

*****ATTACHMENTS*****

III

5.10

Res. No. 108 - 14 - 15. By Alderperson Hammond. December 1, 2014.

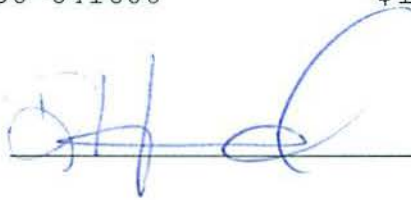
A RESOLUTION to authorize a transfer of appropriations in the 2014 Budget.

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:

Establishing appropriation for Mead Library chiller replacement project:

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
Mead Library Fund Unreserved Fund Balance 255-253000	Mead Library Fund Mechanical Equipment 25551150-641600	\$111,300

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

III

5.11

Res. No. 109 14 - 15. By Alderperson Hammond. December 1, 2014.

A RESOLUTION to authorize a 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:

Establishing appropriation for parking stall rentals for Library employees:

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
Mead Public Fund Administration Regular Salaries 25551100-510110	Mead Public Fund Administration Car Allowance 25551100-527100	\$15,000

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 Belanger, Donohue
and Kath. December 15, 2014

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 appropriation for purchase JVC Pro HD Camcorders for
TV 8

<u>FROM</u>	<u>TO</u>	<u>AMOUNT</u>
Cable TV Franchise Fund Unreserved Fund Balance 270-253000	Cable TV Franchise Fund Audio Visual Equipment 27058110-642400	\$56,750

Res. No. - 14 - 15 . By Alderperson Belanger, Donohue and Kath.
December 15, 2014

A RESOLUTION authorizing entering into contract for purchase of two JVC Pro HD Camcorders for WSCS Community Programming.

WHEREAS, the cost of the equipment is \$56,750; and

WHEREAS, the Purchasing Agent has researched various vendors and found there is no price differential in the purchase price of the JVC Pro HD Camcorders;

RESOLVED: That the Purchasing Agent is authorized to enter into contract for two JVC Pro HD Camcorders for WSCS Community Programming and draw orders on Cable TV Fund Account # 27058110-642400 for payment.

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

3.2

R. O. No. 166-14-15. By CITY CLERK. November 3, 2014.

Submitting a communication from Stephan Brickson for alleged damages to her vehicle when she was stopped for stop sign and was rear-ended by a City vehicle.

Finance

Susan Richards

City Clerk

III

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

DATE RECEIVED 10-23-14

RECEIVED BY LSSchneider

CLAIM NO. 19-14

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

OCT 23 '14 PM 2:09

- 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: Stephan J Brickson

2. Home address of Claimant: 3232 S. 11th St, Sheboygan WI 53081

3. Home phone number: 920-627-6036

4. Business address and phone number of Claimant: Insurer: American Family Insurance, 6000 American Hwy, Madison WI 53783-0001

5. When did damage or injury occur? (date, time of day) 9/29/2014 9 PM

6. Where did damage or injury occur? (give full description) N. 10th St & North Ave, Sheboygan WI

7. How did damage or injury occur? (give full description) Our Insured was stopped for stop sign & rear end by the city 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: Holly M. Kehoe

(b) Claimant's statement of the basis of such liability: rear end factored for inattentive driving.

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").

Property damage to insured vehicle rear

11. Name and address of any other person injured: None

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

Auto:	\$ <u>839.69</u>
Property:	\$ _____
Personal injury:	\$ _____
Other: (Specify below)	\$ _____
TOTAL	\$ <u>839.69</u>

Damaged vehicle (if applicable)

Make: Nissan Model: Rogue Year: 2009 Mileage: 46,086

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 VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.

Police report attached

Claim # 00-445-078988-6959

SIGNATURE OF CLAIMANT Cheryl A. Christianson DATE 10-23-2014
BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

American Family Ins. on behalf of Stephen Brickner

DATE RECEIVED 10-23-14

RECEIVED BY L.S. Schweder

CLAIM NO. 19-14

OCT 23 '14 PM 2:09

Claimant's Name:	<u>American Family Ins.</u>	Auto	\$ <u>839.69</u>
Claimant's Address:	<u>6000 American Pkwy</u>	Property	\$ _____
	<u>Madison, WI 53783-0001</u>	Personal Injury	\$ _____
Claimant's Phone No.	<u>800-692-6326 X 45165</u>	Other (Specify below)	\$ _____
	<u>Cheryl Christianson</u>		
	<u>Claim # 00-445-078988-6959</u>		
		TOTAL	\$ <u>839.69</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 \$ 839.69.

American Family Ins. on behalf of Stephen Erickson
 SIGNED Cheryl A. Christianson DATE: 10-23-2014
 ADDRESS: 6000 American Pkwy
Madison, WI 53783-0001

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.
MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081

ICS: Financial Summary & Transactions

Prepared By: Cheryl A Christlanson Date Prepared: 10/23/2014 10:17 AM CDT

Ctm: 00-445-078988 / BRICKSON, STEPHAN J		DOL: 09/29/2014		Policy: 10149990-01		CAT:	
Financial Summary & Transactions							
Filtered by: Party Name BRICKSON, STEPHAN J Peril Collision - Auto (025)							
Total Amount after applying Filter: Loss: \$580.69 Deductible(s) Applied: \$250.00 Expense: \$1.50							
Loss Payments: \$580.69		Loss Credits: \$0.00		Expense Payments: \$1.50		Expense Credits: \$0.00	
Claim: \$580.69		Claim: \$0.00		Legal: \$0.00		Legal: \$0.00	
Salvage: \$0.00		Salvage: \$0.00		Medical: \$0.00		Medical: \$0.00	
Subrogation: \$0.00		Subrogation: \$0.00		Other: \$1.50		Other: \$0.00	
Display By: Chronological Order							
Displaying 2 item(s) Sorted By: Descending Trans Date							
Trans Date	Trans #	Transaction	Pay To / Payer	Party - Peril	Amount	Status	
10/20/2014	0001998015	Payment - Loss - Claim	VAN HORN HYUNDAI	BRICKSON, STEPHAN J Collision - Auto (025): \$580.69 (D)	\$580.69	Issued	
Trans Message: A LOSS OCCURRING ON 09/29/2014 \$250 DEDUCTIBLE APPLIED							
09/30/2014	0001937811	Payment - Expense - Other	SHEBOYGAN POLICE DEPT	BRICKSON, STEPHAN J Collision - Auto (025): \$1.50	\$1.50	Reconciled	
Service Date (From): 09/29/2014							
Trans Message: POLICE / FIRE REPORT							

VAN HORN HYUNDAI INC
PLEASE SEND ALL PAYMENTS TO P.O. BOX 1144, SHEBOYGAN, WI 53082
3512 WILGUS ROAD
SHEBOYGAN, WI 53082

*** SUPPLEMENT 1 ***

S1 10/01/2014 02:06 PM
10/16/2014 12:39 PM

Owner

Owner: STEPHAN J BRICKSON
Address: 3232 S 11TH ST (920)627-6035
City State Zip: SHEBOYGAN, WI 53081-6926 FAX:

Control Information

Claim #: 00445078988-0C
Loss Date/Time: 09/29/2014 07:00 AM
Deductible: \$250.00

Insured Policy #: 1014999001
Loss Type: Collision

Ins. Company: American Family Insurance

Insured: STEPHAN J BRICKSON
Address: (920)627-6035

Inspection

Inspection Date: 10/01/2014 02:05 PM
Inspection Location: residence
Address: 3232 S 11TH ST
City State Zip: SHEBOYGAN, WI 53081-6926
Primary Impact: Rear
Driveable: Yes

Inspection Type: Direct Repair Program
Contact:

Secondary Impact:
Rental Assisted:

Assigned Date/Time:
First Contact Date/Time:

Received Date/Time: 09/30/2014 11:00 AM
Appointment Date/Time: 10/01/2014 07:00 AM

Appraiser Name: kohls

Appraiser License #:

Orig Appraiser Name: Jay Kohls

Appraiser License #:

Repairer

Repairer: VAN HORN HYUNDAI
Address: 3512 WILGUS AVENUE
P.O. BOX 1144
City State Zip: Sheboygan, WI 53081
Email: BODYSHOP@VHCARS.COM

Contact:
Work/Day: (920)457-3608
FAX: (920)459-4126
Work/Day:

Repair Start Date/Time: 10/13/2014
Repair Complete Date/Time: 10/15/2014
Target Complete Date/Time: 10/15/2014

Vehicle Drop Off Date/Time: 10/13/2014
Vehicle Pick Up Date/Time: 10/16/2014
Days To Repair: 3

Vehicle

2009 Nissan Rogue S 4 DR Wagon
4cyl Gasoline 2.5
Continuously Variable Tr

Lic. Plate: 513AKL
 Lic. Expire:
 Prod Date:
 Veh Insp# :
 Condition: Good
 Ext. Color: CRIMSON ROULETTE MET
 Ext. Refinish: Two-Stage
 Ext. Paint Code: A33

Lic State: WI
 VIN: JN8AS58T09W052284
 Mileage: 46,086
 Mileage Type: Actual
 Code: Z7274C
 Int. Color:
 Int. Refinish:
 Int. Trim Code:

Options

AM/FM CD Player	Air Conditioning	Alarm System
Anti-Lock Brakes	Bucket Seats	Center Console
Cruise Control	Dual Airbags	Halogen Headlights
Head Airbags	Intermittent Wipers	Keyless Entry System
Lighted Entry System	Overhead Console	Power Brakes
Power Door Locks	Power Mirrors	Power Steering
Power Windows	Rear Window Defroster	Rear Window Wiper/Washer
Side Airbags	Split Folding Rear Seat	Stability Cntrl Suspensn
Steel Wheels	Tachometer	Theft Deterrent System
Tilt Steering Wheel	Tinted Glass	Tire Pressure Monitor
Traction Control System	Velour/Cloth Seats	

Damages

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ%	B%	Hours	R
1	PC	566		Cover,Rear Bumper	Replace PXN Reconditioned	\$258.00			1.4	SM
				>> Keystone - Appleton 800-422-1995						
				>> 5085 Wren Drive						
				>> Appleton WI 54913						
				>> Quote# 231411699218207, Stock# NI1100288R, Sales Staff						
2	L	566	13	Cover,Rear Bumper	Refinish				3.7	RF
					2.6 Surface					
					0.6 Two-stage setup					
					0.5 Two-stage					
3	E	1528		Clip,Rear Bumper	MULTI-PART	\$3.72			INC	SM
4	E	1540		Clip,Rear Bumper LT	26398CD000	\$5.48				SM
5	E	1541		Clip,Rear Bumper RT	26398CD000	\$5.48				SM
6	E	587		Shield,Bmpr Cvr Splash	74798JM00A	\$124.45			INC	SM
7	L	M60		Hazardous Waste Removal	Refinish	\$3.00*				SM
8	P			final bill	Check				S1	SM*
				>> final bill						
8	Items									

MC Message

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

Estimate Total & Entries

Gross Parts	\$139.13	
Other Parts	\$261.00	
Paint Materials	\$125.80	
Parts & Material Total		\$525.93
Tax on Parts & Material	@ 5.000%	\$26.30

Labor	Rate	Replace	Repair Hrs	Total Hrs
			Hrs	

Sheet Metal (SM)	\$52.00	1.4	1.4	\$72.80
Mech/Elec (ME)	\$52.00			
Frame (FR)	\$52.00			
Refinish (RF)	\$52.00	3.7	3.7	\$192.40
Paint Materials	\$34.00			
<hr/>				
Labor Total			5.1 Hours	
Tax on Labor		@ 5.000%		\$13.26
Gross Total				
Less: Deductible				
Net Total				
Less: Previous Net Total				
Net Supplement Total (Final Bill)				

\$265.20
 \$830.69 ✓
 \$250.00- ✓
 \$580.69 ✓
 \$580.69-
 \$0.00

Alternate Parts Y/00/00/00/00/00 CUM 01/01/00/00/00 Zip Code: 53081 AM FAM CAPA
 Recycled Parts Y/1/0 Zip Code: 53081 INV DATE: 09/30/2014


Audatex Estimating 7.0.334 S1 10/16/2014 12:42 PM REL 7.0.334 DT 09/01/2014 DB 10/15/2014
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1.1 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

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



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Audatex Alternate Parts Locate Report

