

*****ATTACHMENTS*****

III

4.3

Res No. 144 - 14 - 15. By Alderperson Hammond. February 2, 2015.

A RESOLUTION to authorize a transfer of appropriations in the 2014 Budget.

RESOLVED: That the Finance Director be and is hereby authorized and directed to make the following transfers of appropriations in the 2014 Budget for the purposes of:

Establish estimated revenue and appropriation for 2014 Community Development Block Grant Entitlement Program:

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
Community Block Grant Fund Entitlement 21461100-431901-0	Community Block Grant Fund Land Improvements 21461100-611100	\$80,000

BE IT FURTHER RESOLVED: That the City Clerk publish this budget change according to §65.90(5) of the Wisconsin Statutes.



Finance

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor

III

RES NO. _____ 14-15. By Alderperson Hammond. March 2, 2015.

A RESOLUTION to authorize transfer of appropriations in the 2015 Budget.

RESOLVED: That the Finance Director be and is hereby authorized and directed to make the following transfers of appropriations in the 2015 Budget for the purposes of:

Establish appropriation for 2015 contracted services in City Attorney's Office:

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
General Fund Unreserved Fund Balance 101-253000	General Fund City Attorney Contracted Services 10119100-521900	\$6,000

Establish appropriation for 2015 sidewalk and mini-storm sewer projects:

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
Capital Projects Fund Unreserved Fund Balance 400-253000	Capital Projects Fund Sidewalks 40033190-631300	\$100,000
	Mini-Storm Sewers 40033150-631500	\$50,000

Establish appropriation for the Eighth Street Bridge project with the State of Wisconsin Dept. of Transportation:

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
Capital Projects Fund Unreserved Fund Balance 400-253000	Capital Projects Fund 8 th Street Bridge 40033170-631100	\$45,084

BE IT FURTHER RESOLVED: That the City Clerk publish this budget change according to §65.90(5) of the Wisconsin Statutes.

I HEREBY CERTIFY that the foregoing Resolution was duly passed by the Common Council of the City of Sheboygan, Wisconsin, on the ____ day of _____, 20__.

Dated _____ 20__. _____, City Clerk

Approved _____ 20__. _____, Mayor

II

Other Matters

8.2

R. O. No. 223-14-15. By CITY CLERK. January 19, 2015.

Submitting a claim from Jerome A. Duenk for alleged damages to his vehicle when a Sheboygan snow plow struck his vehicle.

Finance

Susan Richards
City Clerk

200



808

James H. Johnson

DATE RECEIVED 1/15/15

RECEIVED BY CRB

CLAIM NO. _____

JAN 15 '15 PM 3:26

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.**

TO CITY OF SHEBOYGAN

1. Name of Claimant: Francis A. Duenk
2. Home address of Claimant: 1619 43rd St
3. Home phone number: 920-377-1299
4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) _____ around noon

6. Where did damage or injury occur? (give full description) Vehicle was parked in front of home

7. How did damage or injury occur? (give full description) Sheboygan plow truck struck my vehicle

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, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

No injuries

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

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

Auto: \$ 1,891 - 2,264

Property: \$ " "

Personal injury: \$ NA

Other: (Specify below) \$ NA

JAN 15 '15 PM 3:26

TOTAL

Damaged vehicle (if applicable)

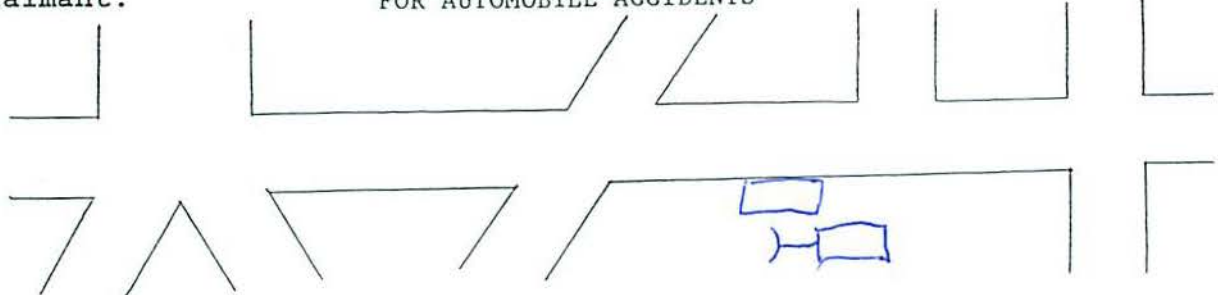
Make: Ford Model: Explorer Year: 1996 Mileage: 200,000

