



# FOURTEENTH REGULAR COMMON COUNCIL MEETING AGENDA

**October 17, 2022 at 6:00 PM**

**City Hall, 3rd Floor - Council Chambers, 828 Center Avenue, Sheboygan, WI**

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"The purpose of our lives is to be happy" - Dalai Lama

This meeting may be viewed LIVE on Charter Spectrum Channel 990, AT&T U-Verse Channel 99 and: [www.wscssheboygan.com/vod](http://www.wscssheboygan.com/vod).

Notice of the 14th Regular Meeting of the 2021-2022 Common Council at 6:00 PM, MONDAY, October 17, 2022 in City Hall, 3rd Floor - Council Chambers, 828 Center Avenue, Sheboygan, WI. Persons with disabilities who need accommodations to attend the meeting should contact Meredith DeBruin at the City Clerk's Office, 828 Center Avenue, (920) 459-3361.

Members of the public who wish to participate in public forum remotely shall provide notice to the City Clerk at (920) 459-3361 at least 24 hours before the meeting so that the person may be provided a remote link for that purpose.

## OPENING OF MEETING

**1. Roll Call**

*Alderspersons Ackley, Dekker, Felde, Filicky-Peneski, Heidemann, Mitchell, Perrella, Ramey, Rust, and Salazar may attend the meeting remotely*

**2. Pledge of Allegiance**

**3. Approval of Minutes**

*Thirteenth Regular Council Meeting held on October 03, 2022*

**4. Public Forum**

*Limit of five people having five minutes each with comments limited to items on this agenda.*

**5. Confirmation of Mayoral Appointments**

*Caroline Richards to the Room Tax Commission and Rebecca Stewart to the Sustainability Task Force*

**6. Mayor's Announcements**

*Upcoming Community Events, Proclamations, Employee Recognitions*

## CONSENT

**7. Motion to Receive and File all R.O.'s, Receive all R.C.'s and Adopt all Resolutions and Ordinances**

**8.** R. O. No. 72-22-23 by Board of License Examiners submitting an application for Building Contractor License that is already granted.

**9.** R. C. No. 108-22-23 by Finance and Personnel Committee to whom was referred various claims and pending claims; recommends filing all claims and pending claims.

- [10.](#) R. C. No. 109-22-23 by Finance and Personnel Committee to whom was referred R. O. No. 67-22-23 by Director of Planning and Development submitting the 2023 Business Improvement District (BID) Statement of Purpose, dated September 20, 2022, and the BID's 2023 Operating Budget; recommends to accept and file.
- [11.](#) R. C. No. 116-22-23 by Licensing, Hearings, and Public Safety Committee to whom was referred Res. No. 75-22-23 by Alderpersons Felde and Ackley authorizing the Fire Chief to accept and expend funds received from the United States Department of Homeland Security - Federal Emergency Management Agency ("FEMA") as part of the Assistance to Firefighters Grant ("AFG") Program; recommends adopting the Resolution.
- [12.](#) R. C. No. 113-22-23 by Public Works Committee to whom was referred Res. No. 67-22-23 by Alderpersons Dekker and Rust authorizing the appropriate City officials to accept the temporary easement for the City to conduct maintenance activities on a drainage swale adjacent to 4812 Ferndale Court; recommends adopting the Resolution.
- [13.](#) R. O. No. 73-22-23 by Director of Planning and Development submitting a letter from the State of Wisconsin Department of Natural Resources informing the City of Sheboygan that the Sheboygan Municipal Armory contamination case met the requirements of Wisconsin Administrative Code chs. NR 700 to 799 for case closure with a continuing obligation.

#### **REPORT OF OFFICERS**

- [14.](#) R. O. No. 71-22-23 by Fire Chief pursuant to section 50-564 of the Municipal Code, submitting the quarterly report of Benchmark Measurements for the Fire Department, for the period commencing July 1, 2022 and ending September 30, 2022. REFER TO LICENSING, HEARINGS, AND PUBLIC SAFETY COMMITTEE
- [15.](#) R. O. No. 70-22-23 by Chief of Police pursuant to section 54-65 of the Municipal Code, submitting the quarterly report showing the Benchmark Measurements for the Police Department for the period commencing July 1, 2022 and ending September 30, 2022. REFER TO LICENSING, HEARING, AND PUBLIC SAFETY COMMITTEE

#### **RESOLUTIONS**

- [16.](#) Res. No. 80-22-23 by Alderpersons Mitchell and Filicky-Peneski deeming the Director of Human Resources and Labor Relations, or, in the absence of a Director of Human Resources and Labor Relations, the Finance Director/Treasurer, to be the Plan Coordinator for the City of Sheboygan's MissionSquare Retirement Plan. SUSPEND THE RULES AND ADOPT THE RESOLUTION
- [17.](#) Res. No. 81-22-23 by Alderpersons Felde, Filicky-Peneski, and Perrella reaffirming the Common Council's commitment to Diversity, Equity, Inclusion, and Belonging. SUSPEND THE RULES AND ADOPT THE RESOLUTION

#### **REPORT OF COMMITTEES**

- [18.](#) R. C. No. 110-22-23 by Finance and Personnel Committee to whom was referred Res. No. 77-22-23 by Alderpersons Mitchell and Filicky-Peneski authorizing the creation of a Crisis Co-Response Pilot Program in conjunction with Sheboygan County and authorizing the expenditure of certain funds to support the Program; recommends adopting the Resolution.
- [19.](#) R. C. No. 111-22-23 by Finance and Personnel Committee to whom was referred Res. No. 78-22-23 by Alderpersons Mitchell and Filicky-Peneski adopting certain changes to the City's Medical Benefit Plan

and Dental Benefit Plan effective for calendar year 2023 coverage and establishing the monthly premium equivalent rates effective for January 2023 coverage and thereafter; recommends adopting the Resolution.

- 20.** R. C. No. 112-22-23 by Finance and Personnel Committee to whom was referred Gen. Ord. No. 11-22-23 by Alderpersons Perrella, Felde, Ramey, Rust, and Salazar amending sec. 82-1 of the Sheboygan Municipal Code so as to provide for a minimum wage of \$15.00 per hour for all City of Sheboygan employees whose compensation is under the authority of the Common Council and set by the City's employee classification and compensation program; recommends adopting the Ordinance.
- 21.** R. C. No. 114-22-23 by Public Works Committee to whom was referred Com. No. 1-22-23 presented to the Council by Alderpersons Felde and Filicky-Peneski submitting a communication from James Slinkman, Senior Vice President, Associate General Counsel for Advocate Aurora Health regarding Aurora Sheboygan Memorial Medical Center Lot Line adjustment for the property commonly known as 2507 N. 7th Street, Sheboygan, WI; recommends to accept and file.
- 22.** R. C. No. 115-22-23 by Licensing, Hearings, and Public Safety Committee to whom was referred Res. No. 74-22-23 by Alderpersons Felde and Ackley authorizing the Sheboygan Police Department to apply for, and receive funding from, the Wisconsin Department of Administration's 2022 Law Enforcement Agency Grant; recommends adopting the Resolution.

#### **OTHER MATTERS AUTHORIZED BY LAW**

- 23.** R. O. No. 74-22-23 by City Clerk submitting a request from Zach Cotter for approval to hunt deer on a section of woods within the City limits. REFER TO PUBLIC WORKS COMMITTEE

#### **CLOSED SESSION**

- 24.** MOTION TO CONVENE IN CLOSED SESSION under the exemption provided in sec. 19.85(1)(f), Wis. Stats. for preliminary consideration of specific personnel problems which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person involved in such problems.

#### **ADJOURN MEETING**

- 25.** Motion to Adjourn

***In compliance with Wisconsin's Open Meetings Law, this agenda was posted in the following locations more than 24 hours prior to the time of the meeting:***

*City Hall • Mead Public Library  
Sheboygan County Administration Building • City's website*



September 28<sup>th</sup> 2022

TO THE HONORABLE MEMBERS OF THE COMMON COUNCIL:

I hereby submit the following appointments for your confirmation:

- Caroline Richards to be considered for appointment to the Room Tax Commission
- Rebecca Stewart to be considered for appointment to the Sustainability Task Force

Ryan Sorenson  
Mayor  
City of Sheboygan

**Office of the Mayor**

CITY HALL  
828 CENTER AVE.  
SHEBOYGAN, WI 53081

920-459-3317  
[www.sheboyganwi.gov](http://www.sheboyganwi.gov)

II

R. O. No. 72 - 22 - 23. By BOARD OF LICENSE EXAMINERS.  
October 17, 2022.

Submitting application for Building Contractor License already GRANTED:

4601            Jon E Hendersen                            General Contractor  
                  563 60<sup>th</sup> St  
                  Caledonia, WI 53108-2303

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BOARD OF LICENSE EXAMINERS

VI

R. C. No. 108 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE.  
October 17, 2022.

Your Committee to whom was referred the below listed claims and pending claims; hereby reports as follows, pursuant to Res. No. 64-17-18:

1. R. O. No. 38-22-23 by City Clerk submitting a claim from James A. Zietz for alleged damages to his vehicle when it was struck by a City of Sheboygan garbage truck while parked;
2. R. O. No. 13-22-23 by City Clerk submitting a pending claim from Nina Stapel for alleged sewer backup in her basement;
3. R. O. No. 69-22-23 by City Clerk submitting a claim from Allstate a/s/o Matthew Friedl for alleged damages to vehicle when it was struck by a City of Sheboygan bus;
4. R. O. No. 27-22-23 by City Clerk submitting a claim from Jody Gallaway for alleged damages to vehicle when it was struck by a falling tree branch on North 25<sup>th</sup> Street;
5. R. O. No. 35-22-23 by City Clerk submitting a claim from Khue Vang for alleged damages to vehicle when it struck an open sewer pothole on Arizona Avenue;

All R. O.'s have been reviewed by staff with the recommendation to file all claims.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

17

Item 9.

R. O. No. 38 - 22 - 23. By CITY CLERK. July 18, 2022.

Submitting a claim from James A. Zietz for alleged damages to his vehicle when it was struck by a City of Sheboygan garbage truck while parked.

\_\_\_\_\_  
CITY CLERK

F+P

DATE RECEIVED 7-5-22

RECEIVED BY MKE

Item 9.

CLAIM NO. 10-22

V

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

JUL 05 2022

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: JAMES A. ZIETZ

2. Home address of Claimant: 1314 SOUTH 21ST

3. Home phone number: 45-85044

4. Business address and phone number of Claimant: N/A

5. When did damage or injury occur? (date, time of day) 6/23/22

6. Where did damage or injury occur? (give full description) SOUTH 21ST ACROSS FROM MY HOUSE

7. How did damage or injury occur? (give full description) BARGE TRUCK HIT THE BACK OF MY CAR WITH THE LIFT WHILE PARKED

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: NOT KNOWN

(b) Claimant's statement of the basis of such liability: POLICE REPORT CASE NUMBER C-22-1173

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 time. (If there were no injuries, state "NO INJURIES").

NO INJURIES

11. Name and address of any other person injured: \_\_\_\_\_

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

Auto: \$ 1,899

Property: \$ \_\_\_\_\_

Personal injury: \$ \_\_\_\_\_

Other: (Specify below) \$ \_\_\_\_\_

**TOTAL** \$ 1,899

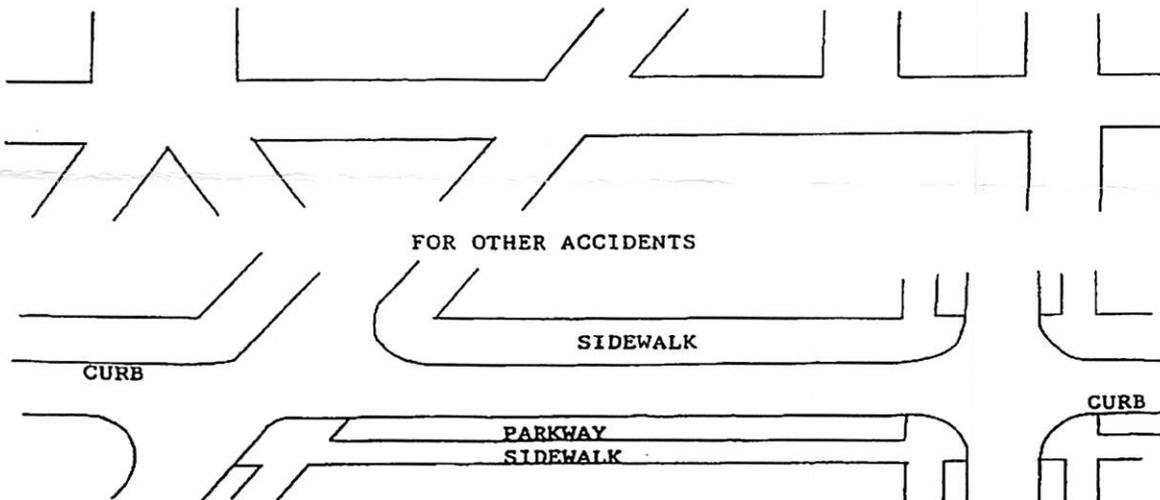
Damaged vehicle (if applicable)

Make: CADY Model: IMPALA Year: 2006 Mileage: 99,000

Names and addresses of witnesses, doctors and hospitals: \_\_\_\_\_

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

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



SIGNATURE OF CLAIMANT Jan G. [Signature] DATE 7-2-02

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

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

Item 9.

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

CLAIM

Claimant's Name: \_\_\_\_\_

Auto \$ \_\_\_\_\_

Claimant's Address: \_\_\_\_\_

Property \$ \_\_\_\_\_

\_\_\_\_\_

Personal Injury \$ \_\_\_\_\_

Claimant's Phone No. \_\_\_\_\_

Other (Specify below) \$ \_\_\_\_\_

TOTAL \$ 1,899 me

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

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

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ ~~2000~~.

\$1,899 per phone call mtc

SIGNED

*Ann Zyl*

DATE:

*7-30*

ADDRESS:

*1314 South 21st*

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

**SHEBOYGAN CHEVROLET BUICK  
GMC CADILLAC**

3400 S BUSINESS DR, SHEBOYGAN, WI 53081  
Phone: (920) 459-6855  
FAX: (920) 459-6286

Workfile ID:  
PartsShare:  
Federal ID:

e5  
6Qcq2v  
83-0747810

Item 9.

**Preliminary Estimate**

**Customer: ZIETZ, JAMES**

**Job Number:**

Written By: Patrick Karbe

Insured: ZIETZ, JAMES  
Type of Loss:  
Point of Impact: 06 Rear

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**

ZIETZ, JAMES

1314 S. 12TH ST  
SHEBOYGAN, WI 53081  
(920) 458-5044 Day

**Inspection Location:**

SHEBOYGAN CHEVROLET BUICK GMC  
CADILLAC  
3400 S BUSINESS DR  
SHEBOYGAN, WI 53081  
Repair Facility  
(920) 459-6855 Business

**Insurance Company:**

data from the vehicle manufacturer, labor and parts data from the previous year may be used. 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 list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

Item 9.

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 Intelligent 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.

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			1,000.00
Body Labor	1.9 hrs @	\$ 62.00 /hr	117.80
Paint Labor	4.2 hrs @	\$ 62.00 /hr	260.40
Mechanical Labor	1.5 hrs @	\$ 130.00 /hr	195.00
Paint Supplies	4.2 hrs @	\$ 42.00 /hr	176.40
Subtotal			1,800.13
Sales Tax	\$ 1,800.13 @	5.5000 %	99.01
<b>Grand Total</b>			<b>1,899.14</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>1,899.14</b>

Item 9.

Sheboygan  
Chevrolet

**MyPriceLink Estimate ID / Quote ID:**  
969259534293934080 / 107585142

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.

