



Name: Allen Satocuitz Phone: 4/14-6/7-9599 Address: W201 N 11414 OHCVIEW PU Email: as a Sajdowitz @ Germantown	gmpil con
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: 84 Th 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 night onto NATIONAL AVE THE BRANCH HAnging over Right Lane went through passenger side wind shield	
Check one: X 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:	
CLAIM AMOUNT To complete this claim, attach an itemized statement of damages sought. If any damages are or repair to property, include at least 2 estimates for repairs.	
The total amount sought is: \$ <u>374,88</u>	

SAVE

PRINT

CITY OF WEST ALLIS 15 JUL '25 PM2:05

WISCONSIN MOTOR VEHICLE CRASH REPORT

Document Number Override	Primary Crash D	ocument#	ent# Agency Crash Number			Investigating Officer/Deputy INVESTIGATOR C. SOHRE Time Arrived 11:20 AM		
Crash Date 07/08/2025	07/08/2025 11:12 AM			Date Arrived 07/08/2025				
Date Notified			Total Uni	ts	Total Injured Total Killed		ed	
07/08/2025			01		00	00	T. Bt	
On Emergency Hi	t and Run	and Run Lane Closu		re Work Zone		or Towed	Reporting Threshold	
O7/08/2025 Date Notified O7/08/2025 On Emergency Hi Government Property	Active Sc	hool Zone	School B	us Related	Tags			
Reportable	Crash Type DT4000 (STA	NDARD CRASH	1)		Amend	led	Secondary Crash	
Description								
Diagram	11		- 1			Reconstruction	n By	
W. National Ave		Vehicle 1 S. 84 St.				Photos By PO POKLAS Additional Info PHOTOS		
			Λ					
I, a sworn law enforceme	nt officer agre	e that I have no	t added	any C.IIS data in this	report			
VEHICLE #1 W/B ON W. NATIONAL						ONTACT WITH	A DADTIAL PROVEN TREE	
BRANCH DANGLING INTO THE RO					NINE, IVIANES C	ONTACT WITH	A LAKTIAL DRUKEN TREE	

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Loc	cation	WHAT IN THE PROPERTY OF THE PARTY OF THE PAR	An arthur due to a second					
		ERSECTION			Latitu	de		Longitu	de
	0.0000000000000000000000000000000000000	W NATIONAL AVE				43.009874121			7215765
	The second second	S 84TH ST							
		THE CITY OF WEST A	1.5			Y Coord			
	IN I	MILWAUKEE COUNTY	(4171	01.375		47624 ⁻	13.5
						ure Type			
						TRUCTURE	=		
	Cra	sh Scene	的探查用的证明和		网络拉拉拉拉拉拉		CONTRACTOR OF THE PARTY OF THE		Man Transport of the Control of the
	_	t Harmful Event			Firet	Harmful Event	Location		
	TRI				E 200400 0	ROADWAY	Location		
		nner of Collision							
			THE FIN TRANSPORT			Condition			
			EHICLE IN TRANSPORT		1	LIGHT			
	Roa	d Surface Condition(s)			Roady	way Factor(s)			
	DR'	Υ							
	Envi	ironment Factor(s)							
					Non	_			
	NO	NE			NON	E			
	Wea	ather Condition(s)							
	CLO	YQUC							
	Anin	nal Type	Market source victime (1977)		Dalati	T- T (C'			
	Ami	паттуре				on To Trafficw FFICWAY - (•		
	Cros	sh Classification - Location							
		BLIC PROPERTY	1		70-712-00-00-00-00-00-00-00-00-00-00-00-00-00	Classification	RISDICTION		
		al Land					KISDICTION		Special Study
	1110	a, Lana				Access Control NO CONTROL			Special Study
	With	in Interchange Area	Junction Location		Intersection Type				
	NO	-	INTERSECTION-RELAT	ΓED	OTHER				
	140		INTERCEDITION RELATI		OTTILIX				
	-	t Summary	INTEROLOTION RELATI		OTHER				
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	Uni Unit IN T	Status FRANSIT				ation	AUTOMO		ments
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WISCONSIN MOTOR VEHICLE CRASH REPORT

