

Saul Clemans

7806 W. Hampton Ave No 1
Milwaukee & W: 53218

RE: Communication from

Saul Clemans

C.I File No. 1032-2025-922

City of Milwaukee
Mil. City Hall Suite 800
200 East Wells Street
Milwaukee, Wisconsin 53202-3551

MEMO THERE

I hope all is well, and I'm requesting that this petition will be forwarded to the right folks i.e. I received the letter concerning my request for damages concerning a vehicle 2025 Nissan Sentra, and I was trying to explain what's going concerning the financial aspect of the purchase. There's a problem with the Dealership [misappropriation] of down-payment for the purchase of a cashiers check in the amount of \$9,000 that the Dealership did not apply for the downpayment. I have

2.)

talked to consumer affairs
[Nissan Consumer Affairs]
in Texas, Dealership did not
apply the down payment check
\$9,000 misappropriation of
the down payment. Also
the listed price for the
Vehicle is \$21,000 and
they charged me \$28,000
I did not think that that
would happen. I was in an
emergency situation. I've
given the Dealership an
additional payments of
about \$4,000 by monthly
payment. We conversed
with Nissan Consumer Affairs
concerning the misappropriation
of the down payment
and that I was unknowingly
[overcharged] for the
Vehicle. I do have an expired
Drivers permit and paper-
rangle in city driving and
road regulation. I think I
know what to look out for
when in a finance situation.
I've plan and made provisions
for age groups, the mental
and emotional toll is
extreme. The financial toll

3)

is extreme. My knee and right hip injury. I have a life long pulmonary (lung) issue and [that's medical pulmonary]. Need to pay rent on time. Can't do no bus or cab. It's costing two and more hundred a month for transport. I'm a year behind on medical appointment. Can't purchase [old medicine cause of transport. The Rain, The Snow, The cold weather, it's impossible to [take care] of basics. It's cold, it's raining, it's snowing, trying to get legal conseil is like trying to walk and a person's feet never touch the pavement. Minor eye injury because the Airbags exploded minor knee and hip damage causing on set of an heart attack

4)

Knee, hip and Eye injury.
Physical collapse and
mental toll
It was the onset of an
heart attack. The first
request for dollar amount
is overly modest \$53,000

Claim Investigation [Adjuster]

EVAN C. GOYKE
City Attorney

MARY L. SCHANNING
ROBIN A. PEDERSON
NAOMI E. SANDERS
JULIE P. WILSON
Deputy City Attorneys



Milwaukee City Hall Suite 800 • 200 East Wells Street • Milwaukee, Wisconsin 53202-3551
Telephone: 414.286.2601 • TDD: 414.286.2025 • Fax: 414.286.8550

May 28, 2025

Mr. Saul Clemons
7806 West Hampton Avenue, Apt. #1
Milwaukee, WI 53218

RE: Communication from SAUL CLEMONS
C.I File No. 1032-2025-922

Dear Mr. Clemons:

This office is in receipt of your notice of claim received on May 5, 2025 in regards to the vehicle damage which occurred on February 1, 2025. This matter has been assigned internally for investigation. As part of our investigation we will be requesting, collecting, and reviewing information from all relevant City departments. We may also request clarification and/or other additional information from you.

Most claims are fully reviewed within ninety (90) to one hundred and twenty (120) days. Upon completion of our investigation we will provide written notice to you.

If we determine that the City of Milwaukee was legally culpable and the amount of damages claim are sufficiently ascertainable and supported by the evidence, a Claims Investigator/Adjuster will contact you to make settlement arrangements.

If we conclude that the claim is not supported by credible evidence of liability or that the extent of the damages cannot be ascertained, we will send written notification advising you that we are recommending denial of your claim and provide additional information concerning the Claims process and your next steps.

Very truly yours,

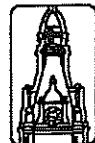
EVAN C. GOYKE
City Attorney

ECG/cdr

KATHRYN Z. BLOCK
THOMAS D. MILLER
PETER J. BLOCK
PATRICK J. MCCLAIN
ANDREA J. FOWLER
JOANNA FRACZEK
HANNAH R. JAHN
MEIGHAN M. ANGER
ALEXANDER R. CARSON
BENJAMIN J. ROOVERS
GREGORY P. KRUSE
ALEX T. MUELLER
ALEXANDER D. COSSI
KATHERINE A. HEADLEY
SHEILA THOBANI
STACY J. MILLER
JORDAN M. SCHETTLE
THERESA A. MONTAG
ALEXANDER E. FOUNDOS
TRAVIS J. GRESHAM
KYLE W. BAILEY
JOSEPH M. DOBBS
WILLIAM K. HOTCHKISS
CLINT B. MUCHE
TYLER M. HELSEL
ZACHARY A. HATFIELD
MEGHAN C. MCCABE
CYNTHIA HARRIS ORTEGA
OLUWASEUN CHRIS IBITOYE
KEVIN P. TODT
NATHANIEL E. ADAMSON
JUSTIN J. DREIKOSEN
Assistant City Attorneys

