



CLAIMANT CONTACT INFORMATION

Name: William Jensen
Address: W208 N16586 S Center St #3
Jackson, WI 53037

Phone: 414-801-4396
Email: BillyJensen4396@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: July 12, 2024 Time of day: 4:45 A.M.
Location: W 208 N16586 S Center St. Jackson, WI

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 woken up at 4:45 A.M. to yelling out my apartment window. I opened my blinds to see at least 3 SWAT officers pointing assault rifles at my neighbors residence (above my unit, SWAT was standing on the other side of my window, 2 feet from me).
I heard they threw flashbangs into my neighbors place and in the process my hood of my vehicle was damaged.
-L.T. Godd is the officer I dealt with and he told me they damaged my vehicle while dealing with a situation

with my neighbor.
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: William Jensen Date: 10/17/2024

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: \$ 1,000

SAVE

PRINT



