

DATE RECEIVED 5/20/2024

RECEIVED BY MKC

CLAIM NO. #2-24

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

MAY 20 2024

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.

TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: Isaac J. Ortega
2. Home address of Claimant: 2122 South 16th Street, Sheboygan, WI 53081
3. Home phone number: (920) 331-7660
4. E-Mail Address n/a
5. Business address and phone number of Claimant: n/a

6. When did damage or injury occur? (date, time of day) May 7, 2024, at approximately 11:10 p.m.
7. Where did damage or injury occur? (give full description) The accident happened on Pain Avenue, 65 Ft E of South Taylor Drive/CTHTA NB in the City of Sheboygan, County of Sheboygan, State of Wisconsin.

7. How did damage or injury occur? (give full description) Mr. Ortega was rear-ended by a Sheboygan County Sheriff squad vehicle driven by Deputy Bradley John Bottleman. Mr. Ortega's vehicle sustained moderate damage and Mr. Ortega suffered physical injuries to his neck and back as a result of this motor vehicle accident.

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: n/a
 - (b) Claimant's statement of the basis of such liability: n/a

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: n/a

(b) Claimant's statement of basis for such liability: n/a

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").

As stated above, and as outlined in the Notice of Circumstances of Claim attached hereto, Mr. Ortega's vehicle sustained damage to the rear of his vehicle and to his muffler. He sustained physical injuries to his back and neck.

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>\$5,000.00</u>
Property:	<u>\$</u>
Personal injury:	<u>\$250,000.00</u>
Other: (Specify below)	<u>\$</u>
TOTAL	<u>\$255,000.00</u>

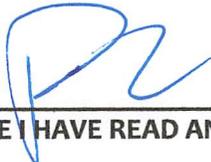
Damaged vehicle (if applicable)

Make: Subaru Model: Legacy Year: 2012

Names and addresses of witnesses, doctors and hospitals: This information will be provided upon completion of our client's medical treatment.

FOR ALL ACCIDENT NOTICES YOU MAY DRAW A DIAGRAM. 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.

There is a diagram in the Wisconsin Motor Vehicle Crash Report that is attached to the Notice of Circumstances of Claim that is attached hereto.

SIGNATURE OF CLAIMANT  Attorneys for Claimant DATE: 05/17/2024
BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

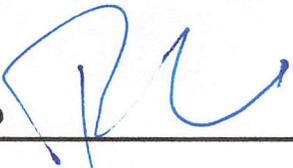
CLAIM

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 \$255,000.00.

SIGNED 

DATE: 05/17/2024

ADDRESS: Phillip S. Georges, PLLC, by Attorney Phillip S. Georges, 790 North Milwaukee Street, Suite 200C, Milwaukee, WI 53202

E-Mail Address: trisha@wolfpacklawyers.com

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.
MAIL TO: CLERKS OFFICE
828 CENTER AVE
SHEBOYGAN WI 53081

Sec. 893.80(1), Wis. Stats., NOTICE OF CIRCUMSTANCES OF CLAIM

TO: County of Sheboygan
Sheboygan County Finance Department
Attention: Claims
508 New York Avenue, Suite 2
Sheboygan, WI 53081

City of Sheboygan
Attention: City Clerk / Claims
828 Center Avenue, Suite 100
Sheboygan, WI 53081

Sheboygan County Sheriff's Department
525 North 6th Street
Sheboygan, WI 53081

Deputy Bradley John Bottleman
Sheboygan County Sheriff's Department
525 North 6th Street
Sheboygan, WI 53081

RE: Mr. Isaac J. Ortega
2122 South 16th Street
Sheboygan, WI 53081

Date of Accident: May 7, 2024

Location: On Paine Avenue, 65 feet East of South Taylor Drive/CTHTA
Northbound, in the City of Sheboygan, County of Sheboygan,
State of Wisconsin.

PLEASE TAKE NOTICE, pursuant to §893.80(1), Wis. Stats, that on May 7, 2024, Isaac J. Ortega was stopped at the stop sign on Paine Avenue with the intersection with South Taylor Drive / CTHTA, in the City of Sheboygan, County of Sheboygan, State of Wisconsin. Mr. Ortega was stopped at the stop sign waiting to make a right-hand turn onto South Taylor Drive. At the same time, Deputy Bradley John Bottleman, of the Sheboygan County Sheriff's Department, was also traveling west on Paine Avenue stopped behind Mr. Ortega's vehicle.

