



## NATASHA MISRA LAW LLC

759 NORTH MILWAUKEE STREET, SUITE 208, MILWAUKEE, WI 53202 | P: 414-210-3834 | F: 414-210-3517  
INFO@NATASHAMISRALAW.COM | NATASHAMISRA.COM

May 26, 2020

**VIA CERTIFIED MAIL & FAX: 1-414-302-8027, p. 1 of 11**

City Clerk's Office – City of West Allis  
7525 W. Greenfield Avenue  
Room 108 to 110  
West Allis, WI 53214

Re: Our Clients: Armando J. Chevere Ortega and Joanna I. Vazquez Martinez  
Your Insured: Owner of Vehicle: City of West Allis Fire Department  
Driver of Vehicle: Timothy A. Bollom  
Type of Accident: Automobile  
Date of Loss: 5/17/2020

Dear City Clerk:

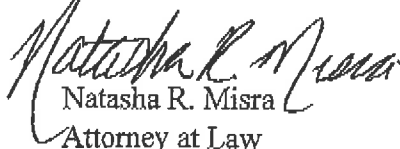
Please be advised that Natasha Misra Law, LLC has been retained by the above named clients to represent a claim for property damage and injuries sustained on the above date when our clients were involved in an automobile incident with your insured. Attached is a courtesy copy of the accident report relating to this matter. Please be further notified of our attorney's lien in reference to this case pursuant to the statutes of the State of Wisconsin.

We are hereby revoking any authorizations signed by our clients and are requesting copies of any written or recorded statements that our clients may have given.

As a result of this accident, our clients sustained property damage to their vehicle along with personal injuries which necessitated medical care and attention. Upon receipt of your acknowledgement of this letter, we will forward the appropriate medicals and specials after they have been reviewed by our office.

Thank you in advance for your anticipated cooperation.

Sincerely,

  
Natasha R. Misra  
Attorney at Law

cc: City Attorney's Office – City of West Allis: Via Fax Only: 414-302-8444

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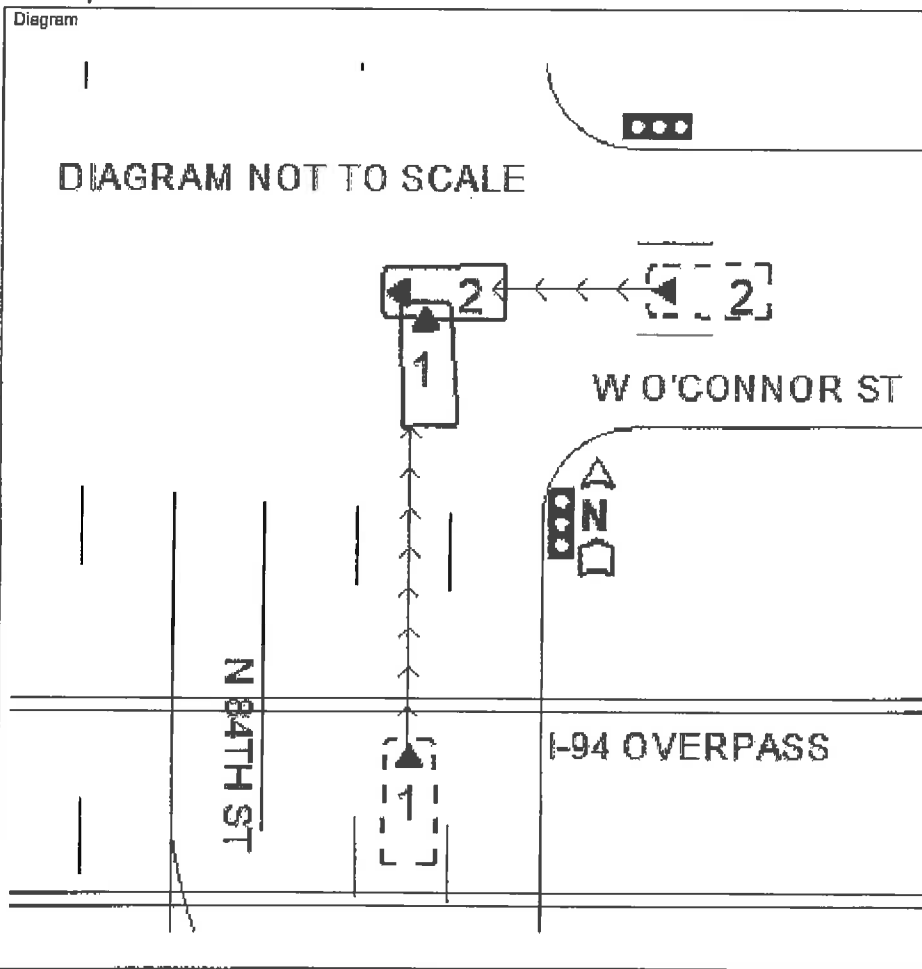
**WISCONSIN MOTOR VEHICLE  
CRASH REPORT**