1032-2025-922/297962





**City
of
Milwaukee**

**DEPARTMENT OF PUBLIC WORKS – TOW LOT
3811 WEST LINCOLN AVENUE, MILWAUKEE, WI, 53215
Ph: (414) 286-2700 – Fax: 414 286 5093
TDD: (414) 286-2025
Email: mketowlot@milwaukee.gov**

Notice Date: 2/3/2025

**CLEMONS, SAUL EDWARD
7806 W HAMPTON AVE # 1
MILWAUKEE, WI 53218**

**TOW NUMBER: 2509003
DATE OF TOW: 02/02/2025
LICENSE NUMBER: X3231L
VEHICLE YEAR AND MAKE: 2025 NISSAN
VIN NUMBER: 3N1AB8BV2SY221097
OFFENSE REPORT FILE NO: 0
REASON FOR TOW: ACCIDENT
TOW ADDRESS: 7216 W Villard Ave, Milwaukee, WI 53218, USA, , , 0**

NOTICE OF TOWED VEHICLE

The vehicle listed above has been towed and impounded and may be reclaimed at the City of Milwaukee DPW TOW LOT located at 3811 West Lincoln Avenue, Milwaukee, WI, 53215

If this vehicle is not claimed within 15 days from the above NOTICE DATE, it may be sold or destroyed by the City of Milwaukee. (If the 15th day is a Sunday or a holiday, you have until the close of the next business day to reclaim your vehicle.) PLEASE ACT PROMPTLY!

You are also responsible for the payment of all towing and storage charges associated with this vehicle. The vehicle reclamation fee is \$150.00 plus \$25.00 per-day for storage. Additional tow fees may apply when special resources are required (i.e. Oversized vehicles). If you fail to pay these fees your vehicle registration may be suspended.

You may obtain your vehicle at 3811 West Lincoln Avenue, Milwaukee, WI, 53215 any time during regular business hours.

The Tow Lot hours of operation are 8:30 a.m. to 4:30 p.m. Monday through Friday and 9:00 a.m. to 1:00 p.m. Saturday. Tow Lot hours will vary on the following holidays: New Years Day, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day and December 31st. Please visit our website (city.milwaukee.gov/mpw/divisions/administrative/parking/ParkingTowing.htm) for holiday hours.

TO RECLAIM YOUR VEHICLE, YOU MUST BRING THE FOLLOWING TO THE TOW LOT:

- A. Vehicle title (must be in owner's name).
- B. A valid driver's license (if you are driving the vehicle from the lot). If you do not have a driver's license, you must have a state-issued picture ID and be accompanied by someone with a valid driver's license.
- C. Proof of current liability insurance for the vehicle to be retrieved. A valid insurance card containing the name of the insurance carrier, insured and vehicle information (make, model, year and VIN).
- D. To retrieve a vehicle on behalf of an owner, you must have the vehicle title, a driver's license or state issued photo ID and be accompanied by someone with a valid driver's license and have a signed, properly notarized letter or release form from the vehicle owner authorizing you to pick up the vehicle. The notarized letter and release form must identify the vehicle by color, make, model, VIN, license plate number and tow number. Insurance companies and tow companies must have a notarized letter or signed release form.
- E. Cash, cashier's check, money order, VISA or MasterCard are accepted for payment. **You are not required to pay for open citations in order to reclaim your vehicle.**

You may reclaim loose or personal property from within the vehicle by presenting proof of ownership and a state-issued picture ID at the tow lot. Personal property in the vehicle will be returned free of charge during posted business hours, but will be destroyed if your vehicle is unclaimed. Your vehicle will be deemed abandoned and destroyed or sold if you remove personal property without making arrangements to pay towing and storage fees.

If you are no longer the owner of this vehicle, or have any questions about this notice, please contact the City of Milwaukee DPW TOW LOT at (414) 286-2700 during the business hours listed above.

To dispute the legality of your tow, you may obtain a review by contacting the Parking Citation Review Manager at 414-286-5085.



OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed at the bottom of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

City Clerk
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

893.80 Claims against governmental bodies or officers, agents or employees; notice of injury; limitation of damages and suits. (1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employee of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employee under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employee; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

608 -

264 -

7447

Dmv

NOTES: J9L 1 RSSPDC

CRASH REPORTS

Crash reports can be requested by contacting LexisNexis or the Wisconsin Department of Transportation (DOT) by using the below methods (to request a crash report you must know the date and a driver's license number for one of the parties involved; or the report number; or the WisDOT document form number):

1. LexisNexis
Online: <https://policereports.lexisnexis.com/>
Support line: (866) 215-2771
2. Wisconsin Department of Transportation
Online: <http://www.wisconsindmv.gov>
Phone: (608) 266-8753

OTHER DRIVER'S INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

INSURANCE COMPANY: _____

IF YOUR VEHICLE WAS TOWED BY OUR
DEPARTMENT CONTRACTOR, IT IS AT THE
CITY OF MILWAUKEE TOW LOT
3811 WEST LINCOLN AVENUE
TELEPHONE (414) 286-2700

YOUR TOW NUMBER: _____

TOW LOT HOURS: MONDAY — FRIDAY 7 a.m. - 6 p.m.
SATURDAY 7:30 a.m. - 3 p.m.

Report Your Crash

When does the law require a crash report?

- Injury of a person;
— or —
- Damage of \$1,000 or more to any one person's vehicle or property;
— or —
- Damage of \$200 or more to state or other government-owned property other than a vehicle.

 If you received a letter from the Wisconsin Department of Transportation stating you were involved in a reportable crash and requesting you to complete a report, you must complete a crash report.

How to report a crash:

1. Go to: wisconsindot.gov/crashreporting
2. You need your driver license number, vehicle identification number (VIN) or social security number, and insurance information.
3. Follow the website instructions to complete your crash report.



To purchase a crash report, go to: <https://app.wi.gov/crashreports>

CHASE

Remitter: SAUL E CLÉMONS

CASHIER'S CHECK

Date 02/27/2024

卷之三

253

Pay: NINE THOUSAND DOLLARS AND 00 CENTS
Order Of: **JOHN CLEMONS**
pay to the

5,000,000,000

Drawn: JPMORGAN CHASE E
Rebecca Guglin

Note:

21

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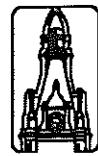
2030815401

St. Morgan Chase Bank, N.Y.
2nd & Capitol
210 W. Capitol Dr.
Milwaukee, WI 53212

809999793000070 >07100288<
DepositEdge(R) BMO Bank NA

8/2/2024
JPKO

Cashed on
8/02/24



City
of
Milwaukee

DEPARTMENT OF PUBLIC WORKS – TOW LOT
3811 West Lincoln Avenue
Milwaukee, WI, 53215
TDD: (414) 286-2700

Payment Receipt

RECORD ID: 2509003

SPACE: M 45

Receipt # R96346



Cashier:

Awarner

Released To Tow Company

ALLSTATE ROADSIDE ASST

Payment Date:

2/4/2025 12:07 PM

VEHICLE INFORMATION

License: X3231L State: Make: NISS Year: 2025 Model: Sentra
VIN # 3N1AB8BV2SY221097 Color: WHITE

Fee	Amount
Storage Fee - Passenger Car	\$25.00
Tow Fee	\$150.00
Grand Total	\$175.00

PAYMENT INFORMATION

Cash	\$200.00
Paid Amount	\$175.00
Change	\$25.00
Due	\$0.00

Sam Channer

CUSTOMER SIGNATURE

1)

CITY OF MILWAUKEE
2025 MAY -5 P 12:33
CITY CLERK'S OFFICE

Saul E. Clomans Jr.
7806 W. Hampton Ave #1
Milwaukee WI 53218

City Clerk
ATT: CLAIMS
200 E. Wells St Room 205
Milwaukee WI 53202-3567

ATTENISON CLERK [CLAIMS]

OFFICE OF CITY ATTORNEY
06 MAY '25 AM08:55

way more serious than what appears on the surface, because of the financial dispute with the dealership concerning a nine thousand dollars that was given to the dealership for the downpayment and the downpayment was never applied. Also considering that the value of the vehicle should have been no more than \$23,000 and I was charged \$28,000 being unaware of the MSP. I do have an expired driving permit. I'm a victim of RECKLESSNESS and I don't know the duties of the police officer at the time of impact but I was at a stop sign at the time the accident occurred and there was no other traffic around. It was the police front ran

2)

bar that cause severe damage to the vehicle which was a 2025 Nissan Sentra causing my knee and hip injury.

