



	Party and State of the last of
Name: Saac (aIWO Phone: 405-609-7979  Address: 3811 Sast Isluestem drive Email: THTWOBE GMAIL. COM	
INSTRUCTIONS  Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.	
NOTICE OF CLAIM	
Date of incident: 15/14/2024 Time of day: 2am  Location: 2330 S 54th street, West Alux 53219	
Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.	
I am a hospitalist at west Allis Nemonal. I was stopped by an officer anni 2 am agor traffic violation. I did not think I was speeding, which I reported to the officer. No ficket or warming was given. Tire deflation device placed belind my cour deffected my time and I was street in the cold from 2 am till 6 am after I finally was able to got road assistance to fix my car. Fixing the time cost me 1994 dollars. because I have to change the 4 times for balance purpose as recommended by Lexis. I am seeking 2000 dollars for every hour I spent stranded in the cold at the - limited gas, unable to get agos staction because if my time and I bouldn't leave the car engine on because I did not icnow how long I'd be there fore I have been an upstanding citizen, definitely not deserve that experience.	at time of
not deserve that experience.	did
Check one:  I am seeking damages at this time (complete Claim Amount section below)  I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.	
Signed:   Date: 10/30/2024	
CLAIM AMOUNT  To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.	
The total amount sought is: \$	
SAVE	

CITY OF WEST ALLIS 30 OCT '24 PH4:10

## 179766

## **EXUS** OF BROOKFIELD

\*INVOICE\*

20001 W. Bluemound Road Brookfield, WI 53045 (262) 797-2000

ISAAC OLABODE TAIWO 3015 S 6TH ST MILWAUKEE, WI 53215

HOME: 580-514-9881 CONT: 580-514-9881

PAGE 1

BUS:			CELL:580-	514-9881	SEF	RVICE ADVISOR:	: 821 GIA	ANLUCA BOR	QUEZ-P	ANO
COLOR YEAR MAKE/MODEL				VIN		LICENSE	MILEAGE	IN / OUT	TAG	
WHITE	20	LEX	US RX 450	)H	2T2H	GMDA7LC04617	8	47370/	47370	TB549
DEL. DATE			WARR. EXP.	PROMIS		PO NO.	RATE	PAYMENT		DATE
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PARTS:						: 2.00			344	.00
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WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND TMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR PRODUCTS OR THE REPAIR. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR THE ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. INCIDENTAL DAMAGES.

We have added a charge equal to 10% of the total cost of labor and not to exceed parts. \$75.00, to the Repair Order for shop supplies used in connection with this repair.

\*SHOP SUPPLY COSTS:

1120.25 PARTS AMOUNT 0.00 GAS, OIL, LUBE 0.00 SUBLET AMOUNT 8.00 MISC. CHARGES 1361.15 TOTAL CHARGES

**DESCRIPTION** 

LABOR AMOUNT

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due. CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

ALL PARTS ARE NEW **UNLESS OTHERWISE** INDICATED.

342.00 LESS INSURANCE 50.56 SALES TAX 75.00 RB PLEASE PAY THIS AMOUNT 1069.71

Repairs Performed By (List mechanics/team leader and names of any subcontractors):

994 7

TOTALS

232.90

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

Arbitration Agreement: Customer and the dealer agree that all claims, demands, disputes, or controversies of every kind or nature that may arise between the customer and dealer related to the servicing of the vehicle shall be settled by binding arbitration in accordance with the "Supplementary Procedures For Consumer - Related Disputes" rules of the American Arbitration Association then in effect, such arbitration shall be held in Wisconsin and judgement upon the reward rendered by the Arbitrator(s) may be entered by any court having jurisdiction thereof.

Lexus of Brookfield 20001 W Bluemound Rd Brookfield, WI 53045 630-530-3955

## SALE

MID: 1886

TID: 00232824

REF#: 00000001

Bank ID: 000000

Batch #: 16751

RRN: 796811053511

10/22/24

13:51:51

APPR CODE: 04549I

VISA

Contactless

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**AMOUNT** 

\$994.71

**APPROVED** 

Visa Credit

AID: A0000000031010 TVR: 00 00 00 00 00

I AGREE TO PAY ABOVE TOTAL AMOUNT
IN ACCORDANCE WITH CARD ISSUER'S
AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

Thank You Please Come Again

CUSTOMER COPY