**MILWAUKEE POLICE DEPARTMENT**  
749 WEST STATE STREET  
MILWAUKEE, WI 53201  
(414) 933-4444

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Document Number Override		Primary Crash Document #	Agency Crash Number	Investigating Officer/Deputy <b>A. GOLLUP</b>	
Crash Date <b>06/17/2020</b>		Crash Time <b>09:49 PM</b>	Date Arrived <b>05/17/2020</b>	Time Arrived <b>10:01 PM</b>	
Date Notified <b>05/17/2020</b>		Time Notified <b>09:52 PM</b>	Total Units <b>02</b>	Total Injured <b>04</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags <b>SUPERVISOR APPROVED</b>	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

**Description**



Reconstruction By

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Photos By  
**P.O. NORWOOD**

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Additional Information  
**PHOTOS**

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 (NON-EMERGENCY TRANSPORT AMBULANCE) WAS NORTHBOUND ON N 84TH ST APPROACHING W O'CONNOR ST. UNIT 2 WAS STOPPED AT THE RED LIGHT FACING WESTBOUND ON W O'CONNOR ST AT N 84TH ST. AS THE WESTBOUND TRAFFIC SIGNAL TURNED GREEN, UNIT 2 ACCELERATING INTO THE INTERSECTION WITH S 84TH ST. UNIT 1 STRUCK UNIT 2. DRIVER OF UNIT 1 STATED HE DID NOT SEE THE RED LIGHT UNTIL IT WAS TOO LATE TO SAFELY STOP. DRIVER OF UNIT 2 STATED HE HAD THE GREEN LIGHT AND PROCEEDED INTO THE INTERSECTION AFTER WAITING FOUR SECONDS. HE SAW UNIT 1 BUT THOUGHT IT WOULD STOP BECAUSE UNIT 1 HAD A RED LIGHT AND DID NOT HAVE ITS EMERGENCY LIGHTS OR SIREN ACTIVATED. REAR PASSENGER OF UNIT 1 (SEATED IN CAPTAIN'S CHAIR) COMPLAINED OF A HEADACHE BUT DECLINED MEDICAL TRANSPORT. REAR PASSENGER OF UNIT 1 (SIDE BENCH SEAT) COMPLAINED OF RIGHT ELBOW PAIN BUT DECLINED MEDICAL TRANSPORT. REAR PASSENGER OF UNIT 1 (PATIENT SECURED IN MULTI-POINT HARNESS TO STRETCHER) COMPLAINED OF ONGOING CHEST PAIN FROM BEFORE THE CRASH AND HAD NO NEW COMPLAINT AS A RESULT OF THE CRASH. HE WAS CONVEYED TO FROEDTERT HOSPITAL BY MFD MED 6 FOR HIS PRE-EXISTING CHEST PAIN. DRIVER OF UNIT 2 WAS CONVEYED TO FROEDTERT HOSPITAL BY MFD MED 14 FOR HEAD, NECK, AND RIGHT LEG PAIN. HE WAS TREATED BY DR COLELLA AT 10:22PM IN ROOM 23. PASSENGER OF UNIT 2 WAS CONVEYED TO FROEDTERT HOSPITAL BY MFD MED 15 FOR HEAD AND BACK PAIN. SHE WAS TREATED BY DR TIMPE AT 10:19PM IN ROOM 38. NO CAMERAS, NO WITNESSES. AS I DROVE NORTHBOUND IN MY SQUAD CAR (FORD CROWN VICTORIA) ON THE 400 BLOCK OF S 84TH ST, I OBSERVED THE FREEWAY

