

DATE RECEIVED 5/20/2024

RECEIVED BY MKC

CLAIM NO. #2-24

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

MAY 20 2024

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.

TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: Isaac J. Ortega
2. Home address of Claimant: 2122 South 16th Street, Sheboygan, WI 53081
3. Home phone number: (920) 331-7660
4. E-Mail Address n/a
5. Business address and phone number of Claimant: n/a
6. When did damage or injury occur? (date, time of day) May 7, 2024, at approximately 11:10 p.m.
7. Where did damage or injury occur? (give full description) The accident happened on Pain Avenue, 65 Ft E of South Taylor Drive/CTHTA NB in the City of Sheboygan, County of Sheboygan, State of Wisconsin.
7. How did damage or injury occur? (give full description) Mr. Ortega was rear-ended by a Sheboygan County Sheriff squad vehicle driven by Deputy Bradley John Bottleman. Mr. Ortega's vehicle sustained moderate damage and Mr. Ortega suffered physical injuries to his neck and back as a result of this motor vehicle accident.
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: n/a
 - (b) Claimant's statement of basis for such liability: n/a
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").

As stated above, and as outlined in the Notice of Circumstances of Claim attached hereto, Mr. Ortega's vehicle sustained damage to the rear of his vehicle and to his muffler. He sustained physical injuries to his back and neck.

11. Name and address of any other person injured: n/a

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

Auto: \$5,000.00
Property: \$
Personal injury: \$250,000.00
Other: (Specify below) \$

TOTAL \$255,000.00

Damaged vehicle (if applicable)

Make: Subaru Model: Legacy Year: 2012

Names and addresses of witnesses, doctors and hospitals: This information will be provided upon completion of our client's medical treatment.

FOR ALL ACCIDENT NOTICES YOU MAY DRAW A DIAGRAM. 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.

There is a diagram in the Wisconsin Motor Vehicle Crash Report that is attached to the Notice of Circumstances of Claim that is attached hereto.

SIGNATURE OF CLAIMANT  Attorneys for Claimant DATE: 05/17/2024
BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

DATE RECEIVED

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CLAIM NO.

CLAIM

Claimant's Name:	Auto	\$
Claimant's Address:	Property	\$
	Personal Injury	\$
Claimant's Phone No.	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 \$255,000.00.

SIGNED 

DATE: 05/17/2024

ADDRESS: Phillip S. Georges, PLLC, by Attorney Phillip S. Georges, 790 North Milwaukee Street, Suite 200C, Milwaukee, WI 53202

E-Mail Address: trisha@wolfpacklawyers.com

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.
MAIL TO: CLERKS OFFICE
828 CENTER AVE
SHEBOYGAN WI 53081

Sec. 893.80(1), Wis. Stats., NOTICE OF CIRCUMSTANCES OF CLAIM

TO: County of Sheboygan
Sheboygan County Finance Department
Attention: Claims
508 New York Avenue, Suite 2
Sheboygan, WI 53081

City of Sheboygan
Attention: City Clerk / Claims
828 Center Avenue, Suite 100
Sheboygan, WI 53081

Sheboygan County Sheriff's Department
525 North 6th Street
Sheboygan, WI 53081

Deputy Bradley John Bottleman
Sheboygan County Sheriff's Department
525 North 6th Street
Sheboygan, WI 53081

RE: Mr. Isaac J. Ortega
2122 South 16th Street
Sheboygan, WI 53081

Date of Accident: May 7, 2024

Location: On Paine Avenue, 65 feet East of South Taylor Drive/CTHTA
Northbound, in the City of Sheboygan, County of Sheboygan,
State of Wisconsin.

PLEASE TAKE NOTICE, pursuant to §893.80(1), Wis. Stats, that on May 7, 2024, Isaac J. Ortega was stopped at the stop sign on Paine Avenue with the intersection with South Taylor Drive / CTHTA, in the City of Sheboygan, County of Sheboygan, State of Wisconsin. Mr. Ortega was stopped at the stop sign waiting to make a right-hand turn onto South Taylor Drive. At the same time, Deputy Bradley John Bottleman, of the Sheboygan County Sheriff's Department, was also traveling west on Paine Avenue stopped behind Mr. Ortega's vehicle.


In the accident report attached hereto, Deputy Bradley John Bottleman admitted that he thought that Mr. Ortega had already turned right when, in fact, he didn't. Mr. Ortega was still stopped at the stop sign waiting on traffic to pass. He negligently rear-ended Mr. Ortega's vehicle and the accident report indicates that his actions were *following too closely*.

The City of Sheboygan, County of Sheboygan, Sheboygan County Sheriff's Department, and Deputy Bradley John Bottleman of the Sheboygan County Sheriff's Department are negligent for their failure to maintain a proper look out and for following too closely.

