

6. PROPERTY DAMAGE DETAILS

A. AMOUNT OF CLAIM FOR PROPERTY DAMAGE \$286.65

DO YOU HAVE HOMEOWNER'S INSURANCE _____

B. IF MOTOR VEHICLE DAMAGE IS CLAIMED, STATE YEAR, MAKE AND MODEL OF VEHICLE

2017 NISSAN ALTIMA

OWNERS NAME AND ADDRESS MICHAEL WILLET (JESSICA)

STATE WHETHER OR NOT VEHICLE WAS COVERED BY COLLISION INSURANCE yes IF YES, NAME COMPANY AND AGENT

BOYER INS (NATIONWIDE)

C. ATTACH ESTIMATES OR RECEIPT(S) OF COST IN CONNECTION WITH THE ABOVE CLAIM (VEHICLE OR PROPERTY). ESTIMATES OR RECEIPT(S) MUST BE FILED WITH CLAIM OR CLAIM CANNOT BE PROCESSED.

7. WHERE ARE YOU EMPLOYED USPS

HOW LONG EMPLOYED ABOVE 12 yrs

8. IF CLAIM IS FOR BODILY INJURY, STATE THE FOLLOWING:

A. NATURE OF INJURY _____

B. WERE YOU HOSPITALIZED _____ IF SO, WHERE _____

AND FOR HOW LONG _____

C. WERE YOU ATTENDED BY A PHYSICIAN (IF YES) WHO _____

PHYSICIAN ADDRESS _____

D. AMOUNT CLAIMED FOR BODILY INJURY DAMAGES _____

9. DO YOU KNOW WHETHER OR NOT THE CITY HAD BEEN NOTIFIED OF THE CONDITIONS OR CIRCUMSTANCES CONCERNING ANY STREET OR SIDEWALK DEFECT WHICH MAY HAVE BEEN INVOLVED IN THE INCIDENT WHICH GAVE RISE TO YOUR CLAIM PRIOR TO THE TIME OF OCCURRENCE OF SAID INCIDENT, IF YES GIVE DETAILS:

No

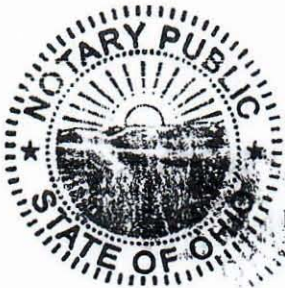
THE UNDERSIGNED Michael R. Winert BEING FIRST DULY CAUTIONED AND SWORN DEPOSES AND SAYS THAT HE OR SHE HAS READ THE INFORMATION CONTAINED IN THE FOREGOING STATEMENT OF CLAIM AND THAT THE SAME IS TRUE.

[Signature]
SIGNATURE OF CLAIMANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF

Feb, 2019.

[Signature]
NOTARY PUBLIC



KENNETH BONNELL
Notary Public, State of Ohio
My Commission Expires April 29, 2020

MUFFLER & TIRE CENTER, INC
 26 N. 6TH ST.
 ZANESVILLE, OH 43701
 p.(740) 452-0099
 f. (740) 452-0690

Invoice

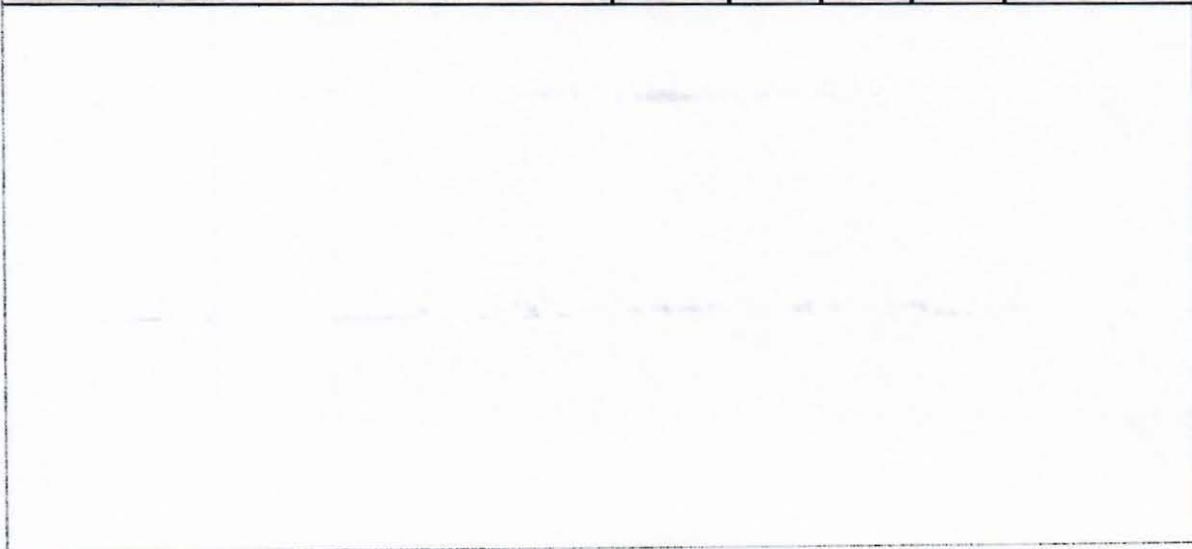
Number 13445
 Date 2/18/2019

Bill To MIKE WILLETT
 740-562-9111
 4945 CLIFFROCK DR.
 ZANESVILLE, OHIO, 43701
 USA

Ship To MIKE WILLETT
 740-562-9111
 4945 CLIFFROCK DR.
 ZANESVILLE, OHIO, 43701
 USA

PO Number	Sales Rep	Vehicle	VIN	Mileage
	SUMMER	2017 NISSAN ALTIMA		16,870

Description	Quantity/H	Price Ea	Sales T	Haz Tax	Amount
235/45/18	1.00	\$260.00	✓	✓	\$260.00
CHECK FRONT END					



Amount Paid	\$0.00
Discount	\$0.00
Amount Due	\$286.65

Sub Total	\$260.00
Sales Tax 7.25% on \$260.00	\$18.85
Hazmat Tax 3.00% on \$260.	\$7.80
Total	\$286.65

