

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

Received by

JUN 11 2025

**NOTICE OF CLAIM**

City Clerk's Office

Name:  
Address:  
Phone:  
Email:*Susan C. Endes***Incident/Accident Information**Date: *06-08-25*  
Time: *11:00 a.m.*  
Place: *approx. 116<sup>th</sup> St. &  
Watertown Plank Rd.***CIRCUMSTANCES OF CLAIM**

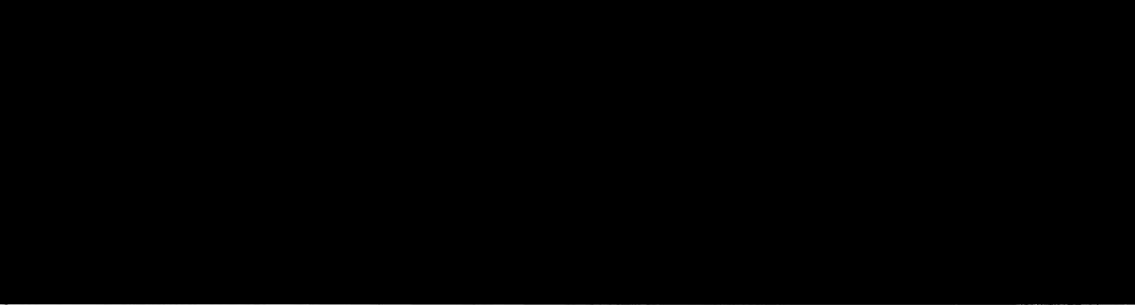
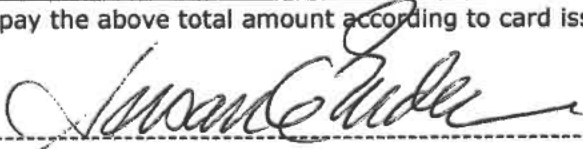
In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary.) For auto damages, attach a copy of police report, if any, and a diagram of the accident scene indicating north, south, east or west corners if the accident occurred at an intersection. For bodily 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.

Driving eastbound on Watertown Plank Rd. approx. between 119<sup>th</sup> & 116<sup>th</sup> streets, I hit a hazard - perhaps a big crack - in the road. This was a construction zone and I was driving slowly, 25-30 mph. There was a loud noise, and soon after I noticed a wobbly feeling and a different sound as I drove. I proceeded to drive home, as I was only about a mile or so from home. There was very little traffic. I called the police to report the hazard, and the officer suggested I call city hall, which I did. My tire was not repairable, and I had to buy a new one.

Signed: *Susan C. Endes*Date: *6-10-25*

CLAIM

## Transaction Successful

<b>Transaction Receipt</b>	
<b>Merchant:</b>	<b>SCHLOSSMANN HONDA CITY - (GREENFIELD, WI)</b>
<b>Date/Time:</b>	<b>06/09/2025 12:13:05 PM CDT</b>
<b>Transaction ID:</b>	<b>10798796870</b>
<b>Transaction Type:</b>	<b>Card Sale</b>
<b>Entry Method:</b>	<b>Chip Card</b>
<b>Cardholder Verification Method:</b>	<b>Signature Verified</b>
<b>Amount:</b>	<b>\$204.76</b>
	
<b>Billing Information</b>	<b>Shipping Information</b>
SUSAN C ENDES	
<b>Order Information</b>	
<b>Order ID:</b>	POS-20250609121259
<b>Additional Information</b>	
<b>Reference Number :</b>	63934
<b>Cardholder Authorization</b>	
I agree to pay the above total amount according to card issuer agreement.	
	
Customer Signature	

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