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II

R. O. No. 87 - 21 - 22. By CITY CLERK. October 4, 2021.

Submitting a Summons and Complaint in the matter of Shari Lynn Smith vs.
City of Sheboygan.

TSP

CITY CLERK

STATE OF WISCONSIN

CIRCUIT COURT

SHEBOYGAN

SHARI Lynn SMITH vs. City of Sheboygan

**Electronic Filing
Notice**

Case No. 2021SC001332

Class Code: Sm Claim, Claim Under \$ Limit

FILED

09-15-2021

Sheboygan County

Clerk of Circuit Court

2021SC001332

Honorable Samantha R.

Bastil

Branch 1

CITY OF SHEBOYGAN
828 CENTER AVE SUITE 210
CITY HALL
SHEBOYGAN WI 53081

Case number 2021SC001332 was electronically filed with/converted by the Sheboygan County Circuit Court office. The electronic filing system is designed to allow for fast, reliable exchange of documents in court cases.

Parties who register as electronic parties can file, receive and view documents online through the court electronic filing website. A document filed electronically has the same legal effect as a document filed by traditional means. Electronic parties are responsible for serving non-electronic parties by traditional means.

You may also register as an electronic party by following the instructions found at <http://efiling.wicourts.gov/> and may withdraw as an electronic party at any time. There is a \$20.00 fee to register as an electronic party. This fee may be waived if you file a Petition for Waiver of Fees and Costs Affidavit of Indigency (CV-410A) and the court finds you are indigent under §814.29, Wisconsin Statutes.

If you are not represented by an attorney and would like to register an electronic party, you will need to enter the following code on the eFiling website while opting in as an electronic party.

Pro Se opt-in code: 5acd93

Unless you register as an electronic party, you will be served with traditional paper documents by other parties and by the court. You must file and serve traditional paper documents.

Registration is available to attorneys, self-represented individuals, and filing agents who are authorized under Wis. Stat. 799.06(2). A user must register as an individual, not as a law firm, agency, corporation, or other group. Non-attorney individuals representing the interests of a business, such as garnishees, must file by traditional means or through an attorney or filing agent. More information about who may participate in electronic filing is found on the court website.

If you have questions regarding this notice, please contact the Clerk of Circuit Court at 920-459-3070.

Sheboygan County Circuit Court
Date: September 16, 2021

received
9-20-21

**SHEBOYGAN COUNTY****Susan M. Schaubel***Sheboygan County Assistant Court Commissioner*

May 1, 2021

To all litigants,

PLEASE NOTE: WHILE SOME CIVIL PROCEEDINGS ARE GOING FORWARD IN PERSON, SMALL CLAIMS INITIAL APPEARANCES (OR RETURN DATES) ON MONDAY MORNINGS AT 8:30 ARE NOT BEING HELD IN PERSON AT THIS TIME. THIS ORDER IS IN EFFECT INDEFINITELY. DO NOT COME TO THE COURTHOUSE FOR SMALL CLAIMS INITIAL APPEARANCES (RETURN DATES) ON MONDAY MORNINGS.

THESE SPECIFIC LOCAL INSTRUCTIONS OVERRIDE ANY LANGUAGE REGARDING APPEARANCES ON THE COMPLAINT ITSELF, INCLUDING IN THE BOX MARKED "WHEN TO APPEAR/FILE AN ANSWER". FOLLOW THE INSTRUCTIONS BELOW ONLY.

Small claims initial appearances will go forward as outlined below. The courts are in the process of amending the procedures for Small Claims court and any changes to the rules will be sent to all litigants.

DO NOT COME TO THE COURTHOUSE FOR ANY SMALL CLAIMS PROCEEDING WITHOUT SPECIFIC ORDERS TO DO SO!

If you have a scheduled **INITIAL APPEARANCE** and:

- You are a **PLAINTIFF**, you do not need to file a letter of appearance, but Proofs of Service and non-military service must still be in the clerk of courts office prior to the date scheduled. We would prefer those to be mailed in, if possible.
- You are a **DEFENDANT**, you may answer one of two ways:
 - You may mail in your answer form. Defendants should have received a copy of the form with the complaint. If you do not have a form, it can be downloaded at wicourts.gov; under "Forms," "Small Claims". Form SC5200V. Answers must be received by the Clerk of Courts Office before the date scheduled for the initial appearance and a copy should be mailed to the plaintiff.
 - You may call the Clerk of Courts office Small Claims answer line before your scheduled initial appearance date. **This phone number is ONLY to be used for filing a temporary answer to a Small Claims case.** This is a recorded answer line. No staff member will pick up. Messages left at that number regarding anything other than an answer to an upcoming initial appearance will not be

returned. You must leave your name, address, telephone number and case number. Please state **ONLY** that you are entering a denial. DO NOT give the reasons for your denial. If this is an **EVICTIION** action, you must file a written, detailed answer with the Clerk of Courts within 3 days after your scheduled initial appearance and mail a copy to the plaintiff. If this is a **MONETARY ACTION ONLY**, you should file a written detailed answer with the Clerk of Courts within 10 days of your scheduled initial appearance date.

