

**CITY OF SHEBOYGAN  
R. O. 84-23-24**

**BY CITY CLERK.**

**DECEMBER 18, 2023.**

Submitting a claim from Charter Spectrum for alleged damages to an aerial coax caused by a backhoe.

DATE RECEIVED 12-13-23

RECEIVED BY MHC

CLAIM NO. #1229

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

**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. 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: CHARTER SPECTRUM
2. Home address of Claimant: N 20<sup>th</sup> ST + CLEVELAND AVE
3. Home phone number: 980-202-7708
4. Business address and phone number of Claimant: 5690 DTC BLVD, Suite 650E  
GREENWOOD VILLAGE, CO 80111
5. When did damage or injury occur? (date, time of day) 09/27/23, 4:03pm
6. Where did damage or injury occur? (give full description) The DAMAGE  
HAPPENED TO AN AERIAL COAX DAMAGED BY A BACKHOE  
WHILE WORKING ON THE ROAD
7. How did damage or injury occur? (give full description) DAMAGED HAPPENED BY A BACKHOE WHILE THE  
ROAD WAS BEING WORKED ON.
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").

NO INJURIES

11. Name and address of any other person injured:

N/A

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

Auto: \$

Property: \$ 4,501.28

Personal injury: \$

Other: (Specify below) \$

TOTAL

\$ 4,501.28

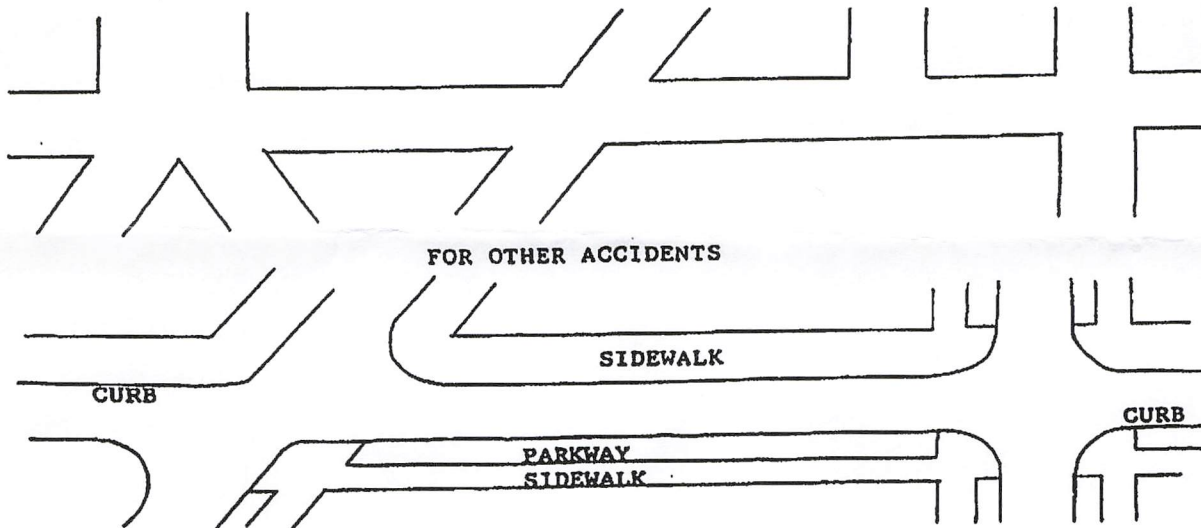
Damaged vehicle (if applicable)

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

Theresa Robinson

DATE

12/05/93





DATE RECEIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

CLAIM NO. \_\_\_\_\_

CLAIM

Claimant's Name: Project Resources Group Auto \$ \_\_\_\_\_  
Claimant's Address: 5690 DTC Blvd, STE 650E Property \$ 4,501.28  
Greenwood Village, CO 80111 Personal Injury \$ \_\_\_\_\_  
Claimant's Phone No. 980-202-7708 Other (Specify below) \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

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 \$ 4,501.28.

SIGNED Riddie Robinson

DATE: 12/05/23

ADDRESS: 5690 DTC Blvd, Suite 650E  
Greenwood Village, CO 80111

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

