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R. O. No. 23 - 21 - 22. By CITY CLERK. June 7, 2021.

Submitting a notice of claim from Randy Roth for alleged damages to his skid steer glass door when a stone hit it from a City worker's lawnmower.

FAP

CITY CLERK

DATE RECEIVED

MAY 28 2021

RECEIVED BY

JW

CLAIM NO.

4-21

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: RANDY ROTH R2R RENTAL LLC
2. Home address of Claimant: 6626 PARADISE LANE SHEBOYGAN, WI.
3. Home phone number: 920 946-4173
4. Business address and phone number of Claimant: SAME
5. When did damage or injury occur? (date, time of day) 5-19-21 9:00 AM
6. Where did damage or injury occur? (give full description) DOOR OF SKIDSTEER
WAS BROKEN FROM A STONE THAT SHATTERED THE GLASS
STONE CAME FROM CITY LAWN MOWER
7. How did damage or injury occur? (give full description) STONE SHATTERED
GLASS DOOR ON SKIDSTEER
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: STONE CAME FROM
CITY WORKER'S LAWN MOWER AND SHATTERED SKID STEER
DOOR
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: _____

MAY 28 2021

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" DAMAGE TO SKID STEER CLASS DOOR
WAS SHATTERED FROM STONE OF CITY WORKER'S LAWN MOWER

11. Name and address of any other person injured: NONE

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

Auto: SKID STEER \$ GETTING LOST TOGETHER

Property: \$ NONE

Personal injury: \$ NONE

Other: (Specify below) \$

TOTAL \$

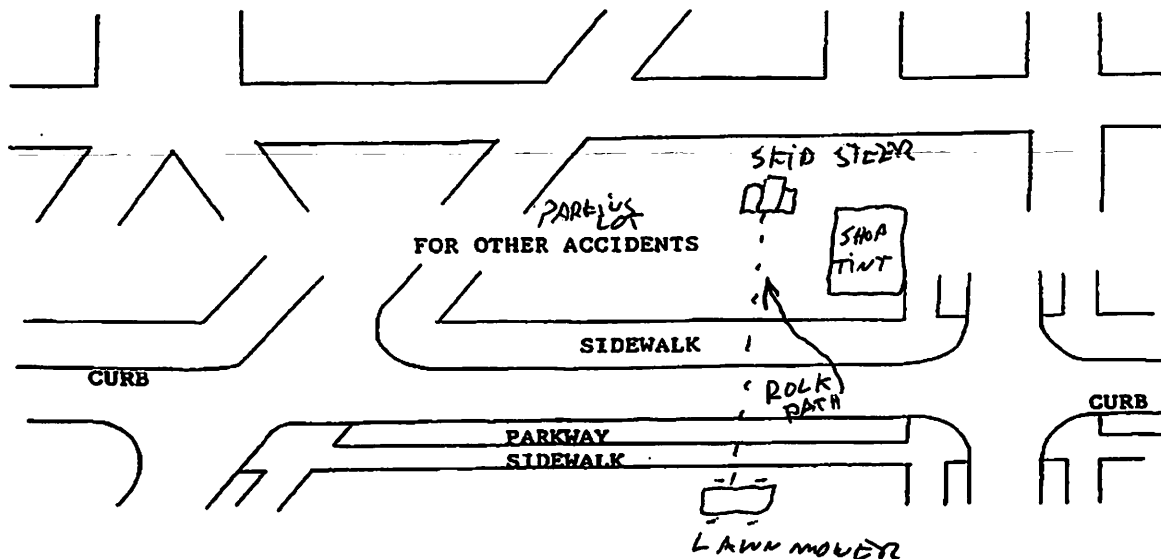
Damaged vehicle (if applicable)

Make: CASE Model: TR 340 Year: 2020 Mileage: 30 HRS.

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 MAY 28 2021

RECEIVED BY JW

CLAIM NO. 4-21

CLAIM

Claimant's Name:	_____	Auto	\$ _____
Claimant's Address:	_____	Property	\$ _____
	_____	Personal Injury	\$ _____
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 \$ UNKNOWN.

SIGNED Rory Reed DATE: 5-25-21

ADDRESS: 6626 PARADISE LANE SHEB. FALLS WI
53085

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

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