Claim Investigation Form

Claim Investigation # Date of Investigation 10/20/22 Supervisor Tomeka Davis	
Name of Complaintant: Jamekia Pitts Type of Route and Rt. #: Recycling Rt*NR5-4	
Address: 4645 N, 68th St Truck#: 32570	
Phone #: 414-949-6073 Crew Name(s): K. Simmons M. Clay	
<u>Investigation</u>	
Please give all and complete details or information pertaining to the claim and its investigation (use more paper as necessary)	
For the claim of damage to garage done by crews back in late. May of 2022, I want to look at the damage and can not determine if crews caused this damage. There were two small cracks wholes on the left side of the garage. One was at the bottom and one at the top. If crews pushed cart into carage, it would need to be a lot of force, which in my polition sliding the cart would not cause that damage, he height of the cart is lower than the damage to garage.	
Was the employee negligent? Is this claim justified? Please explain why: I do not believe the crew was negligent, and the claim Is not justifiable:	
What actions have been taken and/or applied to prevent this occurrence from happening again?	
What further recommendation would you have?	

Drivers Accident Statement Form

Return via Email to:	ATTN:
Name of Driver: Kevin Simm	0nSDr/Lic# 5552-5137720808
Address 10407 w daphne ST Zip Cod	le <u>5322</u> 4 Personal Phone # <u>4/4 400314</u> 8
Date/Time (Of Accident):	Police Report?
Location of Accident 4645 N. 65th	St (alley)
City Equipment #: 32570 Using D	epartment
Supervisor Na Drivers Statement: I did not the farge of I drive the	me/Phone # Tomeka Davis lit the east neither hat alley in a straight
Any information known about the other unit:	
Signature Am A Date 10 20 22	