



CLAIMANT CONTACT INFORMATION

Name: Omar Malone  
Address: 1744 S 63 RD

Phone: 414-614-9809  
Email: OmarMalone75@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: 08/17/2023 Time of day: 12:00 PM  
Location: 1744 S 63 RD Back of home in alley/parking lot

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.

West allis Garbage truck knocked power line pole Down which landed on my car. Police Report will reflect exactly that. Police officer also obtained Ring Doorbell footage of the incident. I am looking for compensation for Damages to body of my vehicle as well as mechanics of my vehicle. I am also looking for compensation for damages to mental Health.

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: [Signature]

Date: 09/07/2023

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: \$ 8,117.75

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: 8/17/23 TIME: 1152 LOCATION: 18054K S. 63

TOWING COMPANY: \_\_\_\_\_

DRIVER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

VEHICLE (MAKE): \_\_\_\_\_ (MODEL): \_\_\_\_\_ YEAR: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ ACCIDENT OR CALL #: 23-082237

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 \_\_\_\_\_

**D&D Auto Services, LLC**  
 7124 W Fond Du Lac Ave  
 Milwaukee, WI 53218

NAME: Omar Malone PHONE: \_\_\_\_\_  
 ADDRESS: 1744 S 63rd St  
 CITY, STATE, ZIP: West Allis WI 53214  
 2ND AUTHORIZED NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

| QTY.   | PART NO. | NAME OF PART     | PRICE | WARRANTY V/N |
|--|----------|------------------|-------|--------------|
|  |          | Estimate         |       |              |
|  |          | Good for 30 days |       |              |
| TOTAL PARTS  |          |                  |       |              |
| <b>MECHANICS RECOMMENDATIONS</b>                                     |          |                  |       |              |
| Estimated cost \$ _____ Estimate Charge _____ Basis for Charge _____ |          |                  |       |              |

**CUSTOMER'S INFORMATION**

RECEIVED (DATE & TIME) 9-1-83 A.M. P.M. CUSTOMER'S ORDER NO. \_\_\_\_\_ PROMISED (DATE & TIME) \_\_\_\_\_ A.M. P.M.

YEAR • MAKE • MODEL 05 Infiniti FX35 SERIAL #/VIN \_\_\_\_\_ MOTOR # \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ ODOMETER \_\_\_\_\_ WRITTEN BY \_\_\_\_\_

LUBE  OIL CHANGE  FLUSH TRANS.  FLUSH DIFF.  WASH  POLISH

**CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL \***

|                     |        |
|---------------------|--------|
| Left Rear Knee Ass. | 480.00 |
| Labor               | 500.00 |
| Align               | 140.00 |

**METHOD OF PAYMENT:**  
 CHECK  CHARGE  CASH

**LABOR**  
 FLAT RATE  HOURLY  BOTH

RETAIN PARTS  DESTROY PARTS

AUTHORIZED BY \_\_\_\_\_

Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.

GUARANTEED ITEM(S) \_\_\_\_\_

GUARANTEE EFFECTIVE UNTIL: TIME \_\_\_\_\_ MILEAGE \_\_\_\_\_

|                        |
|------------------------|
| LABOR ONLY             |
| PARTS                  |
| ACCESSORIES            |
| GAS, OIL & GREASE      |
| MISC. MERCHANDISE      |
| SUBLET REPAIRS         |
| STORAGE FEE            |
| TAX                    |
| <b>TOTAL</b> ▶ 1182.00 |

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:  
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

\_\_\_ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.

\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ \_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: \_\_\_\_\_ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$ \_\_\_\_\_ will be applied.

\*Checked lines apply (Preparer must check at least one):  
 \_\_\_ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.  
 \_\_\_ This amount includes a charge of \$ \_\_\_\_\_, which is required under \_\_\_\_\_ law.

SIGNED \_\_\_\_\_  
 DATE \_\_\_\_\_

**AUTO BODY SPECIALISTS LLC**  
 6024 W MITCHELL STREET, WEST ALLIS, WI  
 53214  
 Phone: (414) 545-9211  
 FAX: (414) 545-7416

Workfile ID: 39b1473b  
 PartsShare: 7wkxxV  
 Federal ID: 391922584  
 State ID: n/a  
 Federal EPA: n/a  
 State EPA: n/a

**Preliminary Estimate**

**Customer: MALONE, OMAR**

**Job Number:**

Written By: Vince DiBella

Insured: MALONE, OMAR  
 Type of Loss:  
 Point of Impact:

Policy #:  
 Date of Loss:

