

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Tiffany Salazar

Date: 2-4-19

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: Glomanster

- 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.

RECEIVED

NOTICE OF CLAIM

FEB 04 2019

CITY OF WEST ALLIS CITY CLERK

Name: Tiffany Salazar Incident/Accident Information
Address: 1958 S. 55th Street Date: 1-28-19
WI, 53219 Time: 17:19
Phone: (920) 815-9043 Place: 1958 S. 55th Street

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.

My vehicle was hit by city of West Allis snow plow Sunday 27th @ 5:19 p.m. My vehicle was parked on my driveway. Report was filed by the driver of the snow plow. West Allis police department arrived to the scene. I took vehicle for a repair estimate which I've attached for your records.

Signed: _____ Date: _____

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: \$ 1,251.36 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: Tiffany Salazar Date: 2-4-19
Address: 1958 S. 55th Street

MIKE'S AUTO BODY

8830 W. NASHVILLE AVE
WEST ALLIS, WI 53227
(414) 329-4040



YR	MAKE	MODEL	EST. DATE	TIME
03	Avalanche		/ /	AM PM
VIN	DATE IN	PROPOSED OUT	TRIM	COLOR
	LICENSE NO.	ODOMETER	DATE OF LOSS	
	INS. CO.	FILE NO.	CLAIM NO.	
	ADJUSTER	PHONE	DEDUCTIBLE	WRITTEN BY

NAME	Tiffany Salazar	PWK. OR CELL	
ADDRESS	1958 S 55th St WI	PHONE HOME	(414) 460-2100
CITY	West Allis	STATE	WI
		ZIP	53219

REPAIR PLATE: N = NEW U = USED R = REPAIR S = STRAIGHTEN R/C = RECYCLE / RECHROME / RECORE

LINE NO.	PARTS	LABOR	PAINT	SUBLET/MISC.
1				
2	156.00	1.5		
3	400.00	1.5		
4	200.00	1.5		
5	270.00			
6				
7		1.0		
8				
9	1040.00			
10				
11		2.5		
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

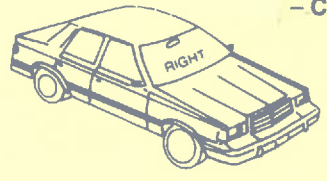
I hereby authorize the above work and acknowledge receipt of copy.

TOTALS

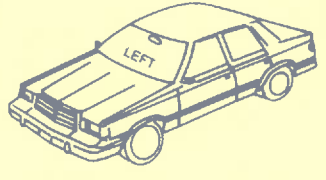
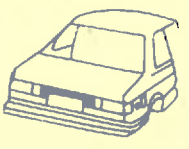
SIGNED DATE



- PRIOR DAMAGE -
Areas marked by an "X" represent prior damage and are not included in this estimate.



- CURRENT ESTIMATE -



PAINT	HRS. @ \$	
LABOR	2.5 HRS. @ \$ 58.00	145.00
PARTS	%	1040.00
PAINT/SUPPLIES		
SUBLET		
TOWING/STORAGE		
ENVIRONMENTAL CHARGES		
SUB-TOTAL		185.00
TAX		66.36
TOTAL		\$ 251.36



City Attorney's Office
attorney@westalliswi.gov
Office: 414.302.8450
Fax: 414.302.8444

Kail Decker
City Attorney
Sheryl L. Kuhary
Deputy City Attorney
Nicholas S. Cerwin
Principal Assistant City Attorney

MEMORANDUM

TO: Dave Wepking, Director of Public Works
FROM: Kail Decker, City Attorney
DATE: February 5, 2019
SUBJECT: Claim Against the City of West Allis by Tiffany Salazar
1958 South 55th Street

The attached claim has been filed against the City of West Allis regarding alleged property damage to Tiffany Salazar's vehicle on January 27, 2019. It is requested that you conduct an investigation and provide written advice to this office of your findings and recommendations as to the disposition within 30 days of the date of this memo.

Please make copies of any and all reports, photographs, correspondence (including electronic), audio/video recordings and any other records related to this matter and provide them to me.

I will be providing a copy of the claim to CVMIC, the City's insurance carrier in this case. Please preserve any and all evidence regarding this matter.

Thank you for your assistance and corporation.

Cc: Tim Last, w/ encl.

Attachment
KD:kp

Disposition of damage to truck in alley in alley between 54-55 North of Rogers.

Our loader operator Richard Schurman was plowing this alley with a front end loader and got to the T in the alley and lost a lot of snow off the blade and backed up over the mound to get the snow back onto the blade and the loader rocked and the plow caught the back of this pickup truck causing the damage. I have enclosed a picture of the damage along with the other paper work that I have. The truck was on their slab so it was legally parked.