GEORGIA AVENUE BODY SHOP, INC.  
1819 GEORGIA AVENUE  
SHEBOYGAN, WI 53081  
PHONE: (920)458-3272 FAX: (920)458-3284

\*\*\* PRELIMINARY ESTIMATE \*\*\*

07/02/2022 09:05 AM

Owner

Owner: James Zietz  
Address: 1314 South 12th Street  
City State Zip: Sheboygan, WI 53081

Work/Day: (920)458-5044  
FAX:

Inspection

Inspection Date: 07/02/2022 09:05 AM  
Primary Impact: Left Rear Corner

Inspection Type:  
Secondary Impact:

Contact: James Miller

Repairer

Repairer: Georgia Ave Body Shop  
Address: 1819 Georgia ave  
City State Zip: Sheboygan, WI 53081  
Email: gabs@gabsinc.biz

Contact: GEORGIA AVENUE  
Work/Day: (920)458-3272  
FAX: (920)458-3284  
Work/Day:

Target Complete Date/Time:

Days To Repair: 2

Vehicle

OEM Part Price Quote ID: \*\*\*\*

2008 Chevrolet Impala LT 3.5 4 DR Sedan  
6cyl Gasoline 3.5  
4 Speed Automatic

Lic.Plates: 364-ANJ  
Lic Expire:  
Prod Date: 06/2007  
Veh Insp# :  
Condition: Excellent  
Ext. Color: White  
Ext. Refinish: Two-Stage  
Ext. Paint Code: 40U

Lic State: WI  
VIN: 2G1WT58N189138090  
Mileage:  
Mileage Type: Actual  
Code: U4173B  
Int. Color: Gray  
Int. Refinish: Two-Stage  
Int. Trim Code: 83C

Options - AudaVIN Information Received

AM/FM CD Player  
Aluminum/Alloy Wheels  
Center Console  
Dual Airbags  
Head Airbags  
Keyless Entry System  
Power Door Locks  
Power Steering  
Rear Window Defroster

Air Conditioning  
**Bodyside Moldings**  
Cruise Control  
Dual Zone Auto A/C  
**Heated Front Seats**  
Lighted Entry System  
Power Drivers Seat  
Power Windows  
Rem Trunk-L/Gate Release

Alarm System  
Cargo/Trunk Net  
Daytime Running Lights  
Floor Mats  
Intermittent Wipers  
Power Brakes  
Power Mirrors  
Rear Bench Seat  
Remote Starter



**Split Front Bench Seat**  
Theft Deterrent System  
Tire Pressure Monitor

Sport Suspension  
Tilt Steering Wheel  
Velour/Cloth Seats

Tachometer  
Tinted Glass

**AudaVIN options are listed in bold-italic fonts**

**Damages**

Line	Op	Guide	MC	Description	MFR.Part No.	Price	ADJ% B%	Hours	R
<b>Rear Bumper</b>									
1	OE	566	46	Cover,Rear Bumper	Replace PXN OE Srpls	\$348.00		2.2	SM
2	L	566	13	Cover,Rear Bumper	Refinish 3.0 Surface 0.6 Two-stage setup 0.6 Two-stage			4.2	RF
3	E	1172		Ret,Rear Bumper Cover	11519444 GM Part	\$26.52			SM
				Quantity of 4 @ \$6.63 each					
4	EP	567		Absorber,Rear Bumper	Replace PXN	\$141.00		INC	SM
<b>Manual Entries</b>									
5	L	M03		Flex Additive	Refinish	\$12.00*			RF
6	N	M60		Hazardous Waste Removal	Additional Labor	\$5.25*			SM
6	<b>Items</b>								

**MC Message**

13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE  
46 PRINTABLE ALTERNATE PARTS COMPARE

**Estimate Total & Entries**

OEM Parts		\$26.52	
Other Parts		\$506.25	
Paint & Materials	4.2 Hours @ \$46.00	\$193.20	
Parts & Material Total			\$725.97
Tax on Parts & Material	@ 5.500%		\$39.93
<b>Labor</b>	<b>Rate</b>	<b>Replace Hrs</b>	<b>Repair Hrs</b>
			<b>Total Hrs</b>
Sheet Metal (SM)	\$65.00	2.2	2.2
Mech/Elec (ME)	\$90.00		
Frame (FR)	\$80.00		
Refinish (RF)	\$65.00	4.2	4.2
<b>Labor Total</b>			6.4 Hours
Tax on Labor	@ 5.500%		\$22.88
<b>Gross Total</b>			<b>\$1,204.78</b>
<b>Net Total</b>			<b>\$1,204.78</b>

Alternate Parts Y/02/01/00/01/01 Cumulative 02/01/00/01/01 Zip Code: 53081 Default  
OEM Part Prices DT 07/02/2022 09:05 AM EstimateID 972499363009929216 QuoteID \*\*\*\*  
Recycled Parts NOT REQUESTED  
Rate Name Default

Item	Description	Quantity	Unit Price	Total Price	Notes
1	Split Panel 2x4x8	100	1.50	150.00	
2	Split Panel 2x6x8	100	2.00	200.00	
3	Split Panel 2x8x8	100	2.50	250.00	
4	Split Panel 2x10x8	100	3.00	300.00	
5	Split Panel 2x12x8	100	3.50	350.00	
6	Split Panel 2x14x8	100	4.00	400.00	
7	Split Panel 2x16x8	100	4.50	450.00	
8	Split Panel 2x18x8	100	5.00	500.00	
9	Split Panel 2x20x8	100	5.50	550.00	
10	Split Panel 2x22x8	100	6.00	600.00	
11	Split Panel 2x24x8	100	6.50	650.00	
12	Split Panel 2x26x8	100	7.00	700.00	
13	Split Panel 2x28x8	100	7.50	750.00	
14	Split Panel 2x30x8	100	8.00	800.00	
15	Split Panel 2x32x8	100	8.50	850.00	
16	Split Panel 2x34x8	100	9.00	900.00	
17	Split Panel 2x36x8	100	9.50	950.00	
18	Split Panel 2x38x8	100	10.00	1000.00	
19	Split Panel 2x40x8	100	10.50	1050.00	
20	Split Panel 2x42x8	100	11.00	1100.00	
21	Split Panel 2x44x8	100	11.50	1150.00	
22	Split Panel 2x46x8	100	12.00	1200.00	
23	Split Panel 2x48x8	100	12.50	1250.00	
24	Split Panel 2x50x8	100	13.00	1300.00	
25	Split Panel 2x52x8	100	13.50	1350.00	
26	Split Panel 2x54x8	100	14.00	1400.00	
27	Split Panel 2x56x8	100	14.50	1450.00	
28	Split Panel 2x58x8	100	15.00	1500.00	
29	Split Panel 2x60x8	100	15.50	1550.00	
30	Split Panel 2x62x8	100	16.00	1600.00	
31	Split Panel 2x64x8	100	16.50	1650.00	
32	Split Panel 2x66x8	100	17.00	1700.00	
33	Split Panel 2x68x8	100	17.50	1750.00	
34	Split Panel 2x70x8	100	18.00	1800.00	
35	Split Panel 2x72x8	100	18.50	1850.00	
36	Split Panel 2x74x8	100	19.00	1900.00	
37	Split Panel 2x76x8	100	19.50	1950.00	
38	Split Panel 2x78x8	100	20.00	2000.00	
39	Split Panel 2x80x8	100	20.50	2050.00	
40	Split Panel 2x82x8	100	21.00	2100.00	
41	Split Panel 2x84x8	100	21.50	2150.00	
42	Split Panel 2x86x8	100	22.00	2200.00	
43	Split Panel 2x88x8	100	22.50	2250.00	
44	Split Panel 2x90x8	100	23.00	2300.00	
45	Split Panel 2x92x8	100	23.50	2350.00	
46	Split Panel 2x94x8	100	24.00	2400.00	
47	Split Panel 2x96x8	100	24.50	2450.00	
48	Split Panel 2x98x8	100	25.00	2500.00	
49	Split Panel 2x100x8	100	25.50	2550.00	
50	Split Panel 2x102x8	100	26.00	2600.00	
51	Split Panel 2x104x8	100	26.50	2650.00	
52	Split Panel 2x106x8	100	27.00	2700.00	
53	Split Panel 2x108x8	100	27.50	2750.00	
54	Split Panel 2x110x8	100	28.00	2800.00	
55	Split Panel 2x112x8	100	28.50	2850.00	
56	Split Panel 2x114x8	100	29.00	2900.00	
57	Split Panel 2x116x8	100	29.50	2950.00	
58	Split Panel 2x118x8	100	30.00	3000.00	
59	Split Panel 2x120x8	100	30.50	3050.00	
60	Split Panel 2x122x8	100	31.00	3100.00	
61	Split Panel 2x124x8	100	31.50	3150.00	
62	Split Panel 2x126x8	100	32.00	3200.00	
63	Split Panel 2x128x8	100	32.50	3250.00	
64	Split Panel 2x130x8	100	33.00	3300.00	
65	Split Panel 2x132x8	100	33.50	3350.00	
66	Split Panel 2x134x8	100	34.00	3400.00	
67	Split Panel 2x136x8	100	34.50	3450.00	
68	Split Panel 2x138x8	100	35.00	3500.00	
69	Split Panel 2x140x8	100	35.50	3550.00	
70	Split Panel 2x142x8	100	36.00	3600.00	
71	Split Panel 2x144x8	100	36.50	3650.00	
72	Split Panel 2x146x8	100	37.00	3700.00	
73	Split Panel 2x148x8	100	37.50	3750.00	
74	Split Panel 2x150x8	100	38.00	3800.00	
75	Split Panel 2x152x8	100	38.50	3850.00	
76	Split Panel 2x154x8	100	39.00	3900.00	
77	Split Panel 2x156x8	100	39.50	3950.00	
78	Split Panel 2x158x8	100	40.00	4000.00	
79	Split Panel 2x160x8	100	40.50	4050.00	
80	Split Panel 2x162x8	100	41.00	4100.00	
81	Split Panel 2x164x8	100	41.50	4150.00	
82	Split Panel 2x166x8	100	42.00	4200.00	
83	Split Panel 2x168x8	100	42.50	4250.00	
84	Split Panel 2x170x8	100	43.00	4300.00	
85	Split Panel 2x172x8	100	43.50	4350.00	
86	Split Panel 2x174x8	100	44.00	4400.00	
87	Split Panel 2x176x8	100	44.50	4450.00	
88	Split Panel 2x178x8	100	45.00	4500.00	
89	Split Panel 2x180x8	100	45.50	4550.00	
90	Split Panel 2x182x8	100	46.00	4600.00	
91	Split Panel 2x184x8	100	46.50	4650.00	
92	Split Panel 2x186x8	100	47.00	4700.00	
93	Split Panel 2x188x8	100	47.50	4750.00	
94	Split Panel 2x190x8	100	48.00	4800.00	
95	Split Panel 2x192x8	100	48.50	4850.00	
96	Split Panel 2x194x8	100	49.00	4900.00	
97	Split Panel 2x196x8	100	49.50	4950.00	
98	Split Panel 2x198x8	100	50.00	5000.00	
99	Split Panel 2x200x8	100	50.50	5050.00	
100	Split Panel 2x202x8	100	51.00	5100.00	

Item	Description	Quantity	Unit Price	Total Price	Notes
101	Split Panel 2x204x8	100	51.50	5150.00	
102	Split Panel 2x206x8	100	52.00	5200.00	
103	Split Panel 2x208x8	100	52.50	5250.00	
104	Split Panel 2x210x8	100	53.00	5300.00	
105	Split Panel 2x212x8	100	53.50	5350.00	
106	Split Panel 2x214x8	100	54.00	5400.00	
107	Split Panel 2x216x8	100	54.50	5450.00	
108	Split Panel 2x218x8	100	55.00	5500.00	
109	Split Panel 2x220x8	100	55.50	5550.00	
110	Split Panel 2x222x8	100	56.00	5600.00	
111	Split Panel 2x224x8	100	56.50	5650.00	
112	Split Panel 2x226x8	100	57.00	5700.00	
113	Split Panel 2x228x8	100	57.50	5750.00	
114	Split Panel 2x230x8	100	58.00	5800.00	
115	Split Panel 2x232x8	100	58.50	5850.00	
116	Split Panel 2x234x8	100	59.00	5900.00	
117	Split Panel 2x236x8	100	59.50	5950.00	
118	Split Panel 2x238x8	100	60.00	6000.00	
119	Split Panel 2x240x8	100	60.50	6050.00	
120	Split Panel 2x242x8	100	61.00	6100.00	
121	Split Panel 2x244x8	100	61.50	6150.00	
122	Split Panel 2x246x8	100	62.00	6200.00	
123	Split Panel 2x248x8	100	62.50	6250.00	
124	Split Panel 2x250x8	100	63.00	6300.00	
125	Split Panel 2x252x8	100	63.50	6350.00	
126	Split Panel 2x254x8	100	64.00	6400.00	
127	Split Panel 2x256x8	100	64.50	6450.00	
128	Split Panel 2x258x8	100	65.00	6500.00	
129	Split Panel 2x260x8	100	65.50	6550.00	
130	Split Panel 2x262x8	100	66.00	6600.00	
131	Split Panel 2x264x8	100	66.50	6650.00	
132	Split Panel 2x266x8	100	67.00	6700.00	
133	Split Panel 2x268x8	100	67.50	6750.00	
134	Split Panel 2x270x8	100	68.00	6800.00	
135	Split Panel 2x272x8	100	68.50	6850.00	
136	Split Panel 2x274x8	100	69.00	6900.00	
137	Split Panel 2x276x8	100	69.50	6950.00	
138	Split Panel 2x278x8	100	70.00	7000.00	
139	Split Panel 2x280x8	100	70.50	7050.00	
140	Split Panel 2x282x8	100	71.00	7100.00	
141	Split Panel 2x284x8	100	71.50	7150.00	
142	Split Panel 2x286x8	100	72.00	7200.00	
143	Split Panel 2x288x8	100	72.50	7250.00	
144	Split Panel 2x290x8	100	73.00	7300.00	
145	Split Panel 2x292x8	100	73.50	7350.00	
146	Split Panel 2x294x8	100	74.00	7400.00	
147	Split Panel 2x296x8	100	74.50	7450.00	
148	Split Panel 2x298x8	100	75.00	7500.00	
149	Split Panel 2x300x8	100	75.50	7550.00	
150	Split Panel 2x302x8	100	76.00	7600.00	
151	Split Panel 2x304x8	100	76.50	7650.00	
152	Split Panel 2x306x8	100	77.00	7700.00	
153	Split Panel 2x308x8	100	77.50	7750.00	
154	Split Panel 2x310x8	100	78.00	7800.00	
155	Split Panel 2x312x8	100	78.50	7850.00	
156	Split Panel 2x314x8	100	79.00	7900.00	
157	Split Panel 2x316x8	100	79.50	7950.00	
158	Split Panel 2x318x8	100	80.00	8000.00	
159	Split Panel 2x320x8	100	80.50	8050.00	
160	Split Panel 2x322x8	100	81.00	8100.00	
161	Split Panel 2x324x8	100	81.50	8150.00	
162	Split Panel 2x326x8	100	82.00	8200.00	
163	Split Panel 2x328x8	100	82.50	8250.00	
164	Split Panel 2x330x8	100	83.00	8300.00	
165	Split Panel 2x332x8	100	83.50	8350.00	
166	Split Panel 2x334x8	100	84.00	8400.00	
167	Split Panel 2x336x8	100	84.50	8450.00	
168	Split Panel 2x338x8	100	85.00	8500.00	
169	Split Panel 2x340x8	100	85.50	8550.00	
170	Split Panel 2x342x8	100	86.00	8600.00	
171	Split Panel 2x344x8	100	86.50	8650.00	
172	Split Panel 2x346x8	100	87.00	8700.00	
173	Split Panel 2x348x8	100	87.50	8750.00	
174	Split Panel 2x350x8	100	88.00	8800.00	
175	Split Panel 2x352x8	100	88.50	8850.00	
176	Split Panel 2x354x8	100	89.00	8900.00	
177	Split Panel 2x356x				

Audatex Estimating 8.1.325 Update 7 ES 07/02/2022 09:06 AM REL 8.1.325 Update 7 DT 05/01/2022 DB 06/15/2022

State Disclosure:WI

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1.2 HRS WERE ADDED TO THIS ESTIMATE BASED ON AUDATEX'S TWO-STAGE REFINISH FORMULA.

Op Codes

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



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II

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Item 9.

R. O. No. 13 - 22 - 23. By CITY CLERK. May 16, 2022.

Submitting a pending claim from Nina Stapel for an alleged sewer backup in her basement.

---

CITY CLERK

Finance + Personnel

MKC  
Claim # 3 27  
MAY 11 2022  
Item 9.

## NOTICE OF CLAIM

To: City of Sheboygan Clerk  
828 Center Avenue Suite 103  
Sheboygan, WI 53081

Pursuant to sec. 893.80, Wis. Stats., you are hereby notified of a claim for damage to the Nina Stapel Residence, 1202 Stahl Road, Sheboygan, WI 53081.

### THE INCIDENT

Date: January 20, 2022

Time: Not exact

Place: Basement of 1202 Stahl Road, Sheboygan, WI

The circumstances giving rise to my claim are as follows:

On the morning of January 21, my daughter came into my house and thought she smelt sewer. It was not till early afternoon that she went downstairs and called me (as I was in Florida) saying, there was water in the basement of my home. After walking thru all the rooms with a video we discovered that it was sewer backup.

I immediately called the City Sewer dept and they got ahold of someone. Who in turn got, Steve Pautz to come and check it out. He came to my door went down with my daughter and the Mr. Lopez from Lakeshore Restoration, determined it was a sewer backup. Mr. Pautz came back and told them as well as myself, as I was on the phone, there were two fail switches that had failed. Mr. Lopez started the assessment and started the process to rid of water, sanitize and started the demolition and continued until finishing the restoration.

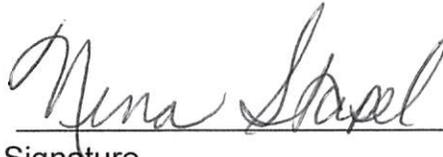
I was moved into the City of Sheboygan with the Kohler Annex and have been paying for my sewer as well as my taxes to the city for a couple of years. All of my taxes and services have almost doubled in cost.

### THE CLAIM

This is a notice as the repairs have not all been finished, and I will inform you of the final amount. Mr. Lopez has finished his work and his bill was \$9,653.59 for the tear down, clean up, and sanitizing. The repair & restoration bill was \$5,200.36. The dumpster and cleaning before carpet is \$745.00. I still need the carpet purchase and installed, and I do not have a cost for that.



I have attached some photos.



