

VI

R. C. No. 138 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE.
December 19, 2022.

Your Committee to whom was referred R. O. No. 63-22-23 by City Clerk submitting a claim from Erik Boelkow for alleged damages to his home when a city tree fell on it; recommends filing the claim.

_____	_____
_____	_____
_____	_____
	Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk
Approved _____ 20____. _____, Mayor

II

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R. O. No. 63 - 22 - 23. By CITY CLERK. September 19, 2022.

Submitting a claim from Erik Boelkow for alleged damages to his home when a city tree fell on it.

FHP

CITY CLERK

DATE RECEIVED

9-12-22

RECEIVED BY

MKC SEP 12 '22 AM 9:40

CLAIM NO.

14-22

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 120 days 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: Erik Boelkow
2. Home address of Claimant: 2625 N 5th Street Sheboygan
3. Home phone number: 262-408-8874
4. Business address and phone number of Claimant: _____
5. When did damage or injury occur? (date, time of day) 6-15-22 (per phone call)
6. Where did damage or injury occur? (give full description) West Side of home
7. How did damage or injury occur? (give full description) The City Tree fell on my home. It damaged the roof, gutters, and flashing.
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: N/A
 - (b) Claimant's statement of the basis of such liability: N/A
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: City Tree,
 - (b) Claimant's statement of basis for such liability: City Tree fell on Home

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").

Roof was impacted by tree, Gutter damaged and flashing
NO Injuries

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

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

Auto: \$ 0

Property: \$ 815.00

Personal injury: \$ 0

Other: (Specify below) \$ 0

TOTAL \$ 815.00

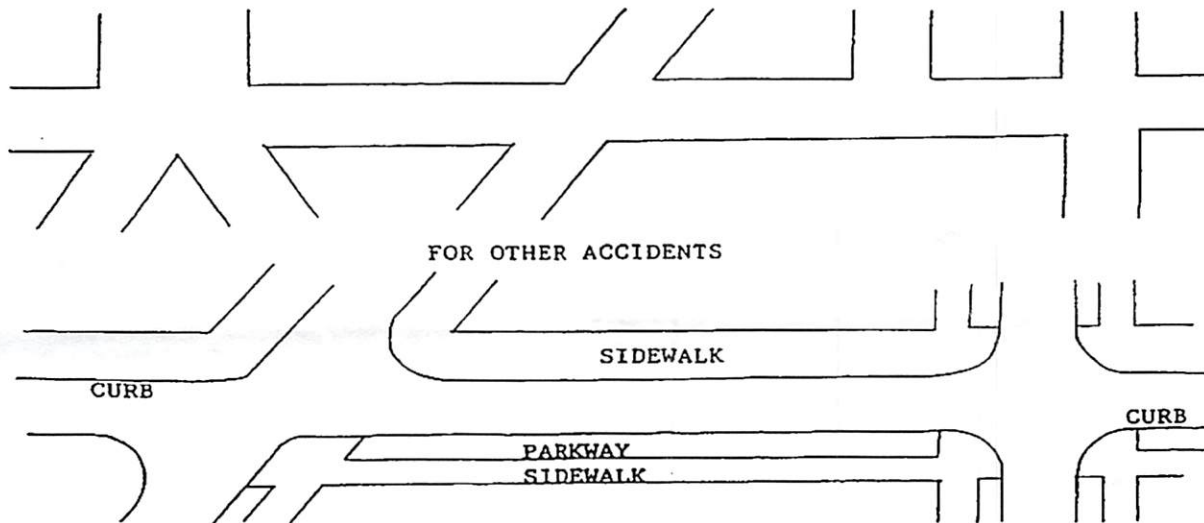
Damaged vehicle (if applicable)

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.



SIGNATURE OF CLAIMANT _____ DATE _____

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: Erik Boelkow
Claimant's Address: 2625 N 5th Street
Sheboygan 53083
Claimant's Phone No. 262-408-8874

Auto \$ 0
Property \$ 815.00
Personal Injury \$ 0
Other (Specify below) \$ 0
TOTAL \$ 815

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 815.

SIGNED Erik Boelkow DATE: 7-26-22
ADDRESS: 2625 N 5th Street Sheboygan 53083

MAIL TO: CLERK'S OFFICE
828 CENTER AVE
SHEBOYGAN WI 53081

*WHITE COPY: MUST RETURN TO ACCEPT PROPOSAL * YELLOW COPY: CUSTOMER COPY (LIEN LAW ON REVERSE SIDE)