Spent all my money for a vehicle and my independence [taken away] in the blink of an eye. I'm not trying to end up in a nursing home and never get out cause a person has to take care of themselves so I planned and made provision's for myself so that I could take care of my medical needs I can't depend on others and independence is a state of

being that we all pray for!

Independence is the state of being free from restrictions on one's life behavior or [others] views freedom to act according to one's own will. There's mental and emotional turmoil because my independence has been taken due to recklessness and it happened ten days after the death of my most beloved friend Ms. Phillipa Thomas and I have to pay funeral cost

3)

and I was trying to contact her family members and try to make funeral arrangements. I'm suffering mental and emotional grief cause how do I pay rent on time or how do I go to CVS for pain medicine. my whole life has been disrupted! Extreme financial hardship.

Can never recover financially during a time of the death of my love one when I was spouse to be trying to contact her family members. Trying to care for me and my friend in a somewhat dignified manner and with my independance gone I can't care for my well being and I fear to be in a nursing home and I did not choose to be a BUM! I'm sick and my transport was for medical needs and things can start to go bad for a person fast. I'm spending \$300 a month for transportation

4)

In order to pay my bills and get medicare, turned me into a BUM without any financial resources. Knock a person off there feet.

The written law states that a crash has to be reported if there's injury of a person or damage of \$1,000 dollars or more to any one person's vehicle or property or damage of \$1,200 or more to state or other government owned property other than a vehicle. Damage to city property and the responsibility to report and person being liable and prison. my freedom was taking away and considering that it was ten days after the death of my beloved friend I felt that I was being coerced to commit suicide and I called the suicide hotline coexisting.

5.)

the question of if a person
coerces another person
to commit suicide there
going to have some responsibility
for that import. I can't care
for myself without a vehicle
and the cost of asking people
for transportation. My freedom
was taken away! My indepen-
dence was strip away in the
blink of a eye. Extreme financial
hardship and my trans-
port was for medical needs.

I'm paying \$40,000 dollars
for a \$21,000 vehicle because
I gave the dealership \$19,000
down payment and the down-
payment was not applied
towards the financing. and
paying for funeral cost at
a time I needed my vehicle to
contact Ms. Thomas family
members all because of
recklessness

6.)

This is a financial situation impacted by recklessness because of police duties not related to me. At the time of this writing I'm paying \$40,000 for a \$21,000 vehicle. So I'm asking for a more than reasonable amount for the total damage of a 2025 Nissan Sentra and the troublesome financing surrounding the [purchase] of the vehicle, and my vehicle was towed and I can't make excuses for not paying the rent on time and other obligations. Please take a close look at the math and I'm only asking a - restitution amount of \$153,000 for the finance and qref. Please have fair mental reasoning! {

7.)

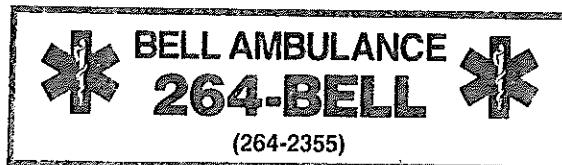
I'm looking at my life's destruction and most of all independence and liberty [guaranteed] under decrees of law. Please consider cause I have no resources to recover. It's raining & it's snowy and I'm out of breath and I got to drag myself. my independence was stolen. I have lung problems I'm seventy one years old and I served and sacrificed for my transportation. I'm not going to wait on the bus!!! The vehicle was for my medical needs

clemonsa10@gmail.com

landline 414 442 5638

8.)

failure to control
Vehicle and recklessness
causing Mental Emotional
and physical and financial
trauma



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

Wisconsin Toll-Free Number:
1-800-545-BELL
(545-2355)



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8901
MADISON, WISCONSIN 53708-8901

Contact Information:

2135 RIMROCK ROAD PO BOX 8901
MADISON, WISCONSIN 53708-8901
ph: 608-264-0345 fax: 608-221-6639
email: SDC@wisconsin.gov
website: revenue.wi.gov

000517

Letter ID I0234536240



SAUL CLEMONS
7806 W HAMPTON AVE APT 1
MILWAUKEE WI 53218-4604

Levy Funds Received

Levy information

Notice date: August 9, 2024

Wisconsin tax number: 1021703740

Amount received: **\$1,050.87**

Why did I receive this notice?

This notice is a receipt for funds the Wisconsin Department of Revenue received in response to the levy it placed on your property to pay your past-due debt. Property includes your bank accounts(s), wages and other income.