In the accident report attached hereto, Deputy Bradley John Bottleman admitted that he thought that Mr. Ortega had already turned right when, in fact, he didn't. Mr. Ortega was still stopped at the stop sign waiting on traffic to pass. He negligently rear-ended Mr. Ortega's vehicle and the accident report indicates that his actions were *following too closely*.

The City of Sheboygan, County of Sheboygan, Sheboygan County Sheriff's Department, and Deputy Bradley John Bottleman of the Sheboygan County Sheriff's Department are negligent for their failure to maintain a proper look out and for following too closely.

Liability for Isaac Ortega's injuries and damages are attributed to the City of Sheboygan, County of Sheboygan, Sheboygan County Sheriff's Department, and Deputy Bradley John Bottleman. Mr. Ortega suffered physical injuries and mental anguish as a result of Deputy Bradley John Bottleman's negligence. Damages for these injuries clearly exceed the \$250,000.00 statutory liability cap and demand for payment of that statutory \$250,000.00 cap is hereby made. Supporting documentation will be provided of Mr. Ortega's injuries when Mr. Ortega completes medical treatment.

Date at Milwaukee, Wisconsin, this 16th day of May, 2024.

PHILLIP S. GEORGES, PLLC
Attorneys for Isaac J. Ortega

By: 
Phillip S. Georges
State Bar No. 1056511

POST OFFICE ADDRESS:

790 North Milwaukee Street, Suite 200C
Milwaukee, WI 53202
Telephone: (615) 486-4115 ext. 700
Fax: (615) 576-8668
Email: phil@wolfpacklawyers.com

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C24-07659

WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

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Document Number Override		Primary Crash Document#		Agency Crash Number		Investigating Officer/Deputy OFFICER I. TRUSSELL	
Crash Date 05/07/2024		Crash Time 11:10 PM		Date Arrived 05/07/2024		Time Arrived 11:42 PM	
Date Notified 05/07/2024		Time Notified 11:10 PM		Total Units 02		Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold	
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags		
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)			<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	<p>Reconstruction By</p> <p>Photos By</p> <p>Additional Information NONE</p>
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I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ID BY WI DL..... VEH 2 WAS AT THE STOP SIGN ON PAINE AVE WHEN IT WAS REAR ENDED BY VEH 1. DRIVER OF VEH 1 ADMITTED FAULT, SAYING THEY THOUGHT THE VEH 2 HAD ALREADY TURNED RIGHT. AS THE DRIVER OF VEH 1 WAS LOOKING LEFT TO ALSO TURN RIGHT FROM PAINE AVE TO S. TAYLOR DRIVE. VEH 2 WAS STILL STOPPED AT THE STOP SIGN AND VEH 1 THEN REAR ENDED VEH 2.

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

Location

ON PAINE AVE 65 FT E OF S TAYLOR DR/ CHTA NB IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude 43.724665434	Longitude -87.755469894
	X Coordinate 439151.40625	Y Coordinate 4841570
	Structure Type NO STRUCTURE	

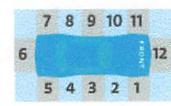
Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 03 - FRONT TO REAR	Light Condition DARK/UNLIT	
Road Surface Condition(s) WET	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) RAIN		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control PARTIAL CONTROL	Special Study
Within Interchange Area NO	Junction Location NON-JUNCTION	Intersection Type NOT AN INTERSECTION

Unit Summary

01 UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE	Operating As Endorsements			
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NON-EMERGENCY, NON-TRANSPORT		
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control STOP SIGN	Traffic Control Inoperative/Missing NO		
	Surface Type CONCRETE	Road Curvature STRAIGHT	Road Grade LEVEL		
	Truck Bus or HazMat NO				

01 UNIT VEHICLE	Vehicle				
	License Plate Number F1406	Plate Type OFF - MUNICIPAL OFFICI	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 1FM5K8AB6MGA87331	Make FORD	Year 2021	Model EXPLORER	
	Color BLK - BLACK	Body Style UT - SPORT UTILITY VEHICLE	Bus Use		
	Initial Contact Point 01 - RIGHT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 12 - FRONT			
Extent Of Damage MINOR DAMAGE					



