

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Kyle Johnson

Date: 5-1-19

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: Steve Braatz

- 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.

NOTICE OF CLAIM

Name: Kyle Johnson Incident/Accident Information
Address: 8535 West Hayes Ave Date: 4-22-19
West Allis, WI 53227 Time: 5:40 A.M.
Phone: (414) 915-0757 Place: National 3 Lincoln Cross

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.

going to work in the Morning No Barcodes just driving straight down Lincoln Cross Heard a big Bang pulled over noticed there was damage in suspension coil came straight through top and now have to get fixed and have to replace both side with new mounts and coil shocks including a front end alignment. Talked to Office Robin Walsh (414) 302-8000

Signed: Kyle Johnson Date: 5-1-19 # REF 19-015319

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: \$ 1,588.17 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: Kyle Johnson Date: 5-1-19
Address: 8535 West Hayes Ave
West Allis, WI 53227

LABOR DESCRIPTION

TECH TOTAL

REPLACE FR SPRING MOUNTS FROM IMPACT	DK	475.00
REPLACE FR SHOCKS AND COILS		
REPLACE RIGHT FR BRAKE LINE FROM BRACKET		
BREAKING AND RUPURRING LINE,		
FRONT END ALIGNMENT	BR	60.00
LIGHT TRUCK		

RICHLEN & SONS, INC.

"Depend On Us For All Your Automotive Service Needs"
 6808 W LINCOLN AVE. - WEST ALLIS WI 53219
 (414) 543-0560

Acct No: [REDACTED]

Page: 1 of 1

**JOHNSON
 KYLE**
 8535 W Hayes Ave
 West Allis WI 53227
 H: (414) 915-0757

1995 Ford F-150 Pickup
 Red
 V8 5.0 FI 302
 VIN:
 Plate: GR7600 (WI)

INVOICE	1119838
CN: 000045140	
IN / OUT	
In: 04-25-2019	08:05 AM
Time: 08:05 AM	140210
Odor: 140210	
Out: 04-25-2019	05:00 PM
Time: 05:00 PM	140210
Odor: 140210	

QTY	PART DESCRIPTION	PART NUMBER	UNIT	TOTAL
60	YEARS OF SERVICE			

I hereby authorize the work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss / damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Terms: Strictly Cash Unless Arrangements Made. SIGNED: _____

1. I request an estimate in writing before you begin repairs.
2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____
3. I do not want an estimate

THIS PRICE FOR THE AUTHORIZED REPAIRS WILL NOT BE EXCEEDED IF THE MOTOR VEHICLE IS DELIVERED TO THE SHOP WITHIN 5 DAYS

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repairs.

2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____

3. I do not want an estimate

Do you want the replaced parts you are entitled to? NO YES

Call when the vehicle is ready? YES NO

This vehicle received without face to face customer contact.

SHOP REPRESENTATIVE SIGNATURE _____

I hereby authorize the above repair work to be done with necessary materials and hereby grant you and your employees permission to operate the vehicle for the purposes of testing and inspection. An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto. I further acknowledge that you will not be held responsible for any loss or damage to the vehicle or articles left in it due to causes beyond your control.

Signed: _____

U = Used	R = Rebuilt	W = Warranty
Labor	535.00	
Parts	.00	
Sublet	.00	
Supplies	20.00	
Disposal	.00	
Subtotal	555.00	
Tax	31.08	
TOTAL	586.08	

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED



Service is our best part!

Store 8537 6804 W National Ave West Allis, WI 53214 Phone: (414) 256-8719
 Questions or feedback? Contact the Commercial Customer Support Team
 at 1-877-280-5965 or email us at service@advanceautoparts.com

JHC Automotive
 5618 S. 14th Street
 Milwaukee, WI 53221
 Phone: (414) 313-7577
 Account ID: 1872663748

P.O. #: Kyle
 Date: 4/25/19
 Register: 7
 Store/Unit#: 7
 Internet Order #:

Invoice/Trans: 8537911575039
 Time: 10:35:17AM
 Delivery: No
 Salesperson: Jake

Product Line	Part #	Description	SKU	Warranty	Qty	List	Cost	Extended
1995 FORD F-150,5.0L V8 302CID -CC								
Monroe	37095	SENSA-TRAC TRUCK SHK 1 Location: Store H03907	19710542	LIMITED LIFETIME REPLACEMENT ETA: 10:40 AM	2	68.91	32.97	65.94
MOOG	CC820	COIL SPRING SET 1 EA MOC Location: Store S05034	20973526	LIMITED LIFETIME REPLACEMENT ETA: THU 7:38 AM	1	169.48	80.46	80.46

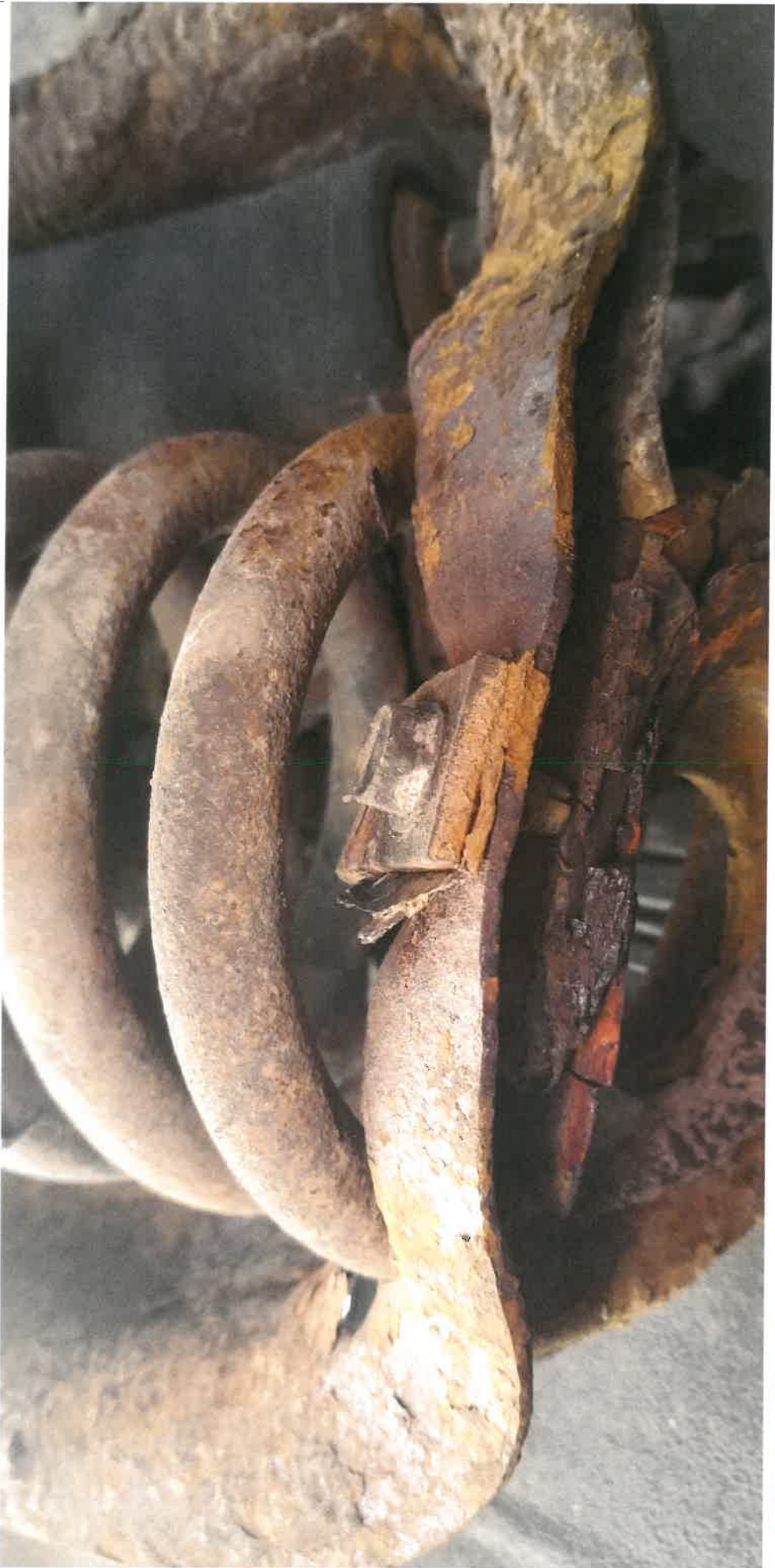
MERCHANDISE SUBTOTAL 146.40
T1 Tax @ 5.60000% 8.20
TOTAL INVOICE 154.60
 Tender Type MasterCard 1908 05265Z 154.60
CHANGE 0.00