Claim #:  
 Days to Repair: 0

**Owner:**  
 MALONE, OMAR  
 1744 S. 63RD ST  
 WEST ALLIS, WI 53214  
 (414) 614-9809 Cell

**Inspection Location:**  
 AUTO BODY SPECIALISTS LLC  
 6024 W MITCHELL STREET  
 WEST ALLIS, WI 53214  
 Repair Facility  
 (414) 545-9211 Business

**Insurance Company:**

**VEHICLE**

2005 INFI FX35 AWD 4D UTV 6-3.5L Gasoline SMPI

|                 |                  |              |              |
|-----------------|------------------|--------------|--------------|
| VIN: [REDACTED] | Interior Color:  | Mileage In:  | Vehicle Out: |
| License:        | Exterior Color:  | Mileage Out: |              |
| State:          | Production Date: | Condition:   | Job #:       |

**TRANSMISSION**

Automatic Transmission  
 Overdrive  
 4 Wheel Drive

**POWER**

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

**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  
 Rear Window Wiper  
 Telescopic Wheel

**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

Cassette

CD Changer/Stacker

**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

Xenon or L.E.D. Headlamps

**SEATS**

Cloth Seats  
 Bucket Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Fog Lamps  
 Rear Spoiler

**TRUCK**

Rear Step Bumper  
 Power Trunk/Liftgate

Get live updates at [www.carwise.com/e/4A6t3R](http://www.carwise.com/e/4A6t3R)

**Preliminary Estimate**

**Customer: MALONE, OMAR**

**Job Number:**

2005 INFI FX35 AWD 4D UTV 6-3.5L Gasoline SMPI

| Line             | Oper        | Description                      | Part Number | Qty | Extended Price \$ | Labor       | Paint      |
|------------------|-------------|----------------------------------|-------------|-----|-------------------|-------------|------------|
| 1                | <b>ROOF</b> |                                  |             |     |                   |             |            |
| 2                | Repl        | Roof panel                       | 73112CG000  | 1   | 1,863.16          | 21.0        | 3.4        |
| 3                |             | Add for Clear Coat               |             |     |                   |             | 1.4        |
| 4                | Repl        | LT Roof molding black            | 73851CG004  | 1   | 303.29            | Incl.       |            |
| 5                | R&I         | Headliner w/o sunroof black      |             |     |                   | Incl.       |            |
| 6                | #           | Roof rail left side              |             | 1   |                   | 5.0         | 3.0        |
| 7                | #           | Subl Hazardous waste removal     |             | 1   | 5.00 T            |             |            |
| 8                | #           | Repl Corrosion protection primer |             | 1   | 5.00 T            | 0.5         |            |
| 9                | #           | Repl Cover Car                   |             | 1   | 8.00 T            | 0.2         |            |
| <b>SUBTOTALS</b> |             |                                  |             |     | <b>2,184.45</b>   | <b>26.7</b> | <b>7.8</b> |

**ESTIMATE TOTALS**

| Category           | Basis         | Rate         | Cost \$         |
|--------------------|---------------|--------------|-----------------|
| Parts              |               |              | 2,166.45        |
| Body Labor         | 26.7 hrs @    | \$ 63.00 /hr | 1,682.10        |
| Paint Labor        | 7.8 hrs @     | \$ 63.00 /hr | 491.40          |
| Paint Supplies     | 7.8 hrs @     | \$ 41.00 /hr | 319.80          |
| Miscellaneous      |               |              | 18.00           |
| Subtotal           |               |              | 4,677.75        |
| Sales Tax          | \$ 4,677.75 @ | 5.5000 %     | 257.28          |
| <b>Grand Total</b> |               |              | <b>4,935.03</b> |

MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATCP 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911.

## Preliminary Estimate

**Customer: MALONE, OMAR**

**Job Number:**

2005 INFI FX35 AWD 4D UTV 6-3.5L Gasoline SMPI

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide AEA3850, CCC Data Date 08/09/2023, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships with discounted pricing. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinishing operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2023 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

### SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

### SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

### OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Intelligent Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

**Preliminary Estimate**

**Customer: MALONE, OMAR**

**Job Number:**

2005 INFI FX35 AWD 4D UTV 6-3.5L Gasoline SMPI

**PARTS SUPPLIER LIST**

| <b>Line</b> | <b>Supplier</b>   | <b>Description</b>   | <b>Price</b> |
|-------------|---|--|--------------|
| 2           | Infiniti of Naperville<br>1550 W Ogden Ave<br>Naperville IL 60540 | #73112CG000<br>Roof panel<br>Quote: 1611408313<br>Expires: 09/20/23            | \$ 1,863.16  |
| 4           | Infiniti of Naperville<br>1550 W Ogden Ave<br>Naperville IL 60540 | #73851CG004<br>LT Roof molding black<br>Quote: 1611409138<br>Expires: 09/20/23 | \$ 303.29    |