

CITY OF WHITEWATER

NOTICE OF CLAIM

Name: Linda Tortomasi
Address: 658 Waters Edge Dr
WW 53120
Phone: 715-905-0681

Incident/Accident Information
Date: 12/4/24
Time: X 10:00 am
Place: women's locker room

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 attach 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 and whether or not medical attention was given and give the name of the physician. Also identify any witnesses to the incident/accident.

I was changing after swimming and was getting dressed.
I turned and caught my heel on bench leg sticking out and
then slipped on the slippery floor. Fell backwards
and caught myself ~~on~~ with my left arm. - Left
thinking was only a strain. Next morning wrist was
swollen + discolored. went to Mercy Emergency in Janesville.
X-rayed - broken wrist. Seeing Dr Palmer @ Mercy East
for cast on Monday. ~~was~~ Kristine Cameron was in the
locker room and witnessed.

Signed: _____

Date: 12/10/24

CLAIM

(NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim you may file a claim with the City/Village at any time consistent with the applicable statute of limitations. However, in order for the City/Village 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/Village of arising out of the circumstances described above in the amount of \$ 198.86.

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

Signed: Linda S. Tortomasi
Address: 658 Waters Edge Dr WW

Date: 4/10/25