DATE RECEIVED 5/20/2004

RECEIVED BY MC CLAIM NO. >

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

MAY 2 0 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. 3.	Attach and sign additional supportive sheets, if necessary. 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.								
Ave	Where did damage or injury occur? (give full description) The accident happened on Pain on the first south Taylor Drive/CTHTA NB in the City of Sheboygan, County of								
She	boygan, State of Wisconsin.								
She	How did damage or injury occur? (give full description) Mr. Ortega was rear-ended by a boygan County Sheriff squad vehicle driven by Deputy Bradley John Bottleman. Mr. Ortega's cicle sustained moderate damage and Mr. Ortega suffered physical injuries to his neck and								
	k 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:								

(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 outli- hereto, Mr. Ortega's vehicle sust- muffler. He sustained physical in	ained damage to the	rear of his vehi	
11. Name and address of any other	person injured:	n/a	
12. Damage estimate: (You are no	t bound by the amou	nts provided here	a.)
Auto:	\$5,000.00		
Property:	\$		
Personal injury:	\$250,000.0	0	
Other: (Specify below	\$		
TOTAL	\$255,000	.00	
Damaged vehicle (if applicabl	e)		
Make: Subaru Mo	del: Legacy	Year: 201	12
FOR ALL ACCIDENT NOTICES YOU MAY HOUSE NUMBERS, LOCATION OF VEHICL IS CLAIMANT VEHICLE, LOCATION OF There is a diagram in the Wisconotice of Circumstances of Claim SIGNATURE OF CLAIMANT BY SIGNING THIS I ACKNOWLEDGE HAVE	ES, INDICATING WHICE INDIVIDUALS, ETC. onsin Motor Vehicle that is attached he Attorne	H IS CITY VEHICLE Crash Report to reto.	E (IF APPLICABLE), WHICE that is attached to the nt DATE: 05/17/2024
V			P
DATE RECEIVED	and the state of t		Y
		CLAIM NO.	
	CLAIM		
Claimant's Name:		Auto	\$
Claimant's Address:		Property	\$
		Personal Injury	\$
Claimant's Phone No.		Other (Specify	below) \$
		TO	TAL \$

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

Telephone. (013) 480-4113 (

Fax: (615) 576-8668

Email: phil@wolfpacklawyers.com

WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT 1315 N 23RD ST SHEBOYGAN, WI 53081 (920) 459-3333

G7L0FLM80Z	Document Number Override	Primary Crash Document# Crash Time 11:10 PM Time Notified 11:10 PM		Agency Crash Number Date Arrived 05/07/2024 Total Units 02		Investigating Officer/Deputy OFFICER I. TRUSSELL Time Arrived 11:42 PM		
	Crash Date 05/07/2024							
	Date Notified 05/07/2024					Total Injured 01	Total Kille	ed
	On Emergency	lit and Run	Lane Clos	ure	Work Zone	Trailer or	Towed	Reporting Threshold
	Government Active So		School Bus Related NO		Tags			
	▼ Reportable	Crash Type DT4000 (STA	Crash Type DT4000 (STANDARD CRASH			Amended		Secondary Crash

Description Diagram Reconstruction By Photos By S Taylor Or Additional Information NONE Paine Ave

, 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.

WISCONSIN MOTOR VEHICLE CRASH REPORT

-	.ocation				Latitude			7	
- 1	ON PAINE	I PAINE AVE				SEADA		Longitu 97.75	
- 1		OR DR/ CTHTA	NB			43.724665434 X Coordinate 439151.40625		-87.755469894 Y Coordinate 4841570	
4		TY OF SHEBOY							
	IN SHEBO	YGAN COUNTY			Structure				
						RUCTURE			
(Crash So	cene							
T	First Harmfu	II Event				mful Event	Location		
		EH IN TRANSPO	ORT			ADWAY			
	Manner of C				Light Co				
-		T TO REAR			DARK/	y Factor(s)			
	WET	ce Condition(s)			Roadwa	y Factor(s)			
-	Environmen	nt Factor(s)							
1	NONE				NONE				
-	Weather Co	ndition(s)							
	RAIN								
1	Animal Type	9				To Trafficw			
-	0 101						ON ROAD		
	PUBLIC PI	sification - Location ROPERTY				Crash Classification - Jurisdiction NO SPECIAL JURISDICTION			
	Tribal Land					Access Control PARTIAL CONTROL		Special Study	
	Within Interchange Area Junction Location				Intersection Type NOT AN INTERSECTION				
L	NO		NON-JUNCTION		NOT AN INTERS	ECTION			
-	Jnit Sun	nmary ==		[1/1:1.6					
- 1	Unit Status Vehicle Operating As (
		IT			erating As Classification	on	Unit Type AUTOMO	BILE	
	IN TRANS	6.5.		D CLASS	erating As Classificatio	on	AUTOMO		ements
_	IN TRANS	6.5.	LE		erating As Classificatio	on			ements
_	IN TRANS	e	LE Train/Bus#Recorded			TotalTra	AUTOMO Operating /	As Endorse Total Ha	ements zMat Types
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WISCONSIN MOTOR VEHICLE CRASH REPORT