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WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

UNIT
VEHICLE

01
01

Towed Due To Damage NOT TOWED	Vehicle Removed By OPERATOR
What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE
Driver Prior Action Other	
Driver Actions FOLLOWING TOO CLOSE	
Owner Name SHEBOYGAN COUNTY SHERIFFS DEPT (920) 459-3111	Owner Address 525 N 6TH ST SHEBOYGAN, WI 53081 , US

Sequence Of Events

01

Event MOTOR VEH IN TRANSPORT
Event MOTOR VEH IN TRANSPORT
Event
Event

UNIT

Policy Holder

Insurance Company WISCONSIN-COUNTY-MUTUAL-INS-CORP	Government SHEBOYGAN COUNTY SHERIFFS DEPT
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Individual

UNIT
INDIVIDUAL

Driver BRADLEY JOHN BOTTLEMAN	Citations Issued 0	Sex MALE
	Date of Birth 09/15/1993	Race WHITE
Address 2502 STATE ROAD 33 PORT WASHINGTON, WI 53074 , US	Driver License Number B3450709333504 STATE: WISCONSIN COUNTRY: UNITED STATES	

Safety Equipment

On Duty Crash POLICE	Safety Equipment SHOULDER & LAP BELT
Row 01 - FRONT ROW	Seat Position 07 - LEFT
Helmet Use	Helmet Compliance
Eye Protection	Tint Compliance

01

001

Injury

Injury Severity SUSPECTED MINOR INJURY	Airbag NON DEPLOYED	
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED	EMS Agency Identifier	EMS Run #
Hospital	Date of Death	Time of Death

Distracted By

Distracted By Source NOT APPLICABLE (NOT DISTRACTED)
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Distracted By Action
NOT DISTRACTED

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WISCONSIN MOTOR VEHICLE CRASH REPORT

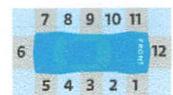
SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

UNIT	Non Motorist		Striking Unit#	Location
	Prior Action			
	Action			
	Action Other			To/From School
01	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
	Drug Type			
	Individual Condition APPEARED NORMAL			
	001			

Unit Summary

UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR			Operating As Endorsements		
02	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel NORTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

UNIT	Vehicle				
	License Plate Number AUV3747		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 4S3BMCC62C3017285		Make SUBARU	Year 2012	Model LEGACY
	Color BLU - BLUE		Body Style SD - SEDAN		Bus Use
	Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage		
	Extent Of Damage MINOR DAMAGE		07 - LEFT REAR CORNER		
Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR			



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WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
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SHEBOYGAN, WI 53081
(920) 459-3333

UNIT VEHICLE	What Driver Was Doing RIGHT TURN	Vehicle Factors	
	Driver Prior Action Other	NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION		
02 02	Owner Name ISAAC JUSTO ORTEGA	Owner Address 2122 S 16TH ST SHEBOYGAN, WI 53081 , US	
	Sequence Of Events		
01 02 03 04	Event MOTOR VEH IN TRANSPORT		
	Event MOTOR VEH IN TRANSPORT		
	Event		
	Event		
UNIT	Policy Holder		
	Insurance Company PROGRESSIVE-CLASSIC-INS-CO	Individual ISAAC ORTEGA	
UNIT INDIVIDUAL	Individual		
	Driver ISAAC JUSTO ORTEGA	Citations Issued 0	Sex MALE
		Date of Birth 04/28/1998	Race HISPANIC
	Address 2122 S 16TH ST SHEBOYGAN, WI 53081 , US	Driver License Number O6324109814801 STATE: WISCONSIN COUNTRY: UNITED STATES	
02 002	Safety Equipment		On Duty Crash
			Safety Equipment
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT
	Helmet Use		Helmet Compliance
	Eye Protection		Tint Compliance
	Injury		Airbag
	NO APPARENT INJURY		NON DEPLOYED
Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
Distracted By Action NOT DISTRACTED			
Non Motorist		Striking Unit #	Location

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WISCONSIN MOTOR VEHICLE CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT
1315 N 23RD ST
SHEBOYGAN, WI 53081
(920) 459-3333

UNIT	Prior Action		
	Action		
INDIVIDUAL	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use YES	Suspected Drug Use YES
02	002	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type
		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
Individual Condition APPEARED NORMAL			