NILO W20328 Wilshire Dr. Jackson, W1 53037 414-551-1235 07 MAY '24 ANOB: 39 Location: Alley 5449N584Street Milw 53218 Involing: City of Milwackee Garbage truck Reported to City of Milwaukee Supervisor: From Armstrong made written report Location where car was parked: 5443 N.58 MSL. Milwaukee 532 B mg mams parking slab. I'm not a residence of Milwaukee, I was at this address visiting. On this day Milwauxee garbage track collected 3 trash container and put them into the back of thetruck, when the load was compressed there was an explosion. One of the 3 trash containers had a possible helium tank inside. There was trashall over the allen, which steel baking pan hit immediately, so I could drive the rac ACUITY

800-242-7666 CLAIMS GLASS CLAIMS

893,80 Claims against governmental bodies or officers, agents or employes; 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 attomey 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 lire 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 fo	ollowing	information
----------------------	----------	-------------

OFFICE OF CITY AT 07 MAY 197

ipt.
414-
784
250

DATE of Incident 411 24

"City" Vehicle Number 39578

GREAT AVAILABLE

888-800-4527





**Location Information** 

Safelite 10708 W ORCHARD ST WEST ALLIS, WI 53214 414-475-1700

**Deductible - Invoice Rebill** 

05181-263763

Technician 01867-464

Inv Date: 4/29/2024 CTU WO: 552864 Org Invoice: 263551

Installation Completed: 4/19/2024 10:13 AM 349-01867-464-552864-T

TONY ETTMAYER

**Account Information** 

CONSUMER PARENT 92273 - 085080 --

Primary:

414-551-1235

Policy #:

Alternate: 414-551-1235

Claim #:

PO#/Ref:

Ath/Ver:

Loss Loc:

Loss Date/Cause:

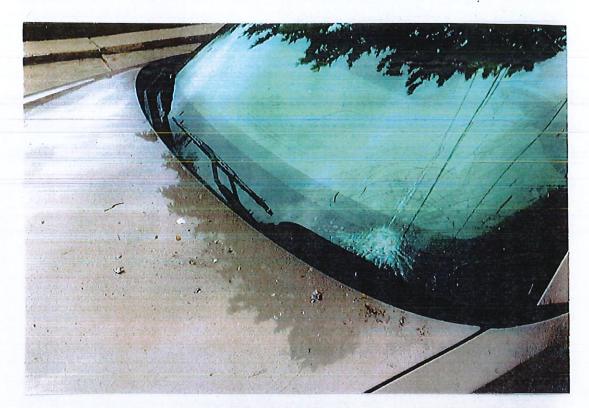
															LO	33 IV	are/ c	ause,				
Year	Make		Model								Body Style							Mileage	License		State Stock	#
2006	6 BUICK LACROSSE 4 DOOR SEDA				DAN	١	464.00 297SPV			WI												
Vehicle II	2#: 2	G	4	W	D	5	8	2	0	6	1	3	1	1	4	9	9	Service L	ocation:	InShop		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Qty	Part	Ħ								Li	st			Sel	ling			Labor		Kit	Material	Extension
1	DW0	DW01607 GBY				\$360.00						\$60.00 \$0.00		\$0.00	\$420,00							
Replace v	vith nev	v - S(	OLA	R~A	cou	ISTIC	INT	ERL.	AYEF	₹												
1	RECY	CLE FEE \$0.0				0.00			\$39.99	\$	0.00	\$0.00	\$39.99									
Replace v	vith nev	v - R	ECY	CLE	FEE																	
								ere if replaced p			<del>diminikasi sarasa sa</del>	ransandi Managama ya masama na rasana kata masa ka										

render	mormation	1			Part Sub Total:	\$360.00
Type Card Type Credit VS	Account xxxx-xxxx-xxxx-1040	Auth Cade 04867C	Amount \$487.13	Labor Sub Total: Sub Total:	\$ <del>9</del> 9.99 \$459.99	
					Sales Tax:	\$27.14
					Total	\$487.13
					Total Balance Due	\$0.00
Original Est	lmate: \$487.13	l authorize Safe	lite AutoGlass t	o provide the a	above-referenced goods and services and to justall glass and related parts that ar	'e

manufactured by Safelite AutoGlass or another aftermarket manufacturer. Subject to completion of the work, I assign Safelite AutoGlass any claim that I have under my insurance policy to recover, and authorize my insurance company to pay to Safelite AutoGlass, the balance due. If said amount is not paid in full by my insurance company, I agree to pay

Customer's Signature:		Date:					
If your check is unpaid for insufficient or uncollected funds, we may electronically debit your account for the principle check amount and a service fee as allowable by law. You have right to select the repair facility of your choice.							
Revised Estimate:	Reason:		Additional Cost:				
Authorized by:	Phone:	Date:	Time:				
Amount to collect from Customer: \$0.00	Tender:	***************************************					
Lot #: d243o1vudb	#AT 1000 AT 10		Safe to drive after: AM PM				

Adhesive Brand: DuPont Product Name: 4 DuPont APEX





Notice Harbage on Hood frank your

> Baking som skat fit Windsheld



Notice Bashing pan On ground newst to

.

-