

To whom it may concern

Hi, this is Shabana Qureshi writing in regard to the incident on 11/15/21. I was exiting Parnell condominiums and saw a garbage truck stopped. The garbage truck was assisted by two men. One man was throwing the trash into the vehicle and one man was sitting on the driver's side. When I started to surpass the driver took off to the next garbage stop and scratched the front right side of my vehicle.

CITY OF MILWAUKEE  
2022 JAN 26 PM 1:41  
CITY CLERK'S OFFICE

12-14-21

scratch on side car

~~per~~ Sanitation truck

repairs will take 2-3 days.

accident @ 5546 S. 27th

11-15-21

Shabana, Pureshi

5646 S. 275th

Milwaukee, WI 53227

414-793-4426

Accident. 11.15-2,

City Vehicle # 32528

CITY OF MILWAUKEE

2021 DEC 13 PM 12:29

CITY CLERK'S OFFICE

OFFICE OF CITY ATTORNEY  
14 DEC '21 PM 01:16

**DON JACOBS TOYOTA**  
5727 S 27th St, Milwaukee, WI 53221  
Phone: (414) 281-3100  
FAX: (414) 423-2077

Workfile ID: b60186fd  
PartsShare: 6wqSZw  
Federal ID: 39-1288187

**Preliminary Estimate**

**Customer: QURESHI, SHABANA**

**Job Number:**

Written By: ASHLEY WERTSCHNIG

Insured: QURESHI, SHABANA  
Type of Loss:  
Point of Impact: 01 Right Front

Policy #:  
Date of Loss:

Claim #: 3RDPARTY..THECITY  
Days to Repair: *2-3 days*

**Owner:**  
QURESHI, SHABANA  
(414) 793-4426 Cell

**Inspection Location:**  
DON JACOBS TOYOTA  
5727 S 27th St  
Milwaukee, WI 53221  
Repair Facility  
(414) 281-3100 Day

**Insurance Company:**  
CUSTOMER PAY

**VEHICLE**

2019 TOYO RAV4 XLE Premium AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection GRAY

VIN: JTMA1RFV9KD515793  
License:  
State: WI

Interior Color:  
Exterior Color: GRAY  
Production Date:

Mileage In:  
Mileage Out:  
Condition:

Vehicle Out:  
Job #:

**TRANSMISSION**

Automatic Transmission  
4 Wheel Drive

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat

**DECOR**

Dual Mirrors  
Privacy Glass  
Console/Storage  
Overhead Console

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Message Center  
Steering Wheel Touch Controls  
Rear Window Wiper  
Telescopic Wheel  
Climate Control  
Backup Camera  
Intelligent Cruise

**RADIO**

AM Radio  
FM Radio  
Stereo

Search/Seek  
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  
Head/Curtain Air Bags  
Communications System  
Hands Free Device  
Xenon or L.E.D. Headlamps  
Blind Spot Detection  
Lane Departure Warning

**ROOF**

Luggage/Roof Rack  
Electric Glass Sunroof

**SEATS**

Bucket Seats  
Leather Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Fog Lamps  
Rear Spoiler  
Signal Integrated Mirrors

**TRUCK**

Power Trunk/Liftgate

**Preliminary Estimate**

**Customer: QURESHI, SHABANA**

**Job Number:**

2019 TOYO RAV4 XLE Premium AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection GRAY

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER &amp; GRILLE</b>					
2		O/H front bumper				2.6	
3		R&I R&I bumper cover				Incl.	
4	* <>	Rpr Bumper cover w/o park sensors Japan built				1.5	2.0
		Note: PARTIAL PAINT FULL CLEAR					
5		Add for Clear Coat					0.8
6		R&I Lower panel NAM built, w/o LED fog lamp w/o silver molding				Incl.	
7	**	Repl A/M flex add		1	10.00		
8	**	A/M Hazardous Waste Removal		1	5.00		
<b>SUBTOTALS</b>					<b>15.00</b>	<b>4.1</b>	<b>2.8</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			15.00
Body Labor	4.1 hrs @	\$ 60.00 /hr	246.00
Paint Labor	2.8 hrs @	\$ 60.00 /hr	168.00
Paint Supplies	2.8 hrs @	\$ 40.00 /hr	112.00
Subtotal			541.00
Sales Tax	\$ 541.00 @	5.5000 %	29.76
<b>Grand Total</b>			<b>570.76</b>

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.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.



