

**CITY OF SHEBOYGAN  
R. O. 126-23-24**

**BY CITY CLERK.**

**MARCH 18, 2024.**

Submitting a claim from Albert J. Istvanek for alleged injuries to his dog at the Dog Run Park on 18<sup>th</sup> Street.

DATE RECEIVED

3-8-2024

RECEIVED BY

MKC

CLAIM NO.

22-23

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: Albert J. Istvanek
2. Home address of Claimant: 814 Ontario Ave, Oostburg, WI, 53070
3. Home phone number: 414-202-5784
4. Business address and phone number of Claimant: 621 N. Business Park Drive, Oostburg, WI 53070. 920-893-8431
5. When did damage or injury occur? (date, time of day) Monday, February 26, 2024 11:45 am
6. Where did damage or injury occur? (give full description) At the Sheboygan Dog Run Park Located at 4108 S 18<sup>th</sup> Street, Sheboygan, WI 53081
7. How did damage or injury occur? (give full description) While running at the Dog Run Park, my dog stepped on the remnant of brush (which closely resembled road spikes used by law enforcement) (see attached photos) that was improperly cut by an individual under the employ of the Sheboygan Parks & Forestry Department. This resulted in a severe puncture injury to my dog's right rear foot (see attached photos) and significant blood loss.
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: I do not know the individual's full name
  - (b) Claimant's statement of the basis of such liability: During phone conversations with the Superintendent of the Sheboygan Parks & Forestry Department and the Town of Wilson Director of Public Works, it was confirmed that there was an individual acting under the employ of the Sheboygan Parks & Forestry Department who was maintaining the Sheboygan Dog Run Park by removing brush as needed.
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: The Sheboygan Dog Run Park located at 4108 S 18<sup>th</sup> Street, Sheboygan, WI 53081
  - (b) Claimant's statement of basis for such liability: The improper brush removal referred to in #7 above, left behind sharp sticks (see attached photos) protruding from the ground that ranged from 3" to 7" in height. These sharp sticks are not easy to see and thus not easily avoidable. However, they do represent serious puncture hazards, serious trip hazards, and serious impalement hazards to dogs and to people. This is an unacceptable condition to exist at a location that is specifically designated for dogs and people.

**Side note: I received verbal assurances on March 4, 2024 from the Town of Wilson Director of Public Works and the Superintendent of the Sheboygan Parks & Forestry Department that this condition will be cleared up.**

10. Give a description of the injury, property damage or loss, so far as known at this time. (If there were no injuries, state "NO INJURIES").

My dog's right rear foot was punctured resulting in a significant hole (see attached photos) and significant blood loss. The veterinarian who treated the injury indicated that this was a severe and very painful injury. She also indicated that the stick that was stepped on came close to severing a nearby artery and if that had happened my dog would not have survived the injury.

11. Name and address of any other person injured: There were no other injured parties.

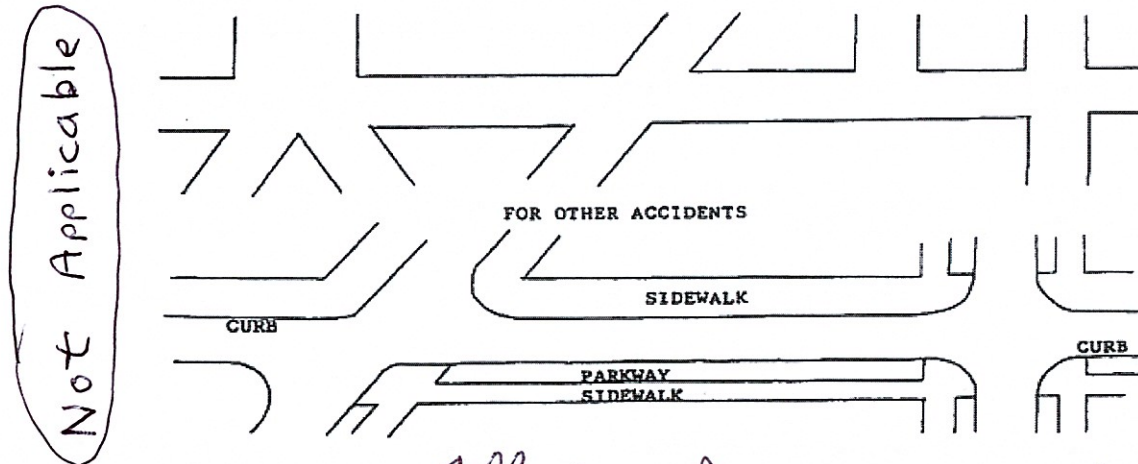
12. Damage estimate: (You are not bound by the amounts provided here.)

Auto:	\$ _____
Property:	\$ _____
Personal injury:	\$ _____
Other: (Specify below)	\$ <u>510.00</u>
<b>TOTAL:</b>	\$ <u>510.00</u>

Veterinary Services (see attached invoice)

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 Albert J. Isteard DATE 3/8/2024

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

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

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

CLAIM

Claimant's Name:	<u>Albert J. Istvanek</u>	Auto	\$ _____
Claimant's Address:	<u>814 Ontario Ave</u>	Property	\$ _____
	<u>Oostburg, WI 53070</u>	Personal Injury	\$ _____
Claimant's Phone No.	<u>414-202-5784</u>	Other (Specify below)	\$ <u>510.00</u>
		<b>TOTAL</b>	\$ <u>510.00</u>
			<u>Veterinary Services</u>

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 \$ 510.00.

SIGNED Albert J. Istvanek DATE: 3/8/2024

ADDRESS: 814 Ontario Ave, Oostburg, WI 53070

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



# 4 Greyhounds Veterinary Service

Jenifer Barker DVM  
4greyvet.com  
4greyvet@gmail.com

INVOICE  
INV2098

DATE  
02/27/2024

BALANCE DUE  
USD \$0.00

**BILL TO**

**Nancy and Al Istvanek/ Cheerio**

☎ +1 920-222-1994

DESCRIPTION	RATE	QTY	AMOUNT
Emergency examination	\$85.00	1	\$85.00
IV sedation greyhound/xylazine	\$75.00	1	\$75.00
Prep wound: clip, cleanse, flush wound	\$60.00	1	\$60.00
Local block/ Lidocaine	\$25.00	1	\$25.00
Surgical procedure: debride wound, freshen edges/ suture wound	\$200.00	1	\$200.00
RH limb bandage	\$45.00	1	\$45.00
Clindamycin 300mg	\$1.00	20	\$20.00

**TOTAL** \$510.00

**PAID** -\$510.00

02/27/2024

**BALANCE DUE** **USD \$0.00**