Names and addresses of witnesses, doctors and hospitals: _____

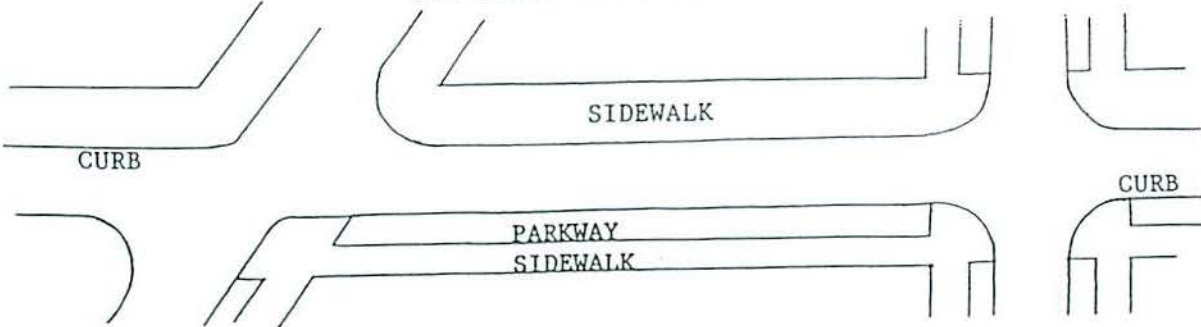
FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT'S VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by the Claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



SIGNATURE OF CLAIMANT: Jerome A. Deane

Date: 1-15-15

DATE RECEIVED 1/15/15

RECEIVED BY CRK

CLAIM NO. _____

CLAIM

JAN 15 '15 PM 3:26

Claimant's Name: Jerome A. Drenk

Auto \$ 1891-2264

Claimant's Address: 1619th St.

Property \$ _____

Sheboygan WI 53081

Personal Injury \$ _____

Claimant's Phone No. 920-377-1299

Other (Specify below) \$ _____

TOTAL 2264

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 \$ 2,264.

SIGNED: Jerome A

DATE: 1-15-15

ADDRESS: 1619th St

Sheboygan WI 53081

Vehicle (~~1996~~ 1996 Ford explorer) was parked on west side of street facing south. Truck was struck by plow truck denting and scratching ~~the~~ ~~on~~ drivers side end to end. Hole in passenger door, both door handles crushed.

JAN 15 '15 PM 3:26

Jerome A. Dine

DICK BRANTMEIER FORD-LINCOLN-MERCURY
3624 KOHLER MEMORIAL DRIVE
SHEBOYGAN, WI 53082-0026
OFFICE: 920-458-6111 FAX: 920-451-8198

*** PRELIMINARY ESTIMATE ***

01/15/2015 01:19 PM

Owner

Owner: JEROME DUENK
Address: 1619 NORTH 3RD ST
City State Zip: Sheboygan, WI 53081

Work/Day: (920)377-1299
FAX:

Inspection

Inspection Date: 01/15/2015 01:19 PM

Inspection Type:

Company: BRANTMEIER FORD
Contact: DALE SPAETH
Address: 3624 KOHLER MEMORIAL DR
City State Zip: Sheboygan, WI 53081

Appraiser License #:

Work/Day: (920)458-6111
FAX: (920)451-8198

Repairer

Repairer: DICK BRANTMEIER FORD
Address: 3624 KOHLER MEMORIAL DR
City State Zip: Sheboygan, WI 53081

Contact:
Work/Day: (920)458-6111
Work/Day:

Vehicle

1996 Ford Explorer XLT 4 DR Wagon
6cyl Gasoline 4.0
4 Speed Automatic

Lic Expire:
Prod Date:
Veh Insp#:
Condition:
Ext. Refinish: Two-Stage

VIN: None
Mileage: 200,000
Mileage Type: Actual
Code: P8433B
Int. Refinish: Two-Stage

Options

4-Wheel Drive
Aluminum/Alloy Wheels
Center Console
Intermittent Wipers
Power Brakes
Power Steering
Rear Window Defroster
Skid Plates
Tinted Glass