# Crash Champions - Milwaukee

YOUR COLLISION REPAIR TEAM  
 4930 S 6th St., Milwaukee, WI 53221  
 Phone: (414) 481-7576  
 FAX: (414) 481-7715

Workfile ID: 1be893be  
 PartsShare: 6wqH23  
 Federal ID: 47-1529314

## Estimate

### RO Number:

Customer: Qureshi, Shabana Insurance: CUSTOMER PAY Adjuster: Phone: Claim: Loss Date: Deductible: Estimator: Cindy Bojcevski Create Date: 11/15/2021  
 (414) 793-4426

2019 TOYO RAV4 XLE Premium AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection

VIN: JTMA1RFV9KD515793 Interior Color: Mileage In: Vehicle Out:  
 License: State: WI Exterior Color: Mileage Out:  
 Production Date: Condition: Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		<b>FRONT BUMPER &amp; GRILLE</b>						
2	E01	Overhaul	O/H front bumper			OEM	2.6T	Body	
3	E01	Repair	Bumper cover w/o park sensors Japan built				3.5T	Body	3.0T
4	E01		Add for Clear Coat						1.2T
5	E01	Remove/Replace	Add for fog lamps			OEM	0.3T	Body	
6	E01		<b>MISCELLANEOUS OPERATIONS</b>						
7	E01	Sublet	Hazardous waste removal	1	5.00T	Other			
8	E01	Refinish	Color tint / color match						0.5T
9	E01	Remove/Replace	Flex additive	1	10.00T	Other			

Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					10.00
Sublet/Miscellaneous					5.00
Labor, Body			62.00	6.4	396.80
Labor, Refinish			62.00	4.7	291.40
Material, Paint			42.00	4.7	197.40
<b>Subtotal</b>					<b>900.60</b>
Sales Tax					49.53
<b>Grand Total</b>					<b>950.13</b>
<b>Net Total</b>					<b>950.13</b>

Estimate Version	Total \$
------------------	----------

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Painless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

Estimate

RO Number:

2019 TOYO RAV4 XLE Premium AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection

Original	950.13
Insurance Total \$:	0.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	0.00
Customer Total \$:	950.13
Received from Customer \$:	0.00
Balance due from Customer \$:	950.13

How did you hear about us? \_\_\_\_\_ Are you a repeat customer? Y N  
Insurance Agent \_\_\_\_\_ Phone # \_\_\_\_\_

REMOVAL OF PRIVATE PROPERTY:

I acknowledge I have removed all personal belongings from the vehicle prior to drop off. Crash Champions will not be responsible for any missing or damaged personal items in the vehicle.

\_\_\_\_\_ Customer initials

COMMUNICATION PREFERENCE:

Our goal is to provide you with updates throughout the repair. What is the best way to keep you updated? Text Email Phone calls Enter contact info here: \_\_\_\_\_

How often would you like an update on repairs? M-T-W- TH-F (please circle your preference(s))

X \_\_\_\_\_ Customer initials

For Texting: By signing below, I authorize Crash Champions Collision Centers to contact me by SMS text message to serve me better. I understand that message/data rates may apply. I may opt-out of receiving these communications from Crash Champions Collision Centers by texting 'STOP'.

