CLAIMANT CONTACT INFORMATION

Name: Whitney Dobson
Address: 8901W. Lincoln Ave
West Allis, WI 53227

Phone: 414-328-6022
Email: Whitney.Dobson@aah.org

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: June 24, 2026 Time of day: 1223
Location: Aurora West Allis Medical Center - Emergency Ambulance Bay

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 see attached e-mail incident report from Public Safety, supplier estimate 5307, Invoice, two (2) purchaser orders.

Please use the Additional Page Form as needed

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: [signature] Date: 8/10/2026

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: $ $2,019.00

SAVE PRINT