

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Gary/Mary Kohlenberg

Date: 4-29-19

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: J Lemanske

- 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

CLAIM FORM AND INFORMATION

Important Information: For the City of West Allis to consider your claim, you must follow the Wisconsin statutory procedure for filing a claim. Completing this form does not guarantee compliance with statutory procedure. City employees, including the City Attorney's Office, cannot give you legal advice or instructions on the statutory procedure. Any questions regarding claims should be directed to the City Attorney's Office at 414-302-8450.

NOTICE OF CLAIM

Name: Gary/Mary Kohlenberg Incident/Accident Information 11
Address: 345 River Bluff Circle Date: 4/17/2019
Phone: 262-569-1800 Time:
Place: 2030 S. 116th St.

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary). 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.

Signed: [Signature] Date: 4/17/19

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 of West Allis at any time consistent with the applicable statute of limitations. However, no action will be taken by the City of West Allis to formally accept or deny your claim until the following information is provided:

The undersigned hereby makes a claim against the City of West Allis of arising out of the circumstances described above. The amount sought is: \$ 415.12 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: [Signature] Date: 4/17/2019

On Thursday, April 11, 2019 I was parked at 2030 S. 116th Street, West Allis in a parking spot facing the West Allis water tower. When I got in my car at 1:30 pm, I noticed the center counsel on the interior top where the lights are hanging down by wires. I then noticed the entire front windshield was smashed. It is my belief that something fell from the water tower and hit my car causing this damage.

Safelite® AutoGlass

SAFELITE AUTOGLASS
W238N1600 BUSSE RD.
WAUKESHA, WI 53188

Date & Time: 04/12/19 04:58PM

** SERVICE QUESTIONS **
** CALL Customer Sat 800 phone number (8008352257) **

Customer:
KOHLENBERG, GARY

Home Phone: 262-569-1800

Work Phone:

W238N1600 BUSSE RD.
WAUKESHA, WI 53188

Service Phone:

Work Order #:

01867_945270
(01867_945270)

Year 2016	Make TOYOTA	Model HIGHLANDER
License blssusa	Style 4 DOOR UTILITY	Stock/Unit#
Mileage	VIN [REDACTED]	
Purchase Order#		

Qty	Part	List Price	Selling Price	Flat Labor	Kit	MTRL
1	FW03878 GTY		349.99	60.00	0.00	0.00
1	DISPOSAL FEE		0.00	9.99	0.00	0.00
1	DISC CUSTSERV		-25.00	0.00	0.00	0.00

Urethane Brand: Sika
Urethane Product: SikaTack Safe 30
Urethane Lot Number: 3003838008

Technician Name	Technician ID
Caleb Sanders	1867-833
Technician Notes	

Part Subtotal:	324.99
Flat Labor Subtotal:	69.99
Subtotal:	394.98
Sales Tax:	20.14
Total:	415.12
Deductible:	0.00
Deductible Paid:	0.00
Deductible Remaining:	0.00
Amount to Collect:	415.12
Payment Amount:	415.12
Amount Due:	0.00

Pending Credit Card Authorization Code: [REDACTED], payment in the amount of \$415.12.

Your vehicle has been vacuumed!
Your exterior windows have been cleaned!

Signature: _____ Signature on file.