The Small Claims Initial Appearance answer line phone number is (920) 459-3073.

You must keep your address and telephone number updated with the Clerk of Courts at all times. If you have cases other than a small claims matter, you must advise the clerk about every pending case that you have before each circuit court branch so that changes can be made to every file. At this point, the state case filing system does NOT have a universal address replacement function.

Eviction hearings will continue to be scheduled before the circuit court branches by teleconference. Notice will be sent to the parties informing them of the date and time of their appearance and procedures for calling in to the hearing.

At this time, all small claims pretrials will continue be held by teleconference only. A date will be mailed to you. Instructions for the hearing and the phone number to call will be listed on the order sent.

Fact finding hearings in Small Claims proceedings will resume during the late Spring/early Summer of 2021. Dates, procedures and specific instructions for the conduct of these hearings will be forwarded to the parties as the hearings are scheduled. Please note that, as scheduling permits, hearings will be held in the order in which cases were filed. Absent extraordinary circumstances (such as documented life-threatening illness), no exceptions will be made to this rule.

Any questions should be directed to the Clerk of Courts office at (920) 459-3070.

We know that these are anxious and frustrating times for everyone and we deeply appreciate your cooperation in these matters.

Sincerely,



Susan M Schaubel
Assistant Court Commissioner

FILED

09-15-2021

Sheboygan County

Clerk of Circuit Court

2021SC001332

Honorable Samantha R.
Bastil

Branch 1

DATE SIGNED: September 16, 2021

Electronically signed by Melody Lorge
Clerk of Court

STATE OF WISCONSIN

CIRCUIT COURT

SHEBOYGAN COUNTY

☐ Amended

SHARI Lynn SMITH vs. City of Sheboygan

**Summons and
Complaint Small Claims**Case No: 2021SC001332
Sm Claim, Claim Under \$ Limit 31001**Plaintiff:**SHARI Lynn SMITH
13 CROSSBRIDGE CT
Madison, WI 53717**Defendant:**City of Sheboygan
828 Center Ave Suite 210
City Hall
Sheboygan, WI 53081

This form does not replace the need for an interpreter, any colloquies mandated by law, or the responsibility of court and counsel to ensure that persons with limited English proficiency fully comprehend their rights and obligations.

If you require reasonable accommodations due to a disability to participate in the court process, please call 920-459-3070 at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

SUMMONS**To the Defendant(s):**

You are being sued as described on the attached complaint. If you wish to dispute this matter:

☒ You must appear at the time and place stated.

-- Or --

☒ You must file a written answer and provide a copy to the plaintiff or plaintiff's attorney on or before the date and time stated.

If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.

When to Appear/File an Answer

Date	Time
10-11-2021	08:30 am

Place to Appear/File an AnswerSheboygan County Courthouse
B-10 Lower Level
615 N 6th Street
Sheboygan WI 53081

Date Summons Issued	Date Summons Mailed
09-16-2021	09-16-2021

STATE OF WISCONSIN, CIRCUIT COURT, SHEBOYGAN COUNTY

Plaintiff: [Name (First, Middle, Last), Address, City, State, Zip]

SHARI L SMITH
 13 CROSSBRIDGE CT
 MADISON WI 53717

☐ See attached for additional plaintiffs.

-VS-

To: Defendant(s): [Name (First, Middle, Last), Address, City, State, Zip]

CITY OF SHEBOYGAN
 CITY HALL
 828 CENTER AVE. SUITE 210
 SHEBOYGAN WI 53081

☐ See attached for additional defendants.☐ Amended

Summons and Complaint (Small Claims)

Case No. _____

- ☒ Claim for money (\$10,000 or less) 31001
☐ Tort/Personal injury (\$5,000 or less) 31010
☐ Return of property (replevin) 31003
☐ Eviction 31004
☐ Eviction due to foreclosure 31002
☐ Arbitration award 31006
☐ Return of earnest money 31008

If you require reasonable accommodations due to a disability to participate in the court process, please call _____ prior to the scheduled court date. Please note that the court does not provide transportation.

SUMMONS

To the Defendant(s):

You are being sued as described on the attached complaint. If you wish to dispute this matter:

- ☐ You must appear at the time and place stated.
☐ You must file a written answer and provide a copy to the plaintiff or plaintiff's attorney on or before the date and time stated.

If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.

