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R. O. No. 22 - 23 - 24. By CITY CLERK. June 19, 2023.

Submitting a claim from Leah V. Zinkgraf for alleged damages to vehicle due to potholes on 5<sup>th</sup> Street.

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CITY CLERK

FTP

DATE RECEIVED 6-16-23

RECEIVED BY NKC

CLAIM NO. 5-23

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.

**TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.**

1. Name of Claimant: Leah V Zinkgraf
2. Home address of Claimant: 207 S River Blvd Apt 2 Plymouth, WI 53073
3. Home phone number: 920-698-0431
4. E-Mail Address leahzinkgraf@gmail.com
5. Business address and phone number of Claimant: 1421e N 5th Sheboygan, WI  
920-204-6755
6. When did damage or injury occur? (date, time of day) 04/12/23 12:00pm
7. Where did damage or injury occur? (give full description) 5th Street between  
Superior and Huron
7. How did damage or injury occur? (give full description) Pot hole Conglomerate  
on 5th street, unavoidable, damaged stabilizer bar on  
vehicle. Photo included from mechanic, damage circled.
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: N/A
  - (b) Claimant's statement of the basis of such liability: N/A
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: 5th street

(b) Claimant's statement of basis for such liability: Unavoidable mass of  
Potholes - Street crew was contacted and potholes were filled that week.

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 - Vehicle damage, Stabilizer bar cracked

11. Name and address of any other person injured: N/A

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

Auto: \$ 257.14

Property: \$ —

Personal injury: \$ —

Other: (Specify below) \$ —

TOTAL \$ 257.14

Damaged vehicle (if applicable)

Make: Buick Model: Rendezvous Year: 2007 Mileage: 70132

Names and addresses of witnesses, doctors and hospitals: N/A

FOR ALL ACCIDENT NOTICES YOU MAY DRAW A DIAGRAM. 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.

SIGNATURE OF CLAIMANT Leah V. Zuker DATE 6/13/23  
BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

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

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

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

CLAIM

Claimant's Name:	<u>Leah V Zinkgraf</u>	Auto	\$ <u>257.14</u>
Claimant's Address:	<u>207 S River Blvd Apt 2</u>	Property	\$ <u>—</u>
	<u>Plymouth WI 53073</u>	Personal Injury	\$ <u>—</u>
Claimant's Phone No.	<u>920-698-0431</u>	Other (Specify below)	\$ <u>—</u>
			<u>TOTAL</u> \$ <u>257.14</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 \$ 257.14.

SIGNED Leah V Zinkgraf DATE: 06/13/23

ADDRESS: 207 S River Blvd Apt 2

Plymouth, WI 53073

E-Mail Address leahzinkgraf@gmail.com

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

MAIL TO: CLERKS OFFICE  
828 CENTER AVE #100  
SHEBOYGAN WI 53081



**Theel Auto Inc.**  
 N8348 Hwy J  
 Elkhart Lake, WI. 53020  
 Phone: 920-876-2703 Fax: 920-876-2860

INVOICE

7976

Org. Est. # 008698

**INVOICE FROM HISTORY**

Print Date: 06/13/2023

Work Completed: 04/14/2023

**Zinkgraf, Leah**  
 207 S River Blvd  
 Plymouth, WI 53073  
 Home: 920-698-0431  
 Cust ID : 2013

2007 Buick - Rendezvous CX - 3.5L, V6 (213CI) VIN(L)  
 Lic # : - WI Odometer In : 70,132  
 Unit # : Odometer Out :  
 VIN # : ~~3G5DA03L47S557220~~

Part Description / Number	Qty	Sale	Extd	Labor / Description	Extd
Stabilizer Bar Link Kit K700527	2.00	38.38	76.76	Traction control light is on and pothole incident this week and now rattling in front end when turning. Dropping Thurs night.	
Oil Filter 85040	1.00	0.00	0.00	Check over after pothole	54.50
5w30 Synthetic Blend Motor Oil 5w30	1.00	0.00	0.00	STABILIZER BAR CONTROL LINK - Remove & Replace - At Control Arm, Link Kit, Both	88.29
Shop Supplies			37.59	Fluid Capacity: Engine Oil - Volume: 4.00 QTS. (3.8L) - API - SAE 5W-30; w/Filter - (Note: Use oil that meets GM Standard GM6094M. For areas of extreme cold, where temperatures fall below -20Deg.F (-29Deg.C), it is recommended a SAE 5W-30 synthetic oil or a SAE 10W-30 oil. Both will provide easier cold starting and better protection for your engine at extremely low temperatures.)	
				Oil Change	48.95
				Courtesy Check	0.00

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

- I request an estimate in writing before you begin repairs \_\_\_\_\_
- Please proceed with repairs, but call me before continuing if the price will exceed \$ \_\_\_\_\_
- I do not want an estimate. \_\_\_\_\_

Payment will be made by  Cash  Check  Credit  Credit Card

[ Payments - Visa - \$322.92 ]

Labor:	191.74
Parts:	114.35
Sublet:	0.00
Sub:	306.09
Tax:	16.83
Total:	322.92
Bal Due:	\$0.00