Signature

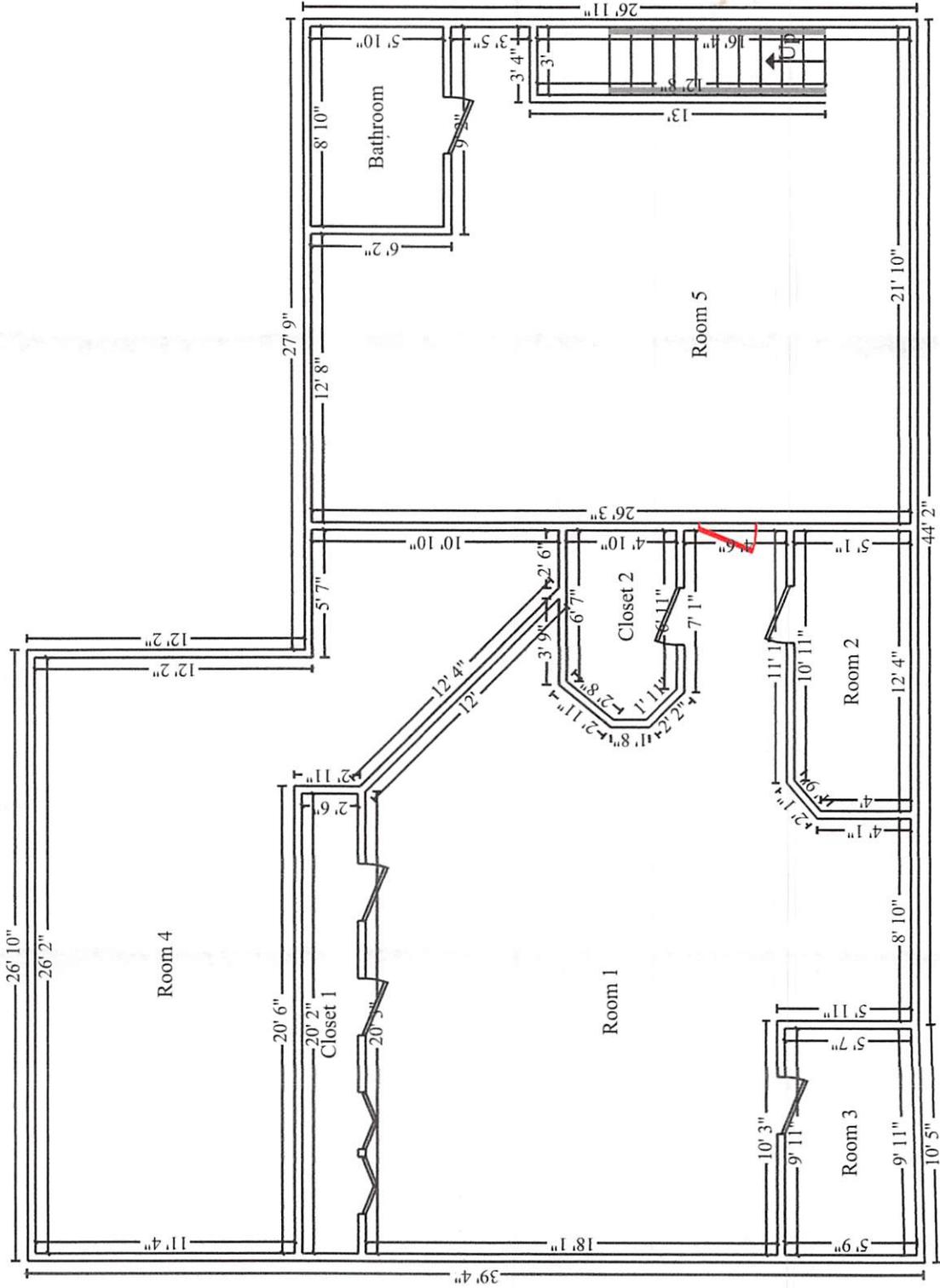
Nina Stapel  
1202 Stahl Road  
Sheboygan, WI 53081  
Phone: 920-946-4074

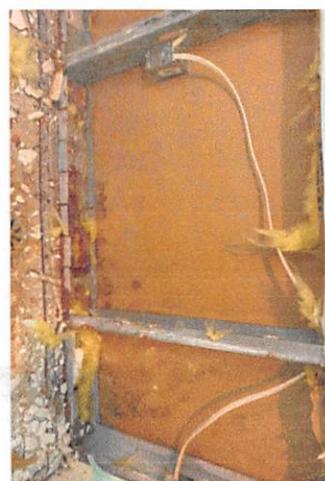
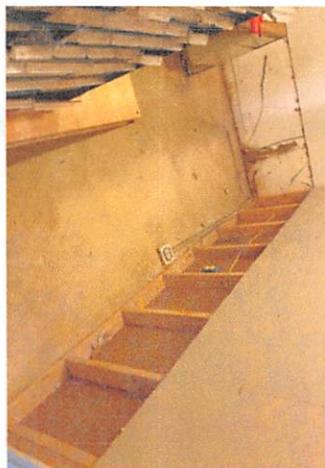
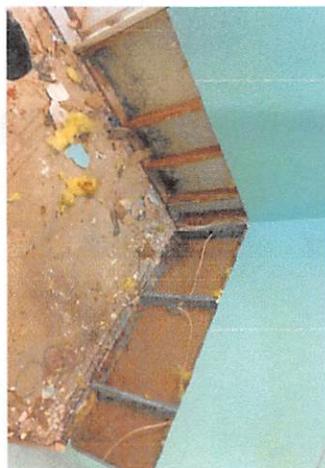
May 9, 2022

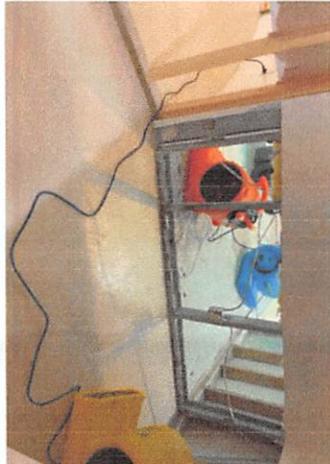
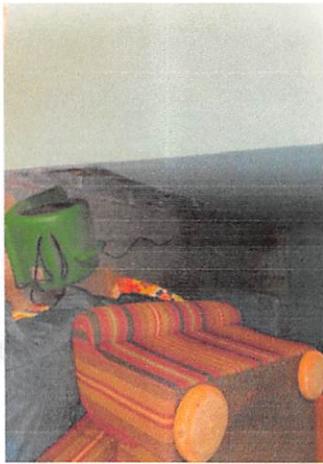
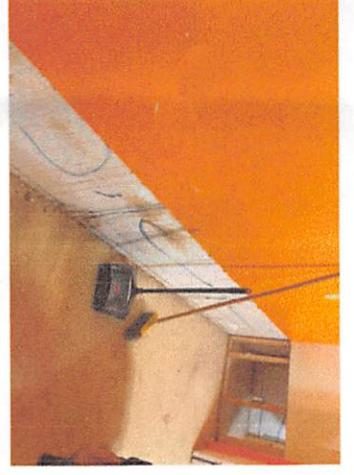
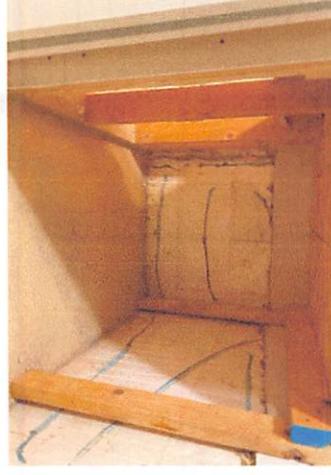
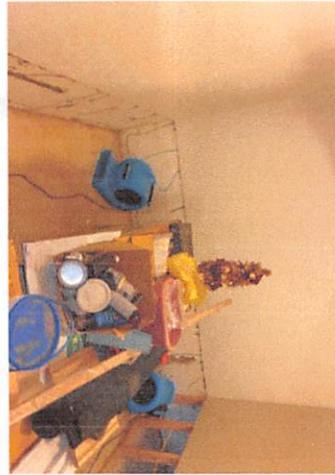
Wisconsin Statute section 893.80(1d)(a) requires that "Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney" must be served on the clerk of City of Sheboygan.

Thereafter, according to Wisconsin Statute section 893.80(1d)(b), a claim containing the address of the claimant and an itemized statement of the relief sought must be presented to the City of Sheboygan Clerk.

This document serves as the notice of claim, discussed above.







Date Received 7-8-22Received by MKC  
Claim No 3-22**CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY**

1. **Name of Claimant:** Nina Stapel
2. **Home address of Claimant:** 1202 Stahl Road, Sheboygan
3. **Home phone number:** 920-946-4074
4. **Business address and phone number of claimant:** 1202 Stahl Road, Sheboygan , 920-452-2600
5. **When did the damage occur?** (date, time of day) between 4pm on Jan 19 and 11Am on Jan 21.  
I talked to my daughter @ 10:54 and she complained of the sewer smell, she got busy with some calls, then she went to the basement and she called me @ 12:16pm to inform me of the water in the basement. I believe that the water or sewer water had started going down at this time. (I looked at my phone records to see the time of the calls)
6. **Where did the damage occur?** The whole basement of 1202 Stahl Road, Sheboygan
7. **How did the damage occur?** There was a sewer backup that went throughout my basement at 1202 Stahl Road, Sheboygan. There were two switches that had failed on the sewer system that my house is connected to.
8. **If the basis of liability is alleged to be an act or omission of the city, complete the following:** I immediately called the City of Sheboygan Sewer dept and they got ahold of someone. Who in turn got, Steve Pautz(for the Town of Wilson) to come and check out the transfer system. Steve came to my door went down to the basement with my daughter and the Mr. Lopez from Lakeshore Restoration , determined it was a sewer backup. Later, Mr. Pautz came back and told them as well as myself, as I was on the phone, there were two fail switches that had failed and that us What caused the backup. Mr. Lopez started the assessment and started the process to rid of sewer water, sanitize and started the demolition and continued until finishing the restoration.  
  
I was moved into the City of Sheboygan with the Kohler Annex and have been paying for my sewer as well as my taxes to the city for a couple of years. All of my taxes and services have almost doubled in cost.
9. **If the basis of Liability is alleged to be a dangerous condition of public property complete the following:** this is not applicable to this claim.
10. **Give a description of the property damage or loss, so far as is known at this time:** The sewer water and some small debris backing up into the basement did water damage as well as contamination of everything it touched. First the water was sucked up, then all of the carpet was pulled up, then sanitized the floors and cut off the drywall around the basement and replaced and repainted. The smell, at the time as well as the chemicals that were used, to try and keep the damage to a minimal, gave my daughter headaches for the three days a week she was there. I was in Florida during this time. By using the chemicals it did cut the cost, I was told by several people that the 2x4's should have been replaced on the bottom. Anything on the floor had to be disposed of. I am not asking for any reimbursement on the contents just the repairs and cleaning.
11. **No one was injured:** the extra work, headaches, and the stress

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Claim No. 3.22

**FINAL CLAIM**

**Name of Claimant:** Nina Stapel

**Claimant's Address:** 1202 Stahl Road, Sheboygan

**Claimant's phone number:** 920-946-4074

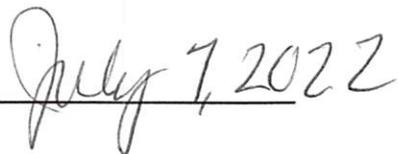
Lakeshore Restoration, LLC tear down, removal, clean up, and sanitizing -	\$ 9,653.59
Lakeshore Restoration, LLC repair, restoration, and painting	\$ 5,200.36
Home Depot, carpet, and installation	\$ 4,776.70
Harter's Lakeside Disposal	\$ 370.00
Cleaning John Stone and Anita Arechinga	\$ 400.00
 Total Cost of Claim	 \$20,440.65

COPIES OF THE ESTIMATES AND PAYMENTS ARE INCLUDED.

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSES CLAIM.**  
(WISCONSIN SSTATUTES 943.395)

The undersigned hereby makes a claim against the Cit of Sheboygan arising out of the circumstances described in the notice of Damage of Injury. The claim is for relief in the form of money damages in the total amount if \$20,440.65.

Signed   
1202 Stahl Road  
Sheboygan, WI 53081

Date 



# Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Insured: Nina Stapel  
Property: 1202 Stahl Rd  
Sheboygan, WI 53081  
Estimator: R Lopez  
Company: Lakeshore Restoration LLC

Cellular: (920) 221-1440  
Invoice Date: 2/1/2022

## INVOICE

DESCRIPTION	AMOUNT
<b>Labor/Subcontractors</b>	
Labor	\$5,112.69
<b>Materials &amp; Supplies</b>	
Company Supplied Materials	\$298.17
<b>Equipment</b>	
Company Supplied Materials	\$3,908.51
<b>Incurred Costs</b>	
<b>Additional Costs</b>	
<b>SUBTOTAL</b>	<b>\$9,319.37</b>
Sales Tax	\$334.22
<b>TOTAL</b>	<b>\$9,653.59</b>



# Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Insured: Nina Stapel  
Property: 1202 Stahl Rd  
Sheboygan, WI 53081  
Estimator: R Lopez  
Company: Lakeshore Restoration LLC

Cellular: (920) 221-1440  
Invoice Date: 3/3/2022

## INVOICE

DESCRIPTION	AMOUNT
<b>Labor/Subcontractors</b>	
Labor	\$3,748.30
<b>Materials &amp; Supplies</b>	
Company Supplied Materials	\$885.33
<b>Equipment</b>	
Company Supplied Materials	\$45.26
<b>Incurred Costs</b>	
<b>Additional Costs</b>	
<b>SUBTOTAL</b>	<b>\$4,678.89</b>
Sales Tax	\$48.69
Overhead and Profit	\$472.78
<b>TOTAL</b>	<b>\$5,200.36</b>



**How doers  
get more done.**

4025 HIGHWAY 28  
KOHLER, WI 53044 (920)451-0624

4924 00097 30987 05/31/22 02:48 PM  
SALE CASHIER

ORDER ID: H4924-108349  
RECALL AMOUNT 4776.70

SUBTOTAL 4,776.70  
SALES TAX 0.00  
TOTAL \$4,776.70

XXXXXXXXXXXX1221 VISA 4,776.70  
AUTH CODE 07246D/6970259 TA

CUSTOMER AGREEMENT # H4924-1083491703.37  
DEPOSIT NO# 49242205310973096366896965



4924 97 30987 05/31/2022 3149

\*\*\*\*\*

**DID WE NAIL IT?**

Take a short survey for a chance TO WIN  
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

[www.homedepot.com/survey](http://www.homedepot.com/survey)

User ID: GVM3 67187 62360  
PASSWORD: 22281 62263

Entries must be completed within 14 days  
of purchase. Entrants must be 18 or  
older to enter. See complete rules on  
website. No purchase necessary.



169901 RINGLE AVE  
 RINGLE, WI 54471  
 833-754-2158

# INVOICE

Item 9.

Invoice #: 124983  
 Invoice Date: 04/30/2022  
 Due Date: 05/31/2022

**Bill To:**

LINA STAPLE  
 1202 STAHL RD  
 SHEBOYGAN WI 53081

**Service Address:**

LINA STAPLE  
 1202 STAHL RD  
 SHEBOYGAN WI 53081

Customer #: 02-36780 3

Date	Description	Quantity	Rate	Amount
	* PAYMENTS RECEIVED THIS PERIOD *			
04/08/2022	PMT: 7129733704			-430.00
	WORK ORDER#: 106121			
04/15/2022	20YD DELIVERY	1.00		80.00
	WORK ORDER#: 121202			
04/20/2022	20YD DONE PICKUP	1.00		370.00
04/20/2022	20YD WEIGHT FEE	1.72		

Total Invoice 450.00

<u>Current</u>	<u>31-60 Days</u>	<u>61-90 Days</u>	<u>91+ Days</u>	<u>Please pay BALANCE DUE</u>
20.00	0.00	0.00	0.00	20.00

Customer #: 02-36780 3  
 Service Address: 1202 STAHL RD

Invoice #: 124983

*Credited 2022*

*- O Bal*

Check Updated 1-800-230-0446 www.oostburgbank.com

79-634/759  
ACQUIRED BY  
EZEHIELD

5622

Date 4-27-22

NINA STAPEL  
(920)452-7922  
1202 STAHL ROAD  
SHEBOYGAN, WI 53081

Pay John Stone \$ 150.00

One Hundred Fifty & 00/100

OOSTBURG STATE BANK  
OOSTBURG (920) 564-2336  
CEDAR GROVE (920) 668-6218  
WWW.OOSTBURGBANK.COM

Nina Stapel

⑆075906346⑆ ⑆ 54 686 0⑆ 5622

Check Updated 1-800-230-0446 www.oostburgbank.com

79-634/759  
ACQUIRED BY  
EZEHIELD

5623

Date 5-3-22

NINA STAPEL  
(920)452-7922  
1202 STAHL ROAD  
SHEBOYGAN, WI 53081

Pay Anita Arechunga \$ 250.00

Two Hundred Fifty & 00/100

OOSTBURG STATE BANK  
OOSTBURG (920) 564-2336  
CEDAR GROVE (920) 668-6218  
WWW.OOSTBURGBANK.COM

Nina Stapel

⑆075906346⑆ ⑆ 54 686 0⑆ 5623

Item 9.

**SPECIAL SERVICES CUSTOMER INVOICE**  
Store 4924 KOHLER  
4025 HIGHWAY 28  
KOHLER, WI 53044

Phone: (920) 451-0624  
Salesperson: CCJ2735  
Reviewer: SV995

Phone 1  
**(920) 946-4074**

<b>SOLD TO</b>	
Name	STAPEL NINA
Address	1202 STAHL RD
City	SHEBOYGAN
State	WI
Zip	53081
County	SHEBOYGAN
Phone 2	
Company Name	
Job Description	carpet install

Page 1 of 8 **No. H4924-108**

**VALIDATION**

Date: \_\_\_\_\_  
Transaction: 4924  
Order Total: \$4,789.95  
Amount Paid: \$0.00

### INSTALLER DELIVERY #1 MERCHANDISE AND SERVICE SUMMARY

We reserve the right to limit the quantities of merchandise sold to customers

S/O	REF #	MDSE TO BE DELIVERED:	REF #	ESTIMATED ARRIVAL DATE:	DESCRIPTION	PL	TAX	PRICE EACH	EXTENSION
S0101	S01	1005-946-662	S01	06/05/2022	0807D-29-12 / 0807D-29-12 Lanwick Color Salutation I / 0807D-29-12 Lanwick Color Salutation Indoor Pattern Brown Carpet	A	N	\$12.51	\$1,260.76*
S0102	S01	1005-946-662	S01	06/05/2022	0807D-29-12 / 0807D-29-12 Lanwick Color Salutation I / 0807D-29-12 Lanwick Color Salutation Indoor Pattern Brown Carpet	A	N	\$12.51	\$1,662.45*
S0103	S01	1005-946-662	S01	06/05/2022	0807D-29-12 / 0807D-29-12 Lanwick Color Salutation I / 0807D-29-12 Lanwick Color Salutation Indoor Pattern Brown Carpet	A	N	\$12.51	\$150.12*
<b>MERCHANDISE TOTAL:</b>									\$3,073.33

**DELIVERY INFORMATION:** DELIVERY DATE: INSTALLER WILL SCHEDULE  
INSTALLER WILL DELIVER MDSE TO: SITE OF INSTALLATION #104 AT TIME OF INSTALLATION.  
NOTE: UPON RECEIPT OF ALL S/O MERCHANDISE - INSTALLER WILL CALL CUSTOMER TO SCHEDULE INSTALL DATE.

