

**CITY OF SHEBOYGAN  
R. O. 28-24-25**

**BY CITY CLERK.**

**JULY 15, 2024.**

Submitting a claim from Neng Thao for alleged damages to house when a cut tree fell on it.

DATE RECEIVED

7/1/2024

RECEIVED BY

MKC

CLAIM NO.

4-24

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: NENG THAO
2. Home address of Claimant: 1213 TRIMBERGER CT SHEBOYGAN WI, 53081
3. Home phone number: (920) 912-0251
4. Business address and phone number of Claimant: NA
5. When did damage or injury occur? (date, time of day) 06/14/24, 10:51 AM
6. Where did damage or injury occur? (give full description) IT OCCURED IN FRONT OF MY HOUSE ON 1213 TRIMBERGER CT, SHEBOYGAN WI 53081.
7. How did damage or injury occur? (give full description) EMPLOYEES CUT A TREE NEAR THE FRONT OF MY HOUSE AND THE TREE FELL INTO THE FRONT SIDE OF MY HOUSE.
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: NA
  - (b) Claimant's statement of the basis of such liability: NA
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: NA
  - (b) Claimant's statement of basis for such liability: NA

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").

THERE ARE DAMAGE ON THE ROOF, DENT ON EDGES OF THE ROOF, RAIN GUTTER, AND GARDEN LIGHT.

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

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

Auto: \$ NA

Property: \$ 5,000

Personal injury: \$ NA

Other: (Specify below) \$ NA

**TOTAL** \$ ~~NA~~ 5,000

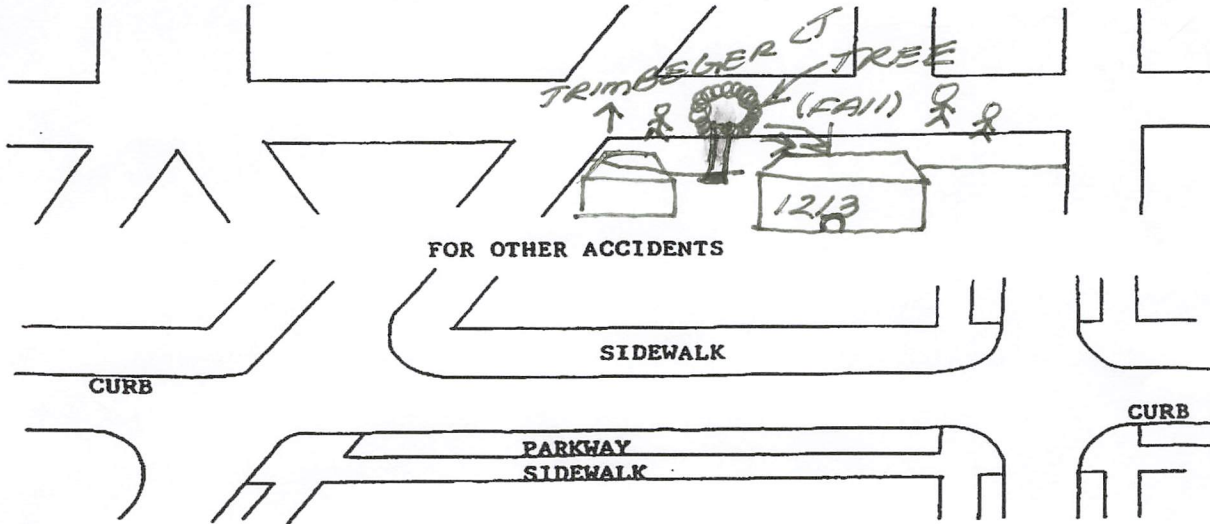
Damaged vehicle (if applicable)

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 Nery A DATE 7-1-24

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

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

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

CLAIM

Claimant's Name:	<u>NENG THAO</u>	Auto	\$ <u>NA</u>
Claimant's Address:	<u>1213 TRIMBERGER</u>	Property	\$ <u>5,000</u>
	<u>CT SHEBOYGAN WI 53081</u>	Personal Injury	\$ <u>NA</u>
Claimant's Phone No.	<u>920-912-0251</u>	Other (Specify below)	\$ <u>NA</u>
			<b>TOTAL</b> \$ <u>5,000</u>

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 \$ 5,000.

SIGNED Neng Thao DATE: 7-1-24

ADDRESS: 1213 TRIMBERGER CT SHEBOYGAN WI, 53081

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