This levy is a one-time legal seizure on property to pay an amount due as authorized by sec. 71.91(6), Wis. Stats.

Who did we send the levy to?

RCO CENTRALIZED MAIL, MAIL CODE:
LA4-7200
JPMORGAN CHASE BANK, N.A.
JPMORGAN CHASE BANK, NATIONAL
ASSOCIATION
700 KANSAS LN
MONROE LA 71203-4774

Who should I contact if I have questions?

Compliance Bureau
608-264-0345
SDC@wisconsin.gov



DEPARTMENT OF PUBLIC WORKS – TOW LOT
3811 WEST LINCOLN AVENUE, MILWAUKEE, WI, 53215
Ph: (414) 286-2700 – Fax: 414 286 5093
TDD: (414) 286-2025
Email: mketowlot@milwaukee.gov

Notice Date: 2/3/2025

CLEMONS, SAUL EDWARD
7806 W HAMPTON AVE # 1
MILWAUKEE, WI 53218

TOW NUMBER: 2509003

DATE OF TOW: 02/02/2025

LICENSE NUMBER: X3231L

VEHICLE YEAR AND MAKE: 2025 NISSAN

VIN NUMBER: 3N1AB8BV2SY221097

OFFENSE REPORT FILE NO: 0

REASON FOR TOW: ACCIDENT

TOW ADDRESS: 7216 W Villard Ave, Milwaukee, WI 53218, USA, , , 0

NOTICE OF TOWED VEHICLE

The vehicle listed above has been towed and impounded and may be reclaimed at the City of Milwaukee DPW TOW LOT located at 3811 West Lincoln Avenue, Milwaukee, WI, 53215. If this vehicle is not claimed within 15 days from the above NOTICE DATE, it may be sold or destroyed by the City of Milwaukee. (If the 15th day is a Sunday or a holiday, you have until the close of the next business day to reclaim your vehicle.) PLEASE ACT PROMPTLY!

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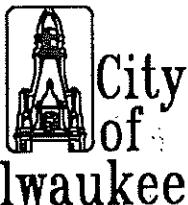
TO RECLAIM YOUR VEHICLE, YOU MUST BRING THE FOLLOWING TO THE TOW LOT:

- A. Vehicle title (must be in owner's name).
- B. A valid driver's license (if you are driving the vehicle from the lot). If you do not have a driver's license, you must have a state-issued picture ID and be accompanied by someone with a valid driver's license.
- C. Proof of current liability insurance for the vehicle to be retrieved. A valid insurance card containing the name of the insurance carrier, insured and vehicle information (make, model, year and VIN).
- D. To retrieve a vehicle on behalf of an owner, you must have the vehicle title, a driver's license or state issued photo ID and be accompanied by someone with a valid driver's license and have a signed, properly notarized letter or release form from the vehicle owner authorizing you to pick up the vehicle. The notarized letter and release form must identify the vehicle by color, make, model, VIN, license plate number and tow number. Insurance companies and tow companies must have a notarized letter or signed release form.
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You may reclaim loose or personal property from within the vehicle by presenting proof of ownership and a state-issued picture ID at the tow lot. Personal property in the vehicle will be returned free of charge during posted business hours, but will be destroyed if your vehicle is unclaimed. Your vehicle will be deemed abandoned and destroyed or sold if you remove personal property without making arrangements to pay towing and storage fees.

If you are no longer the owner of this vehicle, or have any questions about this notice, please contact the City of Milwaukee DPW TOW LOT at (414) 286-2700 during the business hours listed above.

To dispute the legality of your tow, you may obtain a review by contacting the Parking Citation Review Manager at 414-286-5085.



DEPARTMENT OF PUBLIC WORKS – TOW LOT
3811 West Lincoln Avenue
Milwaukee, WI, 53215
TDD: (414) 286-2700

Milwaukee

Payment Receipt

RECORD ID: 2509003

SPACE: M 45

Receipt # R96346

Cashier:

Awarner



Released To Tow Company

ALLSTATE ROADSIDE ASST

Payment Date:

2/4/2025 12:07 PM

VEHICLE INFORMATION

License: X3231L	State:	Make: NISS	Year: 2025	Model: Sentra
VIN #	3N1AB8BV2SY221097		Color: WHITE	

FEE	AMOUNT
Storage Fee - Passenger Car	\$25.00
Tow Fee	\$150.00
Grand Total	\$175.00