Clerk/Attorney Signature

When to Appear/File an Answer

Date

Time

Place to Appear/File an Answer

Date Summons Issued

Date Summons Mailed

FILED

09-15-2021

Sheboygan County

Clerk of Circuit Court

2021SC001332

Honorable Samantha R.
Bastil

Branch 1

COMPLAINT

Plaintiff's Demand:

The plaintiff states the following claim against the defendant(s):

1. Plaintiff demands judgment for (Check as appropriate)

☒ Claim for Money \$ 2025.10☐ Tort/Personal Injury \$ _____☐ Return of property (replevin) (Describe property in 2 below.) (Not to include Wis. Stats. 425.205 actions to recover collateral.)☐ Eviction☐ Eviction due to foreclosure☐ Return of Earnest Money☐ Confirmation, vacation, modification or correction of arbitration award

Plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

2. Brief statement of dates and facts:

(If this is an eviction action and you are seeking money damages, you must also state that claim on this form.)

SEE ATTACHED

☒ See attached for additional information. Provide copy of attachments for court and defendant(s).I am the: ☒ plaintiff. ☐ attorney for the plaintiff.▶ Shari L Smith

Plaintiff's Signature

SHARI L SMITH

Name Printed or Typed

13 CROSSBRIDGE CT

Address

MADISON WI 53711catwoman1949@hotmail.com

Email Address

608-320-6513

Telephone Number

Date

9/14/21

Attorney's Signature

Attorney's Name Printed or Typed

Attorney's Address

Attorney's Email Address

Attorney's Telephone Number

Date

State Bar No.

Shari L. Smith (Plaintiff)

2. Statement of dates and facts

5/3/21 between 5:30pm and 6:00pm

I was driving north on Taylor drive (just south of intersection with Geele). I was in the right lane. The street was being repaired, both the right and left side of Taylor drive. All of a sudden my either fell into a deep hole. Because it was dark and raining and there was no place to stop on Taylor drive, I kept driving.

5/4/2021

In the morning I noticed one of left tires was very low. Realizing this was the event on 5/3/21 on Taylor drive, I drove to the Buick dealer in Sheboygan. Upon meeting with the service consultant, Zak Brill, I found the same thing happened to him around the same time of day causing him to have a flat tire upon impact and damage to both right side front and rear rims. Upon investigation, they found my right rear rim was severely damaged and would have to be replaced. Photos were taken of the rim. I contacted my insurance, Geico who then sent a representative to check the damage and approve repair. The service consultant indicated it would take 3 days to get a new rim.

Zak Brill also shared with me that he saw a car pulled over on Geele with a tow truck. While I can only speculate that another vehicle was damaged, I expect that was the case.

5/4/2021

As I was in Sheboygan on vacation for the week, and did not know anyone, I had to have transportation and my only option was to rent a vehicle. While Geico would have supported a rental, the company they use, Enterprise, had no vehicles available, thus, I had no option but to go to the only other car rental available in Sheboygan, Avis. The rental car cost me \$234.67.

5/4/2021

I also called the city to report the condition of the road and were told they were aware. Once I had a rental car I drove to the area on Taylor drive and found it was repaired with a "slow" sign place on the curb. (photos provided).

5/5/2021

Upon further investigation, it was found that my right front rim was also heavily damaged and would have to be replaced. This required additional approval from Geico as well as required I extend the rental vehicle two additional days.

5/7/2021

Replace/repairs were completed. The repairs included replacing both the right front and rear rims replacing valve stems, balancing wheel/tires. The total cost of repairs was \$1790.43 (receipts provided). My insurance paid all but my \$500 deductible, however, my insurance company should not have to pay when someone else is liable for the damage.

The total cost of car rental totaled \$234.67 (receipts provided).

It is my belief that the City of Sheboygan was negligent in not closing a road that was not safe to drive on. Irregardless if the road was impacted by weather conditions, causing the road to deteriorate, the

road would have had to be left in unsafe conditions for this to occur. A road does not simply fall apart when it rains.

The City of Sheboygan road crew would have seen the destructive state of Taylor drive on the morning of 5/4/2021 when repairing the road, however, I do not expect anyone who works for the city is going to confess that the road was indeed in dangerous condition. I believe two vehicles (maybe more) that on the same day, at the same time, that encountered the exact same damages at the exact same location on Taylor drive, support negligence by the City of Sheboygan.

My claim was/is based upon documented damages, not damages that were "allegedly received" as Charles Adams, the city attorney indicated when my claim with the City of Sheboygan was denied on July 15, 2021.

