



Name: tharea thisten Phone: (414)940-0384 Address: 21975, 8470-87 Email: andreamiselemagmail. 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.
Date of incident: 03 28 2023 Time of day: COVIU AM (5:30cm)
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.
The AT 21975, 84th STREET, ONTHE DATE LITED ABOVE, THERE WAS APOLICE RAIO NEXT DOOR TO me AT
there is a spot to PARK OFFSTREET WHERE MY VEHICLE WAS BARKED during THIS INCIDENT, THE WEST ALICE THREW AFIRE BONBAT
Their whoon which then ALL THE GLAS FROM THEIR WINDOWFELL
UNTO MY WEHICLE SURATCHING THE HOOD OF MY CAR, THE WINDSHIELD WAS ALSO DAMAGED AND CRACKED FROM THIS DEPORTMENT BREAKING THEIR WIND
THIS WINDOW THAT THIS PAICE DEPORTMENT THREW THIS PIPE BOMB OFF,
THERE IS APOLICE REPORT # FUR THIS CLAIM 23-011385. Chack 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: 166 166 166 166 166 166 166 166 166 16
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