SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: William Staffaron	
Date: 9 19 18	
In-person	
Process Server	
Claimant	
Other	
☐ By mail	
☐ By email	
☐ By fax	
Received by: Jany Sixta	
Hand deliver to: Ann Marie or Janel	
Forwarded to Attorney's Office by Ann Marie or Janel Include Nick Cerwin	
Common Council Agenda: Yes No No	

CLAIM § 893.80(1)(d), WIS. STATS.

TO:

City of West Allis

c/o City of West Allis Clerk's Office

West Allis City Hall

7525 W. Greenfield Ave., Rm. 108

West Allis, WI 53214

RECEIVED

SEP 1 9 2018

CITY OF WEST ALLIS CITY CLERK

City Attorney

West Allis City Hall

7525 W. Greenfield Ave., Rm. 232

West Allis, WI 53214

Re:

Claimant:

William Staffaroni

Claimant's Address:

1718 S. 58th Street, West Allis, WI 53214

Date of Occurrence:

08/03/2017

Location of Occurrence:

S. 72nd St and W. Lincoln Ave

Time of Occurrence:

3:00pm

Circumstances of Claim:

our client was the 3rd vehicle rear-ended in a

multiple vehicle accident caused by a city of West

Allis work vehicle.

PLEASE TAKE NOTICE that pursuant to the terms of §893.80(1)(d), Wis. Stats., you are hereby notified that claim is being made against you for personal injuries and other damages sustained as a direct and proximate result of the negligence and carelessness of your agents, servants and employees.

PLEASE TAKE NOTICE further that the claimant demands satisfaction for said injuries and damages incurred as follows:

For Pain, Suffering and Disability:\$ 50,000 For Medical Bills: \$ 15,168.00

For Lost Earnings: \$

This document shall constitute proper claim pursuant to the terms of §893.80(1)(d), Wis.

Stats.

Dated at Milwaukee, Wisconsin this

KARP & IANCU, S.C. Attorneys for Claimant,

David B. Karp, State Bar No. 1003

MAILING ADDRESS

KARP& IANCU.S.C 933 North Mayfair Road, Suite #300 Milwaukee, WI 53226 P: (414) 453-0800