



CLAIMANT CONTACT INFORMATION

Name: Tammy Goratowski Phone: 414-339-0560
Address: 2345 S. 107th St apt 110 Email: tammy.goratowski@wnco.com
West Allis, WI 53227

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: Feb. 15, 2025 Time of day: 14:39
Location: 2300 bld. S. 107th St. West Allis WI 53227

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.

City plow truck cut a corner too close to my vehicle and nicked my left back bumper and rear tail light.

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: Tammy Goratowski Date: _____

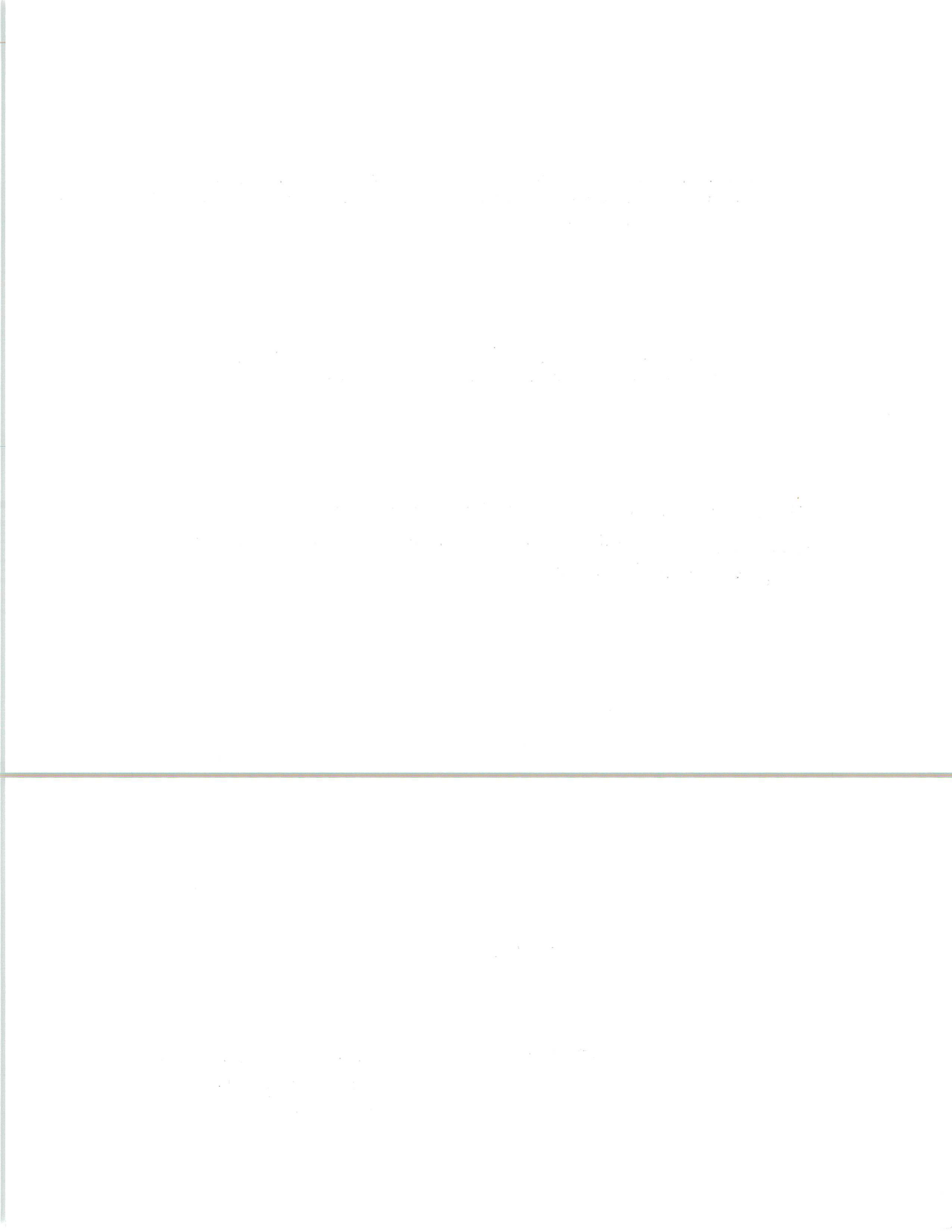
CLAIM AMOUNT

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: \$ 1800.00 (cost may change after repairs have begun).

