

**CITY OF SHEBOYGAN  
R. O. 40-23-24**

**BY CITY CLERK.**

**SEPTEMBER 18, 2023.**

Submitting a notice of claim from Gregory R. Robinson for alleged injuries from a fall.

DATE RECEIVED 9-5-23

RECEIVED BY MKC

SEP 05 2023

CLAIM NO. 7-23

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: Gregory R Robinson
- 2. Home address of Claimant: 418 Michigan Ave
- 3. Home phone number: 920 452 3466
- 4. Business address and phone number of Claimant: \_\_\_\_\_

5. When did damage or injury occur? (date, time of day) 8/19/2023 around 12pm

6. Where did damage or injury occur? (give full description) Corner of Superior & Calumet (stop sign crosswalk on northeast corner) see attached

7. How did damage or injury occur? (give full description) See attached

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: 2" gap (high) between sidewalk and crosswalk

(b) Claimant's statement of basis for such liability: See attached

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 attached

11. Name and address of any other person injured: \_\_\_\_\_

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

Auto: \$ \_\_\_\_\_

Property: \$ \_\_\_\_\_

Personal injury: \$ UNKNOWN

Other: (Specify below) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

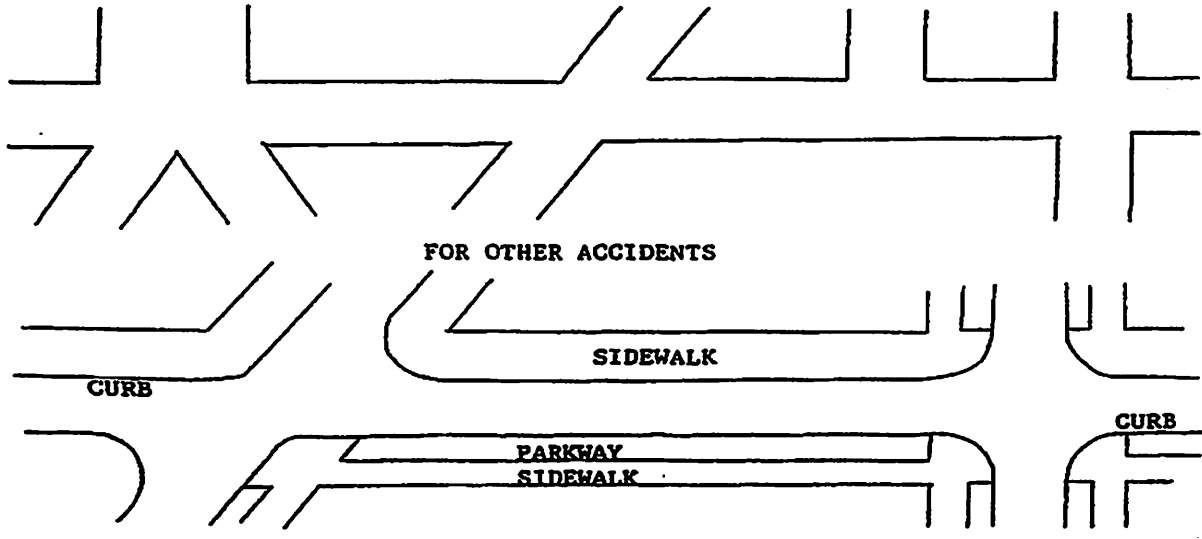
Damaged vehicle (if applicable)

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 GB Robinson

DATE 9/01/2028

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

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

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

**CLAIM**

Claimant's Name: \_\_\_\_\_

Auto \$ \_\_\_\_\_

Claimant's Address: \_\_\_\_\_

Property \$ \_\_\_\_\_

\_\_\_\_\_

Personal Injury \$ UNKNOWN

Claimant's Phone No. \_\_\_\_\_

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 \$ \_\_\_\_\_.

SIGNED J R Rotun

DATE: 9/01/2023

ADDRESS: 418 Michigan Ave  
Sheboygan WI 53081

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

## DESCRIPTION OF ACCIDENT

At the north corner with a stop sign at Superior and Calumet (14<sup>th</sup>) on east side of street (gradual slope of sidewalk onto crosswalk) there is a 2" high gap between sidewalk and crosswalk. On Saturday, August 19, 2023 at around 12pm while crossing from sidewalk to crosswalk my toe caught on gap and I took a header onto the crosswalk. I skinned both knees; bruised forehead; bruised chin; twisted left & right shoulders; & sprained right wrist in attempting to mitigate fall.

