

IV

R. C. No. _____ - 21 - 22. By FINANCE AND PERSONNEL COMMITTEE. January 17, 2022.

Your Committee to whom was referred R. O. No. 33-21-22 by City Clerk submitting a claim from Robert Konrad for alleged damages to his basketball cover when it was hit by a garbage truck; recommends filing the claim.

_____	_____
_____	_____
_____	_____
	Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor

II

33

R. O. No. 33 - 21 - 22. By CITY CLERK. June 21, 2021.

Submitting a claim from Robert Konrad for alleged damages to his basketball cover when it was hit by a garbage truck.

FAP

CITY CLERK

DATE RECEIVED 6-11-2021

RECEIVED BY MKE

CLAIM NO. 5-21

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

JUN 11 2021

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.

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

1. Name of Claimant: Robert Konrad

2. Home address of Claimant: 521 Michigan Ave

3. Home phone number: 920-377-0545

4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) 4-14-21 9:00 AM

6. Where did damage or injury occur? (give full description) Alley at
521 Michigan. Basketball court Damaged.

7. How did damage or injury occur? (give full description) _____
Garbage truck Arm Hit Basketball court and Damaged
Court.

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: _____

(b) Claimant's statement of the basis of such liability: _____

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: _____

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").

11. Name and address of any other person injured:

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

Auto: \$

Property: \$ 35.84

Personal injury: \$

Other: (Specify below) \$

TOTAL \$ 35.84

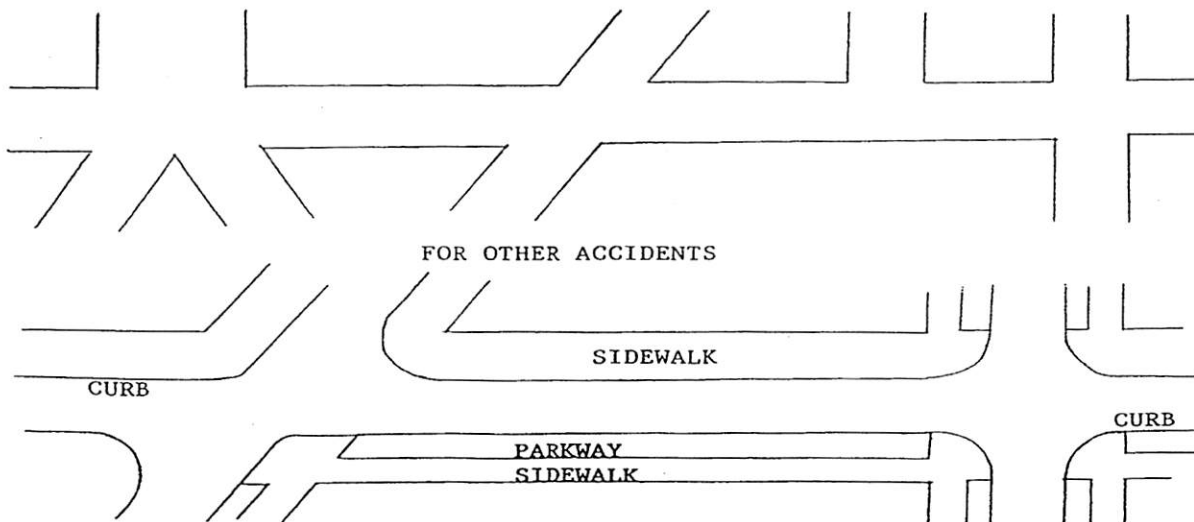
Damaged vehicle (if applicable)

Make: Model: Year: Mileage:

Names and addresses of witnesses, doctors and hospitals:

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. 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.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.



SIGNATURE OF CLAIMANT DATE

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: Bob Konrad

Auto \$ _____

Claimant's Address: 521 Michigan Ave

Property \$ 35.84

Personal Injury \$ _____

Claimant's Phone No. 920-377-0345

Other (Specify below) \$ _____

TOTAL \$ 35.84

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 \$ 35.84.

SIGNED [Signature]

DATE: 6/8/2021

ADDRESS: 521 Michigan Ave

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081



Fruit of the Loom Direct, Inc.
CORRESPONDENCE ADDRESS:
PO BOX 90015
BOWLING GREEN, KY 42102-9015

SOLD TO:

SPALDING.COM
Bob Konrad
822 N 14th St
Sheboygan, WI 53081-3810

SHIP TO:

SPALDING.COM
Bob Konrad
822 N 14th St
Sheboygan, WI 53081-3810
US

INVOICE NO.	INVOICE DATE
302885108	04/27/2021
ACCOUNT NO.	CUSTOMER NO.
954100	954100
PAYMENT TERMS	
CREDIT CARD	
FOB	
Alexander City, AL	
REMIT TO:	
32791 Collection Center Drive Chicago, IL 60693-0327 US	

CUSTOMER PO NO.	DEPT NO.	STORE NO.	ORDER NO.	ACK NO.	SLMN	CATALG	CHNL CODE
SPA00272120		72120	16856635	16856635	10000	20738	
ORDER DATE	CARRIER		PRO NO.	CASE NO.	NO. OF CASES	WEIGHT	
04/25/2021	FEDEX - HOME DELIVERY		000018918	6121474035	1	6 LB	
VENDOR ITEM	COLOR	DESCRIPTION	QTY	UOM	PRICE	AMOUNT	
BILL OF LADING: 000018918							
9266100		COVER, FRONT & POLE NEST, BOXED, CUSTOMER S	1	EA	24.99	24.99	

THANK YOU FOR YOUR BUSINESS

TOTAL QTY.	MDSE TOTAL	ALLOWANCES	TAX	FREIGHT & HANDLING	ADDL CHARGES	**TERMS DISCOUNT	TOTAL DUE
1	24.99		1.86	8.99			35.84

**Terms Discount - May only be deducted if paid by the payment terms due date.
We hereby certify that all goods and services covered by this invoice were produced and furnished in compliance with all applicable requirements of the FLSA, as amended, and of regulations and orders issued by the U.S. Department of Labor. We guarantee that the textile fiber products specified herein are not misbranded nor falsely nor deceptively advertised or invoiced under the provisions of TFPIA and rules and regulations thereunder, or under other applicable law. Continuing guaranty under the FFA filed with the CPSC and under the TFPIA filed with the FTC. The above referenced Purchase Order is subject to the terms and conditions of seller, unless otherwise agreed in writing by the parties. Each shipment and corresponding invoice is governed by and construed under the laws of the Commonwealth of Kentucky, regardless of its conflicts of laws principles.

FOR CPSIA INFO E-MAIL: CPSIACOMPLIANCE@FRUIT.COM OR CALL 270-901-6419