Claim No. **5-24**

CITY OF SHEBOYGAN
<u>NOTICE OF INJURY</u>

Name: Phillip Link   Incident/Accident Information
Address: 1008 Union Ave.   Date: March 13, 2024
              Sheboygan, WI 53081   Time: 7:00 a.m.
Phone: (920) 313-8040   Place: City of Sheboygan

Mr. Link was injured on March 13, 2024 when he was riding his bike to work at the Nemak plant on Taylor Drive in Sheboygan. Mr. Link was riding his bike south on the Taylor Drive Multi-use Pathway running parallel to S. Taylor Drive when his right handlebar struck a metal pole sticking out of the ground next to the sidewalk. The ambulance report describes the pole as a "snow plow indicator." See attached photos. There was no lighting, flag, or reflective material attached to the pole to make it visible to Mr. Link under the early morning lighting conditions at the time. When he hit the ground his handlebar punctured his right upper thigh/groin area causing a large hematoma which caused Mr. Link to be hospitalized for 3 days and to miss approximately 30 days of work at Nemak.

Signed: _____   Date: ___7/8/2024___
          By Attorney Jordan P. Blad
          For Phillip Link

Drafted by:
Alpert & Fellows LLC
P.O. Box 0994
Manitowoc, WI 54221-0994
(920) 682-6361

DATE RECEIVED _____   RECEIVED BY _____

                                     CLAIM NO. _____

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

1. Notice of death, injury to persons or to property must be filed not later than <u>120 days</u> after the occurrence.
2. Attach and sign additional supportive sheets, if necessary.
3. This notice form must be signed and filed with the Office of the City Clerk.

4. **TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.**

1. Name of Claimant: _Phillip Link_

2. Home address of Claimant: _1008 Union Ave, Sheboygan WI 53081_

3. Home phone number: _(920) 717-8040_

4. Business address and phone number of Claimant: _____

_____

5. When did damage or injury occur?   (date, time of day) _March 13, 2024 @ 7:00am_

6. Where did damage or injury occur?   (give full description) _See attached_

_____

_____

7. How did damage or injury occur? (give full description) _See attached_

_____

_____

_____

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

   (a) Name of such officer or employee, if known: _See attached_

   (b) Claimant's statement of the basis of such liability: _____

_____

_____

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

   (a) Public property alleged to be dangerous: _See attached_

_____

_____

   (b) Claimant's statement of basis for such liability: _____

_____

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

_____ see attached _____

_____

11. Name and address of any other person injured: _____

_____

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: $ _____

Property: $ _____

Personal injury: $ _____

Other: (Specify below $ _____

             TOTAL $ _____

Damaged vehicle (if applicable)

Make: _____ Model: _____ Year: _____ Mileage: _____

Names and addresses of witnesses, doctors and hospitals: _____

_____

_____

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.

FOR OTHER ACCIDENTS

SIDEWALK

CURB

CURB

PARKWAY

SIDEWALK
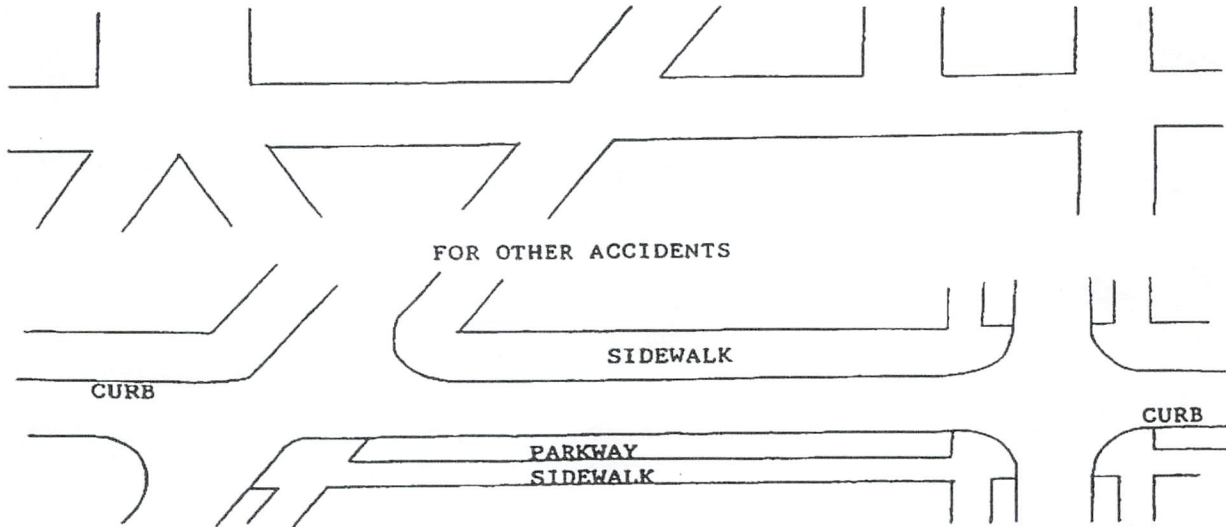
SIGNATURE OF CLAIMANT _____ Jordan Bky _____ DATE 7/8/24

