

DATE RECEIVED

8/26/24

RECEIVED BY

MD

CLAIM NO.

9-24

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: Pamela A. Wenzel
2. Home address of Claimant: 112 Douglas Drive Iron Ridge WI 53035
3. Home phone number: 262-224-0914
4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) July 17-2024 1pm.

6. Where did damage or injury occur? (give full description) outside front office of Sheboygan Transit (Bus Station) Lady in front office was there with me when I fell.

7. How did damage or injury occur? (give full description) Walking outside of Transit Center listening to a lady from the office I was walking real slow and fell face down from a crack in the sidewalk

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: sidewalk in front of Transit office.

(b) Claimant's statement of basis for such liability: Tripped over crack in sidewalk

Hurt Right foot sprain and cut inside of front toe. Out of work for three weeks. Got fired for not able to work under doctor care.

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").

Injury to Right Foot and Toe. Sprain foot.

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: \$ 25,000

Other: (Specify below) \$ _____

TOTAL \$ _____

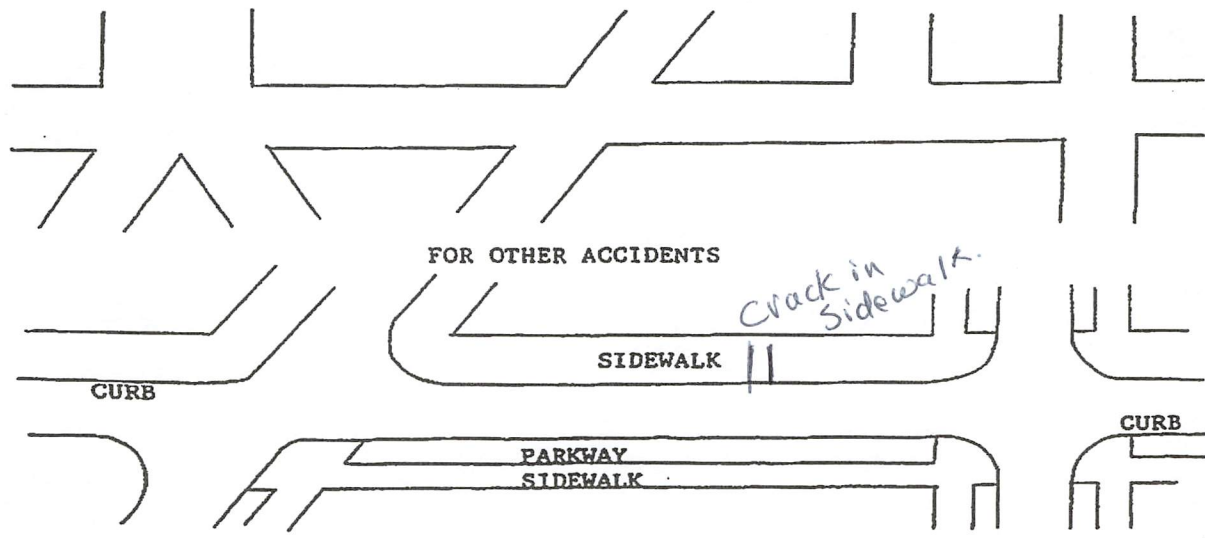
Damaged vehicle (if applicable)

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 Ronald A. Wenzel

DATE 8-26-2024

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CLAIM

Claimant's Name:	<u>Pamela A Wenzel</u>	Auto	\$ _____
Claimant's Address:	<u>112 Douglas Drive</u>	Property	\$ _____
	<u>Iron Ridge WI 53035</u>	Personal Injury	\$ <u>25,000</u>
Claimant's Phone No.	<u>262-224-0914</u>	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 \$ 25,000.

SIGNED Pamela A. Wenzel DATE: 8-26-2024

ADDRESS: 112 Douglas Drive Iron Ridge WI 53035

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

HMH EMERGENCY DEPT
1032 E SUMNER ST
HARTFORD WI 53027-1608
Work/School Excuse

Wenzel, Pamela A
MRN: 1139455, DOB: 9/7/1960, Sex: F
Adm: 7/17/2024, D/C: —

Work/School Excuse Letter.

**Advocate Aurora Health©
AMCWC EMERGENCY SERVICES**

RETURN TO Work

7/17/2024
Pam A Wenzel
DOB: 9/7/1960

To whom it may concern:

This is to certify that the above named patient has been under my care.

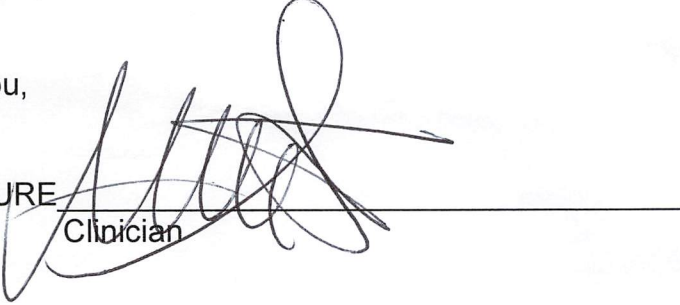
Pam A Wenzel was seen in the AMCWC EMERGENCY SERVICES on 7/17/2024. She may return to Work on 07/21/24.

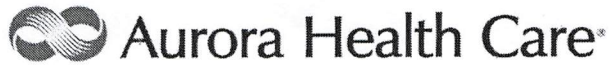
If no restrictions are listed below, Pam may return to Work without restrictions. Restrictions associated with her return to Work are listed below:

Thank you,

SIGNATURE

Clinician





Now part of  ADVOCATEHEALTH

CERTIFICATE OF WORK

July 22, 2024

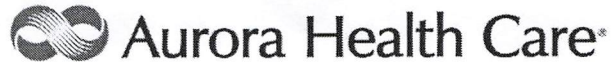
Re: Pamela A Wenzel
112 Douglas Dr
Iron Ridge WI 53035-9680

This is to certify that Pamela A Wenzel has been under my care from 7/22/2024 and is excused from work on 7/22/24 and is unable to return to work until seen.

SIGNATURE: _____

A handwritten signature in black ink, appearing to be "Megan A Tkachuk", written over a horizontal line.

Megan A Tkachuk, MD
Aurora Family Medicine-Hartford
1640 E SUMNER ST
HARTFORD WI 53027-2684
Phone: 262-670-4000



Now part of  ADVOCATEHEALTH

CERTIFICATE OF WORK

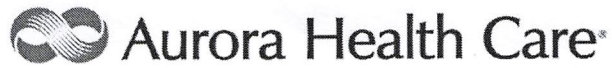
July 30, 2024

Re: Pamela A Wenzel
112 Douglas Dr
Iron Ridge WI 53035-9680

This is to certify that Pamela A Wenzel has been under my care from 7/30/2024. She is unable to perform job duties until she is re-evaluated in 7-10 days.

SIGNATURE: _____

Megan A Tkachuk, MD
Aurora Family Medicine-Hartford
1640 E SUMNER ST
HARTFORD WI 53027-2684
Phone: 262-670-4000



Now part of  ADVOCATEHEALTH

CERTIFICATE OF WORK

August 9, 2024

Re: Pamela A Wenzel
112 Douglas Dr
Iron Ridge WI 53035-9680

This is to certify that Pamela A Wenzel was evaluated today 8/9/2024 and may return to work on Monday 8/12/24.

RESTRICTIONS: none

SIGNATURE: _____

Megan A Tkachuk, MD
Aurora Family Medicine-Hartford
1640 E SUMNER ST
HARTFORD WI 53027-2684
Phone: 262-670-4000