



CLAIMANT CONTACT INFORMATION

Name: Cameron Szedziewski

Phone: 4144059138

Address: 2544 south 71st

Email: camstix45@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: 1/23/2024

Time of day: 6:45

Location: 76th and beloit

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.

I am writing this letter to seek reimbursement for the incident that occurred on Jan, 25 that caused my vehicle extensive damage (Per conversation with the West Allis Police Dept. thirteen other people were affected by the sinkhole)

I have enclosed the police report along with pictures and receipts for your reference.

If you should need any additional information please contact 414-405-9138

Towing: \$120
Shock mounts: \$130
Tires: \$800
Alignment: \$130
New wheel: \$260

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: _____

Date: 2/6/2024

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: \$ 1,440

SAVE

PRINT

WEST ALLIS ATTORNEY
15 FEB 24 PM 1:21

1SL050LHKF
24-003221

WISCONSIN MOTOR VEHICLE
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT
11301 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227
(414) 302-8000

1SL050LHKF

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy INVESTIGATOR C. SOHRE	
Crash Date 01/23/2024		Crash Time 06:45 AM		Date Arrived 01/23/2024		Time Arrived 07:05 AM	
Date Notified 01/23/2024		Time Notified 06:55 AM		Total Units 01		Total Injured 00	
Total Killed 00		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Lane Closure	
<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold			
<input checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended		<input type="checkbox"/> Secondary Crash	

Description

Diagram		Reconstruction By	
		Photos By CITIZEN	
		Additional Information PHOTOS	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

VEHICLE #1 TRAVELING W/B ON W. BELOIT RD. IN THE 7400BLK STRIKES A CONSTRUCTION REPAIR / POT HOLE, DAMAGING THE VEHICLE.

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24-003221

WISCONSIN MOTOR VEHICLE
CRASH REPORT

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Location

ON 7400BLK W BELOIT RD 112 FT E OF S 75TH ST (OTHER 7400BLK) IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude 42.998305834	Longitude -88.005329104
	X Coordinate 418054.71875	Y Coordinate 4761117
	Structure Type OTHER	

Crash Scene

First Harmful Event OTHER FIXED OBJECT	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET, SNOW, SLUSH, ICE	Roadway Factor(s) RUT, HOLES, BUMPS	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY, RAIN, SNOW, SLEET/HAIL		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 30	Total Lanes 2
	Most Harmful Event: Collision With OTHER FIXED OBJECT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number AWH8246	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number WBA8B7C59JA586297	Make BMW	Year 2018	Model 340
	Color WHI - WHITE	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR		
	Extent Of Damage DISABLING DAMAGE			