### INSTALLATION #1

REF # 104	ESTIMATED INSTALL BEGIN DATE: 06/01/2022	ESTIMATED INSTALL END DATE: 08/29/2022
*** CONTINUED ON NEXT PAGE ***		

**NOT VALID FOR MERCHANDISE**

\* Indicates item markdown  
Customer Copy

**INSTALLATION #1**

(Continued)

REF #104

END OF INSTALL #1

**INSTALLATION #2**

REF # 105

ESTIMATED INSTALL BEGIN DATE: 06/01/2022

ESTIMATED INSTALL END DATE: 08/29/2022

**BASIC INSTALLATION LABOR:**

SKU	DESCRIPTION	QTY	UM	TAX	PRICE EACH	EXTENSION
0000-963-049	PAD TRAFFIC MASTER 8LB (SPT)-NAT/4797 PAD TRAFFIC MASTER 8	245.67	SY	N	\$7.13	\$1,751.62

**CUSTOM LABOR SELECTED INCLUDES:**

OPTION	DESCRIPTION	QTY	UM	TAX	PRICE EACH	EXTENSION
1	METAL	36.00	PA	N	\$0.00	\$0.00
INSTALLATION SITE NAME: NINA STAPEL						
ADDRESS: 1202 Stahl Rd						
CITY: Sheboygan						
STATE: WI						
ZIP: 53081						
COUNTRY: SHEBOYGAN	SALES TAX RATE: 5.500	TAX: Merchandise - N	LABOR - N			
PHONE: (920) 9464074	ALTERNATE PHONE: (920) 9464074					
<b>BASIC INSTALLATION LABOR INCLUDES:</b>						
* TACK DOWN OR GLUE DOWN CARPET PAD (INSTALLER PROVIDES						
ADHESIVE IF APPLICABLE)						
* PAD WITH MOISTURE BARRIER						
* 8LB 5/16" TRAFFIC MASTER REBOND PAD						
* FINAL CLEAN UP OF ALL DEBRIS RELATED TO INSTALLATION						
<b>UNLESS STATED ABOVE THIS INSTALLATION DOES NOT INCLUDE:</b>						
WATER EXTRACTION						
REMOVE OR HAUL AWAY HEAVILY ANIMAL SOILED OR FLEA INFESTED CARPET						
REMOVE OR REPLACE EXTERIOR THRESHOLDS						
ALTER EXISTING STRUCTURE OR OPENING						
ELECTRICAL OR PLUMBING DISCONNECT AND RECONNECT - SEE MKT FOR						
DETAILS						
INSTALLATION OVER PARTICLE BOARD UNDERLAYMENT OR SUBFLOOR FOR NAIL						
/GLUE DOWN HARDWOOD OR TILE FLOORING.						
<b>SPECIAL NOTES:</b>						
*** CONTINUED ON NEXT PAGE ***						

**INSTALLATION #2**

(Continued)

REF #105

MATERIALS WILL BE REMOVED UNLESS CUSTOMER REQUESTS OTHERWISE.

END OF INSTALL #2

**TOTAL CHARGES OF ALL MERCHANDISE & SERVICES**

ORDER TOTAL	\$4,789.95
SALES TAX	\$0.00
TOTAL	\$4,789.95
BALANCE DUE	\$4,789.95

**Policy Id (PI):**

A: 90 DAYS DEFAULT POLICY;

**PAYMENT TERMS :**

Refer to the Home Improvement Agreement for payment terms

*'The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.'*

END OF ORDER No. H4924-108349



## Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Client: Nina Stapel  
Property: 1202 Stahl Rd  
Sheboygan, WI 53081

Cellular: (920) 946-4074

Operator: RIGO.EME

Estimator: R Lopez  
Position: Operations Manager  
Company: Lakeshore Restoration LLC  
Business: 4029 Waldo Blvd  
Manitowoc, WI 54220

Cellular: (920) 221-1440

E-mail: lakeshorerestorationllc@gmail.com

Type of Estimate: Sewage  
Date Entered: 1/21/2022                      Date Assigned: 1/21/2022  
Date Est. Completed: 3/3/2022                      Date Job Completed: 3/2/2022

Price List: WIAP8X\_MAR22  
Labor Efficiency: Restoration/Service/Remodel  
Estimate: NINA\_STAPEL\_REBUILD



## Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Lakeshore Restoration LLC appreciate the opportunity to present an invoice for services at your affected location.  
Find attached: -Invoice for services.

Lakeshore Restoration LLC has provided emergency extraction, remediation, mitigation and cleanup services since 2018.

- Our firm is certified by the IICRC.
- We are proud members of the BBB..
- Our field technicians are properly trained and certified.
- Lakeshore Restoration LLC is licensed and insured.

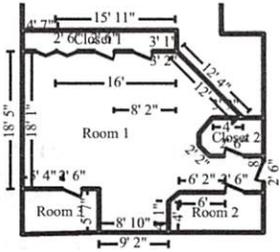
Best regards,  
Rigoberto Lopez WRT, FSRT, AMRT, OCT, UFT, TCST, HST, CCT.  
Master Goldmorr Technician.





**Lakeshore Restoration LLC**

Water | Fire | Mold | Biohazard - Cleanup and Restoration



**Room 1**

**Height: 8'**

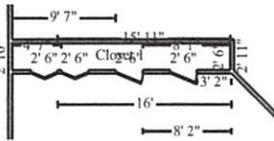
917.98 SF Walls  
 1,444.50 SF Walls & Ceiling  
 58.50 SY Flooring  
 114.75 LF Ceil. Perimeter

526.52 SF Ceiling  
 526.52 SF Floor  
 114.75 LF Floor Perimeter

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
8. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	208.00 SF	0.44	3.24	9.04	77.44	851.92
9. Mask and prep for paint - plastic, paper, tape (per LF)	114.75 LF	0.00	1.52	1.70	17.61	193.73
10. Seal/prime then paint the surface area (2 coats)	841.00 SF	0.00	1.04	8.79	88.34	971.77
<b>Totals: Room 1</b>				<b>19.53</b>	<b>183.39</b>	<b>2,017.42</b>

**Closet 1**

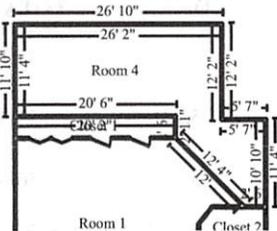
**Height: 8'**



362.01 SF Walls  
 411.60 SF Walls & Ceiling  
 5.51 SY Flooring  
 45.25 LF Ceil. Perimeter

49.59 SF Ceiling  
 49.59 SF Floor  
 45.25 LF Floor Perimeter

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
11. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	12.00 SF	0.44	3.24	0.52	4.47	49.15
12. Mask and prep for paint - plastic, paper, tape (per LF)	20.00 LF	0.00	1.52	0.30	3.07	33.77
13. Seal/prime then paint the surface area (2 coats)	55.00 SF	0.00	1.04	0.57	5.78	63.55
<b>Totals: Closet 1</b>				<b>1.39</b>	<b>13.32</b>	<b>146.47</b>



**Room 4**

**Height: 8'**

835.12 SF Walls  
 1,220.94 SF Walls & Ceiling  
 42.87 SY Flooring  
 104.39 LF Ceil. Perimeter

385.82 SF Ceiling  
 385.82 SF Floor  
 104.39 LF Floor Perimeter

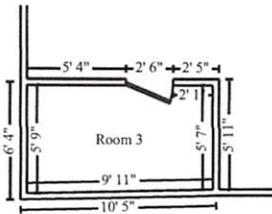


**Lakeshore Restoration LLC**

Water | Fire | Mold | Biohazard - Cleanup and Restoration

**CONTINUED - Room 4**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
14. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	209.00 SF	0.44	3.24	9.08	77.83	856.03
15. Mask and prep for paint - plastic, paper, tape (per LF)	104.39 LF	0.00	1.52	1.55	16.03	176.25
16. Seal/prime then paint the walls (2 coats)	835.12 SF	0.00	1.04	8.73	87.72	964.97
<b>Totals: Room 4</b>				<b>19.36</b>	<b>181.58</b>	<b>1,997.25</b>



**Room 3**

**Height: 8'**

249.48 SF Walls	56.25 SF Ceiling
305.73 SF Walls & Ceiling	56.25 SF Floor
6.25 SY Flooring	31.18 LF Floor Perimeter
31.18 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL
17. R&R 1/2" drywall - hung, taped, heavy texture, ready for paint	36.00 SF	0.44	3.24	1.56	13.40	147.44
18. Mask and prep for paint - plastic, paper, tape (per LF)	31.18 LF	0.00	1.52	0.46	4.79	52.64
19. Seal/prime then paint the walls (2 coats)	249.48 SF	0.00	1.04	2.61	26.21	288.28
<b>Totals: Room 3</b>				<b>4.63</b>	<b>44.40</b>	<b>488.36</b>

<b>Total: Basement</b>				<b>48.69</b>	<b>472.78</b>	<b>5,200.36</b>
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<b>Line Item Totals: NINA_STAPEL_REBUILD</b>				<b>48.69</b>	<b>472.78</b>	<b>5,200.36</b>
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**Grand Total Areas:**

2,832.29 SF Walls	1,117.67 SF Ceiling	3,949.96 SF Walls and Ceiling
1,117.67 SF Floor	124.19 SY Flooring	354.04 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	354.04 LF Ceil. Perimeter
1,117.67 Floor Area	1,201.13 Total Area	2,832.29 Interior Wall Area
1,289.71 Exterior Wall Area	143.30 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



# Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

## Summary

Line Item Total	4,678.89
Material Sales Tax	48.69
Subtotal	4,727.58
Overhead	472.78
<b>Replacement Cost Value</b>	<b>\$5,200.36</b>
<b>Net Claim</b>	<b>\$5,200.36</b>

R Lopez  
Operations Manager



# Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

## Recap of Taxes and Overhead

	Overhead (10%)	Material Sales Tax (5.5%)	Services Mat'l Tax (5.5%)	Service Sales Tax (5.5%)	Manuf. Home Tax (5.5%)	Storage Tax (5.5%)
Line Items	472.78	48.69	0.00	0.00	0.00	0.00
<b>Total</b>	<b>472.78</b>	<b>48.69</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>



# Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

## Recap by Room

Estimate: NINA\_STAPEL\_REBUILD

<b>Area: Basement</b>	140.51	3.00%
Closet 2	209.54	4.48%
Room 2	146.94	3.14%
Room 1	1,814.50	38.78%
Closet 1	131.76	2.82%
Room 4	1,796.31	38.39%
Room 3	439.33	9.39%
<hr/>		
<b>Area Subtotal: Basement</b>	<b>4,678.89</b>	<b>100.00%</b>
<hr/>		
<b>Subtotal of Areas</b>	<b>4,678.89</b>	<b>100.00%</b>
<hr/>		
<b>Total</b>	<b>4,678.89</b>	<b>100.00%</b>

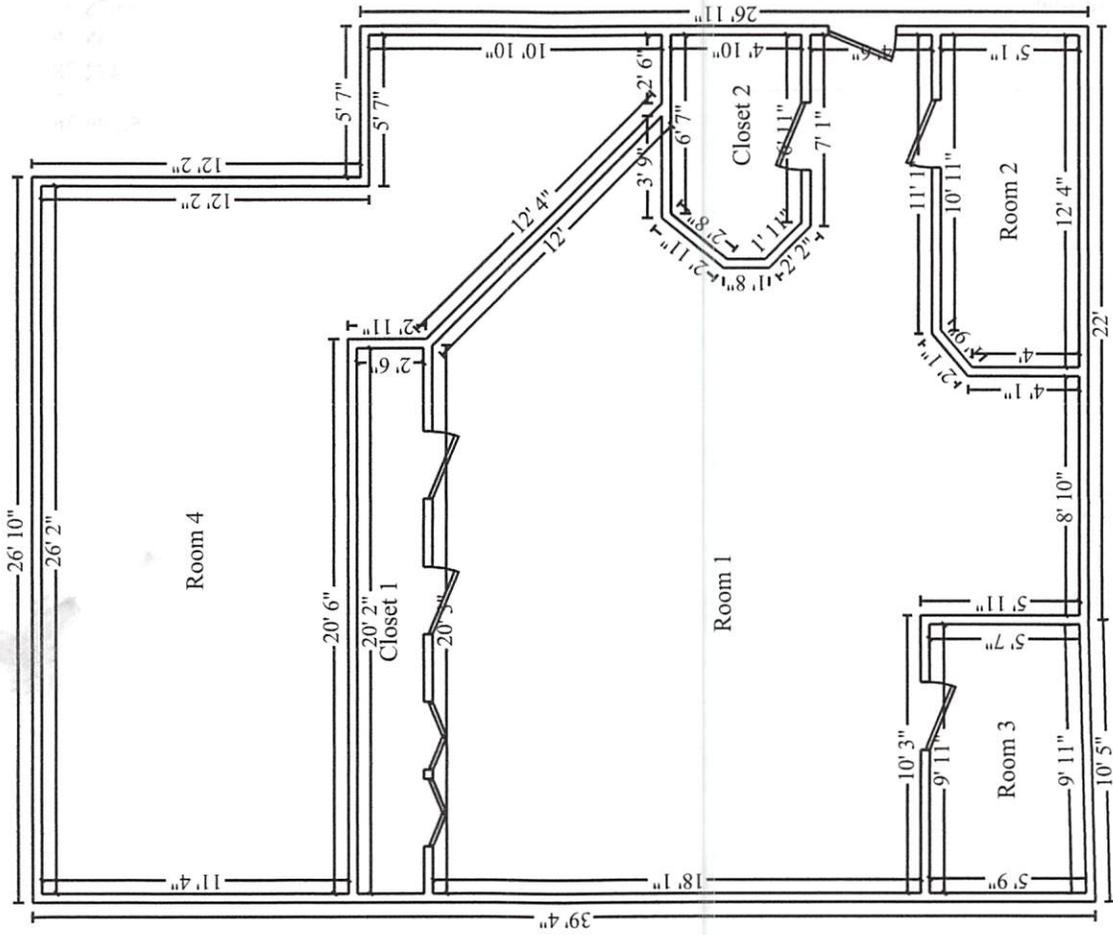


**Lakeshore Restoration LLC**

Water | Fire | Mold | Biohazard - Cleanup and Restoration

**Recap by Category**

<b>O&amp;P Items</b>	<b>Total</b>	<b>%</b>
<b>GENERAL DEMOLITION</b>	360.07	6.92%
<b>DRYWALL</b>	1,616.76	31.09%
<b>PAINTING</b>	2,702.06	51.96%
<b>O&amp;P Items Subtotal</b>	4,678.89	89.97%
<b>Material Sales Tax</b>	48.69	0.94%
<b>Overhead</b>	472.78	9.09%
<b>Total</b>	5,200.36	100.00%





## Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Client: Nina Stapel  
Property: 1202 Stahl Rd  
Sheboygan, WI 53081

Cellular: (920) 946-4074

Operator: RIGO.EME

Estimator: R Lopez  
Position: Operations Manager  
Company: Lakeshore Restoration LLC  
Business: 4029 Waldo Blvd  
Manitowoc, WI 54220

Cellular: (920) 221-1440  
E-mail: lakeshorerestorationllc@gmail.com

Type of Estimate: Sewage  
Date Entered: 1/21/2022                      Date Assigned: 1/21/2022  
Date Est. Completed: 2/1/2022                      Date Job Completed:

Price List: WIAP8X\_JAN22  
Labor Efficiency: Restoration/Service/Remodel  
Estimate: NINA\_STAPEL



## Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Lakeshore Restoration LLC appreciate the opportunity to present an invoice for services at your affected location.  
Find attached: -Invoice for services.

Lakeshore Restoration LLC has provided emergency extraction, remediation, mitigation and cleanup services since 2018.

- Our firm is certified by the IICRC.
- We are proud members of the BBB..
- Our field technicians are properly trained and certified.
- Lakeshore Restoration LLC is licensed and insured.

Best regards,  
Rigoberto Lopez WRT, FSRT, AMRT, OCT, UFT, TCST, HST, CCT.  
Master Goldmorr Technician.



**Lakeshore Restoration LLC**

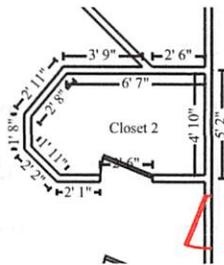
Water | Fire | Mold | Biohazard - Cleanup and Restoration

**NINA\_STAPEL**

**Basement**

**Basement**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
1. Haul debris - per pickup truck load - including dump fees	3.00 EA	139.89	0.00	0.00	419.67
Total: Basement				0.00	419.67



**Closet 2**

**Height: 8'**

195.01 SF Walls	37.43 SF Ceiling
232.45 SF Walls & Ceiling	37.43 SF Floor
4.16 SY Flooring	24.38 LF Floor Perimeter
24.38 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
2. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
3. Tear out wet drywall, cleanup, bag, per LF - to 2' - Cat 3	11.00 LF	4.65	0.00	0.25	51.40
4. HEPA Vacuuming - Light - (PER SF)	37.43 SF	0.00	0.30	0.62	11.85
5. Apply anti-microbial agent to the floor	37.43 SF	0.00	0.23	0.56	9.17
6. Air mover (per 24 hour period) - No monitoring	4.00 EA	0.00	25.61	5.63	108.07
7. Equipment decontamination charge - HVY, per piece of equip	1.00 EA	0.00	45.51	2.86	48.37
Charge for wiping down equipment, germicide, and labor. Mandatory task to avoid cross contamination. Reference: IICRC S500 3rd Edition standards. Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.					
Totals: Closet 2				9.92	402.20





**Lakeshore Restoration LLC**

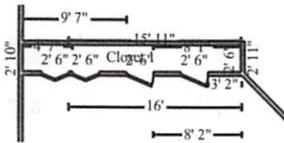
Water | Fire | Mold | Biohazard - Cleanup and Restoration

**CONTINUED - Room 1**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
18. HEPA Vacuuming - Light - (PER SF)	526.52 SF	0.00	0.30	8.69	166.65
19. Apply anti-microbial agent to the floor	526.52 SF	0.00	0.23	7.88	128.98
20. Air mover (per 24 hour period) - No monitoring	20.00 EA	0.00	25.61	28.17	540.37
21. Dehumidifier (per 24 hour period) - XLarge - No monitoring	7.00 EA	0.00	116.13	44.71	857.62
22. Equipment decontamination charge - HVY, per piece of equip	6.00 EA	0.00	45.51	17.15	290.21
Charge for wiping down equipment, germicide, and labor. Mandatory task to avoid cross contamination. Reference: IICRC S500 3rd Edition standards. Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.					
Totals: Room 1				117.00	2,915.52

**Closet 1**

**Height: 8'**



362.01 SF Walls	49.59 SF Ceiling
411.60 SF Walls & Ceiling	49.59 SF Floor
5.51 SY Flooring	45.25 LF Floor Perimeter
45.25 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
23. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
24. Tear out wet drywall, cleanup, bag, per LF - to 2' - Cat 3	4.00 LF	4.65	0.00	0.09	18.69
25. HEPA Vacuuming - Light - (PER SF)	49.59 SF	0.00	0.30	0.82	15.70
26. Apply anti-microbial agent to the floor	49.59 SF	0.00	0.23	0.74	12.15
27. Air mover (per 24 hour period) - No monitoring	4.00 EA	0.00	25.61	5.63	108.07
28. Equipment decontamination charge - HVY, per piece of equip	1.00 EA	0.00	45.51	2.86	48.37
Charge for wiping down equipment, germicide, and labor. Mandatory task to avoid cross contamination. Reference: IICRC S500 3rd Edition standards. Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.					

