

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Lauren Kojis

Date: 6/25/2020

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: Stemanski

- Hand deliver to: Ann Marie or Janel
- Forwarded to Attorney's Office by Ann Marie or Janel
- Response from Attorney's Office
- Common Council Agenda: Yes No



CLAIMANT CONTACT INFORMATION

Name: Lauren Kojis
Address: 1657 S. 77th St., Apt 9
West Allis, WI 53214

Phone: 414-430-7805
Email: lck9023@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: 6/10/20 (6/9/20) Time of day: 10pm on 6/9
Location: 1617 S. 77th St., West Allis, WI 53214

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.

A branch broke off of a tree during a storm and landed on the trunk of my car, creating a dent before rolling onto the street. A neighbor investigated the next morning and called the forestry department to have the branch removed. When I returned to my car hours later, he detailed to me what had happened.

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: Lauren Kojis

Date: 6/24/20

CLAIM AMOUNT

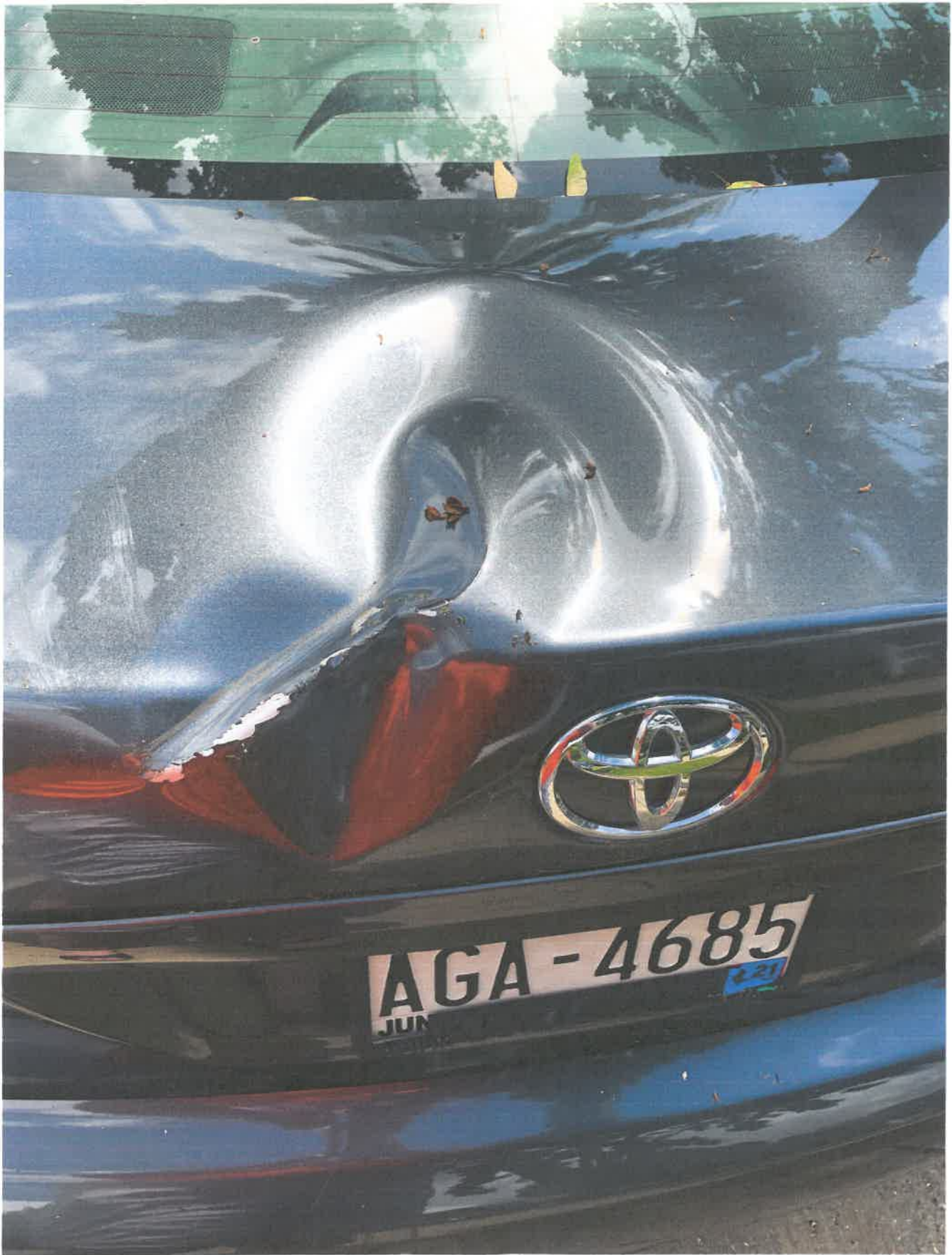
To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

