



Name:	Donaid vvaiker	Phone: <u>414-550-7916</u>	
Address:	10531 W. Madison St.	Email: soundbustersdjkj@yahoo.com	1
	West Allis WI 53214		
		<u>ISTRUCTIONS</u>	
Complete	this form, print and sign it, ar	d serve a hard copy upon the West Allis City	/ Clerk. If
you have	questions about how to fill ou	this form, please contact a private attorney	who can
assist you			
*	NO	TICE OF CLAIM	
Date of in	cident: <u>03/25/2023</u>	Time of day: <u>02:30 </u>	
Location:	Front of my house		
_ "			
		n here. You may attach additional sheets or	
Some he	lpful information may be the	police report, pictures of the incident or da	amage, a
diagram	of the location, a list of inju	ies, a list of property damage, names and	d contact
		dent, and any other information relevan	t to the
circumsta	nces.		
		plowing and accidently backed up into the left front of my	/ vehicle.
The supervi	sor came and took information.		
			a
			e
			-
Check on	۵.		
		e (complete Claim Amount section below)	
	im submitting this notice without	a claim for damages. This claim is not comp	loto on d
	ll not be processed until I subm	t a claim for damages. This claim is not comp	ete and
VVI	ii not be processed until i subm	t a claim for damages on a later date.	
<u>.</u>	0 01 1 1 00		
Signed:	Donald Walker	Date: 03/29/2023	
		ADLANGUNIT	
To come	<u>C</u>	LAIM AMOUNT	
To comple	ete this claim, attach an itemize	d statement of damages sought. If any dama	ges are
ior repair	to property, include at least 2 e	stimates for repairs.	
The total	amount sought is: \$ 2,279.64		
THE WILL	amount sought is: \$ 2,270.04	·	
Corporate State			
SAVI	PRINT		

CITY OF WEST ALLIS 3 APR '23 PX2:49



Boucher Auto Body & Paint- West Allis

Workfile ID: PartsShare: 782061ea 7gmD56

Federal ID:

39-1275419

We Ride With You Every Mile 3161 S. 108th St, West Allis, WI 53227 Phone: (414) 327-6000

FAX: (414) 546-5825

Preliminary Estimate

Customer: Walker, Donald

Written By: COURTNEY WENTZEL

Insured:

Owner:

Walker, Donald

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact: 11 Left Front

Inspection Location:

Insurance Company:

Walker, Donald 10531 W MADISON ST West Allis, WI 53214

(414) 550-7916 Cell

Boucher Auto Body & Paint- West Allis

3161 S. 108th St West Allis, WI 53227

Repair Facility

(414) 327-6000 Business

VEHICLE

2007 CHEV Uplander LT1 Extended WB 4D VAN 6-3.9L Gasoline SFI Blue

VIN:

Interior Color:

Mileage In:

Vehicle Out:

License: State: WI Exterior Color:

Blue

Mileage Out:

Production Date:

Condition:

Job #:

TRANSMISSION

Automatic Transmission

Overdrive

POWER

Power Steering Power Brakes

Power Windows Power Locks

Power Mirrors

Heated Mirrors Power Driver Seat

Dual Mirrors

DECOR

Body Side Moldings

Privacy Glass

Console/Storage

CONVENIENCE

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Rear Window Wiper

Dual Air Condition Entertainment Center

Power Sliding Door

Home Link

RADIO

AM Radio

FM Radio

Stereo

Search/Seek CD Player

Auxiliary Audio Connection

SAFETY

Drivers Side Air Bag

Passenger Air Bag Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Traction Control Stability Control

Front Side Impact Air Bags

Communications System Hands Free Device

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats 3rd Row Seat Captain Chairs (4)

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

Preliminary Estimate

Customer: Walker, Donald

2007 CHEV Uplander LT1 Extended WB 4D VAN 6-3.9L Gasoline SFI Blue

Line		Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1	FRONT BUM	IPER						
2	* <>	Rpr	Bumper cover				3.0	2.6
3			Add for Clear Coat					1.0
4		Repl	Mount panel	15798109	1	254.55	1.7	
5			O/H bumper assy				2.4	
6	FRONT LAM	PS						
7		Repl	LT Headlamp assy	25891660	1	269.85	Incl.	
8			Aim headlamps				0.5	
9	HOOD			the same of the sa				
10	*	Algn	Hood				<u>1.5</u>	
11	FENDER							
12		R&I	LT Fender liner				0.4	
13	*	Rpr	LT Fender				<u>2.0</u>	2.2
14			Overlap Major Non-Adj. Panel					-0.2
15			Add for Clear Coat					0.4
16	MISCELLAN	EOUS OF	PERATIONS					
17		Repl	Cover car/bag		1		0.2	
18	#		Color tint / color match		1			0.5
19	#	Repl	Corrosion protection primer		1	10.00 T		0.3
20	#	Repl	Flex additive		1	5.00 T		
				SUBTOTALS		539.40	11.7	6.8

ESTIMATE TOTALS

Category	Basis		Rate	Cost \$
Parts				524.40
Body Labor	11.7 hrs	@	\$ 70.00 /hr	819.00
Paint Labor	6.8 hrs	@	\$ 70.00 /hr	476.00
Paint Supplies	6.8 hrs	@	\$ 48.00 /hr	326.40
Miscellaneous				15.00
Subtotal				2,160.80
Sales Tax	\$ 2,160.80	@	5.5000 %	118.84
Grand Total				2,279.64
Deductible				0.00
CUSTOMER PAY				0.00
INSURANCE PAY				2,279.64

MyPriceLink Estimate ID / Quote ID:

1069640516586446848 / 121042045