Vehicle

2009 Nissan Rogue S 4 DR Wagon
 4cyl Gasoline 2.5
 Continuously Variable Tr

Options

AM/FM CD Player	Air Conditioning	Alarm System
Anti-Lock Brakes	Bucket Seats	Center Console
Cruise Control	Dual Airbags	Halogen Headlights
Head Airbags	Intermittent Wipers	Keyless Entry System
Lighted Entry System	Overhead Console	Power Brakes
Power Door Locks	Power Mirrors	Power Steering
Power Windows	Rear Window Defroster	Rear Window Wiper/Washer
Side Airbags	Split Folding Rear Seat	Stability Cntrl Suspensn
Steel Wheels	Tachometer	Theft Deterrent System
Tilt Steering Wheel	Tinted Glass	Tire Pressure Monitor
Traction Control System	Velour/Cloth Seats	

Line	Part Description	Supplier Part Number	Substituted For OEM Part Number	Supplier Code	CLS	SRC
1	Cover,Rear Bumper	NI1100288R	HEM22JM04H	1	R	1

> = ESTIMATE TOTAL IS BASED ON PRICE QUOTED BY THIS SUPPLIER

Key to Classification / Source Codes

CLS = Classification Code

C - CAPA CERTIFIED PART QUOTED BY LISTED SUPPLIER
 M - REMANUFACTURED / REBUILT PART
 R - RECONDITIONED PART
 S - OEM SURPLUS PART

SRC = Source Code

1 - NON ORIGINAL EQUIPMENT MANUFACTURER PART
 3 - ORIGINAL EQUIPMENT MANUFACTURER (OEM) PART

Detailed Distributor List

1	APU7712811878210NI1100288R	KEYSTONE - APPLETON 800-422-1995 5085 WREN DRIVE APPLETON WI 54913	Quote# 231411699218207, Stock# NI1100288R. Sales Staff
---	----------------------------	--	---

Audatex Estimating 7.0.334 S1 10/16/2014 12:42 PM REL 7.0.334 DT 09/01/2014 DB 10/15/2014
 Zip Code: 53081 Search Area:

AM FAM CAPA

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***** SUPPLEMENT RECONCILIATION *****

Supplement S1

Claim # : 00445078988-0C
File # :
Insured: STEPHAN J BRICKSON
Owner Name: STEPHAN J BRICKSON
Appraiser Name: kohls
Vehicle: 2009 Nissan Rogue S 4 DR Wagon

Insured Policy # : 1014999001
Claim Rep:
Inspection Date/Time: 10/01/2014 02:05 PM

Added Lines								
Line	Guide	Part	Operation	Price	ADJ%	B%	Labor	Rate
1		final bill	Check					SM*

Actual Supplement 1 Net Total **\$0.00+**

Summary					
	Net Total	Date	Time	Appraiser	
Original Estimate	\$580.69	09/30/2014	11:00 AM	Jay Kohls	
Supplement 1	\$580.69	10/16/2014	12:39 PM	kohls	



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6000 American Pkwy | Madison, WI 53783-0001 | 1-800-MY AMFAM (692 6326) | amfam.com

October 23, 2014

69-CAP007

CITY OF SHEBOYGAN
C/O CLERKS OFFICE
828 CENTER AVE STE 100
SHEBOYGAN WI 53081-4442

RE: Our File No.: 00-445-078988-6959
Our Insured: Stephan J Brickson
Date of Loss: September 29, 2014
Amt. Of Loss: \$839.69

This letter is being submitted to you pursuant to Sec. 893.80 of Wisconsin State Statutes as a claim due to an accident that occurred on September 29, 2014, involving a vehicle owned by American Family Insurance Company's insured, Stephan J Brickson, and a 2011 Ford Crown Victoria driven by Holly M Kehoe. The accident occurred at N 10th St and North Ave in the City of Sheboygan, WI.

As a result of the negligence of the operator of the 2011 Ford Crown Victoria driven by Holly M Kehoe, the vehicle insured by American Family Mutual Insurance Company was damaged in the sum of \$839.69.

Pursuant to the policy of insurance existing between American Family and its insured, American Family made payment of \$580.69 and the insured incurred a deductible loss of \$250.00.

Pursuant to statute, American Family Mutual Insurance Company is presenting its claim for payment in the amount of \$839.69.

Respectfully,

Cheryl Christianson
Subrogation Senior Adjuster
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 45165
cchrist3@amfam.com
Fax: (866) 364-0982
www.amfam.com/claims

Enc:

Schroeder, Linda

From: Christianson, Cheryl <CCHRIST3@amfam.com>
Sent: Thursday, October 23, 2014 11:02 AM
To: Schroeder, Linda
Subject: Date of Accident: 9/29/2014 | American Family Claim: 00-445-078988-6959
Attachments: DEMAND PACKET.pdf

Importance: High

Our File No.: 00-445-078988-6959

Our Insured: Stephan J Brickson

Date of Loss: September 29, 2014

Your Driver: Holly M Kehoe

Your Vehicle: City of Sheboygan owned 2011 Ford Crown Victoria

Amt. Of Loss: \$839.69 (includes \$250 Deductible)

Dear Linda:

Attached is our subrogation claim packet for review. I am mailing the hardcopy as well. This is a minor rear end accident where your driver tapped the rear of our stopped vehicle at a stop sign. Should you have questions, please contact me. Thank you.

Cheryl A. Christianson

Subrogation Sr. Adjuster

American Family Mutual Insurance Company

6000 American Parkway, Madison WI 53783-0001

Phone: 1-800-MYAMFAM (1-800-692-6326) X-45165 Fax: 866-364-0982

cchrist3@amfam.com

Basic claim information, when you want it... www.amfam.com/claims

American Family wants to make you aware of the risks of communicating via e-mail, since personal information may be discussed. E-mail cannot be guaranteed as a secure or confidential means of communicating. It is possible that someone else may access these e-mail transmissions. American Family Mutual Insurance Company denies liability for the acquisition of any personal information from these e-mails by a third party. By continuing to use e-mail, you are agreeing to accept this risk.

American Family Insurance Company | American Family Life Insurance Company | American Family Mutual Insurance Company | American Standard Insurance Company of Ohio | American Standard Insurance Company of Wisconsin | Midvale Indemnity Company | Home Office - 6000 American Parkway | Madison, WI 53723

If you are not the intended recipient, please contact the sender and delete this e-mail, any attachments and all copies.



October 20, 2014

44-DWK004

OCT 22 '14 PM 12:58

CITY OF SHEBOYGAN
C/O CLERKS OFFICE
828 CENTER AVE STE 100
SHEBOYGAN WI 53081-4442

RE: Our Insured Name: Stephan J Brickson
Claim Number: 00-445-078988-1325
Date of Loss: September 29, 2014
Your Insured Name: Sheboygan PD / Holley Kehoe
Your Insured Address: Center Ave, Sheboygan, WI
Your Claim Number: Police#: C14-18612
Your Policy Number:
Our Policy Number: 10149990-01
Our Company: American Family Mutual Insurance Company

Our investigation has determined that your insured is responsible for damages sustained by our insured.

We anticipate making payments to our insured. Once payment is made, our Subrogation Department will send supporting documentation for reimbursement of our claim payment(s) and our insured's deductible, if applicable.

If you have any questions, please contact me at the number below.

Sincerely,

Drew W Kenyon
Casualty Claim Adjuster
American Family Mutual Insurance Company
1-800-MYAMFAM (1-800-692-6326) X 45790
dkenyon@amfam.com
Fax: (866) 594-2215
www.amfam.com/claims

00-445-078988-1325

Wisconsin Motor Vehicle Accident Report P0TVBFD MV4000e 01/2005 PK2011

CCDI4101007460D0501D

POLICE # C14-18612

ACCIDENT #

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number P0TVBFD		Document Override Number	
Agency Accident Number				Police Number C14-18612					
4 - Accident Date 09/29/2014		5 - Time of Accident (Military Time) 2100		6 - Total Units 02		7 - Total Injured 00		8 - Total Killed 00	
2 - County SHEBOYGAN - 59			3 - Municipality SHEBOYGAN - 61, CITY			11 - Accident Location INTERSECTION			
14 - On Hwy No.		14 - On Street Name N 10TH ST			14 - Bus/Fm/Rmp		15 - Est. Dist	Ft/Mi	15 - Hwy. Dir
16 - Fr/At Hwy No.		16 - Front/At Street Name NORTH AVE			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event MOTOR VEHICLE IN TRANSPORT				83 - Manner of Collision REAR-END					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DARK-LIGHTED			116 - Road Surface Condition DRY			118 - Weather CLOUDY			
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input checked="" type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input 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			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		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			<input type="checkbox"/> Operating Commercial Motor Vehicle				
29 - Driver's License Number K0003338586902			30 - State WI	31 - Expiration Year 2020	34 - On Duty Accident POLICE				
25 - Operator/Pedestrian Last Name KEHOE			25 - First Name HOLLY		25 - Middle Initial M		25 - Suffix		
32 - Date Of Birth 10/09/1985		33 - Sex FEMALE							
25 - Address Street & Number 1315 N 23 ST						26 - PO Box			
27 - City SHEBOYGAN			27 - State WI	27 - Zip Code 53081		28 - Telephone Number (920) 459-3333 EXT.			
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 STOP-SIGN			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 INATTENTIVE-DRIVING									
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

CCD14101007460D0502D

Wisconsin Motor Vehicle P0TVBFD
Accident Report MV4000e 01/2005

PK2011

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR			22 - Total Occupants 1	
	56 - License Plate Number B685	57 - Plate Type MUN	58 - State WI	59 - Exp Year	55 - Vehicle Identification Number 2FABP7BV2BX146934	
	50 - Year 2011	51 - Make FORD	52 - Model CROWN VIC	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT					
	95 - Extent Of Damage MINOR	96 <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 CITY OF SHEBOYGAN				
	47 - Address Street & Number 1315 N 23 ST		47 - PO Box		
	48 - City SHEBOYGAN	48 - State WI	48 - Zip Code 53081	49 - Telephone Number (920) 459-3333 EXT.	

Insurance

INS 01	63 - Liability Insurance Company SELF-INSURED	60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name
	61 - Policy Holder Company CITY OF SHEBOYGAN	

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	81 - Most Harmful Event: Collision With MOTOR VEHICLE IN TRANSPORT	23 - Dir Of Travel SOUTH	24 - Speed Limit 25
35 - Operating as Classified D CLASS	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
28 - Driver's License Number B6257806826603	30 - State WI	31 - Expiration Year 2019	34 - On Duty Accident POLICE
25 - Operator/Pedestrian Last Name BRICKSON	25 - First Name STEPHAN	25 - Middle Initial J	25 - Suffix
32 - Date Of Birth 07/26/1968	33 - Sex MALE		

CCD14101007460D0503D

Wisconsin Motor Vehicle P0TVBFD

Accident Report MV4000e 01/2005
PK2011

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 3232 S 11 ST				26 - PO Box	
	27 - City SHEBOYGAN		27 - State WI	27 - Zip Code 53083		28 - Telephone Number (920) 627-6035 EXT.
	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 STOPPED-IN-TRAFFIC		120 - Traffic Control STOP-SIGN		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 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	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License Plate Number 513AKL		57 - Plate Type AUT	58 - State WI	59 - Exp Year 2015	55 - Vehicle Identification Number JN8AS68T09W052284
	50 - Year 2009	51 - Make NISS	52 - Model ROGUE	53 - Body Style UT	54 - Color MAR	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage REAR					
	95 - Extent Of Damage MINOR		<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 checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name BRICKSON		46 - First Name STEPHAN		46 - Middle Initial J	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 3232 S 11 ST				47 - PO Box	
	48 - City SHEBOYGAN		48 - State WI	48 - Zip Code 53083		49 - Telephone Number (920) 627-6035 EXT.

Insurance

CCD14101007460D0504D

Wisconsin Motor Vehicle P0TVBFD

Accident Report MV4000e 01/2005
PK2011

INS 02	63 - Liability Insurance Company AMERICAN-FAMILY		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name BRICKSON		61 - Policy Holder First Name STEPHAN
	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

105 - PHOTOS BY REINEKE

UNIT #2 STOPPED FOR THE STOP SIGN ON N 10 ST AT NORTH AVE. UNIT #1 STOPPED BEHIND UNIT #2. UNIT #2 BEGAN TO PROCEED INTO THE INTERSECTION BUT STOPPED DUE TO A VEHICLE COMING THAT HAD THE RIGHT-OF-WAY. UNIT #1 REAR-ENDED UNIT #2. UNIT #1 OPERATOR STATED SHE SAW UNIT #2 BRAKE LIGHTS GO OFF SO SHE BEGAN TO DRIVE FORWARD AND LOOKED TO HER RIGHT. UPON DOING SO, SHE REAR-ENDED UNIT #2.

