

**CITY OF SHEBOYGAN
R. O. 47-23-24**

BY CITY CLERK.

OCTOBER 2, 2023.

Submitting a claim from Society Insurance for alleged damages to Limelight Pub.

DATE RECEIVED

9-26-23

RECEIVED BY

MKC

SEP 26 2023

CLAIM NO.

10-23

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: Society Insurance Claim # P4075898
2. Home address of Claimant: Society Insurance A/S/O Lime Light Pub
3. Home phone number: 920-933-5850
4. Business address and phone number of Claimant: 150 Camelot Dr. Fond du Lac WI
920-933-5850
5. When did damage or injury occur? (date, time of day) 6/23/23
6. Where did damage or injury occur? (give full description) 1702 S 17th St, Sheboygan WI 53081
7. How did damage or injury occur? (give full description) City was cutting Trees. Tree fell down & onto the roof of Lime Light Pub. Damage to roof
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: City workers had a duty to safely cut and dispose of the trees without causing damage to property. This duty was failed when tree fell & damaged roof
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: _____

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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").

Damage to Roof covering, Shingles + Rubber.
Damage to Siding

11. Name and address of any other person injured: _____

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

Auto: \$ _____

Property: \$ 15,200

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ 15,200

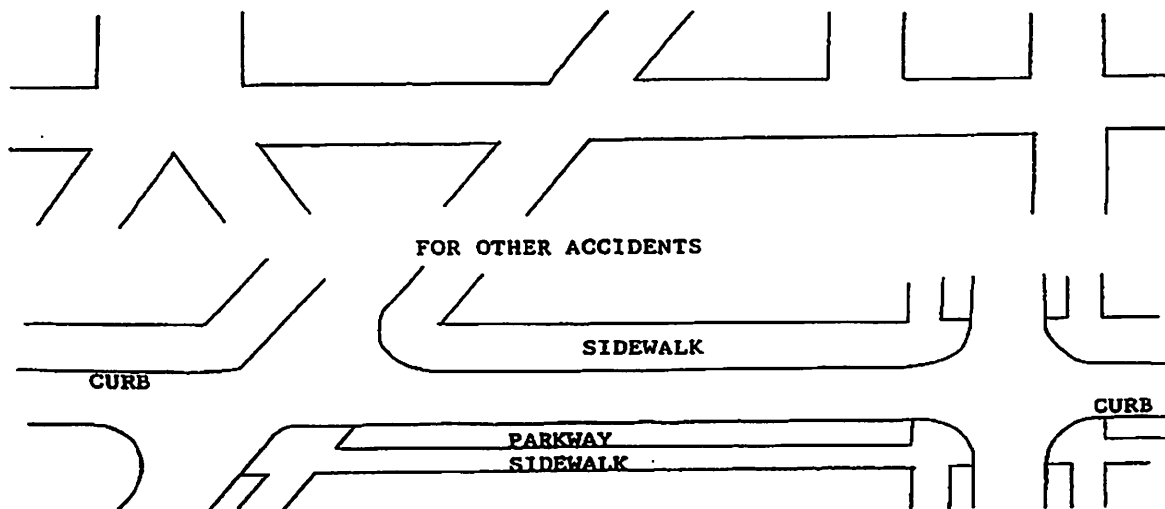
Damaged vehicle (if applicable)

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: Society Insurance Auto \$ _____
Claimant's Address: 150 Canal St Driv Property \$ 15,200
Ford de lae wt 54935 Personal Injury \$ _____
Claimant's Phone No. 920-933-5850 Other (Specify below) \$ _____

TOTAL \$ 15,200

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 \$ 15,200.

SIGNED Deane Hart DATE: 9/19/23

ADDRESS: _____

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