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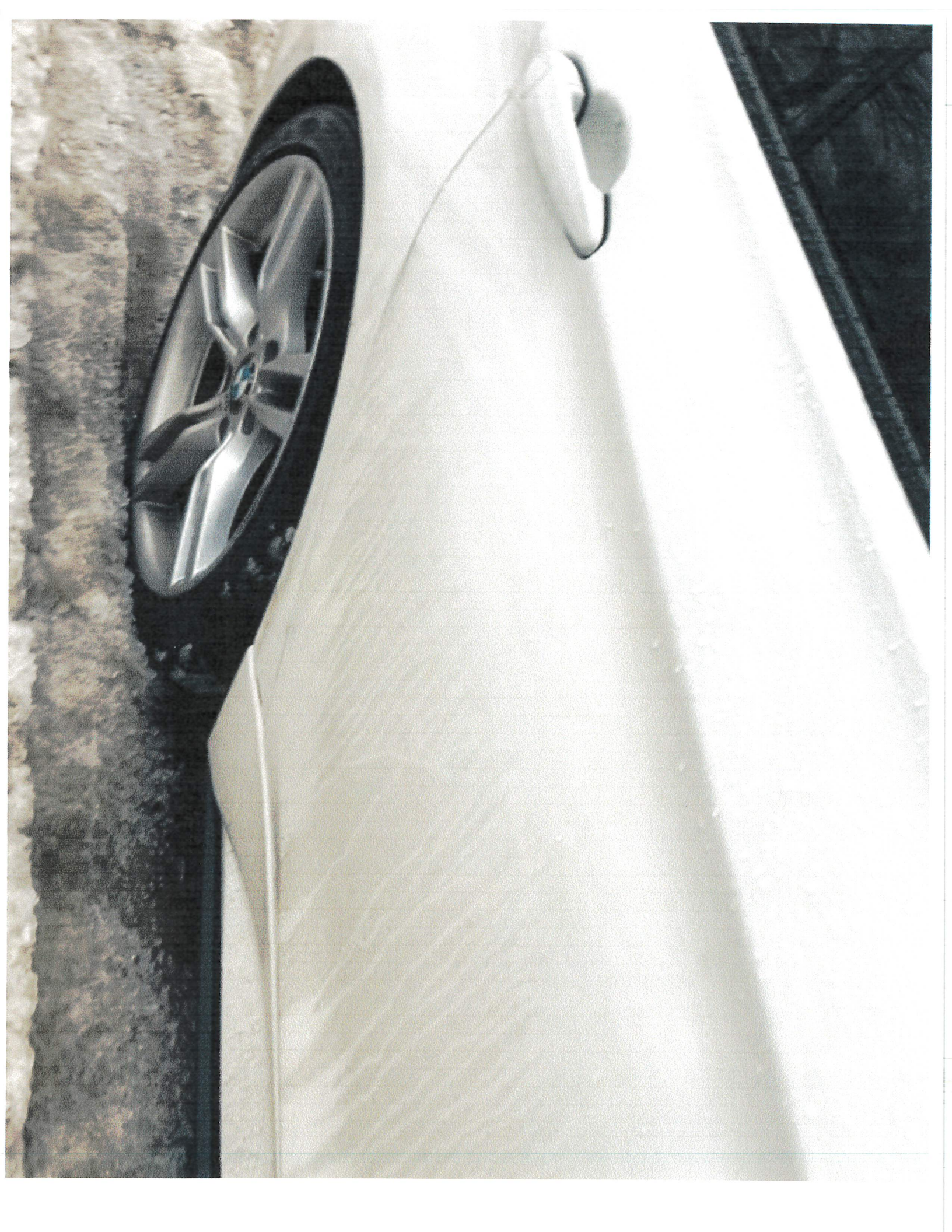
UNIT VEHICLE	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By PRIVATE	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name CAMERON PATRICK SZEDZIEWSKI (414) 405-9138		Owner Address [REDACTED]	
	Sequence Of Events			
01 01 02 02 03 03 04 04	Event OTHER FIXED OBJECT			
	Event			
	Event			
	Event			
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company PROGRESSIVE-CASUALTY-INS-CO		Individual CAMERON SZEDZIEWSKI	
UNIT INDIVIDUAL	Individual			
	Driver CAMERON PATRICK SZEDZIEWSKI (414) 405-9138		Citations Issued 0	Sex MALE
	Address [REDACTED]		Date of Birth [REDACTED]	Race WHITE
	[REDACTED]		Driver License Number [REDACTED] STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT	
	[REDACTED]		SHOULDER & LAP BELT	
	Helmet Use		Safety Equipment	
	Eye Protection		Helmet Compliance	
	[REDACTED]		Tint Compliance	
Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location		
	Prior Action					
	Action					
	Action Other					To/From School
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Property Owner					
PROP OWNER 01	Government CITY OF WEST ALLIS (414) 302-8200			Address 7525 W GREENFIELD AV WEST ALLIS, WI 53214 , US		
	Fixed Objects Struck					
01	Striking Unit 01	Struck Object OTHER FIXED OBJECT			Structure Number	Damage Tag Number





Delivery info

Arriving by Wed, Feb 28



Paid
Feb 3



Shipped
Feb 4



Delivered

Item info



GENUINE BMW 3 4 SERIES F30
F31 F32 400M M- SPORT 18" ALL...

GBP 100.00

Returns not accepted.

