



CLAIMANT CONTACT INFORMATION

Name: Lizette Martinez Phone: (414) 499-5092  
Address: 8453 W. Maple Street Lower Email: N/A  
West Allis, WI 53214

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: 8/14/2017 Monday Time of day: 12:32 AM  
Location: S. 107th Street / Hospital West Allis

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.

Please refunded amount of car Towing \$348.48  
Laboratory report came back not detected  
alcohol analysis date 8/23/2017  
Please send ck to Lizette Martinez  
8453 W. Maple Street Lower  
West Allis, WI 53214.  
I had to pay already 1,632.14 for a  
replace clutch assembly.

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: Lizette Martinez

Date: 11/20/2019

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: \$ 348.48

SAVE

PRINT

RECEIVED

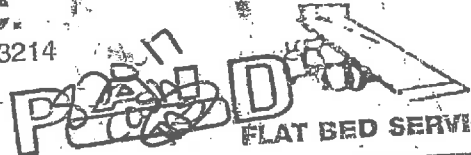
NOV 21 2019

CITY OF WEST ALLIS  
CITY CLERK



"DAMAGE FREE" TOWING

N & S TOWING, INC.  
1719 So. 83rd Street • West Allis, WI 53214  
476-8697 • Fax 476-7828  
- 24 HOUR ROAD SERVICE -



FLAT BED SERVICE

TOWED FOR <b>Josiah G. Martinez</b>		DATE <b>8/20/17</b>	CASH <input checked="" type="checkbox"/>
ADDRESS <b>1635 S. 65th St #2 West Allis WI 53214</b>		RO#	CHARGE
MAKE <b>Chevy Camaro</b> YEAR <b>12</b>		PO#	DRIVER <b>OFF</b>
LOCATION <b>90th &amp; Lincoln</b>			TRUCK # <b>MS</b>
LIC#	STATE <b>WI</b>	MILEAGE	<b>125.00</b>
VIN #			<b>30.00</b>
NAME			
ADDRESS		PHONE ( )	
DL# <b>M635-4279-9371-03</b>	DOB <b>10/11/99</b>	ADVANCE CHARGES <b>7 days</b>	<b>175.00</b>
ACC#	EXP: <b>1/18</b>	STORAGE <b>8/14/17 TO 8/20/17</b>	<b>18.48</b>
AUTHORIZATION #		TAX	<b>348.48</b>
		TOTAL	<b>348.48</b>

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.

*Josiah Martinez*  
NEW REPRESENTATIVE DRIVER

104655