

Received by

AUG 03 2023

City Clerk's Office

CITY OF WAUWATOSA

7725 W. North Avenue

Wauwatosa, WI 53213

ATTN: CITY ATTORNEY

NOTICE OF CIRCUMSTANCES OF CLAIM

Name: Patricia Ruiter

Address: [REDACTED]

Phone: [REDACTED]

Incident/Accident Information

Date: 7/23/23

Time: 8:00pm

Place: W. Burleigh St @ N. 90th St.

CIRCUMSTANCES OF CLAIM

In the space below briefly describe the circumstances of your claim. (Attach additional sheets, if necessary.) For auto damages, attach a copy of police report, if any, and a diagram of the accident scene indicating north, south, east or west corners if the accident occurred at an intersection. For bodily injury, indicate nature of injury, whether or not medical attention was given and the name of the treatment provider. Identify any witnesses to the incident/accident.

I was traveling east on W. Burleigh Street when officer Ben Ziegler deployed spike strips in front of my black Lexus IS250. My car told me low tire pressure and I pulled over. Officer Ziegler pulled behind me minutes later. My left rear tire was completely flat. Officer Ziegler apologized stating he had mistaken my black Lexus for a black Infiniti which was involved in a high speed chase. My car is AWD and therefore not just one tire is able to be replaced, all 4 are required to avoid transmission damage. Lee Wilson witnessed event.

Signed: Patricia Ruiter

Date: 8/2/23

CLAIM

NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Circumstances of Claim you may file a claim with the City at any time consistent with the applicable statute of limitations. However, in order for the City to formally accept or deny your claim at this time, the following claim must be completed and signed.

The undersigned hereby makes a claim against the City arising out of the circumstances described above in the amount of \$ 1,131.50.

To process this claim it is necessary to detail all damages being sought.

Signed: Patricia Ruiter

Date: 8/2/23

Address: [REDACTED]

CUSTOMER #: 114229

156820

ection, Wisconsin Dept. of Agriculture

LEXUS OF BROOKFIELD

INVOICE

20001 W. Bluemound Road

Brookfield, WI 53045

(262) 797-2000

PATTY RUITER

PAGE 1

HOME: CONT:

BUS: CELL:

SERVICE ADVISOR: 618 SAMUEL ROSE

COLOR	YEAR	MAKE/MODEL	VIN		LICENSE	MILEAGE IN / OUT	TAG
	08	LEXUS IS250				144797/144797	TS093
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN20 DD			17:06 31JUL23		0.00	CASH	01AUG23
R.O. OPENED		READY	OPTIONS: DLR:64806 ENG:2.5_LITER_DOHC TRN:A				
10:18 31JUL23		16:19 01AUG23					

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A					REPLACE FOUR TIRES INCLUDES MOUNTING AND BALANCING	DT00157275C0	

TIRE4 REPLACE FOUR TIRES INCLUDES MOUNTING AND BALANCING

----DT00157275C0

614 C

4 DT001-57275-CO OEA 225/45ZR17 CO

195.00

4 EPA TIRE DISPOSAL FEE

2.00

PARTS: 760.00 LABOR: 120.00 OTHER: 8.00 TOTAL LINE A: 888.00

B Alignment, Wheel - Four - Adjust

FS02 Alignment, Wheel - Four - Adjust

614 C

PARTS: 0.00 LABOR: 190.00 OTHER: 0.00 TOTAL LINE B: 190.00

ESTIMATE: 1,232.93 31JUL23 10:18 SA: 618

CONTACT:

WARRANTY DISCLAIMER: ALL PARTS AND ACCESSORIES ARE SOLD AND ALL REPAIRS ARE PROVIDED BY THE DEALERSHIP AS-IS. THE DEALERSHIP HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF PARTS OR PRODUCTS OR THE REPAIR. THE ONLY WARRANTIES ON PARTS AND ACCESSORIES OR REPAIRS ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER OR THE ORIGINAL PARTS DISTRIBUTOR AND ONLY SUCH MANUFACTURER OR DISTRIBUTOR SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. CUSTOMER SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

DATE CUSTOMER SIGNATURE

AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE

***SHOP SUPPLY COSTS:**
We have added a charge equal to 10% of the total cost of labor and parts, not to exceed \$75.00, to the Repair Order for shop supplies used in connection with this repair.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	AMOUNT	TOTAL
LABOR AMOUNT	310.00	310.00
PARTS AMOUNT	760.00	760.00
GAS, OIL, LUBE	0.00	0.00
SUBLET AMOUNT	0.00	0.00
MISC. CHARGES *	8.00	8.00
TOTAL CHARGES	1078.00	1078.00
LESS INSURANCE **	0.00	0.00
SALES TAX	53.50	53.50
PLEASE PAY THIS AMOUNT		1131.50

Repairs Performed By (List mechanic/team leader and names of any subcontractors):

Names:

Motor vehicle repair practices are regulated by chapter ATPC 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

Arbitration Agreement: Customer and the dealer agree that all claims, demands, disputes, or controversies of every kind or nature that may arise between the customer and dealer related to the servicing of the vehicle shall be settled by binding arbitration in accordance with the "Supplementary Procedures For Consumer - Related Disputes" rules of the American Arbitration Association. In effect, such arbitration shall be held in Wisconsin and judgement upon the award rendered by the Arbitrator(s) may be entered by any court having jurisdiction thereof.

DealerCAP 2014 CDK Global, LLC 1061181 SERVICE INVOICE TYPE 2 - 2512C - "AS-IS" - WI - 9598064C

CUSTOMER COPY

INT.

Lexus of Brookfield
20001 W Bluemound Rd
Brookfield, WI 53045
630-530-3955

SALE

MID: 1886
TID: 00232824 REF#: 00000008
Bank ID: 000000
Batch #: 13962 RRN: 713609071438
08/01/23 18:50:38

APPR CODE: 01151C

VISA

*****7010

Chip

/

AMOUNT \$1,131.50

APPROVED

CHASE VISA

AID: A0000000031010

TVR: 00 80 00 80 00

TSI: E8 00

I AGREE TO PAY ABOVE TOTAL AMOUNT
IN ACCORDANCE WITH CARD ISSUER'S
AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

Thank You
Please Come Again

CUSTOMER COPY