



CLAIMANT CONTACT INFORMATION

Name: Jose Coria
Address: 8422 Orchard St
West Allis WI

Phone: 414 430 7659
Email: Coria-Jose@icloud.com

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: 8-27-26 Time of day: 8:18 p.m.
Location: 84th Orchard

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.

Huge tree branch fell down smashed my window (front) and caused frame damage

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: [Signature]

Date: 9-25-26

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: \$ 1464.41

SAVE

PRINT

221571

Estimate of Auto Repairs

AS LISTED FOR LABOR AND MATERIALS
VERBAL AGREEMENTS NOT BINDING - ESTIMATES FREE

OWNER		PHONE NO.	DATE
ADDRESS			EST. NO.
INSURANCE CO.		PHONE NO.	ORDER NO.
ADDRESS		LICENSE NO. BAK-1285	
YEAR/MAKE 2007 Honda	MODEL fit	MILEAGE —	SERIAL NO. —

QUANTITY	DESCRIPTION OF LABOR OR MATERIAL	PART NO.	MATERIAL	LABOR
1	Repair left side window post			\$700.00
2	replace front window			450.00
Total				\$1,150
NEW IMAGE AUTO BODY LLC. 8830 W. NATIONAL AVE. West Allis, WI				

PARTS PRICE BASED ON STANDARD CATALOG PRICING. SUBJECT TO CHANGE WITHOUT NOTICE. PROCUREMENT AND DELIVERY CHARGE. LOCAL SERVICE OR ITEMS NOT AVAILABLE LOCALLY.

OLD PARTS REMOVED FROM CARS WILL BE JUNKED UNLESS OTHERWISE INSTRUCTED IN WRITING. THE ABOVE IS AN ESTIMATE BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN OPENED UP. OCCASIONALLY, AFTER WORK HAS STARTED, WORN PARTS ARE DISCOVERED WHICH ARE NOT EVIDENT ON FIRST INSPECTION. BECAUSE OF THIS, THE ABOVE PRICES ARE NOT GUARANTEED.

ESTIMATED BY

ESTIMATE APPROVED BY

AUTHORIZED AND ACCEPTED

BY OWNER
OR AGENT

DATE

9-4-2025

TOTAL MATERIALS

TOTAL LABOR

TOTAL MATERIALS

TAX

PAID OUT - TOW & STORAGE

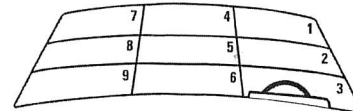
SUBLET REPAIRS

TOTAL

\$700.00

Part - \$450.00

\$1,150.00



Location Information

Safelite
10708 W ORCHARD ST
WEST ALLIS, WI 53214
414-475-1700

Service Information

Service Location: InShop
Available Time: 3:30 PM
Address: Mr./Mrs. CORIA

WO# 730698

Date/Time 9/2/2025 3:30 PM
Needed By: 4:30 PM

Account Information

CONSUMER PARENT
92273 - 085080 --

Primary: 414-430-7659 Policy #:
Alternate: Claim #:
PO#/Ref: Ath/Ver:
Loss Loc:
Loss Date/Cause:

Year	Make	Model	Body Style	Mileage	License	State	Stock #
2008	HONDA	FIT	4 DOOR HATCHBACK				

Vehicle ID J H M G D 3 8 6 4 8 S 0 0 5 6 5 1

Technician ID: _____

Verified By: _____

Qty	Part #	List	Selling	Labor	Kit	Material	Extension
1	FW02631 GTN		\$182.47	\$60.00	\$0.00	\$0.00	\$242.47
Replace with new - 3RD VISOR FRIT PO#: 301961							
INSTALLED PART DOT# _____ URETHANE LOT# _____							
1	GGG 2631		\$14.44	\$0.00	\$0.00	\$0.00	\$14.44
Replace with new - 3/ PO#: 301962							
1	RECYCLE FEE		\$0.00	\$39.99	\$0.00	\$0.00	\$39.99
Replace with new - RECYCLE FEE							
INSTALLED PART DOT# _____ URETHANE LOT# _____							

Work Order 01867-730698

Org Date: 8/28/2025 CTU WO: 730698
8/28/2025 11:33 AM 613-UNROUTED-730698-W
JOSE CORIA

Initial here if replaced parts should be
saved for inspection or returned:

Part Sub Total:	\$196.91
Labor Sub Total:	\$99.99
Sub Total:	\$296.90
Sales Tax:	\$17.51
Total	\$314.41

Windshield Repair

Cust. Initials:

Comment:

Yes _____ No _____
Accepted _____ Declined _____

Tender Information

Type	Card Type	Account	Auth Code	Amount
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