



CLAIMANT CONTACT INFORMATION

Name: Peggy Hartwig
Address: 2742 W. Highland Blvd
Milwaukee, WI 53208

Phone: 414-640-0566
Email: pegrhartwig@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: 08/03/2025 Time of day: 21:35
Location: Intersection on W Greenfield Ave/STH59 EB at S 85th in the City of West Allis, WI

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.

Report 25-029418

1. I'm injured and getting treatment and need to be reimbursed. I would like to be reimbursed for the whip-lash to cover the cost of medical expenses and pain.
2. Lost wages for not working weekly at \$1,700/per week and should be reimbursed until I can get my car
3. Rental care reimbursement for the for time from 8/3/2025 until I get my car.

And as a note, my car has been fixed so if this can be expedited that would get great.

Signed: Peggy Hartwig

also 7/16 - my car damages were \$6,709.07

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: *Peggy Hartwig*

Date: 09/05/2025

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: \$ 6,709.07

SAVE

PRINT