SHEBOYGAN
CHEVROLET | BUICK | GMC | CADILLAC

3400 S. Business Dr.
Sheboygan, WI 53081



Genuine Parts

SERVICE
920 459-6850
888 459-6850 (TOLL FREE)

SALES
920 459-6840
800 459-6840 (TOLL FREE)

Certified Service

PARTS:
920 459-6845
888 459-6845 (TOLL FREE)

BODY SHOP
920 459-6855
888 459-6855 (TOLL FREE)

www.sheboyganauto.com

CELL: 608-320-651

CUSTOMER NO. 210497	ADVISOR ZAK BRILL	TAG NO. 031 1321	INVOICE DATE 05/07/21	INVOICE NO. CTCS972763
SHARY SMITH 13 CROSSBRIDGE CT MADISON, WI 53717	LICENSE NO.	MILEAGE 52,861	COLOR /	STOCK NO.
	YEAR / MAKE / MODEL 16/BUICK/CASCADE/2DR CONV			DELIVERY DATE
	VEHICLE I.D. NO. W 0 4 W T 3 N 5 3 G G 0 6 1 6 1 9			DELIVERY MILES
	R.T.E. NO.			PRODUCTION DATE
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	R.O. DATE 05/04/21	
			MO: 52863	

JOB# 1 CHARGES

LABOR				TECH(S) 1979		36.00
REPLACE BENT AND DAMAGED PASSENGER FRONT AND REAR RIMS						
GEICO INSURANCE 0110296910101151-01						
CUSTOMER TO PAY \$500.00 DEDUCTIBLE						
PARTS	QTY	FP	NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE
	1		39003341	WHEEL 5.803	837.57	837.57
	-1		39003341	CORE RETURN	50.00	50.00
	2		6666	VALVE STE	3.00	3.00
	1		39003341	WHEEL 5.803	837.57	837.57
	-1		39003341	CORE RETURN	50.00	50.00
TOTAL - PARTS						1581.14

HOURS:
SERVICE, PARTS, BODY SHOP
MON - FRI 7:00 AM - 5:00 PM
SAT 7:30 AM - NOON

SALES
MON - THURS 8:00 AM - 8:00 PM
FRI 8:00 AM - 6:00 PM
SAT 8:00 AM - 5:00 PM

SCC

VISION STATEMENT

"Our Vision is to be So Effective that we are Able to be Helpful to Others"

MISSION STATEMENT

"Our Mission is to Provide Automotive Products and Services that Exceed Our Customers' Needs and Expectations", While Creating Enthusiasm, Thru Teamwork, Empowerment, Dedication to Ongoing Improvement and to be a Leader in Quality, Market, and Financial Performance.

DISCLAIMER OF WARRANTIES:

Any warranties on the products sold hereby are those made by the manufacturer. The seller, SHEBOYGAN CHEVROLET-CADILLAC, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

CUSTOMER SIGNATURE

Motor vehicle repair trade practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

JOB# 1 TOTALS

LABOR 36.00
PARTS 1581.14

JOB# 1 JOURNAL PREFIX CTCS JOB# 1 TOTAL 1617.14

JOB# 2 CHARGES

LABOR		TECH(S) 1979		0.00
MULTIPOINT INSPECTION				
MULTIPOINT VEHICLE INSPECTION				
MULTIPOINT VEHICLE INSPECTION				
Multi-Point Vehicle Inspection (see MPI sheet) All				

JOB# 2 TOTALS

JOB# 2 JOURNAL PREFIX CTCS JOB# 2 TOTAL 0.00

JOB# 3 CHARGES

LABOR		TECH(S)	
05/05/2021	4 WHEEL ALIGNMENT	979	79.0
Added Operation (ZAKB @ 05/05/2021 11:07)			
PERFORM 4 WHEEL ALIGNMENT / ADDITIONAL CHARGES FOR SHIMS			
AND FOR REMOVING KNOCK OUTS			
4 Wheel Alignment All			

JOB# 3 TOTALS

LABOR 79.95

JOB# 3 JOURNAL PREFIX CTCS JOB# 3 TOTAL 79.95

ESTIMATE

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$1790.43 (4TAX)

SHEBOYGAN
CHEVROLET | BUICK | GMC | CADILLAC

3400 S. Business Dr.
Sheboygan, WI 53081



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CELL: 608-320-6513

CUSTOMER NO. 210497	ADVISOR ZAK BRILL	TAG NO. 031 1321	INVOICE DATE 05/07/21	INVOICE NO. CTCS972763
SHARY SMITH 13 CROSSBRIDGE CT MADISON, WI 53717	LICENSE NO.	MILEAGE 52,861	COLOR 7	STOCK NO.
	YEAR / MAKE / MODEL 16/BUICK/CASCADE/2DR CONV		DELIVERY DATE	DELIVERY MILES
	VEHICLE I.D. NO. W04WT3N53GG061619		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. DATE 05/04/21	
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS		

MO: 52863

TOTALS

* [] CASH [] CREDIT CARD [] CHARGE *

HOME OF THE EXCLUSIVE
SHEBOYGAN LIFETIME POWERTRAIN WARRANTY
ON SELECT NEW AND PRE-OWNED VEHICLES IN STOCK
SEE SALES FOR DETAILS

TOTAL LABOR.... 115.95
TOTAL PARTS.... 1581.14
TOTAL SUBLET... 0.00
TOTAL G.O.G.... 0.00
TOTAL MISC CHG. 0.00
TOTAL MISC DISC 0.00
TOTAL TAX..... 93.34

TOTAL INVOICE \$ 1790.43

THANK YOU FOR YOUR BUSINESS!!