by Attorney Jordan P. Bked
for Phillip Link

Taylor Drive Multi-use Pathway
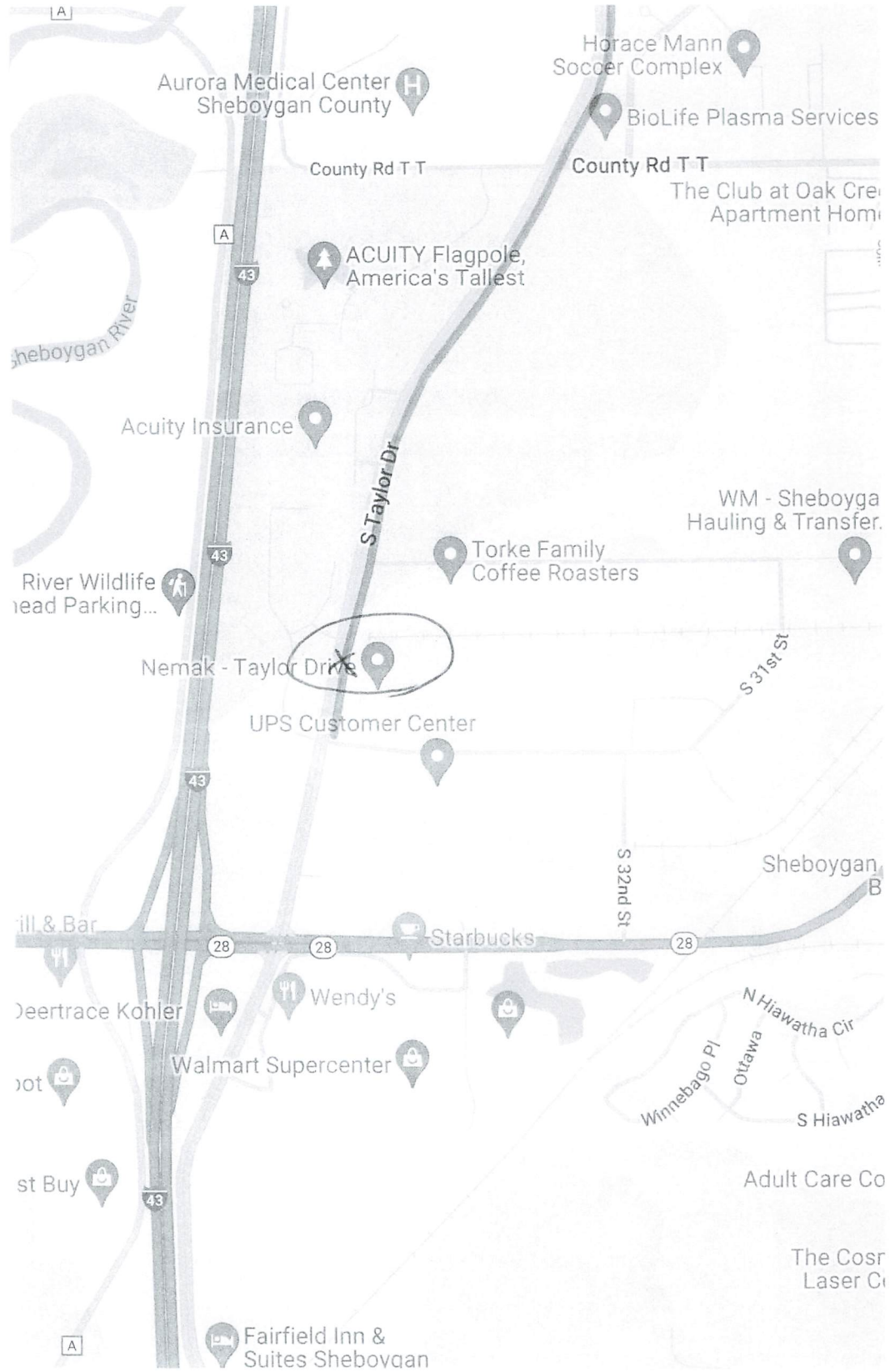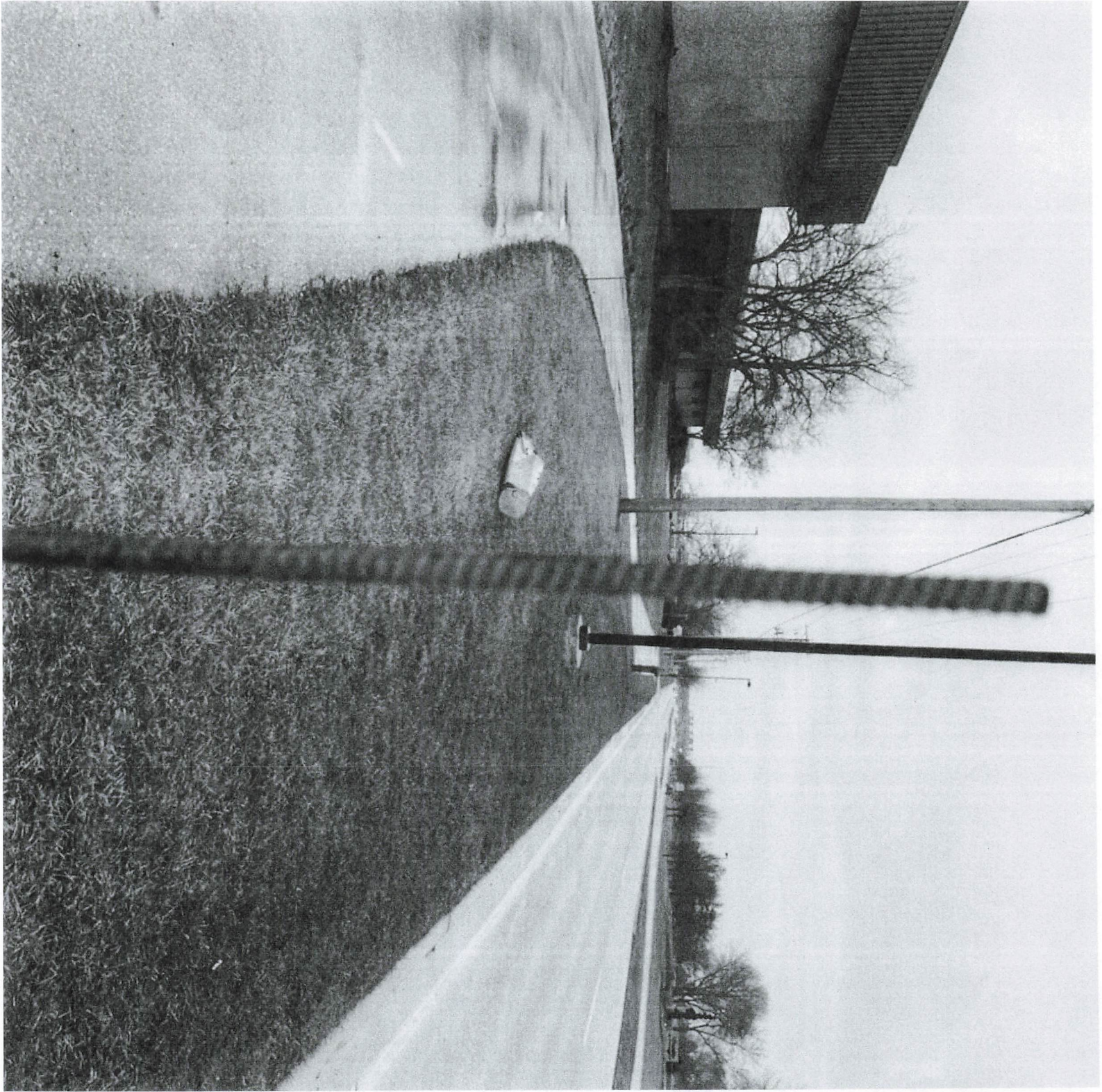
Untitled layer