Officer Information

OFFICER INFORMATION	125 - Officer Last Name REINEKE		125 - First Name SCOTT		125 - Middle Initial		131 - Officer ID 234	
	129 - Law Enforcement Agency No. 6961		130 - Law Enforcement Agency Name SHEBOYGAN POLICE DEPARTMENT					
	126 - Law Enforcement Agency Address Street & Number 1315 N 23RD ST							
	127 - City SHEBOYGAN		127 - State WI		127 - Zip Code 53081		128 - Telephone Number (920) 469-3333 EXT.	
	132 - Date Notified 09/29/2014		133 - Time Notified (Military Time) 2100		134 - Time Arrived (Military Time) 2105		135 - Date Of Report 09/29/2014	
	Agency Accident Number		Police Number C14-18612		10 - Special Study			
	18 - Agency Space CAR 4							

VI

5.5

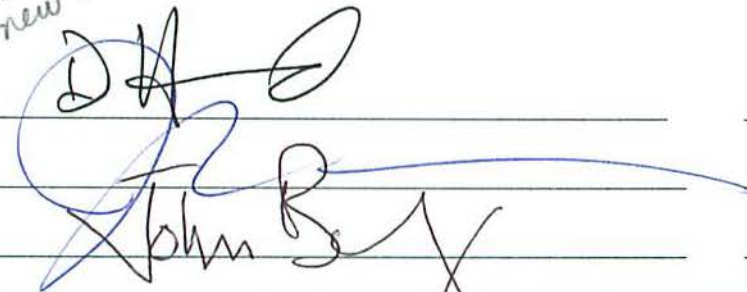
R. C. No. 350- 13 - 14. By FINANCE. April 14, 2014.

Your Committee to whom was referred the following:

1. R. C. No. 447-12-13 by Finance who met and discussed the following:
 - R. O. No. 74-12-13 by the City Clerk submitting a claim from United Auto Parks, LLC, for alleged damages to their vehicle when a City worker hit their parked car
 - R. O. No. 169-12-13 by the City Clerk submitting a Notice of Claim from Kaster Law on behalf of their client Sandra Behr
 - R. O. No. 224-12-13 by the City Clerk submitting a Notice of Injury regarding alleged injuries of Lorrie Kluck who slipped on an artificial accumulation of water at Kiwanis Park
 - R. O. No. 245-12-13 by the City Clerk submitting a claim from Clifford D. Ehrenreich for alleged injuries due to excessive force resulting from a misunderstanding with Police/End Zone personnel

recommends that the documents be referred to the Finance Committee of the new Common Council.

*Finance
new C.C.*



 _____ Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____, _____, City Clerk

Approved _____ 20____, _____, Mayor

VI

6.9

R. C. No. 447 - 12 - 13. By FINANCE. April 3, 2013.

Your Committee met and discussed the following:

1. R. O. No. 74-12-13 by City Clerk submitting a claim from United Auto Parks, LLC, for alleged damages to their vehicle when a City worker hit their parked car.

2. R. O. No. 130-12-13 by City Clerk submitting a Notice of Injury of Annalee Kruger, pursuant to Wis. Stats. Sec. 893.80(1) regarding alleged injuries when a School Bus failed to yield the right of way when making a left turn, striking Ms. Kruger.

3. R. O. No. 169-12-13 by City Clerk submitting a Notice of Claim from Kaster Law on behalf of their client Sandra Behr.

4. R. O. No. 199-12-13 by City Clerk submitting a communication from American Family Insurance regarding their insured Cheryl Escher and alleged damages done to her parked vehicle when it was struck by a City vehicle.

5. R. O. No. 224-12-13 by City Clerk submitting a Notice of Injury regarding alleged injuries of Lorrie Kluck who slipped on an artificial accumulation of water located at Kiwanis Park.

6. R. O. No. 245-12-13 by City Clerk submitting a claim from Clifford D. Ehrenreich for alleged injuries due to excessive force resulting from a misunderstanding with Police/End Zone personnel.

7. R. O. No. 286-12-13 by City Clerk submitting a claim from Denise K. Roberts for alleged injuries sustained when she slipped on ice in front of the Police Department.

8. R. O. No. 301-12-13 by City Clerk submitting a Notice of Circumstances giving rise to claim for damages pursuant to Sec. 893.80, Wis. Stats. to the Redevelopment Authority and the City of Sheboygan.

RC 45-13-14
6-17-13

RC 46-13-14
6/17/13

RC 47-13-14
6/17/13

*Finance of
new COB*

new (4/14/14)

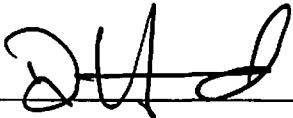
10

11

12

9. R. C. No. 393-11-12 by Special Committee on Risk Management
Committee to whom was referred various documents;

recommends that the documents be referred to the Finance Committee of the
new Common Council.





Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly
accepted and adopted by the Common Council of the City of Sheboygan,
Wisconsin, on the _____ day of _____, 20__.

Dated _____ 20____, _____, City Clerk

Approved _____ 20____, _____, Mayor

II

3.4

R. O. No. 74 - 12 - 13. By CITY CLERK. July 2, 2012.

Submitting a claim from United Auto Parks, LLC, for alleged damages to their vehicle when a City worker hit their parked car.

Finance
new C.C.

Susan Richards

City Clerk

19

III

1

1918/1919

DATE RECEIVED 6/20/2012

Long

RECEIVED BY Rebekah Tamarco

CLAIM NO. 14-00228480 7-12

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: UNITED AUTO PARTS LLC
- 2. Home address of Claimant: N/A
- 3. Home phone number: N/A
- 4. Business address and phone number of Claimant: N/A

5. When did damage or injury occur? (date, time of day) 3/15/2012 10:37AM

6. Where did damage or injury occur? (give full description) Hit while parked Accident

7. How did damage or injury occur? (give full description) our Insured Vehicle was parked and was hit by Sheboygan city worker

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: C12-05065 (Sheboygan Police)

(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: N/A

(b) Claimant's statement of basis for such liability: N/A

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:

No

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

Auto: \$ 204.13

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below deductible) \$ 500.00

TOTAL \$ 704.13

Damaged vehicle (if applicable)

Make: CHEVY Model: SONIC Year: 2012 Mileage: N/A

Names and addresses of witnesses, doctors and hospitals:

No

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.

City of Sheyboygan
driver: Brian Sandberg
1609 Parknoll Ln
Port Washington
WI 53074

SIGNATURE OF CLAIMANT _____ DATE _____

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

DATE RECEIVED 6/20/2012

RECEIVED BY Rebeka Tawaleg

CLAIM NO. 1400828480

CLAIM

Claimant's Name:	<u>United Auto Parts LLC</u>	Auto	\$ <u>204.13</u>
Claimant's Address:	<u>N/A</u>	Property	\$ _____
	<u>N/A</u>	Personal Injury	\$ _____
Claimant's Phone No.	<u>N/A</u>	Other (Specify below)	\$ <u>500.00 deduct</u>
		TOTAL	\$ <u>704.13</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 \$ 704.13.

SIGNED Rebeka S Tawaleg DATE: 6/20/2012

ADDRESS: The Hanover Insurance Claims Only
P.O. BOX 15149 Worcester MA 01615-0145

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

Deduction Details		No
Gross Amount	\$204.13	
Deductions	Deduction Type	Comments
	Sum:	
Details		Ap
Claimant	UNITED AUTO PARTS LLC	Da
Invoice Number		
Date of Service		
Service Description		
Payments		
Pmt Type	Check Amount	Request Date
Final	\$204.13	04/16/2012
		Scheduled Send Date
		04/16/2012
		Exposure
		1
		PMS F
		01

RECEIVED

1-2-4-5-9-



The Hanover Insurance Company
Citizens Insurance Company of America

Subrogation Unit
PO Box 15149
Worcester MA 01615-0149
Telephone: 800-628-0250 Ext: 5817
Fax Number: 508-926-5660

May 11, 2012

218

CITY OF SHEBOYGAN
2026 NEW JERSEY AVE
SHEBOYGAN WI 53081

Re: Our Insured: UNITED AUTO PARTS LLC
Claim Number: 14-00828480 001
Date of Loss: 03/15/2012
Your Insured: City of Sheboygan
Your File Number: self insured

Dear Sir or Madam:

Our investigation indicated the above incident was caused by the negligence of your insured.

Enclosed are subrogation papers documenting our request for reimbursement of the following outlined payments:

Our Payment:	204.13
Deductible:	500.00
Total Claim:	704.13

Mar 15, 2012

Please forward your payment in the amount of \$704.13.

RSTANACEA@Hanover.com

Thank you for your cooperation in this matter.

Sincerely,

Rebeka Tanacea

Rebeka Tanacea
Recovery Specialist
Allmerica Financial Benefit Insurance Company
5817

RSTANACEA@hanover.com

Enclosures: **Appraisal/Estimate**

RECEIVED MAY 24 2012

CC: ATTY'S OFFICE, JIM AMODEO, LAURIE SUHRKE, ~~DAVE BIRDBL~~

Ryan Sojanca
Page 1 of 6

Fraud Warning Statement for all States (except as individually listed below):

Any person who knowingly presents a false, incomplete, misleading or fraudulent claim, conceals any material fact to deceive an insurance company, knowingly presents false information in an application for insurance, or assists to commit a fraud, may be subject to criminal and civil penalties.

Fraud Warning Statement for the State of Arkansas only:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning Statement for the State of Colorado only:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Fraud Warning Statement for the District of Columbia only:

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Fraud Warning Statement for the State of Florida only:

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Fraud Warning Statement for the State of Indiana only:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Fraud Warning Statement for the State of Kentucky only:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Fraud Warning Statement for State of Maine only:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Fraud Warning Statement for State of Maryland only:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning Statement for State of New Hampshire only:

Any person who with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Fraud Warning Statement for State of New Jersey only:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Fraud Warning Statement for State of North Carolina and Tennessee only:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Warning Statement for the State of Ohio only:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Warning Statement for State of Virginia only:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

04/16/2012 AT 01:51 PM
103229

14-00-828480-1-1
27NH4190

THE HANOVER INSURANCE GROUP
CENTRAL CLAIM CENTER
808 HIGHLANDER WAY
HOWELL, MI 48843
(800)628-0250X3287

ESTIMATE OF RECORD

WRITTEN BY: JENNIFER ROBERTSON 04/16/2012 01:51 PM
ADJUSTER: HILARY COPELAND (800)628-0250X6731

INSURED: UNITED AUTO PARTS LLC, CLAIM #14-00-828480-1-1
OWNER: UNITED AUTO PARTS LLC, POLICY #AW13168958
ADDRESS: 36 THIRD STREET DATE OF LOSS: 03/15/2012 AT 10:37 AM
FOND DU LAC, WI 54935 TYPE OF LOSS: COLLISION
BUSINESS: (920)923-7111 POINT OF IMPACT: 7. LEFT REAR

INSPECT PR NON_DRIVE_IN
LOCATION:

REPAIR ROBERT RUSCH BUSINESS: (920)452-8681
FACILITY: 1129 INDIANA AVE DAYS TO REPAIR
SHEBOYGAN, WI 53081 LICENSE #

2012 CHEV SONIC LS 4-1.8L-FI 4D H/B RED INT:
VIN: 1G1JA6SH8C4113935 LIC: UNK WI PROD DATE: ODOMETER: UNK
AIR CONDITIONING REAR DEFOGGER TILT WHEEL
TELESCOPIC WHEEL INTERMITTENT WIPERS KEYLESS ENTRY
REAR WINDOW WIPER ALARM MESSAGE CENTER
TINTED GLASS DUAL MIRRORS TRACTION CONTROL
STABILITY CONTROL REAR SPOILER CLEAR COAT PAINT
POWER STEERING POWER BRAKES POWER LOCKS
AM RADIO FM RADIO STEREO
SEARCH/SEEK EQUALIZER AUXILIARY AUDIO CONNECTIO
ANTI-LOCK BRAKES (4) DRIVER AIR BAG PASSENGER AIR BAG
HEAD/CURTAIN AIR BAGS FRONT SIDE IMPACT AIR BAG REAR SIDE IMPACT AIR BAGS
COMMUNICATIONS SYSTEM CLOTH SEATS BUCKET SEATS
AUTOMATIC TRANSMISSION ALUMINUM/ALLOY WHEELS

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
1#		NO SUPPLEMENTS WITHOUT PRIOR APPROVAL FROM JEN ROBERTSON	1				
2#							
3		PILLARS, ROCKER & FLOOR					
4*	BLND LT	UNISIDE ASSY (STL) (SAIL PANEL)	*		S		0.8*
5		REAR DOOR					
6	BLND LT	OUTER PANEL (STL)					1.1
7	R&I LT	BELT W'STRIP W/O CHROME				0.2	
8	R&I LT	RUN W'STRIP				0.2	
9	R&I LT	HANDLE, OUTSIDE				0.4	
10		QUARTER PANEL					

04/16/2012 AT 01:51 PM
103229

14-00-828480-1-1
27NH4190

ESTIMATE OF RECORD
2012 CHEV SONIC LS 4-1.8L-FI 4D H/B RED INT:

NO.	OP.	DESCRIPTION	QTY	EXT.	PRICE	LABOR	PAINT
11	R&I	LT UPPER QTR TRIM				0.2	
12*	RPR	LT QUARTER PANEL				3.0*	2.6*
13		REAR LAMPS					
14	R&I	LT TAIL LAMP ASSY				0.4	
15		REAR BUMPER					
16*	R&I	R&I BUMPER COVER (DROP LEFT SIDE)	*	*		0.5*	
17#		CORROSION PROTECTION	1		10.00		
SUBTOTALS ==>					10.00	4.9	4.5

ESTIMATE NOTES:
FOR PAYMENT INQUIRIES PLEASE CONTACT ADJUSTER HILARY COPELAND X 6731

PARTS							10.00
BODY LABOR	4.9	HRS	@	\$ 54.00/HR			264.60
PAINT LABOR	4.5	HRS	@	\$ 54.00/HR			243.00
PAINT SUPPLIES	4.5	HRS	@	\$ 34.00/HR			153.00
SUBTOTAL							\$ 670.60
SALES TAX					\$ 670.60	@ 5.0000%	33.53
TOTAL COST OF REPAIRS							\$ 704.13
ADJUSTMENTS:							
DEDUCTIBLE							500.00
TOTAL ADJUSTMENTS							\$ 500.00
NET COST OF REPAIRS							\$ 204.13

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.

