



**Department of  
Transportation**

**C-4**

**KATHY HOCHUL**  
Governor

**MARIE THERESE DOMINGUEZ**  
Commissioner

**ERIC MEKA, P.E.**  
Regional Director

June 11, 2025

**ERIE COUNTY WATER AUTHORITY**

3030 Union Rd.  
Cheektowaga, NY 14227  
Att: CLAIMS

Re: Damage Claim: vehicle damage – Sheridan Drive – John Brennan  
Date of Loss: March 27, 2025

**ECWA Claims:**

Enclosed, I am forwarding a claim for damages for a Mr. John Brennan. He is claiming vehicle damage from hitting a water box on Sheridan Drive here in Region 5- Buffalo.

The claim details a tire damage from hitting a 'water box' that caused damage to his tires. In consultation with our Maintenance Supervisors it seems we have not had complaints regarding any manhole covers or drainage we are responsible for.

Please correspond directly with the claimant in this matter, and kindly forward a copy of your response to my attention at the address below.

Paul Uebelhoer  
Region 5 Claims  
100 Seneca Street  
Buffalo, NY 14203  
(716)847-3173  
[paul.uebelhoer@dot.ny.gov](mailto:paul.uebelhoer@dot.ny.gov)





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PLEASE BE ADVISED THAT YOUR CLAIM MAY BE REJECTED IMMEDIATELY FOR THE FOLLOWING REASONS:

- I. NYSDOT is not authorized to process small claims involving personal injury. Only property damage claims under \$5,000 will be processed.
- II. Pursuant to Section 58 of the New York State Highway Law, NYSDOT is NOT liable for damages suffered from defects in state highways between November 16<sup>th</sup> to April 30<sup>th</sup>. If you are filing a claim for damage from a road defect within this timeframe, NYSDOT may decline to process the claim.
- III. If you fail to submit a complete claim form and/or provide all necessary documentation, your claim will not be processed. Small Claims MUST include the damaged property owner's information and the signature of the owner or their agent on the attestation.
- IV. Small Claims MUST be submitted within 90 days of the incident. If you file an untimely claim, it may not be processed. Please note that submission of a Small Claim is NOT proper and timely service of notice of an action against the State of New York.
- V. You must submit only ONE claim per form. If you submit a form with multiple claims (meaning damage that occurred from multiple incidents), it will not be processed.

## 1. DATE OF PROPERTY DAMAGE

Date	3/27/2025	Time	19:24
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## 2. PROPERTY OWNER (CLAIMANT)

- Small Claims are an owner's request for reimbursement of damages and, therefore, MUST be filed by the owner, or by an agent thereof, of the subject property. The owner, or agent thereof, MUST sign and date the attestation.

Claimant Name JOHN BRENNAN			
Street Address 4545 CHESTNUT MIDDLEBURY AVE	City AMHERST	State NY	Zip Code 14228
Email Address [REDACTED]	Phone Number 716-[REDACTED]		

## 3. INSURANCE CARRIER

Insurance Carrier GEICO	Policy No. [REDACTED]
Have you filed a claim with your insurance carrier OR have you received, or expect to receive, any payment from your insurance carrier related to this incident? (Circle Yes or NO)	YES <input checked="" type="radio"/> NO

(If YES, this claim MUST be submitted by the insurance carrier in accordance with its "Right of Subrogation.")



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## 4. INCIDENT LOCATION

- Small Claims **MUST** be submitted with sufficient information to identify the exact location of the incident and the circumstances causing damage. Utilize online mapping services, when necessary. Incomplete or conflicting information may prevent your small claim from being processed.

County <i>ERIE</i>	Town/City/Village <i>AMHERST</i>	Route No./Highway Name <i>SHERIDAN DR.</i>
Direction of Travel (e.g. N, S, E, W) <i>EAST</i>	Location in Highway (e.g. HOV, left/center/right lane, shoulder, roadside, etc.) <i>LEFT LANE</i>	
Distance and Direction from Landmark (e.g. 100 ft west, 1/4 mile before, etc.)	Nearest Landmark (e.g. Reference Marker, Address, Intersection, Business, etc.) <i>NORTH TOWN MAZDA</i>	
Were NYSDOT forces working at this location at the time of the incident? (Circle Yes or No)		YES NO

## 5. DETAILS OF THE INCIDENT

- Describe the circumstances of the incident below including the cause of the incident.

<i>MALED WATER BOX IN LEFT LANE</i>
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## 6. STATE VEHICLE/EQUIPMENT INVOLVED (if any)

Type of Vehicle/Equipment	License Plate No.	Name of Operator (if known)

## 7. DAMAGED PROPERTY

- MUST** include pictures of the damages to said property.
- MUST** include a police report if one was issued.
- MUST** include one (1) paid bill for completed repairs of the damage and proof of payment **OR** if the repairs have not been completed, the submission **MUST** include two (2) repair estimates from independently established businesses.



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VEHICLE	Year	Make	Model	Color
	2010	AUDI	A5 QUATTRO	WHITE
DESCRIPTION	License Plate	State of Registration	Mileage/Hours	
	[REDACTED]	Ny	78,500	
Describe and list damaged items:				
2 FLAT TIRES FRONT-NEAR RIGHT SIDE				
<b>TIRE CLAIMS ONLY</b> (Only claim the value of the damaged tire repair or replacement. NYSDOT cannot approve claims for the value of any undamaged tire replacements, wheel alignments, tire rotations, vehicle towing, Uber/Lyft, etc.)  <u>The repair invoice or estimates MUST include a statement from the established business(es) confirming that the tire could not be repaired.</u>			Was your tire covered by a replacement policy? (Circle answer)  YES  NO	
<b>VALUE OF DAMAGES CLAIMED</b> (Provide required pictures and supporting bills/estimates as stated above)			\$ 1,136.00	

## 8. NOTICE

- Please provide information on when you contacted NYSDOT to provide notice of the alleged condition that caused the claimed damages.

