

II

R. O. No. 29 - 22 - 23. By CITY CLERK. July 5, 2022.

Submitting a claim from Jody Gallaway for alleged damages to vehicle when it was struck by a falling tree branch on North 25th Street.

FAP

CITY CLERK

DATE RECEIVED 6-27-22

RECEIVED BY MKC

CLAIM NO. #8-22

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

JUN 27 '22 PM 12:06

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.

no estimates - car is not worth cost of repairs.

1. Name of Claimant: JODY GALLAWAY
2. Home address of Claimant: 1824 N. 25 St. Sheboygan 53081
3. Home phone number: 608.485.0168
4. Business address and phone number of Claimant: 1011 N. 8 St. Sheboygan 53081; 920.459.3181
5. When did damage or injury occur? (date, time of day) 6/15/2022 8:23 pm
6. Where did damage or injury occur? (give full description) Car was parked on street in front of house (home address above) tree broke and fell on top of car.
7. How did damage or injury occur? (give full description) Large branch of tree fell on car during storm, crushed top of car and shattered rear window and cracked front windshield.
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: Tree was damaged before storm.
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: Tree
 - (b) Claimant's statement of basis for such liability: crushed car

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 to Humans. Car is totaled.

11. Name and address of any other person injured: _____

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

Auto: \$ 2000.00

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ 2000.00

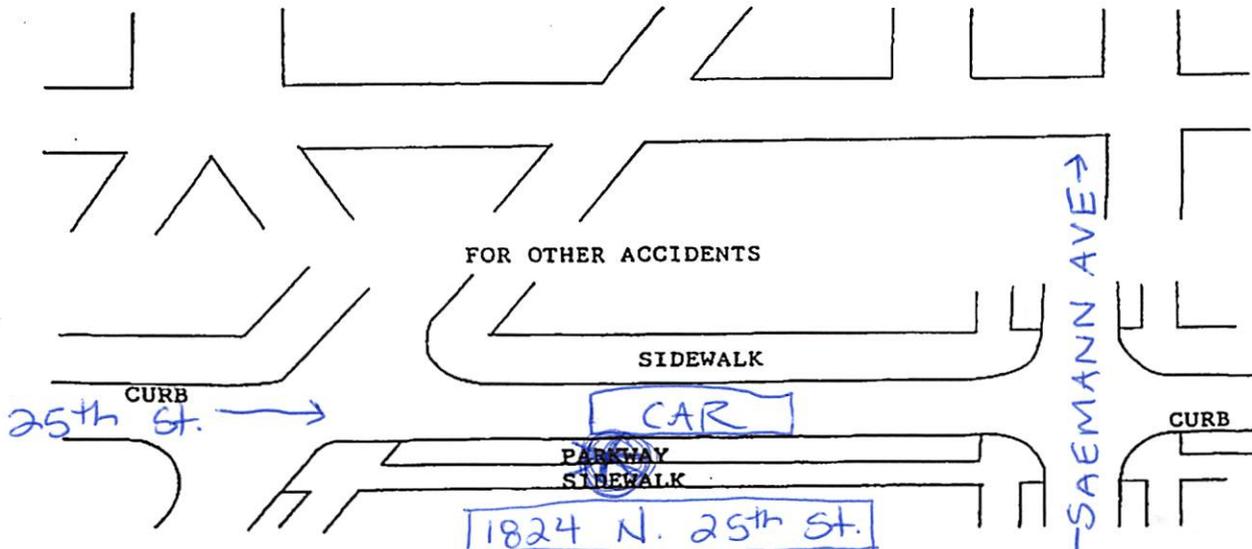
Damaged vehicle (if applicable)

Make: Accura Model: TL Year: 2005 Mileage: 249,366

Names and addresses of witnesses, doctors and hospitals: Sophie Nguyen,
Bill Alvarez and Jody Gallaway - all residents
of 1824 N. 25 Street, Sheboygan 53081

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

Jody Gallaway
= tree

DATE

6/26/22

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name:	<u>JODY A. GALLAWAY</u>	Auto	\$ <u>2000.00</u>
Claimant's Address:	<u>1824 N. 25th St.</u>	Property	\$ _____
	<u>Sheboygan, WI 53081</u>	Personal Injury	\$ _____
Claimant's Phone No.	<u>608.485.0168</u>	Other (Specify below)	\$ _____
			TOTAL \$ <u>2000.00</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 \$ 2000.00.

SIGNED Jody A. Gallaway DATE: 6/26/2022

ADDRESS: 1824 N. 25th Street, Sheboygan, WI 53081

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