04/16/2012 AT 01:51 PM
103229

14-00-828480-1-1
27NH4190

ESTIMATE OF RECORD
2012 CHEV SONIC LS 4-1.8L-FI 4D H/B RED INT:

ESTIMATE BASED ON MOTOR CRASH ESTIMATING GUIDE. UNLESS OTHERWISE NOTED ALL ITEMS ARE DERIVED FROM THE GUIDE DR1CJ12, CCC DATA DATE 04/02/2012, AND THE PARTS SELECTED ARE OEM-PARTS MANUFACTURED BY THE VEHICLES ORIGINAL EQUIPMENT MANUFACTURER. OEM PARTS ARE AVAILABLE AT OE/VEHICLE DEALERSHIPS. OPT OEM (OPTIONAL OEM) OR ALT OEM (ALTERNATIVE OEM) PARTS ARE OEM PARTS THAT MAY BE PROVIDED BY OR THROUGH ALTERNATE SOURCES OTHER THAN THE OEM VEHICLE DEALERSHIPS. OPT OEM OR ALT OEM PARTS MAY REFLECT SOME SPECIFIC, SPECIAL, OR UNIQUE PRICING OR DISCOUNT. OPT OEM OR ALT OEM PARTS MAY INCLUDE "BLEMISHED" PARTS PROVIDED BY OEM'S THROUGH OEM VEHICLE DEALERSHIPS. ASTERISK (*) OR DOUBLE ASTERISK (**) INDICATES THAT THE PARTS AND/OR LABOR INFORMATION PROVIDED BY MOTOR MAY HAVE BEEN MODIFIED OR MAY HAVE COME FROM AN ALTERNATE DATA SOURCE. TILDE SIGN (~) ITEMS INDICATE MOTOR NOT-INCLUDED LABOR OPERATIONS. THE SYMBOL (<>) INDICATES THE REFINISH OPERATION WILL NOT BE PERFORMED AS A SEPARATE PROCEDURE FROM THE OTHER PANELS IN THE ESTIMATE. NON-ORIGINAL EQUIPMENT MANUFACTURER AFTERMARKET PARTS ARE DESCRIBED AS AM, QUAL REPL PARTS OR COMP REPL PARTS WHICH STANDS FOR COMPETITIVE REPLACEMENT PARTS. USED PARTS ARE DESCRIBED AS LKQ, QUAL RECY PARTS, RCY, OR USED. RECONDITIONED PARTS ARE DESCRIBED AS RECOND. RECORDED PARTS ARE DESCRIBED AS RECOR. NAGS PART NUMBERS AND BENCHMARK PRICES ARE PROVIDED BY NATIONAL AUTO GLASS SPECIFICATIONS. LABOR OPERATION TIMES LISTED ON THE LINE WITH THE NAGS INFORMATION ARE MOTOR SUGGESTED LABOR OPERATION TIMES. NAGS LABOR OPERATION TIMES ARE NOT INCLUDED. POUND SIGN (#) ITEMS INDICATE MANUAL ENTRIES. SOME 2012 VEHICLES CONTAIN MINOR CHANGES FROM THE PREVIOUS YEAR. FOR THOSE VEHICLES, PRIOR TO RECEIVING UPDATED DATA FROM THE VEHICLE MANUFACTURER, LABOR AND PARTS DATA FROM THE PREVIOUS YEAR MAY BE USED. THE PATHWAYS ESTIMATOR HAS A COMPLETE LIST OF APPLICABLE VEHICLES. PART NUMBERS AND PRICES SHOULD BE CONFIRMED WITH THE LOCAL DEALERSHIP. THE FOLLOWING IS A LIST OF ADDITIONAL ABBREVIATIONS OR SYMBOLS THAT MAY BE USED TO DESCRIBE WORK TO BE DONE OR PARTS TO BE REPAIRED OR REPLACED. SYMBOLS FOLLOWING PART PRICE: M=MOTOR MECHANICAL COMPONENT. S=MOTOR STRUCTURAL COMPONENT. T=MISCELLANEOUS TAXED CHARGE CATEGORY. X=MISCELLANEOUS NON-TAXED CHARGE CATEGORY. SYMBOLS FOLLOWING LABOR: D=DIAGNOSTIC LABOR CATEGORY. E=ELECTRICAL LABOR CATEGORY. F=FRAME LABOR CATEGORY. G=GLASS LABOR CATEGORY. M=MECHANICAL LABOR CATEGORY. S=STRUCTURAL LABOR CATEGORY. (NUMBERS) 1 THROUGH 4=USER DEFINED LABOR CATEGORIES. OTHER SYMBOLS AND ABBREVIATIONS: ADJ.=ADJACENT. ALGN.=ALIGN. ALU=ALUMINUM. A/M=AFTERMARKET PART. BLND=BLEND. BOR=BORON STEEL. CAPA=CERTIFIED AUTOMOTIVE PARTS ASSOCIATION. COMP REPL=COMPETITIVE REPLACEMENT (PART). D&R=DISCONNECT AND RECONNECT. HSS=HIGH STRENGTH STEEL. HYD=HYDROFORMED STEEL. INCL.=INCLUDED. LKQ=LIKE KIND AND QUALITY. LT=LEFT. MAG=MAGNESIUM. NON-ADJ.=NON ADJACENT. NSF=NSF INTERNATIONAL CERTIFIED PART. O/H=OVERHAUL. QTY=QUANTITY. QUAL RECY=QUALITY RECYCLED (PART). QUAL REPL=QUALITY REPLACEMENT(PART). REFN=REFINISH. REPL=REPLACE. R&I=REMOVE AND INSTALL. R&R=REMOVE AND REPLACE. RPR=REPAIR. RT=RIGHT. SAS=SANDWICHED STEEL. SECT=SECTION. SUBL=SUBLET. UHS=ULTRA HIGH STRENGTH STEEL. N=NOTE(S) ASSOCIATED WITH THE ESTIMATE LINE.

04/16/2012 AT 01:51 PM
103229

14-00-828480-1-1
27NH4190

ESTIMATE OF RECORD
2012 CHEV SONIC LS 4-1.8L-FI 4D H/B RED INT:

CCC PATHWAYS - A PRODUCT OF CCC INFORMATION SERVICES INC. THE FOLLOWING IS A LIST OF ABBREVIATIONS THAT MAY BE USED IN CCC PATHWAYS THAT ARE NOT PART OF THE MOTOR CRASH ESTIMATING GUIDE: BAR=BUREAU OF AUTOMOTIVE REPAIR. EPA=ENVIRONMENTAL PROTECTION AGENCY. NHTSA=NATIONAL HIGHWAY TRANSPORTATION AND SAFETY ADMINISTRATION. PDR=PAINTLESS DENT REPAIR. VIN=VEHICLE IDENTIFICATION NUMBER.

04/16/2012 AT 01:51 PM
103229

14-00-828480-1-1
27NH4190

ESTIMATE OF RECORD
2012 CHEV SONIC LS 4-1.8L-FI 4D H/B RED INT:

ALTERNATE PARTS USAGE

AFTERMARKET PARTS

AFTERMARKET SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN AFTERMARKET PART WAS AVAILABLE: 0

NO. OF AFTERMARKET PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

OPTIONAL OEM PARTS

OPTIONAL OEM SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT AN OPTIONAL OEM PART WAS AVAILABLE: 0

NO. OF OPTIONAL OEM PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

RECONDITIONED PARTS

RECONDITIONED SELECTION METHOD: AUTOMATICALLY LIST

NO. OF TIMES USER WAS NOTIFIED THAT A RECONDITIONED PART WAS AVAILABLE: 0

NO. OF RECONDITIONED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

RECYCLED PARTS

NO. OF TIMES USER WAS NOTIFIED THAT A RECYCLED PART WAS AVAILABLE: 0

NO. OF RECYCLED PARTS THAT APPEAR IN THE FINAL ESTIMATE: 0

II

Other Matters

9.7

R. O. No. 169 - 12 - 13. By CITY CLERK. October 15, 2012.

Submitting a Notice of Claim from Kaster Law on behalf of their client Sandra Behr.

Financed

new C.C.

Susan Richards

City Clerk

P.O

III

James P. ...



Claim # 14-12

OCT 12 '12 4:49:47

L.S. Schneider

735 W. Wisconsin Avenue
12th Floor
Milwaukee, WI 53233
P: 414-277-9696
F: 414-224-1411
kaster@kaster-law.com

October 10, 2012

Via Certified Mail


City of Sheboygan
c/o City of Sheboygan Clerk
828 Center Ave., Suite 100
Sheboygan, WI 53081

Re: Notice of Claim Under Wisconsin Statute §§ 893.80 and 893.82

Dear Clerk:

Enclosed please find a Notice of Claim being filed on behalf of my client, Sandra Behr. I thank you for your consideration.

Sincere Regards,


Lucas Kaster
Attorney at Law

Enclosures

CC: ATTY'S OFFICE, JIM AMODEO, CHIEF DOMOGALSKI, LAURIE SUHRKE

NOTICE OF CLAIM UNDER 893.80 AND 893.82, WIS. STATS.

**TO: Attorney General J.B. Van Hollen
114 East State Capitol
Madison, WI 53702-7857**

**Sheboygan Police Department
1315 N 23rd St., # 101
Sheboygan, WI 53081**

**City of Sheboygan
c/o City of Sheboygan Clerk
828 Center Ave., Suite 100
Sheboygan, WI 53081**

**Hang Lor
Sheboygan Police Department
1315 N 23rd St., # 101
Sheboygan, WI 53081**

PLEASE TAKE NOTICE that, pursuant to §§ 893.80 and 893.82, Wis. Stats., Sandra Behr, by her attorneys, KASTER LAW, 735 W. Wisconsin Ave., Twelfth Floor, Milwaukee, WI 53233, (414) 326-3270, hereby assert claims against the City of Sheboygan, Sheboygan Police Department, and Sheboygan Police Officer Hang Lor, in his individual and official capacity (hereinafter "City of Sheboygan et al.") for excessive use of force, negligence and batter in violation of Wisconsin law and the rights guaranteed by the Fourth Amendment of the U.S. Constitution and 42 U.S.C. §1983.

On or around June 14, 2012, Officer Hang Lor responded to a call near 1101 Erie Ave, Sheboygan, Wisconsin, 53081. The alleged incident occurred between Sandra Behr, her husband Ronald Behr, and the Behr's neighbors. At the time, Mrs. Behr was 68 years old and Mr. Behr was 63 years old. Mr. Behr was also confined to a wheelchair.

When Officer Lor arrived at the scene, he first spoke to the neighbors. At that time, Mr. and Mrs. Behr were on the sidewalk in their front yard. After finishing the

discussion with the Behr's neighbors, Officer Lor walked directly toward Mrs. Behr, who was causing no disruption but instead remained waiting for Officer Lor on the sidewalk in the front of her house and in full public view, knocked the cup of soda out of her hand, grabbed her arm, and threw her to the ground. Officer Lor's excessive force left Mrs. Behr with injuries to her face, mouth, arms and legs. There was no reason for Officer to believe Mrs. Behr posed any danger.

