



CLAIMANT CONTACT INFORMATION

Name: Jamie Christanson Phone: 414-840-3418
Address: W193 S7391 Email: _____
Richardt Drive Jamieannchristanson
@gmail.com.

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.

NOTICE OF CLAIM

Date of incident: 12/15/20 Time of day: 12:00 pm

Location: Heading onto the Rock
Freeway (43 North) at Racine Ave.

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.

Heading onto freeway & merging
into right lane, a large
rock / mud hit windshield +
splattered some bits of mud +
rock broke base of windshield,
followed driver to work & had
supervisor see damage, said
to go & file out claim.

Tim Last Supervisor 414-302-8800
met me at drivers
worksites drop off
at morgan ave, south 116th st.
South of Morgan ave,

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: 12/15/20

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: \$ will get estimate
if needed.

LAKE AUTO GLASS, INC
4440 SOUTH 108TH STREET
GREENFIELD, WI 53228
(414) 425-2800 / Fax (414) 375-2021
Fed. ID# 392042339

Inv. #	Quote #041387	Date	12/15/2020
Cust. #	4148403418	Billcode	2
P.O. #		Sold By	MATT
Fed. Tax #		Inst'l By	MATT

(414) 840-3418

Year	2017	Make	CHEVROLET	Policy #	
Model	SILVERADO C1500	Body Style	4 DOOR CREW CAB	Author-ized By	
Lic. #		V.I.N.		Claim #	
Home Phone	(414) 840-3418	Bus. Phone	0 -	Damage/Cause	
				Loss Date	12/15/2020

Qty.	Part	Description	Block Size	List	Price	Total
1	DW02040GBYN	Windshield (Electrochromic Mirror)(slr contr)	32.5x65.7	411.75	238.82	238.82
1	LABOR	labor, 0.00 hours flat rate		90.00	90.00	
1	HAH000448	2.0 Fast-Cure Urethane, Dam, Primer		30.00	30.00	30.00

Quote 1
This is what we are going with.
Glh...

SPECIAL INSTRUCTIONS

INSTALLATION WARRANTY. All fixed glass installation glass such as windshield, back glass, etc are warranty against leakage for life & 1 year against defects as long as the present owner continues to own or lease this vehicle. This means new windshield or back glass will be properly installed & sealed. It will not leak unless it is broken or the vehicle rusts around it. All windshield replacement comes with free 90 days repairable rock chip in shop warranty. This warranty covers only the repair mentioned above & does not cover any, incidental, indirect or consequential damages. This warranty is limited to repair or replacement by authorized Lake Auto Glass, Inc locations. There are no warranties that extend beyond those expressed above. All moveable glass such as door glass has limited 30 days warranty. Warranty express above is not transferable.

Subtotal	268.82
Labor	90.00
Tax	20.09
Total	378.91
Balance	378.91

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 LAKE AUTO GLASS, INC directly for the glass and installation charges, or repairs.

VEHID HG393613
CHRISTIANSON, LEE A
W193S7391 RICH DORF DR
MUSKEGO WI 53150-8228
HOME PHONE 414 840-3410
BUS. PHONE N/A EXT.
CELL PHONE N/A
PAGER N/A CODE
E-MAIL MEGAN_CHRISTIANSON@YAHOO.COM
DLR LOYALTY
17 Chevrolet Silverado 1500 34436
Command? (Enter, *, N, VEH, CUST, ?)?

SERIAL NO. [REDACTED]
(OWNER) CUSTOMER 174104
DELV. DATE 25JUN17
IN SERVICE 25JUN17
(On NSO) WAR. EXP. DATE
LICENSE NO. GE7207
UNIT N/A
SA
STOCK #

84209828

Quote 2
INSIP
\$ 583.07

Quote 3
Dealer \$
Holtz

OE
\$ 703.07

LABOR

\$ 120

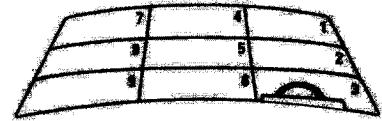
Glass America

\$ 325

plus labor = \$445.00

Quote 4

262-226-5846



Location Information

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

Service Information

Service Location: InShop
Available Time: 2:00 PM
Address: Mr./Mrs. CHRISTIANSON

WO# 226167

Date/Time 12/19/2020 2:00 PM

Needed By: 3:00 PM

Account Information

CONSUMER PARENT
92273 - 085080 --

Primary: 414-840-3410

Policy #:

Alternate:

Claim #:

PO#/Ref:

Ath/Ver:

Loss Loc:

Loss Date/Cause:

Year	Make	Model	Body Style	Mileage	License	State Stock #
2018	CHEVROLET	SILVERADO C1500	4 DOOR EXTENDED CAB			

Vehicle ID

Technician ID:

Verified By:

Qty	Part #	List	Selling	Labor	Kit	Material	Extension
1	DW02040 GTY		\$229.99	\$60.00	\$0.00	\$0.00	\$289.99
Replace with new - ELECTROCHROMIC MIRROR~SOLAR INSTALLED PART DOT# _____ URETHANE LOT# _____			PO#: 213337				
1	DISPOSAL FEE		\$0.00	\$14.99	\$0.00	\$0.00	\$14.99
Replace with new - DISPOSAL FEE INSTALLED PART DOT# _____ URETHANE LOT# _____							

Work Order

01867-226167

Org Date: 12/15/2020
12/15/2020 4:48 PM
LEE CHRISTIANSON

CTU WO: 226167
011-UNROUTED-226167-W

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

Part Sub Total:	\$229.99
Labor Sub Total:	\$74.99
Sub Total:	\$304.98
Sales Tax:	\$16.77
Total	\$321.75

Windshield Repair

Cust. Initials:

Comment: Quote

Yes No
Accepted Declined

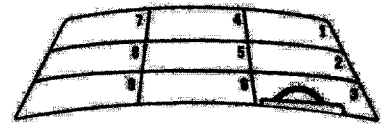
Tender Information

Type Card Type Account

Auth Code Amount

quote 5

Going in
Monday.



Original Estimate: \$321.75 I authorize Safelite AutoGlass to provide the above-referenced goods and services and to install glass and related parts that are manufactured by Safelite AutoGlass or another aftermarket manufacturer. Subject to completion of the work, I assign Safelite AutoGlass any claim that I have under my insurance policy to recover, and authorize my insurance company to pay to Safelite AutoGlass, the balance due. If said amount is not paid in full by my insurance company, I agree to pay any unpaid balance.

Customer's Signature: _____ **Date:** _____

If your check is unpaid for insufficient or uncollected funds, we may electronically debit your account for the principle check amount and a service fee as allowable by law. You have the right to select the repair facility of your choice.

Revised Estimate: _____	Reason: _____	Additional Cost: _____
Authorized by: _____	Phone: _____	Date: _____
Amount to collect from Customer: \$321.75	Tender: _____	Time: _____
Adhesive Brand: _____	Part #: _____	Lot #: _____
		Safe to drive after: _____ AM PM

