

DATE RECEIVED

4-29-2024

RECEIVED BY

MRC

CLAIM NO.

1-24

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: Steven Bastien
2. Home address of Claimant: 535 Folk Court Sheboygan 53081
3. Home phone number: 920-458-3909
4. Business address and phone number of Claimant: N/A

5. When did damage or injury occur? (date, time of day) 4/27/2024 1:00pm discovered
6. Where did damage or injury occur? (give full description) house basement

7. How did damage or injury occur? (give full description) Blockage of city sewer on Lakeshore Drive. Our basement floor drain backed up. 3" standing water in entire basement

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: possibility of contaminated sewer water
 - (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 — need flood damage assessment done to determine cost of lost items

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

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

Auto: \$ _____

Property: awaiting assessment \$ _____

Personal injury: of loss amount \$ _____

Other: (Specify below) \$ _____

our insurance deductible is \$2210.00

TOTAL \$ _____

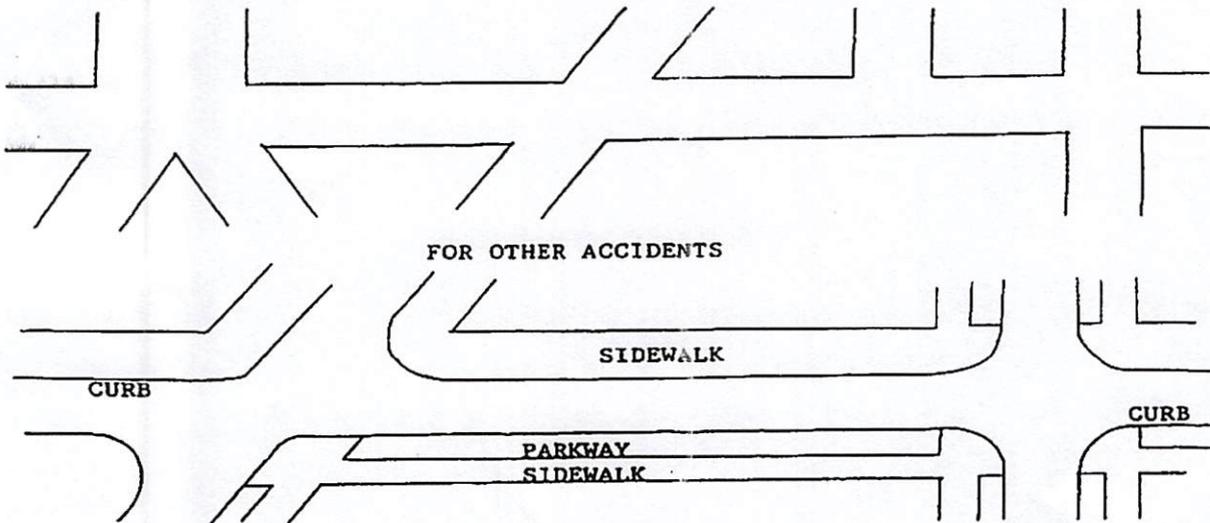
Damaged vehicle (if applicable)

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

Steve Buehler

DATE

4/29/2024

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CLAIM NO. _____

CLAIM

Claimant's Name: Steven Bastien
 Claimant's Address: 535 Polk Ct
Sheboygan WI
 Claimant's Phone No. 920-458-3809

Auto \$ _____
 Property \$ to be determined
 Personal Injury \$ _____
 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 \$ to be determined

SIGNED Steven Bastien DATE: 4/29/2024

ADDRESS: 535 Polk Court SHEBOYGAN, WI 53081

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