

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: Karina Berdyck
Home Address of Claimant: 3333 N. 9th Street Sheboygan WI 53083
Home Phone Number of Claimant: 920 782 0826
Name and Address of Other Person(s) Injured (if applicable): N/A

Occurrence Information

Date and Time of Day Damage or Injury Occurred: Thursday 2/16/25 3-4pm?

Full Description of Where Damage or Injury Occurred: The gas grill outside of Station 1 got taken by the wind and hit the front of my car that was parked in lot 6 at city hall.

Full Description of How Damage or Injury Occurred:

There are scratches on the hood and grill. There is one dent and several blemishes where paint is chipping off

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): _____
- Claimant's Statement of the basis of such liability: _____

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

- Public Property alleged to be dangerous: gas grill at Fire Station 1 was not secured
- Claimant's Statement of the basis of such liability: The grill is connected to a gas line right next to the parking lot (lot 5) and it is not secured to the ground or building.

Give a description of the injury, property damage, and/or loss so far as is known at this time:

Auto damage to my vehicle. Scratches on the hood, one dent and several small blemishes on the hood & grill on the front end of my car.

Monetary Estimate Information

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

- Auto: \$ _____
- ~~Property: \$ _____~~
- ~~Personal Injury: \$ _____~~
- ~~Other: \$ _____~~

If other, please specify:

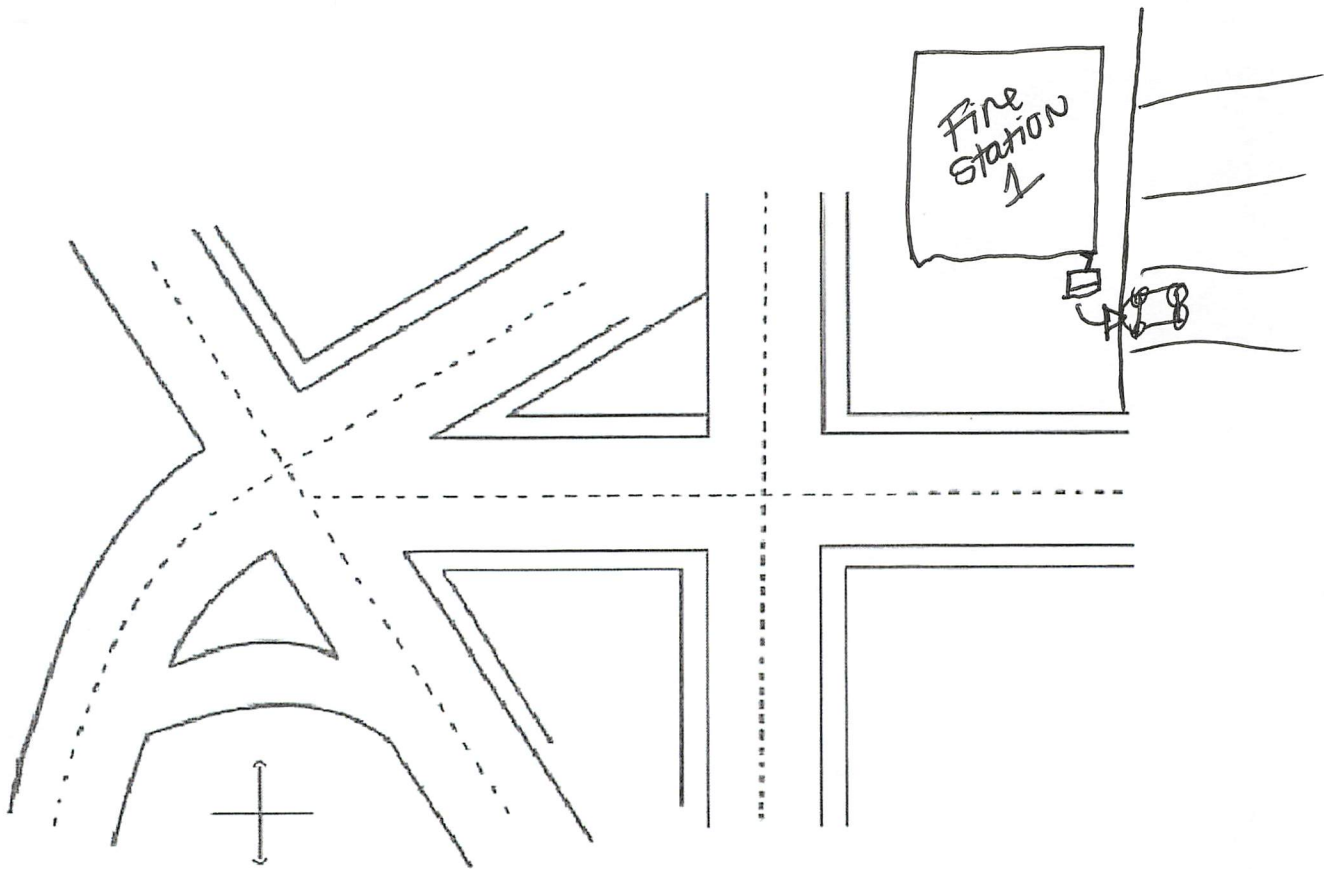
Two estimates must be attached if you are claiming damage to a vehicle. Complete the following section (if applicable):

- Vehicle Make: VW Tiguan
 - Vehicle Model: SE
 - Year of Vehicle: 2022
 - Mileage of Vehicle: 50,800 miles
 - Name and addresses of witnesses, doctors, and/or hospitals: N/A
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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 \$ TBD

waiting on 3rd quote from Van Horn

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.

Claimant Signature: *[Handwritten Signature]*
 Date: 2/13/2025

Claimant Address: 3333 N. 9th Street Sheboygan WI
53083

To Be Completed by the City of Sheboygan

Date Received: 3-5-2025

Received By: Melissa Clevenox

Claim Number: 21-24