D2N6Z1HHLV1MQU1BNV

Customer's signature below certifies that the tax free purchase items qualify for resale or other permitted tax or fee exemption. Customer will pay all taxes and government fees on taxable purchases, including interest and penalties if applicable. All cores need to be in the original box and in rebuildable condition to receive full core credit. Invoice required as proof of purchase for all returns.

THANK YOU FOR YOUR BUSINESS!



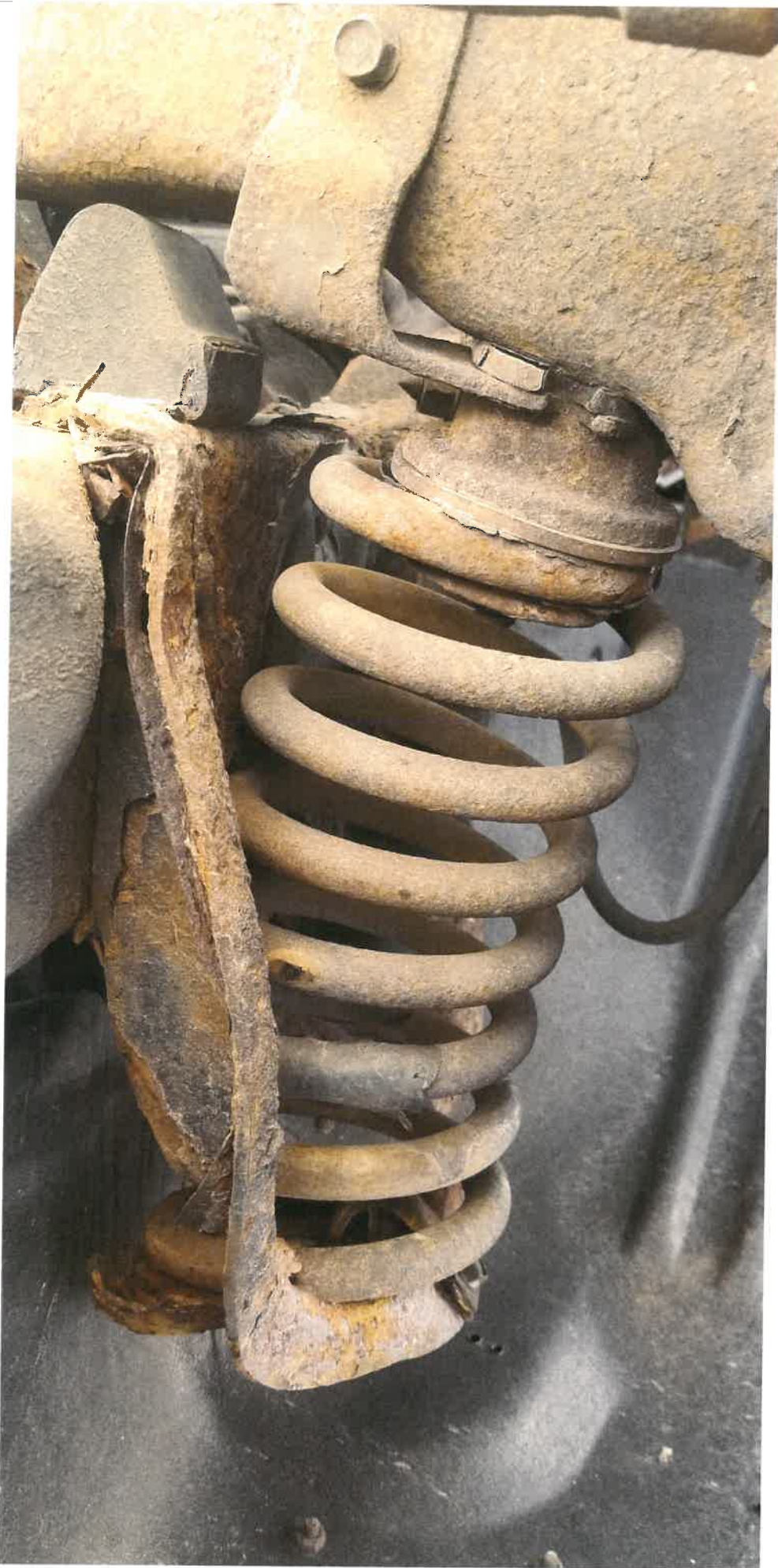


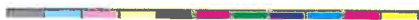
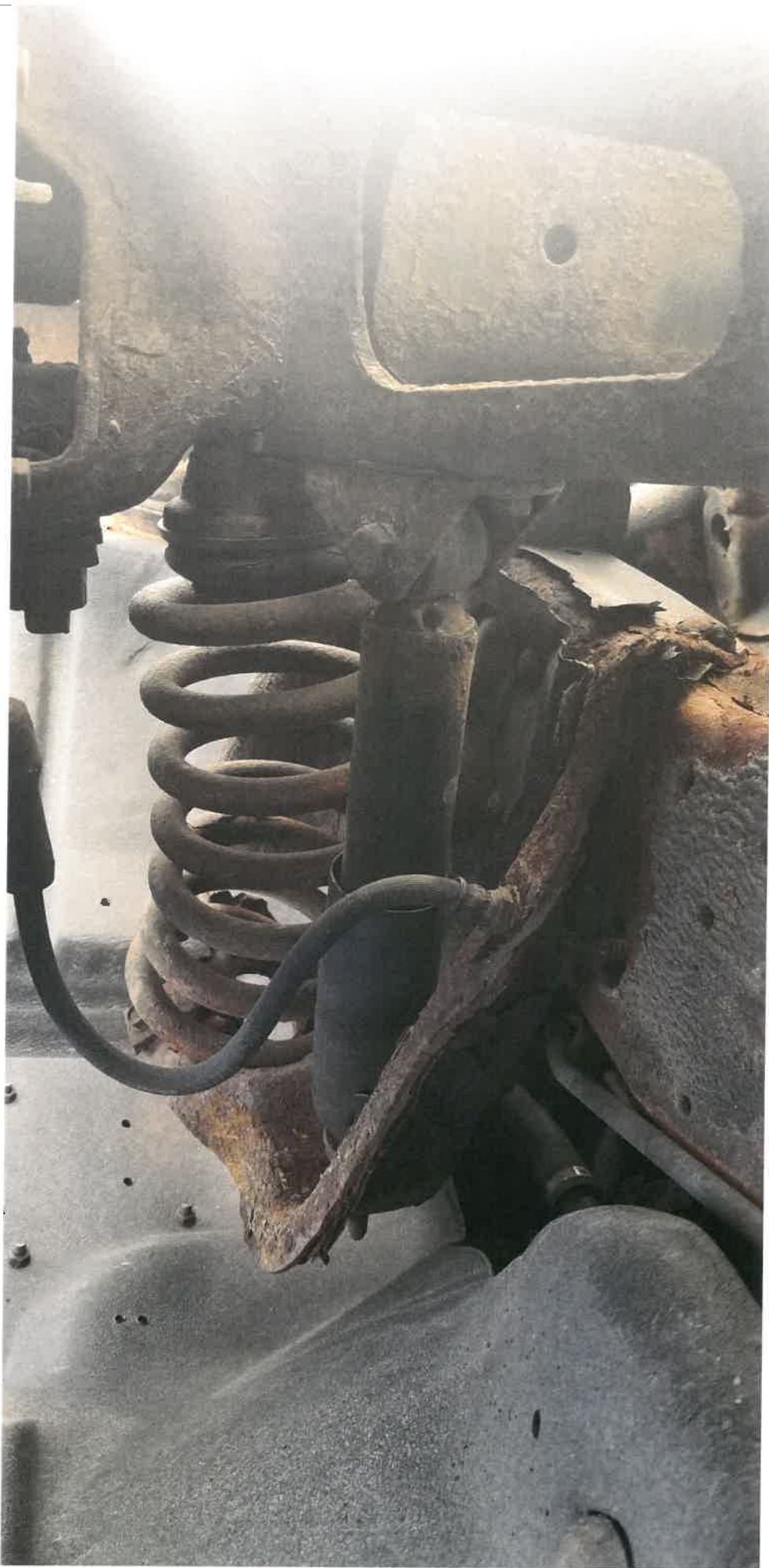
