

RECEIVED

CLAIM FORM AND INFORMATION

MAR 25 2019

Important Information: For the City of West Allis to consider your claim, you must follow the Wisconsin statutory procedure for filing a claim. Completing this form does not guarantee compliance with statutory procedure. City employees, including the City Attorney's Office, cannot give you legal advice or instructions on the statutory procedure. Any questions regarding claims should be directed to the City Attorney's Office at 414-302-8450.

NOTICE OF CLAIM

Name: Andrea Kische (vehicle owner) Incident/Accident Information
Address: PO Box 2410 East Peoria IL 61611 Date: 2/26/19
Time: 3:00 pm
Phone: Sarah Jones ERIE Insurance Place: 624 S 92nd St West Allis WI 53214
724-325-7956 Filing Claim for ERIE Adjuster

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.

No police report. Parked unoccupied vehicle hit by city salt truck unknown vehicle information as driver did not stop or leave information. Witness is a hair salon employee who seen it.
ERIE vehicle damages to driver side mirror.

ERIE Claim # A0001647161 Adjuster ERIN Blackwell
phone# 309-698-7198 Contact adj for more info.

Signed: [Signature] Date: 3/22/19

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: \$ (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

ERIE ADJUSTER is requesting denial letter due to lack of city
Signed: Date: employee information.
Address: