

**CITY OF SHEBOYGAN
R. O. 54-24-25**

BY CITY CLERK.

SEPTEMBER 16, 2024.

Submitting a notice of claim from Nora Gerber for alleged injuries resulting from a fall on the boardwalk.

DATE RECEIVED 9-9-2024

RECEIVED BY MCC

CLAIM NO. 11-24

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: Nora Gerber
2. Home address of Claimant: 2026 Mittelstadt LN, Eau Claire, WI 54703
3. Home phone number: 715-514-2815 (see additional phone contact for POA, below)
4. Business address and phone number of Claimant: N/A
5. When did damage or injury occur? (date, time of day) Tuesday, August 20, 2024, 6pm-ish
6. Where did damage or injury occur? (give full description) Boardwalk near Blue Harbor Inn
7. How did damage or injury occur? (give full description) Due to a missing board on the boardwalk, Nora suffered a fall.
She was with her friend (a nurse) who observed a significant twisting of Nora's spine and soon after a lump on her head which remained tender for days after as well as neck and shoulder pain.
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: unknown
 - (b) Claimant's statement of the basis of such liability: unknown who is responsible
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: Missing boardwalk boards causing tripping hazards.
 - (b) Claimant's statement of basis for such liability: Missing boardwalk boards caused a fall.

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").

See #7, above. Since the pain persisted, Nora is now being seen by a chiropractor who is recommending regular follow-up treatments.

11. Name and address of any other person injured: N/A

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

Auto:	\$ <u>N/A</u>
Property:	\$ <u>N/A</u>
Personal injury:	\$ <u>pending</u>
Other: (Specify below	\$ <u>unknown</u>
TOTAL	\$ <u>pending</u>

Damaged vehicle (if applicable)

Make: N/A Model: N/A Year: N/A Mileage: N/A

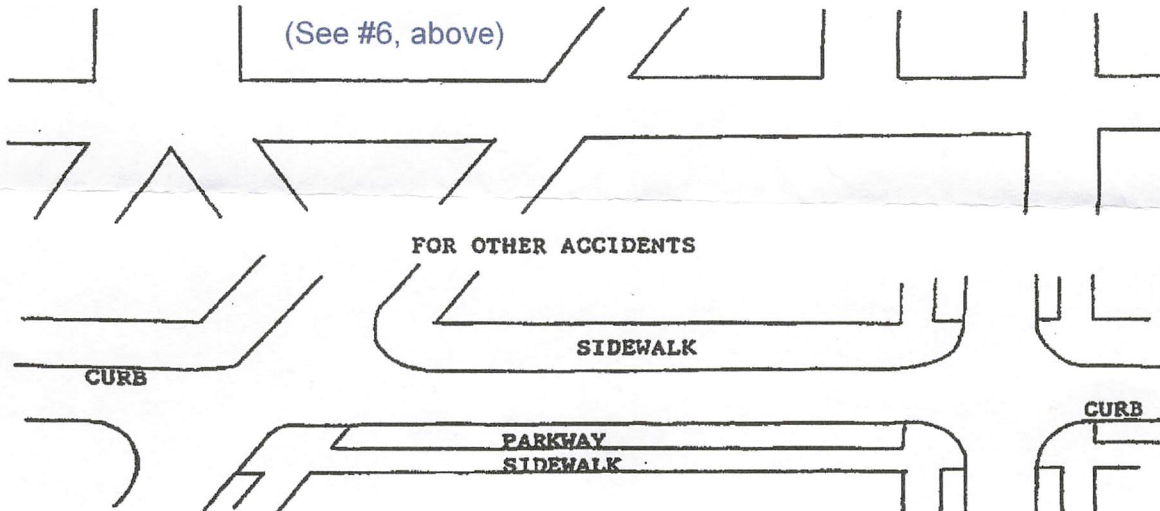
Names and addresses of witnesses, doctors and hospitals: _____

Witness: Cynthia Witscher 1315 Wilson ST #B, Eau Claire, WI 54701

Medical care: Tenold Chiropractic 3814 Oakwood Hills PKWY, Eau Claire, WI 54701

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 Heidi Stephens - on behalf of Nora Gerber DATE 9/2/2024
(Heidi Stephens, daughter of and POA for Nora Gerber)

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: Nora Gerber

Claimant's Address: 2026 Mittelstadt LN
Eau Claire, WI 54703

Claimant's Phone No. 715-514-2815

Auto \$ N/A

Property \$ N/A

Personal Injury \$ pending

Other (Specify below) \$ unkown

TOTAL \$ pending

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 \$ pending.

SIGNED Heidi Stephens (Heidi Stephens) DATE: 9/2/2024

ADDRESS: 5312 S Alder ST, Tacoma, WA 98409, Cell phone: 253-830-4995

MAIL TO: CLERK'S OFFICE / Original mailed
828 CENTER AVE #100 Copy emailed to: jessica.grosshuesch@sheboyganwi.gov
SHEBOYGAN WI 53081