AM/FM Stereo
Anti-Lock Brakes
Cruise Control
Leather Steering Wheel
Power Door Locks
Power Windows
Rear Window Wiper/Washer
Tachometer

Air Conditioning
Captain Chairs (2)
Dual Airbags
Lighted Entry System
Power Mirrors
Privacy Glass
Rem Trunk-L/Gate Release
Tilt Steering Wheel

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
------	----	-------	----	-------------	--------------	-------	------	----	-------	---

1 E DAMAGE EXCEEDS VALUE Replace OEM SM*
 1 Items

Estimate Total & Entries

Labor	Rate	Replace	Repair Hrs	Total Hrs	
		Hrs			
Sheet Metal (SM)	\$58.00				
Mech/Elec (ME)	\$85.00				
Frame (FR)	\$60.00				
Refinish (RF)	\$58.00				
Paint Materials	\$36.00				
Gross Total					\$0.00
Net Total					\$0.00

Alternate Parts Y/00/00/00/00/00 CUM 00/00/00/00/00 Zip Code: 53081 Default

Audatex Estimating 7.0.334 ES 01/15/2015 01:19 PM REL 7.0.334 DT 12/01/2014 DB 12/15/2014
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THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE MANUFACTURER OF YOUR MOTOR VEHICLE.

Op Codes

* = User-Entered Value	E = Replace OEM	NG = Replace NAGS
EC = Replace Economy	OE = Replace PXN OE Srpls	UE = Replace OE Surplus
ET = Partial Replace Labor	EP = Replace PXN	EU = Replace Recycled
TE = Partial Replace Price	PM = Replace PXN Reman/Reblt	UM = Replace Reman/Rebuilt
L = Refinish	PC = Replace PXN Reconditioned	UC = Replace Reconditioned
TT = Two-Tone	SB = Sublet Repair	N = Additional Labor
BR = Blend Refinish	I = Repair	IT = Partial Repair
CG = Chipguard	RI = R & I Assembly	P = Check
AA = Appearance Allowance	RP = Related Prior Damage	



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"Dean's Has The Means For All Your Auto Needs"

Date: 1-6-15
Name: Jerome A Denk
Address: 1619 W 3rd St
City: Sheboygan State: WI Zip: 53081
Daytime Phone: 920-377-1299 Evening Phone: _____
Cell Phone: 920-377-1299 Fax: _____
Email: _____

Insurance Information

Insured Claimant Personal Pay Unsure
Insurance Company: _____ Claim #: _____
Contact: _____ Phone: _____ Fax: _____
Other Insurance Company: City of Sheb Claim #: _____
Deductible Amount: _____ DOL: _____ Rental: _____

Vehicle Information

Interior Color/Trim Code: _____ Exterior Color/Paint Code: _____
Year: 96 Make: Ford Model: Explorer
Body Style: _____
VIN: _____
License Plate: _____ Production Date: ____/____/____
Mileage: _____ Airbags: _____ Alarm: _____
Area of vehicle needing repair: Right side left side

Notes: plow hit while parked.

Damage exceeds value

3+1

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Ford Explorer 1996 Go



Edit options Change style

1996 Ford Explorer

1995 1996 1997 New 2015 Style: Sport Utility 4D



View all 2 photos

Mileage: 200,000 Change

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Used Car Prices

See Trade-In/Sell Values

Buy from a Dealer Buy Certified from a Dealer Buy from a Private Party

Print report



Good Condition

Private Party Values valid for your area through 1/15/2015

Find This Car Near You

View actual photos and compare prices.

Search

*Illustrated prices, rates and monthly payments are estimates only and do not represent offers to sell vehicles or provide financing.

Consider a New Car

- Full new-car warranty
- Latest technology
- Never been driven

Research and price

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Have questions about a used car's history? Get answers.



Enter VIN (optional)

Go

No VIN? No Problem!

Next Steps to Buying Smart

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Loans starting at 2.79%* APR from LightStream, a division of SunTrust Bank.



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8+1

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Ford Explorer 1996 Go



Edit options Change style

1996 Ford Explorer

1995 1996 1997 **New 2015** Style: Sport Utility 4D



View all 2 photos

Mileage: 200,000 Change

Like this car

pricing photos specs kbb expert review consumer reviews ratings compare

Used Car Prices

See Trade-In/Sell Values

Buy from a Dealer Buy Certified from a Dealer Buy from a Private Party

Print report



Fair Condition

Private Party Values valid for your area through 1/15/2015

Find This Car Near You

View actual photos and compare prices.

