



CITY OF WEST ALLIS
31 DEC '25 PM12:52

CLAIMANT CONTACT INFORMATION

Name: Gabriela Garcia
Address: 1583 S.77th Street
West Allis, WI 53214

Phone: 414-248-0004
Email: gaby.garcia09@yahoo.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: 11/26/2025 Time of day: 07:00 AM
Location: Right outside my home. Tree between my home and the home next door.

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 submitting a claim for damages to my vehicle from several tree branches falling and causing damage to the front end of my vehicle. The tree that branches that fell on my truck is not the first time branches have fallen from that specific tree, however, in the past it has not caused damage to property. I came out to my vehicle on the morning of November 26th to big branches on my vehicle and the front end damaged. I took pictures and am submitting them along with this claim. I am also submitting two estimates with the claim for damages. I would like to file this claim so that I can be reimbursed for the cost of fixing my vehicle due to tree damage. If you come out to inspect the tree you can see that there are other parts of branches that do not look stable either.

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: Gabriela Garcia

Date: 12/31/25

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: \$ 1400.00

[SAVE](#)

[PRINT](#)

Preliminary Estimate

Job Number:

Customer: Garcia, Johnny

2011 NISS Rogue S AWD 4D UTV 4-2.5L Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER					
2		O/H front bumper				2.0	
3	**	Repl A/M Bumper cover	620221VK0H	1	455.00	Incl.	2.8
4		Add for Clear Coat					1.1
5	*	Repl LKQ Grille +25%	623101VK0A	1	131.25		0.2
6	#	Subl Hazardous waste removal		1	8.00 T		
7	#	INSPECT FOR DAMAGE UNDER THE BUMPER COVER		1			
SUBTOTALS					594.25	2.2	3.9

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			586.25
Body Labor	2.2 hrs	@ \$ 80.00 /hr	176.00
Paint Labor	3.9 hrs	@ \$ 80.00 /hr	312.00
Paint Supplies	3.9 hrs	@ \$ 55.00 /hr	214.50
Miscellaneous			8.00
Subtotal			1,296.75
Sales Tax	\$ 1,296.75	@ 5.9000 %	76.51
Grand Total			1,373.26
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,373.26

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.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.



QUINN & SONS AUTO BODY, INC.

Workfile ID:

860e107c

timquinn74@gmail.com

5710 W NATIONAL AVE, MILWAUKEE, WI 53214

Phone: (414) 476-9687

FAX: (414) 476-4816

Preliminary Estimate

Customer: Garcia, Johnny

Job Number:

Written By: Tim Quinn

Insured: Garcia, Johnny

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

Owner:

Garcia, Johnny

(414) 477-4677 Cell

Inspection Location:

QUINN & SONS AUTO BODY, INC.

5710 W NATIONAL AVE

MILWAUKEE, WI 53214

Repair Facility

(414) 476-9687 Business

Insurance Company:

VEHICLE

2011 NISS Rogue S AWD 4D UTV 4-2.5L Gasoline Direct Injection

VIN: JN8AS5MV2BW688525

Interior Color:

Mileage In:

Vehicle Out:

License:

Exterior Color:

Mileage Out:

State: WI

Production Date:

Condition:

Job #:

TRANSMISSION

Automatic Transmission

Console/Storage

FM Radio

Front Side Impact Air Bags

4 Wheel Drive

Convenience

Head/Curtain Air Bags

POWER

Power Steering

Air Conditioning

Stereo

Positraction

Power Brakes

Intermittent Wipers

Search/Seek

SEATS

Power Windows

Tilt Wheel

CD Player

Cloth Seats

Power Locks

Cruise Control

Auxiliary Audio Connection

Bucket Seats

Power Mirrors

Rear Defogger

Drivers Side Air Bag

WHEELS

DECOR

Dual Mirrors

Keyless Entry

Passenger Air Bag

Wheel Covers

Body Side Moldings

Alarm

Anti-Lock Brakes (4)

PAINT

Rear Window Wiper

4 Wheel Disc Brakes

Clear Coat Paint

RADIO

Traction Control

OTHER

AM Radio

Stability Control

Rear Spoiler



PRECISION AUTOBODY MKE

fixit@precisionautobodymke.com
1645 S 83rd St, West Allis, WI 53214
Phone: (414) 252-8952