As a result of the circumstances set forth above, Mrs. Behr asserts and, unless adequately compensated by the City and Officer Lor, intends to litigate the following claims, among others:

1. By throwing Mrs. Behr to the ground without justification, Officer Lor, and thereby the Sheboygan Police department and the City, are liable for Battery, Excessive Use of Force in Arrest and negligence under Wisconsin law.
2. Officer Lor denied Mrs. Behr's right to be free from unreasonable searches and seizures in violation of the Fourteenth Amendment of the United States Constitution and 42 U.S.C. § 1983.

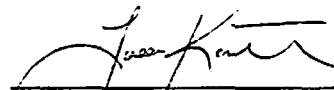
As a result of the substantial damages and injury caused by the wrongful conduct set forth above, Mr. and Mrs. Behr seek the following relief:

1. For Mrs. Behr's physical injuries, emotional distress, adverse psychological effects, and humiliation and embarrassment, not less than \$50,000;
2. For loss of society and companionship suffered by Mr. Behr, not less than \$25,000;
3. For the intentional and malicious violation of Mrs. Behr's constitutional rights by Officer Lor or conduct by him that was wantonly committed in reckless or callous disregard of those rights, punitive damages in an amount not less than \$100,000;
4. Reasonable attorney fees, as provided by law, in an amount to be determined at the time of compensation.

The City is liable for the unlawful conduct and relief set forth above, directly, vicariously, and/or as indemnitor under Wis. Stat. § 895.46, to the extent that Officer Lor acted within the scope of his employment while carrying out his duties as a police officer or employee of the City.


Dated at Milwaukee, Wisconsin this 10th day of October 2012

KASTER LAW



Lucas Kaster
735 W. Wisconsin Ave.
Twelfth Floor
Milwaukee, WI 53233
414-326-3279

Subscribed and sworn to before me
this 10th day of October, 2012.



Notary Public/State of Wisconsin
My Commission Expires: 6/19/16

II

4.9

R. O. No. 224 - 12 - 13. By CITY CLERK. December 17, 2012.

Submitting a Notice of Injury regarding alleged injuries of Lorrie Kluck who slipped on an artificial accumulation of water located at Kiwanis Park.

~~Inance~~
new C.C.

Susan Richards
City Clerk

P. 4

III

straight away

#23-12
LS Schrader

NOTICE OF INJURY

To: Sue Richards, City Clerk
City of Sheboygan
828 Center Avenue, Suite 100
Sheboygan, WI 53081-4442

Stephen G. McLean, City Attorney
City of Sheboygan
828 Center Avenue, Suite 304
Sheboygan, WI 53081-4442

City of Sheboygan
Department of Public Works
2026 New Jersey Avenue
Sheboygan, WI 53081-4714

Ryan Zinkel, Registered Agent
Sheboygan Jaycees
607 8th Street, 7th Floor
Sheboygan, WI 53081-4556

SERVED Dec 7 2012
3:30 AM PM
L JOHNS SERVICE
PER LS

TO THE ABOVE-NAMED PARTIES,

PLEASE TAKE NOTE:

1. Lorrie M. Kluck is an adult and resides at N1378 Highway 28, Adell, Wisconsin 53001.
2. Dennis Kluck is the husband of Lorrie M. Kluck and resides with her at the above address.
3. Lorrie M. Kluck and Dennis Kluck were injured due to the negligence of the above-named parties.
4. Drew Kluck and Devin Kluck are the minor children of Lori M. Kluck.
5. Drew Kluck and Devin Kluck were injured due to the negligence of the above-named parties.

CC: ATTY'S OFFICE, JIM AMODEO, DAVE BIEBEL, DAVE KUCKUK, CHIEF HERMANN, LAURI SUHRKE

6. The circumstances of the injuries are as follows: On August 4, 2012, at approximately 4:00 p.m., at the Kiwanis Park located at 726 North 17th Street, Sheboygan, Wisconsin, Lorrie M. Kluck slipped on an artificial accumulation of water, causing her to fall backward, striking her head on a steel door.

7. The above-named parties were negligent in failing to maintain a safe place in violation of the Wisconsin Safe Place Statute; in failing to properly inspect, maintain and manage said premises; and in failing to warn of the dangerous condition of said premises.

8. As a direct and proximate result of the negligence of the above-named parties, Lorrie M. Kluck suffered a concussion and strain and sprain of the musculoligamentous structures about the entire body, mental anxiety and distress, and other personal injuries, including past and future pain and suffering and disability; incurred past and future medical expenses; and incurred wage loss and loss of earning capacity.

9. As a direct and proximate result of the negligence of the above-named parties, Dennis Kluck suffered the loss of the aid, society, comfort and companionship of his wife and will continue to do so as a result of the injuries.

10. As a direct and proximate result of the negligence of the above-named parties, Drew Kluck and Devin Kluck suffered the loss of the aid, society, comfort and companionship of their mother and will continue to do so as a result of the injuries.

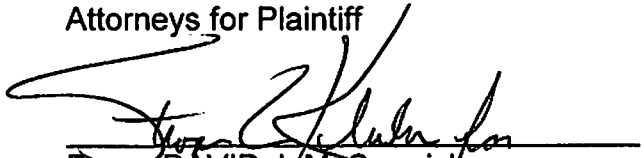
11. At all times material, the above-named parties owned, controlled, inspected and maintained the aforesaid premises.

12. The above-named parties had actual notice of the aforesaid incident and injuries and thoroughly investigated same.

13. This document is a Notice of Injury served on the above-parties in compliance with Wisconsin law. This document is not a claim for damages. No claim for damages is made at this time.

Dated this 17th day of December, 2012.

THE PREVIAN LAW FIRM, S.C.
Attorneys for Plaintiff


By: DAVID J. McCormick
State Bar No.: 1008865
djm@previant.com

P.O. Address:
Post Office Box 12993
Milwaukee, WI 53212
(414) 271-4500

s:\docs\klucklor\85973\m0553101.docx

II

3.6

R. O. No. 245- 12 - 13. By CITY CLERK. January 21, 2013.

Submitting a claim from Clifford D. Ehrenreich for alleged injuries due to excessive force resulting from a misunderstanding with Police/End Zone personnel.

~~forward~~
new C.C.

Susan Richards
City Clerk



24

2.8

Handwritten text, possibly a signature or name, located in the lower-left quadrant of the page.

DATE RECEIVED 1-14-13

RECEIVED BY LS Schroeder

CLAIM NO. 26-12

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

P.3

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: CLIFFORD D. EHRENREICH
- 2. Home address of Claimant: P.O. Box 731, SHEBOYGAN, WI 53082
- 3. Home phone number: 920.452.2504
- 4. Business address and phone number of Claimant: (SEE ABOVE)

5. When did damage or injury occur? (date, time of day) 9.15.12 / 9.16.12 (10P.M. TO 2A.M.)

6. Where did damage or injury occur? (give full description) AT THE ENDZONE, 904 INDIANA AVE., SHEBOYGAN, WI (SIDEWALK AREA)

7. How did damage or injury occur? (give full description) DUE TO EXCESSIVE FORCE RESULTING FROM MISUNDERSTANDING WITH POLICE / ENDZONE PERSONNEL, [PLEASE SEE ATTACHED SHEETS P.1 & P.2]

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: SHEBOYGAN POLICE OFFICER(S) / OTHERS

(b) Claimant's statement of the basis of such liability: DUE TO PHOTOGRAPHIC MEDICAL EVIDENCE / INJURIES, [PLEASE SEE ATTACHED SHEETS]

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: THE ENDZONE / SIDEWALK AREA.

(b) Claimant's statement of basis for such liability: PLEASE SEE ATTACHED SHEETS, [P.1, P.2, MORE]

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").

HEAD, ARMS, LEGS, ^(BACK, SHOULDER) INJURIES, CONUSIONS, HEMOTOMA BROKEN WRIST (SCAPHOID) AND STITCHES. [PLEASE SEE ATTACHED SHEETS, P.1, P.2, MORE.] P.4

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

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

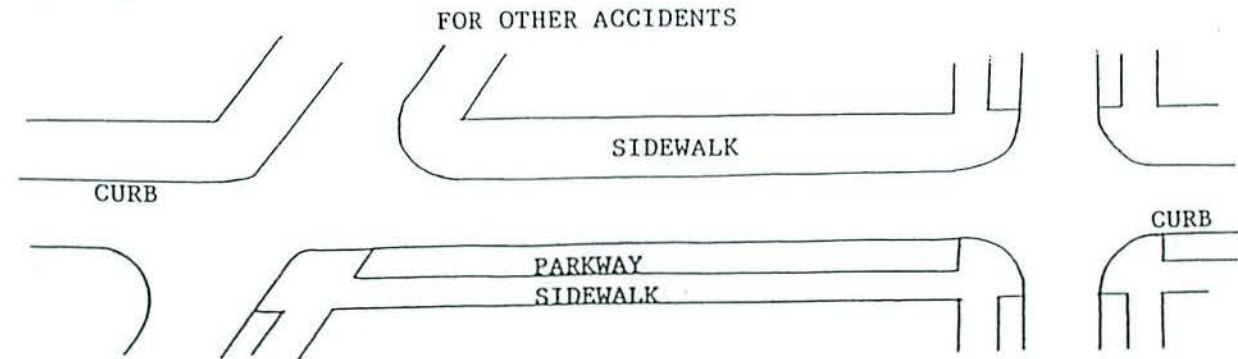
Auto: \$ _____
Property: \$ _____ (AMOUNTS ACCRUING)
Personal injury: \$ _____ x - PENDING
Other: (Specify below) \$ _____
Total x

Damaged vehicle (if applicable)
Make: _____ Model: _____ Year: _____ Mileage: _____

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.



SIGNATURE OF CLAIMANT: Cristal Encinas

Date: 1.10.13

DATE RECEIVED 1-14-13

RECEIVED BY LS Schroeder

CLAIM NO. 26-12

P.5

CLAIM

Claimant's Name: CLIFF D. EHRENBRECH Auto \$ _____

Claimant's Address: P.O. BOX 731 Property \$ _____
SHEBOYGAN, WI

Claimant's Phone No. 920.452.2504 Personal Injury \$ _____
<OR> 920.698.1381 [PENDING] Other (Specify below) \$ _____

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 \$ _____ * PENDING.

*= ALL DAMAGES ASSOCIATED WITH THE INJURIES WHICH ALSO INCLUDE THOSE ASSOCIATED WITH THE GATHERING OF EVIDENCE, COPIES, EXCULPATORY, MEDICAL, LEGAL, OTHER, CLAIM FOR RELIEF IS STILL ACCRUING, PENDING,

SIGNED: Cliff D. Ehrenbrech DATE: 1.10.13

ADDRESS: P.O. BOX 731, SHEBOYGAN, WI 53082



TO: CITY CLERK SHEBOYGAN (P.2)

**STATE OF WISCONSIN
NOTICE OF INJURY AND CLAIM**
Pursuant to Wis. Stat. Section 893.82

This notice must be served upon the Attorney General by certified mail within 120 days of the event giving rise to the claim for such injury, damage or death at 114 East, State Capitol, Madison, Wisconsin 53707-7857.

Claimant's Name CLIFF D. EHRENREICH	
Address P.O. BOX 731, SHEBOYGAN, WI 53082	Phone 920-452-2504
Time and Date of Occurrence 9.15.12 / 9.16.12 [BETWEEN 10P.M. TO 2A.M.]	Location IN FRONT OF ENDZONE [SIDEWALK AREA] 904 INDIANA AVE., SHEBOYGAN, WI
Statement of Circumstances Giving Rise to the Claim for Such Injury, Damage or Death and Names of Persons Involved, Including Name(s) of State Officer(s), Agent(s) or Employee(s). <p>ON THE ABOVE INDICATED TIME, DATE AND PLACE, I WAS PUSHED & ASSAULTED SEVERAL TIMES. THIS OCCURED AS A RESULT OF A MISUNDERSTANDING AND RESULTING ACTION ON THE PART OF THE BAR OWNER OF THE ESTABLISHMENT AND THE SHEBOYGAN POLICE DEPARTMENT. ^{(PART) OTHERS} THE OFFICERS, MENTIONED IN THE POLICE REPORT, PRESENT AT THE TIME OF INCIDENT WERE BRANDON KEOHE, M. STELTER, AND RYAN WALLOCH. AS A RESULT OF THIS, I HAD SUSTAINED A BROKEN WRIST (SCAPHOID), SEVERE HEAD LACERATIONS (AT LEAST 7 STITCHES REQ'D.), HEMATOMA (BRAIN CLOT), AND MULTIPLE CONTUSIONS ^{DOWN TO SKULL} OVER ARMS, LEGS, AND HEAD. THESE INJURIES RESULTED IN SURGERY. AT THE TIME OF THIS, THERE IS ^{BLOOD} (BACK, SHOULDER, OTHERS ALSO) * [OVER - P.2] -></p>	

I certify that the above-described injury, damage or death actually occurred, that I have read the above foregoing notice of injury and claim, and that the same is true to my own knowledge except as to those matters stated upon information and belief and as to those matters, I believe the same to be true.

