

2022-0867



CLAIMANT CONTACT INFORMATION

Name: Frank G Leung  
Address: 3311 West Ramsey Avenue  
Greenfield, WI 53221

Phone: 414-698-8533  
Email: fleung32@gmail.com

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: 07/27/2022 Time of day: 11:00  
Location: 1961 South 57th Street

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 am an Engineering Technician (employee ID #2920) working for the Engineering Department in the City of West Allis. My job duties require me to use my personal vehicle for official city business, which the city has provided a placard for me to place on my dashboard. My field work involves being on active construction sites, which usually involves backhoes, endloaders, trucks, stone, and gravel being moved up and down a street at any given time. So I try to keep my vehicle close enough to the job, but out of the way of any materials or heavy machinery.

On this particular day I was parked to the side in an alley just off the construction site at S 57th St and W Rogers St. When I came back to my vehicle at about 11am I noticed that my side mirror was broken off. The sanitation workers admitted fault, as they had attempted to fold my mirror in, but broke it off instead. This is listed on police report #22-27455 by West Allis Police. Unfortunately, even with my Official City Business placard on my vehicle's dashboard, the sanitation workers did not notify me to move my vehicle.

I obtained a side mirror from an auto salvage yard and just want to be reimbursed for the cost of the part. Please see the attached receipt, and photos of my vehicle after the incident.

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: Frank Leung

Date: 08/06/2022

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: \$ 52.75

SAVE

PRINT

**Frank's Auto**  
**1111 W Bruce St**  
**Milwaukee, WI 53204**  
**414-383-7830 Fax: 414-383-7831**

Reference Number	Date
3930	08/05/22 02:47 PM
PO Number	CustomerNumber
	1

S O L D T O	FRANK * ACCORD MIRROR Milwaukee, WI 53204	S H I P T O	CASH
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Salesperson	Order Type	Tax ID/Code	Ship Via	Page
1 - 1 PAM	COUNTER SALE	WI		1

Quantity	Description	Unit Price	Ext Price
1	128-52922L 1U-SIDE VIEW MIRROR Requested: 2011 ALTIMA; ALTIMA 10-12 Power; Sdn, non-heated, w/o LED turn indicators; L.; Q:2362 NEW AFTERMARKET	\$50.00	\$50.00

Notes:

**Thank You for your purchase!**

Payment Totals		Payment Notes:	Totals
Charge			Freight
Cash	\$52.75		Discount
Check			Taxable
Credit Card			Non Tax
Debit Card			Total Tax
Other			

Received by:	Invoice Amt	<b>\$52.75</b>
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16-11-17  
C. P. H. H.  
D. P. H. H.  
D. P. H. H.

11911

11912

