

MAR 26 2019  
CITY OF WEST ALLIS  
CITY CLERK

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: ANDREA R. KISCHE Incident/Accident Information  
Address: WAYONA 193 DORCHESTER DR Date: 2/26/19  
UNIT 9D Time: 2:30 ish  
Phone: PEWAUKEE WI 53072 Place: HAIK'EM  
262 523-9040 624 S. 92ND ST.

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.

IN FRONT  
OF WHITE  
BLDG. NEXT  
TO HAIK'EM

PARKED ON STREET FACING NORTH - UP ON SNOW  
BANK - SALTER WAS SEEN FROM SALON DRIVING  
FAST & THEN MAKING A U-TURN - HAIK'EM  
LATHY SCHAEFER (414 476-5959) SAYING "HE'S GONNA  
HIT SOMETHING") HAD HAIK DYE ON MY HEAD - REPORTED TO  
PAW (CITY CLOCK) AT 4:55pm WHEN I GOT HOME.

Signed: Andrea Kische Date: 3-26-19

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: \$ 250 00 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: Andrea Kische Date: 3/26/19  
Address: WAYONA 193 DORCHESTER DR #9D  
PEWAUKEE WI 53072

ANDREA KISCHE  
W240N2193 DORCHESTER DR UNIT 9D  
PEWAUKEE, WI 53072-4683



218168671

Insurer: Erie Insurance Exchange

Enclosures: No

Policy Number: [REDACTED]

Claim Number: [REDACTED]

Date of Loss: 02-26-2019

Check Number: 0002316891

Transaction Number: 0002316891

Check Amount: \$345.21

For: Collision,

Erie Insurance offers home, auto, business and life insurance.  
Call your local ERIE Agent to learn what is available in your area.

Invoice No: **459685**  
 Customer Number: **109631**



\*INVOICE\*

**Acura of Brookfield**

**ANDREA R KISCHE**  
 W240N2193 DORCHESTER DR 9D  
 PEWAUKEE, W. 53072  
 Email: andreak52@aol.com  
 Home: 262-523-9040  
 Bus:

Page 1 of 1  
 Cont: 262-523-9040  
 Cell: 262-523-9040

19180 W. Bluemound Rd.  
 Brookfield, Wisconsin 53045  
 Phone: (262) 785-1918 · Fax: (262) 785-2764  
 www.acurabrookfield.com

SERVICE ADVISOR: **3151 COLIN FIEDLER**

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
WHITE	19	ACURA RDX	[REDACTED]		3358 / 3358	T8059	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
06AUG18			20:00 05MAR19		135.00	CASH	05MAR19
R.O. OPENED	READY	OPTIONS: SOLD-STK:190145 ENG:2.0_Liter TRN:10_Speed_Automatic					
10:35 27FEB19	11:51 05MAR19						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A							
DRIVERS MIRROR IS BROKEN							
44 REPLACED THE DRIVERS MIRROR ASSEMBLY							
				2362 CA		108.00	108.00
				1 76250-TJB-A01ZG MIR, L. DR *NH603P*	458.33	458.33	458.33
PARTS:				458.33 LABOR: 108.00 OTHER: 0.00			TOTAL LINE A: 566.33
*****							
B**							
PERFORM MULTI-POINT INSPECTION							
MPI PERFORM MULTI-POINT INSPECTION							
				2362 CA		0.00	0.00
PARTS:				0.00 LABOR: 0.00 OTHER: 0.00			TOTAL LINE B: 0.00
*****							
C**							
SERVICE RENTAL OR LOANER							
R/L SERVICE RENTAL OR LOANER							
				99 ISL			(N/C)
				10 RENTAL CHARGES			(N/C)
PARTS:				0.00 LABOR: 0.00 OTHER: 0.00			TOTAL LINE C: 0.00
*****							

COMPANY NAME ACURA CARE  
 COMPANY PHONE  
 POLICY NUMBER TBD  
 POLICY TERM 84  
 EFFECTIVE DATE 06 AUG 2018  
 DEDUCTIBLE 0.00  
 MILEAGE LIMIT  
 BEGIN MILES 29  
 END MILES 700000  
 COMPONENTS



**PAID**  
 MAR 05 2019

As a valued customer your satisfaction is our priority. If you were not completely satisfied with your experience please contact us <b>Immediately.</b>	*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.*	DESCRIPTION	TOTALS
		LABOR AMOUNT	\$ 108.00
SUPPLY / HAZARDOUS WASTE DISPOSAL CHARGE:  There is a charge for supplies used, and for the legal disposal of hazardous waste, that are not itemized on your repair order. This will be at 5% of the total ticket to a maximum of \$25.00.	Service Department Hours Monday - Friday 7:30 AM - 6:00 PM Saturday 8:00 AM - 4:30 PM	PARTS AMOUNT	\$ 458.33
		GAS, OIL, LUBE	\$ 0.00
		SUBLET AMOUNT	\$ 0.00
		MISC. CHARGES	\$ 0.00
		TOTAL CHARGES	\$ 566.33
		LESS INSURANCE/DISCOUNTS	\$ 0.00
		SALES TAX	\$ 28.89
		PLEASE PAY THIS AMOUNT	\$ 595.22

**CUSTOMER COPY**