Totals: Closet 1				10.14	376.32
NINA_STAPEL				2/1/2022	Page: 5





**Lakeshore Restoration LLC**

Water | Fire | Mold | Biohazard - Cleanup and Restoration

**CONTINUED - Room 3**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
39. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
40. Water extraction from hard surface floor - Cat 3 water	56.25 SF	0.00	0.73	2.26	43.32
41. Tear out wet drywall, cleanup, bag, per LF - to 2' - Cat 3	31.18 LF	4.65	0.00	0.70	145.69
42. HEPA Vacuuming - Light - (PER SF)	56.25 SF	0.00	0.30	0.93	17.81
43. Apply anti-microbial agent to the floor	56.25 SF	0.00	0.23	0.84	13.78
44. Air mover (per 24 hour period) - No monitoring	8.00 EA	0.00	25.61	11.27	216.15
45. Equipment decontamination charge - HVY, per piece of equip	2.00 EA	0.00	45.51	5.71	96.73

Charge for wiping down equipment, germicide, and labor.  
Mandatory task to avoid cross contamination.  
Reference: IICRC S500 3rd Edition standards.

Note: Labor cost to wash/wipe down contaminated equipment that may need heavy scrubbing and/or excessive cleaning due to use in heavily contaminated environment. Per piece of equipment.

Totals: Room 3				21.71	706.82
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**Room 5**

**Height: 8'**

796.27 SF Walls	473.74 SF Ceiling
1,270.01 SF Walls & Ceiling	473.74 SF Floor
52.64 SY Flooring	99.53 LF Floor Perimeter
102.53 LF Ceil. Perimeter	



**Subroom: Stairs (2)**

**Height: 14' 2"**

209.94 SF Walls	28.39 SF Ceiling
238.32 SF Walls & Ceiling	48.20 SF Floor
5.36 SY Flooring	22.02 LF Floor Perimeter
18.92 LF Ceil. Perimeter	

Missing Wall

3' X 14' 2 1/4"

Opens into ROOM\_5

Missing Wall

3' X 14' 2 1/4"

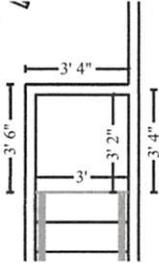
Opens into STAIRS1



**Lakeshore Restoration LLC**

Water | Fire | Mold | Biohazard - Cleanup and Restoration

**CONTINUED - Room 5**



**Subroom: Stairs1 (1)**

**Height: 8'**

74.67 SF Walls	9.50 SF Ceiling
84.17 SF Walls & Ceiling	9.50 SF Floor
1.06 SY Flooring	9.33 LF Floor Perimeter
9.33 LF Ceil. Perimeter	

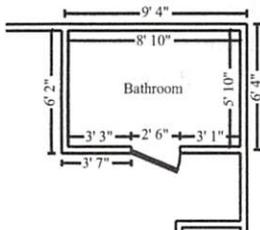
**Missing Wall**

**3' X 8'**

**Opens into STAIRS**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
46. Contents - move out then reset - Extra large room	1.00 EA	0.00	173.34	0.00	173.34
47. Tear out wet non-salvageable carpet, no bag - Cat 3 water	531.44 SF	0.44	0.00	0.00	233.83
48. Tear out wet carpet pad, no bagging - Category 3 water	531.44 SF	0.21	0.00	0.00	111.60
49. HEPA Vacuuming - Light - (PER SF)	531.44 SF	0.00	0.30	8.77	168.20
50. Apply anti-microbial agent to the floor	531.44 SF	0.00	0.23	7.96	130.19

Totals: Room 5				16.73	817.16
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**Bathroom**

**Height: 8'**

234.72 SF Walls	51.55 SF Ceiling
286.27 SF Walls & Ceiling	51.55 SF Floor
5.73 SY Flooring	29.34 LF Floor Perimeter
29.34 LF Ceil. Perimeter	

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
51. Tear out wet non-salvageable carpet, no bag - Cat 3 water	51.55 SF	0.44	0.00	0.00	22.68
52. Tear out wet carpet pad, no bagging - Category 3 water	51.55 SF	0.21	0.00	0.00	10.83
53. HEPA Vacuuming - Light - (PER SF)	51.55 SF	0.00	0.30	0.85	16.32
54. Apply anti-microbial agent to the floor	51.55 SF	0.00	0.23	0.77	12.63

Totals: Bathroom				1.62	62.46
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Total: Basement				<b>334.22</b>	<b>9,653.59</b>
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# Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

Line Item Totals: NINA\_STAPEL

334.22

9,653.59

## Grand Total Areas:

4,147.89 SF Walls	1,680.84 SF Ceiling	5,828.73 SF Walls and Ceiling
1,700.65 SF Floor	188.96 SY Flooring	514.26 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	514.17 LF Ceil. Perimeter
1,700.65 Floor Area	1,798.16 Total Area	3,732.92 Interior Wall Area
1,573.57 Exterior Wall Area	174.84 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



## Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

### Summary

Line Item Total	9,319.37
Material Sales Tax	6.25
Services Mat'l Tax	10.15
Subtotal	9,335.77
Service Sales Tax	317.82
<b>Replacement Cost Value</b>	<b>\$9,653.59</b>
<b>Net Claim</b>	<b>\$9,653.59</b>

---

R Lopez  
Operations Manager



# Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

## Recap of Taxes

	Material Sales Tax (5.5%)	Services Mat'l Tax (5.5%)	Service Sales Tax (5.5%)	Manuf. Home Tax (5.5%)	Storage Tax (5.5%)
Line Items	6.25	10.15	317.82	0.00	0.00
<b>Total</b>	<b>6.25</b>	<b>10.15</b>	<b>317.82</b>	<b>0.00</b>	<b>0.00</b>



# Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

## Recap by Room

Estimate: NINA\_STAPEL

<b>Area: Basement</b>	419.67	4.50%
Closet 2	392.28	4.21%
Room 2	382.08	4.10%
Room 1	2,798.52	30.03%
Closet 1	366.18	3.93%
Room 4	3,414.26	36.64%
Room 3	685.11	7.35%
Room 5	800.43	8.59%
Bathroom	60.84	0.65%
<hr/>		
<b>Area Subtotal: Basement</b>	<b>9,319.37</b>	<b>100.00%</b>
<hr/>		
<b>Subtotal of Areas</b>	<b>9,319.37</b>	<b>100.00%</b>
<hr/>		
<b>Total</b>	<b>9,319.37</b>	<b>100.00%</b>



## Lakeshore Restoration LLC

Water | Fire | Mold | Biohazard - Cleanup and Restoration

### Recap by Category

Items	Total	%
CONTENT MANIPULATION	1,213.38	12.57%
GENERAL DEMOLITION	2,337.38	24.21%
WATER EXTRACTION & REMEDIATION	5,768.61	59.76%
Subtotal	9,319.37	96.54%
Material Sales Tax	6.25	0.06%
Services Mat'l Tax	10.15	0.11%
Service Sales Tax	317.82	3.29%
<b>Total</b>	<b>9,653.59</b>	<b>100.00%</b>



II

R. O. No. 69 - 22 - 23. By CITY CLERK. October 3, 2022.

Submitting a claim from Allstate a/s/o Matthew Friedl for alleged damages to vehicle when it was struck by a City of Sheboygan bus.

FIP

\_\_\_\_\_  
CITY CLERK

DATE RECEIVED 9-20-22

RECEIVED BY MKC

Item 9.

CLAIM NO. 15-22

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: Allstate a/s/o Matthew Friedl

2. Home address of Claimant: PO Box 660636 Dallas, TX 75266

3. Home phone number: 972 871 6262

4. Business address and phone number of Claimant: \_\_\_\_\_

Same as above

5. When did damage or injury occur? (date, time of day) 8/13/2022 345pm

6. Where did damage or injury occur? (give full description) \_\_\_\_\_

Geele Ave & N 6th Street

7. How did damage or injury occur? (give full description) Our insured was stopped at a stop sign, and planning to head southbound on North six Street when a city of Sheboygan bus traveling eastbound on Geele Avenue attempted to make a left hand turn to drive northbound on N. 6th St. and cut the turn to close and struck our stopped vehicle, causing damage to the driver side front end corner, driver side door and rear driver side door.

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: Jeffrey Bemis

(b) Claimant's statement of the basis of such liability: \_\_\_\_\_

Claimant turned corner too tight causing impact

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: na

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 \_\_\_\_\_

Item 9.

11. Name and address of any other person injured: n/a

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

Auto: \$ 10,054.32

Property: \$ 0.00

Personal injury: \$ 0.00

Other: (Specify below deductible \$ 1,500.00

**TOTAL** \$ 11,554.32

Damaged vehicle (if applicable)

Make: Toyota Model: Highlander Year: 2016 Mileage: 62,575

Names and addresses of witnesses, doctors and hospitals: \_\_\_\_\_

Witness Paul Werth 920 287 5774

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

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

SIGNATURE OF CLAIMANT

*Alvin Z...*

DATE

9/16/22

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

DATE RECEIVED

9-20-22

RECEIVED BY

MRC

CLAIM NO.

15-2

CLAIM

Claimant's Name:	Allstate a/s/o Matthew Friedl	Auto	\$ 10,054.32
Claimant's Address:	PO Box 660636	Property	\$
	Dallas, TX 75266	Personal Injury	\$
Claimant's Phone No.	972 871 6262	Other (Specify below)	500.00
Other being deductible		TOTAL	\$ 11,554.32

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 \$ 11,554.32.

SIGNED Matthew Zorn DATE: 9/16/2022

ADDRESS: 8901 Ester Blvd Irving TX 75063

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



CITY OF SHEBOYGAN  
828 CENTER AVE STE 105  
SHEBOYGAN WI 530814442

September 15, 2022

CLAIM NUMBER: 0680922713 F5G  
DATE OF LOSS: August 13, 2022  
OUR INSURED: MATTHEW FRIEDL  
YOUR FILE NUMBER:  
YOUR INSURED:  
ADDRESS:

PHONE NUMBER: 800-374-4246  
FAX NUMBER: 866-447-4293  
OFFICE HOURS: Mon - Fri 7:00 am - 6:00 pm

CITY STATE ZIP: , ,  
LOSS LOCATION: GEELE AVE AND N 6TH ST, Sheboygan,, WI  
AMOUNT OF LOSS: \$11,554.32

**Re: Subrogation Claim Notice**

Dear CITY OF SHEBOYGAN,

Our investigation indicates your insured was responsible for the loss referenced above.

Please accept this letter as notice of our subrogation claim. Enclosed, you will find copies of the supporting documents for which we are seeking reimbursement. To assist you in your review, the following is a breakdown of our subrogation demand:

Auto Damage (Company Paid):	\$10,054.32
Rental:	\$
Towing:	\$
Other:	\$
Deductible (Customer Paid):	\$1,500.00
Salvage Recovery:	\$
Insured Out of Pocket (please send directly to our Insured):	\$626.54

Please forward your payment with our claim number to:

**Allstate Payment Processing Center  
P.O. BOX 650271  
Dallas, TX 75265 0271**

Be advised that any amounts received from you for less than the amount demanded will be considered an undisputed partial payment amount only, and we retain the right to pursue full payment.

We ask that you direct any future correspondence to the address listed at the top of this letter.

If corresponding by e-mail, please send to [claims@claims.allstate.com](mailto:claims@claims.allstate.com) and refer to the Allstate claim number on the subject line. Thank you.

0680922713 F5G

Sincerely,

***RIKKI WEST***

RIKKI WEST  
800-374-4246 Ext. 8716262  
Allstate Property and Casualty Insurance Company

0680922713 F5G

Report Date: 09/15/2022

**Payment Ledger**

Policy Holder:	LISA A AND MATTHEW J FRIEDL	Total Amount Paid	\$10,054.32
Participant:	MATTHEW FRIEDL	Medical Deductible:	\$0.00
Date of Loss:	08/13/2022	Co-payment Amount	\$0.00
Claim Number:	0680922713		

Payment/Credit Date	Payee/Payor	Check#		Amount
09/12/2022	CRASH CHAMPIONS - WEST BEND	14325	S	10,054.32

**Crash Champions - West Bend**  
3000 W Washington St, West Bend, WI 53095  
Phone: (262) 306-1900  
FAX: (262) 306-3460

Workfile ID: d1ec5553  
PartsShare: 6Vb3Z4  
Federal ID: 47-1529314  
State ID: NA  
Federal EPA: NA  
State EPA: NA

Item 9.

**Supplement of Record 5 with Summary**

**RO Number: 14003868**

Written By: Dan Ehlke, 9/6/2022 1:40:45 PM

Insured: FRIEDL, MATTHEW      Policy #: 000912858835      Claim #: 000680922713D01  
Type of Loss: Collision      Date of Loss: 8/13/2022 3:45 PM      Days to Repair: 30  
Point of Impact: 11 Left Front

**Owner:** FRIEDL, MATTHEW  
4512 WHITE OAK LN  
SHEBOYGAN, WI 53083  
(920) 254-8517 Cell

**Inspection Location:** Crash Champions - West Bend  
3000 W Washington St  
West Bend, WI 53095  
Repair Facility  
(262) 306-1900 Business

**Insurance Company:** ALLSTATE PROPERTY & CASUALTY  
Allstate Property and Cas  
HOME OFFICE CLAIMS  
Northbrook

**VEHICLE**

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

VIN: 5TDBKRFH1GS251153      Interior Color:      Mileage In: 62,575      Vehicle Out: 9/6/2022  
License: 657-RPJ      Exterior Color: Black Prl      Mileage Out:  
State: WI      Production Date: 1/2016      Condition:      Job #: DENNIS/chris

**TRANSMISSION**

Automatic Transmission  
Overdrive  
4 Wheel Drive

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors

**DECOR**

Dual Mirrors  
Privacy Glass  
Console/Storage  
Overhead Console

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Message Center  
Steering Wheel Touch Controls  
Rear Window Wiper  
Telescopic Wheel

**CLIMATE CONTROL**

Climate Control  
Dual Air Condition  
Backup Camera

**RADIO**

AM Radio

**FM Radio**

Stereo  
Search/Seek  
CD Player  
Auxiliary Audio Connection

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Hands Free Device

**ROOF**

Luggage/Roof Rack

**SEATS**

Cloth Seats  
Bucket Seats  
3rd Row Seat

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint  
Metallic Paint

**OTHER**

Fog Lamps  
Rear Spoiler  
Signal Integrated Mirrors  
California Emissions

RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>					
2	R&I	License bracket				0.2	
3		O/H front bumper				2.2	
4	**	Repl A/M Bumper cover	521190E925	1	<u>182.00</u>	Incl.	3.0
		Note: Morrison Auto					
5		Add for Clear Coat					1.2
6		Add for fog lamps				0.4	
7	**	Repl Opt OEM Lower cover	521290E010	1	<u>185.00</u>	Incl.	
		Note: Torn					
8	**	S03 Repl A/M LT Lamp bezel w/o LED running lamp w/fog lamps	520400E020	1	<u>82.00</u>	Incl.	
9		Repl LT Side retainer tape	758950E010	1	6.58		
10		Repl RT Side retainer tape	758950E010	1	6.58		
11		Repl LT Side retainer clip	5387950020	1	9.42		
12	**	Repl Opt OEM LT Side support	521460E060	1	<u>25.00</u>	Incl.	
13	**	S03 Repl A/M CAPA Energy absorber	526110E091	1	32.00	Incl.	
14	**	Repl Opt OEM Impact bar (UHS)	520210E040	1	<u>345.00</u>	0.4	
15	*	R&I <u>Center grille</u>				Incl.	
16	**	S03 Repl Opt OEM LT Tow brkt cover	521280E926	1	<u>12.07</u>	Incl.	0.2
		Note: MISSING					
17		<b>GRILLE</b>					
18	R&I	R&I grille assy				Incl.	
19		<b>FRONT LAMPS</b>					
20	**	Repl A/M CAPA LT Headlamp assy w/o smoke accent	811500E180	1	<u>253.50</u>	0.3	
		Note: Morrison Auto					
21		R&I RT Headlamp assy w/o smoke accent				0.3	
22	*	S02 Repl LKQ LT Fog lamp assy +25%	8122002160	1	<u>125.00</u>	Incl.	
23		R&I RT Fog lamp assy				Incl.	
24		<b>RADIATOR SUPPORT</b>					
25	R&I	Sight shield				0.2	
26	#	R&I Hood Alarm Switch				0.1	
27		Repl LT Side support w/o Hybrid	532030E070	1	190.26 s	3.2	0.5
28		Aim headlamps				0.5	
29		Evacuate & recharge				m 1.4 M	
30		Refrigerant recovery				m 0.4 M	
31	R&I	R&I upper tie bar				s 0.4	
32		Repl LT Radiator support brace	572260E060	1	20.63	0.2	0.2
33	R&I	LT Side shield				0.1	
34	*	Rpr Lower tie bar				s <u>0.5</u>	<u>0.3</u>
		Note: Secondary Damage and spot refinish					
35		Overlap Minor Panel					-0.2