	Towed Due To Damage		Vehicle Removed By OPERATOR						
	What Driver Was Doing		Vehicle Factors						
	GOING STRAIGHT		NOT APPLICABLE						
	Driver Prior Action Other		NOT APPLICABLE						
VEHICLE	DriverActions FOLLOWING TOO CLOS	E							
0 10	Owner Name SHEBOYGAN COUNTY S (920) 459-3111	SHERIFFS DEPT	OwnerAddress 525 N 6TH ST SHEBOYGAN, WI 53081 ,	US					
	Sequence Of Events								
10	Event MOTOR VEH IN TRANSF	PORT							
05	Event MOTOR VEH IN TRANSF	PORT							
63	Event								
04	Event				give with a street with				
	Policy Holder								
	Insurance Company WISCONSIN-COUNTY-M	IIITIIAI -INS-COPP	Government SHEBOYGAN COUNTY SHE	FRIFES DEPT					
	Individual	DTOAL-ING-CON	SHEDOTOAR COCKTT CHE						
	Driver		Citations Issued	Sex					
۲	BRADLEY JOHN BOTTL	EMAN	0	MALE					
DO			Date of Birth 09/15/1993	Race WHITE					
INDIVIDUAL	Address 2502 STATE ROAD 33 PORT WASHINGTON, W	/I 53074 , US	Driver License Number B3450709333504 STATE: WISCONSIN COUN	TRY: UNITED STATES					
Sa	On Du	ity Crash	Safety Equipment						
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT						
	HelmetUse		Helmet Compliance						
	Eye Protection		Tint Compliance						
100	Injury Severity Injury Suspected MINOR INJURY		Airbag NON DEPLOYED						
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT AP	Trapped/Extricated						
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run#	<u> </u>				
	Hospital		Date of Death	Time of Death					
	Distracted Pu	cted By Source	LACTED)						
		APPLICABLE (NOT DISTR	(ACTED)						
	Distracted By NOT Distracted By Action NOT DISTRACTED	cted By Source APPLICABLE (NOT DISTR	ACTED)						

WISCONSIN MOTOR VEHICLE CRASH REPORT

		Non Motorist Strik	king Unit#	Location						
		PriorAction								
	INDIVIDUAL	Action								
		Action Other								
		Orug & Alcohol NO	spected Alcohol U	Jse	Suspected Drug Use			a de la companya de l		
		Alcohol Test Given		AlcoholTestTyp			Alcohol Test Results			
		Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Result	ds.			
5	100	Drug Type		1		<u> </u>				
		Individual Condition APPEARED NORMAL								
	Uni	t Summary								
		Status FRANSIT		1	Vehicle Operating As Class D CLASS	sification	Unit Type AUTOMOBILE			
70	Veh	hicle Type				4,004,000,000,000,000,000,000,000,000,0	Operating As Endorsements			
	PASSENGER CAR Total Occs Train/Bus#Recorded			Total#Citations Issued	Total Tra	ilers Total H	azMat Types			
_		Insurance? Direction Of Travel YES NORTHBOUND			Pre CrashTire Speed Li Mark 25		mit Total La	anes		
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT				Special Function NO SPECIAL FUNCTION	ON	NOT APPLICABL	E		
	1	fic Way O-WAY, NOT DIVIDED			Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO			
		Surface Type CONCRETE			Road Curvature Road Grade LEVEL					
	Truc	ck Bus or HazMat								
		Vehicle								
		License Plate Number AUV3747			Plate Type AUT - AUTOMOBILE	St Country of Issuance UNITED STATES				
05	02		Vehicle Identification Number 4S3BMCC62C3017285		Make SUBARU	Year 2012	Model LEGACY			
		Color BLU - BLUE			Body Style Bu SD - SEDAN		Bus Use			
-	CLE	Initial Contact Point 07 - LEFT REAR COR	RNER		Vehicle Damage			7 8 9 10 11 6 12		
LNO	VEHICLE	Extent Of Damage MINOR DAMAGE			07 - LEFT REAR COR	RNER		5 4 3 2 1		
		Towed Due To Damage NOT TOWED			Vehicle Removed By OPERATOR					