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATE LIMITED
LIFETIME SERVICE GUARANTEE APPLIES FOR CUSTOMER PAY
REPAIRS. COMMERCIAL APPLICATIONS EXCLUDED.

CUSTOMER SIGNATURE

BUICK

GMC



Cadillac

✓ Pd 500. CC
Deduct
✓ Ing
Check
437.39

HOURS:
SERVICE, PARTS, BODY SHOP
MON - FRI 7:00 AM - 5:00 PM
SAT 7:30 AM - NOON
SALES
MON - THURS 8:00 AM - 8:00 PM
FRI 8:00 AM - 6:00 PM
SAT 8:00 AM - 5:00 PM

SCC

VISION STATEMENT

"Our Vision is to be So Effective
that we are Able to be Helpful to
Others"

MISSION STATEMENT

"Our Mission is to Provide
Automotive Products and Services
that Exceed Our Customers'
Needs and Expectations", While
Creating Enthusiasm, Thru
Teamwork, Empowerment,
Dedication to Ongoing
Improvement and to be a Leader in
Quality, Market, and Financial
Performance.

DISCLAIMER OF WARRANTIES:

Any warranties on the products sold hereby are
those made by the manufacturer. The seller,
SHEBOYGAN CHEVROLET-CADILLAC, hereby
expressly disclaims all warranties, either express
or implied, including any implied warranty of
merchantability or fitness for a particular purpose,
and neither assumes nor authorizes any other
person to assume for it any liability in connection
with the sale of said products.

CUSTOMER SIGNATURE

Motor vehicle repair trade practices are regulated by
chapter ATCP 132, Wis. Adm. Code, administered by
the Bureau of Consumer Protection, Wisconsin Dept. of
Agriculture, Trade and Consumer Protection, P.O. Box
8911, Madison, Wisconsin 53708-8911.

Jeschmitz@geico.com

GEICO

WISCONSIN

For supplements visit: partners.geico.com

PO BOX 1231

Manitowoc, WI 54221

Phone: (920) 412-8102

Claim #:

0110296910101151-01

Workfile ID:

60799418

Estimate of Record

Written By: JEFFREY SCHMITZ, 5/5/2021 9:14:25 AM

Adjuster: SCHMITZ, JEFFREY

Insured:	Shari Smith	Owner Policy #:	0435631700	Claim #:	0110296910101151-01
Type of Loss:	Collision	Date of Loss:	05/03/2021 06:00 PM	Days to Repair:	1
Point of Impact:	21 Undercarriage	Deductible:	500.00		

Owner (Insured):

Shari Smith
13 Crossbridge Ct
Madison, WI 53717
(608) 263-2701 Business
(608) 263-2701 Evening

Inspection Location:

Bulck Dealership
Bulck Dealership
3400 South Business Dr
Sheboygan, WI 53081
Field
(920) 459-6840 Day

Appraiser Information:

(920) 412-8102

Repair Facility:

SHEBOYGAN CHEVROLET
3400 S BUSINESS DR
SHEBOYGAN, WI 53081
391695786 Federal ID
collisioncenter@sheboyganauto.com

VEHICLE

2016 BUIC Cascada Premium 2D-CNVT 4-1.6L Turbocharged Gasoline Direct Injection BLACK

VIN:	W04WT3N53GG061619	Production Date:		Interior Color:	
License:	338-VBK	Odometer:	52861	Exterior Color:	BLACK
State:	WI	Condition:			

TRANSMISSION

AUTOMATIC TRANSMISSION
OVERDRIVE

DRIVER CONVENIENCE

KEYLESS ENTRY
REMOTE STARTER
MESSAGE CENTER
POWER DRIVER SEAT
POWER WINDOWS
POWER LOCKS
POWER MIRRORS
HEATED MIRRORS
CRUISE CONTROL
INTERMITTENT WIPERS
TILT WHEEL
TELESCOPIC WHEEL
HEATED STEERING WHEEL

STEERING WHEEL TOUCH
CONTROLS

INSTRUMENT PANEL

TRACTION CONTROL
STABILITY CONTROL
LANE DEPARTURE WARNING
ALARM
AIR CONDITIONING
CLIMATE CONTROL
REAR DEFOGGER
HANDS FREE DEVICE
COMMUNICATION SYSTEM
NAVIGATION SYSTEM
RADIO
AM RADIO
FM RADIO
STEREO
SEARCH/SEEK

