



CLAIMANT CONTACT INFORMATION

Name: Rachel Piette
Address: 8290 W Orchard St, Apt #137
West Allis, WI 53214

Phone: 801-564-5646
Email: rachelallover@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: 09/11/2020 Time of day: approx. 4 am
Location: NE corner of S 76th St and W National Ave

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 the morning of 9/11/20, I was parked on the NE corner of S 76th St and W National Ave; I was on my way home and I pulled over because I was having a panic attack. I was in crisis, as I was suffering from a severe manic episode (I am diagnosed with Bipolar Disorder). During this medical emergency, I was approached by West Allis Police Department (WAPD) officers. I notified the WAPD officers that I was experiencing a medical emergency, and they did call for an ambulance. However, in the height of my mania and panic attack, I was experiencing severe paranoia and was having a difficult time trusting the officers and EMTs. During this encounter, the officers grew increasingly frustrated with me, and they began to raise their voices at me. This triggered my PTSD and sent me into further mental distress. Instead of being met with de-escalation tactics, I was met with anger and abusive behavior, which worsened the mental health crisis I was experiencing. This incident resulted in my car being towed, and it cost me \$305.95 to retrieve. In this case, there is no reason that my car had to be towed--when the WAPD officers found that I was unfit to drive, they could've simply taken my car keys and left the car parked until the next day. I feel the officers towed my car in retaliation to my distrust and arguing with them--and again, the reason I was being "difficult" is due to the paranoia and panic attack related to my mental illness. I have attached paperwork to verify that I was truly experiencing a mental health emergency, as I was admitted to the hospital later that day. I am seeking reimbursement for the tow fee that resulted from this incident.

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: 

Date: _____

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: \$ 305.95

SAVE

PRINT

18 NOV 20 AM 11:37
CITY OF WEST ALLIS



- AHCM-SS
- APH
- ASMMC
- Other: _____

MRN: 11128014
 PIETTE, RACHEL
 REG: 8/11/20

ATT: Noel K Garchitorena, MD



STATEMENT OF HOSPITALIZATION/TREATMENT AND RETURN TO WORK

This is to attest that the below listed patient is/was a patient of mine at Aurora Health Care for treatment.

Patient Name: Rachel Piette DOB: [REDACTED]

Start Date of Care: 9/11/2020

End Date of Care: 9/14/2020

or

Estimate of when s/he will complete treatment until: _____

Estimated period of incapacity: _____

S/he may return to work on 9/16/2020 with the following restrictions:

- None
- No Overtime
- Day shift only
- Follow Doctors orders/directions and make all follow up appointments.
- Flexible scheduling to allow attendance at ongoing treatments.
- No physical limitations
- No change in physical limitations
- Other

V.O. Dr. Garchitorena / Mayra Sabal RN
Physician Signature

9/14/2020
Date



STATEMENT OF HOSPITALIZATION/
TREATMENT AND RETURN TO WORK
(Return to Work/School)

White - Patient / White - Medical Records
© AHC 24102040 (Rev. 01/14)

N & S TOWING, INC. PAID
 1719 So. 83rd Street - West Allis, WI 53214
 476-8697 • Fax 476-7828
 - 24 HOUR ROAD SERVICE -
 FLAT BED SERVICE



TOWED FOR Rachel R. Piette DATE 9/15/20

ADDRESS 8290 W. Orchard St #B137 West Allis, WI 53214 RO# WES324 PO#

FLATBED TOW SERVICE CALL P.T. MAKE Ford ESCAPE YEAR 12

LICENSE # WA 3791 STATE WI LOCATION 1632 S. 26th St

VIN # [REDACTED] MAKE Admin Key Note

NAME [REDACTED] PHONE ()

DL# [REDACTED]

ACCI 1 EXP: 12/28

ADVANCE CHARGES	<u>SD</u>	
STORAGE	<u>9/11/20 TO 9/15/20</u>	<u>125.00</u>
AUTHORIZATION #	<u>05151</u>	<u>15.95</u>
TAX		
TOTAL		<u>305.95</u>

I agree to not hold N&S Towing responsible for damages done to my vehicle due to services provided by them unless negligence can be proven and also I agree to pay total amount of invoice according to card issuers agreement and/or N&S Towing's billing policy if credit voucher.

X [Signature]
 OWNER REPRESENTATIVE

X DRIVER

33363

N&S Towing Inc
 1719 S 83rd St
 MILWAUKEE, WI 53214
 414-476-8697
 39300987856080

SALE

MI: 6080 Store: 0001 Term: 0002
 Batch #: 002 REF#: 00000014
 09/15/20 RRN: 025916408385
 Trans ID: 300259597196329
 APPR CODE: 28968C
 VISA *****3438
 Chip
 exp

AMOUNT \$305.95

APPROVED

VISA CREDIT
 AID: A0000000031010
 TVR: 80 80 00 80 00
 TSI: 68 00

THANK YOU!

CUSTOMER COPY