



CLAIMANT CONTACT INFORMATION

Name: Raishik Jacobs
Address: 1693 S 62nd St

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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: January 12th, 2024 Time of day: 10:00 pm
Location: On the street in front of the house directly across from mine.

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.

On January 12th at 10pm, my neighbor told my dad a tree had fallen on my car. I went outside, took 19 pictures, and we removed the fallen branch and moved my car. The branch had pierced my windshield, and I had to have the windshield replaced. My insurance deductible was more expensive than the actual repair cost, so I paid the \$372.71 out of pocket. There was a claim with my insurance, but I decided

The claim against following through with it due to the high deductible. Check one: 49-6157-65 F through State farm.
 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: Raishik Jacobs Date: 1/26/24

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: \$ 372.71