



CLAIMANT CONTACT INFORMATION

Name: Jason Venisak Phone: 414-289-0995  
Address: 000 S. Lake Marchese Way Email: JasonV@Vmerchese.com  
M: Waukegan, WI 53204

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: 8/3/21 Time of day: 7:00 AM  
Location: 6832 W BECHER ST WEST ALLIS, WI 53219

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.

THE MARCHESE TRUCK WAS PARKED TIGHT TO CURB IN PARKING LANE FACING WEST ON BECHER ST. A CITY OF WEST ALLIS GARBAGE TRUCK HIT THE DRIVERS SIDE MIRROR WITH HIS PASSENGER SIDE MIRROR.

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: Christopher R. Flors Date: 8/6/21

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: \$ 349.11

SAVE

PRINT

**Airoldi Brothers National Lease**

6930 S 6th St.

Oak Creek, WI, 53154

Tel: (414)-856-0508

mmatuszak@airoldibrothers.com

**Estimate - Preliminary**

**Estimate Prepared by:** Matthew Matuszak

**Appraised for:**

**Accident Date:**

**Date of Loss:**

**Arrival Date:**

**Type of Loss:**

**Policy Number:**

**Claim Number:**

**Date:** 8/6/2021

**Estimate#:**

<b>Year</b> 2016	<b>Make</b> HINO	<b>Model</b> 238/268/268A/308/338	<b>Color</b> White	<b>Trim</b>
<b>Unit Number</b> 3802	<b>License Plate #</b> GD71300	<b>Mileage</b> 216,000	<b>Serial#/VIN#</b> 5PVNJ8JT1G4S56483	

Sup	Seq	Labor Type	Labor Op	Description	Part Type	Part Number	Dollar Amount	Labor Units
	1			3802 Accident Estimate For Repair				*
	2	Body	Rem/Rep	Glass, Mirror L	New	87906E0102	\$57.49	1.2*
	3	Body	Rem/Rep	Mirror, Blind Spot L	New	S8790E0022	\$51.94	.6*
	4			Shop Materials			\$19.80	*
	5			Hazardous Waste			\$10.00	*

\* - Judgement Item  
# - Labor Note Applies

**Labor**

Body	1.8 Hrs @ \$110.00	\$198.00
<b>Labor Total</b>		<u>\$198.00</u>

**Parts**

Parts Subtotal	\$109.43
Less Adjustments	
<b>Parts Total</b>	<u>\$109.43</u>

**Additional Costs and Operations**

Addl. Costs/Ops Total	\$29.80
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**Tax**

Labor Tax @ 6.00%	\$11.88
<b>Tax Total</b>	<u>\$11.88</u>

**Totals**

Sub Total:	\$349.11
Customer Resp.	<u>\$0.00</u>
<b>Net Total</b>	<u>\$349.11</u>

Sup Seq	Labor Type	Labor Op	Description	Part Type	Part Number	Dollar Amount	Labor Units
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The above is an estimate based on our inspection and does not cover any additional parts or labor which may be required after the work has started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above prices are not guaranteed. Quotations on parts and labor are current and subject to change.

*This is a preliminary estimate. Additional changes to the estimate may be required for the actual repair.*

*TruckEst does not automatically include items required by many business repair partners. This application allows the author to manually enter line items such as overlap deductions.*

2016 HINO 238/268/268A/308/338

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