Date: **1.10.13**

Cliff D. Ehrenreich
Signature of Claimant

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public, State of Wisconsin
My Commission: _____

PHOTOGRAPHIC AND MEDICAL DOCUMENTATION AND OTHER EVIDENCE

AT THE TIME OF THIS WRITING I HAVE NOT ATTAINED FULL USE OF THE HAND. I HAVE INCURRED EXPENSES AND TOTALLY LOST MY INCOME AT THIS TIME. I'VE SUFFERED IMMENSE PERSONAL INJURY AND POSSIBLY MAY NEVER REGAIN FULL EMPLOYMENT AGAIN. REPORTS FILED BY POLICE CONTAIN SOME ERRONEOUS INFORMATION WHICH WILL LIKELY ALSO AFFECT MY FUTURE NEGATIVELY. UNDER ^{ACTION} 1983, I'M FILING THIS NOTICE OF CLAIM AS A RESULT TO:

SHEBOYGAN CITY CLERK
Room 100
828 CENTER AVE,
SHEBOYGAN, WI 53081

THANK YOU FOR YOUR ATTENTION TO THIS MATTER,

Sincerely,
[Signature]
CURR D, ETREWRZCK

PHOTOGRAPHIC AND MEDICAL DOCUMENTATION AND OTHER EVIDENCE
 AT THE TIME OF THIS WRITING I HAVE NOT
 ATTAINED FULL USE OF THE HAND. I HAVE INCURRED ^{HUGE} EXPENSES AND TOTALLY LOST MY INCOME AT THIS TIME.
 I'VE SUFFERED IMMENSE PERSONAL INJURY AND POSSIBLY MAY NEVER REGAIN FULL EMPLOYMENT AGAIN. REPORTS FILED BY POLICE CONTAIN SOME ERRONEOUS INFORMATION WHICH WILL LIKELY ALSO AFFECT MY FUTURE NEGATIVELY, UNDER ^{ACTION} 1983, I'M FILING THIS NOTICE OF CLAIM AS A RESULT TO:

SHEBOYGAN CITY CLERK
 ROOM 100
 828 CENTER AVE,
 SHEBOYGAN, WI 53081

THANK YOU FOR YOUR ATTENTION TO THIS MATTER,

SINCERELY,



CLIFF D. SHUMAN

6497

APS Cassette No. / Twin Check

Sign up
at
Walgreens.com/email
for
special photo deals
and coupons!

1000

with a Print
us photo shoots

Ehrenreich, Carol 514285
(920)452-2504

1HR - 2 Sets of 35mm 4x6 Glossy 24 exp
1HR

09/17/12 02:26 PM Store #6570
ARDITH

PICKUP TIME: 09/17/12 03:44 PM

4 9 0 0 1 5 1 4 2 8 5 0

ONE HOUR

\$13.99
48

is a memory keeper for

Photo 9/19/12 After appointment with Dr. DeRoss,
Wearnsday 9/19/12
After appointment with Dr. DeRoss, wearnsday 9/19/12
After appointment with Dr. DeRoss, wearnsday 9/19/12
After appointment with Dr. DeRoss, wearnsday 9/19/12



Film #514739 9/19/12



Photo
date:
9/17/12
Monday

Illinois date,
9/16/12 Sunday
8:30 am

Leg abrasions.



forehead - stitched laceration, abrasions,
contusions, left scaphoid wrist
fracture in soft cast, blood soaked
shirt, blood matted hair, egg bump, etc
left brain hematoma

9/16/12 Sunday 8:30 am pg#1
blood soaked shirt, blood
matted hair, 7 stitches to
forehead laceration, scaphoid
left wrist fracture, etc,



Cliff's blood
exterior
sidewalk at
The End Zone
Sports Bar.

Incident on
9/15/12 around
11 pm - 11:30 pm
assault by
Sheboygan
Police Office

File #
#514244

9/16/12 9am Photo of Cliff's parallel parked car.

#2



Photo date
9/16/12
9am
Sunday

Cliff's blood on sidewalk next to exterior wall
of End Zone where incident occurred on
9/15/12 about midnight or 11:30pm approximately.
(Saturday)



same day pickup Create assorted... and pick them up - all in the same day.*
• Collage Prints • Photo Cards

Sign up at Walgreens.com/email for special photo deals and coupons!

Worth a Print
... photo shoots ~

Ehrenreich, Carol
(920)452-2504

1109
514739

1HR - 2 Sets of 35mm 4x6 Glossy 27 exp
1HR

09/29/12 06:53 PM Store #6570
AMANDA

PICKUP TIME: 09/29/12 02:24 PM

4 9 0 0 1 5 1 4 7 3 9 0

48

ONE HOUR

\$1399

... a memory out of every moment

Photo date: 9/16/12 9am
Sunday

The End Zone Sports Bar
Entrance
Site of Cliffs' assault by officer 9/15/12.

(pg#3)



(Cliffs' Blood)



Photo date
9/16/12 Sunday
Entrance to
The End Zone
Sports Bar
904 Indiana Ave.

Film 516526 Photo date 10/23/12

Sports Medicine - occupational therapy
Aurora Sheboygan Memorial Hospital
on 10/15/12 Wrist stitches removed at Dr. DeRoos
appointment,



10/15/12 occupational therapy after stitches removed.

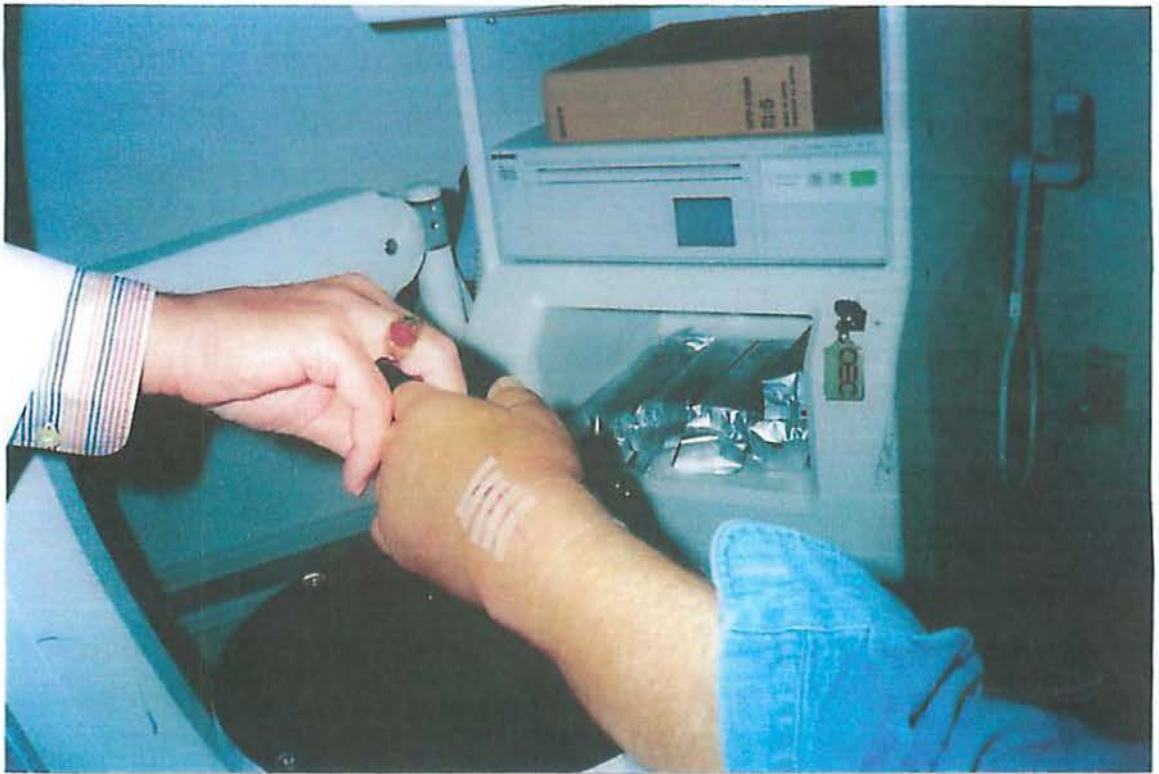


10/25/12 occupational therapy - 2 times a week.
continued through December -
end of year (pending Dr. appointment)

film 216-26
photos Follow up Nov. 5 with Dr. DeRoos
Xrays, new glove, swollen hand.



Dr DeRoos Xraying Cliff's hand; check pin and bones.



Film 5126526 New @love
Nov. 2012



Left hand swollen.

Photo date Nov. 2012
New soft cast



From ...
NOV. 2012

Swollen left hand



Home Therapy

Photo date: 9/19/12 Wednesday Film 514739

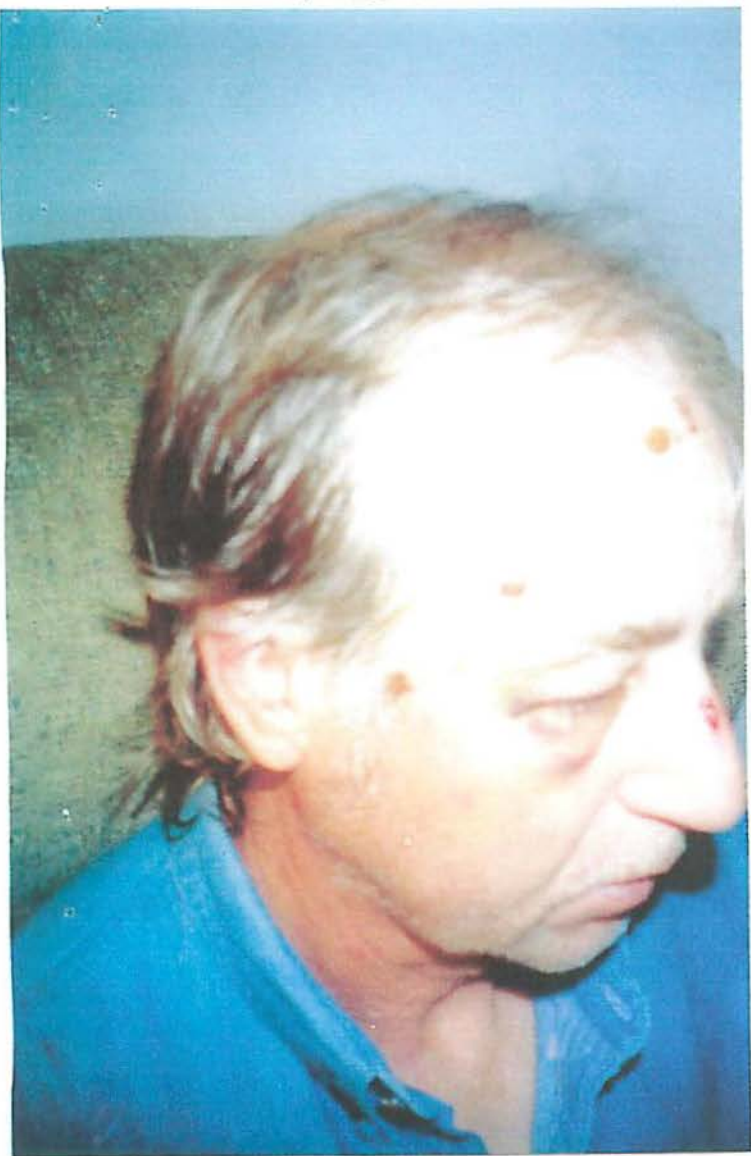


Photo date 11/5/12



II

4.9

R. O. No. 224 - 12 - 13. By CITY CLERK. December 17, 2012.

Submitting a Notice of Injury regarding alleged injuries of Lorrie Kluck who slipped on an artificial accumulation of water located at Kiwanis Park.

~~Injured~~
new C.C.

Susan Richards
City Clerk

II

R. O. No. 137 - 14 - 15. By CITY CLERK. October 6, 2014.

Submitting a Notice of Injury from AT&T regarding an alleged incident with City employees mowing outside of the right-of-way causing damage to a marked AT&T buried telephone cable.

