



CLAIMANT CONTACT INFORMATION

Name: Sarahi Martinez
Alexandra Chavez Phone: 414-795-6141
Address: 1960 S 58th Email: saramt2013@gmail.com
Milwaukee WI 5

INSTRUCTIONS

Complete this form 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: 2-18-22 Time of day: 10:10 Pm
Location: 1960 S 58th

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.

My car was parked on its side
when the snowplow truck passed
and didn't have enough room to
pass when it damaged my mirror was
right side
is honda odyssey 2016.

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: Sarahi Martinez Date: 2-21-22

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: \$ 565.24

21 FEB 22 PM 12:26
CITY OF WEST ALLIS



Schlossmann's Honda City
 3450 S. 108th Street • Milwaukee, WI 53227
 Phone: (414) 328-3500 • Fax: (414) 328-3531
 Parts Direct: (414) 328-3535
 www.hondacity.net

CELL: 414-795-6141

CUST NO.	TAX EXEMPT NUMBER	CUST. P. O. NO.	SHIP VIA	PAY	SOLD BY	INVOICE DATE	INVOICE NO.
364780		16ODYSSEY	WILLCALL	CASH	CARLOS FERRER	02/21/22	PQ157741 HOR

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SARAMTZ0113@GMAIL.COM
SARAH MARTINEZ
1960 S 58TH ST
MILWAUKEE, WI 53219-1536

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[REDACTED]

SHIP QTY	B. O. QTY	PART NUMBER / DESCRIPTION	BIN	LIST	NET	AMOUNT
1	0	76200-TK8-A51ZJ MIR, R. DR *R561P	SPORD	440.99	440.99	440.99
						SUBTOTAL 440.99
						RESTOCK CHARGE 0.00
						TAX 24.25
						FREIGHT 0.00
						PAY THIS AMOUNT 465.24



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE. NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS. NO RETURNS AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ALL IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR THE PARTICULAR PURPOSE, AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THESE PARTS.

NO RETURN ON ELECTRICAL PARTS, Parts taken out of Honda sealed vapor bags are NOT RETURNABLE. Cores must be OEM, UNDAMAGED, & in original package. All damaged goods must be reported in 24hrs & returned in 48hrs.

*Thank
You
for
Your
Business!*

CUSTOMER COPY

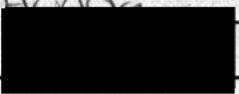
** PRICE QUOTE **
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PARTS INVOICE

**WEST ALLIS POLICE DEPARTMENT
NON-REPORTABLE CRASH DRIVER EXCHANGE**

Date: 2/18/22 Time: 22:14 hr. Location: 1960 S. 58th St. Call #: 22-005657
Driver's Name: Sarah Martinez Phone #: 414-795-6141
Address: 1960 S 58th City/State/Zip: West Allis 53219.
Vehicle (Make): Honda (Model): Odyssey (Year): 2016.
License Plate #: 
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.