WISCONSIN MOTOR VEHICLE CRASH REPORT

	What Driver Was Doing RIGHT TURN		Vehicle Factors			
	Driver Prior Action Other		NOT APPLICABLE			
VEHICLE	Driver Actions NO CONTRIBUTING ACTION					
02	OwnerName ISAAC JUSTO ORTEGA	ī .	Owner Address 2122 S 16TH ST SHEBOYGAN, WI 53081 ,	us		
	Sequence Of Events	5				
10	Event					
32	Event MOTOR VEH IN TRANS	PORT				
	Event					
	Event					
			Individual	Individual		
	PROGRESSIVE-CLASSIC-INS-CO		ISAAC ORTEGA			
	Individual					
	On Duty Crash		The state of the s			
NAL			Date of Birth	Race		
INDINID			Driver License Number O6324109814801 STATE: WISCONSIN COUNTRY: UNITED STATES Safety Equipment			
Sa						
	Row	Seat Position	SHOULDER & LAP BELT			
	Helmet Use Eye Protection		Helmet Compliance Tint Compliance			
005	Injury Severity Injury NO APPARENT INJURY		Airbag NON DEPLOYED			
	Ejected Ejection Path NOT EJECTED NOT EJECTED/NOT A Medical Transport		APPLICABLE	Trapped/Extricated NOT TRAPPED		
			EMS Agency Identifier	EMS Run#		
	Hospital		Date of Death	Time of Death		
	Distracted By NOT	acted By Source	TRACTED)			
				and the second s		
	Distracted By Action NOT DISTRACTED					
	S INDIVIDUAL 04 03 02 01	RIGHT TURN Driver Prior Action Other Driver Actions NO CONTRIBUTING AC Sequence Of Events Event MOTOR VEH IN TRANS Event Event Folicy Holder Insurance Company PROGRESSIVE-CLASS Individual Driver ISAAC JUSTO ORTEGA Address 2122 S 16TH ST SHEBOYGAN, WI 5308 Safety Equipment Row 01 - FRONT ROW Helmet Use Eye Protection NOT Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital	RIGHT TURN Driver Prior Action Other Driver Prior Action Other Driver Prior Action Other Driver Prior Action Other Driver Actions NO CONTRIBUTING ACTION Owner Name ISAAC JUSTO ORTEGA Sequence Of Events Event MOTOR VEH IN TRANSPORT Event Event Event Policy Holder Insurance Company PROGRESSIVE-CLASSIC-INS-CO Individual Driver ISAAC JUSTO ORTEGA Address 2122 S 16TH ST SHEBOYGAN, WI 53081 , US Safety Equipment Row 01 - FRONT ROW 01 - FRONT ROW Helmet Use Eye Protection Injury Injury Severity NO APPARENT INJURY Ejected NOT EJECTED/NOT Medical Transport NOT TRANSPORTED Hospital	POLICY HOLDER Individual Driver Brior Action Other Owner Name ISAAC JUSTO ORTEGA Sequence Of Events Event MOTOR VEH IN TRANSPORT Event MOTOR VEH IN TRANSPORT Event MOTOR VEH IN TRANSPORT Event Event Event Event Event Driver IsAAC JUSTO ORTEGA Individual Driver IsAAC JUSTO ORTEGA Address 2122 \$16TH \$T SHEBOYGAN, WI 53081 , I Event Date of Birth 04/28/1998 Address 2122 \$16TH \$T SHEBOYGAN, WI 53081 , US Safety Equipment Row 01 - FRONT ROW 01 - FRONT ROW 01 - FRONT ROW 01 - FRONT ROW Injury NO APPARENT INJURY NO APPARENT INJURY NO APPARENT INJURY NOT EJECTED Medical Transpot NOT TRANSPORTED Hospital NOT TRANSPORTED EMS Agency Identifier EMS Agency Identifier	Direct Processor Connect Name BAAC JUSTO ORTEGA Connect Address NO CONTRIBUTING ACTION Connect Name BAAC JUSTO ORTEGA Connect Address 1212 S 1677H ST SHEBOYGAN, WI 53081 , US Sequence Of Events Event Event Event Event Policy Holder Insurance Company PROGRESSIVE-CLASSIC-INS-CO Individual Direct Connect Size	

WISCONSIN MOTOR VEHICLE CRASH REPORT

TINO	INDIVIDUAL	Prior Action Action						
		Action Other	ected Alcohol Use	Suspected Drug Use			To/From School	
	1	Drug & Alcohol YES		YES				
		Alcohol Test Given TEST NOT GIVEN	AlcoholTestType	1900	that is the	Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	s	,	
02	005	Drug Type						
		Individual Condition APPEARED NORMAL						