

SERVICE AND PROCESSING OF CLAIMS

Plaintiff or Claimant: Daniel Komorowski

Date: 10/8/19

In-person

Process Server

Claimant

Other _____

By mail

By email

By fax

Received by: Stemanske

➤ 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



CLAIMANT CONTACT INFORMATION

Name: Daniel Komorowski
Address: 8814 W. Cleveland Avenue
West Allis, WI 53227

Phone: 414-828-8441
Email: komorow5@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: 9/29/19 Time of day: 12:30 PM
Location: Intersection W Dakota Street and S 92nd Street in West Allis, WI

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 family and I were driving northbound on S92nd street in the right lane. When we drove through the intersection of 92nd and Dakota, we heard a loud noise after hitting something in the driving lane. Within a few seconds, the right side car tires on my 2008 Honda Accord were completely flattened. I drove back to the intersection in our other vehicle to take pictures of what was in the road to report it. These pictures have been attached to this claim for your review. As shown in the pictures, there was a city water line cover that was projecting from the roadway. This cover for the water line caused the right side tires flatten. The waterline cap being projected from the road is a safety hazard and I feel that it is the responsibility of the city to maintain these issues.

At about 1:15 PM, I had the car towed to a location where the tires were originally purchased. Attached is the receipt for the work done. There was no repair that could be done to salvage the tires. Also attached to this claim are the photos of the tires after the incident.

On Monday, 9/30/19, I called the city of West Allis to report the issue. On my drive home that evening, I noticed that someone had come to the site to fix the cover. Attached is a picture of the cover after the fix was done by the city of West Allis.

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: *Daniel Komorowski*

Date: 10/5/19

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: \$ 175.56

SAVE

PRINT

RICHLONN'S TIRE & SERVICE CENTER

OWNED AND OPERATED BY A PROUD GOODYEAR INDEPENDENT DEALER
 DIV. OF RICHLONNS INC., S78W18755 JANESVILLE RD
 MUSKEGO, WI 53150
 (262)679-5877
 FEDERAL TAX ID# 391035713
 RICHLONNSMUSKEGO@BIZWI.RR.COM

Electronic Document
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09/30/19 09/30/19
 07:33 AM 02:27 PM
 TERR: 7880
 NONSIG: 162217

PAGE: 01

BILL TO: DAN KOMOROWSKI
 8814 W CLEVELAND AVE
 GENESEE, WI 53127

PHONE 1..... (414)828-8441 EXT.
 PHONE 2.....
 DATE REQUESTED 09/30/19
 TIME REQUESTED
 RETURN PARTS.. NO
 SALESMAN..... 010 / 078
 VEHICLE ID #.. 1HGCP26828A011235

VEH YEAR/MAKE. 08 HONDA
 VEHICLE MODEL. ACCORD
 VEHICLE COLOR. BLACK
 LICENSE/STATE. AAG5759 / WI
 ODOMETR IN/OUT 118222 / 118222
 ENG. SIZE..... 4-2354 2.4L DOHC
 PRIOR INVOICE. 78894



SLSM	TECH	PRODUCT_CODE	BC	QTY	DESCRIPTION	PARTS	LBR/EXCISE	LINE TOTAL
010	050	093-015	R	1	AIR LOSS CAUSED BY: (2) SIDEWALL PUNCTURES	.00	.00	.00
010		407-372-374-0	R	2	225/50R17 94V SL ASSURANCE ALL-SEASON	126.79	.00	253.58
		QTY. 1 NO. M640NT1R2519			QTY. 1 NO. M640NT1R4418			
010	050	093-531	R	2	TIRE INSTALLATION PACKAGE-TMPS EQUIPED	5.00	24.00	58.00
		* LIFETIME WARRANTY COMPUTERIZED WHEEL BALANCE *TPMS HARDWARE IS AN ADDITIONAL CHARGE INCLUDING SERVICE KITS, CORES, CAPS, AND SENSORS * TIRE DISPOSAL *FREE TIRE ROTATION & REBALANCE EVERY 6 MONTHS OR 6,000 MILES * FREE WHEEL ALIGNMENT CHECK EVERY 15,000 MILES * FREE TIRE REPAIRS *PRO RATED TIRE REPLACEMENT (IF TIRE IS NOT REPAIRABLE) *FREE WHEEL CORROSION SERVICE						
010	017	093-011	R	2-	IT PAYS TO HAVE ROAD HAZARD PROT.-REPLACE	.00	72.27	144.54-
010	017	046-100	R	1	**ROTATE 2 NEW TO REAR, REBALANCE	.00	.00	.00
010	017	046-100	R	1	DRIVERS REAR GOING TO FRONT	.00	.00	.00

CONTINUED NEXT PAGE

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SLSM TECH PRODUCT CODE BC QTY DESCRIPTION PARTS LBR/EXCISE LINE TOTAL

IF WE DID NOT EXCEED YOUR EXPECTATIONS TODAY, PLEASE CALL OUR STORE LEADER ROB BONDAR @ 262-679-5877
 PLEASE RATE TODAY'S EXPERIENCE WITH US ONLINE @ GOOGLE + OR YELP! WE GREATLY VALUE YOUR FEEDBACK!

 | 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. |
 | TECHNICIAN(S) / SUBCONTRACTOR(S) _____ |

PARTS TOTAL..... 263.58
 LABOR TOTAL..... 96.54-
 SUB TOTAL..... 167.04
 SALES TAX..... 8.52

CHARGED AMOUNT 175.56
 TAXABLE AMOUNT 167.04

X

INVOICE TOTAL \$175.56

CUSTOMER AUTHORIZATION FOR TOTAL

AUTHORIZED BY: DAN
 AUTH PHONE....
 REVISED TOTAL. 167.04

AUTH REC'D BY: JEREMY
 AUTH DATE.....
 ADD'L AMOUNT.. 167.04

MANNER REC'D.: VERBAL
 AUTH TIME.....
 REPAIRS DESC..

TREAD L/F..... 6/32 TREAD R/F..... 9/32 TREAD R/R..... 7/32 TREAD L/R..... 9/32

**SEE REVERSE SIDE FOR IMPORTANT SAFETY
 WARNING AND WARRANTY INFORMATION**

Electronic Document
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