

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Maria E. Carreon

Date: 6/8/17

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: J Lemanski

- 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

NOTICE OF CLAIM

RECEIVED JUN - 8 2017 CITY OF WEST ALLIS CITY CLERK

Name: MARIE. CARREON Incident/Accident Information
Address: 2035 So. 57th St Date: 6-04-17
W. Allis, WI. 53219 Time: Between 8-9 am
Phone: 414-484-8852 Place: Farmers Market

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary). 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.

Att: See attached Report -

Signed: [Signature] Date: 6-8-17

CLAIM

NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City of West Allis at any time consistent with the applicable statute of limitations. However, no action will be taken by the City of West Allis to formally accept or deny your claim until the following information is provided:

The undersigned hereby makes a claim against the City of West Allis of arising out of the circumstances described above.

The amount sought is: \$ 1,200 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: [Signature] Date: 6-8-17
Address: 2035 So. 57th St
W. Allis, WI. 53219

Farmer's Market – Accident/Incident Report Form

Date:	06/05/2017	Birth Date:	09/14/1965
Name:	Maria Carreon	Phone :	414-484-8852
Address:	2035 S. 57 St., West Allis	Zip:	53219
Date of Incident/Accident:	06/04/2017	Time of Incident/Accident:	8 AM

Describe the Incident/Accident

While setting for MarketPlace on June 4, 2017, I slipped on some sort of plant material that I believe was left from the Farmers Markets previous day which caused me to fall and injury my right ankle/foot. Sonia Flores noticed that I had fallen and helped me to a chair (Not certain if she witnessed the fall). I was crying from the pain. I went to the Market Office and spoke to Amanda Kuney, Market Attendant and explained what happened. Amanda went and picked up the debris near my stall. Prior to leaving at 3p.m., I went back and showed Amanda my foot which was swollen and beginning to turn purple. I left the stall early due to the increased pain.

Signature of person filing accident/incident:  6-5-17

Names, phone numbers, addresses and zip code of witnesses:

Sonia Flores 1202 S. 48 Street, West Milwaukee, 53214, 414-595-3070

Disposition

Pain continued over the night and I went to the Emergency Department at Aurora West Allis. (Report attached) No fracture or dislocation of the ankle was found. I am still awaiting results of x-ray to the right big toe. Foot and ankle were wrapped and a walking boot was given.

Name of person making report: Diane Dubey
This report was verbally stated to me and recorded.