## Received by

AUG 0 3 2023

## CITY OF WAUWATOSA 7725 W. North Avenue Wauwatosa, WI 53213

City Clerk's Office

Incident/Accident Information

Date: 1/22/23 Time: 8:00ph

ATTN: CITY ATTORNEY

## NOTICE OF CIRCUMSTANCES OF CLAIM

Name: Patricia Ruiter

Address

Phone:

|   | Phone: 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.  |
| 9 | I was traveling east on W. Burleigh Street when officer  Pen Ziegler deplayed 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 minute later. My left rear  tive was completely flat officer Ziegler applogized stating ine had mistaken  my Mack Lexus for a Mack Infinity which was involved in a high  pred clar. My car is AWD and therefore not just one tire is able to be  phaced, all A are required to avoid transmission do mage. Lee Wilson with a signed:  Signed: POTPICA Ritor Date: 8 2723 |
|   | 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.

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|----------|-----------------|------------|
| Signed:  | TOOKINE FIME    | Date: 0 00 |
| Address: |                 |            |

CUSTOMER #: 114229

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\*INVOICE\*

20001 W. Bluemound Road

4 Shremound Road,

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|  |  |  |  |  | 77.07  | 4   | (262) 797-2000   | 5 . 2 6  |
| HOME:  |  | CONT:  |  |  | PAGE 1   |   |  | 7 715 78   |
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| *******<br>STIMATE:<br>CONTACT   | 0.0<br>******<br>1,232<br>F:<br>****   | 00 :[LABOR:<br>*****************<br>****************<br>2.93<br>************************************   | *********<br>*********<br>31JUL  | *****<br>*****<br>23 10:   | *************<br>************************  | *****   | INEYMENT  ***  SH OID  ***AC TRN:A  ***** NET  '275CO  IOF GROUND ROOM  120,000,000  | POTAL  |
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| *******<br>STIMATE:<br>CONTACT   | 0.0<br>******<br>1,232<br>F:<br>****   | 00 [LABOR: **************  ************ 2.93  ************  FIRE  1315  ACE  .ING  572   | *********<br>*********<br>31JUL  | *****<br>*****<br>23 10:   | *************<br>************************  | *****   | INEYMENT  ***  SH OID  ***AC TRN:A  ***** NET  '275CO  IOF GROUND ROOM  120,000,000  | 190 00<br>AVC231<br>COTAL<br>20.00<br>750.00<br>8.00   |
| *******<br>STIMATE:<br>CONTACT   | 0.0<br>******<br>1,232<br>F:<br>****   | 00 :[LABOR:<br>************************************  | *********<br>*********<br>31JUL  | *****<br>*****<br>23 10:   | *************<br>************************  | *****   | INEYMENT  ***  SH O12  ***AC TRN:A  *******  ******  ******  *****  *****  ****  | 190 00<br>AVC23 1<br>COTAL<br>CKFIEL<br>120.00   |
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| ARRANTY DISCLAIM OVIDED BY THE D ARRANTIES, EXPRECHANTABILITY AI THORIZES ANY OTI ALE OF PARTS OR REP. RIGINAL PARTS OR REP.   | MER: ALL P  MEATERSHIP  MESS AND  ND FITNESS HER PERSON  AIRS ARE THE  RIBBUTOR A  | ARTS AND ACCESSORIES A ASIS, THE DEALERSHIP HE IMPLIED, INCLUDING A FOR A PARTICULAR PURPL TO ASSUME FOR IT ANY LI HOSE WHICH MAY BE OFFERE WIDD ONLY SUCH MANUFACT  | ARE SOLD AND ALLEREBY EXPRESSLY DO NOY IMPLIED WAR ABILITY IN CONNECTI LY WARRANTIES ON ED BY THE MANUFACTOR DE CONTRACTOR OF CO | REPAIRS ARE ISCLAIMS ALL IRANTIES OF SSUMES NOR ION WITH THE PARTS AND TURER OR THE TOPS SHALL REPAIRS AND TURER OR THE  | **************************************   | DESCRIFT LABOR AMOU PARTS AMOU GAS, OIL, LUE  | INEYMENT  ***  SH O1  ***  TRN:A  ***  NET  275C0  120 00000  120 00000  A: SCS:  MIL A EIN O  | 190000<br>ANC231<br>OTAL<br>20.00<br>6.00<br>8.00<br>8.00<br>750.00<br>8.00<br>760.00          |
