

R. O. No. 145 - 21 - 22. By CITY CLERK. April 18, 2022.

Submitting a claim from Troy Shaw for alleged damages to his Gamo Mach 1 Air Rifle by the Sheboygan Police Department.

CITY	CLERK	

F4P 2023 council

DATE RECEIVED 4-5-22

RECEIVED BY MC

CLAIM NO.

25-21

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

APR 0 5 2022

- 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.

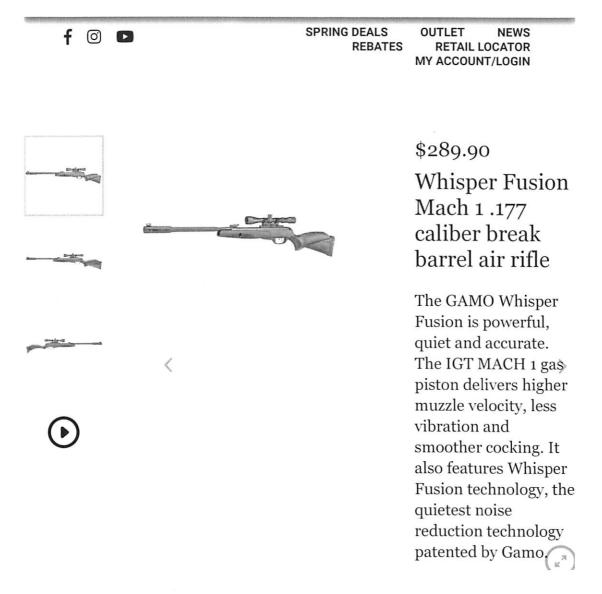
4.	TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.
1.	Name of Claimant: Troy Shaw
2.	Home address of Claimant: 1034 Weeden Creek Rd
3.	Home phone number: 920 - 395 - 3626
4.	Business address and phone number of Claimant:
5.	When did damage or injury occur? (date, time of day) 2-1-2022 Two made aware
6.	Where did damage or injury occur? (give full description)
7.	How did damage or injury occur? (give full description) Shebongs Police Dept
	accidentally destroyed my Gamo Mach I Air rifle.
	Henry Meller
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:
	(b) Claimant's statement of basis for such liability:

, 10:	Give a description of the injury, time. (If there were no injuries, s	cate NO INDURIES").	s, so far as is known at this
11.	Name and address of any other perso	n injured:	
12.	Damage estimate: (You are not bound	d by the amounts provide	ed here.)
	Auto:	\$	
	Property:	\$ 289.90	
	Personal injury:	\$	
	Other: (Specify below	\$	
	TOTAL		
-	Damaged vehicle (if applicable)		
	Make: Model:	Year:	Mileage:
(IF	ALL ACCIDENT NOTICES, COMPLETE THE ES OF ALL STREETS, HOUSE NUMBERS, LO APPLICABLE), WHICH IS CLAIMANT VEHIC	CLE, LOCATION OF INDIVIDU	ICATING WHICH IS CITY VEHICLE UALS, ETC.
NOTE	E: If diagrams below do not fit the	situation, attach proper	r diagram and sign.
	FOR OT	THER ACCIDENTS	
	CURB	SIDEWALK	
		PARKWAY	CURB
SIG	NATURE OF CLAIMANT My	Mm	DATE 4-5-2022

. . ∕						
DATE RECEIVED_	CEIVED RECEIVED BY					
	CLAIM NO.					
CLAIM						
Claimant's Name: Troy Shaw	Auto	\$				
Claimant's Address: 1034 Weeder Creek Rd	Property	\$ 289.90				
Sheboygan, WI 53081	Personal Injury					
Claimant's Phone No. 920-395-3626						
	TOTAL	\$ 289.90				
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 arising out of the circumstances describ Injury. The claim is for relief in the foramount of \$ 289.90 .	ed in the Notice	of D				
SIGNED Roy of	DATE: 4-5-2022					
ADDRESS: 1034 Weeden Creek Rd						
Sheboygan, WI 53081						

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

FREE SHIPPING COUPON CODE ON ORDERS OF MORE THAN \$100



We use cookies on our website to give you the most relevant experience by remembering your preferences and repeat visits. By clicking "Accept All", you consent to the use of ALL the cookies. However, you may visit "Cookie Settings" to provide a controlled consent.