Search

Consider a New Car

- Full new-car warranty
- Latest technology
- Never been driven

Research and price

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Enter VIN (optional)

No VIN? No Problem!

Go

*Illustrated prices, rates and monthly payments are estimates only and do not represent offers to sell vehicles or provide financing.

Next Steps to Buying Smart

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Loans starting at 2.79%* APR from LightStream, a division of SunTrust Bank.



Apply for a loan



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POLICE # C15-00322

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number P0QZP7F		Document Override Number		
Agency Accident Number				Police Number C15-00322						
4 - Accident Date 01/06/2016		5 - Time of Accident (Military Time) 1205		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00		
2 - County SHEBOYGAN - 59		3 - Municipality SHEBOYGAN - 61, CITY				11 - Accident Location NON-INTERSECTION				
14 - On Hwy No.		14 - On Street Name N 3RD ST			14 - Bus/Fmt/Rmp		15 - Est. Dist 100		15 - Hwy. Dir F	15 - Hwy. Dir NORTH
16 - Fr/At Hwy No.		16 - From/At Street Name SUPERIOR AVE				16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude		13 - Longitude				
80 - First Harmful Event PARKED MOTOR VEHICLE				83 - Manner of Collision SIDESWIPE. SAME DIRECTION						
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type				
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)										
117 - Relation To Roadway ON-ROADWAY										
114 - Light Condition DAYLIGHT			116 - Road Surface Condition SNOW/SLUSH			118 - Weather CLEAR				
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed		
<input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Names Exchanged			
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number				

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With PARKED MOTOR VEHICLE		23 - Dir Of Travel SOUTH		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements		<input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number [REDACTED]		30 - State WI	31 - Expiration Year 2016	34 - On Duty Accident WINTER-HWY-MAINTENANCE			
25 - Operator/Pedestrian Last Name MARVER		25 - First Name MICHAEL		25 - Middle Initial R		25 - Suffix	
32 - Date Of Birth [REDACTED]		33 - Sex MALE					
28 - Address Street & Number [REDACTED]						26 - PO Box	
27 - City [REDACTED]		27 - State [REDACTED]	27 - Zip Code [REDACTED]		28 - Telephone Number [REDACTED]		
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 0	
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.		64 - 5th Statute No.		
122 - Driver Factors NOT-APPLICABLE							
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN			

OPERATOR/PEDESTRIAN 01

PK2011

91 - Drugs Reported
124 - Highway Factors SNOW,-ICE,-OR-WET

Vehicle

VEHICLE 01	21 - Unit Type TRUCK	Vehicle Type SNOW-PLOW				22 - Total Occupants 1
	56 - License Plate Number [REDACTED]	57 - Plate Type MUN	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number [REDACTED]	
	50 - Year 2009	51 - Make INTL	52 - Model	53 - Body Style CB	54 - Color BLU	100 - Skidmarks to Impact (Ft) 0
	94 - Vehicle Damage NONE					
	95 - Extent Of Damage NONE	98 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name	46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth
	46 - Company Name SHEBOYGAN CITY				
	47 - Address Street & Number 828 CENTER AVE #205		47 - PO Box		
	48 - City SHEBOYGAN	48 - State WI	48 - Zip Code 53081	49 - Telephone Number	

Insurance

INS 01	63 - Liability Insurance Company GOVERNMENT	60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name
	61 - Policy Holder Company	

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Operator/Pedestrian

Unit Status L - LEGALLY PARKED	81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel SOUTH	24 - Speed Limit 25	
36 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle		
29 - Driver's License Number	30 - State	31 - Expiration Year	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name		25 - First Name	25 - Middle Initial	25 - Suffix
32 - Date Of Birth	33 - Sex			