Finance

Susan Richards
City Clerk

III



Risk Management Office
7120 Clinton Rd
Loves Park, IL 61111

T: 815-654-5121
F: 214-446-6355
MS6231@ATT.COM

SEP 26 '14 PM 2:23

LSSchaefer
16-14

September 24, 2014

City of Sheboygan
ATTN: City Clerk
2025 New Jersey Ave
Sheboygan, WI 53081

Our File No.: 25201409-50-0071

To Whom It May Concern:

We wish to advise you that on or about September 23rd, 2014, at or near 3707 Erie Ave Sheboygan, Wisconsin, your employees while mowing outside of the right of way caused damage to a marked AT&T buried telephone cable.

As soon as our repair costs have been determined, our claim will be forwarded to you or your insurance company, whichever you prefer.

Please contact my office at 815-654-5121 as soon as possible if you dispute liability for this damage.

Sincerely,

Michael steward
Sr. Risk Specialist

Sent to - ATTY's, Jim A. L. Schaefer

Notice Injury

II

3.7

R. O. No. 168 - 14 - 15. By CITY CLERK. November 3, 2014.

Submitting a claim from Rene Gallegos for alleged damages to his vehicle when a tree in Evergreen Park fell on his SUV.

Inance



City Clerk

III

111 111 111

DATE RECEIVED

8/20/14
10-27-14

RECEIVED BY

LSS Schroeder

CLAIM NO.

18-14

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

OCT 27 '14 PM 3:33

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: Rene Gallegos
2. Home address of Claimant: ~~8100 W. Greenfield Ave.~~ 8011 W. Brentwood Ave.
3. Home phone number: (414) 553-2425 Milwaukee, WI 53224
4. E-Mail Address e3omnipotent16@hotmail.com
5. Business address and phone number of Claimant: N/A
6. When did damage or injury occur? (date, time of day) 8/12/14 at 11:00 am
7. Where did damage or injury occur? (give full description) As you are driving through evergreen park, there is a location by the bridge where there is a passage way for vehicles.
7. How did damage or injury occur? (give full description) The SUV was parked near a tree before it collapsed on the left side and broke the rear left window.
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: N/A
 - (b) Claimant's statement of basis for such liability: N/A

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 Rear left window, left side of roof rack

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

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

Auto:	\$	<u>779.19</u>
Property:	\$	<u> </u>
Personal injury:	\$	<u> </u>
Other: (Specify below	\$	<u> </u>
TOTAL	\$	<u>779.19</u>


"See attached quotes"

Damaged vehicle (if applicable)

Make: GMC Model: Yukon X1 Year: 2000 Mileage: 221,003

Names and addresses of witnesses, doctors and hospitals: Angel Gallegos
8ell W Brentwood Ave 53224, WI
Milwaukee, Brian Meulbruek

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  DATE 9/11/14
BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

GOFF'S COLLISION REPAIR CENTER

"OUR REPUTATION IS NO ACCIDENT"
11330 W Lincoln ave, WEST ALLIS, WI 53227
Phone: (414) 327-7100
FAX: (414) 327-8100

Workfile ID: 2197fac3
Federal ID: 036-1027985607-05
State ID: 456-1027985607-03

Preliminary Estimate

Customer: Gallegos, Rene

Job Number:

Written By: HILMAN COPPERNALL

Insured: Gallegos, Rene
Type of Loss:
Point of Impact: 16 Non-Collision

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Gallegos, Rene
2906 W Scott St
Milwaukee, WI 53215
(414) 553-2425 Cell

Inspection Location:
GOFF'S COLLISION REPAIR CENTER
11330 W Lincoln ave
WEST ALLIS, WI 53227
Repair Facility
(414) 327-7100 Business

Insurance Company:
CUSTOMER PAY

VEHICLE

Year: 2000	Body Style: 4D UTV	VIN: 3GKFK16T6YG200694	Mileage In:
Make: GMC	Engine: 8-5.3L-FI	License:	Mileage Out:
Model: K1500 4X4 YUKON XL SLE	Production Date:	State:	Vehicle Out:
Color: GOLD MET Int:	Condition:	Job #:	

TRANSMISSION

Automatic Transmission
Overdrive
4 Wheel Drive

POWER

Power Steering
Power Brakes
Power Windows
Power Locks
Power Mirrors
Heated Mirrors
Power Driver Seat
Power Passenger Seat

DECOR

Dual Mirrors
Body Side Moldings
Privacy Glass
Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Dual Air Condition

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player

SAFETY

Drivers Side Air Bag
Passenger Air Bag
Anti-Lock Brakes (4)
4 Wheel Disc Brakes

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps

TRUCK

Rear Step Bumper

Preliminary Estimate

Customer: Gallegos, Rene

Job Number:

Vehicle: 2000 GMC K1500 4X4 YUKON XL SLE 4D UTV 8-5.3L-FI GOLD MET

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		QUARTER PANEL					
2	*	Repl LT Quarter glass GM, w/o Escalade ESV dark tint	15762683	1	677.87	Incl.	
3	#	Repl Urethane Kit		1	25.00		
4	#	Subl Labor To Replace Glass		1	145.00		
5	#	Glass clean-up		1		1.0	
SUBTOTALS					847.87	1.0	0.0

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			847.87
Body Labor	1.0 hrs @	\$ 58.00 /hr	58.00
Subtotal			905.87
Sales Tax	\$ 905.87 @	5.6000 %	50.73
Grand Total			956.60
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			956.60

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.

Preliminary Estimate

Customer: Gallegos, Rene

Job Number:

Vehicle: 2000 GMC K1500 4X4 YUKON XL SLE 4D UTV 8-5.3L-FI GOLD MET

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide DE1GA00, CCC Data Date 9/9/2014, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM or A/M. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2015 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.



Location Information

Safelite
10708 W ORCHARD ST
WEST ALLIS, WI 53214
414-475-1700

Service Information

Service Location: InShop
Available Time:
Address: Mr./Mrs. GALLEGOS

WO# 198735

Date/Time:
Needed By:

Account Information

CONSUMER PARENT
92273 - 085080 --

Primary: 414-553-2425
Alternate:
PO#/Ref:
Loss Loc:
Loss Date/Cause:

Policy #:
Claim #:
Ath/Ver:

Year	Make	Model	Body Style	Mileage	License	State	Stock #
2000	GMC	YUKON XL	4 DOOR UTILITY	0.00			

Vehicle ID 3 G K F K 1 6 T 6 Y G 2 0 0 6 9 4 Technician ID: _____
Verified By: _____

Qty	Part #	List	Selling	Labor	Kit	Material	Extension
1	MISCQ		\$677.87	\$60.00	\$0.00	\$0.00	\$737.87

Replace with new - MISC DOM QTER GLASS PO#: 124947
INSTALLED PART DOT# _____ URETHANE LOT# _____

Work Order 01867-198735
Org Date: 10/2/2014 CTU WO: 198735
10/2/2014 3:26 PM 222-198735-W
RENE GALLEGOS

Initial here if replaced parts should be saved for inspection or returned: _____
Part Sub Total: _____
Labor Sub Total: _____
Sub Total: _____
Sales Tax: _____
Total _____

\$677.87
\$60.00
\$737.87
\$41.32
\$779.19

Windshield Repair Yes _____ No _____
Cust. Initials: Accepted _____ Declined _____

Comment: DUPLICATE. CUSTOMER REQUESTED OEM GLASS.
DRIVER REAR QUARTER GLASS; ;

Original Estimate: \$779.19 I authorize Safelite AutoGlass to provide the above-referenced goods and services and to install glass and related parts that are manufactured by Safelite AutoGlass or another aftermarket manufacturer. Subject to completion of the work, I assign Safelite AutoGlass any claim that I have under my insurance policy to recover, and authorize my insurance company to pay to Safelite AutoGlass, the balance due. If said amount is not paid in full by my insurance company, I agree to pay any unpaid balance.

Customer's Signature: _____ Date _____

If your check is unpaid for insufficient or uncollected funds, we may electronically debit your account for the principle check amount and a service fee as allowable by law. You have the right to select the repair facility of your choice.

Revised Estimate: _____ Reason: _____ Additional Cost: _____

Authorized by: _____ Phone: _____ Date _____ Time: _____

Amount to collect from Customer: \$779.19 Tender: _____

Adhesive Brand: _____ Part #: _____ Lot #: _____ Safe to drive after: _____ AM PM

II

4.4

R. O. No. 184 - 14 - 15. By CITY CLERK. November 17, 2014.

Submitting a Claim for Refund of Excessive Real Estate Taxes imposed on the Claimant, Plastics Engineering Co., owner of parcel no. 59281629042.

Finance

Susan Richards

City Clerk

三

10-29-14



S Richards
22-19
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

October 28, 2014

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

CLAIM FOR REFUND PURSUANT TO WIS. STAT. § 70.511

SERVED BY PROCESS SERVER

Susan Richards, Clerk
City of Sheboygan
828 Center Avenue, Suite 100
Sheboygan, WI 53081

Process Server *DMH*
Time 2:25 A.M. - P.M. Date 11/29/14
Served Upon Susan Richards
828 Center Avenue, Sheboygan
 Personal Substitute
 Posted Corporate

Dear Clerk:

Re: Tax Parcel No. 59281629042;
State Identification No. 81-59-281-
R000032691

Now comes Claimant, Plastics Engineering Co., owner of parcel no. 59281629042, State Identification No. 81-59-281-R000032691 (the "Property") in Sheboygan, Wisconsin, by Claimant's attorneys Reinhart Boerner Van Deuren s.c., and files this Claim for Refund Pursuant to Wis. Stat. §70.511 against the City of Sheboygan (the "City"). You hereby are directed to serve any notice of concerning this Claim on the undersigned agent of the Claimant.

1. This Claim is brought under Wis. Stat. § 70.511, for a refund of excessive real estate taxes imposed on Claimants by the City for the tax years 2012, 2013 and 2014 with respect to the Property.

2. Claimant is the owner of the Property is responsible for the payment of property taxes and the prosecution of property tax disputes involving the Property and is authorized to file and receive payment on this Claim in their 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 within the City at 1817 Eisner Avenue, is identified in the City records as Tax Parcel No. 59281629042 and is assessed by the Wisconsin Department of Revenue ("DOR").

Mckean
Amadeo
Subria
Puss

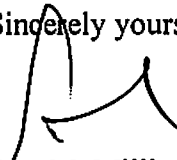
Plastics ENG

5. For 2012, property tax was imposed on property in the City at the rate of \$23.7758235 per \$1,000 of the assessed value for Property.
6. For 2013, property tax was imposed on property in the City at the rate of \$23.9230541 per \$1,000 of the assessed value for Property.
7. For 2012, DOR set the assessment of the Property at \$3,238,700.
8. For 2013, DOR set the assessment of the Property at \$3,680,100.
9. For 2014, DOR set the initial assessment of the Property at \$3,325,000.
10. The City imposed taxes on the Property for 2012 in the amount of \$76,926.12.
11. The City imposed taxes on the Property for 2013 in the amount of \$87,964.31
12. Claimant timely paid the property taxes imposed by the City on the Property for 2012 and 2013, or the required installment thereof.
13. Pursuant to an Agreement dated October 23, 2014, DOR reduced the assessed value of the Property to \$2,554,900 for 2012, 2013 and 2014.
14. Based on the above mill rate and the reduced assessments for 2012 and 2103, the taxes that should have been levied against the Property were \$60,744.85 for 2012 and \$61,121.01 for 2013.
15. Claimant is entitled, therefore, to refunds in the amount of \$16,181.27, plus statutory interest, for 2012 and \$26,843.30, plus statutory interest, for 2013.
16. The City shall issue a refund in the amount of \$43,024.57, plus statutory interest, and plus any refund described in paragraph 17, payable to the Reinhart Boerner Van Deuren s.c. Trust Account and remitted to the Agent for the Claimants at 22 East Mifflin Street, Suite 600, Madison, Wisconsin 53703.
17. In the event the 2014 assessment roll does not reflect the DOR reduced assessment of the Property for 2014, Claimant is entitled a refund equal to the 2104 net mill rate multiplied by 770,100 the amount by which the initial assessment of the Property exceeds, the reduced assessment of \$2,554,900.

Susan Richards, Clerk
October 28, 2014
Page 3

Dated at Madison, Wisconsin, this 28th day of October, 2014.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Don M. Millis". The signature is stylized with a large initial "D" and a prominent horizontal stroke.

Don M. Millis
Agent for Claimants

22191910

II

4.2

R. O. No. 192 - 14 - 15. By CITY CLERK. December 1, 2014.

Submitting a Summons and Complaint in the matter of Jeffrey Hermann vs
The City of Sheboygan.

Inance

Susan Richards
City Clerk



Handwritten text, possibly a signature or name, located in the middle left area of the page.

