

**CITY OF SHEBOYGAN  
R. O. 81-23-24**

**BY CITY CLERK.**

**DECEMBER 18, 2023.**

Submitting a claim from David Andrews for alleged damages to vehicle when it struck a manhole cover.

DATE RECEIVED

12-6-23

RECEIVED BY

MKE

DEC 6 '23 AM 10:01

CLAIM NO.

11-23

## 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: Mitchell Andrews (minor) David Andrews (dad)
2. Home address of Claimant: 1630 N 2nd Street Sheboygan, WI 53081
3. Home phone number: 920-207-2843 (Mitchell) 920-918-6720 (David)
4. Business address and phone number of Claimant: N/A

5. When did damage or injury occur? (date, time of day) 11-29-23 @ 0625 pm

6. Where did damage or injury occur? (give full description) on main Avenue Eastbound just west of Calumet Drive in Sheboygan, WI

7. How did damage or injury occur? (give full description) There was a manhole in the street with the cover halfway off and when I drove over it it popped my back driver side tire and damaged the rim, and the driver foot door window came off the truck and is partially open and won't move.

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: Don't know officer's name

(b) Claimant's statement of the basis of such liability: police report number C23-21262

officer took pictures of damage

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: manhole cover was not on the manhole properly causing damage to my car.

(b) Claimant's statement of basis for such liability: Also, another vehicle drove over same manhole and

popped her tire. - she had to truck company come and fix/change tire. And police came and fixed the manhole.

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").

"No Injuries." Had to get new tire for popped tire,  
fixed damaged rim, fixed damaged front driver window mechanism

11. Name and address of any other person injured: N/A no injuries

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

Auto: \$ 542.96

Property: \$ \_\_\_\_\_

Personal injury: \$ \_\_\_\_\_

Other: (Specify below) \$ \_\_\_\_\_

TOTAL \$ 542.96

Damaged vehicle (if applicable)

Make: Chevy Model: Cruze Year: 2015 Mileage: 178780

Names and addresses of witnesses, doctors and hospitals: Oliver Andrews (brother)

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.

approximate location (see map)

police came and fixed manhole cover - should  
be in their report

Oliver Andrews

12-6-23

SIGNATURE OF CLAIMANT \_\_\_\_\_ DATE \_\_\_\_\_

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

DATE RECEIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

CLAIM NO. \_\_\_\_\_

CLAIM

Claimant's Name:	<u>Mitchell Andrews</u>	Auto	\$ <u>542.96</u>
Claimant's Address:	<u>1630 N 2nd Street</u>	Property	\$ _____
	<u>Sheboygan, WI 53081</u>	Personal Injury	\$ _____
Claimant's Phone No.	<u>920-207-2843</u>	Other (Specify below)	\$ _____
	<u>David Andrews (dad)</u>		
	<u>920-918-6720</u>		
		<u>TOTAL</u>	\$ <u>542.96</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 \$ 542.96.

I got car repaired. It had a broke window and popped tire and damaged rim. I could not be driving around getting estimates on it. I needed the car to be fixed fast, as my kid needed it for school and activities.

SIGNED

[Signature]

DATE: 12-6-23

ADDRESS:

1630 N 2nd Street  
Sheboygan, WI 53081

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.

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



## Google Maps




Map data ©2023 Google 100 ft

**729 S. 8th St.  
Sheboygan, WI 53081  
Phone 920-458-4631**

Labor	T89	146.40
N 665-5475 (WINDOW REGULAT)	1	158.60
Total Labor		146.40
Total Parts		158.60
Total Repair (Customer )		305.00

PAID  
CC

		W/C	INT.	CUSTOMER
<b>DISCLAIMER OF WARRANTIES</b> I warrant on the product sold hereby are those made by the manufacturer. The seller expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability of fitness for a particular purpose, and neither assumes nor authorizes any person to assume for it any liability in connection with the sale said products. Any limitation contained herein does not apply where prohibited by law.		Motor vehicle repair practices are regulated by chapter ATCP 132 Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53705-8911.	.00 .00 .00 .00 .00 .00 .00 .00	Labor 174.40 Parts 324.52 Sublet/Fees 10.50 Shop Supplies 5.23 Oil/Grease .00 Sub Total 514.65 Tax 28.31 Total (Due) 542.96
Page 1 of 1 Job 14733 14733  Customer Copy				

MARTIN AUTOMOTIVE  
729 S 8TH ST  
SHEBOYGAN WI 53081  
920-458-4631

Record Num.: 0003

## Phone Order Sale

xxxxxxxxxxxx9841 Exp: XX/XX  
VISA Entry Method: Keyed CNP  
Total: USD\$ 542.96  
12/04/23 10:15:09  
Inv#: 000003 Appr Code: 004458  
Apprvd: Online Batch#: 001215  
AVS Code: Y  
CVV2 Code: M  
TRN Ref #: 383338585094930  
Validation Code: 5XKW  
Rewards Program: 165675

DESCRIPTION: \_\_\_\_\_

THANK YOU!  
PLEASE COME AGAIN!

CARDHOLDER COPY

RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

**Get Your Police Report at**  
**CRASHDOCS.ORG**

**Sheboygan Police Department**

11/29/23  
ACCIDENT DATE

C23-21262  
POLICE REPORT NUMBER

Reports are available 5-7 business days after incident

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