Taylor Drive Multi-use Pathway Route

Trail Spur

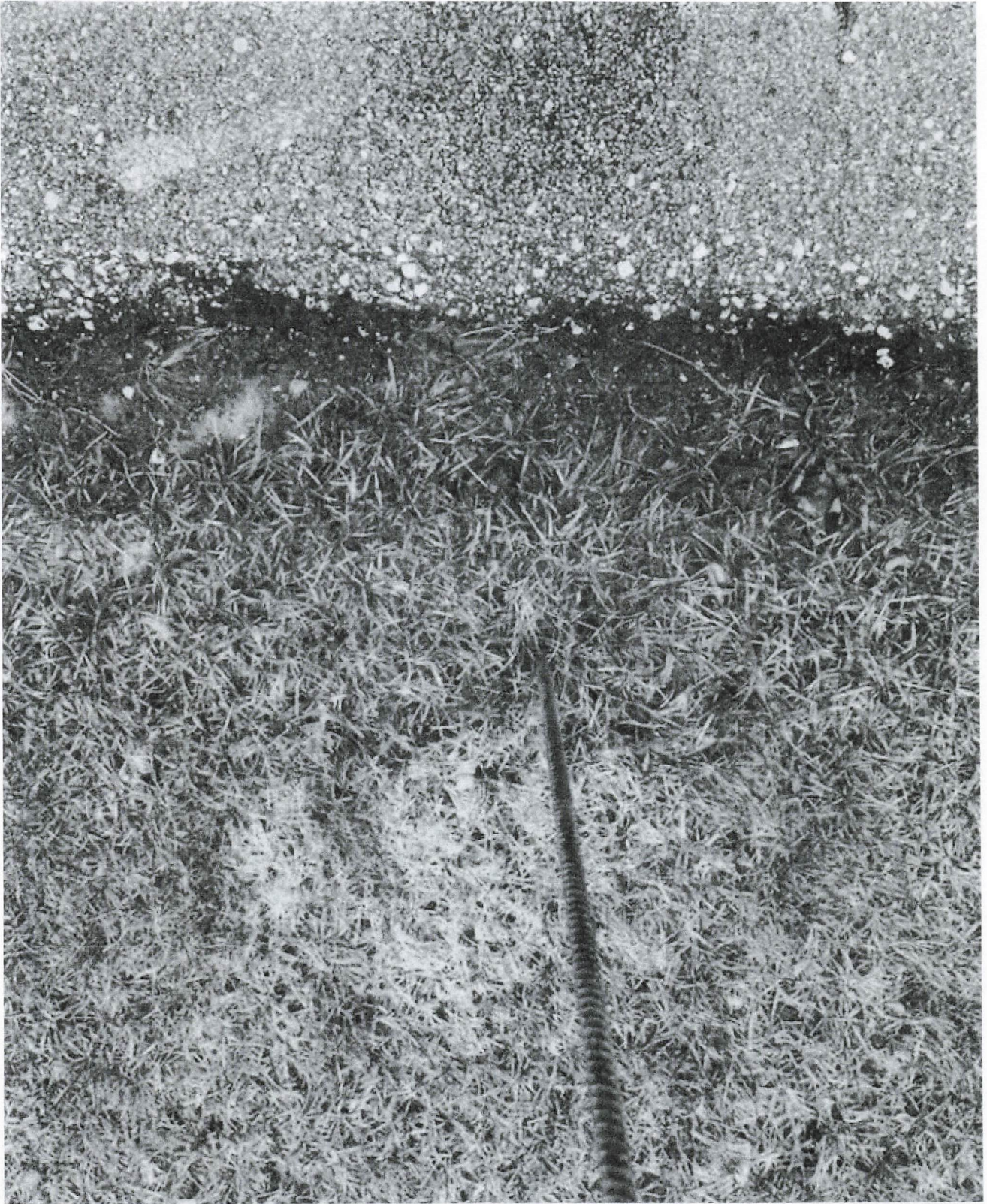Trail Spur

X = approximate location on path

Aurora Medical Center Sheboygan County

Horace Mann Soccer Complex

BioLife Plasma Services

County Rd T T

County Rd T T

The Club at Oak Cre Apartment Hom

ACUITY Flagpole, America's Tallest

Acuity Insurance

S Taylor Dr

WM - Sheboyga Hauling & Transfer.

Sheboygan River

Torke Family Coffee Roasters

River Wildlife ead Parking...

S 31st St

Nemak - Taylor Drive

UPS Customer Center

S 32nd St

Sheboygan B

ill & Bar

Starbucks

Deertrace Kohler

Wendy's

N Hiawatha Cir

Winnebago Pl

Ottawa

S Hiawatha

Walmart Supercenter

ot

st Buy

Adult Care Co

The Cosr Laser C

Fairfield Inn & Suites Sheboygan