

IV

R. C. No. 190- 22 - 23. By FINANCE AND PERSONNEL COMMITTEE. March 20, 2023.

Your Committee to whom was referred R. O. No. 102-22-23 by City Clerk submitting a claim from Alexandria Engle for alleged damages to vehicle when it slid on an icy road; 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

R. O. No. 102 - 22 - 23. By CITY CLERK. February 6, 2023.

Submitting a claim from Alexandria Engle for alleged damages to vehicle when it slid on an icy road.

\_\_\_\_\_  
CITY CLERK

FHP

DATE RECEIVED 1/30/23

RECEIVED BY MKC

CLAIM NO. 19-22

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

JAN 30 2023

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: Alexandria Engle
2. Home address of Claimant: 635 Weeden Creek Rd Sheboygan WI 53081
3. Home phone number: 920-331-1980
4. Business address and phone number of Claimant: \_\_\_\_\_

5. When did damage or injury occur? (date, time of day) 1/27/23 <sup>APPROX</sup> 10:30 AM
6. Where did damage or injury occur? (give full description) The frontage road beside Zips car wash that leads to business drive South business Drive Two North Side of Zips
7. How did damage or injury occur? (give full description) Road Wasnt fully cleared and not at all salted tried to turn left Slide right threw hit curb and went up curb

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: DPW

(b) Claimant's statement of the basis of such liability: The roads <sup>wasnt</sup> ~~were~~ cleared or salted ~~properly~~ and it was over 24 hours from storm/bad weather Video was emailed Separatly to

9. If the basis of liability is alleged to be a dangerous condition of public <sup>melissa</sup> property, <sup>Clevenger</sup> complete the following:

(a) Public property alleged to be dangerous: South business Drive Two North side of Zips turning South towards Washington Ave

(b) Claimant's statement of basis for such liability: Roads weren't taken Care of after storm over 24 hours after storm no salt couldn't stop

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").

From hitting curb Alignment is all out and break  
Caliper is now leaking.

11. Name and address of any other person injured: NONE

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

Auto: \$ 1,245.26

Property: \$ \_\_\_\_\_

Personal injury: \$ \_\_\_\_\_

Other: (Specify below) \$ 23.20 vehical Inspection

TOTAL \$ ~~1,245.26~~ 1,268.46

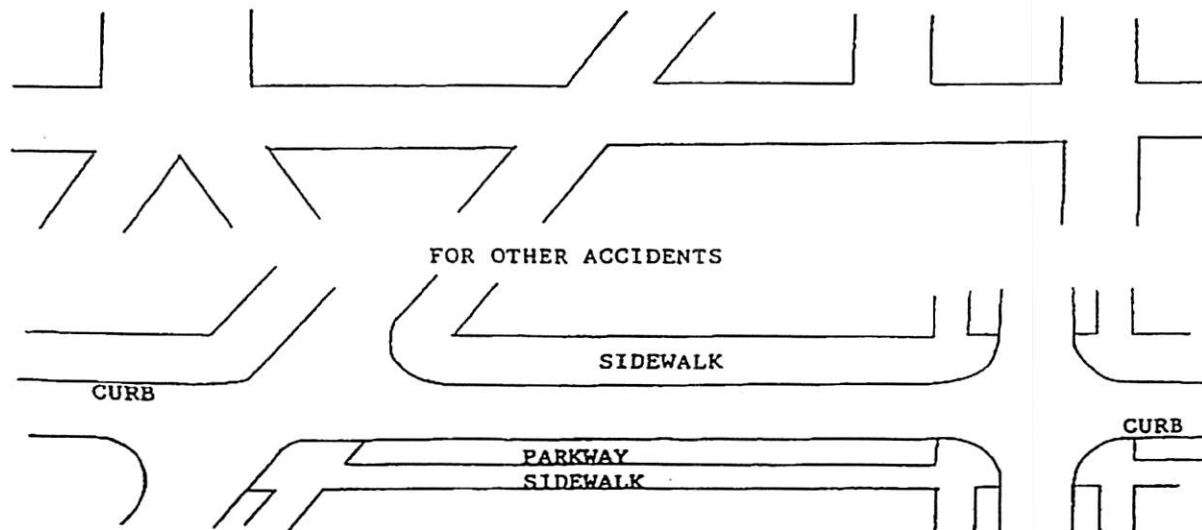
Damaged vehicle (if applicable)

Make: Pontiac Model: G6 Year: 2007 Mileage: 206,299

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

Alyndia Engh

DATE

1/30/23



DATE RECEIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

CLAIM NO. \_\_\_\_\_

CLAIM

Claimant's Name: Alexandria Engle

Auto \$ 1,245.26

Claimant's Address: 635 Weeden Creek Rd

Property \$ \_\_\_\_\_

Sheboygan, WI 53081

Personal Injury \$ \_\_\_\_\_

Claimant's Phone No. 920-331-1980

Other (Specify below) \$ 23.20 <sup>vehical</sup> <sub>Inspe</sub>

TOTAL \$ ~~1,245.26~~

Total \$1,268.46

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 \$ 1,245.26.