[Leave feedback](#)

[More actions...](#)

Tracking details

Number

UPAAH0000000058910886





A & A Tire
 3700 South 108th
 Greenfield, WI. 53228
 Phone: 414-327-6990

INVOICE

155776

Org. Est. # 121591

INVOICE

Printed Date: 01/23/2024

Work Completed: 01/23/2024

Szedziewski, Cameron
 2544 S 71st
 Milwaukee, WI 53219

2018 BMW - 340i xDrive - 3L, In-Line6 (183CI) VIN(Not Available)
 Lic # : AWH8246 Odometer In : 43881

VIN # : WBA8B7C59 JA586297

Part Description / Number	Qty	Sale	Ext	Labor Description	Ext
225/45R18 W 95 VENTUS V2 CONCEPT2 H457 BLK 1027431 Shop Supplies	4.00	175.00	700.00	Install Tire Mount, Balance, Wheel Clean, Road Hazard, Tire Disposal RR Wheel Bent	n/c
			4.00		

Org. Estimate 745.54 Revisions 0.00 Current Estimate 745.54

Labor:	0.00
Parts:	704.00
SubTotal:	704.00
Tax:	41.54
Total:	745.54
Bal Due:	\$0.00

[Payments - Cash - \$745.54]

Vehicle Received: 1/23/2024

Customer Number : 24165

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

Signature _____ Date _____

Visit us on the web: www.aatireco.com

Email Address: aatire@wi.rr.com

Invoice


FROM Tax ID/EIN/VAT No.: Contact Name: Safia Jameel Safia Jameel Unit 3 Dove Close, Fradley Park Lichfield, ST WS13 8UR United Kingdom Phone: 12036586561	Waybill Number: Y839F6VNTPQ Shipment ID: Y839F6VNTPQ  Date: 09/FEB/2024 Invoice No: PO No: Terms of Sale (Incoterm): DDP Reason for Export: SALE
SHIP TO Tax ID/VAT No.: EORI No.: Contact Name: Cameron Szedziewski Cameron Szedziewski 2544 S 71st St Milwaukee, WI 53219 United States Phone: 0014144059138	SOLD TO INFORMATION Tax ID/VAT No.: Contact Name: Cameron Szedziewski Cameron Szedziewski 2544 S 71st St Milwaukee, WI 53219 United States Phone: 0014144059138

Units	U/M	Description of Goods/Part No.	Harm. Code	C/T/O	Unit Value	Total Value	Taxes Paid
1	PCS	GENUINE BMW 3 4 SERIES F30 F31 F32400M M- SPORT 18* ALLOY WHEEL RIM (7845 881)	8708706060	CN	100.00	100.00	

Additional Comments:

Declaration Statement: Shipper _____ Date _____	<table> <tr> <td>Invoice Line Total:</td> <td>100.00</td> </tr> <tr> <td>Discount/Rebate:</td> <td>0.00</td> </tr> <tr> <td>Invoice Sub-Total:</td> <td>100.00</td> </tr> <tr> <td>Freight:</td> <td>80.21</td> </tr> <tr> <td>Insurance:</td> <td>0.00</td> </tr> <tr> <td>Other:</td> <td>0.00</td> </tr> <tr> <td>Total Invoice Amount:</td> <td>180.21</td> </tr> </table>	Invoice Line Total:	100.00	Discount/Rebate:	0.00	Invoice Sub-Total:	100.00	Freight:	80.21	Insurance:	0.00	Other:	0.00	Total Invoice Amount:	180.21
	Invoice Line Total:	100.00													
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Freight:	80.21														
Insurance:	0.00														
Other:	0.00														
Total Invoice Amount:	180.21														
<table> <tr> <td>Total Number of Packages:</td> <td>1</td> <td>Currency:</td> <td>GBP</td> </tr> <tr> <td>Total Weight:</td> <td>12.9 KGS</td> <td></td> <td></td> </tr> </table>	Total Number of Packages:	1	Currency:	GBP	Total Weight:	12.9 KGS									
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