) 721-7189  
smcwilliams@wmmic.com



**COUNTY OF DANE**  
DEPARTMENT OF ADMINISTRATION

**RISK MANAGEMENT**  
Room 425 City-County Building  
210 Martin Luther King Jr. Blvd. Madison,  
WI 53703-3342  
608/266-4134  
FAX 608/283-2973 TTY 608/266-4941

Shelby Slaven  
Director of Administration

Joshua Cotillier  
Risk Manager

**MEMORANDUM**

**TO:** Public Protection & Judiciary Committee  
**FROM:** Joshua Cotillier, Dane County Risk Manager  
**DATE:**  
**SUBJECT:** Claim for Disallowance

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The Dane County Clerk has recently received the following claims. The Department of Administration, Division of Risk Management has worked with the various Departments and the County's insurer to investigate these claims and, based upon these investigations, recommend the following actions:

|                   |  |
|-------------------|--|
| Claimant:         |  |
| Date of Incident: |  |
| Date of Claim:    |  |
| Amount Claimed:   |  |
| Department:       |  |
| Insurance:        |  |
| Narrative:        |  |
| Recommendation:   |  |