## SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: William Statfaroni
Date: 9 5 17
In-person
Process Server
Claimant
Other
☐ By mail
☐ By email
By fax Received by:
$ ightharpoonup$ Hand deliver to: Ann Marie $\square$ or Janel $reve{oldsymbol{oldsymbol{oldsymbol{oldsymbol{B}}}}}$
Forwarded to Attorney's Office by Ann Marie or Janel
Response from Attorney's Office
Common Council Agenda: Yes No No

## NOTICE OF CLAIM \$893.80(1)(a), Wis. Stats.

To: City of West Allis

c/o City of West Allis Clerk's Office

West Allis City Hall

7525 W. Greenfield Ave., Rm. 108

West Allis, WI 53214

Claimant: Re:

set forth in the statute.

Claimant's Address:

Date of Occurrence:

Location of Occurrence:

Time of Occurrence:

Circumstances of Claim:

William Staffaroni

1718 S. 58th Street, West Allis, WI 53214

08/03/2017

S. 72<sup>nd</sup> St and W. Lincoln Ave

3:00pm

our client was the 3rd vehicle rear-ended in a

multiple vehicle accident caused by a city of West Allis work vehicle. \*\*Please see City of West Allis

report number 17-029747

This document shall constitute proper notice of claim pursuant to the terms of §893.80 (1)(a), Wis. Stats., and is being duly served upon the City of West Allis within the 120 day period of time

A claim setting forth an itemized statement of the relief sought, required by §893.80(1)(b) Wis. Stats., will be filed at a later date when the extent of the claim is known.

Dated in Milwaukee County, Wisconsin, this 29 day of Act

KARP & IANCU, S.C.,

Attorneys for Claimant

David B. Karp

State Bar No.: 1003936

P.O. Address:

Karp & Iancu, S.C.

933 N. Mayfair Rd., Suite 300

Milwaukee, WI 53226

Phone: (414) 453-0800 Fax:

(414) 453-8282

RECEIVED

SEP 0 5 2017

CITY OF WEST ALLIS CITY CLERK