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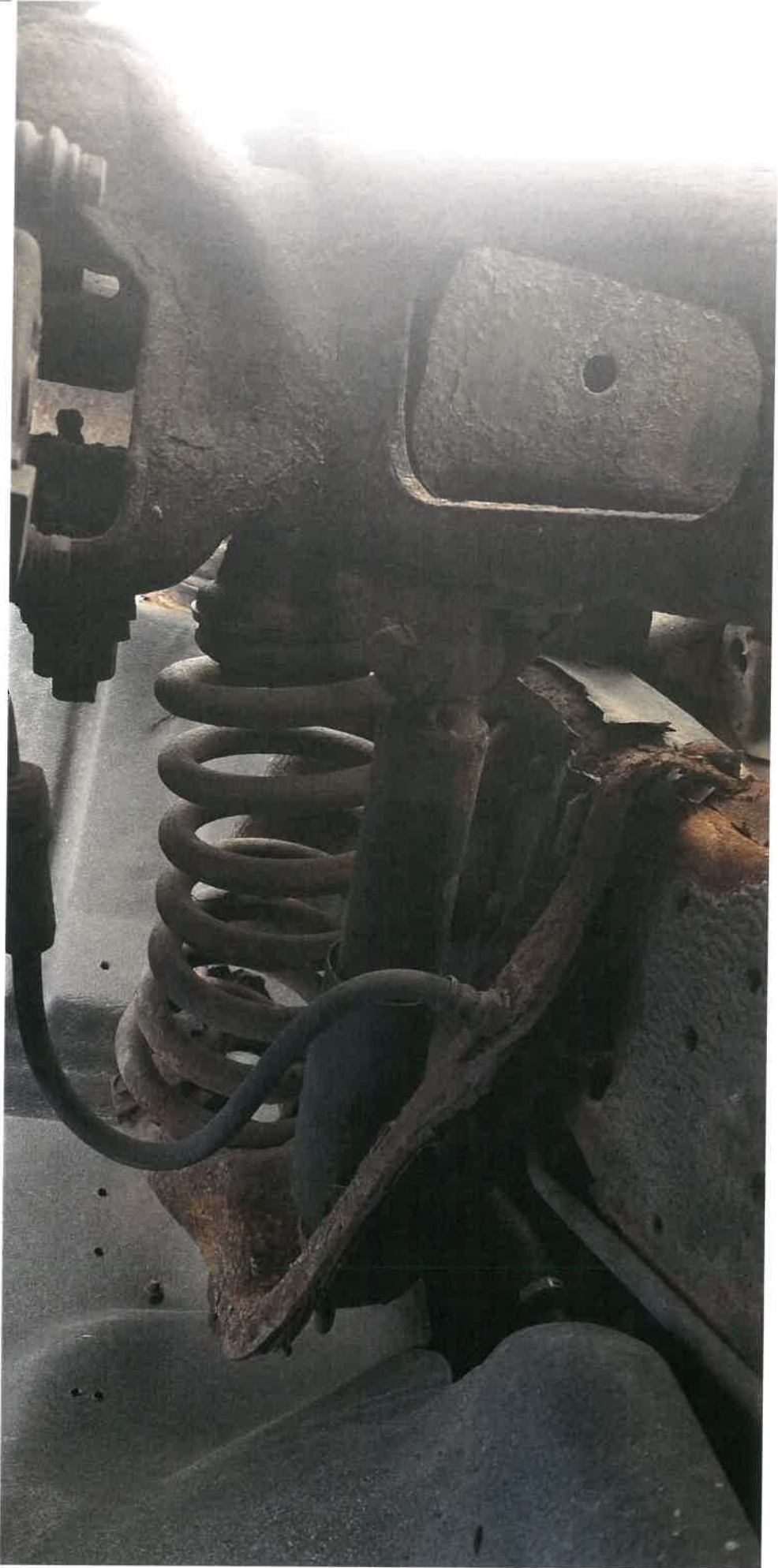
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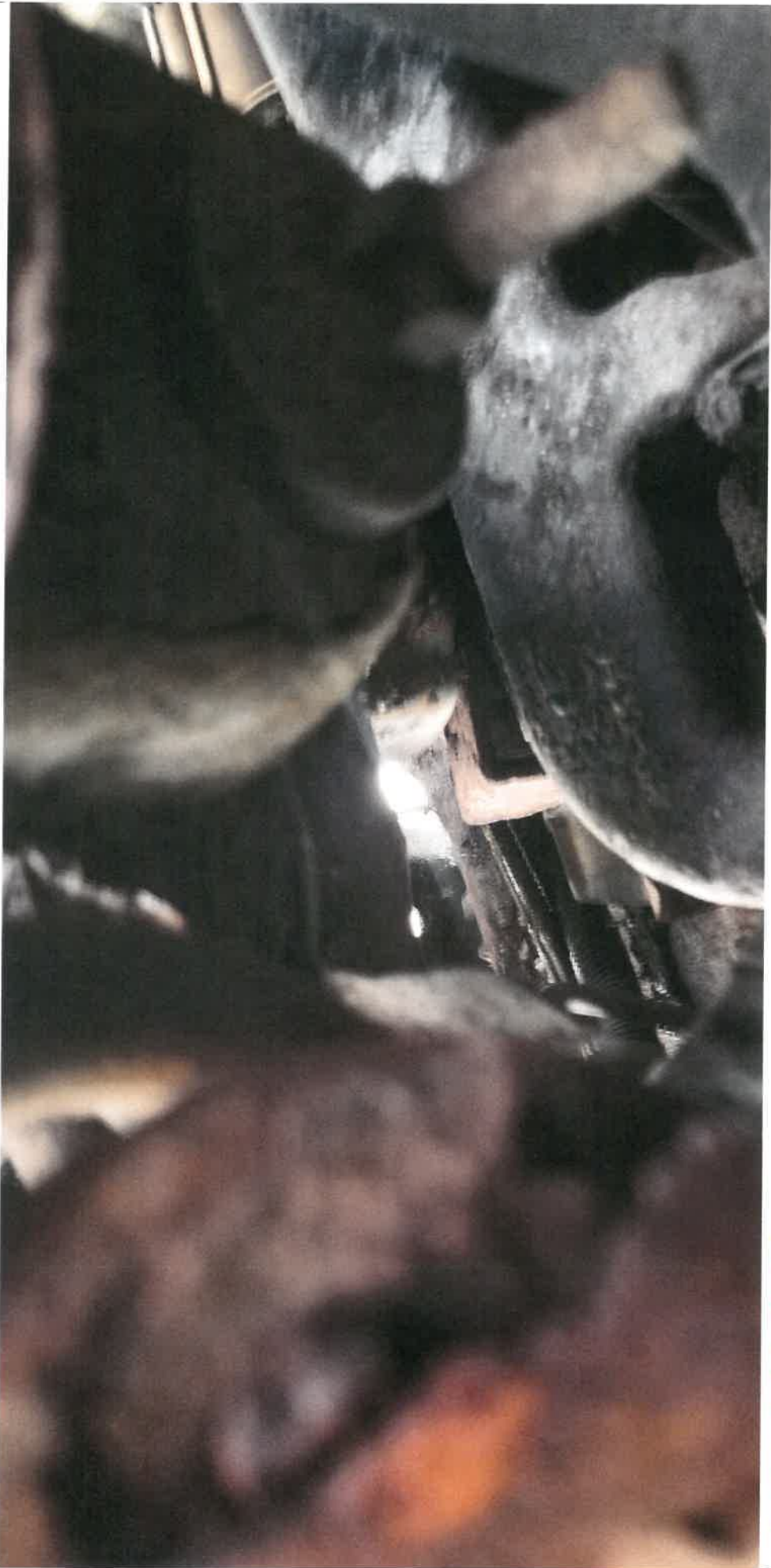












