

**SERVICE AND PROCESSING OF CLAIMS**

Plaintiff or Claimant: Courtney Goetsch Notice of Claim

Date: 1/9/19

In-person

Process Server

Claimant

Other \_\_\_\_\_

By mail

By email

By fax

Received by: Flemanski

➤ Hand deliver to: Ann Marie  or Janel

➤ Forwarded to Attorney's Office by Ann Marie or Janel

➤ Response from Attorney's Office

➤ Common Council Agenda: Yes  No



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: Courtney Goetsch Incident/Accident Information
Address: 1743 S. 68th St. Date: 9-21-18
West Allis, WI 53214 Time: 11:47am
Phone: 414-254-4405 Place: 1700 Blk S. 68th 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.

I was parked in front of my residence on my lunch break and came outside where a City of West Allis truck/vehicle had backed into my car. We waited for the police and a report was filed. The officer took photographs of the front end damage. My front hood & inside of front end was damaged. I also had to miss a half of days work due to the accident and getting an estimate for the damage.

Signed: Courtney Goetsch Date: 1.9.19

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: \$ 2100.00 (Please attach an itemized statement of damages sought including at least 2 estimates for repairs.)

Signed: Courtney Goetsch Date: 1.9.19
Address: 1743 S. 68th St.
West Allis, WI 53214



1SL055JNTW  
18-039222

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

WEST ALLIS POLICE DEPARTMENT  
11301 WEST LINCOLN AVENUE  
WEST ALLIS, WI 53227  
(414) 302-8000

Location

ON 1700BLK S 68TH ST 354 FT S OF W MITCHELL ST (OTHER 1700BLK)  IN THE CITY OF WEST ALLIS IN MILWAUKEE COUNTY	Latitude 43.01135422	Longitude -87.997895342
	X Coordinate 418677.875	Y Coordinate 4762559
	Structure Type OTHER	

Crash Scene

First Harmful Event <b>PARKED MOTOR VEHICLE</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>NO COLLISION W/VEHICLE IN TRANSPORT</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s)  <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>TRUCK</b>	
	Vehicle Type <b>STRAIGHT TRUCK (INSERT TRUCK)</b>	Operating As Endorsements			
	Total Occs <b>1</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>PARKED MOTOR VEHICLE</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>BLACKTOP (BITUMINOUS)</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>TRUCK OR TRUCK COMBINATION &gt; 10,000LBS GVWR/GCWR</b>				
	UNIT  VEHICLE	<b>Vehicle</b>			
		License Plate Number [REDACTED]	Plate Type <b>MUN - MUNICIPAL</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
Vehicle Identification Number [REDACTED]		Make <b>FORD</b>	Year <b>2013</b>	Model <b>F450 SUPER</b>	
Color <b>WHI - WHITE</b>		Body Style <b>CB - CAB CHASSIS</b>		Bus Use <b>NOT A BUS</b>	
Initial Contact Point <b>6-REAR</b>		Vehicle Damage			
Extent Of Damage <b>NO DAMAGE</b>		<b>NO DAMAGE</b>			

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WEST ALLIS POLICE DEPARTMENT  
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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>INVESTIGATOR R. TUSCHL</b>	
Crash Date 09/21/2018		Crash Time 11:47 AM		Date Arrived 09/21/2018		Time Arrived 12:06 PM	
Date Notified 09/21/2018		Time Notified 11:47 AM		Total Units 02		Total Injured 00	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
		Photos By <b>TUSCHL</b>	
		Additional Information <b>PHOTOS</b>	
<input checked="" type="checkbox"/> I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.			
UNIT #2 WAS LEGALLY PARKED, FACING S/B ON THE WEST SIDE OF THE STREET IN THE 1700BLK OF S. 68TH ST. UNIT #1 WAS IN FRONT OF UNIT #2 AND WAS PERFORMING A BACKING MANEUVER AND STRUCK THE FRONT END OF UNIT #2.			

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UNIT VEHICLE	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OPERATOR</b>
	What Driver Was Doing <b>BACKING</b>	Vehicle Factors
	Driver Prior Action Other	<b>NOT APPLICABLE</b>
	Driver Actions <b>UNSAFE BACKING</b>	
01	01	Driver Distractions <b>NOT DISTRACTED</b>
01	01	Owner Name <b>WEST ALLIS CITY OF (414) 302-8888</b>
		Owner Address <b>6300 W MCGEOCH AVE WEST ALLIS, WI 53219 , US</b>
<b>Sequence Of Events</b>		
01	01	Event <b>PARKED MOTOR VEHICLE</b>
	02	Event
	03	Event
	04	Event
<b>Policy Holder</b>		
UNIT		Insurance Company <b>CITIES-&amp;VILLAGES-MUTUAL-INS-CO</b>
		Government <b>WEST ALLIS CITY OF</b>
<b>Individual</b>		
UNIT	INDIVIDUAL	Driver <b>STEVEN RICHARD WASIELEWSKI (414) 302-8888</b>
		Citations Issued <b>0</b>
		Sex <b>MALE</b>
		Date of Birth <b>[REDACTED]</b>
		Race <b>WHITE</b>
		Address <b>3853 S 38TH ST GREENFIELD, WI 53221 , US</b>
		Driver License Number <b>[REDACTED]</b>
		<b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Equipment</b> On Duty Crash
		Safety Equipment
		Seat Position <b>1-FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY</b>
		<b>SHOULDER &amp; LAP BELT</b>
		Helmet Use
		Helmet Compliance
		Eye Protection
		Tint Compliance
01	00	<b>Injury</b> Injury Severity <b>NO APPARENT INJURY</b>
		Airbag <b>NON DEPLOYED</b>
		Ejected <b>NOT EJECTED</b>
		Ejection Path <b>NOT EJECTED/NOT APPLICABL</b>
		Trapped/Extricated <b>NOT TRAPPED</b>

