CITY OF WAUWATOSA

7725 W. North Avenue Wauwatosa, WI 53213

NOTICE OF CLAIM

Name: Address: Phone: Email: Incident/Accident Information

Date: April 29, 2025 Time: Overnight

Place: Hawthorne Glen on McKinley Ave

1130 N. 60th St., Milwaukee, 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.

		oursuit of a stolen vehicle. I have nd the estimate for the cost of repairs
Signed: MALO TOM	Dagalat	Date: 7-25-2025

CLAIM