

II

R. O. No. 125 - 22 - 23. By CITY CLERK. March 20, 2023.

Submitting a claim from Mario D. Campbell for alleged injuries that occurred when he fell.

F+P

CITY CLERK

DATE RECEIVED

3/15/23

RECEIVED BY

MKC

CLAIM NO.

#26-22

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: Mr Marco D. Campbell
2. Home address of Claimant: 1024 Bluff Ave
3. Home phone number: 920.627-8578
4. Business address and phone number of Claimant: 909 Ontario Ave
Nov 7, 2022 Apt #C11 Sheboygan, WI 53081
5. When did damage or injury occur? (date, time of day) _____
6. Where did damage or injury occur? (give full description) I Step Out of my Car, when I taken my next step, I fell down (picture are attach) I didn't notice the potholes.
7. How did damage or injury occur? (give full description) I went to the ER, the x-ray show my ankle was twisted, my ankle still painful - according to the doctor, I need therapy.
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: the City is liability because I hurt myself on city property. I was just the worked on the street all summer, however they didn't completely fill the hole on Ontario
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: from the picture they filled some of the holes, which they didn't do again.
 - (b) Claimant's statement of basis for such liability: I was on the road. I work, my client lives at 909 Ontario Ave

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").

I twisted my ankle. Pictures are 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: -so far ER- \$

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.

909 Ontario Ave
#C11
Sheboygan, WI 53081

SIGNATURE OF CLAIMANT

Mario Campbell

DATE

3/19/23

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name:

Mario Campbell

Auto

\$

Claimant's Address:

1021 Bluff ave

Property

\$

Personal Injury

\$

Claimant's Phone No.

920-627-8578

Other (Specify below)

\$

TOTAL

\$

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 \$ _____.

SIGNED

Mario Campbell

DATE:

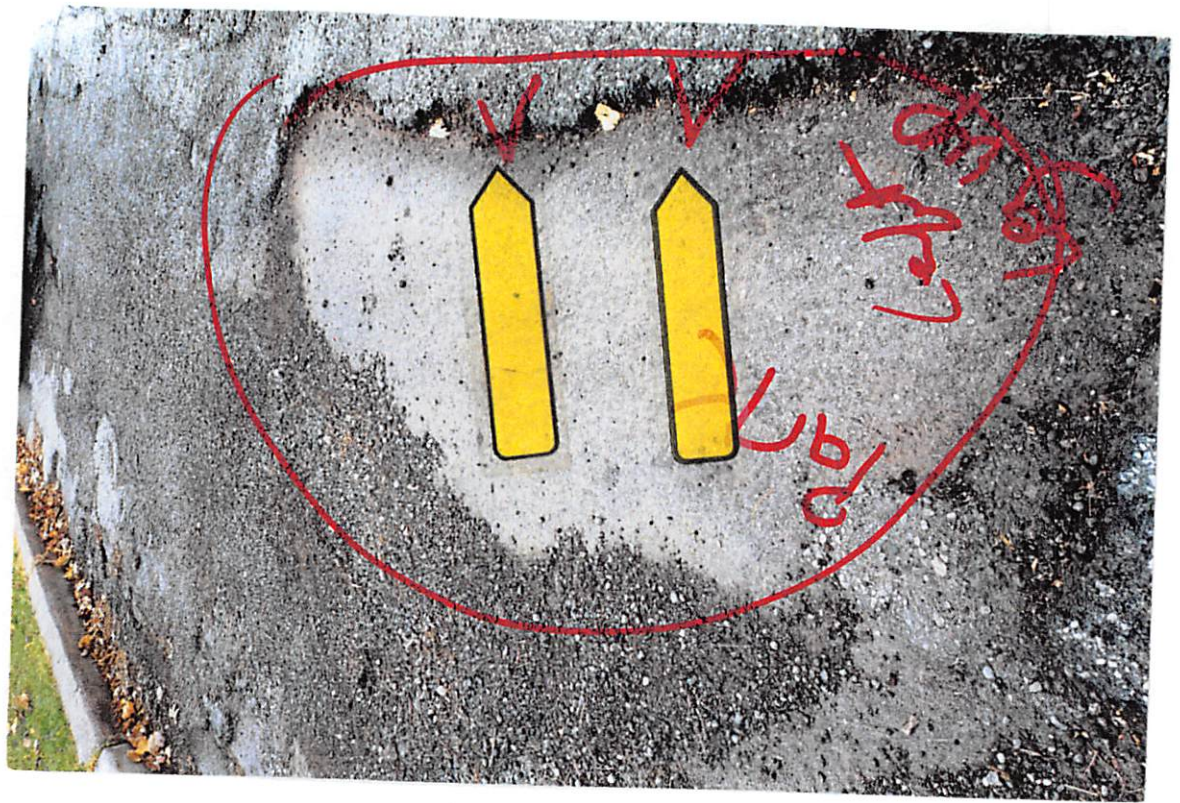
3/16/23

ADDRESS:

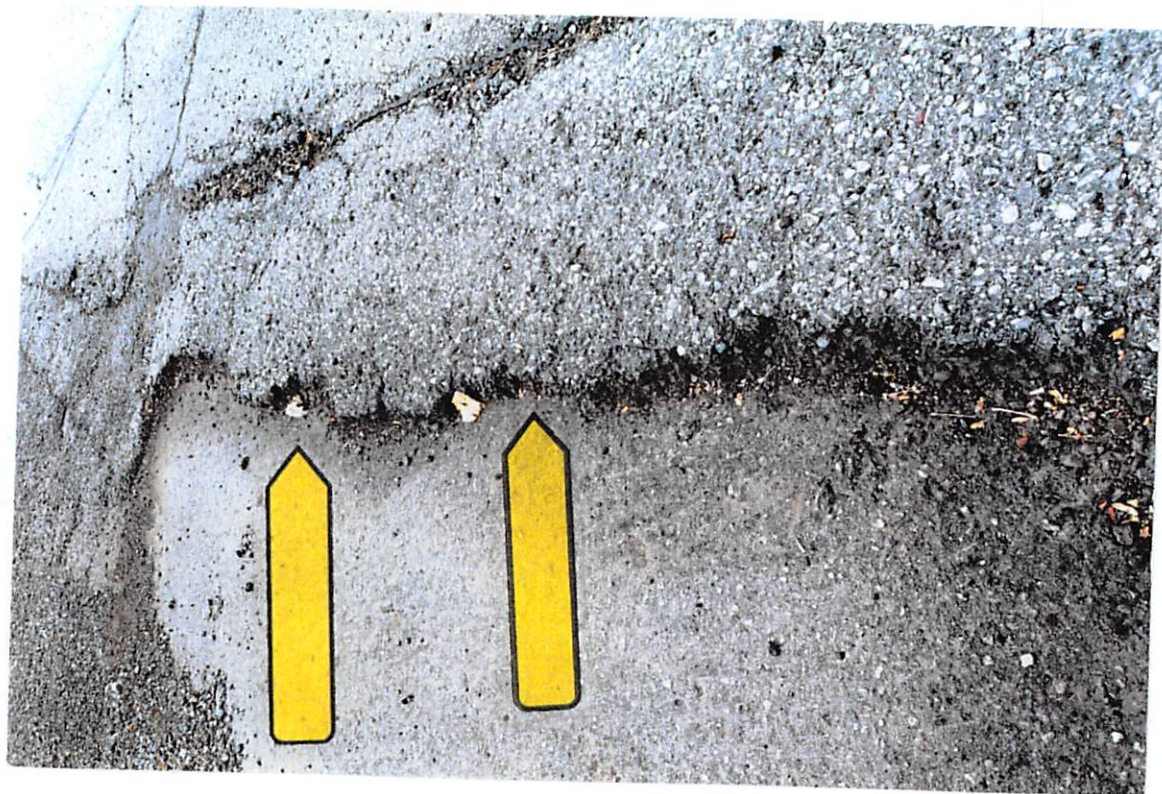
1021 Bluff ave

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.

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









Yellow Brown (Before)

Red (Patch 14 - After)

Previous - Red - Reddy