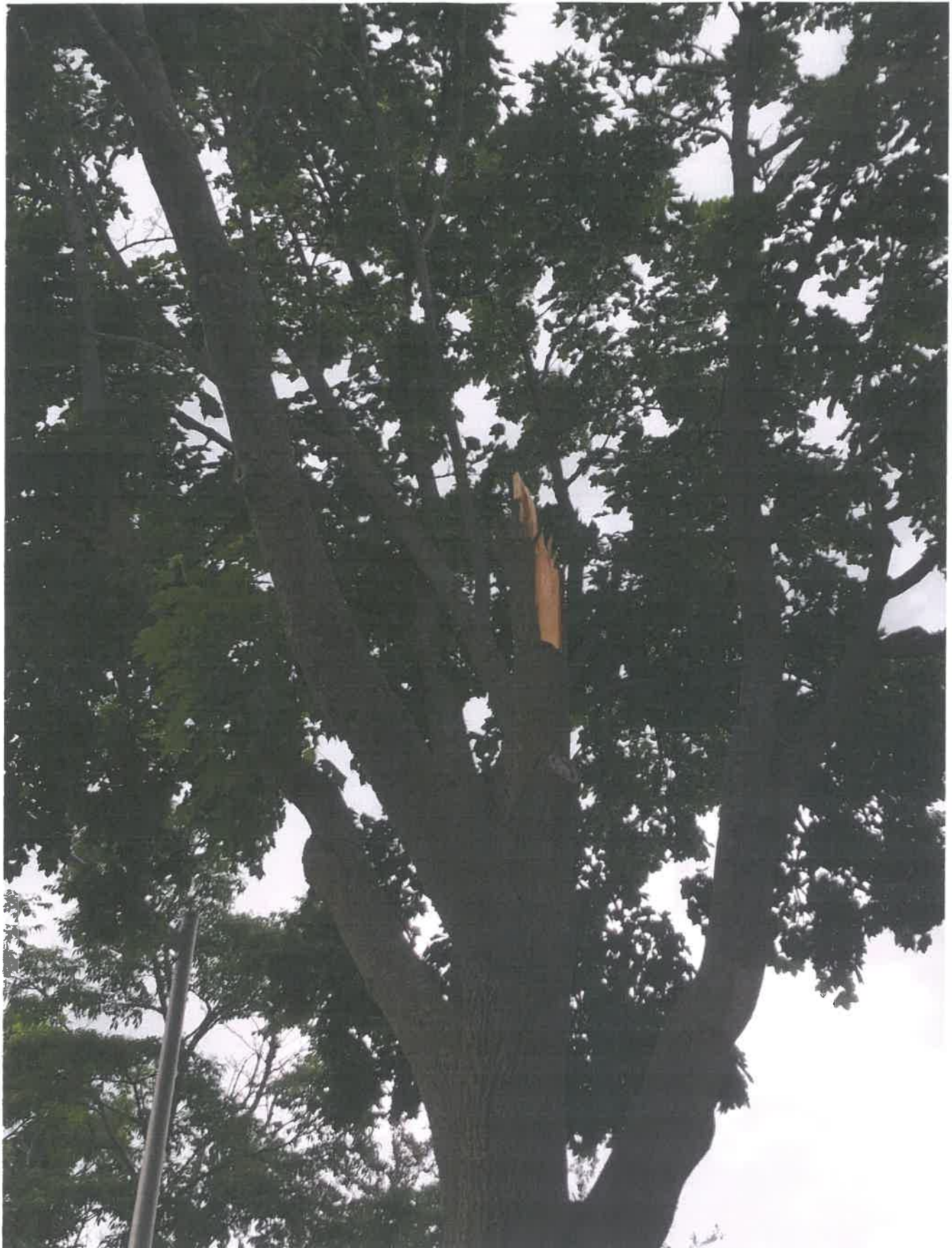
The total amount sought is: \$ 900.00

SAVE

PRINT







Date: 6/12/2020 12:36 PM
 Estimate ID: 28666
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

Brownell Quality Collision Center

10414 W Greenfield Ave, West Allis, WI 53214
 (414) 774-0610
 Fax: (414) 774-0760
 Email: BrownellQCC@aol.com
 Tax ID: 39-1758646



Ryan Konkol

10414 W. Greenfield Avenue
 West Allis, WI 53214-3930
 PH 414.774.0610
 FAX 414.774.0760
 www.brownellcollision.com

Damage Assessed By: RYAN KONKEL
 Classification: Field

Type of Loss: Collision
 Deductible: 0.00
 Claim Number: 28666

Owner: LAUREN KOJIS
 Telephone: Home Phone: [REDACTED]