[ Technicians : E, Mark; V, Austin ]

Do you want the replaced parts you are entitled to?  Yes  No

Revision # 1, Previous Estimate Amount: 65.55, Additional Cost: 257.38, Revised Estimate: 322.93, Parts: \$76.76 Labor: \$137.24 Sublet: \$0.00 Taxes & Fees: \$43.38 Authorized by - Zinkgraf, Leah, Date - 4/14/2023, Time - 9:23 AM, Initiated By - Shop, Phone Number - Home: 920-698-0431

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 53708-8911

This vehicle received without face to face contact.  
 \_\_\_\_\_  
 Shop Representative

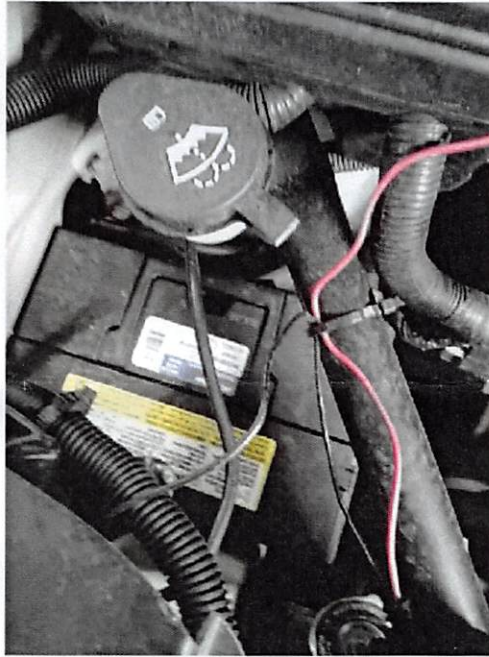
Having authority to do so I hereby order the above products and services, parts, and labor and grant permission to you and/or your employees to operate the vehicle described for the purpose of testing and/or inspection. I agree to pay cash when the work is completed or to pay on the other terms satisfactory to you. Until paid in full, the amount owing on this work shall constitute a lien on the motor vehicle. If collection is made by suit or otherwise, I agree to pay storage and collection and reasonable attorney's fees.

Customer Sign: \_\_\_\_\_ Date: \_\_\_\_\_

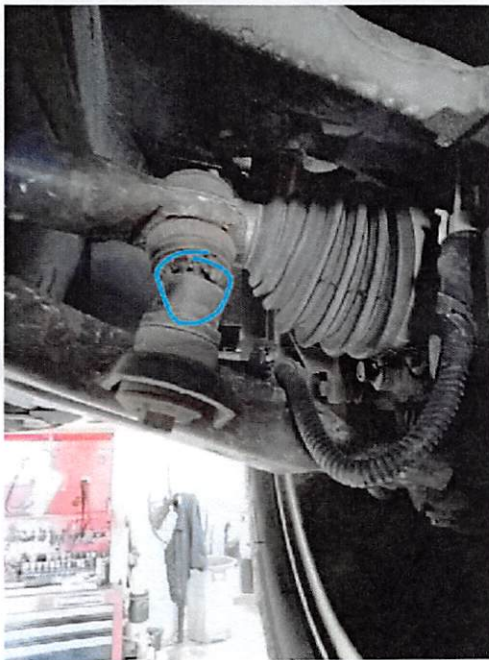
Visit us on the web : [www.theelauto.com](http://www.theelauto.com)

Our Email Address: [theelautoservice@gmail.com](mailto:theelautoservice@gmail.com)

**Battery  
Condition:**



**Steering  
System:**



Attached is a City of Sheboygan Notice of Damage or Injury and Claim Form which is needed to process a claim.

Answer all of the questions if possible. If any do not apply to your case, please put N/A next to the question or draw a line to indicate you have read it. **Sign and date the forms in all places requiring a signature and date (pages 2 & 3).**

**The total amount of damages must also be submitted on both forms-pages 2 & 3.**

Return the **original** completed forms with copies of any billings or receipts, to the City Clerk's Office.

If the full monetary amount is NOT known when the claim is submitted, put 'pending' in those spaces. When the full amount is available, re-submit pages 2 and 3 with pending crossed out and the correct amount listed.

**Submit any information you want considered with your claim. Pictures are helpful.**

When we receive the Notice of Damage or Injury and Claim Form, we will submit them to the proper committee. If you have any questions regarding the completion of these forms contact me at 920-4593361 or [sherrill.smith@sheboyganwi.gov](mailto:sherrill.smith@sheboyganwi.gov)

Sincerely,

Sherrill Smith  
Election Specialist

Enclosure

MAIL TO: CITY CLERKS OFFICE  
828 CENTER AVE  
SHEBOYGAN, WI 53081

If dropping off in person, the entrance and parking are located on the North side of the building. Our office hours are 8:00 a.m. to 4:30 p.m.

I do not have two estimates to submit as I took my vehicle to my trusted mechanic before I was made aware that I could file a claim with the city for the damages.

d Zunkrad