**RO Number: 14003868**

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Prl

36		R&I	Lock support					0.2		
37		Repl	LT Fender mtg bkt plate	537180E070	1	26.66		0.2	0.2	
38		Repl	Sight shield clip	9046707217	4	6.56				
39	*	S01	R&I	Front shield				<u>Incl.</u>		
40	<b>COOLING</b>									
41	*	S01	R&I	R&I radiator			m	<u>2.5</u>		
				Note: LABOR: Time includes R&I/R&R front shield, condenser and R&I shroud as an assembly.						
42	*	S01	R&I	R&I shroud as an assy			m	<u>Incl.</u>		
43			Repl	Duct	329170E010	1	122.20	m	<u>Incl.</u>	
44	**		Repl	A/M Trans cooler	3291048190	1	160.00	m	1.0	
45			Repl	Trans cooler mount bracket	3291348030	1	85.02			
46	#		Repl	Coolant (Extended life/OEM)		2	40.00			
				Note: Per Invoice						
47	<b>AIR CONDITIONER &amp; HEATER</b>									
48	*	S01	R&I	Condenser assy w/o hybrid				m	<u>Incl.</u>	
49	<b>HOOD</b>									
50	#		R&I	Hood Switch					0.2	
51			R&I	R&I hood assy					0.6	
52	<b>FENDER</b>									
53			Repl	LT Outer rail extn (HSS)	571140E010	1	85.02	s	1.5	
54	*		Sect	LT Rail assy w/o hybrid (HSS)	570280E041	1	732.01	s	5.3	
				Note: LABOR: Time is after apron assembly and all necessary bolted-on parts are removed. Time does not include reinforcement bracket. Time is for complete replacement, for sectioning, see SECTIONING OPERATIONS.						
55				Overlap Minor Panel					-0.2	
56	#		Repl	PLUG PLATE	90333-30008	4	8.84			
				Note: Plug on Rail section						
57	**		Repl	A/M LT Fender liner 3.5 liter standard cooling	538060E120	1	95.62		<u>Incl.</u>	
58			Repl	LT Mud guard	766220E010	1	36.98		0.2	
59	**		Repl	Opt OEM LT Wheel opng mldg	750860E010	1	<u>100.00</u>		<u>Incl.</u>	
60			Repl	LT Mud guard clip	7586706030	1	6.26			
61	**		Repl	Opt OEM LT Fender (HSS)	538020E100	1	<u>263.00</u>		2.3	
62				Add for Edging					0.5	
63			Repl	LT Mud guard grommet	90189A0008	2	2.98			
				Note: 2 of these are required.						
64			R&I	LT Shield					<u>Incl.</u>	
65			R&I	LT Molding assy painted black					<u>Incl.</u>	
66	*		Rpr	LT Front panel				s	<u>1.0</u>	
				Note: Secondary Damage - Spot Refinish after Fuse box						
67				Overlap Minor Panel					-0.2	
68	*		Rpr	LT Inner reinf				s	<u>0.2</u>	
				Note: Spot Refinish and repair for Rad support Replacement						
69				Overlap Minor Panel					-0.2	
70	*		Rpr	LT Molding assy painted black					<u>0.5</u>	
				Note: Backedg Damage						
71		S04	Repl	LT Molding assy pad	757930E070	2	19.94			

RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

Note: PARTS: Part included with body side molding. Part cannot be reused/reinstalled.  
LT and RT per Invoice same number

72	<b>FRAME</b>							
73	#	Rpr	Unibody structural repair				2.0	F
			Note: Pull To Toyota Dimentions					
74	<b>ELECTRICAL</b>							
75	**	S02	Subl	A/M D&R wiring harness - LT Fog Lamp		1	120.00	
				Note: Per Invoice				
76			R&I	Battery 575 CCA			m	0.4
77	*		R&I	LT Relay box				<u>1.0</u>
				Note: Lift and Remove for Rad support Replacement				
78	#			D&R wiring harness		1		0.5
				Note: Loosen and remove for replace of parts				
79	<b>WHEELS</b>							
80	*	S01	Repl	LKQ LT/Front Wheel, alloy 18", type 2 gunmetal +25%	426110E440	1	<u>206.25</u>	m 0.1
				Note: Machined and painted dmaage				
81	<b>WINDSHIELD</b>							
82			R&I	LT Side molding				0.2
83			Repl	LT Side molding clip	755450E020	2	12.52	
				Note: Mont clips broke				
84	<b>RESTRAINT SYSTEMS</b>							
85			R&I	Ft impact sensor LT			m	0.1
86	<b>ROOF</b>							
87			R&I	RT Drip molding front				0.4
88			R&I	RT Drip molding center				0.4
89			R&I	RT Drip molding rear				0.4
90			Blnd	LT Roof side panel outer				0.8
91	*		R&I	<u>Front rail</u>				<u>0.2</u>
92	*		R&I	<u>Rear rail</u>				<u>0.2</u>
93	<b>PILLARS, ROCKER &amp; FLOOR</b>							
94			R&I	LT Scuff plate rear w/o Hybrid				0.1
95			R&I	LT Surround w'strip rear				0.5
96	<b>FRONT DOOR</b>							
97	*		Rpr	<u>LT Outer panel (HSS)</u>				<u>2.5</u> 2.1
				Note: Front to back damage - Scratches and dings form impact				
98				Overlap Major Adj. Panel				-0.4
99	#			Basecoat Reduction		1		-0.3
100			R&I	LT Frame molding				0.3
101			R&I	LT Rocker molding painted black				0.3
102			Repl	LT Frame molding rivet	90269A0006	6	5.16	
				Note: 6 of these are required.				
103			R&I	LT Belt molding				0.3
104			R&I	LT R&I mirror				0.3
105			R&I	LT Handle, outside w/o Smart				0.3

RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

106	*	Rpr	Key black LT Handle, outside w/o Smart Key black				<u>0.3</u>	0.4	
107			Overlap Minor Panel					-0.2	
108		Blnd	LT Cover black					0.1	
109		R&I	LT Lock assy				0.4		
110		R&I	LT R&I trim panel				0.5		
111		R&I	LT Handle base				0.1		
			Note: LABOR: Time is after handle, outside is removed.						
112	*	R&I	LT Water shield				<u>0.1</u>		
113		Repl	LT Rocker molding pad	757930E040	1	12.53			
			Note: PARTS: Part included with body side molding. Part cannot be reused/reinstalled.						
114	*	R&I	<u>LT Weatherstrip ROCKER OUTER, LH</u>					0.1	
<hr/>									
115	<b>REAR DOOR</b>								
116	*	R&I	LT Weatherstrip rear				<u>0.2</u>		
117		Repl	LT Weatherstrip front	678960E020	1	16.03	0.2		
			Note: PARTS: Part cannot be reused/reinstalled. LABOR: Time included with R&R door shell and outer panel.						
118	*	Rpr	<u>LT Outer panel (HSS)</u>				<u>2.5</u>	2.1	
			Note: Front to back damage - Scratches and dings form impact						
119			Overlap Major Adj. Panel					-0.4	
120	#	Refn	Basecoat Reduction					-0.3	
121	*	R&I	LT Belt molding				<u>0.3</u>		
122	**	Repl	Opt OEM LT Lower molding	750780E010	1	<u>64.00</u>	0.3		
123		R&I	LT Rocker molding painted black				0.3		
124		R&I	LT Handle, outside black				0.3		
125		R&I	LT Handle base				0.1		
126	#	R&I	Rear Door Ajar Switch				0.1		
127	*	R&I	LT Door trim panel fabric black				<u>0.6</u>		
128	*	R&I	LT Water shield				<u>0.1</u>		
129	*	R&I	LT Door trim panel metallic accent black				<u>0.6</u>		
130		Repl	LT Stone guard	757480E010	1	16.18	0.2		
131		R&I	LT Striker				0.2		
132		Repl	LT Rocker molding pad	757970E030	1	12.53			
			Note: PARTS: Part included with body side molding. Part cannot be reused/reinstalled.						
<hr/>									
133	<b>QUARTER PANEL</b>								
134	*	Rpr	LT Quarter panel w/o blind spot				<u>6.5</u>	2.9	
			Note: Front Torn - weld tear - Rear Dented by bumper						
135			Overlap Major Adj. Panel					-0.4	
136			Add for Lock Pillar					0.5	
137	#	Refn	Basecoat Reduction					-0.3	
138		R&I	LT Wheelhouse liner				0.3		
139		S02 Repl	LT Seal	616680E030	1	48.01	0.2		
			Note: PARTS: Part cannot be reused/reinstalled. LABOR: Time included with R&R quarter panel.						
140	#	Repl	Urethane Kit		1	15.00			

RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

141	**	Repl	A/M LT Wheel opng mldg	750880E010	1	59.00	0.3	
142		R&I	LT Roof trim flaxen				0.1	
143		Repl	LT Quarter glass Toyota	627200E150	1	332.52	1.5	
			Note: PARTS: Part cannot be reused/reinstalled. LABOR: Time is after headliner is removed.					
144		R&I	LT Upper qtr trim rear flaxen				0.3	
145		R&I	LT Upper qtr trim front flaxen				0.2	
146		<b>REAR LAMPS</b>						
147		R&I	LT Combo lamp assy				0.3	
148		<b>REAR BUMPER</b>						
149	* <>	Rpr	Bumper cover w/o park assist				2.0	2.6
150			Overlap Major Non-Adj. Panel					-0.2
151			Clear Coat					2.5
152	#	Refn	Basecoat Reduction					-0.3
153		Repl	LT Mud guard	766260E010	1	64.88	0.2	
154		R&I	RT Mud guard				0.2	
155	*	R&I	Lower trim panel				0.7	
156	#	S04 Subl	4 WHEEL ALIGNMENT.		1	100.00	T	
			Note: Attached					
157	#		Corrosion Protection		1	12.00		
158	#		COVER CAR		1	5.00		
159	#		Flex Additive		1	7.00		
160	#		FRAME SET UP MEASURE		1		1.5	
			Note: Frame Damage					
161	#		Hazardous Waste		1	3.00		
162	#	S04 Subl	Tire Mount and Balance +20%		1	46.20		
			Note: Tire M/B Inc Fitting Kit as LKQ Sensor Bad.					
163		S02 R&I	LT Side support				0.1	
164		<b>VEHICLE DIAGNOSTICS</b>						
165	*	Rpr	Pre-repair scan				m	0.5 M
			Note: Pre-Scan necessary to inspect for loss related diagnostic trouble codes					
166	*	S04 Subl	Post-repair scan		1	Incl.	X m	
167	#	S04 Subl	ADAS Calibration		1	170.00		
168		<b>MISCELLANEOUS OPERATIONS</b>						
169	#	S02 Repl	Mask jams/openings		1	5.00	0.6	
			Note: LR door opening - Engine Bay, Primer					
170	#	S03	Feather edge prime and block		1	5.00	1.0	
			Note: Mask Body lines - Mask for primer and blkok - prep for paint					
171	#	S04 Repl	Fuel Charge		1	5.00		
			Note: Keystone - invoice attached.					
172	#	S05 Repl	Clips/retainers.		1	17.52		
			Note: Per invoice					
173		OTHER CHARGES						
174	#		Towing		1	761.00		
<b>SUBTOTALS</b>						<b>5,387.46</b>	<b>61.0</b>	<b>20.7</b>

**RO Number: 14003868**

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

**ESTIMATE TOTALS**

<b>Category</b>	<b>Basis</b>	<b>Rate</b>	<b>Cost \$</b>
Parts			4,526.46
Parts Discount	\$ 1,544.94	-2.0 %	-30.90
Body Labor	56.7 hrs @	\$ 61.00 /hr	3,458.70
Paint Labor	20.7 hrs @	\$ 61.00 /hr	1,262.70
Mechanical Labor	2.3 hrs @	\$ 80.00 /hr	184.00
Frame Labor	2.0 hrs @	\$ 70.00 /hr	140.00
Paint Supplies			550.00
Miscellaneous			100.00
Other Charges			761.00
<b>Subtotal</b>			<b>10,951.96</b>
Sales Tax	\$ 10,951.96 @	5.5000 %	602.36
<b>Grand Total</b>			<b>11,554.32</b>
Deductible			1,500.00
<b>CUSTOMER PAY</b>			<b>1,500.00</b>
<b>INSURANCE PAY</b>			<b>10,054.32</b>

RO Number: 14003868

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

**SUPPLEMENT SUMMARY**

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
<b>Added Items</b>							
172	#	S05 Repl	Clips/retainers.	1	17.52		
NOTE: Per invoice							
<b>SUBTOTALS</b>					<b>17.52</b>	<b>0.0</b>	<b>0.0</b>

**TOTALS SUMMARY**

Category	Basis	Rate	Cost \$
Parts			17.52
Subtotal			17.52
Sales Tax	\$ 17.52 @	5.5000 %	0.96
Additional Supplement Taxes			0.01
<b>Total Supplement Amount</b>			<b>18.49</b>
<b>NET COST OF SUPPLEMENT</b>			<b>18.49</b>

**CUMULATIVE EFFECTS OF SUPPLEMENT(S)**

Estimate	11,388.69	Dan Ehlke
Supplement S01	-341.08	Dan Ehlke
Supplement S02	245.17	Dan Ehlke
Supplement S03	135.05	Dan Ehlke
Supplement S04	108.00	Dan Ehlke
Supplement S05	18.49	Dan Ehlke
<b>Job Total:</b>	<b>\$ 11,554.32</b>	
<b>CUSTOMER PAY:</b>	<b>\$ 1,500.00</b>	
<b>INSURANCE PAY:</b>	<b>\$ 10,054.32</b>	

This estimate has been repaired based on the use of crash parts supplied by a source other than the manufacturer of the motor vehicle. Warranties applicable to these replacement parts are provided by the manufacturer or distributor of these parts rather than the manufacturer of your vehicle.

NO WARRANTY ON RUST.

PART PRICES SUBJECT TO CHANGE.

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.

**RO Number: 14003868**

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

Estimate calculated using a preset user threshold amount for the paint and material cost.

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.

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARM8470, CCC Data Date 09/01/2022, and potentially other third party sources of data; and (b) the parts presented are OEM-parts. OEM parts are manufactured by or for the vehicle's Original Equipment Manufacturer (OEM) according to OEM's specifications for U.S. distribution. OEM parts are available at OE/Vehicle dealerships or the specified supplier. 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 with discounted pricing. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor data provided by third party sources of data 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, A/M or NAGS. 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 2023 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 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.

**RO Number: 14003868**

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

CCC ONE Estimating - A product of CCC Intelligent 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.

**IMPORTANT INFORMATION ABOUT THE NAMED INSURANCE COMPANY'S PARTS POLICY.**

THIS ESTIMATE MAY LIST PARTS FOR USE IN THE REPAIR OF YOUR VEHICLE THAT ARE MANUFACTURED BY A COMPANY OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR VEHICLE. THESE PARTS ARE COMMONLY REFERRED TO AS AFTERMARKET PARTS OR COMPETITIVE PARTS, AND MAY INCLUDE COSMETIC OUTER BODY CRASH PARTS SUCH AS HOODS, FENDERS, BUMPER COVERS, ETC. THE INSURANCE COMPANY GUARANTEES THE FIT AND CORROSION RESISTANCE OF ANY AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT ARE LISTED ON THIS ESTIMATE AND ACTUALLY USED IN THE REPAIR OF YOUR VEHICLE FOR AS LONG AS YOU OWN IT. IF A PROBLEM DEVELOPS WITH THE FIT OR CORROSION RESISTANCE OF THESE PARTS, THEY WILL BE REPAIRED OR REPLACED AT THE INSURANCE COMPANY'S EXPENSE. THIS GUARANTEE IS LIMITED TO THE REPAIR OR REPLACEMENT OF THE PART. THE INSURANCE COMPANY DOES NOT SEPARATELY GUARANTEE THE PERFORMANCE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS AND MAKES NO REPRESENTATION ABOUT THE AVAILABILITY OF ANY MANUFACTURER'S GUARANTEE.

**RO Number: 14003868**

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

**PARTS SUPPLIER LIST**

Line	Supplier	Description	Price
8	Go-Parts 6485 SHILOH RD B #400 ALPHARETTA GA 30005 (770) 965-6400	#TO1038177 A/M LT Lamp bezel w/o LED running lamp w/fog lamps Quote: 333q-31856235-9209 Expires: 08/23/22	\$ 82.00
13	Keystone 4410 N. 132ND STREET, SUITE A BUTLER WI 53007 (414) 463-1019	#TO1070181C A/M CAPA Energy absorber Quote: 1396232168 Expires: 10/14/22	\$ 32.00
20	All Star Auto Lights - ARO 3250 N Post Rd, Bldg 200 INDIANAPOLIS IN 46226 (407) 271-8949	#31211F2LAC1 A/M CAPA LT Headlamp assy w/o smoke accent Quote: 1293465209 Expires: 08/26/22	\$ 253.50
22	Morrison's Auto, Inc 6307 State Road 59 West. Edgerton WI 53534 (800) 866-2277	#22F0862 LKQ LT Fog lamp assy +25% 9/1/15 Quote: CCC-129423641 Expires: 09/02/22	\$ 125.00
27	Wilde Toyota 32252 S. 108th St. West Allis WI 53227	#532030E070 LT Side support w/o Hybrid Quote: 1293312542 Expires: 09/18/22	\$ 190.26
44	1-800-Radiator 3695 N 126TH ST UNIT F BROOKFIELD WI 53005 (262) 781-8888	#24000255AP A/M Trans cooler Quote: 30636564 Expires: 08/30/22	\$ 160.00
57	Go-Parts 6485 SHILOH RD B #400 ALPHARETTA GA 30005 (770) 965-6400	#TO1248195 A/M LT Fender liner 3.5 liter standard cooling Quote: 333q-31855333-4151 Expires: 08/23/22	\$ 95.62
80	Morrison's Auto, Inc 6307 State Road 59 West. Edgerton WI 53534  (608) 884-4436	#22B0206 LKQ LT/Front Wheel, alloy 18", type 2 gunmetal +25% 4/15,18X7-1/2 ALLOY 10 RAISED SPOKE 5 V SPOKE,CENTER INCLUDED,A GRADE, SPUN, W/SENSOR Quote: CCC-129051607 Expires: 08/29/22	\$ 165.00
141	KSI Trading Corp. 5414A West Roosevelt Road	#7167174 A/M LT Wheel opng mldg	\$ 59.00

**RO Number: 14003868**

2016 TOYO Highlander LE AWD 4D UTV 6-3.5L Gasoline Sequential MPI Black Pri

Chicago IL 60644  
(800) 244-2639

Quote: 74209520  
Expires: 08/24/22



For Customer Support refer to the appropriate platform below:

**Police Records Retrieval**

800-934-9698

PoliceRecords.support@lexisnexisrisk.com

**Accurint for Insurance**

866-277-8407

Accurint.support@lexisnexisrisk.com

PAGE COUNT: 7

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CLIENT: 8810  
DIVISION:  
ADJUSTER: OE09B5  
CLAIM: 0680922713

TRANSACTION #: 1850711462  
DATE: 08/22/2022

DATE OF LOSS: 08/13/2022      TIME OF LOSS: 15:45:0  
STREET: NORTH 6TH ST  
CITY: SHEBOYGAN  
COUNTY: SHEBOYGAN  
STATE: WI

INVESTIGATING AGENCY: SHEBOYGAN PD  
REPORT NUMBER: C22-14919  
REPORT TYPE: AUTOACCIDENT  
PARTY1: MATTHEW J FRIEDL  
PARTY2:  
PARTY3:

CAR: HIGHLANDER    MAKE: TOY TRUCKS    YEAR: 2016  
TAG:

ADDITIONAL INFO: MAKING A TURN

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NOTE:

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THANK YOU FOR YOUR ORDER!