Mitchell Service: 911092

Description: 2009 Toyota Corolla LE
 Body Style: 4D Sed
 VIN: [REDACTED]
 OEM/ALT: U
 Color: GRAY
 Options: PASSENGER AIRBAG, POWER LOCK, POWER WINDOW, POWER STEERING, REAR WINDOW DEFOGGER
 AIR CONDITION, TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS.
 TIRE INFLATION/PRESSURE MONITOR, AUXILIARY INPUT, CD PLAYER
 POWER ADJUSTABLE EXTERIOR MIRROR, AUTOMATIC TRANSMISSION, FIRST ROW BUCKET SEAT
 CLOTH SEAT, SIDE AIRBAGS, SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION
 MP3 PLAYER, DAYTIME RUNNING LIGHTS, REAR BENCH SEAT

Drive Train: 1.8L Inj 4 Cyl 4A FWD
 Search Code: B913542

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	102516	BDY	REMOVE/REPLACE	Luggage Lid Panel	Qual Recycled Part	300.00 *	2.0 r
2	AUTO	REF	REFINISH	Luggage Lid Outside			C 2.2
3	AUTO	REF	REFINISH	Luggage Lid Underside			1.1
4	103103	BDY	REMOVE/REPLACE	Luggage Lid Adhesive Emblem	75431-02080	38.82	0.1
5	103105	BDY	REMOVE/REPLACE	Luggage Lid Adhesive Nameplate	75442-02181	47.12	0.1
6	AUTO	REF	ADD'L OPR	Clear Coat			0.9
7	AUTO		ADD'L COST	Paint/Materials		168.00 *	
8	AUTO		ADD'L COST	Hazardous Waste Disposal		5.00 *	

* - Judgment Item
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II. Part Replacement Summary	Amount
Body	2.2	60.00	0.00	0.00	132.00 T	Taxable Parts	385.94
Refinish	4.2	60.00	0.00	0.00	252.00 T	Sales Tax @ 5.500%	21.23
					384.00	Total Replacement Parts Amount	407.17
			@ 5.500 %		21.12		
Labor Summary	6.4				405.12		
 						IV. Adjustments	Amount
III. Additional Costs					Amount	Insurance Deductible	0.00
Taxable Costs					173.00	Customer Responsibility	0.00
Sales Tax			@ 5.500%		9.52		
Total Additional Costs					182.52		
 						I. Total Labor:	405.12
Paint Material Method: Rates						II. Total Replacement Parts:	407.17
Init Rate = 40.00 , Init Max Hours = 99.9, Addl Rate = 0.00						III. Total Additional Costs:	182.52
						Gross Total:	994.81
						IV. Total Adjustments:	0.00
						Net Total:	994.81

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Allis Auto Body COLLISION & REFINISHING SPECIALISTS

6821 W. Burnham Street, West Allis, WI 53219

Phone 414-541-0581

Fax 414-541-0832


www.allisautobody.com

ESTIMATE OF REPAIR


NAME LAUREN KOJIS DATE 6/12/20
 STREET _____ PHONE 414-430-7805
 CITY _____ STATE _____ ZIP _____
 INSURED BY _____ ADJUSTER _____ PHONE _____

MAKE - MODEL - YEAR		COLOR	VEHICLE ID#		
2009 COROLLA					
REPAIR	REPLACE	PARTS NECESSARY AND ESTIMATE OF LABOR REQUIRED	PARTS & MATERIAL	LABOR	REFINISH
		Deck Lid	300	1 5	4 0
	✓	DECK LID	300 00	1 5	4 0
		Clear Coat			1 0
		CLEAR COAT			1 0
		Paint & Material	190 00		
		PAINT - MATERIAL	190 00		
		Transfer Emblems	38 00		
		TRANSFER EMBLEMS	47 00		
<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> \$900 00 </div>					
SUBTOTAL			575 00	82 00	275 00
					932 00
					52 00
					984 00

Bruce Parulski Free Loaners



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 COLLISION & REFINISHING SPECIALISTS
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 West Allis, Wisconsin 53219
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The above repairs are authorized on the car, truck or vehicle described on streets, highways or elsewhere for the purpose of repair. This authorization is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs thereto.

required after the work has been opened up. This authorization is hereby acknowledged on the first inspection. Because of this, we hereby grant you or your employees permission to operate the car, truck or vehicle. An express mechanic's lien is hereby acknowledged.

AUTHORIZATION FOR REPAIRS - You are hereby authorized to make the above specified repairs.

Signed: _____ Date: _____

GRAND TOTAL 984 00