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R. O. No. <u>92 - 22 - 23</u>. By CITY CLERK. December 19, 2022.

Submitting a claim from Jeremy Willems for alleged damages to his vehicle when a chunk of debris came off a city truck and struck it.

CITY CLERK

E	DATE RECEIVED DEC 0 9 2022 RECEIVED BY MAR
	CLAIM NO. 17-22
	CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY
INS	STRUCTIONS: TYPE OR PRINT IN BLACK INK
1. 2. 3.	Notice of death, injury to persons or to property must be filed not later than <u>120 days</u> after the occurrence. Attach and sign additional supportive sheets, if necessary. 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: Jerenz Willems
2.	Home address of claimant: NG251 Woodland Ad, Sheboygan, WI 53083
з.	Home phone number: 920,418,0489
4.	Business address and phone number of Claimant:A
5.	When did damage or injury occur? (date, time of day) 12/07/22 at 12:54pm
6.	Where did damage or injury occur? (give full description)
	HWY 23 Eastbound, just west of HWY 32 Off ramp
7.	How did damage or injury occur? (give full description)
	Either a rock, piece of metal, or a chunk of debris came at us from
	truck. It appeared to come at us from an upward an angle.
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: UNLOWN
	(b) Claimant's statement of the basis of such liability: The debres that hit our
	Vehicle came off a city truck while we were in other lane a safe
	distance behind. Debris appeared to continue coming out after we were hit.
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: <u>City of Staboygan Truck</u> .
	(b) Claimant's statement of basis for such liability: The debris that hit our uchile
	ne off a city vehicle while we were in other lane a safe distance behind,
De	bris continued to come offlout of vehicle after we were hit.

DATE RECEIVED	DEC 0 9 2022	RECEIVED BY	MAF
		CLAIM NO.	
	CLAIM		
Claimant's Name:	Jeremy Willems	Auto	\$ 791 48
Claimant's Address:	NG251 Woodland Ad	Property	\$
	Shebaygan, WI 53083	Personal Injury	\$ Nothing above of
Claimant's Phone No.	920.418.0489	Other (Specify belo	w) \$
		TOTAL	\$ 791.48

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. (WISCONSIN STATUTES 943.395)

We are willing to clean the interior of the vehicle ourselves and cover any charges from getting all the glass shards Cleaned from the interior cabin. We would like the city to reimburse for the physical damage and repair only please.

SIGNED Jeren Villem	DATE :	12/08/22
ADDRESS:	NG251 Woodland Ad	
	Shelogan, WT 53083	
	0 (

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

	.0. Give a description of the injury, property time. (If there were no injuries, state "NO	y damage or loss, so far as is known at this D INJURIES").				
	Windshield damayed by debris, glass	broken and may small should				
		injures from debra or glass were aware of				
11.	1. Name and address of any other person injure	ad: Lawra Willems (WiR)				
	NOTZI Moodland AN					
12.	2. Damage estimate: (You are not bound by the	e amounts provided here.)				
	Auto: \$	101.48				
	Property: \$	0				
	Personal injury: \$ <u>10</u>	him awar of				
	Other: (Specify below \$	5				
	TOTAL \$	701.48				
-	-					
	Damaged vehicle (if applicable)					
	Make: Chroy Model: Equinor 5	Year: 2010 Mileage: 28,858				
	Names and addresses of witnesses, doctors and hospitals:					
FOR	FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLO	WING DIAGRAM IN DETAIL. BE SURE TO INCLUDE				

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.

* Not to - scale HWY 32 Tamp 70/80 03 SC HWY 23 parti 20 Actros Our Vetrele FOR OTHER ACCIDENTS SIDEWALK CURB CURB PARKWAY SIDEWALK SIGNATURE OF CLAIMANT DATE erey

While driving east bound on Hwy 23 near Sheboygan Falls we were driving behind a drimp truck and something hit our window with such force and loudness that I shielded myself. Then saw the impact site in windshield and the glass fragments on the dash.