SAVE

PRINT



**WEST ALLIS POLICE DEPARTMENT
DRIVER EXCHANGE AND INFORMATION SHEET**

**To be completed by drivers ONLY
Pursuant to Section 346.67 Wis. Stats.**

DATE: 2/15/25 TIME: 14:39 LOCATION: 23006th S 107 st

TOWING COMPANY: _____

DRIVER'S NAME: _____ PHONE #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

VEHICLE (MAKE): _____ (MODEL): _____ YEAR: _____

LICENSE PLATE #: _____ ACCIDENT OR CALL #: 25-005622

INSURANCE CARRIER/PHONE: _____

POLICY #: _____

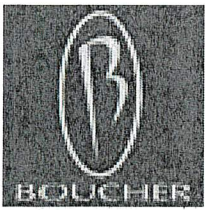
Completion and exchange of this form is for the purpose of facilitating the exchange of information requirement of Section 346.67 Wis. Stats. It is intended only to assist those involved in a crash and facilitate the exchange of information between drivers to assist with any insurance claim, personal reimbursement or civil action

I hereby consent to the release of my personal information to _____ (other driver)

Your Signature _____

1. Notify your insurance company as soon as possible
2. **ONLINE COPIES** If you wish to purchase a copy of the accident report, visit the DOT website at app.wi.gov/crashreports. Copies are typically available in 3-5 business days.
3. **IN PERSON** Please visit the Records Unit during regular business hours (Mon – Fri, 8 am to 5 pm) to fill out an open record request form. You will need to follow up with the Records Unit in 7 to 10 business days to see if the report is available for purchase. A contact form will be given to you when you submit the open records request.
4. If you received a traffic citation, you must stipulate to (pay) the citation prior to your court date **OR** appear in court on the date and time indicated on the citation. **The WEST ALLIS MUNICIPAL COURT IS LOCATED AT 11301 W. LINCOLN AVE.**

City Hall



Boucher Auto Body & Paint- West Allis

Workfile ID: e145358a
Federal ID: 39-1275419

We Ride With You Every Mile
3161 S. 108th St, West Allis, WI 53227
Phone: (414) 327-6000
FAX: (414) 546-5825

Estimate

RO Number:

Customer:	Insurance:	Adjuster:	Estimator:
GORATOWSKI, TAMMY	CUSTOMER PAY	Phone:	Nick Eineichner
2345 S 107TH ST		Claim:	Create Date: 2/21/2025
WEST ALLIS, WI 53227		Loss Date:	
(414) 339-0560		Deductible:	

2015 NISS Murano Platinum AWD 4D UTV 6-3.5L Gasoline Sequential MPI RED

VIN: 5N1AZ2MH1FN232569	Interior Color:	Mileage In: 132,599	Vehicle Out:
License:	Exterior Color: RED	Mileage Out:	
State:	Production Date: 4/2015	Condition:	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		QUARTER PANEL						
2	E01	Remove/Install	RT Wheel opng mldg				0.2T	Body	
3	E01	Remove/Install	LT Wheel opng mldg				0.2T	Body	
4	E01		REAR LAMPS						
5	E01	Remove/Install	RT Combo lamp assy				0.3T	Body	
6	E01	Remove/Install	LT Combo lamp assy				0.3T	Body	
7	E01		REAR BUMPER						
8	E01	Overhaul	O/H bumper assy			OEM	2.0T	Body	
9	E01	Remove/Replace	Bumper cover	1	453.90T	A/M	0.0T	Body	3.0T
10	E01		Add for Clear Coat						1.2T
11	E01	Remove/Replace	LT Reflector	1	42.00T	A/M	0.0T	Body	
12	E01		***** ADD-ONS *****						
13	E01		OEM PRE-SCAN NISSAN/ INFINITY	1	65.00T	Other	0.5T	Mech	
14	E01		OEM POST SCAN NISSAN/ INFINITY	1	134.95T	Other	0.5T	Mech	
15	E01		Hazardous waste removal	1	7.00T	Other			
16	E01		Color tint / color match						0.5T
17	E01		Flex additive	1	5.00T	Other			

