

**SERVICE AND PROCESSING OF CLAIMS**

Plaintiff or Claimant: Ryan Shulta

Date: 8/28/17

In-person

Process Server

Claimant

Other \_\_\_\_\_

By mail

By email

By fax

Received by: Jlemanski

- 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



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### CITY OF WEST ALLIS

#### NOTICE OF CLAIM

RECEIVED

Name: Ryan Switta Incident/Accident Information  
 Address: 2167 S. 80<sup>th</sup> St Date: 7/31/17  
West Allis, WI 53219 Time: 7:45pm  
 Phone: 414-881-6362 Place: Rodgers Park  
74th & Rodgers

AUG 28 2017  
CITY OF WEST ALLIS  
CITY CLERK

#### 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.

Went To The park With The Kids. When We Went to the Swing I Sat Down with My 2 year old Re-adjusted, And exposed metal on The underside of the Swing Seat was exposed. I have pictures As Well if Needed. I had called The City and the Swing was Removed, I just want a Safe enviroment for My Kids Along with everyone elses children.

Signed: Ryan Switta Date: ~~8/15/17~~ 8/23/17

#### 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: \$ 597.<sup>31</sup> (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: \_\_\_\_\_ Date: 8/23/17  
Address: 2167 S. 80th St  
Apt. 3 West Allis, WI 53219

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The Swing had Cut into My hand.  
I was cut good enough that I  
Went to the Emergency Room to  
Recieve Stitches. They put in 5  
Stitches in My hand. This injury put  
an inconvienece into My working  
abilities as well, Due to my hands  
being in water all Day on the  
Average work Day. Im A meat cutter  
So it did Disadvantage My Working  
Ability for about a week. You can Also  
Contact (Ashley Amaro) (mother of children)  
@ 414-254-1082 She was with me  
Throught the whole incident. The  
only Damages I would like to  
Recieve Are for the medical (emergency  
Room visit which Total \$597.31  
Thank you for your time And understanding.  
Feel Free to Contact Me @  
Cell: 414-881-6362 Ask for Ryan  
Work: 414-764-2910

- Ryan Amaro  
8/23/17

**Detail of New Activity**

Thank you for choosing Aurora Health Care. The full balance owed is due upon receipt. We appreciate your prompt payment.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
<b>Patient Name: SHULTA,RYAN D</b>				
07/31/17	154380268	Location: AWAMC Emergency Services		
	PHARMACY - GENERAL CLASSIFICATION	247.69		
	EMERGENCY ROOM - GENERAL CLASSIFICATION	1,330.00		
08/17/17	MOLINA E Payments		-95.30	
08/17/17	MOLINA E Adjustments		-885.08	
	<b>Patient Balance</b>			<b>\$597.31</b>
	<b>New Activity Balance Due</b>			<b>\$597.31</b>

**Total Amount Owed to Aurora (As of this Statement)**

**\$597.31**

JITA  
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