PK2011

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number				26 - PO Box	
	27 - City			27 - State	27 - Zip Code	28 - Telephone Number
	39 - Seat Position BLANK			40 - Safety Equipment NOT-APPLICABLE-NONMOTORIST		
	38 - Injury Severity		41 - Airbag NOT APPLICABLE		42 - Ejected NOT-APPLICABLE	
	44 <input type="checkbox"/> Medical Transport					
	43 - Trapped/Extricated NOT-APPLICABLE		92 - Pedestrian Location		92 - Pedestrian Action	
	119 - What Driver Was Doing LEGALLY-PARKED			120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued
	64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.	
	122 - Driver Factors NOT-APPLICABLE					
	88 - Driver or Pedestrian Cond		89 - Substance Presence			
	90 - Alcohol Test		90 - Alcohol Content		91 - Drug Test	
	91 - Drugs Reported					
124 - Highway Factors SNOW,-ICE,-OR-WET						

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR			22 - Total Occupants 0
	56 - License Plate Number 305SFF		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2015	55 - Vehicle Identification Number 1FMDU34X1TZB20092	
	50 - Year 1996	51 - Make FORD	52 - Model EXPLORER	53 - Body Style		54 - Color GRN	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR DRIVER SIDE, MIDDLE DRIVER SIDE, FRONT DRIVER SIDE						
	95 - Extent Of Damage MODERATE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR		
	123 - Vehicle Factors NOT-APPLICABLE						

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name DUENK		46 - First Name JEROME		46 - Middle Initial A	46 - Suffix
	Date Of Birth 03/02/1974					
	46 - Company Name					
	47 - Address Street & Number 1619 N 3RD ST				47 - PO Box	
48 - City SHEBOYGAN		48 - State WI	48 - Zip Code 53081		49 - Telephone Number (920) 377-1299 EXT.	

Insurance

PK2011

INS 02	63 - Liability Insurance Company NOT-REQUIRED		60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name		61 - Policy Holder First Name
	61 - Policy Holder Company		

School Bus

BUS 02	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p style="text-align: center;">n 3rd st</p>
UNIT 1 WAS PLOWING SOUTHBOUND ON N 3RD ST IN THE 1600 BLOCK AND STRUCK UNIT 2 ,WHO WAS LEGALLY PARKED IN FRONT OF 1618 N 3RD ST WITH THE EDGE OF HIS PLOW.	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name FITZPATRICK		125 - First Name JEFF		125 - Middle Initial		131 - Officer ID 280		
	129 - Law Enforcement Agency No. 6981			130 - Law Enforcement Agency Name SHEBOYGAN POLICE DEPARTMENT					
	126 - Law Enforcement Agency Address Street & Number 1316 N 23RD ST								
	127 - City SHEBOYGAN			127 - State WI		127 - Zip Code 53081		128 - Telephone Number (920) 459-3333 EXT.	
	132 - Date Notified 01/08/2015			133 - Time Notified (Military Time) 1210		134 - Time Arrived (Military Time) 1215		135 - Date Of Report 01/08/2015	
	Agency Accident Number			Police Number C15-00322			19 - Special Study		
	18 - Agency Space CAR 19								

Truck and Bus

<input type="checkbox"/> 136 A truck or truck combination > 10,000 lbs GVWR/GCWR	<input type="checkbox"/> 136 Any vehicle displaying a hazardous materials placard
--	---

PK2011

TRUCK/BUS	136 <input type="checkbox"/> A vehicle designed to carry 9 or more people, including the driver						
	136 <input type="checkbox"/> Fatal Injury		136 <input type="checkbox"/> Medical Transport		136 <input type="checkbox"/> One or more vehicles towed from the scene due to disabling damage		
	Unit Number						
	137 - Hazardous Materials Class Numbers						
	137 - Hazardous Materials "UN" Nos.			Hazardous Material Placard Displayed <input type="checkbox"/>		Hazardous Cargo Was Released <input type="checkbox"/>	
	137 - Name Of Hazardous Materials in this Load			137 - Name Of Hazardous Materials Released			
	138 <input type="checkbox"/> Interstate Carrier		140 - US DOT No.	140 - ICC MC No.	LC No.	IC No.	141 - Source
	139 - Carrier Name						
	142 - Carrier Address			City		State	Zip Code
	143 - GVWR (Lbs)	144 - Total No. of Axles		145 - Vehicle Configuration		147 - Cargo Body Type	
	146 - First Event			146 - Second Event			
	146 - Third Event			146 - Fourth Event			

II

3.2

R. O. No. 234 14 - 15. By CITY CLERK. February 2, 2015.

Submitting a communication from Reinhart Attorneys at Law being a Claim for Excessive Assessment regarding NRFC Memorial Holdings, LLC, owner of parcel No. 59281-215850.

