



CLAIMANT CONTACT INFORMATION

Name: Kathleen Tesch Phone: 414-257-1924
Address: 1316 S 121 St Email: 414-704-3750 Cell
West Allis, W. 53214 Email: Rathi.Tesch@gmail.com

INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: 1/15/23 (Sun) Time of day: _____
Location: _____

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

I was walking in the road on Walker St. (no sidewalks) & 119th and I fell because of a heave in the road. I broke my femur because of the fall. (Ambulance) + police report was taken.
~~I requested a police report and have not gotten it.~~ Accident report attached
The officer was Charles Clark
Report No 23-00-1802

will request again

Check one:

- I am seeking damages at this time (complete Claim Amount section below)
- I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Kathleen Tesch Date: 3/13/23

CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

The total amount sought is: \$ _____

SAVE

PRINT