

FAP

R. O. No. <u>70 - 23 - 24</u>. By CITY CLERK. June 19, 2023.

Submitting a claim from James and Alice Wilsing for alleged damages to their fence from snow.

CITY CLERK

| | DATE RECEIVED 6-15-2023 RECEIVED BY MAC JUN 15 2023 CLAIM NO. 4-23 | |
|----------|---|----|
| | CLAIM NO. 4-23 | |
| | CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY | |
| IN | ISTRUCTIONS: 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. 3. | Attach and sign additional supportive sheets, if necessary. | |
| 4. | TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE. | |
| | Name of Claimant: James + Alice Wilsing Home address of Claimant: 1834 N. 726 96 | |
| | Home phone number: Jim - 920 946-9126 Alice 920 946-4345 | |
| | Business address and phone number of Claimant: | |
| | | |
| 5. | When did damage or injury occur? (date, time of day) Winter 2022 + 2023 | |
| 6. | Where did damage or injury occur? (give full description) <u>Snow Pushed against</u> <u>fence by DPW</u> . | |
| 7. | How did damage or injury occur? (give full description) After Snow Melted we had a wind storm and the fience blew down | |
| | | |
| 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: | |
| | (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: Fence Line to Uptown Soc; | a1 |
| | (b) Claimant's statement of basis for such liability: | |
| | | |

| | nturies | | |
|--|--|--|--|
| | | | |
| Name and address o | f any other pers | son injured: | |
| Damage estimate: | (You are not bou | und by the amounts prov | ided here) |
| Auto: | | \$ | |
| Property: | | \$_320-00 | |
| Personal injury: | | \$ | |
| Other: (Specify be | low | \$ | |
| | TOTAL | \$ 320-00 | |
| D | | | |
| Damaged vehicle (if | | | |
| Make: | _ Model: | Year: | Mileage: |
| Names and addresses | s of witnesses, | doctors and hospitals: | |
| ALL ACCIDENT NOTIONS ALL STREETS, | CES, COMPLETE T HOUSE NUMBERS, 1 | HE FOLLOWING DIAGRAM D | IN DETAIL. BE SURE TO IN |
| ALL ACCIDENT NOTIO ES OF ALL STREETS, APPLICABLE), WHICH | CES, COMPLETE T HOUSE NUMBERS, I IS CLAIMANT VEH | HE FOLLOWING DIAGRAM | IN DETAIL. BE SURE TO IN INDICATING WHICH IS CITY VE VIDUALS, ETC. |
| ALL ACCIDENT NOTIO ES OF ALL STREETS, APPLICABLE), WHICH | CES, COMPLETE T HOUSE NUMBERS, I IS CLAIMANT VEH | HE FOLLOWING DIAGRAM I LOCATION OF VEHICLES, I ICLE, LOCATION OF INDIV | IN DETAIL. BE SURE TO IN INDICATING WHICH IS CITY VE VIDUALS, ETC. |
| ALL ACCIDENT NOTIO ES OF ALL STREETS, APPLICABLE), WHICH | CES, COMPLETE T HOUSE NUMBERS, I IS CLAIMANT VEH ow do not fit th | HE FOLLOWING DIAGRAM I LOCATION OF VEHICLES, I ICLE, LOCATION OF INDIV e situation, attach pro | IN DETAIL. BE SURE TO IN INDICATING WHICH IS CITY VE VIDUALS, ETC. |
| ALL ACCIDENT NOTIONES OF ALL STREETS, APPLICABLE), WHICH E: If diagrams belo | CES, COMPLETE T HOUSE NUMBERS, I IS CLAIMANT VEH ow do not fit th | HE FOLLOWING DIAGRAM I LOCATION OF VEHICLES, I ICLE, LOCATION OF INDIV | IN DETAIL. BE SURE TO IN INDICATING WHICH IS CITY VE VIDUALS, ETC. |
| ALL ACCIDENT NOTIO ES OF ALL STREETS, APPLICABLE), WHICH | CES, COMPLETE T HOUSE NUMBERS, I IS CLAIMANT VEH ow do not fit th | HE FOLLOWING DIAGRAM D LOCATION OF VEHICLES, I ICLE, LOCATION OF INDIV e situation, attach pro OTHER ACCIDENTS | IN DETAIL. BE SURE TO IN INDICATING WHICH IS CITY VE VIDUALS, ETC. |

| DATE RECEIVED | RECEIVED BY | |
|--|-----------------------|-----------|
| | CLAIM NO. | |
| CLAIM | | |
| Claimant's Name: James & Alice Wilsing | Auto | \$ |
| Claimant's Address: 1834 N. 72654 | | \$_320 00 |
| Shoboygan, Wi 530F1 | Personal Injury | ş |
| Claimant's Phone No. 920 946 -9126 920 946-41345 | Other (Specify below) | \$ |
| SPINI ATTER | TOTAL | \$ 320 m |

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 $\frac{5}{220}$.

| SIGNED alie M. Wile | DATE: 6-15-23 |
|---------------------------|----------------------|
| ADDRESS: 1834 N. 7 24 St. | Shoboygan, U., 53081 |

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

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DSTS Waldo, WIE. #920-946-6088 Subject: Repair/Upright broken yard Fence ocation: 1874 N. 7th Sheboygan, WI. Date: 4/28/2023 Material \$ 140.00 Labor \$ 180.00 \$ 380.00 \$320.00 Totah 23 00 MINE Dave Te Stroete « Jestrote