CD PLAYER

AUXILIARY AUDIO CONNECTION
SATELLITE RADIO

ROOF

POWER CONVERTIBLE ROOF
SAFETY
DRIVERS SIDE AIR BAG
PASSENGER AIR BAG
FRONT SIDE IMPACT AIR BAGS
ROLLBAR

PAINT

CLEARCOAT PAINT
METALLIC PAINT
FRONT END
FOG LAMPS
XENON OR L.E.D. HEADLAMPS
POWER STEERING

POWER BRAKES

ANTI-LOCK BRAKES (4)

GLASS & MIRRORS

DUAL MIRRORS

SEATS

LEATHER SEATS
BUCKET SEATS
POWER PASSENGER SEAT
HEATED SEATS
REAR HEATED SEATS

REAR END

PARKING SENSORS
BACKUP CAMERA

WHEELS

4-WHEEL DISC BRAKES
20" OR LARGER WHEELS

Gas \$8.51 5/7/21

FILED

09-15-2021

Sheboygan County

Clerk of Circuit Court

2021SC001332

Honorable Samantha R.
Bastil

Branch

RENTAL AGREEMENT NUMBER 653577536

Customer Name : SMITH, SHARI
 Drivers License Number : USHIXXXXXXXXXX9307
 Methods of Payment : MASTER XX7666

RESERVATION NUMBER 03029222-US-0

Avis Car Number : 9 5 6 4 5 1 8 5
 Plate Number : TX NHT2526
 Veh Description : BLK CHEVY MALIBU
 Odometer Out : 5100 MIs
 Fuel Gauge Reading: Full

Pickup : 09/15/21 01:51 PM
 Pickup Location : BUSINESS DRIVE
 WI, 53081, US

Return Date/Time : MAY 07, 2021 01:00 PM
 Return Location : 3085 SOUTH BUSINESS DRIVE
 SHEBOYGAN, WI, 53081, US

Additional Fees May Vary If Changes Are Made To Your Return Date, Time And/or Location.

YOUR ESTIMATED VEHICLE CHARGES

MIN 1 DAY, IF NOT NET DLY RI= 72.99 MAX
 RATE CHART TIME AND MILEAGE
 HRLY : 57.00
 AD DV: 72.99
 PER : 210.97 PRE 210.97= 210.97
 MILE : Unlimited

less 5.00% Discount =

Your Estimated Time & Mileage:

VEN LICENSE RECOUP .85 /DV

ENERGY RECOVERY FEE .60 /DV

Estimated Subtotal Charges:

Sales Tax 10.500%

Pay Voucher 234.67

YOUR ESTIMATED TOTAL CHARGES X

YOUR OPTIONAL PRODUCTS/SERVICES

DAY Loss Damage Waiver	29.99/Day	Declined
Personal Accident Insurance	7.00/Day	Declined
Personal Effects Protection	2.95/Day	Declined
Additional Liability Insurance	16.25/Day	Declined

By my initials I accept or decline optional services/products as shown above. X

Please return the vehicle with the same fuel level as you received it. Please provide a receipt for fuel purchased. If you do not, additional fuel fees may apply. 000-074

MIs equals a 15.99 flat rate fee. 075 MIs and above equals .3444 per MI or 9.990 per Gal. X

I understand that important information on cashless toll roads and e-Toll services can be found at avis.com/etoll X

-----NOTICES-----AVIS-----NOTICES

I AGREE TO: BE CONTACTED ABOUT THE RENTAL BY CALLS OR TEXTS AT THE PHONE NUMBER(S) PROVIDED; AVIS'S COLLECTION AND USE OF VEHICLE DATA (INCLUDING DIAGNOSTIC, LOCATION, DAMAGE, PERFORMANCE & OPERATIONAL DATA LIKE MILEAGE, FUEL, CONDITION & OTHER DATA RELATED TO THE VEHICLE & ITS USE) PER OUR PRIVACY NOTICE AT WWW.AVIS.COM/privacy; AND MANUFACTURERS' COLLECTION AND USE OF DATA FROM THE RENTAL VEHICLE PER THEIR PRIVACY NOTICE;

I acknowledge having received all notices including the notice regarding damage waiver and my responsibility contained in the rental jacket. The Loss Damage Waiver is optional. An added daily cost of 29.99 covers your responsibility for damage to our car. Check with your insurer as this may be duplicative of your own car insurance.

I agree the charges listed above are estimates. I agree to all terms herein and in the separate Rental Terms and Conditions document ("RTC"), including the arbitration/class action waiver provision. I understand the RTC will be provided to me prior to leaving the counter, but I can also request a copy to review at any time as well as review it at WWW.AVIS.COM/TERMSC. No additional drivers allowed without prior written consent. Tickets, fines and admin fees to be charged to this rental.