Workfile ID: 5a231180
Federal ID: 85-0660113

Preliminary Estimate

Customer: Garcia, Gabriela

Job Number:

Written By: Juan Irizarry

Insured: Garcia, Gabriela

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

Owner:

Garcia, Gabriela

(414) 248-0004 Cell

Inspection Location:

PRECISION AUTOBODY MKE

1645 S 83rd St

West Allis, WI 53214

Repair Facility

(414) 252-8952 Business

Insurance Company:

VEHICLE

2011 NISS Rogue S AWD 4D UTV 4-2.5L Gasoline Direct Injection

VIN: JN8AS5MV2BW688525

Interior Color:

Mileage In:

Vehicle Out:

License:

Exterior Color:

Mileage Out:

State:

Production Date:

Condition:

Job #:

TRANSMISSION

Automatic Transmission

Console/Storage

FM Radio

Front Side Impact Air Bags

4 Wheel Drive

Air Conditioning

Stereo

Head/Curtain Air Bags

POWER

Power Steering

Intermittent Wipers

Search/Seek

Positraction

Power Brakes

Tilt Wheel

CD Player

SEATS

Power Windows

Cruise Control

Auxiliary Audio Connection

Cloth Seats

Power Locks

Rear Defogger

Drivers Side Air Bag

Bucket Seats

Power Mirrors

Keyless Entry

Passenger Air Bag

WHEELS

DECOR

Alarm

Anti-Lock Brakes (4)

Wheel Covers

Dual Mirrors

Rear Window Wiper

4 Wheel Disc Brakes

PAINT

Body Side Moldings

RADIO

Traction Control

Clear Coat Paint

OTHER

AM Radio

Stability Control

Rear Spoiler

Preliminary Estimate

Customer: Garcia, Gabriela

Job Number:

2011 NISS Rogue S AWD 4D UTV 4-2.5L Gasoline Direct Injection

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	FRONT BUMPER						
2		O/H front bumper				2.0	
3	**	Repl A/M CAPA Bumper cover	620221VK0H	1	379.50	Incl.	2.8
4		Add for Clear Coat					1.1
5		Add for fog lamps				0.3	
6	**	Repl A/M Grille	623101VK0A	1	157.00	Incl.	
7	Repl	Emblem	628891JA0A	1	93.42	0.1	
8	MISCELLANEOUS OPERATIONS						
9	#	Subl Hazardous waste removal		1	5.00 T		
10	#	Repl Cover Car		1	16.00 T		
11	#	Repl Flex additive		1	15.83 T		
SUBTOTALS					666.75	2.4	3.9

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			629.92
Body Labor	2.4 hrs	@ \$ 70.00 /hr	168.00
Paint Labor	3.9 hrs	@ \$ 70.00 /hr	273.00
Paint Supplies	3.9 hrs	@ \$ 50.00 /hr	195.00
Miscellaneous			36.83
Subtotal			1,302.75
Sales Tax	\$ 1,302.75	@ 5.6000 %	72.95
Grand Total			1,375.70

Preliminary Estimate

Customer: Garcia, Gabriela

Job Number:

2011 NISS Rogue S AWD 4D UTV 4-2.5L Gasoline Direct Injection

AUTO REPAIR WORK RELEASE AGREEMENT:

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

Signature _____

In accordance with setting my estimate, I hereby further acknowledge that I expressly waive all potential future claims against PRECISION AUTOBODY MKE for any damages arising after services are provided and satisfied.

PLEASE INITIAL THE FOLLOWING:

I acknowledge full and complete understanding that there is risk of damage after service is provided & I am allowed 30 days to contact PRECISION AUTOBODY MKE to schedule an appointment to discuss the issue

I acknowledge full and complete understanding that my repairs may take longer than expected. It may require my vehicle to be parked for an extended period of time.

I understand PRECISION AUTOBODY MKE will not call me with update but, I may call in if I choose to do so.

I understand there is a storage fee if I do not pick up within 48 hours of being notified my vehicle is done or if my vehicle is TOTLED OUT by the Insurance company. Storage fees are \$110.00 per day for outside storage and \$125.00 for inside storage starting on the day of drop off.

*******ACKNOWLEDGMENT*******

I have read and acknowledge that I fully understand and agree with the terms of this agreement.

PRINT NAME

SIGNATURE

_____, ___, 20_____
DATE

