PAYMENT INFORMATION

Cash	\$200.00
Paid Amount	\$175.00
Change	\$25.00
Due	\$0.00

Saul Channer

CUSTOMER SIGNATURE

**SignaturePURCHASE®**

NISSAN MOTOR ACCEPTANCE CORPORATION

SIMPLE INTEREST RETAIL INSTALLMENT CONTRACT WITH ARBITRATION CLAUSE - WISCONSIN

BUYER'S NAME SAUL CLEMORS	DATE OF CONTRACT 10-11-2024
BUYER'S RESIDENCE OR PLACE OF BUSINESS 7806 W HAMPTON AVE, Milwaukee, WI	COUNTY Milwaukee ZIP CODE 53218 CONTRACT NO. N/A
CO-BUYER'S NAME AND ADDRESS N/A	COUNTY N/A ZIP CODE N/A

In this contract the words "we", "us" and "our" refer to the creditor (Seller) named below and, after an assignment of this contract, will refer to the assignee of the contract. The words "you and "your" refer to the buyer and co-buyer, if any, named herein. The Seller intends to sell this contract to Nissan Motor Acceptance Corporation ("NMAC"). Seller sells you the vehicle described below on credit. The estimated credit price is shown below as the "Total Sale Price". The "Cash Price" is also shown below. By signing this contract you choose to buy the "vehicle" on credit and agree to pay us the Amount Financed and other charges according to the terms and agreements shown on the face and back of this contract. If this contract is signed by a buyer and co-buyer, each is individually and together responsible for all agreements in the contract.

61289

YEAR 2025	NEW <input checked="" type="checkbox"/>	USED <input type="checkbox"/>	MAKE TRADE NAME NISSAN	CYL. 4	BODY STYLE SEDAN 4-DR	MODEL SENTRA S	ODOMETER READING 15	ID NUMBER 3N1AB88V2SY221097
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CERTIFIED PRE-OWNED PERSONAL, FAMILY OR HOUSEHOLD
 PURCHASED: BUSINESS OR COMMERCIAL AGRICULTURAL

STATEMENT OF INSURANCE

You have the option to obtain the required coverages, and any optional coverages you desire, from a person of your choice and through any insurance company authorized to transact business in Wisconsin, or through existing policies owned or controlled by you.

VEHICLE INSURANCE**Required Coverages**

You are required to maintain insurance on the vehicle for at least collision (\$ **300.00** deductible) and comprehensive (\$ **500.00** deductible), or equivalent coverages, until you pay off this contract.

LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED IN THIS CONTRACT.**CREDIT INSURANCE**

Credit Life Insurance and Credit Disability Insurance are not required to obtain credit and will not be provided unless you sign and agree to pay the additional cost. If you have purchased Credit Life Insurance, it will pay the balance that would be owing if all payments as originally scheduled have been timely made as of the death of the named insured and the cause of death is not excluded, up to a maximum of \$ **N/A**. If you purchase Credit Disability Insurance, it will pay the payments as originally scheduled up to a maximum of \$ **N/A** per month while the named insured is disabled as defined in the policy, subject to the minimum disability period and up to a maximum amount of \$ **N/A**. The policies or certificates issued by the company will more fully describe all the terms and conditions. You have the right to return the policies or certificates issued by the company and recover a refund of the premiums therefor for 10 days following the date of this contract. These coverages are available from **N/A** (name of company) of **N/A** (home address) for the premium shown below.

Type	Term (mos)	Premium
<input type="checkbox"/> Credit Life (Buyer only)	N/A	N/A
<input type="checkbox"/> Joint Credit Life (Buyer and Co-Buyer)	N/A	N/A
<input type="checkbox"/> Credit Disability (Buyer only)	N/A	N/A
<input type="checkbox"/> Joint Credit Disability (Buyer and Co-Buyer)	N/A	N/A

TOTAL CREDIT INSURANCE PREMIUMS: \$ **N/A** 8F*

You want the Optional Credit Life Insurance checked above:

BUYER **N/A** CO-BUYER **N/A**

You want the Optional Credit Disability Insurance checked above:

BUYER **N/A** CO-BUYER **N/A**

OTHER OPTIONAL INSURANCE

Other optional insurance is not required to obtain credit. Your decision to buy or not buy other optional insurance will not be a factor in the credit approval process. It will not be provided unless you sign and agree to pay the extra cost.