A gentleman in small black convertible sports car saw the accident, stopped and asked if I was ok. As I was dazed and embarrassed, I responded that I was. He asked again and I told him to go on. After a minute of gathering myself, I proceeded to cross over to the south side of Superior and continued to walk home. I didn't go to the hospital or the doctor as I figured that I would heal within a couple of weeks. Although I am improving each day, my recovery hasn't been as speedy as I thought

Respectfully submitted to the office of City Clerk, Sheboygan WI 53081



Gregory R Robinson

418 Michigan Ave

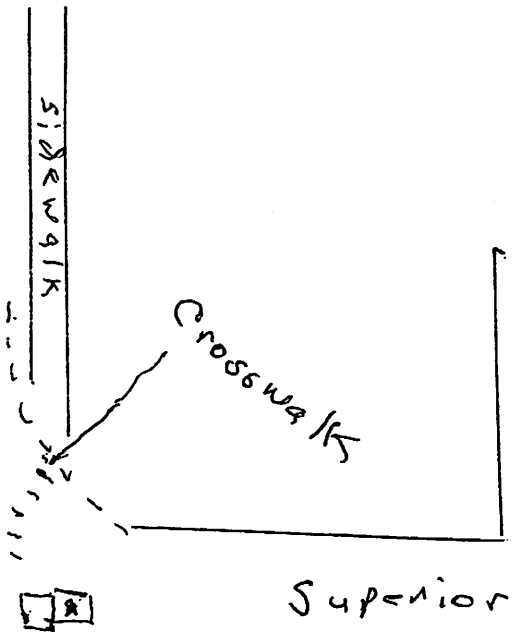
Sheboygan WI 53081

920 452 3466

Grrobinson41046@gmail.com



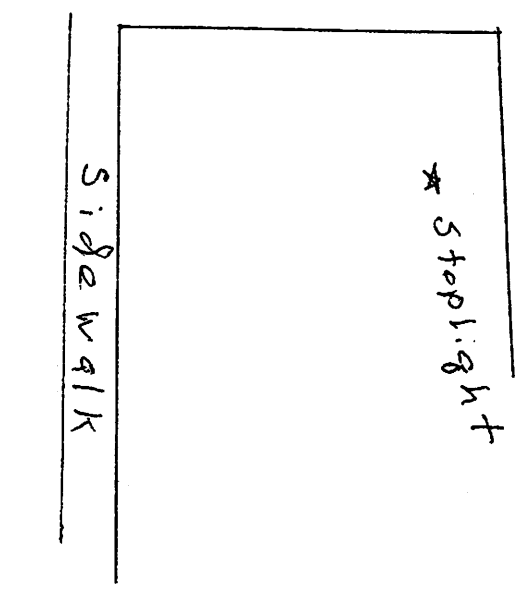
Calumet



Superior

13th

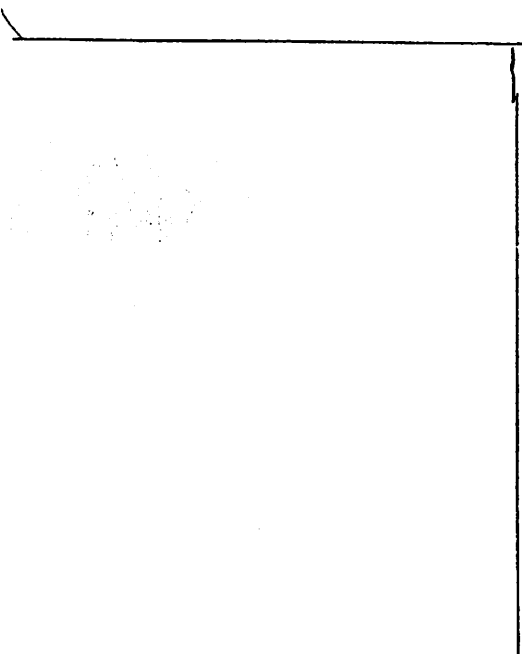
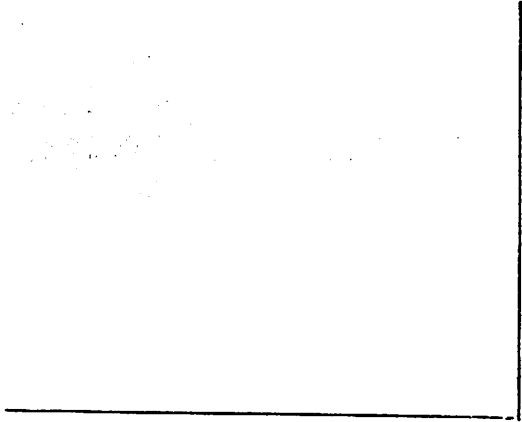
Calumet (14th)



13th

\* Stoplight

Superior



J B Robinson

at the corner