G7L0FW8HNV  
C22-14919

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT  
1315 N 23RD ST  
SHEBOYGAN, WI 53081  
(920) 459-3333

Item 9.

G7L0FW8HNV

Document Number Override		Primary Crash Document #		Agency Crash Number		Investigating Officer/Deputy <b>OFFICER T. JOHNSON</b>	
Crash Date <b>08/13/2022</b>		Crash Time <b>03:50 PM</b>		Date Arrived <b>08/13/2022</b>		Time Arrived <b>03:56 PM</b>	
Date Notified <b>08/13/2022</b>		Time Notified <b>03:54 PM</b>		Total Units <b>02</b>		Total Injured <b>00</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed		<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		<input type="checkbox"/> School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
		Photos By <b>OFFICER JOHNSON</b>	
		Additional Information <b>PHOTOS, BODY CAMERA VIDEO</b>	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

BOTH DRIVERS ID BY WI DL. DRIVER OF VEH 01 INDICATED THAT HE WAS PARKED ON THE SIDE OF GEELE AVE TO DROP OFF ANOTHER INDIVIDUAL. HE INDICATED THAT ONCE HE DROPPED THEM OFF HE GOT BACK ON THE MAIN ROAD AND STARTED TO TURN LEFT TO GO NB ON N 6TH STREET. HE SAID THAT VEH 02 HAD COME UP TO THE SIGN VERY QUICK AT N 6TH AND GEELE AVE TO GO SB. HE INDICATED THAT WHILE HE WAS TURNING VEH 02 HAD HIT THE SIDE OF THE BUS. HE STATED THAT HE FELT VEH 02 WAS SPEEDING UP TO THE STOP SIGN AND DIDN'T STOP. DRIVER OF VEH 02 INDICATED THAT HE WAS STOPPED AT N 6TH AND GEELE. HE SAID THAT WHILE HE WAS STOPPED THE BUS HAD CUT THE TURN TOO TIGHT TO GO NB ON N 6TH AND HAD HIT THE FRONT END OF HIS CAR. HE INDICATED THAT THERE WAS A MAILMAN IN THE AREA WHO HAD ALSO WITNESSED THE INCIDENT. I WAS ABLE TO MAKE CONTACT WITH POSTMAN, PAUL WERTH 920-287-5774, VIA PHONE. HE TOLD ME THAT HE WAS PARKED ON THE SOUTHWEST CORNER OF N 6TH AND GEELE AVE WHEN HEARD A LOUD CRUNCH OCCUR. HE STATED THAT HE SAW THE BUS DRAG THE OTHER VEHICLE, AND THAT VEH 02 WAS PARKED BEHIND THE CROSSWALK BY THE STOP SIGN BEFORE BUT HAD TO PULL FORWARD AFTER IMPACT TO GET OUT OF THEIR VEHICLE. HE STATED THAT HE DID NOT SEE WHAT OCCURRED UNTIL AFTER HE HEARD THE CRASH. THERE WERE NO INJURIES. BOTH VEHICLES WERE TOWED. I WAS ABLE TO REVIEW THE VIDEO FOOTAGE FROM SHORELINE METRO. IN THE VIDEO I OBSERVED VEH 02 COME TO THE STOP SIGN ON N 6TH AND WAS STOPPED BEHIND THE CROSSWALK. I OBSERVED VEH 01 ON GEELE AVE PULL BACK INTO TRAFFIC AND STARTED TO TURN ONTO N 6TH. WHILE TURNING VEH 01 TURNED TOO TIGHT AND

Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
1 of 6

Crash Date **08/13/2022**  
Crash Time **03:50 PM**

G7L0FW8HNV  
C22-14919

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT  
1315 N 23RD ST  
SHEBOYGAN, WI 53081  
(920) 459-3333

Item 9.

COLLIDED WITH THE FRONT END OF VEH 02 WHO WAS STILL STOPPED AT THE STOP SIGN.

Location

ON GEELE AVE 6 FT E OF N 6TH ST IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude 43.768362422	Longitude -87.709487506
	X Coordinate 442896.5625	Y Coordinate 4846390.5
	Structure Type	

Crash Scene

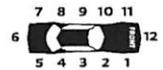
First Harmful Event <b>MOTOR VEH IN TRANSPORT</b>	First Harmful Event Location <b>ON ROADWAY</b>	
Manner of Collision <b>01 - ANGLE</b>	Light Condition <b>DAYLIGHT</b>	
Road Surface Condition(s) <b>DRY</b>	Roadway Factor(s) <b>NONE</b>	
Environment Factor(s) <b>NONE</b>		
Weather Condition(s) <b>CLEAR</b>		
Animal Type	Relation To Trafficway <b>TRAFFICWAY - ON ROAD</b>	
Crash Classification - Location <b>PUBLIC PROPERTY</b>	Crash Classification - Jurisdiction <b>NO SPECIAL JURISDICTION</b>	
Tribal Land	Access Control <b>NO CONTROL</b>	Special Study
Within Interchange Area <b>NO</b>	Junction Location <b>NON-JUNCTION</b>	Intersection Type <b>NOT AN INTERSECTION</b>

Unit Summary

01 UNIT	Unit Status <b>IN TRANSIT</b>	Vehicle Operating As Classification <b>C CLASS</b>		Unit Type <b>BUS</b>	
	Vehicle Type <b>PASSENGER BUS/TRANSIT BUS</b>	Operating As Endorsements			
	Total Occs <b>3</b>	Train/Bus # Recorded <b>1</b>	Total # Citations Issued <b>0</b>	Total Trailers <b>0</b>	Total HazMat Types <b>0</b>
	Insurance? <b>YES</b>	Direction Of Travel <b>NORTHBOUND</b>	Pre Crash Tire Mark	Speed Limit <b>25</b>	Total Lanes <b>2</b>
	Most Harmful Event: Collision With <b>MOTOR VEH IN TRANSPORT</b>	Special Function <b>NO SPECIAL FUNCTION</b>		Emergency Motor Vehicle Use <b>NOT APPLICABLE</b>	
	Traffic Way <b>TWO-WAY, NOT DIVIDED</b>	Traffic Control <b>STOP SIGN</b>		Traffic Control Inoperative/Missing <b>NO</b>	
	Surface Type <b>CONCRETE</b>	Road Curvature <b>STRAIGHT</b>		Road Grade <b>LEVEL</b>	
	Truck Bus or HazMat <b>NO</b>				

Vehicle

01 VEHICLE	License Plate Number <b>C20713</b>	Plate Type <b>MUN - MUNICIPAL</b>	St <b>WI</b>	Country of Issuance <b>UNITED STATES</b>
	Vehicle Identification Number <b>15GGB2715N3197426</b>	Make <b>GILLIG</b>	Year <b>2022</b>	Model <b>SHORELINE</b>
	Color <b>WHI - WHITE</b>	Body Style <b>BU - BUS</b>		Bus Use <b>TRANSIT/COMMUTER</b>
	Initial Contact Point <b>11 - LEFT FRONT CORNER</b>	Vehicle Damage <b>08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT</b>		
	Extent Of Damage <b>DISABLING DAMAGE</b>			



Wisconsin Motor Vehicle Crash  
Form DT4000

This report does not include any CJIS data.  
2 of 6

Crash Date **08/13/2022**  
Crash Time **03:50 PM**

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C22-14919

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT  
1315 N 23RD ST  
SHEBOYGAN, WI 53081  
(920) 459-3333

Item 9.

UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>LANSER TOWING</b>		
	What Driver Was Doing <b>LEFT TURN</b>		Vehicle Factors		
	Driver Prior Action Other		<b>NOT APPLICABLE</b>		
	Driver Actions <b>UNKNOWN</b>				
01 01	Owner Name <b>CITY OF SHEBOYGAN</b>		Owner Address <b>828 CENTER AVE SHEBOYGAN, WI 53081 , US</b>		
	<b>Sequence Of Events</b>				
01 02 03	Event <b>MOTOR VEH IN TRANSPORT</b>				
	Event				
	Event				
04 01	Event				
	<b>Policy Holder</b>				
UNIT	Insurance Company <b>TRANSIT-MUTUAL-INS-CORP-OF-WISCONSIN</b>		Organization/Company <b>CITY OF SHEBOYGAN</b>		
	<b>Individual</b>				
UNIT INDIVIDUAL	Driver <b>JEFFREY HARRY BEMIS (920) 980-5209</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>	
	Address <b>3424 S 17TH ST SHEBOYGAN, WI 53081 , US</b>		Date of Birth <b>03/13/1954</b>	Race <b>WHITE</b>	
			Driver License Number <b>B5204285409305</b>		
			STATE: WISCONSIN COUNTRY: UNITED STATES		
01 002	<b>Safety Equipment</b>		On Duty Crash		
			Safety Equipment		
	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	<b>Injury</b>		Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>	
Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier		EMS Run #	
Hospital		Date of Death		Time of Death	
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>			
Distracted By Action <b>NOT DISTRACTED</b>					

UNIT INDIVIDUAL          01 002	<b>Non Motorist</b>		Striking Unit #	Location	
	Prior Action				
	Action				
	Action Other			To/From School	
	<b>Drug &amp; Alcohol</b>		Suspected Alcohol Use NO	Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
	Drug Type				
	Individual Condition APPEARED NORMAL				

**Unit Summary**

UNIT 02	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	Pre Crash Tire Mark	Speed Limit 25	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type CONCRETE		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					

**Vehicle**

UNIT VEHICLE 02 02	License Plate Number 657RPJ		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
	Vehicle Identification Number 5TDBKRFH1GS251153		Make TOYOTA	Year 2016	Model HIGHLANDER	
	Color BLK - BLACK		Body Style UT - SPORT UTILITY VEHICLE		Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER		Vehicle Damage			
	Extent Of Damage FUNCTIONAL DAMAGE		10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE		Vehicle Removed By BRETT'S TOWING			

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C22-14919

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT  
1315 N 23RD ST  
SHEBOYGAN, WI 53081  
(920) 459-3333

Item 9.

UNIT VEHICLE	What Driver Was Doing <b>GOING STRAIGHT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>UNKNOWN</b>			
	Owner Name <b>MATTHEW JAMES FRIEDL (920) 254-8517</b>		Owner Address <b>4512 WHITE OAK LN SHEBOYGAN, WI 53083 , US</b>	
<b>Sequence Of Events</b>				
UNIT 02 01	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event			
	Event			
	Event			
UNIT 04 03 02	<b>Policy Holder</b>			
	Insurance Company <b>ALLSTATE-INS-CO</b>		Individual <b>MATTHEW FRIEDL</b>	
	<b>Individual</b>			
UNIT INDIVIDUAL	Driver <b>MATTHEW JAMES FRIEDL (920) 254-8517</b>		Citations Issued <b>0</b>	Sex <b>MALE</b>
	Date of Birth <b>09/24/1976</b>		Race <b>WHITE</b>	
	Address <b>4512 WHITE OAK LN SHEBOYGAN, WI 53083 , US</b>		Driver License Number <b>F6345507634400</b> STATE: WISCONSIN COUNTRY: UNITED STATES	
	On Duty Crash		Safety Equipment	
UNIT 02 001	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	<b>SHOULDER &amp; LAP BELT</b>	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>	
	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>		Trapped/Extricated <b>NOT TRAPPED</b>
	Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier	EMS Run #
Hospital		Date of Death	Time of Death	
<b>Distraacted By</b>		Distraacted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distraacted By Action <b>NOT DISTRACTED</b>				
<b>Non Motorist</b>		Striking Unit #	Location	

G7L0FW8HNV  
C22-14919

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SHEBOYGAN POLICE DEPARTMENT  
1315 N 23RD ST  
SHEBOYGAN, WI 53081  
(920) 459-3333

Item 9.

UNIT  
INDIVIDUAL  
  
  
  
  
  
  
  
  
  
02  
001

Prior Action			
Action			
Action Other			To/From School
<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>	
Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type		Alcohol Test Results
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results	
Drug Type			
Individual Condition <b>APPEARED NORMAL</b>			



Rental Agreement # 7D2XWJ

**Renter Information**

**Renter Name**

MATT FRIEDL

**Renter Address**

SHEBOYGAN, WI 53083  
USA

**Vehicle Information**

SENT

License #: FL777ABM

State/Province: IN

Unit #: 8CQHM5

Vehicle #: MY281694

**Vehicle Class Driven**

Midsize 2/4 door/Automatic/Air

**Vehicle Class Charged**

Midsize 2/4 door/Automatic/Air

**Odometer Mileage/Kilometers**

Starting: 33013 Ending: 33545

Total: 532

**Fuel**

Starting: 1/2 Ending: 15/16

**Thank you for renting  
with Enterprise Rent-A-  
Car**

**We appreciate your business!**

This email was automatically generated from an unattended mailbox, so please do not reply to this e-mail.

If you have any questions about your rental, please view our Frequently Asked Questions or send us a secured message by visiting our [Support Center](#)

**Trip Information**

**Pickup**

Wednesday, August 24, 2022 4:43 PM

**SHEBOYGAN**

3060 S BUSINESS DR  
SHEBOYGAN, WI 53081-6521  
USA

**Return**

Wednesday, September 7, 2022 3:06 PM

**SHEBOYGAN**

3060 S BUSINESS DR  
SHEBOYGAN, WI 53081-6521  
USA

**Bill-To:**

**Subtotal**

\$0.00

**Renter Charges**

<b>Rental Rate</b>	Time & Distance 15 Day at \$36.99 / Day	\$554.85
<b>Mileage</b>	Unlimited Mileage	Included
<b>Taxes and Fees</b>	State Rental Vehicle Fee (5.00%)	\$28.35
	Title And Registration Fees (\$0.81 / Day)	\$12.15
	Sales Tax (5.50%)	\$31.19

**Total**

**\$626.54**

(Subject to audit)

Amount charged on September 7, 2022 to VISA (3144) (\$626.54)

APN: 43484153452056495341

AID: A0000000031010

Verified: Signature

Entry: Chip

TSI: E800

**Amount Due**

**\$0.00**

II

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

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

FAP

---

CITY CLERK

DATE RECEIVED 6-27-22

RECEIVED BY MKC

Item 9.

CLAIM NO. #8-22

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

JUN 27 '22 PM 12:05

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
2. Attach and sign additional supportive sheets, if necessary.
3. This notice form must be signed and filed with the Office of the City Clerk.

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

no estimates - car is not worth cost of repairs.

1. Name of Claimant: JODY GALLAWAY

2. Home address of Claimant: 1824 N. 25 St. Sheboygan 53081

3. Home phone number: 608.485.0168

4. Business address and phone number of Claimant: 1011 N. 8 St. Sheboygan 53081; 920.459.3181

5. When did damage or injury occur? (date, time of day) 6/15/2022 8:23 pm

6. Where did damage or injury occur? (give full description) Car was parked on street in front of house (home address above) tree broke and fell on top of car.

7. How did damage or injury occur? (give full description) Large branch of tree fell on car during storm, crushed top of car and shattered rear window and cracked front windshield.

8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following:

(a) Name of such officer or employee, if known: \_\_\_\_\_

(b) Claimant's statement of the basis of such liability: Tree was damaged before storm.

9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:

(a) Public property alleged to be dangerous: Tree

(b) Claimant's statement of basis for such liability: crushed car

10. Give a description of the injury, property damage or loss, so far as is known at time. (If there were no injuries, state "NO INJURIES").

Item 9.

NO INJURIES to Humans. Car is totaled.

11. Name and address of any other person injured: \_\_\_\_\_

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

Auto: \$ 2000,00  
 Property: \$ \_\_\_\_\_  
 Personal injury: \$ \_\_\_\_\_  
 Other: (Specify below) \$ \_\_\_\_\_  
 TOTAL \$ 2000,00

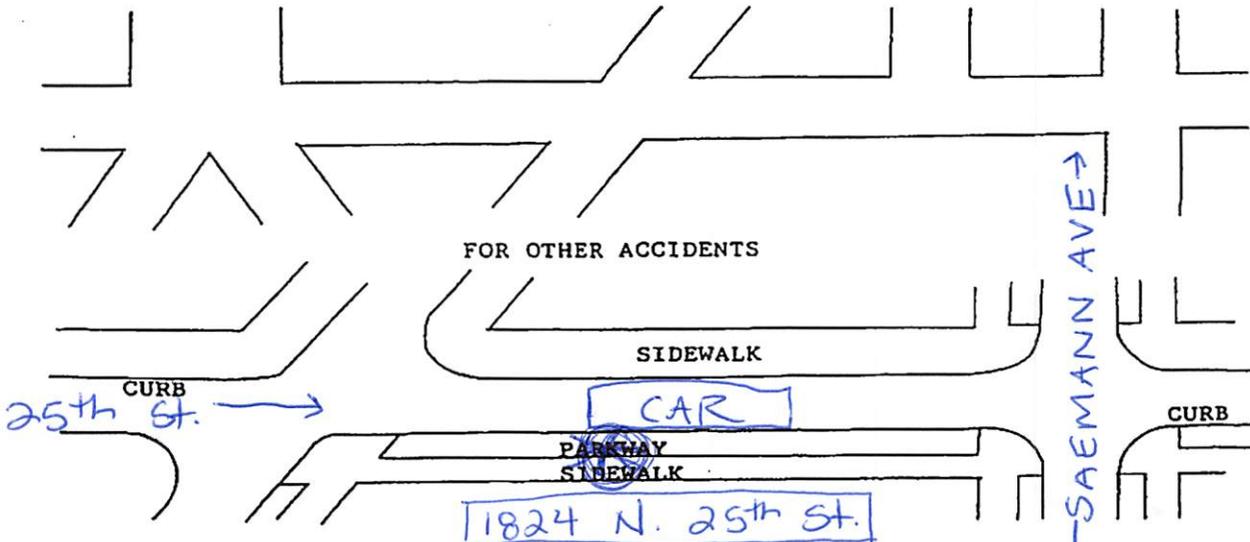
Damaged vehicle (if applicable)

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

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

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

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



SIGNATURE OF CLAIMANT Jody Gallaway DATE 6/26/22  
 = tree

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

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

Item 9.

