



# CITY OF SHEBOYGAN

## NOTICE OF DAMAGE OR INJURY

### Instructions:

- Complete all applicable information on this form.
- Notice of death and/or injury to persons or to property must be filed not later than 120 days after the occurrence.
- Attach and sign additional supportive sheets, if necessary.
  - o Note: Two estimates must be attached if you are claiming damage to a vehicle.
- This notice form must be signed and filed with the Office of the City Clerk at 828 Center Ave., Sheboygan, WI or submitted via email to Meredith.DeBruin@sheboyganwi.gov.

### Claimant Information

Name of Claimant: State Farm

Home Address of Claimant: PO Box 52250 Phoenix AZ 85072

Home Phone Number of Claimant: 855-341-8184

Name and Address of Other Person(s) Injured (if applicable): \_\_\_\_\_

### Occurrence Information

Date and Time of Day Damage or Injury Occurred: 12/11/2024 08:30 AM

Full Description of Where Damage or Injury Occurred: Gorham St and Bassett, Madison, WI

Full Description of How Damage or Injury Occurred: Nancy was travelling in the far left lane on a three lane road. Ryan was in the center lane. Ryan turned left/merged into the lane Nancy occupied. Ryan's vehicle collided with Nancy's vehicle.

**Liability Information**

If the basis of liability is alleged to be an act or omission of a City Officer or Employee, complete the following:

- Name of Officer or Employee (if known): Ryan Sorenson
- Claimant's Statement of the basis of such liability: Ryan merged into Nancy's lane hitting Nancy's vehicle

If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

- Public Property alleged to be dangerous: \_\_\_\_\_
- Claimant's Statement of the basis of such liability: \_\_\_\_\_

Give a description of the injury, property damage, and/or loss so far as is known at this time:  
2024 Mercedes Benz GLE 350 - PS Door(s), PS Quarter Panel, Wheel/Rim

**Monetary Estimate Information**

Fill out the following applicable information You are not bound by the amounts provided:

- Auto:                 \$ 21,315.30
- Property:            \$ \_\_\_\_\_
- Personal Injury: \$ \_\_\_\_\_
- Other:                \$ \_\_\_\_\_
  - o If other, please specify:  
\_\_\_\_\_

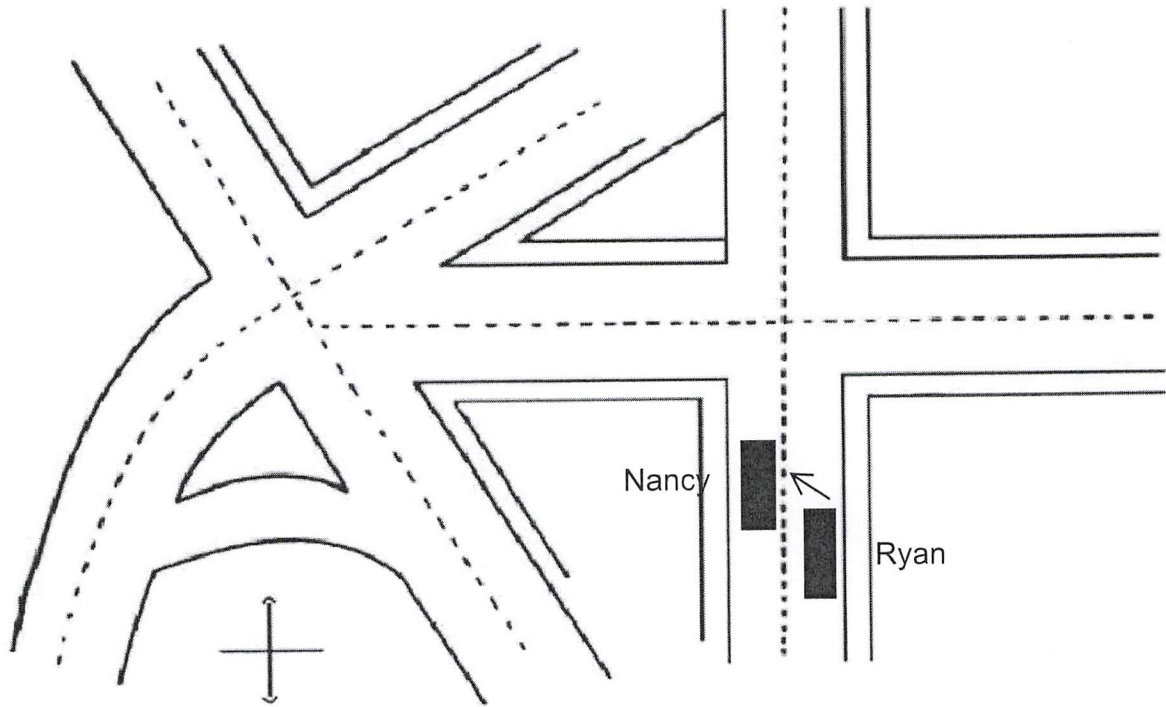
Two estimates must be attached if you are claiming damage to a vehicle. Complete the following section (if applicable):

- Vehicle Make: Mercedes Benz
- Vehicle Model: GLE 350
- Year of Vehicle: 2024
- Mileage of Vehicle: 19343
- Name and addresses of witnesses, doctors, and/or hospitals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Information**

For all accident notices, complete the following diagram in detail. Be sure to include names of all streets, house numbers, location of individuals/witnesses, and location of vehicles. Indicate which are City-owned vehicles (if applicable) and which is the claimant's vehicle.

Note: If the diagram below does not fit the situation, attach a proper diagram to this notice and add your signature for verification.



**Additional Information**

Please include copies of all bills, invoices, and/or estimates. Attach and sign additional supportive sheets, if necessary.

- Reminder: Two estimates must be attached if you are claiming damage to a vehicle.

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury form. The claim is for relief in the form of money damages in the total amount of \$ 21315.30.

**Certify and Sign**

By submitting this claim form, I certify that all information provided is accurate, complete, and truthful to the best of my knowledge. I understand that submitting false or misleading information, including but not limited to false claims of loss or injury, is a criminal offense (Wisconsin Statutes 943.395) and may result in legal action, including penalties, fines, and/or imprisonment. I acknowledge that I may be required to repay any benefits obtained through fraudulent claims and that my actions may result in the denial of this claim and future claims.

Megan  
Sample

Digitally signed by Megan  
Sample  
Date: 2025.02.27 13:45:35  
-06'00'

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant Address: PO Box 52250 Phoenix AZ 85072

**To Be Completed by the City of Sheboygan**

Date Received: 2/27/2025

Received By: Melissa Cwenger

Claim Number: 19-24

State Farm claim # 49-7726-39