NOV 26 '14 PM 4:06

The Law Office of John B. Kiel, LLC.

P.O. Box 147

Salem, Wisconsin 53168-0147

Phone: (262) 914-5435

Facsimile: (262) 537-4855

Email Address: firelaw@tds.net

November 26, 2014

VIA HAND DELIVERY

Susan Richards, City Clerk
Micahel Vandersteen, Mayor
City of Sheboygan - City Hall
828 Center Avenue, Suite 100
Sheboygan, WI 53081

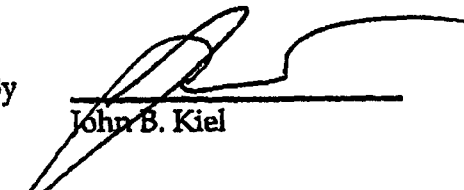
Handwritten note:
Susan Richards, City Clerk
in person 11-26-14
at 3:19 pm
Umayd L
Schroeder - City Clerk

Re: Jeffery Hermann v. The City of Sheboygan

Dear Ms. Richards and Mayor :

Accompanying this cover letter please find a copy of the Summons and Complaint filed in regard to the above entitled matter. Please feel free to contact me with any questions.

The Law Office of John B. Kiel, LLC.

By 
John B. Kiel

cc: Mr. Jeffery Hermann

STATE OF WISCONSIN CIRCUIT COURT SHEBOYGAN COUNTY

JEFFERY HERMANN,

Plaintiff,

CIRCUIT COURT BRANCH #4
TERENCE T BOURKE
618 N SIXTH STREET
SHEBOYGAN WI 53081

Case No.

Case Code: 30303 14CV0754

Case Classification: Other Contracts

vs.

THE CITY OF SHEBOYGAN,

Defendant.

SHEBOYGAN COUNTY
WISCONSIN
14 NOV 26 PM 2:28
CLERK CIRCUIT COURT
FILED

SUMMONS

THE STATE OF WISCONSIN

To each person named above as a Defendant:

You are hereby notified that the Plaintiff named above have filed a lawsuit or other legal action against you. The Complaint, which is attached, states the nature and basis of the legal action.

Within forty-five (45) days of receiving this Summons, you must respond in writing with a written answer, as that term is used in Chapter 802 of the Wisconsin Statutes, to the Complaint. The court may reject or disregard an answer that does not follow the requirements of the statutes. The answer must be sent or delivered to court, whose address is: Clerk of Court, Sheboygan County Courthouse, 615 North 6th Street, Sheboygan, Wisconsin, and to the Law Office of John B. Kiel, LLC, plaintiff's attorney, whose address is P.O. Box 147 Salem, Wisconsin 53168.

You may have an attorney help or represent you.

If you do not provide a proper answer within forty-five (45) days, the court may grant judgment against you for the award of money or other legal action requested in the Complaint, and you may lose your right to object to anything that is or may be incorrect in the Complaint. A judgment may be enforced as provided by law. A judgment awarding money may become a lien against any real estate you own now or in the future, and may also be enforced by garnishment or seizure of property.

Dated at Salem, Wisconsin, on November 26, 2014.

FOR PLAINTIFF,

THE LAW OFFICE OF JOHN B. KIEL, LLC.

By _____

John B. Kiel

State Bar # 1019485

P.O. Box 147

Salem, Wisconsin 53168

Telephone: (262) 914-5435

Facsimile: (262) 537-4855

Email: firelaw@tds.net

JEFFERY HERMANN,

Plaintiff,

Case No. 14CV0754
Case Code: 30303
Case Classification: Other Contracts

vs.

THE CITY OF SHEBOYGAN,

JURY TRIAL REQUESTED

Defendant.

COMPLAINT

NOW COMES Jeffery Hermann ("Plaintiff") by and through The Law Office of John B. Kiel, LLC. and his attorney, John B. Kiel, and alleges as follows:

PARTIES

1. Plaintiff Jeffery Hermann is an adult resident of the City of Sheboygan, Wisconsin whose address is 3442 South 17th Street, Sheboygan, Wisconsin 53081.
2. Defendant City of Sheboygan ("City") is a governmental body within the meaning of Wis. Stat. § 19.82(1) and is the governing body of the City of Sheboygan, maintaining its place of business at the Sheboygan City Hall, 828 Center Avenue, Sheboygan, Wisconsin, 53081.
3. The Plaintiff is a retired employee of the City who was not in any bargaining unit represented by a labor organization on the date of his retirement.
4. The Plaintiff worked for the City long enough to qualify for payout of vested sick leave and vacation benefits upon retirement.

SHEBOYGAN COUNTY
WISCONSIN
14 NOV 24 12:28
FILED
CLERK CIRCUIT COURT

PROCEDURAL PREREQUISITES

5. This is an action alleging that the City unlawfully engaged and continues to engage in breach of contract by denying Plaintiff a payout of vested sick leave and vacation benefits upon Plaintiff's retirement.
6. Within 120 days of the City's denial of Plaintiff's request for payout of his vested sick leave and vacation benefits Plaintiff served a notice of claim in accordance with Wis. Stat. § 893.80 on the City Clerk by a letter dated April 11, 2014.
7. Plaintiff's notice of claim itemized the relief sought.
8. By copy of a letter dated August 7, 2014 the City denied Plaintiff's claim.

JURISDICTION AND VENUE

9. The Court has personal jurisdiction over the Plaintiff in that Plaintiff is a resident of the City of Sheboygan, Wisconsin and said City is located within Sheboygan County, Wisconsin.
10. The Court has personal jurisdiction over the City of Sheboygan, Wisconsin pursuant to Wis. Stat. § 801.05; Wis. Stat. § 801.11(4); Watkins v. Milwaukee County Civil Service Commission, 88 Wis. 2d 4111, 276 N.W.2d 775 (1979); Oak Creek Citizen's Action Committee v City of Oak Creek, et. al., 2007 WI App. 196; 304 Wis. 2d 702; 738 N.W. 2d 168.
11. Venue is proper before this Court pursuant to Wis. Stat. § 801.50(2).

CIRCUMSTANCES OF CLAIM

12. Plaintiff was employed by the City of Sheboygan, Wisconsin as a member of its fire department between April 21, 1981 to December 31, 2013. Plaintiff was appointed as the City's fire chief effective January 1, 2010.

13. Upon his appointment to fire chief the City informed Plaintiff that his retirement benefits were to a sick leave pay out for retirement of one-half (1/2) of all accumulated sick leave up to seventy-two (72) days. In that regard the City of Sheboygan Non-Represented Employee Benefits schedule approved by the City's Salaries and Grievances Committee on June 20, 2002 provides:

Fire Command:

- Sick leave pay out for retirement, layoff without cause, or death.
 - After five (5) years of service, pay out one-half (1/2) of all accumulated sick leave up to seventy-two (72) days.

14. Upon his appointment to fire chief the City informed Plaintiff that his retirement benefits were to include the following vacation pay out provision. In that regard the City of Sheboygan Non-Represented Employee Benefits schedule approved by the City's Salaries and Grievances Committee on June 20, 2002 provides:

Other severance benefits:

- Accumulated overtime for non-exempt employees.
- Unused and prorated earned vacation pay.

15. The benefits described in paragraphs 13 and 14 above were approved as revised by the City's Salaries and Grievances Committee on June 20, 2002 and made part of the City's Non-Represented Employee Benefits Compensation Program for such non-represented employees.

16. The City's May 1, 2012 Employee Handbook identifies Paid Time Off (PTO)

Vacation as a vested benefit:

PTO Vacation Must be used in either 4 of 8 hour increments. This is a vested benefit, prorated for new employees. Employees are eligible to use their vacation beginning on the first calendar day of the year. Those with less than one year of employment earn 80 hours of vacation effective their 1 year employment anniversary. However, they are welcome to start using their yearly allotment prior to their 1 year anniversary, however, that employee will be responsible to

return the non-vested (prorated) portion of the vacation if already exercised it (sic) prior to their termination date. (emphasis added).

17. Plaintiff retired as the City's fire chief on January 1, 2014.
18. Plaintiff met the requirements for sick leave payout under the terms and conditions as described in paragraph 13, above.
19. Plaintiff met the requirements for payout of accrued, unused vacation under the terms and conditions as described in paragraph 14, above.
20. The City has failed to calculate and pay out Plaintiff's retirement and severance benefits in the manner described in paragraphs 13 and 14 above.
21. As a consequence of the actions above, Plaintiff has been damaged in that Plaintiff has been denied unused and prorated earned vacation pay in the amount of \$10,365.18.
22. As a consequence of the actions above, Plaintiff has been damaged in that Plaintiff has been denied sick leave pay out for retirement in the amount of \$27,354.24.
23. As a consequence of the actions above, Plaintiff has been damaged in that Plaintiff has incurred legal fees and expenses in asserting his rights.

**FIRST CAUSE OF ACTION
(Breach of Contract)**

24. Plaintiff realleges and incorporates by reference paragraphs 1 through 23 above.
25. At the time that the City appointed Plaintiff to the position of fire chief it entered into a contract of employment with Plaintiff whereby the City agreed to calculate Plaintiff's retirement and severance benefits in accordance with paragraphs 13 and 14 above. By continuing his service to the City to retirement, Plaintiff

created a binding unilateral contract with the City for the promised retirement and severance benefits calculated in accordance with paragraphs 13 and 14, above. In refusing to calculate Plaintiff's retirement benefits in accordance with paragraphs 13 and 14 above, the City breached its contract for employment with Plaintiff.

**SECOND CAUSE OF ACTION
(Denial of Vested Benefit)**

26. Plaintiff realleges and incorporates by reference paragraphs 1 through 23 above.
27. By continuing his service to the City to retirement Plaintiff acquired a vested right to retirement and severance benefits calculated in accordance with paragraphs 13 and 14 above. In refusing to calculate Plaintiff's retirement benefits in accordance with paragraphs 13 and 14 above, the City denied a vested benefit to Plaintiff.

**THIRD CAUSE OF ACTION
(Estoppel)**

28. Plaintiff realleges and incorporates by reference paragraphs 1 through 23 above.
29. The City promised Plaintiff retirement and severance benefits calculated in accordance with paragraphs 13 and 14 above and thereby induced Plaintiff to accept the non-represented position of fire chief. By operation of its promise to Plaintiff the City is estopped from denying Plaintiff retirement and severance benefits calculated in accordance with paragraphs 13 and 14 above.

PRAAYER FOR RELIEF

WHEREFORE, the Plaintiff respectfully requests that this court:

- A. Issue a judgment declaring that the City has breached its contract with Plaintiff by refusing to calculate and pay Plaintiff's retirement and severance benefits in accordance with paragraphs 13 and 14 above.
- B. Issue and order that finds that the Defendant breached and is estopped from breaching a contract of employment with Plaintiff by denying Plaintiff a vested vacation retirement and severance benefits calculated in accordance with paragraph 13 above.
- C. Issue an order that requires the City to calculate and pay Plaintiff's vacation retirement and severance benefit calculated in accordance with paragraph 13, above which provides:

Fire Command:

- Sick leave pay out for retirement, layoff without cause, or death.
 - After five (5) years of service, pay out one-half (1/2) of all accumulated sick leave up to seventy-two (72) days.
- D. Issue and order that finds that the Defendant breached and is estopped from breaching a contract of employment with Plaintiff by denying Plaintiff a vested sick leave retirement and severance benefits calculated in accordance with paragraph 14 above.
- E. Issue an order that requires the City to calculate and pay Plaintiff's sick leave retirement and severance benefit calculated in accordance with paragraph 14, above which provides:

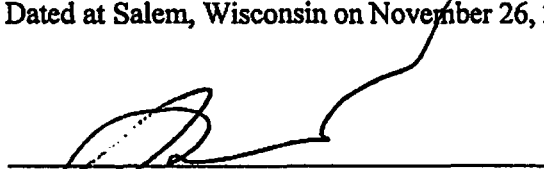
Other severance benefits:

- Accumulated overtime for non-exempt employees.
- Unused and prorated earned vacation pay.

- F. Issue and order that directs Defendant to compensate Plaintiff for his unused and prorated earned vacation in the amount of \$10,365.18 plus interest.
- G. Issue and order that directs Defendant to compensate Plaintiff for his accrued unused sick leave in the amount of \$27,354.24 plus interest.
- H. As appropriate, award reasonable attorneys' fees and reimbursement of any costs incurred by Petitioners.
- I. Award such other and further relief, as this Court deems just and proper.

PLAINTIFF REQUESTS TRIAL TO A JURY OF 12 OF HIS PEERS ON ALL CLAIMS FOR LEGAL RELIEF.

Dated at Salem, Wisconsin on November 26, 2014.



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