If you have questions regarding this rental, call us at 820-457-5102

This vehicle was rented to you by JENNI

FILED

09-15-2021

Sheboygan County

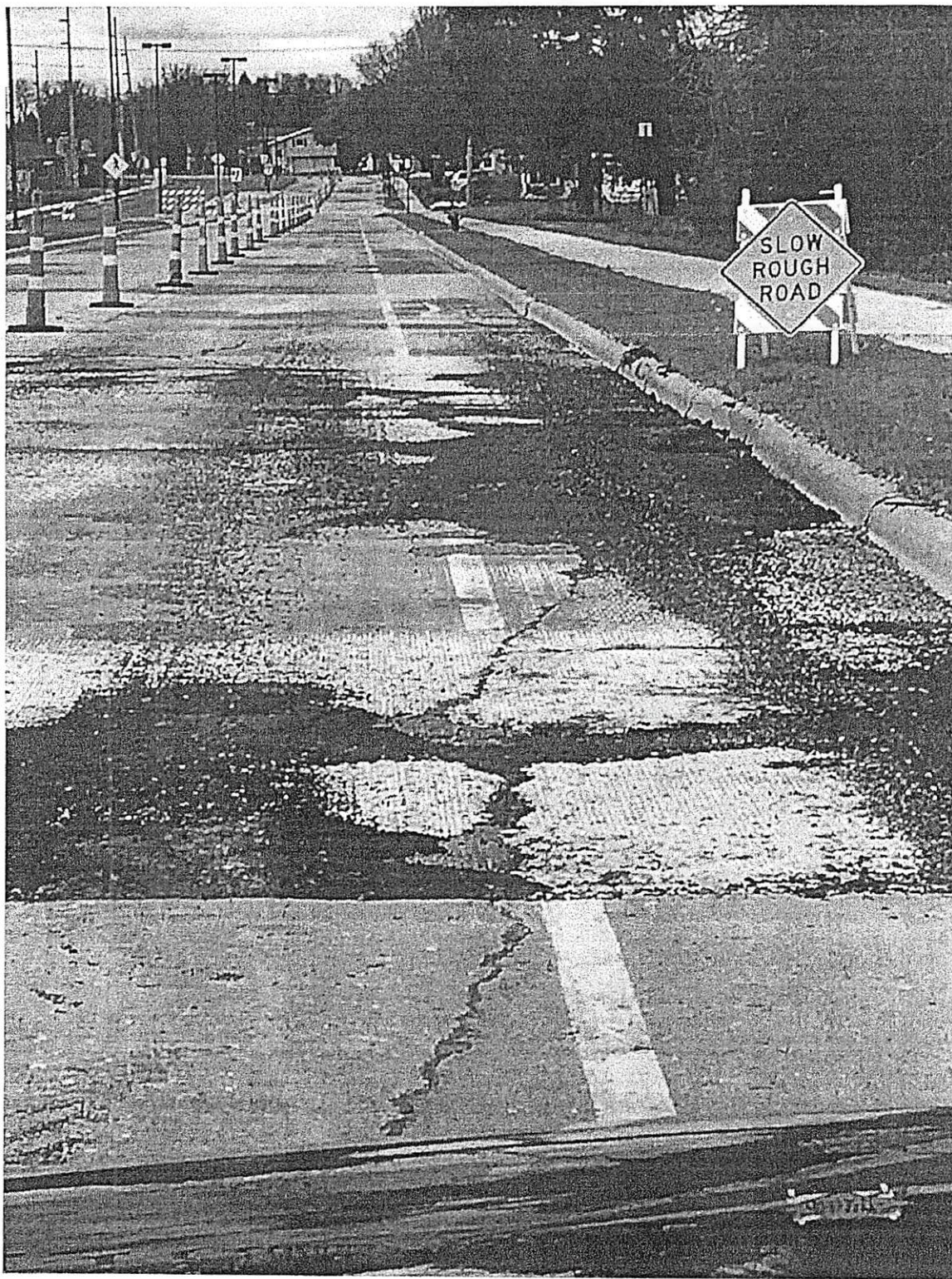
Clerk of Circuit Court

Case No. 2021SC001332

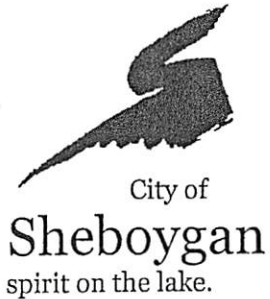
Filed by: Samantha R.