Receipt May 5, 2023 Paid to David Testrote for repair of wooden fence in backyard (1834 N. 7#St., She boygan, WI) Total Supplies and Labor 200. " Total Paid in cash 320." Paid by James A. Wilsing Paid to David Testrote Quit The Witnessed by KrisBorns TrisBorns



MENARDS - SHEBOYGAN 4825 Vanguard Drive Sheboygan, WI 53083

KEEP YOUR RECEIPT RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for items on this receipt will be in the form of an in store credit voucher if the return is done after 07/22/23

If you have questions regarding the charges on your receipt, please email us at: SHEBfrontend@menards.com



Sale Transaction

| 1-5/8"EXT DECK STAR DRIV | |
|----------------------------|-------|
| 2303395 | 8.97 |
| 9 X 3-1/8 CONSTR SCREW | |
| 2303129 CD 1/02 BOX MAT | 5.99 |
| 6D HDG BOX NAIL 2295457 | 4.00 |
| 18 COMPARTMENT ORGANIZER | 4.98 |
| 2452049 | 2.99 |
| | 2.00 |
| TOTAL | 22.93 |
| TAX SHEBOYGAN-WI 5.5% | 1.26 |
| TOTAL SALE | 24.19 |
| CASH | 50.00 |
| CHANGE | 25.81 |
| | |

TOTAL NUMBER OF ITEMS = 4

THE FOLLOWING REBATE RECEIPTS WERE PRINTED FOR THIS TRANSACTION: 2298

THANK YOU, YOUR CASHIER, Craig

72278 05 2293 04/23/23 05:05PM 3247



MENARDS - SHEBOYGAN

Rebate Receipt

THE CONTRACT OF A DESCRIPTION OF A DESCRIPT

| Use Your BIG CARD REBATE | Prices shown are valid today only. ngMaterials@menards.com PICKING LIST - GUEST COPY | SHEB 91325 |
|---|--|------------------|
| MENARDS - SHEBOYGAN 4825 Vanguard Drive Sheboygan, WI 53083 | PAGE 1 OF 1 SOLD BY: GARY L. DATE: 04/28/23 | SCAN & ENTER |
| KEEP YOUR RECEIPT RETURN POLICY VARIES BY PRODUCT TYPE less noted below allowable returns for ems on this receipt will be in the | | AT YARD ENTRANCE |
| i an in store or det in the form | SKU NUMBER | |
| unu 0//2//23 | REATED GROUND CONTACT 111-2214 | |
| If you have questions regarding the charges on your receipt, please email us at: SHEBfrontend@menards.com | TREATEDGROUND CONTACT 111-2227 | |
| | | |
| Sale Transaction | | |
| (2 4 @16.48 65.92 ∀EL ∗ 65.92 | | |
| 2.80 91325 AC2 GREEN TREATE-PICK | | · · · · |
| C2 GREEN TREATED-PICK 19.98 | | |
| RDER 12.99 | | |
| YGAN-WI 5.5% 101.69 E 5.59 120.28 13.00- | | |
| NGS 0.69 | ADTE ONLA | LATER DATE |
| ER OF ITEMS = 7 | PRODUCT NOT BEING AVAILABLE ON A PICK UP ALL MERCHANDISE TODAY. TH | IANK YOU. |

E PICK UP ALL MERCHANDISE TODAY. THANK YOU. is quote becomes a yard picking list subject to the terms and conditions below. Quantities listed above may exceed quantities to theld for a specific guest, but instead is available to the buying public on a first come, first serve basis. Please pickup all tely. Failure to pick up products on this picking list today will result in additional charge to you if, on the day of pick up, the the day purchased. Menards liability to you is limited to refunding your original purchase price for any product not picked up.

pay for the merchandise. our merchandise. (All vehicles are subject to inspection.) s Team Members will gladly help you load your materials ge to your vehicle.) is list to the Gate Attendant. (The Gate Attendant will record the

EIPT

| PRE-TAX TOTAL: | 32.97 |
|----------------|-------|
|----------------|-------|

ire pad verifying you've received the merchandise.

wn or secure your load, trunk lid, etc. For your convenience, we supply twine, but you will have to decide whether or not your strong enough. If you do not believe the twine will suffice, stronger material can be purchased inside the store.

ONS CAREFULLY. All returns are subject to Menards' posted return policy. In consideration for Menards low prices you agree u is defective, Menards will agree to exchange the merchandise or refund the purchase price based on the form of original payment. medy available to you. If there is a warranty provided by the manufacturer, that warranty shall govern your rights and Menards shall tements do not constitute warranties, and are not a part of this contract. The guest agrees to inspect all merchandise prior to installing ANCES SHALL MENARDS BE LIABLE FOR ANY SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES. FIES, EXPRESS OR IMPLIED, AS TO MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OF THE r claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American cable Consumer or Commercial Arbitration Rules, and judgments on the award rendered by the arbitrator(s) may be entered in any guest agrees to these terms and conditions through purchase of merchandise contained on this document.

SELF-SCAN HERE ==>

| e Your | 2% |
|--------|--------|
| 1000 | REBATE |
| MECKIE | LB. |

NG REBATE RECEIPTS WERE "THIS TRANSACTION:

04/28/23 12:23PM 3247 /

OUR CASHIER, Kris