Date	Time	Method (i.e., telephone, e-mail, filing of this claim)
Name of NYSDOT Contact		
POLICE CONTACTED		

## 9. ATTESTATION

THE UNDERSIGNED IS THE OWNER, OR AN AGENT THEREOF, OF THE SUBJECT PROPERTY AND UNDERSTANDS THAT FALSE STATEMENTS MADE IN THIS FORM ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW. ACCORDINGLY, AND WITH NOTICE OF THE FOREGOING, I HEREBY AFFIRM THAT ALL OF



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THE STATEMENTS CONTAINED IN THIS FORM ARE TRUE, UNDER PENALTY OF PERJURY,  
ON 14<sup>th</sup> April 2025 (date).

Claimant Name (please print): JOHN BRENNAN

Claimant Signature: \_\_\_\_\_

A handwritten signature in dark ink, appearing to read "John Brennan", written over a horizontal line.

**ATTENTION:** Small Claim submissions do not guarantee reimbursement for damages. Each processed submission is investigated, and liability evaluated, based on the facts and circumstances of the specific incident and location.

REC'D APR 18, 2025

(P64)

**AMHERST POLICE**  
**Complaint Information**



**Complaint# 25-013203      Date Received: 03/27/2025      Source: PHONE**

**Dispatch Code: 4811      Description: ROAD OBSTRUCTION      Call Type: POLICE**

**Street: 3920 SHERIDAN DR      Dispatch District:103**

**Cross Street:      Municipality: AMHERST**

**Business: NORTHTOWN MAZDA      Call Back:**

**Times:**  
**Received: 03/27/2025 19:24:27**  
**Dispatched: 03/27/2025 19:27:01**  
**Arrived: 03/27/2025 19:35:44**  
**Completed: 03/27/2025 20:05:21**

**Received By: YARD, CORRINE M (639)      Dispatcher: DIBLASI, DEANNA M (626)**

**Report (follow up):**

<b>Officers:</b>	<u><b>Name</b></u>	<u><b>Badge</b></u>
	DOMBROWSKI, JULIA M	075
	CAPUTI, JAMES T	069

**Disposition Codes:**  
Radio Sheet

**Associated Persons:**

Complainant - BRENNAN, JOHN DOB: [REDACTED]  
[REDACTED] AMHERST  
Home Phone: [REDACTED]

**Remarks:**

03/27/2025 19:24:25 ALL 639	SEWER COVER STICKING UP NEEDS TO BE PUT BACK ON GAVE SOMEONE A FLAT
03/27/2025 19:38:13 ALL 626	NITTEC NTFD
03/27/2025 19:52:10 AMH 075	CMP STATED THAT HE WAS DRIVING WEST BOUND ON SHERIDAN DRIVE IN THE LEFT MOST LANE AND DROVE OVER THE SEWER COVER IN HIS VEHICLE NYR [REDACTED] CAUSING TWO FLAT TIRES// FRONT AND REAR PASSENGER SIDE// CMP PULLED INTO THE NORTHTOWN COLLISION LOT//NO INJURIES// CMP GIVEN COMPLAINT NUMBERS AND HAD A RIDE
03/27/2025 20:05:04 AMH 075	NITTEC RESPONDED// COVER PUT BACK IN PLACE

DOUG AL AUTOMOTIVE INC  
252 KENMORE AVE  
BUFFALO, NY. 14223  
Phone: 716-836-9139 Fax: 716-837-2370

ESTIMATE #

025365

NYS DMV REG #

## Estimate for Services

Estimate Date : 4/1/2025

BRENNAN, JOHN  
4545 CHESTNUT RIDGE  
AMHERST, NY 14228  
CELLULAR 1: [REDACTED]

2010 Audi - A5 2.0T - 2L, In-Line4 (121CI) VIN(F)  
Lic # : LHK2353 - NY Odom. In: 78600

VIN # :

Part Description / Number	Qty	Sale	Ext	Labor Description	Extended
TIRE DISPOSAL	4.00	6.99	27.96	TOW	159.99
TIRE DISPOSAL				LABOR TO SUBLET FLATBED TOW TO SHOP	
NYS TIRE TAX	4.00	2.50	10.00	Environmental & Hazardous	2.95
TIRE TAX					
245/40R18 MACH V XL	4.00	199.95	799.80		
TH1305					
Shop Supplies and misc			4.99		

DOUG AL AUTOMOTIVE  
252 KENMORE AVENUE  
BUFFALO, NY 14223  
(716) 432-7835  
7620000100047948

04/01/2025  
Terminal ID No : 09:25:13  
79054437

Credit Sale:

Transaction #: [REDACTED]  
Card Type: [REDACTED]  
Account: [REDACTED]  
Entry: [REDACTED]

Amount: \$1,093.69  
Service Fee: \$43.20

Total: \$1,136.89

Ref Number:  
Auth. Code:  
Response:

Mode:  
AID:  
TVR:  
IAD:  
TSI:  
ARC:

CUSTOMER INFO

Parts/Supplies: 842.75 Labor: 159.99 HazMat/Fees: 2.95 Tax: 88.00 Total: \$ 1,093.69

### SEE US FOR YOUR NEXT USED CAR PURCHASE

hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.

WARDOWN ESTIMATE: I understand that my vehicle will be reassembled within \_\_\_ days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise. Save all Parts. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO PARTS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



