

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: NEW BERLIN HEATING Incident/Accident Information
Address: 1910 S. SUNNYSLOPE RD Date: 1/28/19
NEW BERLIN, WI 53151 Time: AM
Phone: 262-784-8889 Place: 1332 S. 63 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.

OUR 2014 GMC VAN WAS PARKED ON STREET IN FRONT OF HOUSE AT 1332 S. 63 ST. CITY OF WEST ALLIS SNOW PLOW TRUCK HIT THE FRONT DRIVERS SIDE OF VAN AT TIRE. NEEDED TO BE TOWED + TIRE REPAID. LICENSE PLATE ACCIDENT OR CALL # 19 003 793

Signed: Debby Eaton Date: 2-27-19

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: \$ 299.54 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: New Berlin Heating Debby Eaton Date: 2-27-19
Address: 1910 S. SUNNYSLOPE RD NEW BERLIN, WI 53151

Invoice #
7932

CHRIS' AUTO SERVICE
14000 WEST GREENFIELD AVE.
BROOKFIELD, WI 53005
262-784-1131

DATE
1-29-2019

NAME: NEW BERLIN HEATING
1910 S SUNNY SLOPE RD.
NEW BERLIN, WI

HPHONE: 262-784-8889
WPHONE:

TAG: [REDACTED]
YR: 2014 MAKE: GMC
MODEL: SAVANA
MILEAGE: 32,702
MOTOR:

TECH: JH
NOTES:

MANAGER: KP

PO NUMBER:
MANUF:

VIN:

PART/SERVICE	DESCRIPTION	QTY	PRICE	DISC	TOTAL
US	TIRE	1.00	180.00	0	180.00
PARTS TOTAL					180.00
SERVICE'S DONE					
-	TOWED IN LEFT FRONT TIRE BLOWN OUT				
-	REPLACE LEFT FRONT TIRE				15.00
-	MOUNT AND BALANCE				
-	TOWING FLAT BED				90.00
SERVICE TOTAL					105.00

Motor vehicle repair practices are regulated by chapter ATCP 132 Wis. Adm. Code, administered by the bureau of consumer protection, Wisc. Department of Agriculture, Trade and Consumer Protection, P.O. box 8911, Madison Wisconsin 53708-8911

WORK AUTH BY: Mike NUMB: _____ PRICE \$ 285 ^{***TAX} DATE: 1/29 TIME _____

Signature X _____

Parts	180.00
Labor	105.00
Subtotal	285.00
Tax	14.54

Total	299.54

Charge 299.54

*Material: all parts new unless specified

*Warranty valid only if brought back with receipt to Chris Auto Service inc.

WEST ALLIS POLICE DEPARTMENT
DRIVER EXCHANGE AND INFORMATION SHEET
To be completed by drivers ONLY
Pursuant to Section 346.67 Wis. Stats.

DATE: 4/28/19 TIME: _____ LOCATION: 1332 S. 63 ST

TOWING COMPANY: CHRIS'S AUTO

DRIVER'S NAME: BRENT VON HOFMANN ^{NEW BERLIN HEATING} PHONE #: 262-784-8889

ADDRESS: 1910 S SUNNYSLOPE RD CITY/STATE/ZIP: NEW BERLIN, WI 53151

VEHICLE (MAKE): GMC (MODEL): VAN YEAR: 2014

LICENSE PLATE #: [REDACTED] ACCIDENT OR CALL #: 19.003793

INSURANCE CARRIER/PHONE: _____

POLICY #: _____

Completion and exchange of this form is for the purpose of facilitating the exchange of information requirement of Section 346.67 Wis. Stats. It is intended only to assist those involved in a crash and facilitate the exchange of information between drivers to assist with any insurance claim, personal reimbursement or civil action

I hereby consent to the release of my personal information to _____ (other driver)

Your Signature _____