



CLAIMANT CONTACT INFORMATION

Name: Araceli Roque  
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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: 04/07/2023 Time of day: 02:30  
Location: interesection of 35th st and highland blvd

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 4/7/23 our insured Amir Al-Majid was stopped at a red light on 35th St and as the light turned green they were rear ended by Lane Olson who states they were drving an under cover vehicle belonging to the city of West Allis. Our insured, Mr. Al-Majid wasn't able to file a police report until Monday 4/10/23 due to the Holiday. Mr. Al-Majid is receiveing medical treatment for injuries stemming from the accident. The vehicle our insured was driving at the time is pending repairs and is set to drop off at a shop on 4/14/23. No estimate available at this time. The report number with the city of Milwuakee is J9L0SMH5XJ. The Progressive Claim number is 23-6127826.

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: Araceli Roque

Date: 04/11/2023

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: \$ \_\_\_\_\_

SAVE

PRINT

RECEIVED  
APR 17 2023  
CITY OF WEST ALLIS  
CITY CLERK