the Public Access area of the Erie County Water Authorities website which can be accessed by the General Public.

C-1

NOTICE OF CLAIM FORM

ERIE COUNTY WATER AUTHORITY 295 Main Street – Room 350 BUFFALO, New York 14203-2494 (716) 849-8465

Claimant(s) Name Thomas Wiktorski										
Addre	ss		NY 142	25	Cell Phon	e#	V			
Email Address							lome Pho	one#	7	
Accident / Damage / Injury By Location Dr. Snydon NY 14226										
Date of Incident		Feb	127 903		rime of Incid			1/:00	a.m / p.m.	
Police Contacted?			Yes /No	F	Police Report Taken?			Yes (No		
Name of Police Agency										
PROPERTY DAMAGE CLAIMS ONLY If this is not your property, give the name and address of the owner: N/A if not applicable										
Name Name										
Addre	ss					Zip Code				
Home	Phone #				Work Phone #					
PLEASE ATTACH ESTIMATES										
	Repair Estimates \$		\$				\$			
PROPERTY DAMAGE AND PERSONAL INJURY WITNESSES										
Name)] A			Name							
Address	5	V)			Address					
Phone					Phone					

Attach copies of Medical bills once submitted to health insurance or automobile insurance.

ONLY PROVIDE COPIES OF THE MEDICAL BILLS. DO NOT PROVIDE MEDICAL RECORDS WITH THIS CLAIM FORM.

Claimant's Statement (please print legibly and be specific):

On Saturday, Feb. 1st 202	5, at 11:00 AM I was
driving south on Lamarck	
Snyder, N.Y. There was snow	
felt a Severe Jolt and Stopped	
wife "what did we hit?" After	
I got out of the car and	
Lamarck Dr. to See we	
Sinkhole.	
A man was standing i	n the next yard, and
told me Ec water Author	
a repair. There were no con	
Street to warn drivers of the	
I drove home, called the	
Spoke to an employee and	
occured at &7 Lamarck Dr.	
me I prohably hit a sinkh	
would send someone to the	scene to evaluate the
Situation.	
Sunday morning, Feb. 2, 202	5 at 1:45 AH, I was
driving North on Lamarck	Dr. and passing 87 Lamarek B
and noticed fresh blackto	
All statements herein are made under penalty of perjury.	Add Additional Pages if necessary
_	1 - 00
Date: 2-22-25	Chomo Withooki
, = , ., .	Chambant & Orginature
TATE OF NEW YORK) ss:	
COUNTY OF ERIE)	
On this Maday of February, 2025 before me, the under	signed, personally appeared, Thomas Weting

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and representative of the instrument on the instrument state of the person upon benalf of which the individual acted, executed the instrument.

Reg. No. 01WO0028360

Qualified in Erie County

Commission Expires 8/30/2028

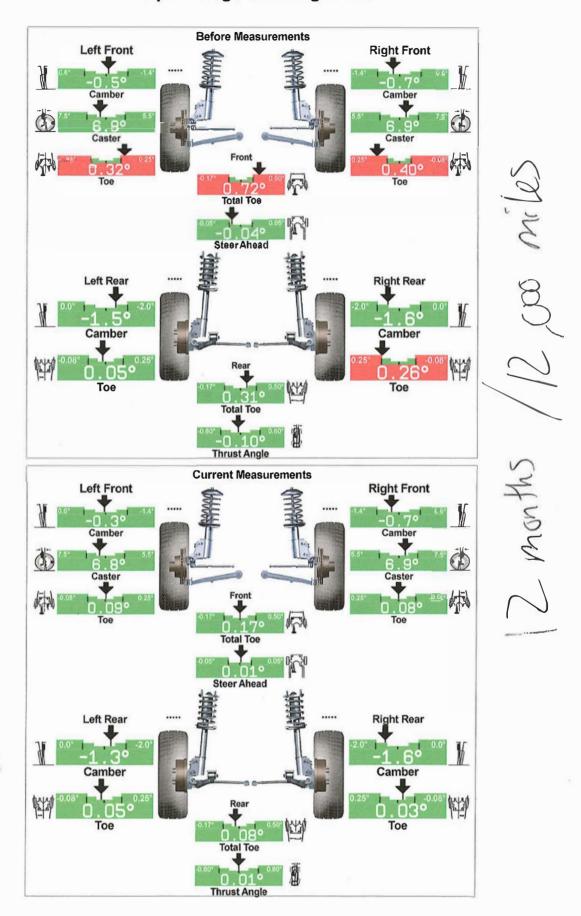
Notary Public

2

Claimant's Statement (please print legibly and be specific):

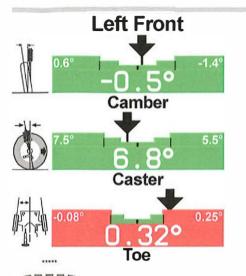
On Monday, Feb, 3, 2025, I called the Highway
Superintendent, and left a message for Mr. Floss
to call to discuss the situation. Later that
day of Feb. 3, I drove by 87 Lamanck Dr
and noticed the area had been repaired
and barricated
- Oh Feh 4 at approximately 2:00 PM, Mr. Floss
returned my call as I was waiting at Dunn Tire to
get my can inspected for damage and 4wheel
alignment. I was told by Mr. Floss they had
made a temporary repair on Saturday and if I
was looking to be reimbursed for damages, I
would have to contact the Ec. Wate Authority
and file a claim.
I spoke with Molly Jo Mysarra, who sent the Claim form.
The Claim form.
- Fam requesting reimburgement of \$2/2.04
The Wall
Thank you.
All statements herein are made under penalty of perjury. Add Additional Pages if necessary
Date: 2-22-25 Claimant's Signature
STATE OF NEW YORK) ss:
COUNTY OF ERIE)
On this me day of february, 2021 before me, the undersigned, personally appeared, hence Willowship personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is
personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that
by his/her signature on the instrumentation of the wide of the person up on behalf of which the individual acted, executed
the instrument. Reg. No. 01WO0028360 Qualified in Erie County
Commission Expires 8/30/2028 Notary Public

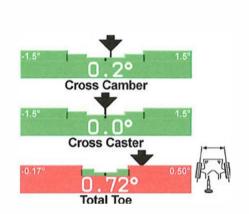
Mazda: CX-5: 2013-16: All Wheel Drive ExpressAlign Total Alignment

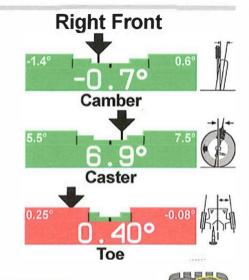


Mazda: CX-5: 2013-16: All Wheel Drive **ExpressAlign Total Alignment**

Before Measurements







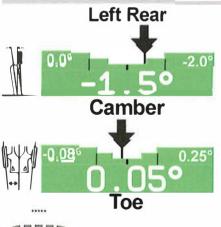




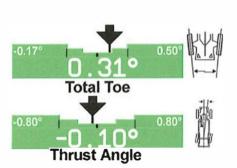
Excessive Toe causes scuffing, shoulder wear and poor fuel economy.

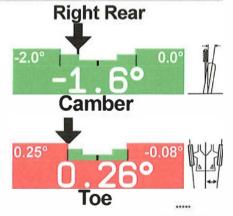














Invoice 4008730 02/04/2025

Dunn Tire - Amherst # 9507

Facility # 7132504 - 3424 Sheridan Drive Amherst, NY 14226 716-837-0001 Tax Number # 93-3417342

Work Order 3011750

THOMAS WIKTORSKI 468 LAMARCK DRIVE 468 LAMARCK DRIVE CHEEKTOWAGA, NY 14225

Date:

02/04/2025

Vehicle In:

02/04/2025

Vehicle Out:

1:47:01 02/04/2025 2:44:30

Mobile Number:

Phone Number: Date Required:

Vehicle Year/Make: 2016 / Mazda

Vehicle Model: CX-5

2.5L GAS DOHC Vehicle Engine:

Location: Operator: 9507

Thomas Sternin

VIN:

Account:

Vehicle Color: Mileage In/Out: License/State:

83839/83839 KRE1168 / NY

Fleet Unit Number:

MFG Code	Product	Description		Quantity	Unit Price	Unit Labor	Line Total
LAB	DMSI	DIGITAL MAINTENANCE ANI	D SAFETY	1.00	0.00	0.00	0.00
	FREE \$39.99 \	VALUE					
LAB	VEHEVAL	VEHICLE EVALUATION		1.00	0.00	45.00	45.00
	HIT A LARGE	THING IN THE ROAD (HOLE IN	ROAD) RIG	GHT SIDE OF	CAR		
LAB	ALIGNCHK	WHEEL ALIGNMENT CHECK	<	1.00	0.00	0.00	0.00
LAB	ALIGN	WHEEL ALIGNMENT		1.00	0.00	99.99	99.99
LAB	SASCALIB	STEERING ANGLE SENSOR	₹	1.00	0.00	49.99	49.99
		CALIBRATION					
Signa	ture:				Sale	Parts Total Labor Total Sub Total es Tax (8.75%)	0.00 194.98 194.98 17.06
					Visa - Am	ount Remitted	212.04
	Taxab	0.00 le Amount 194.98			Total Dep	osits on Order	0.00

Invoice Total 212.04

Invoice 4008730 02/04/2025

Dunn Tire - Amherst # 9507

Facility # 7132504 - 3424 Sheridan Drive Amherst, NY 14226 716-837-0001 Tax Number # 93-3417342

Work Order 3011750

REVISED ESTIMATE AUTHORIZATION(S)

Authorized By: Kelly Kazmierczak

Date: 02/04/2025

Contact:

THOMAS WIKTORSKI

ADD. AMT: 48.94

Time: 13:47

Previous EST: 0.00

REV EST: 48.94

Work Authorized:

Approved By:

Verbal Authorization

Authorized By: Thomas Sternin

Date: 02/04/2025

Contact:

THOMAS WIKTORSKI

ADD. AMT: 163.10

Time: 14:26

Work Authorized:

Previous EST: 48.94

REV EST:

212.04

Approved By:

Verbal Authorization

Authorized By: Thomas Sternin

Date: 02/04/2025

Contact:

Verbal Authorization

THOMAS WIKTORSKI

ADD. AMT: 0.00

Time: 14:44 Work Authorized:

Approved By:

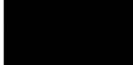
REV EST: 212.04

AID:

Application:

Source:

Card Number:



Previous EST: 212.04



9589 0710 5270 2558 4699 78

Retail



RDC 99



14203

J.S. POSTAGE PAI FCM LETTER BUFFALO, NY 1422 FEB 22, 2025

\$5.86

S2324P505744-07

Erie County Frater authority 295 main Street Krom 350 attn: Claire Unió Biffals, how York 14203