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OVERPASS TO OBSTRUCT MY VIEW OF THE TRAFFIC SIGNAL UNTIL APPROXIMATELY 150 FEET BEFORE THE INTERSECTION. BASED ON MY PREVIOUS EXPERIENCE DRIVING AN AMBULANCE, IT APPEARED TO ME THAT IN AN ELEVATED POSITION CONSISTENT WITH DRIVING AN AMBULANCE, THE VIEW OF THE TRAFFIC SIGNAL WOULD HAVE BEEN OBSTRUCTED UNTIL MUCH CLOSER TO THE INTERSECTION.

**Location**

ON STH181 NB 210 FT N OF IHEAS WB IN THE CITY OF MILWAUKEE IN MILWAUKEE COUNTY	Latitude	Longitude
	43.028224499	-88.017178955
	X Coordinate	Y Coordinate
	417129.25	4764451
Structure Type		NO STRUCTURE

**Crash Scene**

First Harmful Event	MOTOR VEH IN TRANSPORT	First Harmful Event Location	ON ROADWAY	
Manner of Collision	01 - ANGLE	Light Condition	DARK/LIGHTED	
Road Surface Condition(s)	WET	Roadway Factor(s)	VISABILITY OBSCURED	
Environment Factor(s)	NONE			
Weather Condition(s)	CLOUDY, RAIN			
Animal Type		Relation To Trafficway	TRAFFICWAY - ON ROAD	
Crash Classification - Location	PUBLIC PROPERTY	Crash Classification - Jurisdiction	NO SPECIAL JURISDICTION	
Tribal Land		Access Control	NO CONTROL	
		Special Study		
Within Interchange Area	YES	Junction Location	INTERSECTION	
		Intersection Type	FOUR-WAY INTERSECTION	
Closure Type	LANE CLOSURE	Reasons for Closure	LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed	05/17/2020	Time Initial Lane/Rd Closed		09:50 PM
Date All Lanes Open	05/17/2020	Time All Lanes Open		11:10 PM
		Date Scene Cleared	05/17/2020	
		Time Scene Cleared	11:10 PM	

**Unit Summary**

UNIT 01	Unit Status	IN TRANSIT	Vehicle Operating As Classification	D CLASS	Unit Type	TRUCK
	Vehicle Type	UTILITY TRUCK/PICKUP TRUCK	Operating As Endorsements			
	Total Occs	4	Train/Bus # Recorded		Total # Citations Issued	0
	Insurance?	YES	Direction Of Travel	NORTHBOUND	Total Trailers	0
			Pre Crash Tire Mark	<input type="checkbox"/>	Total HazMat Types	0
	Most Harmful Event: Collision With	MOTOR VEH IN TRANSPORT	Special Function	AMBULANCE	Speed Limit	30
	Traffic Way	DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control	TRAFFIC SIGNAL	Total Lanes	3
	Surface Type	CONCRETE	Traffic Control Inoperative/Missing	NO	Emergency Motor Vehicle Use	NON-EMERGENCY, TRANSPORT
	Truck Bus or HazMat	NO	Road Curvature	STRAIGHT	Traffic Control Inoperative/Missing	NO
			Road Grade	LEVEL		

**Vehicle**

Plate Number		Plate Type	MUN - MUNICIPAL	St	WI	Country of Issuance	UNITED STATES
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### WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE POLICE DEPARTMENT  
749 WEST STATE STREET  
MILWAUKEE, WI 53201  
(414) 933-4444

