

**NOTICE OF INJURY OR CIRCUMSTANCES**  
*Pursuant to Wisconsin Statute Section 893.80(1d)(a)*

This Notice must be served upon the local governmental body and upon the body's officers, officials, agents or employees within 120 days after the happening of the event giving rise to the claim. Service is to be accomplished as set forth in Wisconsin Statute Section 801.11.

Claimant Name(s): PHILLIP DRONSO

Claimant Address: 1413 SOUTH 56TH STREET  
WEST ALLIS, WI 53214

Claimant Phone Number: 414-350-5517

Date and Time of Event Giving Rise to the Claim: 01-07-2016 AROUND 7:00 AM

Location of Event Giving Rise to the Claim: 51ST AND NATIONAL, BY 4TH BASE BAR

Statement of the Circumstances of the Event Giving Rise to the Claim, including the names of all persons involved, the identification of all witnesses, if any, and the names and job titles of the local governmental body's employees or agents involved (use additional sheets if necessary):

I WAS PULLED OVER FOR AN ILLEGAL U-TURN, I GAVE OFFICER DANIEL FOY MY LICENSE, HE IMPLIED THAT I WAS SMOKING WEED, I SAID I WAS NOT, HE TOLD ME TO OPEN MY MOUTH, THEN SAID I HAD HEAT BUMPS WHICH INDICATED THAT I WAS SMOKING WEED, HE TOLD ME TO GET OUT OF THE CAR, AND I ASKED BY WHAT PROBABLE CAUSE, BACK UP CAME AND THREATENED TO BREAK MY WINDOWS SO I UNLOCKED MY CAR, OFFICER FOY AND ROBERT KLEINFELDT GRABBED ME AND THREW ME TO THE GROUND, AND ANOTHER OFFICER AND THEM JUMPED ON MY BACK AND PUSHED MY FACE INTO THE GROUND!

Signature(s) of claimant or claimant's agent:

  
\_\_\_\_\_  
\_\_\_\_\_

Date: 05-05-2016

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE OF CLAIM AND CLAIM FOR DAMAGES**  
*Pursuant to Wisconsin Statute Section 893.80(1d)(b)*