N/A **N/A** mos. \$ **N/A**

Type of Coverage **N/A** Term **N/A** Premium **N/A**

Provider Name: **N/A**

DISCLOSURES PURSUANT TO TRUTH-IN-LENDING ACT**ANNUAL PERCENTAGE RATE**

(The cost of your credit as a yearly rate.) **9.99 %**

FINANCE CHARGE

(The dollar amount the credit will cost you.) **\$ 9979.75**

Amount Financed (The amount of credit provided to you or on your behalf.) **\$ 28190.00**

Total of Payments (The amount you will have paid after you have made all payments as scheduled.) **\$ 38169.75**

Total Sale Price (The total price of your purchase on credit, including your downpayment of \$ **0**) **\$ 38169.75**

Payment Schedule. Your payment schedule will be:

NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE
One Payment of \$ N/A	N/A	On N/A
74 Payments of \$ 508.93	508.93	Monthly, Beginning 11-25-24
N/A Payments of \$ N/A	N/A	Monthly, Beginning N/A
One Final Payment of \$ 508.93	508.93	On 01-25-31

SECURITY INTEREST: You are giving a security interest in the vehicle being purchased.

LATE CHARGE: If payment is more than ten days late, you will be charged five percent of the unpaid amount of the payment or \$10, whichever is less.

PREPAYMENT: If you pay early, you will not have to pay a penalty.

See the reverse side of this contract for additional provisions about nonpayment, default, any required repayment in full before the scheduled date and security interests.

ITEMIZATION OF THE AMOUNT FINANCED

1. Cash Price of Vehicle (Incl. Acc.)	\$ 22615.59	(1)
2.	N/A	\$ N/A (2)
3.	N/A	\$ N/A (3)
4. Service Fee	\$ 493.02	(4)
A service fee is not required by law, but may be charged to motor vehicle purchasers or lessees for services related to compliance with state and federal laws, verifications and public safety, and must be reasonable.		
5. Subtotal (1+2+3+4)	\$ 23114.59	(5)
6. Downpayment		

A. Trade-in (Gross Value) \$ **18000.00** (A)

Description of Trade-in:

Yr. **2021** Make **Nissan** Model **SENTRA**
ID Number **3N1AB88V2SY221097** Odometer **69180**

B. Less Trade-in Payoff paid to **Landmark Credit Union** \$ **24902.48** (B)

C. Net trade-in allowance (A-B) \$ **-6902.48** (C)

D. Cash Downpayment at Closing \$ **3583.62** (D)

E. Rebate type (if any) **N/A** \$ **N/A** (E)

F. Other type (if any) **N/A** \$ **N/A** (F)

Address:

TOTAL OTHER OPTIONAL INSURANCE PREMIUMS: \$ N/A 8G**

You want the credit and/or other optional insurance checked above. We will apply for this insurance on your behalf.

BUYER N/A CO-BUYER N/A

GAP AGREEMENT (OPTIONAL)

A GAP Waiver Agreement or a GAP Insurance Agreement is not required to obtain credit and will not be provided unless you sign and agree to pay the cost indicated below.

This GAP Agreement is available from **NATION MOTOR CLUB** (name of provider) of **BOCA RATON, FL** (provider's address).

for the amount shown below. The contract or certificate issued by the provider will more fully describe all the terms and conditions of this GAP Agreement.

Term 75 months Cost \$ 995.00

Buyer and Co-Buyer want this GAP Agreement.

Scot Clancy
Buyer

N/A
Co-Buyer

SERVICE, MAINTENANCE AND RELATED AGREEMENTS

No service contract or maintenance contract is required to purchase or obtain financing for a motor vehicle. These are options which are fully detailed in the contracts or certificates describing them. Please read those documents before signing this contract. If you elect any of these items by signing below, the cost is included in the Amount Financed under this contract. Seller may retain or receive a portion of these amounts.

1. N/A Cost \$ N/A
Deductible \$ N/A Term N/A Months or N/A Miles N/A
2. N/A Cost \$ N/A
Deductible \$ N/A Term N/A Months or N/A Miles N/A
3. N/A Cost \$ N/A
Deductible \$ N/A Term N/A Months or N/A Miles N/A
4. N/A Cost \$ N/A
Deductible \$ N/A Term N/A Months or N/A Miles N/A
5. N/A Cost \$ N/A
Deductible \$ N/A Term N/A Months or N/A Miles N/A
6. N/A Cost \$ N/A
Deductible \$ N/A Term N/A Months or N/A Miles N/A

Buyer and Co-Buyer want: 1, 2, 3, 4, 5, 6.
Buyer N/A Co-Buyer N/A

Signature/DIRECTPAY AUTHORIZATION AGREEMENT (Not required. Please complete and sign if you want this option.)