FILED
09-15-2021
Sheboygan County
Clerk of Circuit Court
2021SC001332
Honorable Samantha R.
Bastil
Branch 1



July 15, 2021

CERTIFIED & RESTRICTED MAIL

Shari Smith
13 Crossbridge Court
Madison, WI 53717

Re: Your Claim Against the City of Sheboygan
Date of Loss: May 3, 2021

Dear Ms. Smith:

City of Sheboygan staff have reviewed and considered your claim filed on May 14, 2021, concerning damages you allegedly received, and denied it in full.

Please be advised that no lawsuit may be brought on this claim against the City of Sheboygan or any of its officials, officers, agents or employees after six (6) months from the date of receipt of this letter.

If you have any further questions on this claim, contact the City Attorney's office at 459-3917.

Sincerely,



Charles C. Adams
CITY ATTORNEY

CCA/mms

cc: City Clerk Meredith DeBruin
Accountant Christina Lueptow
Director of Liability Claims Allison DeFranze

CITY ATTORNEY'S OFFICE

CITY HALL
828 CENTER AVENUE
SUITE 210
SHEBOYGAN, WI 53081

920/459-3917
FAX 920/459-3919

www.sheboyganwi.gov

Enter the name of the county in which you are filing this case.	STATE OF WISCONSIN, CIRCUIT COURT, SHEBOYGAN COUNTY		
Enter the Plaintiff's name. The Plaintiff is the person bringing the lawsuit.	Plaintiff(s):		
Enter the Plaintiff's address.	First name	Middle name	Last name
If there is more than one plaintiff, check the "additional plaintiffs" box and attach another sheet with their names and addresses.	Address		
	Address		
	City	State	Zip
Enter the case number from the summons and complaint.	<input type="checkbox"/> See attached for additional plaintiffs.		
Enter your name. You are the Defendant.	-VS-		
Enter your address. If there is more than one defendant, check the "additional defendants" box and attach another sheet with their names and addresses.	Defendant(s):		
	First name	Middle name	Last name
	Address		
	Address		
	City	State	Zip
	<input type="checkbox"/> See attached for additional defendants.		

Answer and Counterclaim (Small Claims)

Case No. _____

ANSWER

I am the defendant (or an authorized representative of the defendant):

Check 1 or 2. Check 1 if you do not dispute the plaintiff's claim.
Check 2 if you do dispute the plaintiff's claim. State the reasons why you disagree.
Check the box if you need more room and attach any additional pages.
See <u>Pre-Judgment: Basic Steps to Small Claims Service</u> (SC-6050V).

- ☐ 1. This matter **IS NOT** contested. I agree with the plaintiff's claim. Judgment may be taken as requested in the complaint, plus costs and interest as allowed by law.
- OR-
- ☐ 2. This matter **IS** contested. I do not agree with the plaintiff's claim. This matter should be scheduled so that the parties may present their evidence. The reason(s) why the matter is contested are as follows: ☐ See attached for additional information.

Counterclaim/Demand

Check the box if there is no counterclaim/demand and go to the signature section.

Check this box if there is a counterclaim/demand. Complete this section only if you are making a counterclaim/demand.

Briefly explain why the court should award you what you are asking for.

If you are seeking to recover damages of more than \$5,000 for your tort or personal injury counterclaim, or more than \$10,000 for other types of counterclaims, the case may not continue in small claims court. In addition, you must pay a filing fee to the Clerk of Court, and you must send the *Notice of Counterclaim* (SC-5250V) to the plaintiff(s) on the same day the counterclaim is filed.

NOTE: Eviction actions are heard in small claims court, regardless of the amount of the counterclaim.

If you need more room, check the box and attach any additional pages to this Counterclaim.

Follow local rules for filing and serving.

☐ I/We do not have a counterclaim/demand against the plaintiff(s).

☐ I/We have a counterclaim/demand against the plaintiff(s) and demand judgment against the plaintiff(s) for \$ _____, plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

Defendant(s) certify that a copy of this answer and counterclaim has been or will be mailed to the plaintiff(s) or plaintiff's attorney, if any.

Signatures

Sign and print your name. Enter the date on which you signed your name. **Note:** This signature does not need to be notarized.

If an attorney is completing this form, enter your information.

▶ _____
Defendant's Signature

Name Printed or Typed

Address

Email Address

Telephone Number _____ Date

▶ _____
Attorney's Signature

Name Printed or Typed

Law Firm and Address

Email Address _____ Telephone Number

Date _____ State Bar No. (if any)



SC

IF UNDELIVERABLE RETURN TO:

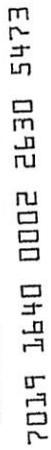
MELODY LORGE

CLERK OF CIRCUIT COURTS

615 NORTH SIXTH STREET

SHEBOYGAN, WI 53081

SC



CHIEF OF VAIL



US POSTAGE & PAYMENT GUARANTEED

719.53005

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