UNIT 01	VEHICLE 01	Vehicle Identification Number	Make	Year	Model
		Color	Body Style		Bus Use
UNIT 01	VEHICLE 01	Initial Contact Point	Vehicle Damage		
		Extent Of Damage	01 - RIGHT FRONT CORNER, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 11 - LEFT FRONT CORNER		
UNIT 01	VEHICLE 01	Towed Due To Damage	Vehicle Removed By		
		What Driver Was Doing	Vehicle Factors		
UNIT 01	VEHICLE 01	Driver Prior Action Other	NOT APPLICABLE		
		Driver Actions	DISREGARDED RED LIGHT		
UNIT 01	VEHICLE 01	Owner Name	Owner Address		
		Owner Address			
<b>Sequence Of Events</b>					
UNIT 01	VEHICLE 01	Event	MOTOR VEH IN TRANSPORT		
		Event			
		Event			
		Event			
<b>Policy Holder</b>					
UNIT 01	VEHICLE 01	Insurance Company	Government		
		Individual			
UNIT 01	INDIVIDUAL 01	Driver	Citations Issued	Sex	
		Address	Date of Birth	Race	
UNIT 01	INDIVIDUAL 01	Driver License Number	STATE: WISCONSIN COUNTRY: UNITED STATES		
		<b>Safety Equipment</b>		Safety Equipment	
UNIT 01	INDIVIDUAL 01	Row	Seat Position	SHOULDER & LAP BELT	
		Helmet Use	Helmet Compliance		
UNIT 01	INDIVIDUAL 01	Eye Protection	Tint Compliance		
		<b>Injury</b>	Injury Severity	Airbag	
UNIT 01	INDIVIDUAL 01	Ejected	Ejection Path	Trapped/Extricated	
		NOT EJECTED		NOT EJECTED/NOT APPLICABLE	NOT TRAPPED

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UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
	Hospital		Date of Death	Time of Death
	<b>Distracted By</b> Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
	Distracted By Action <b>NOT DISTRACTED</b>			
	<b>Non-Motorist</b>		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type	Alcohol Test Results
Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type	Drug Test Results	
Drug Type				
Individual Condition <b>APPEARED NORMAL</b>				
UNIT INDIVIDUAL	<b>Individual</b>			
	Passenger <b>LOGAN J BALLERING</b> (414) 302-8800		Citations Issued 0	Sex <b>MALE</b>
	Address 7332 W NATIONAL AVE WEST ALLIS, WI 53214 , US		Date of Birth [REDACTED]	Race <b>HISPANIC</b>
			Driver License Number [REDACTED]	STATE: WISCONSIN COUNTRY: UNITED STATES
	<b>Safety Equipment</b>		On Duty Crash	Safety Equipment
	Row <b>06 -UNKNOWN ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>		Injury Severity <b>POSSIBLE INJURY</b>	Airbag <b>NOT APPLICABLE</b>
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Ext/icated <b>NOT TRAPPED</b>
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #	

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MILWAUKEE POLICE DEPARTMENT  
749 WEST STATE STREET  
MILWAUKEE, WI 53201  
(414) 933-4444

UNIT INDIVIDUAL	Hospital		Date of Death		Time of Death	
	<b>Distracted By</b>		Distracted By Source			
	Distracted By Action					
	<b>Non Motorist</b>		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					Ta/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
UNIT INDIVIDUAL	Drug Type					
	Individual Condition APPEARED NORMAL					
	<b>Individual:</b>					
	Passenger CHRISTOPHER R THODE (414) 302-8900			Citations Issued 0		Sex MALE
	Address 7332 W NATIONAL AVE WEST ALLIS, WI 53214 , US			Date of Birth [REDACTED]		Race WHITE
				Driver License Number [REDACTED]		
				STATE: WISCONSIN COUNTRY: UNITED STATES		
	<b>Safety Equipment</b>		On Duty Crash		Safety Equipment	
	Row 06 - UNKNOWN ROW		Seat Position 09 - RIGHT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance			
Eye Protection		Tint Compliance				
UNIT INDIVIDUAL	<b>Injury</b>		Injury Severity POSSIBLE INJURY		Airbag NOT APPLICABLE	
	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE			Trapped/Extricated NOT TRAPPED
	Medical Transport NOT TRANSPORTED			EMS Agency Identifier		EMS Run #
	Hospital		Date of Death		Time of Death	

