



CLAIMANT CONTACT INFORMATION

Name: Susan Mulder  
Address: 1442 S. 57<sup>th</sup>  
West allis wi 53214

Phone: 262-262-6964  
Email: \_\_\_\_\_

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: 1-30-24 Time of day: 12:08ish pm  
Location: 5900 blk W. Lapham

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.

I was in an accident Monday 1-29-24 at approximately 8:30 pm I was told by Officer Roth of W.A.P.D my car would be OK to leave until following day I could make arrangements. He was calling it in. My car was towed to N<sup>th</sup> S I had to pay to retrieve it. Officer Roth has instructed me to file to be reimbursed because it should not have been towed

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: \_\_\_\_\_

Date: 2-2-24

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: \$ 360.06

SAVE

PRINT

2 FEB 24 PM 3:58  
CITY OF WEST ALLIS



**"DAMAGE FREE"  
TOWING**

# N & S TOWING, INC.

1759 So. 83rd Street • West Allis, WI 53214

476-8697 • Fax 476-7828

- 24 HOUR ROAD SERVICE -

**\$ PAID**   
*pd*  
*cash* **FLAT BED SERVICE**

TOWED FOR <i>Tommy Mulder / Susan</i>		DATE <i>1 / 30 / 24</i>		CASH	<input checked="" type="checkbox"/>
ADDRESS <i>9236 W Metcalf Pl.</i>		RO#	PO#	CHARGE	
FLATBED TOW SERVICE CALL		MAKE <i>Chery Trailly</i> YEAR <i>05</i>		DRIVER	<i>JJ</i>
LICENSE # <i>ASB4941</i>	STATE <i>WI</i>	LOCATION <i>5900 W Layham (WA4200)</i>		TRUCK #	<i>076</i>
VIN #	MILEAGE			<i>150</i>	<i>00</i>
NAME				<i>150</i>	<i>00</i>
ADDRESS	PHONE ( ) -			<i>50</i>	<i>00</i>
DL# <i>M436 8085 0090 16</i>	DOB <i>03/10 / 50</i>	ADVANCE CHARGES			
ACC#	EXP: <i>/ /</i>	STORAGE <i>1 / 30 / 24 TO 1 / 30 / 24</i>		<i>40</i>	<i>00</i>
I agree to not hold N&S Towing responsible for damages done to my vehicle due to services provided by them unless negligence can be proven and also I agree to pay total amount of invoice according to card issuers agreement and/or N&S Towing's billing policy if credit voucher.		AUTHORIZATION #		TAX	<i>20 06</i>
				TOTAL	<i>360 06</i>

X *Tommy Mulder* X  
OWNER/ REPRESENTATIVE DRIVER

2033