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					695.85
Labor, Body			75.00	3.0	225.00
Labor, Refinish			75.00	4.7	352.50
Labor, Mechanical			160.00	1.0	160.00
Material, Paint			50.00	4.7	235.00
Miscellaneous					12.00
Subtotal					1,680.35

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Estimate

RO Number:

2015 NISS Murano Platinum AWD 4D UTV 6-3.5L Gasoline Sequential MPI RED

Sales Tax	99.14
Grand Total	1,779.49
Net Total	1,779.49

Estimate Version	Total \$
Original	1,779.49

Insurance Total \$:	0.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	0.00
Customer Total \$:	1,779.49
Received from Customer \$:	0.00
Balance due from Customer \$:	1,779.49

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PRECISION AUTOBODY MKE

fixit@precisionautobodymke.com
1645 S 83rd St, West Allis, WI 53214
Phone: (414) 252-8952

Workfile ID: 9dad886d
Federal ID: 85-0660113

Preliminary Estimate

Customer: Goratowski, Tammy

Job Number:

Written By: Juan Irizarry

Insured: Goratowski, Tammy
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Goratowski, Tammy
(414) 339-0560 Cell

Inspection Location:
PRECISION AUTOBODY MKE
1645 S 83rd St
West Allis, WI 53214
Repair Facility
(414) 252-8952 Business

Insurance Company:

VEHICLE

2015 NISS Murano Platinum AWD 4D UTV 6-3.5L Gasoline Sequential MPI

VIN: 5N1AZ2MH1FN232569
License:
State:

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Power Passenger Seat
Memory Package

DECOR

Dual Mirrors
Privacy Glass
Console/Storage
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Alarm
Message Center
Steering Wheel Touch Controls

Rear Window Wiper
Telescopic Wheel
Heated Steering Wheel
Climate Control
Navigation System
Backup Camera
Surround View Camera
Remote Starter
Home Link

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Auxiliary Audio Connection
Premium Radio
Satellite Radio

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes
Traction Control
Stability Control
Front Side Impact Air Bags
Head/Curtain Air Bags
Hands Free Device
Xenon or L.E.D. Headlamps