SIGNED Alexandria Engle

DATE: 1/30/23

ADDRESS: 635 Weeden Creek Rd Sheboygan WI, 53081

MAIL TO: CLERK'S OFFICE  
828 CENTER AVE #100  
SHEBOYGAN WI 53081

QUOTE  
670086

Printed on 01/30/2023

FIRESTONE COMPLETE AUTO CARE  
2606 WASHINGTON AVE  
SHEBOYGAN, WI. 53081

SERVICE ADVISOR:  
03 COURTNEY  
920.458.0375

SMITH, MICHAEL  
635 WEEDEN CREEK RD  
SHEBOYGAN, WI 53081-7924  
920.331.1980

2007 PONTIAC G6 BASE  
2.4L L4 FI GAS VIN B DOHC  
LIC # WI9DOG WI VIN # 1G2ZG58B674115022  
IN MILEAGE 0

Store # 783026

QUOTE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
FRONT BRAKE JOB (DISC)		03					1,041.35
RIGHT FRONT BRAKE CALIPER IS LEAKING FROM THE SEAL WE RECOMMEND REPLACEMENT IN PAIRS ALONG WITH NEW PADS AND ROTORS.							
QC1160 CERAMIC DISC BRAKE PADS PD1160	7007497		1	90.99		90.99	
55093 BRAKE ROTOR	7006776		2	136.99		273.98	
REMOVE & REPLACE BRAKE SHOES &/OR PADS - ALL	7019991		1		262.80	262.80	
* REPLACE CALIPER - ONE	7019991		2		43.80	87.60	
18B4910 BRACKETED CALIPER	7058807		1	162.99		162.99	
18B4911 BRACKETED CALIPER	7058807		1	162.99		162.99	
ALIGNMENT SERVICE (12-MONTH WARRANTY)		03					103.99
ALIGNMENT IS OFF. STEERING WHEEL IS OFF CENTERED							
STANDARD WHEEL ALIGNMENT	7004578		1		103.99	103.99	

Prices valid for 30 days.

Summary	
Parts	690.95
Labor	464.39
Shop Supplies	35.00
Sub	1,180.34
Tax	64.92
Total	1,245.26

THIS IS NOT AN INVOICE- DO NOT PAY



www.FirestoneCompleteAutoCare.com

Cust Status: Waiting Appt: No DUPLICATE INVOICE

SHEBOYGAN FALLS - 2606 WASHINGTON AVE. SHEBOYGAN, WI. 53081 - 920.458.0375

Service Advisor: 1 JEREMY

Wheel Lock:

Technician: 12 CHRIS

Customer Details:

Alt. Auth. Name & Phone:

Vehicle Details:

SMITH, MICHAEL  
635 WEEDEN CREEK RD

N/A

2007 PONTIAC G6 BASE

SHEBOYGAN, WI 53081  
920.331.1980

2.4L L4 FI GAS VIN B DOHC  
VIN #: 1G2ZG58B674115022  
LIC #: W9DOG WI  
MILEAGE: 206,299

Description	Rev Hist	Article # ID	Qty	Unit Price	Extended Price	Job Total
COMPLETE VEHICLE INSPECTION		01				21.99

Battery Test Results Your battery is measuring within the manufacturer's specification for required CCA. Your battery has sufficient power and should reliably start the vehicle. You're recommended to have your battery tested after 90 days.

VEHICLE INSPECTION

7028789 12TN 1 21.99 21.99

ORDER NOTES

VEHICLE SLID. CUSTOMER IS REQUESTING AN INSPECTION OF THE VEHICLE TO ENSURE NO DAMAGE.  
ALIGNMENT IS DEFINITELY OFF, STEERING WHEEL NOT CENTERED. NO DAMAGE TO STEERING AND SUSPENSION COMPONENTS. RECOMMENDING DOING A WHEEL ALIGNMENT TO RECENTER THE STEERING WHEEL.

*All parts are new unless otherwise specified.*

Payment History:

Cash Tendered 25.00

Total Tendered 25.00

Change Due 1.80

Summary

Parts	0.00
Labor	21.99
Shop Supplies	0.00
Sub-Total	21.99
Tax (5.50%)	1.21
Total	\$23.20

Declined Work:

FIRESTONE TIRE PACKAGE  
SWAY BAR LINK KITS  
FRONT BRAKE JOB (DISC)  
ALIGNMENT SERVICE (12-MONTH WARRANTY)