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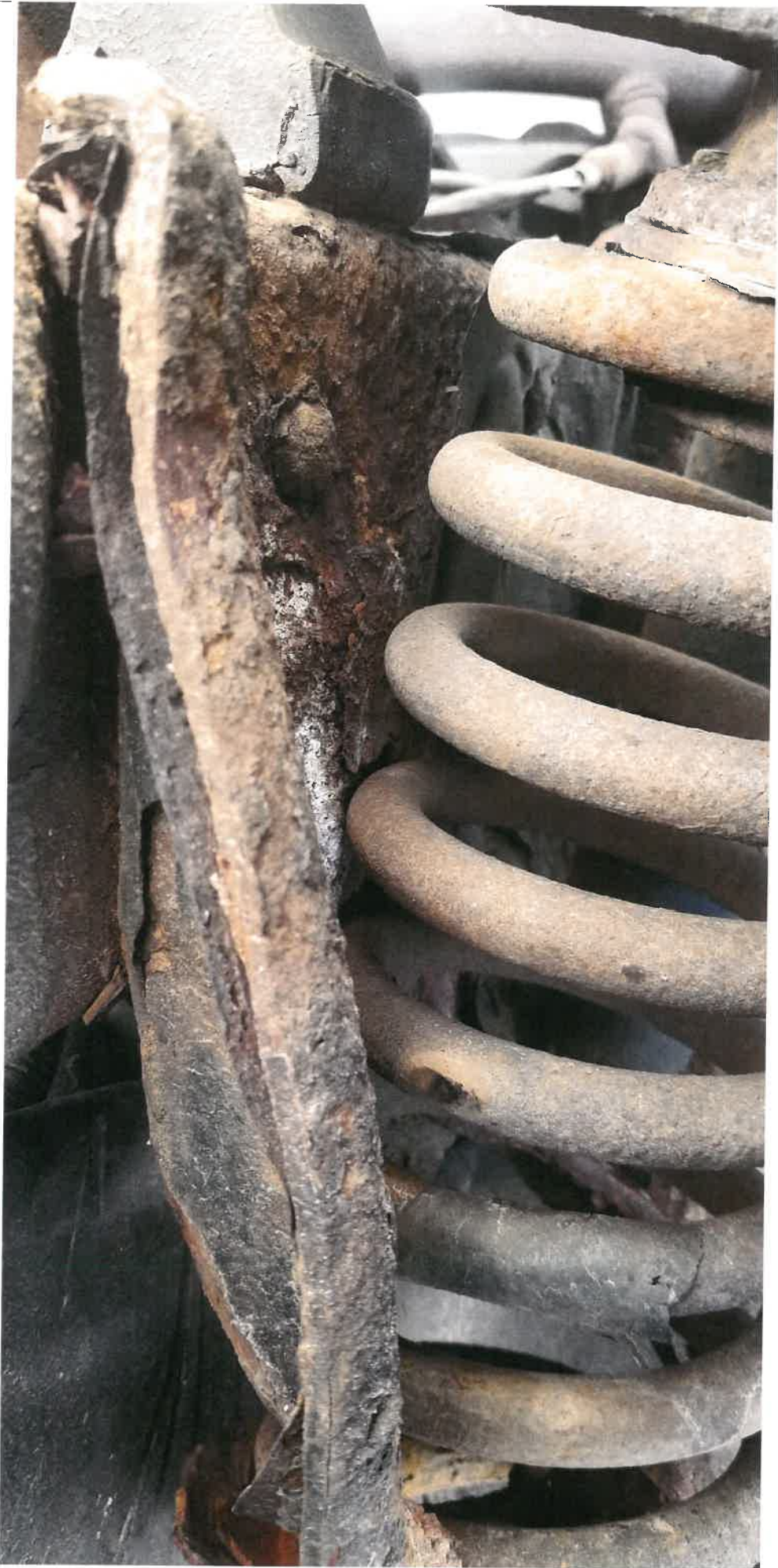
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