Tim Schneider


City of West Allis D.P.W. Street and Sewer Supervisor

Name _____
Address 5422 Rogers
Phone _____

Date 1/27/19 Time 5:20 PM
Referred To _____
Neighbor Complaint Please Call Initials _____

- Check for Charge
 - Brush
 - Ground
 - Concrete
 - Other
 - Sewer Back Up
- Issue Permit
 - Date _____
 - # of Loads _____
 - Vehicle _____
 - Location _____
 - Snow

Refuse / Recyclables / Brush
 No Pick Up
 Incomplete Pick Up
 Bulk Refuse Collection
Items/Location _____

Information SCHURMAN / HIT
PIV TRUCK IN ALLEY

Disposition _____



WEST ALLIS POLICE DEPARTMENT NON-REPORTABLE CRASH DRIVER EXCHANGE

Date: 1/28/19 Time: 1719 Location: 1958 S 55 Call #: 19-003843
Driver's Name: _____ Phone #: _____
Address: _____ City/State/Zip: _____
Vehicle (Make): _____ (Model): _____ (Year): _____
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.



**CITY OF WEST ALLIS – DEPARTMENT OF PUBLIC WORKS
EMPLOYEE EQUIPMENT AND PROPERTY INCIDENT REPORT**



Accident - Date/Time 1/28/2019 @ 5:00PM

Location Behind 5422 Rogers

Weather Cold and snowing Condition of Street Snow covered

Employee Name Richard Schurman Number 24

City equipment - Type Loader Number 2939

Police Called yes no Police Information Sheet (yellow) yes no

Other Operator - Name _____

Address _____

Other Property or Equipment Involved Chevy Avalanche License # _____

Owned By - Name _____ Address _____

Others Involved Name/Address _____

Name/Address _____

Personal Injuries - Describe _____

Property Damage - City None

Property Damage - Other Operator(s) Plastic cover on tailgate.

Describe What Happened Plowing alley, backing up, went over mound of snow, loader rocked and plow blade bumped tailgate.

Witness Name None Address _____

Witness Name _____ Address _____

Date 1/29/2019 Signed Richard Schurman/SGF
Employee Signature

Liability - City _____ Others _____

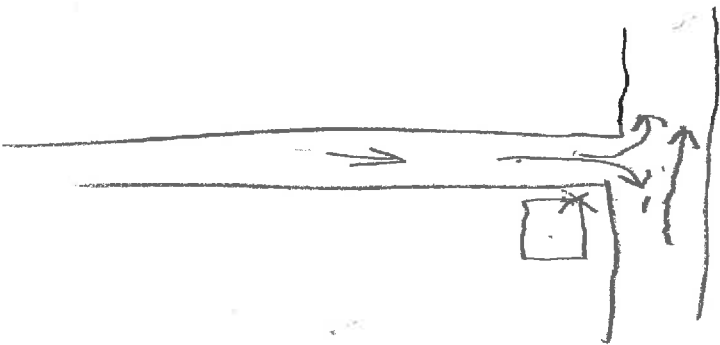
Claim paid - \$ _____

By City _____ To _____ Date _____

By City _____ To _____ Date _____

Remarks _____

Diagram



Supervisor Recommended Disciplinary Action yes no if yes, what type (written warning, suspension, etc.) _____

at fault not at fault to be determined

Supervisor initials _____ and date _____



MIKE'S AUTO BODY

8330 W. NASHVILLE AVE
WEST ALLIS, WI 53227
(414) 329-4040



YR.	MAKE	MODEL	EST. DATE	TIME
00	Volvo	740 GLE	1/1	AM

NAME: **Tiffany Salazar**
 ADDRESS: **1955 S 55th St, WI**
 CITY: **West Allis** STATE: **WI** ZIP: **53219**

DATE IN: / / PROPOSED OUT: / / TRIM: / / COLOR: / /
 LICENSE NO.: / / ODOMETER: / / DATE OF LOSS: / /
 INS. CO.: / / FILE NO.: / / CLAIM NO.: / /
 ADJUSTER: / / PHONE: / / DEDUCTIBLE: / / WRITTEN BY: / /

LINE NO.	PARTS	LABOR	PAINT	SUBLET/MISC.
1				
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4	200.00	1.5		
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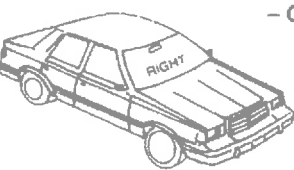
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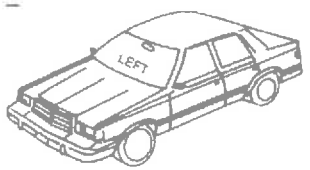
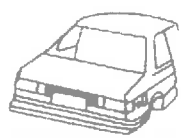
SIGNED DATE: / /



- PRIOR DAMAGE -
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- CURRENT ESTIMATE -



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LABOR	2.5 HRS. @ \$ 58.00	145.00
PARTS	%	1040.00
PAINT/SUPPLIES		
SUBLET		
TOWING/STORAGE		
ENVIRONMENTAL CHARGES		
SUB-TOTAL		1185.00
TAX		66.36
TOTAL		\$ 1251.36