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| ARRANTY DISCLAIM ROVIDED BY THE DI ARRANTIES. EXPRENCHANTABILITY AI THORIZES ANY OTT ALE OF PARTS OR CICESSORIES OR REP. RIGINAL PARTS DIST ABLE FOR PERFORM. COVER FROM THE MAGES FOR LOSS CIDENTAL DAMAGES / signing below,  | MER: ALL P MEALERSHIP MESS AND ND FITNESS HER PERSON PRODUCTS AIRS ARE TH ANCE UNDE DEALERSHIP OF USE, LIS S You acknown   | ARTS AND ACCESSORIES A  **********  ********  *******  ******  | ARE SOLD AND ALL REBY EXPRESSLY D INY IMPLED WAR DSE, AND NEITHER A ABILITY IN CONNECTI LY WARRANTIES ON TORER OF THE MANUFAC TORER OF THE MASSES, DAMAGES, OFIT OR INCOME, OF TORITION ON THE TORES OF THE MASSES, DAMAGES, ONTO THE TORES OF THE MASSES, DAMAGES, OFIT OR INCOME, OF   | REPAIRS ARE ISCLAIMS ALL ISCLAIMS ALL ISCLAIMS NOR ON WITH THE I PARTS AND TURES OR TURES OR TURES OR TURES OR THE ENTITLED TO O PROPERTY, ANY OTHER ISTANDIZED THE ISTANDIZED TO PROPERTY, ANY OTHER ISTANDIZED THE ISTANDIZED THE ISTANDIZED TO PROPERTY, ANY OTHER ISTANDIZED THE | *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 | DESCRIF<br>LABOR AMOU<br>PARTS AMOU<br>GAS, OIL, LUE<br>SUBLET AMOU<br>MISC. CHARG          | INEYMENT  ***  SH O1/  ***AC TRN:A  ********  120 V0 3045  120 V0 3045 | OTAL OTAL 20.00 8.00 8.00 8.00 0.00 0.00 8.00 0.00 8.00  |
| ARRANTY DISCLAIM CONTACT *******  CONTACT ******  CONTACT *****  CONTACT *****  CONTACT ****  CONTACT ****  CONTACT ****  CONTACT ***  CONTACT ***  CONTACT **  CONTACT **  CONTACT  CO | MER: ALL P TEATERSHIP ESS AND ND FITNESS HER PERSON HER PERSON HER PERSON HER OND E HE | ARTS AND ACCESSORIES AS INC.  ARTS AND ACCESSORIES AS INC.  ACCE  TNG  ACCE  TOR  TOR  TOR  TOR  TOR  TOR  TOR  TO  | ARE SOLD AND ALL ERBEY EXPRESSLY D NY IMPLIED WAR OSE, AND NEITHER A ABILITY IN CONNECT LY WARRANTIES OF TOMER SHALL NOT BE MAGES, DAMAGES T OFIT OR INCOME, OF INCIDING and that is Invoice and that  | REPAIRS ARE ISCLAIMS ALL IRANTIES OF SSUMES NOR ION WITH THE OR SHALL BE ENTITLED TO PROPERTY, R ANY OTHER WOULT PECEIVED  | **************************************   | DESCRIF<br>LABOR AMOU<br>PARTS AMOU<br>GAS, OIL, LUI<br>SUBLET AMOI<br>MISC. CHARG          | INEYMENT  *** SH O1  ***AC TRN:A  ******** NET  275C0  120 V0 3045  12 | OTAL OTAL 20.00 8.00 8.00 8.00 0.00 0.00 8.00 0.00 0.00 0.00                                   |
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Repairs Performed By (List mechanics/team leader and names of any subcontractors):

Names:

Motor vehicle repair practices are regulated by chapter ATCP 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 then in effect, such arbitration shall be held in Wisconsin and judgement upon the reward rendered by the Arbitrator(s) may be entered by any court having jurisdiction thereof.

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