



CLAIMANT CONTACT INFORMATION

Name: Angelica Torres Juarez
Address: 1815 S. 63rd St
West Allis, WI 53214

Phone: 414-393-7539
Email: mateo@gringolaw.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: 9/4/2020 Time of day: Approx 4:00 pm
Location: 5919 W. Burnham St

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.

On September 4, 2020 at around 4:00 pm, Ms. Torres Juarez was walking at a normal pace and she tripped on an uneven section of sidewalk that was raised up about 1-2 inches above the portion of sidewalk that is immediately in front of it. She fell to the ground hard and injured both of her arms/shoulders. She called her son and he came, picked her up, and conveyed her to the ER at Columbia St. Mary's Hospital. She also went and sought post-ER treatment at Blount Orthopaedic Associates. As a result of the injury, Ms. Torres Juarez missed about a year of work because her knees, which were also injured in the fall, developed pain and by July of 2021, she was unable to put weight on her legs.
Ms. Torres Juarez is seeking damages in the amount of \$2717.56. This total is calculated as follows:
- Columbia St. Mary's ER Bill: \$1100.56
- Blount Orthopaedic Associates Bill: \$207.00
- Missed Work: \$ 610.00
- Dynasplint Splint for Elbow Injury \$800.00

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: Angelica Torres Juarez

Date: 3-22-22

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: \$ _____

SAVE

PRINT

Rec'd via mail 3-22-22