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UNIT INDIVIDUAL	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #		
	Hospital		Date of Death		Time of Death		
	<b>Non Motorist</b>		Striking Unit #	Prior Action	Location		To/From School
	Action						
	Action Other						
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use <b>NO</b>		Suspected Drug Use <b>NO</b>		
	Alcohol Test Given <b>TEST NOT GIVEN</b>		Alcohol Test Type		Alcohol Test Results		
	Drug Test Given <b>TEST NOT GIVEN</b>		Drug Test Type		Drug Test Results		
	Drug Type						
	Individual Condition <b>APPEARED NORMAL</b>						
UNIT 001 TRUCK BUS	<b>Carrier</b>						
	<input checked="" type="checkbox"/> Use Vehicle Owner Same as Carrier			Source <b>DRIVER</b>			
	Name <b>WEST ALLIS CITY OF USDOT# 0000000</b>			Address <b>6300 W MCGEOCH AVE WEST ALLIS, WI 53219 , US</b>			
	GVWR <b>10,001-26,000 LBS</b>		Vehicle Configuration <b>SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THA</b>		Cargo Body Type <b>DUMP</b>		
	US DOT # <b>0000000</b>		Carrier Type <b>NOT IN COMMERCE/GOVERNMENT</b>		Permitted Load <b>NOT APPLICABLE</b>		
	<input type="checkbox"/> OS/OW Load	WI Permit Number	<input type="checkbox"/> Permitted Vehicle On Permitted Route	<input type="checkbox"/> Escort Vehicle Required By Permit	<input type="checkbox"/> Escort Vehicle Present		
	Measured Height	Measured Length	Measured Width	Measured Weight			
	<b>Unit Summary</b>						
	Unit Status <b>LEGALLY PARKED</b>		Vehicle Operating As Classification <b>D CLASS</b>		Unit Type <b>AUTOMOBILE</b>		
	Vehicle Type <b>PASSENGER CAR</b>		Operating As Endorsements				
Total Occs <b>0</b>	Train/Bus # Injured	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>			
Insurance? <b>YES</b>	Direction Of Travel <b>SOUTHBOUND</b>	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>			
Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>		Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>			
Traffic Way <b>TWO-WAY, NOT DIVIDED</b>		Traffic Control <b>NO CONTROL</b>		Traffic Control Inoperative/Missing <b>NO</b>			



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Surface Type <b>BLACKTOP (BITUMINOUS)</b>		Road Curvature <b>STRAIGHT</b>	Road Grade <b>LEVEL</b>
Truck Bus or HazMat <b>NO</b>			
UNIT 02	<b>Vehicle</b>		
	License Plate Number [REDACTED]	Plate Type <b>AUT - AUTOMOBILE</b>	St <b>WI</b>
	Country of Issuance <b>UNITED STATES</b>	Vehicle Identification Number [REDACTED]	Make <b>GEO</b>
	Year <b>1994</b>	Model <b>PRIZM</b>	Color <b>BGE - BEIGE</b>
	Body Style <b>SD - SEDAN</b>	Bus Use <b>NOT A BUS</b>	Initial Contact Point <b>12--FRONT</b>
	Vehicle Damage <b>12--FRONT</b>	Towed Due To Damage <b>NOT TOWED</b>	Vehicle Removed By <b>OWNER CAME AND MOVED IT</b>
	What Driver Was Doing <b>LEGALLY PARKED</b>	Vehicle Factors <b>NOT APPLICABLE</b>	Driver Prior Action Other
	Driver Actions <b>NO CONTRIBUTING ACTION</b>	Driver Distractions <b>NOT DISTRACTED</b>	Owner Name <b>COURTNEY M GOETSCH (414) 254-4405</b>
	Owner Address <b>1743 S 58TH ST WEST ALLIS, WI 53214 , US</b>	<b>Sequence Of Events</b>	
	Event <b>MOTOR VEH IN TRANSPORT</b>	Event	Event
Event	Event	Event	
Event	<b>Policy Holder</b>		
Insurance Company <b>PROGRESSIVE-CLASSIC-INS-CO</b>	Individual <b>COURTNEY GOETSCH</b>		



WESTWAY AUTO BODY, INC.  
1412 SO 62ND ST.  
WEST ALLIS, WI 53214  
PH. 414 259 1119 FX. 414 259 8081  
FED. TAX I.D. 39-1255918