Liability for Isaac Ortega's injuries and damages are attributed to the City of Sheboygan, County of Sheboygan, Sheboygan County Sheriff's Department, and Deputy Bradley John Bottleman. Mr. Ortega suffered physical injuries and mental anguish as a result of Deputy Bradley John Bottleman's negligence. Damages for these injuries clearly exceed the \$250,000.00 statutory liability cap and demand for payment of that statutory \$250,000.00 cap is hereby made. Supporting documentation will be provided of Mr. Ortega's injuries when Mr. Ortega completes medical treatment.

Date at Milwaukee, Wisconsin, this 16th day of May, 2024.

PHILLIP S. GEORGES, PLLC
Attorneys for Isaac J. Ortega

By: 
Phillip S. Georges
State Bar No. 1056511

POST OFFICE ADDRESS:

790 North Milwaukee Street, Suite 200C
Milwaukee, WI 53202
Telephone: (615) 486-4115 ext. 700
Fax: (615) 576-8668
Email: phil@wolfpacklawyers.com

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C24-07659

WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT

1315 N 23RD ST

SHEBOYGAN, WI 53081

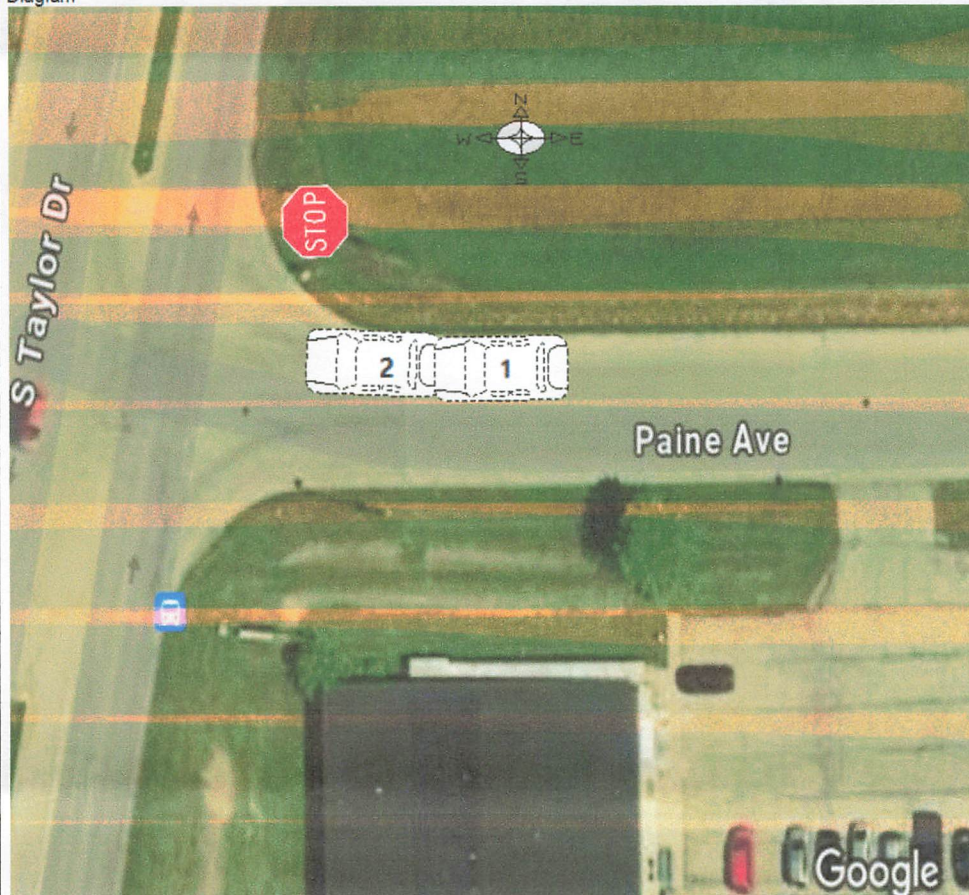
(920) 459-3333

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Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy OFFICER I. TRUSSELL	
Crash Date 05/07/2024		Crash Time 11:10 PM		Date Arrived 05/07/2024		Time Arrived 11:42 PM	
Date Notified 05/07/2024		Time Notified 11:10 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

Diagram



Reconstruction By

Photos By

Additional Information
NONE☒ I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ID BY WI DL..... VEH 2 WAS AT THE STOP SIGN ON PAINE AVE WHEN IT WAS REAR ENDED BY VEH 1. DRIVER OF VEH 1 ADMITTED FAULT, SAYING THEY THOUGHT THE VEH 2 HAD ALREADY TURNED RIGHT. AS THE DRIVER OF VEH 1 WAS LOOKING LEFT TO ALSO TURN RIGHT FROM PAINE AVE TO S. TAYLOR DRIVE. VEH 2 WAS STILL STOPPED AT THE STOP SIGN AND VEH 1 THEN REAR ENDED VEH 2.