You agree to let us debit the payments shown in this contract from your account electronically when they are due. The payments will be debited from the Bank or other financial institution listed below. You also agree to let your Bank honor the debit requests. You agree to continue to make your payments until you are notified by us that the debit payment process is engaged. This agreement will be in effect until all the payments have been made. For your last payment, we will provide you with prior notice and explanation of the accrued charges before we debit your account for this payment. You can stop the debits at any time by giving us and your Bank written notice to cancel that allows a reasonable period of time for us to act. You agree that we will not send you paper monthly bill statements. You will be able to view your monthly billing statement electronically by logging in and registering at www.nissanfinance.com. You agree to provide us a voided check that has the E name, branch address and account number so we can arrange the debits.

N/A N/A

SIGNATURE/DATE (BUYER OR CO-BUYER)

SIGNATURE/DATE (BANK ACCOUNT OWNER OR JOINT OWNER IF OTHER THAN BUYER OR CO-BUYER)

BANK NAME

SEE OTHER SIDE FOR ADDITIONAL TERMS AND CONDITIONS, INCLUDING DISCLAIMER OF WARRANTIES, WHICH ARE A PART OF THIS CONTRACT.

Notice Regarding Arbitration: By signing below, you acknowledge that this contract contains an arbitration clause and that you have read it. **READ ARBITRATION CLAUSE ON THE REVERSE SIDE BEFORE SIGNING HERE.**

Buyer signature: Scot Clancy

Co-Buyer signature: N/A

The Annual Percentage Rate May Be Negotiable With The Dealer.
BUYER ACKNOWLEDGES RECEIPT OF A FULLY COMPLETED COPY OF THIS RETAIL INSTALLMENT CONTRACT WITH NO BLANK SPACE
NOTICE TO BUYER (A) DO NOT SIGN THIS BEFORE YOU READ THE WRITING ON THE REVERSE SIDE, EVEN IF OTHERWISE ADVISED
SIGN THIS IF IT CONTAINS ANY BLANK SPACES. (C) YOU ARE ENTITLED TO AN EXACT COPY OF ANY AGREEMENT YOU SIGN. (D) YOU
RIGHT AT ANY TIME TO PAY IN ADVANCE THE UNPAID BALANCE DUE UNDER THIS AGREEMENT AND YOU MAY BE ENTITLED TO A PAYMENT
OF THE FINANCE CHARGE.

Buyer sign here Scot Clancy

Address 7806 N HAMPTON AVE Phone 414-841-1599
Milwaukee, WI 53218 Zip 53218

Seller's Name Four Key LLC dba Bosen Nissan & Kia

Seller may assign this contract and may retain or receive a portion of the Finance Charge.

Co-Buyer sign here N/A

Address 5545 Ziegler 27th Street Milwaukee, WI 53221

Seller's Address 5545 Ziegler 27th Street Milwaukee, WI 53221

By Scot Clancy Title Scot Clancy

608 -

264 -

7447

Dmv

NOTES: J9L 1 RSSPDC

CRASH REPORTS

Crash reports can be requested by contacting LexisNexis or the Wisconsin Department of Transportation (DOT) by using the below methods (to request a crash report you must know the date and a driver's license number for one of the parties involved; or the report number; or the WisDOT document form number):

1. LexisNexis
 - Online: <https://policereports.lexisnexis.com/>
 - Support line: (866) 215-2771
2. Wisconsin Department of Transportation
 - Online: <http://www.wisconsindmv.gov>
 - Phone: (608) 266-8753

OTHER DRIVER'S INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

INSURANCE COMPANY: _____

IF YOUR VEHICLE WAS TOWED BY OUR
DEPARTMENT CONTRACTOR, IT IS AT THE
CITY OF MILWAUKEE TOW LOT
3811 WEST LINCOLN AVENUE
TELEPHONE (414) 286-2700

YOUR TOW NUMBER: _____

TOW LOT HOURS: MONDAY — FRIDAY 7 a.m. - 6 p.m.
SATURDAY 7:30 a.m. - 3 p.m.

Report Your Crash

When does the law require a crash report?

- Injury of a person;
—or—
- Damage of \$1,000 or more to any one person's vehicle or property;
—or—
- Damage of \$200 or more to state or other government-owned property other than a vehicle.



If you received a letter from the Wisconsin Department of Transportation stating you were involved in a reportable crash and requesting you to complete a report, you must complete a crash report.

How to report a crash:

1. Go to: wisconsindot.gov/crashreporting
2. You need your driver license number, vehicle identification number (VIN) or social security number, and insurance information.
3. Follow the website instructions to complete your crash report.



To purchase a crash report, go to: <https://app.wi.gov/crashreports>