		Towed Due To Damage		Vehicle Removed By				
		NOT TOWED		OPERATOR				
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors				
		Driver Prior Action Other		NOT APPLICABLE				
TINO	VEHICLE	Driver Actions NO CONTRIBUTING ACT	ION					
10	10	Owner Name DEBRA MARIE SAJDOWI (414) 617-3728	TZ	Owner Address W201N11414 O. GERMANTOWN	AKVIEW AVE I, WI 53022 , US			
		Sequence Of Events						
	10	Event TREE						
	02	Event			STATE OF STATE OF STATE STATE STATE STATE OF STA			
	03	Event						
	04	Event						
_		Policy Holder						
LINO		Insurance Company	INDIVIDUAL					
)		AMERICAN-FAMILY-MUT	UAL-INS-CO	DEBRA SAJDOWITZ				
	I	Individual	0166 - 1 S			The state of the s		
	T	DRIVER DEBRA MARIE SAJDOWI (414) 617-3728	TZ	Citations Issued 0	Sex FEMALE			
⊨	AUGI	(414) 011 0120		Date of Birth Race WHITE				
LINO	INDIVIDUAL	Address W201N11414 OAKVIEW A GERMANTOWN, WI 53022		Driver License Number S2331735676804 STATE: WISCONSIN COUNTRY: UNITED STATES				
	Cof	On Duty	Crash	Safety Equipment				
	Sai	rety Equipment	Seat Position	CHOIL DED & LAR DELT				
		01 - FRONT ROW	07 - LEFT	SHOULDER & LAP BELT				
		Helmet Use		Helmet Compliance				
		Eye Protection		Tint Compliance				
01	001	Injury Se	verity PARENT INJURY	Airbag NON DEPLOYED				
		Ejected	Ejection Path			Trapped/Extricated		
		NOT EJECTED Medical Transport	NOT EJECTED/NOT AF	PPLICABLE EMS Agency Identific	ar	NOT TRAPPED EMS Run #		
		NOT TRANSPORTED		LIVIO Agency Identilis	51	Livio Null #		
		Hospital		Date of Death		Time of Death		
The state of the s		Distracted By NOT AR	d By Source PPLICABLE (NOT DISTE	RACTED)				
	Distracted By Action NOT DISTRACTED							

WISCONSIN MOTOR VEHICLE CRASH REPORT

	Expose							
		Non Motorist Striking Unit #	Location					
		Prior Action						
UNIT	INDIVIDUAL	Action						
	2							
		Action Other					Ta/Franc Cabaal	
							To/From School	
	l	Drug & Alcohol NO		Suspected Drug Use NO				
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	9		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	3		
01	001	Drug Type						
		Individual Condition				2		
		APPEARED NORMAL						
		Individual						
		PASSENGER PEGGY A SCHEDLER		Citations Issued 0	Sex FEMALE			
	NAL			Date of Birth	Race			
LIND	9	Address		09/25/1946 Driver License Number	WHITE			
)	INDIMIDUAL	8750 W NATIONAL AVE #311 WEST ALLIS, WI 53214, US						
		On Duty Crash		Safety Equipment				
	Sat	fety Equipment						
			at Position - RIGHT	SHOULDER & LAP	BELI			
		Helmet Use		Helmet Compliance				
		Eye Protection	Tint Compliance					
01	005	Injury Severity Injury NO APPARE	MT IN HIDV	Airbag NON DEPLOYED	TO CORNER TO THE STATE OF THE S			
		Ejected Ejection	n Path	NON DEPLOTED		Trapped/Extricated		
		NOT EJECTED NOT I	EJECTED/NOT APPI	LICABLE EMS Agency Identifier		NOT TRAPPED EMS Run #		
		NOT TRANSPORTED		Linio Agency Identine				
		Hospital		Date of Death		Time of Death		
		Distracted By So	ource					
		Distracted By Action						
		Striking Unit #	Location					
		Non Motorist						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Prior Action								
TIND	Action									
		Action Other					To/From School			
		Suspected	Alcohol Use	Suspected Drug Use						
		Drug & Alcohol NO	Alcohol Test Type	NO		Alcohol Test Results	-			
		TEST NOT GIVEN			1					
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results					
10	002	Drug Type								
		Individual Condition APPEARED NORMAL								
	l	Individual								
	Ш	PASSENGER ALLEN SAJDOWITZ		Citations Issued 0	Sex MALE					
LINI	INDIVIDUAL			Date of Birth 12/23/1956	Race WHITE					
5	INDIN	Address W201N11414 OAKVIEW AVE GERMANTOWN, WI 53022		Driver License Number S2330005646307 STATE: WISCONSIN COUNTRY: UNITED STATES						
	Sat	On Duty Cr	ash	Safety Equipment						
		Row 02 - SECOND ROW	Seat Position 07 - LEFT	SHOULDER & LAP	BELT					
		Helmet Use		Helmet Compliance						
		Eye Protection		Tint Compliance						
01	003		RENT INJURY	Airbag NON DEPLOYED						
			ection Path OT EJECTED/NOT APPL	ICABLE	2	Trapped/Extricated NOT TRAPPED				
		Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #				
		Hospital								
		Distracted E	By Source		-7					
	ı	Distracted By Distracted By Action								
		Non Motorist Striking Uni	t # Location							
		Prior Action								

