Call Case # 24-003268

CLAIMANT CONTACT INFORMATION

Chairda Fontage Phone: 414-35



Address: 4611 W. Boloithd #5 Email: am Fortanez Dyaldo.
INSTRUCTIONS Complete this form 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.
Date of incident: 123/24 Time of day: 70m Location: 75 th people 24.
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.
when I seen the Cer in Front of me that a pot hole I moved over slightly to the Left to avoid the Dot hole wat cooking
Side Lives hit the Dink hole Cousing Them toth to become flat. I called
Den Some one that stated multiple Police were dispatched but some one would call me back since a attempted as
Put air in my tires I was no longer on the Scene. The air I placed was enough
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: Date: 7770 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 actimates for
for repair to property, include at least 2 estimates for repairs. The total amount sought is: \$ \(\sum \) \(



3450 S. 108th Street • Milwaukee, WI 53227 Phone: (414) 328-3500 • Fax: (414) 328-2039 www.hondacity.net

	387043		JOE WILLIAM	S	1319	TAG NO.	INVOICE DATE	: 414-397-5	
ARMINDA FONTANEZ 4611 W. BELOIT MILWAUKEE, WI 53214			LABOR RATE	LICENSE NO.		998 EAGE	01/23/24	H0CQ2670	
			YEAR / MAKE / MODEL			20,06	O PLATINUM WH	STOCK NO 11717	
			21/HONDA/CI	VIC/5DR	CVT EX		DELIVERY DATE 08/11/21	DELIVERY MILES	
			S H H F K 7	Н 6 Х М	1 11 2 2	5 1 6 5		PRODUCTION DATE	
			F. T. E. NO.		P. O. NO.	. 3 1 0 3	R. O. DATE		
RESIDENCE PHONE 414-672-5295		COMMENTS				01/23/24			
		OTATE 7MA 20					MI: 20,060	MO: 2006	
J# 1 00H0Z13	CUSTOMER REQU REQUIRED MAIN PERFORMED A L	UTATE JMA 28 IESTS LOF ROTATE JMA TENANCE UBE OIL AND FILTER C NDA VEHTCLES) DOTAT	TECH(S):3	3432		33.87	, STORAGE IS CHARC AND \$15 PER DAY OF LESS THAN 20.000 LB ON MOTOR VEHICLES	GED BETWEEN \$10 N MOTOR VEHICLES S. AND \$25 PER DAN S OVER 20,000 LBS.	
OB # 1 OB # 1 OB # 1	TYFP-NUMBER 1 PKLUBE 1 15400 1 H-OIL 1 94109	DESCR HONDA -PLM-A02 FILTEI ENGINI -14000 WASHER	R, OIL OIL DRAIN (14 JOB	# 1 TOTAL	**** 9.36 27.99 0.58 PARTS	**** 9.36 27.99 0.58 37.93	WARRANTY INFORMATION The parts checked "warranty" on the face side hereof are covered by a manufacturer's warranty, copies of which are available through the selling dealer. There are no other warranties applicable to the parts or service furnished in this repair. The dealer is not a party to any such manufacturer's warranty.		
# 2 00H0Z42	TIRE R	DEDATE			PARTS	71.80	THE DEALER HER	REBY EXPRESSLY	
		STS TIRE REPAIR	TECH(S):34	432		50.00	DISCLAIMS ALL WAR EXPRESS OR IMPLIE	RANTIES EITHED	
ARTS QT	YFP-NUMBER-	DESCRI	DTTON				TIMPLIED WARRANTIE	S OF MERCHANT	
OB # 2	2 42751-C	TL-042 TIRE 2	JOB	# 2 TOTAL	200.03 PARTS	400.06 400.06	ABILITY OR FITNESS F PURPOSE, AND NEITH AUTHORIZES ANY O' ASSUME FOR IT A	IER ASSUMES NOR	
			JOB # 2 TOT	AL LABOR &	PARTS	450.06	CONNECTION WITH TH	IF SALE OF THESE	
, F -	CUSTOMER REQUE: PERFORMED A 27 EXTERIOR, UNDEF PERFORM BATTER' IIRE PRESSURES	STS 27 POINT INSPECT. -POINT VISUAL INSPEC R THE HOOD AND UNDER Y LOAD TEST, TIRE TRE TO SPECIFICATION.	TION INCLUDING INTE THE VEHICLE INSPEC AD DEPTH CHECK AND	RIOR, TIONS. SET		0.00	PARTS AND/OR SERVI NOT BE ENTITLED TO THE SELLING DEAL QUENTIAL DAMAGES PROPERTY, DAMAGES USE, LOSS OF TIME. L OR INCOME, OR ANY C	CE. BUYER SHALL O RECOVER FROM ER ANY CONSE- O. DAMAGES TO S FOR LOSS OF	
RTSQT\	/FP-NUMBER	·DESCRIF	TION	UNTT F	PRICE-		DAMAGES.	THER INCIDENTAL	
			JOB ;	# 3 TOTAL F	PARTS	0.00	I authorize the retrieval (of on board -t-1	
			JOB # 3 TOTA	AL LABOR & F	PARTS	0.00	needed to facilitate vehic	le repair as well as	
R	COURTES OMPLETE COURTE EQUESTED OMPLETED COURT	SY CAR WASH	TECH(S):343	32		0.00	sharing of that data with t diagnostic and research p	the manufacturer for purposes.	
RTSQTY	FP-NUMBER	DESCRIP	[ION	LIMITT 5	DICE				
			JOB #	4 TOTAL P	ARTS	0.00			
			JOB # 4 TOTA	L LABOR & P.	ARTS	1			
CCODE				TROL NO		0.00			
# 1 # 1 # 1	SS SHOP SL NSS NO SHOF JMA JMA COL JMAC JMA COL	SUPPLIES JPON	CON	26	670	8.39 -3.39 -28.00 -43.80			
				TOTAL - M	ISC	-66.80			
GE 1 OF 2		CUSTOMER COPY	[CONTIN	UED ON NEXT	Γ PAGE1	01:34pm			