Finance

Susan Richards

City Clerk

188

III

188

Handwritten text, possibly a signature or name, written in cursive.



*emailed
1/23/14*

*rec'd 1/23/15 S. Richards
#29-14*

Reinhart Boerner Van Deuren s.c.
P.O. Box 2018
Madison, WI 53701-2018

22 East Mifflin Street
Suite 600
Madison, WI 53703

Telephone: 608-229-2200
Fax: 608-229-2100
Toll Free: 800-728-6239
reinhartlaw.com

January 20, 2015

Don M. Millis, Esq.
Direct Dial: 608-229-2234
dmillis@reinhartlaw.com

CLAIM FOR EXCESSIVE ASSESSMENT

SERVED BY PROCESS SERVER

Sue Richards, Clerk
City of Sheboygan
828 Center Avenue, 2nd Floor
Sheboygan, WI 53081

DM
Process Server
Time 2:55 A.M. - P.M. Date 1/23/15
Served Upon Sue Richards
828 Center Avenue Sheboygan
 Personal Substitute
 Posted Corporate

Dear Clerk:

Re: Tax Parcel No. 59281-215850

Now comes Claimant, NRFC Memorial Holdings, LLC, owner of parcel 59281-215850 (the "Property") in Sheboygan, Wisconsin, by Claimant's attorneys Reinhart Boerner Van Deuren s.c., and files this Claim for Excessive Assessment against the City of Sheboygan (the "City"), pursuant to Wis. Stat. § 74.37. You hereby are directed to serve any notice of disallowance on the undersigned agent of the claimant.

1. This Claim is brought under Wis. Stat. § 74.37(3)(d), for a refund of excessive real estate taxes imposed on Claimant by the City for the year 2014, plus statutory interest, with respect to the Property.

2. Claimant is the owner on the Property, is responsible for the payment of property taxes and the prosecution of property tax disputes involving the Property and is authorized to bring this claim in its own name.

3. The City is a body corporate and politic, duly organized as a municipal corporation under Wisconsin law, with its principal office located at 828 Center Avenue, in the City.

4. The Property is located at 3347 Kohler Memorial Drive within the City, and is identified in the City records as Tax Parcel No. 59281-215850.

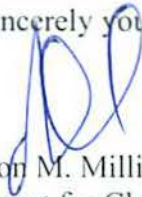
5. The Wisconsin Department of Revenue determined that the aggregate ratio of property assessed in the City was 96.9063831% as of January 1, 2014.

6. For 2014, property tax was imposed on property in the City at the rate of \$26.980421 per \$1,000 for of the assessed value for Property.
7. For 2014, the City's assessor set the assessment of the Property at \$12,424,400.
8. Claimant appealed the 2014 assessment of the Property by filing a timely objection with the City's Board of Review pursuant to Wis. Stat. § 70.47 and otherwise complying with all of the requirements of Wis. Stat. § 70.47, except Wis. Stat. § 70.47(13).
9. The City's Board of Review heard the Claimant's objection and sustained the assessment on the merits at \$12,424,400.
10. The City imposed tax on the Property in the amount of \$335,216.
11. Claimant is timely paying the property taxes imposed by the City on the Property for 2014, or the required installment thereof.
12. The fair market value of the Property as of January 1, 2014 was no higher than \$3,000,000.
13. Based on the aggregate ratio of 96.9063831%, the correct assessment of the Property for 2014 is no higher than \$2,907,191.
14. Based on the tax rate of \$26.980421 per \$1,000 of assessed value, the correct amount of property tax on the Property for 2014 should be no higher than \$78,437.
15. The 2014 assessment of the Property, as set by the City's Board of Review was excessive and, upon information and belief, violated Article VIII, Section 1 (i.e., the Uniformity Clause) of the Wisconsin Constitution. As a result, the property tax imposed on the Property for 2014 was excessive in at least the amount of \$256,778.
16. Claimant is entitled to a refund of 2014 tax in the amount of \$256,778. or such greater amount as may be determined to be due to Claimant, plus statutory interest.
17. The amount of this claim is \$256,778, plus interest thereon.

Sue Richards, Clerk
January 20, 2015
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Dated at Madison, Wisconsin, this 20th day of January, 2015.

Sincerely yours,



Don M. Millis
Agent for Claimant

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