CLAIMANT CONTACT INFORMATION



Name: <u>HV DUONG</u> Address: <u>B20 PAR IM OOR DR.</u> BROOKFIEDD WE 57003 Phone: <u>(414) 807 - 3149</u> Email: <u>HDUONG 15 @ GMB12-com</u>
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: 5 / 5 / 2023 Time of day: 6:00 AM Location: 6629 W. LINCOLN AVE. WEST ALLIS Wt 53219
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.
LOCAL POLICE W/ MICHAURE SWAT PERFORMED A PAID WITH A WARRAUT. DAMAYE TO DOORS & WINDOWS. UNINECCESMU DUE TO BOOKS THAT WERE ALREADY UNCOCKED. WINDOW DAMAYE SERVED NO PURPOSE. TENANTS SAID OPTICENS BADGE WINDOWS FOR NO PURPOSE AS OPPICERS ALREADY SURPONDED THE BUPLEX TENANT SUSPECT RECEASED APTER CAPTURE IN A FEW HOURS WITH NO ITEMS KNOWN TO BE CONPISCATED.
Check one: X am seeking damages at this time (complete Claim Amount section below) 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:

SAVE

PRINT