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Action									
	INDIVIDUAL										
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j	2										
LIND	≥										
-	Δ										
	Z										
		Action Other						To/From School			
		7 totion outlo						Ton Tom Concor			
					T						
		During P. Alask	Suspected Alcohol	Use	Suspected Drug Use						
	L	Drug & Alcoh	IOI NO		NO						
		Alcohol Test Give	n	Alcohol Test Type			Alcohol Test Results				
		TEST NOT GIVEN					/ Hoorier Foot Roodito				
		Drug Test Given Drug Test Type TEST NOT GIVEN		Drug Test Type		Drug Test Results					
		TEST NOT GIVEN									
_	က	Drug Type									
01	003										
		Individual Condition									
		Individual Condition									
		APPEARED NO	ORMAI								
		7.11 1 27.11(22 11)						~ i			
١ .											
	Pro	perty Owne									
_	UNK	NOWN			Address						
01											
교임				13	, ,						
PROP OWNER											
	Fixe	d Objects St									
		Striking Unit	Struck Object				Structure Number	Damage Tag Number			
	9	01	TREE								
		20000									

Customer Receipt

Safelite

SAFELITE AUTOGLASS 3016 W WASHINGTON ST WEST BEND, WI 53095 ** SERVICE QUESTIONS **

Date & Time:

07/09/25 5:09PM

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

Customer: SAJDOWITZ, ALLEN

Home Phone: Work Phone: Service Phone:

414-617-9599

414-617-9599 01867_708301 (05196_708301)

W201N11414 Oakview Ave Germantown, WI 53022

Year 2007 Make TOYOTA

Mode I RAV4

License Style ABA-4213 4 DOOR UTILITY

Stock/Unit#

Mileage VIN 213642 JTMZD32V876029534

Purchase Order#

Qty Part 1 FWØ2625 GTY 1 RECYCLE FEE 1 MOBILE FEE 1 SBB17 1 SBB24

Selling Flat Price Labor 185.37 60.00 0.00 39.99 0.00 0.00 34.99 0.00 34.99 0.00

Kit Ø.ØØ Ø.ØØ Ø.ØØ MTRL Ø.ØØ Ø.ØØ Ø.ØØ

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: Damages: Notes/Memo

Windshield: Other Exterior

RUST ALONG both A Pillars

Part Subtotal: Flat Labor Subtotal: Subtotal: Sales Tax: Total:

255.35 99.99 355.34 19.54 374.88

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

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: Ø7/09/25 2:30PM Phone Number: 414-617-9599

Vehicle may be driven after 05:39 PM