3450 S. 108th Street • Milwaukee, WI 53227 Phone: (414) 328-3500 • Fax: (414) 328-2039 www.hondacity.net

CUSTOMER NO. CELL: 414-397-5228 387043 INVOICE DATE JOE WILLIAMS 1319 998 01/23/24 H0C02670 LABOR RATE LICENSE NO. MILEAGE ARMINDA FONTANEZ 20,060 PLATINUM WH 11717 YEAR / MAKE / MODEL 4611 W. BELOIT DELIVERY DATE 21/HONDA/CIVIC/5DR CVT EX DELIVERY MILES MILWAUKEE, WI 53214 08/11/21 18 S H H F K 7 H 6 X M U 2 2 5 1 6 5 SELLING DEALER NO PRODUCTION DATE P.O.NO R O DATE RESIDENCE PHONE 01/23/24 BUSINESS PHONE COMMENTS 414-672-5295 ESTIMATE----MI: 20,060 MO: 20060 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING STORAGE IS CHARGED BETWEEN \$10 ORIGINAL ESTIMATE OF \$130.87 (+TAX) AND \$15 PER DAY ON MOTOR VEHICLES LESS THAN 20,000 LBS. AND \$25 PER DAY JMA B8436188 RECOMMENDED NOT DONE/ DECLINED SERVICES-----ON MOTOR VEHICLES OVER 20,000 LBS. CALL FOR QUOTE WARRANTY INFORMATION The parts checked "warranty" on the face side hereof are covered by a manufacturer's *************** warranty, copies of which are available TOTAL LABOR.... through the selling dealer. There are no other 83.87 TOTAL PARTS.... [] CASH [] CHECK CK NO. [437.99 warranties applicable to the parts or service TOTAL SUBLET... furnished in this repair. The dealer is not a 0.00 TOTAL G.O.G.... [] VISA [] MASTERCARD 0.00 [] DISCOVER party to any such manufacturer's warranty. TOTAL MISC CHG. 8.39 TOTAL MISC DISC [] AMER XPRESS -75.19 [] OTHER THE DEALER HEREBY EXPRESSLY [] CHARGE * TOTAL TAX..... 26.55 DISCLAIMS ALL WARRANTIES, EITHER ***************** EXPRESS OR IMPLIED, INCLUDING ANY TOTAL INVOICE \$ 481.61 IMPLIED WARRANTIES OF MERCHANT-THANK YOU FOR YOUR BUSINESS!!! ABILITY OR FITNESS FOR A PARTICULAR YOU MAY RECEIVE A SURVEY ABOUT YOUR SERVICE VISIT. PLEASE TAKE THE TIME TO COMPLETE IT FOR US AS WE STRIVE TO PURPOSE, AND NEITHER ASSUMES NOR PROVIDE EXCELLENT SERVICE. IF WE HAVEN'T DONE SO, AUTHORIZES ANY OTHER PERSON TO PLEASE CONTACT CHRIS TOVAR OR JEFF SHURKOFF AT 414-328-3500. ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THESE PARTS AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSE-CUSTOMER SIGNATURE QUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES. I authorize the retrieval of on-board data as needed to facilitate vehicle repair, as well as sharing of that data with the manufacturer for diagnostic and research purposes.

PAGE 2 OF 2

Transaction Successful

Transaction Receipt	
Merchant:	SCHLOSSMAN HONDA CITY - (GREENFIELD, WI)
Date/Time:	01/23/2024 2:14:35 PM CST
Transaction ID:	9143787946
Transaction Type:	Card Authorization
Entry Method:	Keyed
Amount:	\$181.61
	t Card Information
СС Туре:	Visa
CC Number:	**********8959
Auth. Code:	03072C
Processor:	TSYS - EMV
Billing Information	Shipping Information
arminda fontanez	US US
JS	

Transaction Successful

Transaction Receipt

SCHLOSSMAN HONDA CITY -

(GREENFIELD, WI)

Date/Time:

Merchant:

01/23/2024 2:14:35 PM CST

Transaction ID:

9143787946

Transaction Type:

Card Authorization

Entry Method:

Keyed

Amount:

\$181.61

Credit Card Information

CC Type:

Visa

CC Number:

Auth. Code:

********8959

Processor:

03072C

TSYS - EMV

Billing Information

Shipping Information

arminda fontanez

US

US



NON-REPORTABLE CRASH DRIVER EXCHANGE WEST ALLIS POLICE DEPARTMENT

			S. July	}			
Call #: 24-00 3268			West Hilmorpout	2001			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.
.hE :#			1/1/	(Year):	5:6		of inform d facilita ent or civ
Call 7			105	ح	V	do	change crash an nbursem
			3	ivic	Phone:	Uran	ng the ex ved in a onal rein
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ر Time:	7	2	かた	# ::			exchang Wis. Sta een drive
1103/24 Tin	s Name	numbe	.;	(Make	License Plate #:	**	ion and in 346.67 ion betw
// Date:	Driver's Name:	Phone number:	Address:	Vehicle (Make):	License	Policy #:	Completion and exchange of Section 346.67 Wis. State information between driver

ADMIN/WAPDFORMS/NON-REPORTABLE EXCHANGE FORM 06/2021