X \_\_\_\_\_

VEHICLE SCAN AUTHORIZATION:

\_\_\_\_\_ (initial) I accept having a pre and post-repair diagnostic scan performed on my vehicle, if suggested or required. In some instances, insurance coverage may not be determined until after the diagnostic scans are performed. Data privacy - In the process of performing a diagnostic scan, Pacific Elite / Crash Champions will collect important historical vehicle data, including in some cases, the date, time and mileage of when a DTC was created. This information clarifies if a problem is accident related or pre-existing. It is possible this information will be shared with your insurance company. Your acceptance of this procedure grants Pacific Elite / Crash Champions permission to share this information with others, including your insurance company. No personally identifiable information is collected during the pre or post-repair scan. Information may be shared with our sublet vendors who agree to be bound by the same terms and conditions of this waiver.

\_\_\_\_\_ (initial) I decline having a pre and post-repair diagnostic scan performed and recognize that certain and necessary repairs may not be detected. I acknowledge that pre and post-repair diagnostic scans were recommended by Pacific Elite / Crash Champions and the need for them was explained to me. I understand Pacific Elite / Crash Champions will not be held liable for any safety-related items not detected during the repair process as a result of not having performed these scans. I also understand certain systems may not function correctly, or at all, following the repair. I release Pacific Elite / Crash Champions from all liability for any pre-accident issues, hidden damage or post repair malfunctions that would have been discovered in the course of performing the declined scans.

RENTAL CAR

Y N Company \_\_\_\_\_ Date customer received rental \_\_\_\_\_

POWER OF ATTORNEY

By signing this invoice, I hereby authorize Crash Champions Collision Centers to act as a "Power of Attorney" in signing any drafts or checks that are related to this claim

ACCEPTABLE METHODS OF PAYMENT:

Deductible of \$ \_\_\_\_\_ will be collected when vehicle is picked up. We accept Debit, Visa, Master Card, Discover or Money Order. Customer or immediate family (I.e. Spouse or parent) transactions only. No third party transactions. NO personal checks or CASH. Methods of payment have been explained to me. \_\_\_\_\_ Customer initial

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mecl Mechanical, Ref = Refinish, Struc = Structural

**Estimate**

---

**RO Number:**

2019 TOYO RAV4 XLE Premium AWD 4D UTV 4-2.5L Gasoline Port/Direct Injection

**AUTHORIZATION TO DISASSEMBLE VEHICLE FOR INSPECTION:**

I hereby authorize Crash Champions Collision Centers to disassemble the ( \_\_\_\_\_ ) damaged area of the stated vehicle for the purpose of inspecting and estimating the cost of repairs. I understand there will be a cost of \$ \_\_\_\_\_ for disassemble, inspect, report and reassemble in the event that the vehicle is not repaired at Crash Champions Collision Centers. If I choose not to have the vehicle repaired, Crash Champions Collision Centers will attempt to reassemble the vehicle at no cost other than the \$ \_\_\_\_\_ listed above. I understand that in some cases a vehicle may not be able to be reassembled due to the fit of the damaged parts. If Crash Champions Collision Centers determines that the vehicle can be reassembled in the damaged condition, the reassemble process will be completed within \_\_\_ days from the time the vehicle owner signed this authorization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO REPAIR VEHICLE:**

I hereby authorize Crash Champions Collision Centers to perform the repairs documented on this Estimate for the above stated vehicle and understand that I am responsible for Payment in Full. I understand that some repairs may require additional services be performed by vendors other than Crash Champions Collision Centers. I hereby authorize Crash Champions Collision Centers to utilize these vendors in the repair process of the above stated vehicle. I hereby authorize Crash Champions Centers to operate this vehicle for the purpose of testing, inspecting and transporting to additional vendors (sublet). All parts used in the repair process will be Original Equipment (O.E.M) parts, unless stated otherwise.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Rema Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural



414-708-2989

Paul Bartoshevich

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 employe 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 employe 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 employe; 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.

To File A CLAIM with The **CITY OF MILWAUKEE**

You will need the following information

DATE of Incident 11-15-21

"City" Vehicle Number 32528

CITY CLERK'S OFFICE  
2022 JAN 26 PM 1:41  
CITY OF MILWAUKEE  
103020211495  
Parsien  
414-286-2602

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 on the reverse side 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.
3. As detailed a description of the incident as possible, including the date, time and place. Include the "City" vehicle #.

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.