\*\*\* PRELIMINARY ESTIMATE \*\*\*

01/09/2019 04:34 PM

**Owner**

**Owner:** COURTNEY MARIE GOETSCH  
**Address:** 1743 SOUTH 68TH STREET  
**City State Zip:** West Allis, WI 53214  
**Email:** [REDACTED]

**Cell:** [REDACTED]  
**FAX:** [REDACTED]

**Inspection**

**Inspection Date:** 01/09/2019 04:36 PM

**Inspection Type:**

**Appraiser Name:** GINA MALONEY

**Appraiser License # :**

**Repairer**

**Repairer:** WESTWAYAUTOBODYINC  
**Address:** 1412 SOUTH 62ND ST.  
**City State Zip:** WEST ALLIS, WI 53214  
**Email:** westwayautobody@sbcglobal.net

**Contact:** MICHAEL MALONEY  
**Work/Day:** (414)259-1119  
**FAX:** (414)259-8081

**Target Complete Date/Time:**

**Days To Repair:** 6

**Vehicle**

**OEM Part Price Quote ID:** \*\*\*\*

1994 Geo Prizm STD 4 DR Sedan  
4cyl Gasoline 1.6  
3 Speed Automatic

**Lic. Plate:** [REDACTED]  
**Lic Expire:**  
**Prod Date:**  
**Veh Insp# :**  
**Condition:** Good  
**Ext. Color:** TAN  
**Ext. Refinish:** Two-Stage \*

**Lic State:** WI  
**VIN:** [REDACTED]  
**Mileage:** 135,000  
**Mileage Type:** Actual  
**Code:** U1623A  
**Int. Color:**  
**Int. Refinish:** Two-Stage

**Options**

Center Console  
Steel Wheels

Dual Airbags  
Tinted Glass

Power Brakes  
Velour/Cloth Seats

**Damages**

Line	Op	Guide	MC Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
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Complete Auto Body Repairs  
Rental Cars  
Insurance Work



# WESTWAY AUTO BODY INC.

1412 S. 62nd Street, West Allis, WI 53214

**(414) 259-1119 • (414) 259-8081 Fax**

MIKE MALONEY

[westwayautobodyinc.com](http://westwayautobodyinc.com)

[westwayautobody@sbcglobal.net](mailto:westwayautobody@sbcglobal.net)

**Front Bumper**

1	N	6	Front Bumper Assy R&I	Additional Labor		1.7	SM
2	I	6	Cover,Front Bumper	Repair		2.0*	SM
3	L	6	13 Cover,Front Bumper	Refinish		3.6	RF
				2.5 Surface			
				0.6 Two-stage setup			
				0.5 Two-stage			

**Front End Panel And Lamps**

4	EP	28	Grille Assembly	Replace PXN	\$40.00	INC	SM
5	E	38	02 Emblem,Grille	94852387 GM Part	\$20.48	0.2	SM
6	RI	65	Lens,Indicator Lamp LT	R & I Assembly		0.3	SM
7	RI	66	Lens,Indicator Lamp RT	R & I Assembly		0.3	SM
8	E	63	02 Lens,Side Marker LT	94855222 GM Part	\$25.53	0.2	SM

**Front Body And Windshield**

9	EP	83	Panel,Hood	Replace PXN	\$403.00	1.3	SM
10	L	83	Panel,Hood	Refinish		5.0	RF
				3.0 Surface			
				1.2 Edge			
				0.8 Two-stage			
11	BR	103	Fender,Front LT	Blend Refinish		1.2	RF
				0.8 Blend			
				0.4 Two-stage			
12	BR	104	Fender,Front RT	Blend Refinish		1.2	RF
				0.8 Blend			
				0.4 Two-stage			

**Manual Entries**

13	L		COLOR, SAND & BUFF	Refinish		1.0*	RF
14	N		HAZARD. WSTE. REM.	Additional Labor	\$5.00*		SM
15	N		COVER CAR EXTERIOR	Additional Labor	\$4.80*	0.2*	SM
15	Items						

**MC Message**

02 PART NO. DISCONTINUED, CALL DEALER FOR EXACT PART NO.  
13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

**Estimate Total & Entries**

Gross Parts	\$46.01
Other Parts	\$452.80
Paint & Materials	12.0 Hours @ \$38.00 \$456.00
Parts & Material Total	\$954.81
Tax on Parts & Material	@ 5.600% \$53.47

Labor	Rate	Replace Hrs	Repair Hrs	Total Hrs	
Sheet Metal (SM)	\$58.00	2.3	3.9	6.2	\$359.60
Mech/Elec (ME)	\$95.00				
Frame (FR)	\$67.00				
Refinish (RF)	\$58.00	12.0		12.0	\$696.00

Labor Total	18.2 Hours	\$1,055.60
Tax on Labor	@ 5.600%	\$59.11
Gross Total		\$2,122.99
Net Total		\$2,122.99

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Second section of faint, illegible text, appearing to be a list or series of entries.

Third section of faint, illegible text, continuing the list or series of entries.

Fourth section of faint, illegible text, possibly a summary or concluding paragraph.

Fifth section of faint, illegible text at the bottom of the page, possibly a footer or additional notes.