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UNIT	<b>Distracted By</b> <small>Distracted By Source</small>					
	<b>Distracted By Action</b>					
	<b>Non-Motorist</b>	<small>Striking Unit #</small>	<small>Location</small>			
		<small>Prior Action</small>				
	<small>Action</small>					
	<small>Action Other</small>			<small>To/From School</small>		
	<b>Drug &amp; Alcohol</b>	<small>Suspected Alcohol Use</small> NO		<small>Suspected Drug Use</small> NO		
		<small>Alcohol Test Given</small> TEST NOT GIVEN	<small>Alcohol Test Type</small>		<small>Alcohol Test Results</small>	
		<small>Drug Test Given</small> TEST NOT GIVEN	<small>Drug Test Type</small>	<small>Drug Test Results</small>		
		<small>Drug Type</small>				
<small>Individual Condition</small> APPEARED NORMAL						
UNIT	<b>Individual</b>					
	<small>Passenger</small> JAMES M FRANKEN (414) 841-2009		<small>Citations Issued</small> 0	<small>Sex</small> MALE		
	<small>Address</small> 2416 S 83RD ST WEST ALLIS, WI 53219 , US		<small>Date of Birth</small> [REDACTED]	<small>Race</small> WHITE		
			<small>STATE: WISCONSIN COUNTRY: UNITED STATES</small>			
UNIT	<b>Safety Equipment</b>		<small>On Duty Crash</small>			
	<small>Row</small> 11 - OTHER ENCLOSED		<small>Seat Position</small>			
	<small>Helmet Use</small>		<small>Safety Equipment</small> OTHER			
	<small>Eye Protection</small>		<small>Helmet Compliance</small>			
			<small>Tint Compliance</small>			
UNIT	<b>Injury</b>		<small>Injury Severity</small> NO APPARENT INJURY			
			<small>Airbag</small> UNKNOWN			
	<small>Ejected</small> NOT EJECTED	<small>Ejection Path</small> NOT EJECTED/NOT APPLICABLE		<small>Trapped/Extricated</small> NOT TRAPPED		
	<small>Medical Transport</small> EMS GROUND		<small>EMS Agency Identifier</small> 6001161	<small>EMS Run #</small> MED 6		
	<small>Hospital</small> FROEDTERT MEM LUTHERAN HOSP		<small>Date of Death</small>	<small>Time of Death</small>		
<b>Distracted By</b>		<small>Distracted By Source</small>				

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CRASH REPORT**

**MILWAUKEE POLICE DEPARTMENT**  
749 WEST STATE STREET  
MILWAUKEE, WI 53201  
(414) 933-4444

UNIT INDIVIDUAL          01 004	Distracted By Action		
	<b>Non Motorist</b>		Striking Unit #
	Location		
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use
	NO		Suspected Drug Use
	NO		NO
	Alcohol Test Given		Alcohol Test Type
TEST NOT GIVEN		Alcohol Test Results	
Drug Test Given		Drug Test Type	
TEST NOT GIVEN		Drug Test Results	
Drug Type			
Individual Condition			
APPEARED NORMAL			

**Unit Summary**

UNIT 02	Unit Status		Vehicle Operating As Classification		Unit Type	
	IN TRANSIT		D CLASS		TRUCK	
	Vehicle Type				Operating As Endorsements	
	UTILITY TRUCK/PICKUP TRUCK					
	Total Occs	Train/Bus # Recorded	Total # Citations Issued	Total Trailers	Total HazMat Types	
	2		0	0	0	
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes	
	NO	WESTBOUND		N/A	3	
	Most Harmful Event: Collision With		Special Function		Emergency Motor Vehicle Use	
	MOTOR VEH IN TRANSPORT		NO SPECIAL FUNCTION		NOT APPLICABLE	
Traffic Way		Traffic Control		Traffic Control Inoperative/Missing		
ONE-WAY TRAFFIC		TRAFFIC SIGNAL		NO		
Surface Type		Road Curvature		Road Grade		
CONCRETE		STRAIGHT		LEVEL		
Truck Bus or HazMat						
NO						

