

DATE RECEIVED 3/14/24

RECEIVED BY WKC

CLAIM NO. 23-23

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: Irma Reyes and Jorge Martinez
- 2. Home address of Claimant: 1032 Weeden Creek Rd, Sheboygan, WI 53081
- 3. Home phone number: 920 377 1329
- 4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) 02-11-2024

6. Where did damage or injury occur? (give full description) City of Sheboygan ambulance, Incident number 1165446

7. How did damage or injury occur? (give full description) The ambulance got into the accident while carrying Jorge Martinez DOB: 9/5/20 to Aurora Health Care emergency room. Mother Irma Reyes was in the ambulance next to her son.

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: Driver of Incident 1165446
- (b) Claimant's statement of the basis of such liability: Negligence driving ambulance for 1165446 Incident.

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: _____

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").

head, cut eye brow, cut under the eye, bruises / con
fusion on the right arm and right body side

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: \$ TBD

Other: (Specify below) \$ _____

TOTAL \$ _____

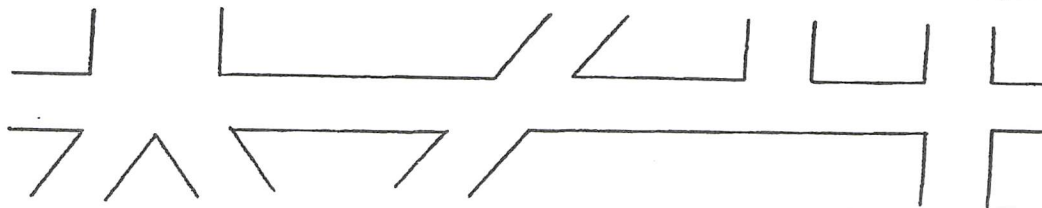
Damaged vehicle (if applicable)

Make: _____ Model: _____ Year: _____ Mileage: _____

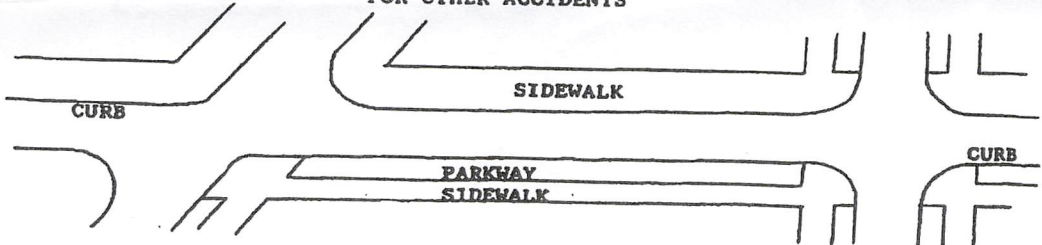
Names and addresses of witnesses, doctors and hospitals: _____

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.



FOR OTHER ACCIDENTS



SIGNATURE OF CLAIMANT Ivmea Reyes DATE 3-1-24

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 \$ _____.

SIGNED

Julius Holmiste

DATE:

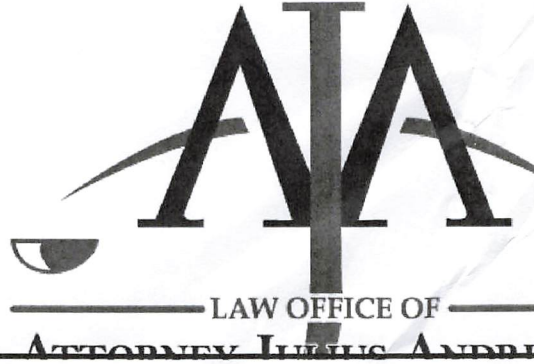
2/16/2024

ADDRESS:

*Andrius Law Firm, LLC 985 W. Oklahoma Ave,
Milwaukee WI 53215*

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

MAR 13 2024



985 W. Oklahoma Ave., Milwaukee, Wisconsin 53215

Phone: 414-831-7929

Fax: 414-645-5512

March 8th, 2024

Via mail

City of Sheboygan Notice of Injury
City Clerk's Office
828 Center Avenue
Sheboygan, WI 53081

Re: Notice of Injury Irma Reyes and Jorge Martinez

Dear Clerk:

Please be advised that Ms. Irma Reyes and Mr. Jorge Martinez have retained our office to represent them regarding 1165446 incident that occurred on February 11th, 2024, between 3:20am and 3:43am, while riding a City of Sheboygan ambulance to Advocate Aurora emergency room. The ambulance driver pushed abruptly brakes causing Ms. Irma Reyes to hit the ambulance wall and to injure her head, right arm and right body side, also cuts in the right eyebrow and a under the right eye.

With this notice we also are requesting you to preserve all evidence including but are not limited to ambulance camera videos.

Very truly yours,

Julius Andrius
State Bar No. 1053784
414 831 7929, Andriusis@andriusislaw.com

enclosures: Copy of City of Sheboygan Notice of Damage or Injury