

2023 Incident Report Form

Date: 10 / 31 / 2024	Birth Date: 7 21 1961
Name: BRIAN KROKOWSKI	Phone: 414-510-0714
Address: S70 N 33210 Township Rd Eagle, W1	Zip: 53119
Date of Incident:	Time of Incident:
10/31/2024	~ 2:00pm
Description the Incident:	
40-50 mph winds caused	
on the Krokowski Box truc	ck, cracking the
windshield. DPW came +	Remove the gutter.
Police Report #24-0441	100
Names, Phone Numbers, Addresses, and Zip Codes of	
BURNOLD PATNAUDR 1-2	62-492-4605
2472 MAINSTREET L	OT 127
EAST TROY, WE 53120	
Disposition:	
3	
Name of Person Writing Report:	

Jessica Sobojinski

CLAIMANT CONTACT INFORMATION
BREAN KROKOWSKE Name: DBA KROKOWSKE SPARMLIC Phone: (4/4) 570-0714 (cell) Address: S.70 W. 33210 TOWNSHEP ROADX Email: KSKROKOWSK Q gargil.
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: 10/3//2024 Time of day: 2:08 P.M. Location: WEST ALLES PARMERS MARKET 65th + NATIONAL AVENUE WEST ALLES WE
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.
YO-SO MPH. WINDS CAUSED THE GUTTER TO FALL ON BRIAN KROKOWSKI'S BOX TRUCK, CRACKING THE WINDSHIELD. NO ONE WAS HURT UPDER PASENGER SIDE ONLY PROPERTY ANNAGE POLICE REPORT # 24-044/00 WITNESS BURNOLD PATNANDE 1-262-492-4608 2472 MAIN STREET LOTI27 EAST TROY, WI 5 3120
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: 12/5/2024
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: \$ 367,50
THE DIGI CHUNCH SUUTH S. A. Y. V. C.

SAVE

PRINT



PREMIER AUTO GLASS S17 W22645 LINCOLN AVE WAUKESHA, WI 53186 (262) 970-0665 / Fax (262) 458-9490

Quote #	Q PRE0001442	Date	12/04/2024
Cust. #	KROKOWSKI	Billcode	BS2
P.O. #		Sold By	
Fed. Tax #		Inst'l By	

BRIAN KROKOWSKI

Cell: (414) 510-0714

1. (414) 310-07	14						
1998	Make	CHEVROLET		Policy#			
EXPRESS		Body Style	VAN	Author- ized By			
		V.I.N.		Claim#		Loss Date	12/04/2024
() -		Bus. Phone	() -	Damage/ Cause			
Part		Description		Block Size	List	Price	Total
W01265GBNN ABOR			(slr contr)	39 x 73	231.66 124.00	180.0 124.0	
AH000448 /FS D1265					21.00 75.99	21.0 25.0	
	1998 EXPRESS () - Part W01265GBNN ABOR AH000448	EXPRESS () - Part W01265GBNN Windshiel ABOR Labor 3.2 AH000448 2.5 Fast-0	1998	1998	1998	1998	1998

	SPECIAL INSTRUCTIONS	Labor	124.00
All material sold on this invoice is quaranteed to be as	enecified and is not safety glazed meterial values on market	Subtotal	350.00
All material sold on this invoice is guaranteed to be as specified, and is not safety glazed material unless so marked. It is sold with the understanding that this material will not be glazed in a "hazardous location" as defined by the Consumer Product Safety Commission. All merchandise returned for credit, refund or exchange must be in resaleable condition, authorized for return, accompanied by this receipt, and may be subject to restocking fee. No returns will be authorized for special orders or cut flat glass.		Tax	17.50
		Total	367.50
		Balance	367.50
RECEIVED BY	The glass listed has been replaced / repaired with like ki	nd and quality to my entire entire	00

RECEIVED BY

The glass listed has been replaced / repaired with like kind and quality to my entire satisfaction, and I authorize my Insurance Company to pay PREMIER AUTO GLASS directly for the glass and installation charges, or repairs.

12/4/24 3:32pm by ADMIN Updated 12/4/24 3:32pm by ADMIN

NEXTECH GLASS - AUTO 2100 PEWAUKEE RD, UNIT D WAUKESHA, WI 53188 (414)409-7263

Quote: 1-8727 Date: 12/04/24

Customer:

BRIAN

EAGLE, WI 53119

kskrokowski@gmail.com

CSR T	ech PO	Terms Job#	Job Type		
8816		Due on receipt			
Year Ma	ake Model	Style	VIN		
1998 Cl	HEVROLET	EXTENDED VAN	1GBJG31R2W1016111		
Qty	Part/Description	List Price	Material	Labor	Total
1.00	DW01265GBN	\$231.66	\$170.00	\$125.00	\$295.00
A STATE OF THE PARTY OF THE PAR	Windshield Green Tint/Blue	Shade Windshield (Solar)(W/Bra	acket)		
1.00	HAH000448	\$67.50	\$30.00	\$0.00	\$30.00
	Adhesive(Nags) (Fast-Cure	Urethane/Dam/Primer)(2.50)			
1.00	WFS D1265	\$75.99	\$25.00	\$0.00	\$25.00
	Moulding(Precision) (Revea	il)Black			

Taxes	
WAUKESHA COUNTY	\$17.50

Job Location: BRIAN EAGLE, WI 53119

Our New Berlin location has moved to Waukesha. Please note the new address for payment remittance. 2100 Pewaukee Rd, Unit D, Waukesha, WI 53188

Thank you for the business, we greatly appreciate it.

Signature _____

Material	Labor	Taxes	Total	Payments	Balance
\$225.00	\$125.00	\$17.50	\$367.50	\$0.00	\$367.50