Laura Willems

On 12.07.22 at about 12:55pm my wife and I were headed east bound on HWY 23 and while we were west of the 32 off ramp our vehicle was hit by a what appeared to be a rock, metal, or some kind of debris that came from the direction of a city of Sheboygan dump truck with an identifying number of 659. The piece of debris appeared to have come from a slight upward trajectory and impacted the middle/top area of our windshield. When it impacted our windshield it fractured it and sent a large amount of glass shards into the cabin. My wife Laura Willems was in the passenger seat when it happened. The city of Sheboygan truck was traveling in the right lane, and our vehicle was in the left lane-I estimate that we were about 70/80 ft behind the truck when we were impacted. Once we were hit, we passed the vehicle to avoid getting hit by any other debris and took pictures of the vehicle and noticed more debris that was coming off the truck (not rocks, looked like some kind of building material or scrap). No one appears to have been injured from the incident that we are aware of. After we got home we contacted the Sheboygan County Sheriff's Department to document and to advise incase there was any more safety issues with the truck. I also called and advised the city of Sheboygan as well just to prevent any other safety issues with the truck.

Due to the fact that debris came off the city of Sheboygan truck while we were traveling a reasonable and safe distance behind it in the other lane (with no other vehicles present), we would please like the city of Sheboygan to cover and reimburse the cost of the damage/repair costs to our vehicle. We are willing to pay for the cleaning of the debris from the cabin ourselves and would just like the physical damage/repair cost of \$791.48 reimbursed for what was done to our vehicle from the debris that came from the City of Sheboygan truck.

Our insurance company (Secura) is aware and indicated that if we file and a claim it will trigger our rates to increase if they have to cover (In addition to deductible that we will also have to pay). They advised they may contact the city due due to the damage being caused from debris coming off a city vehicle, but we advised us to contact first to expedite the process, prevent insurance rates from being impacted, and to avoid deductible.

I have enclosed photos, the claim form, and the repair estimate. Please review and let me know if you would like a copy of the original photos I sent to you as the print quality may not be the best (I apologize).

Thank you for your time,

Jeremy Willems

920.418.0489

Jerry Pillery

MARTIN AUTO. DBA LAKESHORE AUTO GLASS 729 S 8TH STREET SHEBOYGAN, WI 53081

INVOICE NUMBER	
DATE	12/7/2022
REFERENCE #	Quo: 16850
TAX ID NUMBER	390875970

9:18AM

(920) 980 - 2552 (920) 458 - 4632 Fax: (920) 458 - 1393

ACCOUNT	CUSTOMER TAX ID NUMBER	PO NUMBER	INSTALL D	ATE:			
			INSTALLEI	DBY:		78 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
SALES REP: CHRIS			TERMS:	Net 30			
P.0	elite-Secura Ins. . Box 182277 umbus, OH 43218-2277		N	ttn: Jeremy Will 6251 Woodland heboygan, WI 5	Rđ		
W: (800) 828	-7047 E: 2		H: (920)4	418-0489			
		Insurance	Information				
AGENT:			VERIFIED F POLICY NU CLAIM NUI CAUSE OF	IMBER: MBER:		DISPATCH	[#:
			DATE OF L	OSS:		DEDUCTIBI	LE:
		Vehicle I	nformation				
See and the second s	HEVROLET DOOR UTILITY R.O. #:		EQUINOX			YEAR: ODOMETER: LICENSE #:	2020
Qnty Part !	Number	Hours	Labor	Adhesive	List Price	Net Price	Line Total
1.00 DW02	2654GTYN	3.00	\$111.00	\$0.00	\$552.65	\$359.22	\$470.22
2.00 HAH	lshield (Solar) (Acoustic Interlayer) (0 000448-20 sive Adhesive (Fast-Cure Urethane/D	0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$30.00
1.00 RECA	IL DYNAMIC I#-RECAL DYNAMIC RECAL I	0.00	\$0.00	\$0.00	\$250.00	\$250.00	\$250.00
PLEASE REN	PLEASE REMIT TO: MARTIN AUTOMOTIVE INC. 729 S. 8TH STREET, SHEBOYGAN, WI. 53081						
	* TH	IS IS A QUOT	E / DO	NOT PAY	*]
Thank you! CF					Total Labor Total Kit Total Parts Subtotal Sales Tax @		\$111.00 \$30.00 \$609.22 \$750.22 \$41.26
Customer Signature: Ar				ue: \$791.48	Invoice T	'otal	\$791.48
By signing this invoice, the customer accepts described merchandise and agrees to terms of sale.							





Closer prole of Uchiele



Debis of numerous ting glass should in cabin



Gloss shords on doshboard



Damese to windshild