**Vehicle**

UNIT VEHICLE 02	License Plate Number		Plate Type	St	Country of Issuance
	[REDACTED]		LTK - LIGHT TRUCK	WI	UNITED STATES
	Vehicle Identification Number		Make	Year	Model
	[REDACTED]		TOYOTA	2017	TACOMA
	Color		Body Style	Bus Use	
	BLU - BLUE		PK - PICKUP		
Initial Contact Point		Vehicle Damage			
10 - LEFT SIDE FRONT		08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
Extent Of Damage					
DISABLING DAMAGE					



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UNIT  
02

VEHICLE  
02

Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>	Vehicle Removed By <b>ALL CITY TOWING</b>
What Driver Was Doing <b>ACCELERATING IN ROAD</b>	Vehicle Factors
Driver Prior Action Other	<b>NOT APPLICABLE</b>
Driver Actions <b>NO CONTRIBUTING ACTION</b>	
Owner Name <b>JOANNA I VAZQUEZ MARTINEZ (414) 346-3727</b>	Owner Address <b>532 S 93RD ST MILWAUKEE, WI 53214 , US</b>

#### Sequence Of Events

Event <b>MOTOR VEH IN TRANSPORT</b>
Event
Event
Event

#### Individual

Driver <b>ARMANDO J CHEVERE ORTEGA (414) 346-3727</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
Address <b>532 S 93RD ST MILWAUKEE, WI 53214 , US</b>	Date of Birth [REDACTED]	Race <b>HISPANIC</b>
STATE: WISCONSIN COUNTRY: UNITED STATES		

#### Safety Equipment

On Duty Crash	Safety Equipment <b>SHOULDER &amp; LAP BELT</b>
Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>
Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance

#### Injury

Injury Severity <b>SUSPECTED MINOR INJURY</b>	Airbag <b>DEPLOYED-COMBINATION</b>
Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>
Medical Transport <b>EMS GROUND</b>	Trapped/Extricated <b>NOT TRAPPED</b>
Hospital <b>FROEDTERT MEM LUTHERAN HOSP</b>	EMS Agency Identifier <b>6001161</b>
	EMS Run # <b>MED 14</b>
	Date of Death
	Time of Death

#### Distracted By

Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>
Distracted By Action <b>NOT DISTRACTED</b>

#### Non-Motorist

Striking Unit #	Location
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UNIT	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>		
	Suspected Alcohol Use NO		Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		
	UNIT	<b>Individual</b>	
Passenger JOANNA I VAZQUEZ MARTINEZ (414) 346-3727		Citations Issued 0	Sex FEMALE
		Date of Birth [REDACTED]	Race HISPANIC
Address 532 S 93RD ST MILWAUKEE, WI 53214 , US		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
<b>Safety Equipment</b>		Safety Equipment	
On Duty Crash EMT/FIRST-RESPONDER		SHOULDER & LAP BELT	
Row 01 - FRONT ROW		Seat Position 09 - RIGHT	
Helmet Use		Helmet Compliance	
Eye Protection		Tint Compliance	
UNIT		<b>Injury</b>	
	Injury Severity POSSIBLE INJURY		Airbag DEPLOYED-COMBINATION
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
	Medical Transport EMS GROUND	EMS Agency Identifier 6001161	EMS Run # MED 15
	Hospital FROEDTERT MEM LUTHERAN HOSP	Date of Death	Time of Death
	<b>Distracted By</b>		
	Distracted By Source		
	Distracted By Action		
	<b>Non Motorist</b>		
	Striking Unit #		Location
Prior Action			

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UNIT INDIVIDUAL          02 006	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Armando J. Chevere Ortega +  
Joanna I. Vazquez Martinez

