

INCIDENT OCCURED 2016 S. 79th ST
WESTALLIS, WI. 53227
DECEASED WAS THOMAS ANTczAK (Tenant)



CLAIMANT CONTACT INFORMATION

Name: RICHARD BEHRENDT Phone: 414-587-9581
Address: 5536 N. SANTA MONICA Email: SHIRLEDICK@aol.com
WHITEFISH BAY, WI. 53217

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: about 2 weeks ago Time of day: _____
Location: 2016 S. 79th Street West Allis, WI. 53227

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.

CASE # 25-06635 POLICE
MIRIAM GRAF # 414-698-2000 other Tenant
MARY YOST Neighbor 414-327-3348
Tenant Tom ANTczAK died. Police and
fire Dept. acted to see if he was dead or alive.
I was on VACATION in Rhineland 250 miles North
Communicated by phone

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: Richard Behrendt

Date: 10-9-2025

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: \$ 700.00

SAVE

PRINT



How doers
get more done.

11071 WEST NATIONAL
WEST ALLIS, WI 53227 (414)329-1366

4902 00018 56020 10/03/25 09:40 AM
SALE CASHIER KELLIE

733259108592 306PNLSCRHFJ <A> 160.00
30X80 6 PANEL SC LH FJ 4-9/16 JW

SUBTOTAL 160.00
SALES TAX 9.44
TOTAL \$169.44

XXXXXXXXXXXX8524 DEBIT

USD\$ 169.44

AUTH CODE 000830

Contactless

Verified By PIN

AID A0000000042203

DEBIT

4902 10/03/25 09:40 AM



4902 18 56020 10/03/2025 0632

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES C
A 1	90	01/01/2026



How doers
get more done.

11071 WEST NATIONAL
WEST ALLIS, WI 53227 (414)329-1366

4902 00051 98072 10/03/25 09:51 AM
SALE SELF CHECKOUT

764666528536 PTN3S1 <A> 8.97
3" PG10 EXT SCREW 1 LB
050134007758 HTFD SN SCDB <A> 26.47
DEFIANT HARTFORD SN COMBO W SCDB

SUBTOTAL 35.44
SALES TAX 2.09
TOTAL \$37.53

XXXXXXXXXXXX8524 MASTERCARD

USD\$ 37.53

AUTH CODE 095220/5513443

TA

Contactless

AID A0000000042203

DEBIT

P.O.#/JOB NAME: DECK

4902 10/03/25 09:51 AM



RETURN POLICY ID DAYS POLICY EXPIRES C
A 1 01/01/2026