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C24-07659

WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT

1315 N 23RD ST

SHEBOYGAN, WI 53081

(920) 459-3333

Location

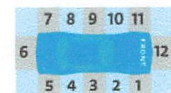
ON PAINE AVE 65 FT E OF S TAYLOR DR/ CHTA NB IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude 43.724665434	Longitude -87.755469894
	X Coordinate 439151.40625	Y Coordinate 4841570
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) RAIN		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE				Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0		
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT		
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL		
	Truck Bus or HazMat NO						
	01 VEHICLE	Vehicle					
		License Plate Number F1406		Plate Type OFF - MUNICIPAL OFFICI	St WI	Country of Issuance UNITED STATES	
Vehicle Identification Number 1FM5K8AB6MGA87331		Make FORD	Year 2021	Model EXPLORER			
Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use			
Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage					
Extent Of Damage MINOR DAMAGE		01 - RIGHT FRONT CORNER, 12 - FRONT					



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WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT

1315 N 23RD ST

SHEBOYGAN, WI 53081

(920) 459-3333

UNIT VEHICLE	Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions FOLLOWING TOO CLOSE		
01 01	Owner Name SHEBOYGAN COUNTY SHERIFFS DEPT (920) 459-3111	Owner Address 525 N 6TH ST SHEBOYGAN, WI 53081 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company WISCONSIN-COUNTY-MUTUAL-INS-CORP	Government SHEBOYGAN COUNTY SHERIFFS DEPT	
UNIT INDIVIDUAL	Individual		
	Driver BRADLEY JOHN BOTTLEMAN	Citations Issued 0	Sex MALE
		Date of Birth 09/15/1993	Race WHITE
	Address 2502 STATE ROAD 33 PORT WASHINGTON, WI 53074 , US		Driver License Number B3450709333504 STATE: WISCONSIN COUNTRY: UNITED STATES
01 001	Safety Equipment	On Duty Crash POLICE	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			

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WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT

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SHEBOYGAN, WI 53081

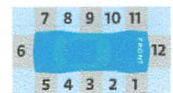
(920) 459-3333

UNIT INDIVIDUAL 01 001	Non Motorist		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other				
	To/From School				
	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results
	Drug Type				
	Individual Condition APPEARED NORMAL				

Unit Summary

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT VEHICLE 02 02	Vehicle				
	License Plate Number AUV3747		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4S3BMCC62C3017285		Make SUBARU	Year 2012	Model LEGACY
	Color BLU - BLUE		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		07 - LEFT REAR CORNER		
	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR		



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CRASH REPORT

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SHEBOYGAN, WI 53081

(920) 459-3333

UNIT VEHICLE 02	What Driver Was Doing RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
	Owner Name ISAAC JUSTO ORTEGA		Owner Address 2122 S 16TH ST SHEBOYGAN, WI 53081 , US	
UNIT INDIVIDUAL 02	Sequence Of Events			
	01	Event MOTOR VEH IN TRANSPORT		
	02	Event MOTOR VEH IN TRANSPORT		
	03	Event		
	04	Event		
	Policy Holder			
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO		Individual ISAAC ORTEGA	
	Individual			
	Driver ISAAC JUSTO ORTEGA		Citations Issued 0	Sex MALE
	Address 2122 S 16TH ST SHEBOYGAN, WI 53081 , US		Date of Birth 04/28/1998	Race HISPANIC
Driver License Number 06324109814801		STATE: WISCONSIN COUNTRY: UNITED STATES		
UNIT INDIVIDUAL 02	Safety Equipment		On Duty Crash	
	Safety Equipment		SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	Helmet Compliance	
	Helmet Use		Tint Compliance	
	Eye Protection		Airbag NON DEPLOYED	
	Injury Severity NO APPARENT INJURY		Trapped/Extricated NOT TRAPPED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	EMS Agency Identifier	
	Medical Transport NOT TRANSPORTED		EMS Run #	
	Hospital		Date of Death	
	Time of Death		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED				
Non Motorist				
Striking Unit #		Location		

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CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT

1315 N 23RD ST

SHEBOYGAN, WI 53081

(920) 459-3333

UNIT	INDIVIDUAL	Prior Action			
		Action			
02	002	Action Other			To/From School
		Drug & Alcohol		Suspected Alcohol Use YES	
				Suspected Drug Use YES	
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
		Drug Type			
		Individual Condition APPEARED NORMAL			