Date: 8/21/2020

In-person

Process Server

Claimant

Other \_\_\_\_\_

By mail

By email

By fax

Received by: Stemansky

- Hand deliver to: Ann Marie  or Janel
- Forwarded to Attorney's Office by Ann Marie or Janel
- Response from Attorney's Office
- Common Council Agenda: Yes  No

CITY OF WEST ALLIS  
21 AUG 20 PM 1:30

NOTICE OF INJURY  
AND  
CLAIM FOR DAMAGES

TO: CITY OF WEST ALLIS  
c/o City Clerk  
7525 West Greenfield Avenue  
West Allis, WI 53214

PROCESS SERVER  
TIME 1:30 PM DATE 8/21/20  
( ) PERSONAL ( ) SUBSTITUTE  
( ) POSTED ( ) CORPORATE

CITY OF WEST ALLIS FIRE DEPARTMENT  
7332 West National Avenue  
West Allis, WI 53214

TIMOTHY A. BOLLUM  
c/o City of West Allis Fire Department  
7332 West National Avenue  
West Allis, WI 53214

PLEASE TAKE NOTICE that on May 17, 2020, at approximately 9:49 p.m., **Armando J. Chevere Ortega** and **Joanna I. Vazquez Martinez** of 532 South 93<sup>rd</sup> Street, Milwaukee, Wisconsin were involved in a motor vehicle accident at the location of the intersection of North 84<sup>th</sup> Street and West O'Connor Street, City and County of Milwaukee, State of Wisconsin. The attorney for Armando J. Chevere Ortega and Joanna I. Vazquez Martinez is Attorney Natasha R. Misra of Natasha Misra Law, LLC, 759 North Milwaukee Street, Suite 208, Milwaukee, WI 53202.

PLEASE TAKE FURTHER NOTICE that as a proximate result of said automobile accident, Armando J. Chevere Ortega and Joanna I. Vazquez Martinez, sustained serious personal injuries which may be permanent, pain and suffering, and loss of use and damage to Joanna I. Vazquez Martinez's property.

**LIABILITY**

Liability for the injuries is claimed as follows:

The City of West Allis and the City of West Allis Fire Department on account of its liability for the acts of its agents and employees, and particularly the City of West Allis Fire Department and Timothy A. Bollom, as further set forth in this Notice of Injury and Claim for Damages, who was acting within the scope of his employment at the time of said accident.

The said accident was caused by the negligence of the City of West Allis Fire Department on account of its employee, Timothy A. Bollom, for negligently operating said vehicle at and immediately prior to the time of said accident.

Said employee, Timothy A. Bollom, failed to maintain proper look out, negligently failed to manage and control the motor vehicle he was operating in a reasonable and prudent manner, such that he disregarded the red traffic control signal and collided with the motor vehicle being operated by Armando J. Chevere Ortega in which Joanna I. Vazquez Martinez was a passenger.

**DAMAGES**

As a proximate result of the above-described negligence, Armando J. Chevere Ortega, sustained personal injuries to his back, neck, head, hips, ribs, left and right leg causing him to incur medical bills and expenses, as well as future expenses and permanency, pain and suffering and loss of society and companionship all to his damage.

**MEDICAL BILLS TO DATE:**

Milwaukee Fire Department	\$ 981.00
Froedtert Memorial Lutheran Hospital	\$ 25,847.42
Layton Avenue Injury Center	\$ 3,640.00
Mileage Reimbursement:	\$ 47.94

PAIN AND SUFFERING:

Past pain and suffering and disability	\$ 20,000.00
Future pain and suffering and disability	\$ 5,000.00

TOTAL CLAIM: \$ 55,516.36

As a proximate result of the above-described negligence, Joanna I. Vazquez Martinez, sustained personal injuries to her head/concussion, left eye, laceration to forehead, mouth, neck, back, left hip, pelvis and thigh causing her to incur medical bills and expenses, as well as future expenses and permanency, pain and suffering, loss of society and companionship, and loss of use and damage to her property.

