

**CITY OF SHEBOYGAN
R. O. 87-23-24**

BY CITY CLERK.

JANUARY 2, 2024.

Submitting a claim from Elissa Nyara for alleged damages to vehicle due to sewer cap left open.

DATE RECEIVED

12-27-2023

RECEIVED BY

MKC

CLAIM NO.

14-23

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: Elissa Nyaka
2. Home address of Claimant: 6007 Indigo Dr. Racine WI 53406
3. Home phone number: 262-914-2780
4. Business address and phone number of Claimant: 2625 Calumet Drive
Sheboygan WI 920-452-0662
5. When did damage or injury occur? (date, time of day) 11/29/2023 6:06pm
6. Where did damage or injury occur? (give full description) main ave right
before N25th street
7. How did damage or injury occur? (give full description) sewer cap was
left open in the middle of the road it was
dark ran it over immediately got a flat tire
back left side
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: officer Ross
 - (b) Claimant's statement of the basis of such liability: report #C2321257
in her report she did fix the sewer cap
& put it back into the ground.
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: no damage to sewer cap
that I'm aware of
 - (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").

Flat tire damage to the rim no injury to people

11. Name and address of any other person injured:

N/A

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

Auto:

\$ 1,082.99

Property:

\$

Personal injury:

\$

Other: (Specify below

\$

TOTAL

\$ 1,082.99

Damaged vehicle (if applicable)

Make: GMC

Model: Denali XL

Year: 2021

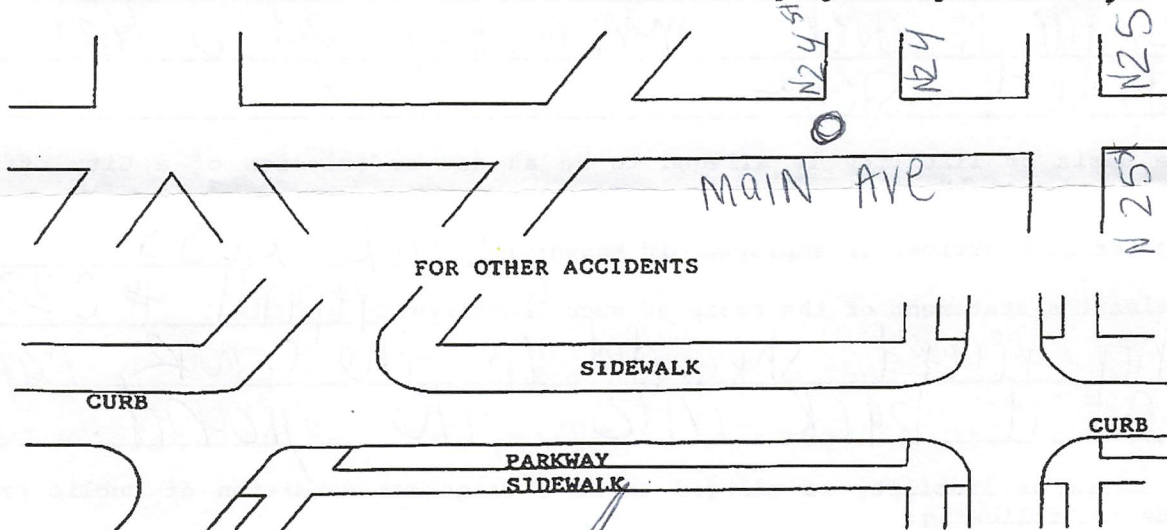
Mileage: 66,000

Names and addresses of witnesses, doctors and hospitals:

I don't have names but two other people got flat tires that night. my officer got the car back down

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

[Signature]

DATE

11/30/2023

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name:	<u>Elissa Nyara</u>	Auto	\$ <u>1,082.99</u>
Claimant's Address:	<u>6007 Indigo Drive</u>	Property	\$ _____
	<u>Sheboygan WI 53406</u>	Personal Injury	\$ _____
Claimant's Phone No.	<u>262-994-2780</u>	Other (Specify below)	\$ _____
		TOTAL	\$ <u>1,082.99</u>

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 \$ 1,082.99.

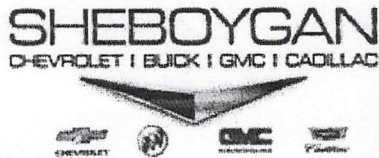
SIGNED _____

DATE: 11/30/2023

ADDRESS: _____

6007 Indigo Dr. Racine, WI 53406

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



Repair Estimate

12/13/2023

1:16 PM

Estimate#: AP802602	Estimate Date:	Odometer:
Vehicle: Yukon XL 2021/2023	VIN: 1GKS2JKL1MR175315	License#:
Customer#:	Advisor#:	
Address:	(H)	
	(B)	(Ext)

CUSTOMER QUOTE

Operation: 21CVZ03 Mount & Balance 1 Tire All

LABOR HOURS: 0.30

Qty	Part Number	Part Description	Part Price	Ext Price
1	GM19456549	P27550226	297.28	297.28
1	GM23376234	WHEEL	702.75	702.75

Misc Code	Misc Description	Ext Price
ENVI	ENVIROMENTAL CHARGES	1.50

LABOR \$:	25.00
PARTS \$:	1,000.03
GOG \$:	0.00
MISC \$:	1.50
TAX \$:	56.46
SUBTOTAL \$:	1,082.99

TOTAL LABOR \$:	25.00
TOTAL PART \$:	1,000.03
TOTAL GOG \$:	0.00
TOTAL MISC \$:	1.50
TOTAL TAX \$:	56.46
ESTIMATE TOTAL \$:	1,082.99

Customer: Elissa Lois Nyara

Customer Phone: (262)914-2780

VIN: 1GKS2JKL1MR175315 **Make:** GMC Light Truck **Model:** Yukon XL

Year: 2021

Recommended Work Details

Line	Operation Code	Operation Description	Op Code Qualifier	Labor Price	Line Total
A (new)	MA44	REPLACEMENT OF LEFT REAR WHEEL AND TIRE	One	\$89.00	\$1,152.14

Part Number	Part Description	Quantity	Part Price
19456549	P27550226	1	\$297.28
23376234		1	\$701.35
			Miscellaneous Charges
			\$4.45
			Tax
			\$60.06

Total
\$1,152.14