CITY OF WAUWATOSA
7725 W. North Avenue
Wauwatosa, WI 53213

RECEIVED
FEB 09 2026
Wauwatosa
City Attorney's Office

NOTICE OF CIRCUMSTANCES OF CLAIM

Name: Patrick Walsh
[redacted]

Incident/Accident Information
Date: 11/01/2025
Time: 12:01am
Place: Wauwatosa, WI

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary.) For auto damages, attach a copy of police report, if any, and a diagram of the accident scene indicating north, south, east or west corners if the accident occurred at an intersection. For bodily injury, indicate nature of injury, whether or not medical attention was given and the name of the treatment provider. Identify any witnesses to the incident/accident.

Firetruck was passing our Insured's stopped vehicle when the driver of the firetruck had a medical emergency causing truck to swerve into our Insured's vehicle.

Signed: Shade' Hamilton Date: 01/21/2026

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CLAIM

NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Circumstances of Claim you may file a claim with the City at any time consistent with the applicable statute of limitations. However, in order for the City to formally accept or deny your claim at this time, the following claim must be completed and signed.

The undersigned hereby makes a claim against the City arising out of the circumstances described above in the amount of $ 115.43 .

To process this claim it is necessary to detail all damages being sought.

Signed: Shade' Hamilton Date: 01/21/2026
[redacted]