MEDICAL BILLS TO DATE:

Milwaukee Fire Department	\$ 727.26
Froedert Memorial Lutheran Hospital	\$ 12,131.25
Wisconsin Radiology Specialists	\$ 243.00
Layton Avenue Injury Center	\$ 4,815.00
Ascension Wheaton Franciscan Medical Group	\$ 2,230.00
Eye Care Specialists	\$ 149.00
Prescriptions	\$ 656.87
Mileage Reimbursement	\$ 51.51

PAIN AND SUFFERING:

Past pain and suffering and disability	\$ 25,000.00
Future pain and suffering and disability	\$ 5,000.00

PROPERTY DAMAGE

Vehicle Total-Loss	\$ 30,800.00
Towing and Storage Fees	\$ 385.00
Loss of Use	\$ 750.00

TOTAL CLAIM: \$ 82,938.89

WHEREFORE, Armando J. Chevere Ortega, demands fifty-five thousand five hundred sixteen dollars and 36/100 cents (\$55,516.36) from said City of West Allis, City of West Allis Fire Department and Timothy A. Bollom.

WHEREFORE, Joanna I Vazquez Martinez, demands eighty-two thousand nine hundred thirty-eight dollars and 89/100 cents (\$82,938.89) from said City of West Allis, City of West Allis Fire Department and Timothy A. Bollom.

DATED at Milwaukee, Wisconsin this 17<sup>th</sup> day of August, 2020.

NATASHA MISRA LAW, LLC  
Attorney for Claimants

BY: Natasha R. Misra  
NATASHA R. MISRA  
State Bar No.: 1082945

**P. O. ADDRESS:**


Suite 208  
759 North Milwaukee Street  
Milwaukee, WI 53202  
Phone: (414) 210-3834  
Fax: (414) 210-3517  
E- mail: [natasha@natashamisralaw.com](mailto:natasha@natashamisralaw.com)

All responsive pleadings, answers, or denial of claim regarding the above-captioned action should be served upon the law office of NATASHA MISRA LAW, LLC on behalf of the claimants, Armando J. Chevere Ortega and Joanna I. Vazquez Martinez, at 759 North Milwaukee Street, Suite 208, Milwaukee, WI 53202.

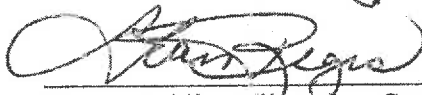


STATE OF WISCONSIN )  
 )  
MILWAUKEE COUNTY )

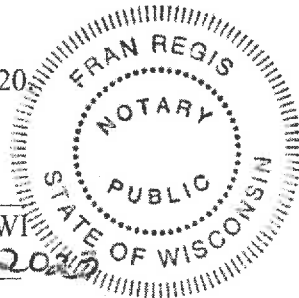
NATASHA R. MISRA, being duly sworn on oath deposes and says: that she is the attorney for the above-named claimants and that she makes this Affidavit on claimants' behalf being duly authorized to do so; that she is a resident of the City and County of Milwaukee, State of Wisconsin, and that she has read the foregoing Notice of Injury and Claim for Damages and believes upon information and belief that the matters stated herein are true. That the source of affiant's information are statements made by the claimants and that she has been duly authorized to verify this Notice of Injury and Claim for Damages.

  
NATASHA R. MISRA  
State Bar No.: 1082945

Subscribed and sworn to before me  
this 17<sup>th</sup> day of August, 2020.



Notary Public, Milwaukee County, WI  
My Commission Expires: 3-11-2020






Rebecca Grill  
City Administrator/Clerk  
rgrill@westalliswi.gov  
414.302.8220

To: Process Server  
From: West Allis City Clerk

This document constitutes written admission that service of the attached document upon the West Allis City Clerk was accomplished as of the date and time indicated below. Pursuant to Wis. Stat. § 801.10(4)(c), this document shall be presumptive evidence of genuineness.

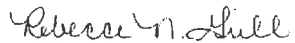
Person authorized to accept service on behalf of City Clerk:

Name: Carli Sczerben

Signature: 

Date of service: 8-21-20

Time of Service: 1:30 AM  PM



Rebecca Grill  
City Administrator/Clerk