



CLAIMANT CONTACT INFORMATION

Name: Allen Sadowsitz Phone: 414-617-9599
Address: W201 N11414 Oakview Ave Email: ~~Allen~~ asadowsitz@gmail.com
Germanatown

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: 7-08-2025 Time of day: 11:20 AM
Location: 84th AND W. NATIONAL

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.

Driving South on 84th Turning right
onto NATIONAL Ave Tree Branch hanging
over right lane went through
passenger side windshield

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: Allen Sadowsitz

Date: 8-15-2025

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: \$ 374.88

SAVE

PRINT

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25-025169

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy INVESTIGATOR C. SOHRE	
Crash Date 07/08/2025		Crash Time 11:12 AM		Date Arrived 07/08/2025		Time Arrived 11:20 AM	
Date Notified 07/08/2025		Time Notified 11:16 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 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 PO POKLASNY
	Additional Information PHOTOS

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

VEHICLE #1 W/B ON W. NATIONAL AVE. TRAVELING THROUGH THE INTERSECTION IN THE FAR RIGHT LANE, MAKES CONTACT WITH A PARTIAL BROKEN TREE BRANCH DANGLING INTO THE ROADWAY, DAMAGING THE FRONT WINDSHIELD.

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Location

INTERSECTION ON W NATIONAL AVE AT S 84TH ST IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude 43.009874121	Longitude -88.017215765
	X Coordinate 417101.375	Y Coordinate 4762413.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event TREE	First Harmful Event Location ON ROADWAY	
Manner of Collision 00 - NO COLLISION W/VEHICLE IN TRANSPORT	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
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 INTERSECTION-RELATED	Intersection Type OTHER

Unit Summary

UNIT 01	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements	
	Total Occs 3	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 3	
	Most Harmful Event: Collision With TREE		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way DIVIDED HWY W/O TRAFFIC BARRIER		Traffic Control TRAFFIC SIGNAL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature CURVE RIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	VEHICLE 01	License Plate Number ABA4213		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number JTMZD32V876029534		Make TOYOTA	Year 2007	Model RAV4 SPORT		
Color SIL - SILVER (ALUMINUM)		Body Style UT - SPORT UTILITY VEHICLE		Bus Use		
Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER				
Extent Of Damage FUNCTIONAL DAMAGE						

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UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			
	What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
	Driver Actions NO CONTRIBUTING ACTION					
01 01	Owner Name DEBRA MARIE SAJDOWITZ (414) 617-3728		Owner Address W201N11414 OAKVIEW AVE GERMANTOWN, WI 53022 , US			
	Sequence Of Events					
01 02 03 04	Event TREE					
	Event					
	Event					
	Event					
UNIT	Policy Holder					
	Insurance Company AMERICAN-FAMILY-MUTUAL-INS-CO		INDIVIDUAL DEBRA SAJDOWITZ			
UNIT INDIVIDUAL	Individual					
	DRIVER DEBRA MARIE SAJDOWITZ (414) 617-3728		Citations Issued 0	Sex FEMALE		
			Date of Birth 07/28/1956	Race WHITE		
	Address W201N11414 OAKVIEW AVE GERMANTOWN, WI 53022 , US		Driver License Number S2331735676804 STATE: WISCONSIN COUNTRY: UNITED STATES			
01 001	Safety Equipment		On Duty Crash		Safety Equipment	
	Row 01 - FRONT ROW		Seat Position 07 - LEFT		SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance			
	Eye Protection		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				
UNIT INDIVIDUAL	01	002	Individual				
			PASSENGER PEGGY A SCHEDLER		Citations Issued 0	Sex FEMALE	
					Date of Birth 09/25/1946	Race WHITE	
			Address 8750 W NATIONAL AVE #311 WEST ALLIS, WI 53214 , US		Driver License Number		
			Safety Equipment		On Duty Crash	Safety Equipment	
			Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT		
			Helmet Use		Helmet Compliance		
			Eye Protection		Tint Compliance		
			Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED	
			Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
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Distracted By		Distracted By Source					
Distracted By Action							
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UNIT INDIVIDUAL 01 003	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	UNKNOWN		Address , ,	
		Fixed Objects Struck			
01	Striking Unit 01	Struck Object TREE		Structure Number	Damage Tag Number

Customer Receipt

Safelite®

SAFELITE AUTOGLASS
3016 W WASHINGTON ST
WEST BEND, WI 53095

Date & Time: 07/09/25 5:09PM

** SERVICE QUESTIONS **

** CALL Customer Sat 800 phone number (8008352257) **

Customer:
SAJDOWITZ, ALLEN

Home Phone: 414-617-9599

Work Phone:

W201N11414 Oakview Ave
Germantown, WI 53022

Service Phone: 414-617-9599

Work Order #: 01867_708301
(05196_708301)

Year	Make	Model
2007	TOYOTA	RAV4
License	Style	Stock/Unit#
ABA-4213	4 DOOR UTILITY	
Mileage	VIN	
213642	JTMZD32V876029534	

Purchase Order#

Qty	Part	List Price	Selling Price	Flat Labor	Kit	MTRL
1	FW02625 GTY		185.37	60.00	0.00	0.00
1	RECYCLE FEE		0.00	39.99	0.00	0.00
1	MOBILE FEE		0.00	0.00	0.00	0.00
1	SBB17		34.99	0.00	0.00	0.00
1	SBB24		34.99	0.00	0.00	0.00

Urethane Brand: DuPont
Urethane Product: 4 DuPont APEX
Urethane Lot Number: D243P5FUED

Technician Name

Technician ID

Daniel

1867-467

Technician Notes

VEHICLE POST-INSPECTION

Area: Windshield: Other Exterior
Damages:
Notes/Memo: RUST ALONG both A Pillars

Part Subtotal:	255.35
Flat Labor Subtotal:	99.99
Subtotal:	355.34
Sales Tax:	19.54
Total:	374.88

Deductible: 0.00

Deductible Paid: 0.00

Deductible Remaining: 0.00

Amount to Collect: 374.88

Payment Amount: 374.88

Amount Due: 0.00

Pending Credit Card 3091, payment in the amount of \$374.88. Authorization Code: 00975P

Advanced safety systems

Some vehicles are equipped with advanced safety systems. Where we perform recalibration of any advanced safety system as part of the windshield replacement, the recalibration is guaranteed either until the next recalibration event (as determined by your vehicle manufacturer), or 30 days from the date of recalibration, whichever occurs first. Any modifications to your vehicle from its original specifications may cause your advanced safety systems not to function as intended. There is NO MILEAGE restriction on this advanced safety system guarantee. Advanced safety systems are not a replacement for safe driving. You are responsible for the safe operation of your vehicle.

Authorized By Phone: SAJDOWITZ, ALLEN
Authorization Time: 07/09/25 2:30PM
Phone Number: 414-617-9599

Vehicle may be driven after 05:39 PM