Blind Spot Detection

SEATS

Bucket Seats
Leather Seats
Heated Seats
Rear Heated Seats
Ventilated Seats

WHEELS

20" Or Larger Wheels

PAINT

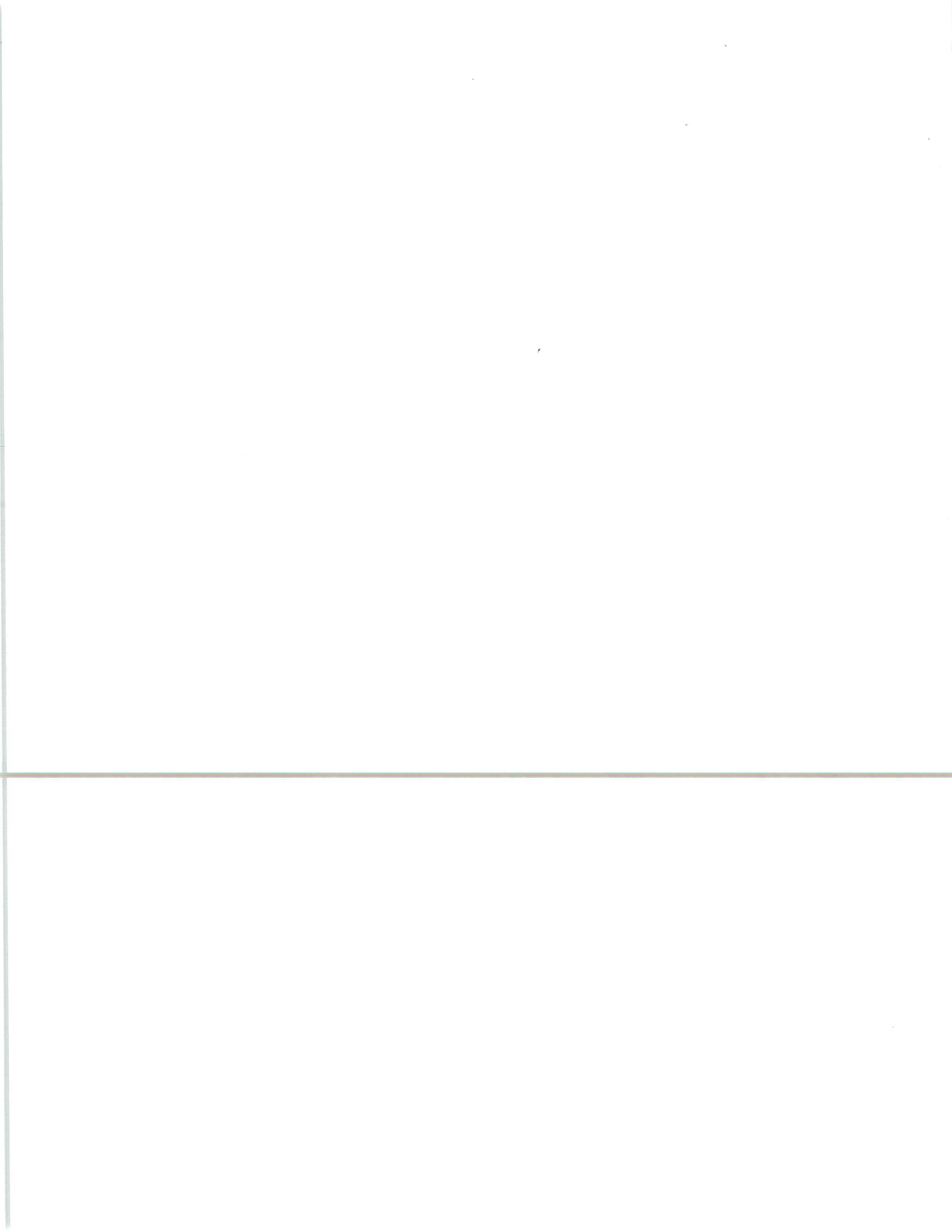
Clear Coat Paint
Metallic Paint

OTHER

Fog Lamps
Rear Spoiler
Signal Integrated Mirrors

TRUCK

Power Trunk/Liftgate



Preliminary Estimate

Customer: Goratowski, Tammy

Job Number:

2015 NISS Murano Platinum AWD 4D UTV 6-3.5L Gasoline Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		QUARTER PANEL					
2	*	Blnd LT Quarter panel to 02/2018					1.3
3	*	Blnd RT Quarter panel to 02/2018					1.3
4	*	R&I LT Wheel opng mldg				0.2	
5	*	R&I RT Wheel opng mldg				0.2	
6		REAR BUMPER					
7		O/H rear bumper				2.0	
8	**	Repl A/M Bumper cover	850225AA0H	1	376.11	Incl.	3.0
9		Add for Clear Coat					1.2
10	**	Repl A/M LT Reflector	265658990B	1	40.00	Incl.	
11		MISCELLANEOUS OPERATIONS					
12	#	Subl Hazardous waste removal		1	5.00 T		
13	#	Repl Flex additive		1	15.00 T		
SUBTOTALS					436.11	2.4	6.8

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			416.11
Body Labor	2.4 hrs @	\$ 70.00 /hr	168.00
Paint Labor	6.8 hrs @	\$ 70.00 /hr	476.00
Paint Supplies	6.8 hrs @	\$ 50.00 /hr	340.00
Miscellaneous			20.00
Subtotal			1,420.11
Sales Tax	\$ 1,420.11 @	5.6000 %	79.53
Grand Total			1,499.64