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

CLAIM

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

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

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

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ 2000.00.

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

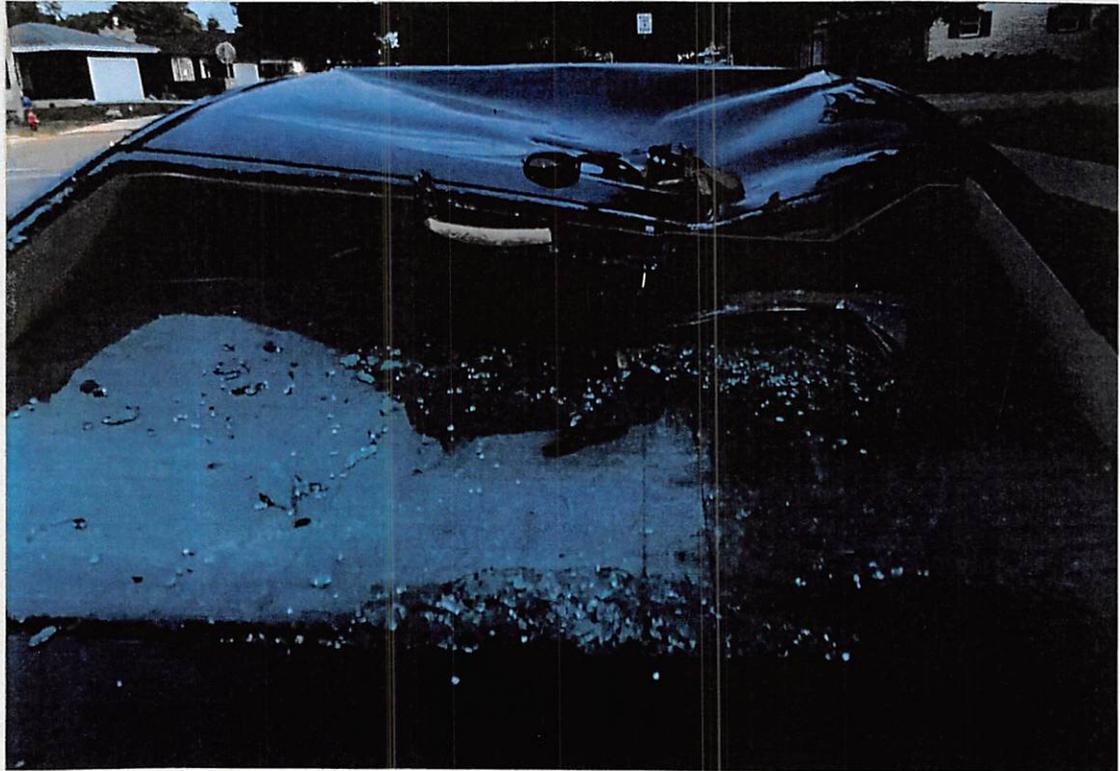
ADDRESS: 1824 N. 25th Street, Sheboygan, WI 53081

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



Item 9.







Item 9.

II

R. O. No. 35 - 22 - 23. By CITY CLERK. July 5, 2022.

Submitting a claim from Khue Vang for alleged damages to vehicle when it struck an open sewer pothole on Arizona Avenue.

FAP

\_\_\_\_\_  
CITY CLERK

DATE RECEIVED 6-30-22

RECEIVED BY NMC

CLAIM NO. 9-22

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: Khue Vang
- 2. Home address of Claimant: 1718 Fox Hill Rd, Sheboygan, WI 53081
- 3. Home phone number: 920-627-1588
- 4. Business address and phone number of Claimant: NA
- 5. When did damage or injury occur? (date, time of day) 6/3/22
- 6. Where did damage or injury occur? (give full description) passenger side rocker panel & frame. Front passenger door.
- 7. How did damage or injury occur? (give full description) I was driving on Arizona Ave (heading towards S. 17<sup>th</sup> St) when I heard a loud noise. I stopped my vehicle & saw that I ran over an open sewer pothole. Two neighbors came out & showed that the city workers left this pothole open for 2 days already. No traffic safety cones were placed around the pothole either.
- 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: City Workers
  - (b) Claimant's statement of the basis of such liability: City worker left the pothole open without putting safety cones around the open pothole. Dangerous & caused several accidents.
- 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: Sewer Pothole
  - (b) Claimant's statement of basis for such liability: Left pothole open cause damage to vehicles

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").

Vehicle is deem total loss by a local body shop - Sheboygan Chev (Patrick Kerbe - consultant)

11. Name and address of any other person injured: No estimate but only visual check by the damage crew

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

Auto: \$ 9000 - \$11,000 so will average \$10,000

Property: \$ \_\_\_\_\_

Personal injury: \$ \_\_\_\_\_

Other: (Specify below) \$ \_\_\_\_\_

**TOTAL** \$ 10,000

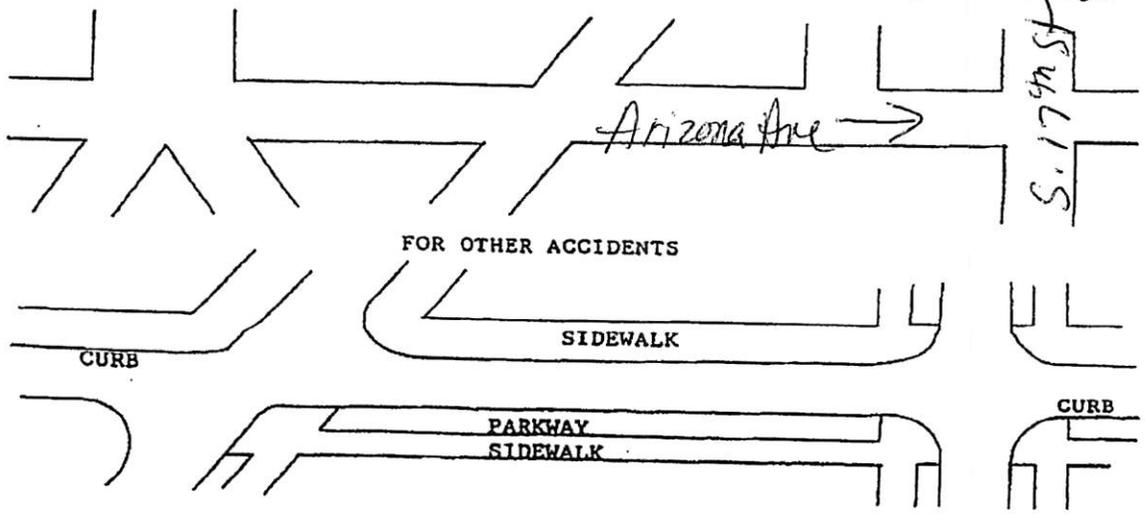
Damaged vehicle (if applicable)

Make: Honda Model: Ridgeline Year: 2007 Mileage: 202,390

Names and addresses of witnesses, doctors and hospitals: Two neighbors that lives on Arizona Ave. One neighbor who is a lady lives at 1731 Arizona Ave. She has video pm.

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

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



SIGNATURE OF CLAIMANT Khue Voong DATE 6/30/22

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

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

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

CLAIM

Claimant's Name: Khue Varg

Auto \$ 10,000

Claimant's Address: 1718 Fox Hill Rd

Property \$ \_\_\_\_\_

Sheboygan, WI 53081

Personal Injury \$ \_\_\_\_\_

Claimant's Phone No. 920-627-1588

Other (Specify below) \$ \_\_\_\_\_

TOTAL \$ 10,000

*I, Khue Varg, authorized the City of Sheboygan to talk to my son David Varg on behalf of this claim.*

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 \$ 10,000.

SIGNED Khue Varg

DATE: 6/30/22

ADDRESS: 1718 Fox Hill Rd, Sheboygan, WI 53081

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

SHEBOYGAN  
CHEVROLET | BUICK | GMC | CADILLACSHEBOYGAN  
CHRYSLER | DODGE | JEEP | RAM

"Like Us" On Facebook.

**Patrick Karbe**  
Collision Consultant

920-459-6855 ext. 349 888-459-6855 Fax (920) 459-6286

patrick.karbe@sheboyganauto.com www.sheboyganauto.com  
Exit 123 East I-43 3400 S. Business Drive, Sheboygan, WI 53081

On 6/21/22, son (David Vang) <sup>920-627-1588</sup> took the vehicle to Sheboygan Chevy to get an estimate.

Patrick inspected the visible damage area and told David that based on what he can see (not even lifting the vehicle up), it's a total loss. Once the vehicle is lifted up, there could be additional damage.



# 2023 Statement of Purpose & Budget

Presented to the Executive Committee  
September 13, 2022

Approved by the Board of Directors  
September 20, 2022

Submitted to the City of Sheboygan  
September 20, 2022

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## BID STATEMENT OF PURPOSE (09/20/2022)

Wisconsin State Statute 66.1109 creates a financial tool that allows a municipality to levy a special assessment on property owners within a defined Business Improvement District (BID) upon petition of those property owners. The property owners in the BID district then use the assessment resources to maintain and enhance their business environment.

Property owners join with a municipality to create a BID in order to establish a strong organizational structure where individual concerns, as well as group goals can be addressed. Property owners maintain a direct role within the district, coordinating the use of funds from the pooled assessment, and implementing plans for the development, operation, maintenance and promotion of the BID area.

The Harbor Centre concept formed in 1990 was developed to utilize the historic strengths of the City - the lakefront, riverfront, and downtown. The concept recognizes the need for a coordinated development and marketing approach for the central part of Sheboygan. The concept coordinates and integrates public and private development, traffic and pedestrian circulation, parking, signage, lighting, and landscaping.

The Harbor Centre concept recognizes the individual identity of the downtown, riverfront, and lakefront and builds on the assets of each area. The BID is an important tool that will assist in the implementation of the Harbor Centre Master Plan, Sheboygan's Downtown Districts Plan, and any subsequent plans that impact or include the BID. Further, the BID will foster a positive image for the businesses within Harbor Centre and for the businesses within Harbor Centre and for the community as a whole. A prosperous central area (Harbor Centre) is as important as good schools, good parks, and good roads.

The BID funds will be used to support community and member-driven events and activities taking place in the district, provide streetscape beautification and enhancement, and support investments in the infrastructure and functionality of the district.

# BID BENEFICIARIES

The BID program is designed so that it benefits all business interests within the district.

**RETAILERS:** Money generated through the BID assessment is used to support programs that enhance the business climate in the Harbor Centre.

A comprehensive support program reinforces the existing promotional programs and supports members in creating new programs. Retailers benefit from promotions, traffic and a feeling of vitality created in the central area.

Retail establishments located in the Harbor Centre benefit from the improvements to the physical environment made possible through the organization of the BID. The overall effect of an attractive, clean, active district reflects positively on the businesses and improves each customer's experience.

**SERVICES PROVIDERS:** Service providers benefit from the proposed promotional activities as some of these events enhance the service industry as well.

Service providers located in the Harbor Centre benefit from the improvements to the physical environment made possible through the organization of the BID. The overall effect of an attractive, clean, active district reflects positively on the businesses and improves each customer's experience.

**INDUSTRIAL FIRMS:** Industrial firms located in the Harbor Centre benefit from the improvements to the physical environment made possible through the organization of the BID. The overall effect of an attractive, clean, active business reflects positively on a corporate image.

In addition, BID promotional events will provide a source of recreation and entertainment for employees before and after work and during lunch breaks.

**PROPERTY OWNERS:** Property owners benefit from the BID. Promotional and design programs increase the vitality in the area which, in turn, results in increased property values. Programs that bring increased interest and traffic to the area that are created and supported by the BID impact owners of vacant properties by increasing desirability of the district and exposing the public to available properties.

## BID BOARD OF DIRECTORS

The Board of Directors will manage the Business Improvement District. The Board will meet on a regular basis and will establish an executive committee to oversee the day-to-day activities of the BID. The Board will implement the operating plan and prepare annual reports on the district. The Board will also conduct an annual review and make necessary changes.

The Board shall consist of 12 members in size for two year staggered terms and are composed of five business agents, representing owners of commercial businesses in the district; six property owners, one at large member and one government member, representing the City of Sheboygan, all of whom are appointed by the Mayor and confirmed by the Common Council of the City of Sheboygan.

Board members should be representative of different areas within the district, including representation from a mix of business types. In addition, the Board may choose to have non-voting members representing co-beneficial partner organizations such as the Visit Sheboygan and Sheboygan County Economic Development Corporation.

## BID GOALS AND OBJECTIVES

To continue the promotion and development of the Business Improvement District, in 2023 the Board of Directors will again contract Green Bicycle Co. for district management, administration, development, and planning. With Green Bicycle Co.'s assistance in 2021-2022, the Harbor Centre Business Improvement District created a foundation for structure, communication, and partnership. Building on that foundation, the BID's work in 2023 will support the goals and objectives outlined below:

1. **MARKETING.** The BID will re-establish marketing efforts through social media, promotional assistance for key events, and the creation of promotional assets (i.e. destination itineraries, maps, photography). These elements will assist with marketing the BID to Sheboygan residents and visitors throughout the year.
2. **EVENTS.** The BID will work to identify key, collaborative, seasonal events to assist with coordination. Coordination includes working with BID business and other resources such as the City of Sheboygan Department of Public Works to plan for and execute events. Opportunities to connect with or expand existing events will be explored to leverage foot traffic and impact throughout the BID.
3. **COMMUNICATION.** The BID will continue creating transparent operations and communication with BID members to expand awareness, increase member engagement, and improve two-way communication between BID members and the Board of Directors and its committees.
4. **PARTNERSHIPS.** The BID aims to create synergy and efficiency through the enhancement of mutually beneficial connections with key local organizations, such as Visit Sheboygan, the City of Sheboygan, the Sheboygan County Chamber of Commerce, and others. These partnerships will help maximize resources, support the efficiency and effectiveness of these organizations, and will connect BID members to external opportunities to learn and grow.
5. **PLACEMAKING.** The BID will work to create a beautiful and enticing business district through supporting infrastructure and beautification efforts, and continuing to develop plans to improve the physical appearance and connectivity of the BID. Placemaking efforts will increase vibrancy by creating a welcoming atmosphere that connects locals and visitors to the BID.
6. **ADVOCACY.** The BID will connect with members to identify opportunities for processes or policies (e.g. outdoor seating). The BID will advocate for its members with partners such as the City of Sheboygan to advance or implement these processes or policies. Accountability will be part of committee and Board meetings to ensure progress.

## BID SPECIAL ASSESSMENT AND EXEMPTIONS

The activities proposed in this operating plan will be funded through annual special assessments. Assessments to meet the BID budget will be levied against each property within the district based on its most recent assessed value. Those properties which are used for commercial purposes and those used exclusively for manufacturing will be eligible for assessment.

The proposed BID assessment is \$2.78 per \$1,000 of assessed valuation. The property owners on leased City land will be assessed on the basis of the assessed value of their improvements on the property. In addition, the following minimums and maximums will apply

- a.) BID fee would be a minimum of \$250.00
- b.) BID fee would be a maximum of \$8,000.00

Real property used exclusively for residential purposes will not be assessed as required by Wisconsin Statute 66.1109. Properties which are exempt for paying property taxes such as public utilities, non-profit organizations, religious institutions, and governmental bodies are also exempt from the special assessment.

## BID OPERATING BUDGET

<b>January - December 2023</b>		
<b>Income</b>		
Income	Special Assessments; Interest	\$150,025
Total Income		\$150,025
<b>Expenses</b>		
Operations	Subcontractor; Rent; Insurance; Accounting; Website; Printing	\$60,000
Event/Marketing Support	Event Coordination and Planning Support; Social media; Promotions	\$34,025
Miscellaneous	Miscellaneous	\$1,000
Major District Investments/Enhancements	Major District Projects; Summer Decorations; Winter Decorations	\$55,000
Total Expenses		\$150,025

IV

R. C. No. 109 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE.  
October 17, 2022.

Your Committee to whom was referred R. O. No. 67-22-23 by Director of Planning and Development submitting the 2023 Business Improvement District (BID) Statement of Purpose, dated September 20, 2022, and the BID's 2023 Operating Budget; recommends accepting and filing the report.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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

R. O. No. 67-22-23. By DIRECTOR OF PLANNING AND DEVELOPMENT.  
October 3, 2022.

Submitting the 2023 Business Improvement District (BID) Statement of Purpose, dated September 20, 2022, and the BID's 2023 Operating Budget.

FAP

\_\_\_\_\_  
Director of Planning & Development

VIII

R. C. No. 114 - 22 - 23. By LICENSING, HEARINGS, AND PUBLIC SAFETY COMMITTEE. October 17, 2022.

Your Committee to whom was referred Res. No. 75-22-23 by Alderpersons Felde and Ackley authorizing the Fire Chief to accept and expend funds received from the United States Department of Homeland Security - Federal Emergency Management Agency ("FEMA") as part of the Assistance to Firefighters Grant ("AFG") Program; recommends adopting the Resolution.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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

III  
Res. No. 75 - 22 - 23. By Alderpersons Felde and Ackley. October 3, 2022.

A RESOLUTION authorizing the Fire Chief to accept and expend funds received from the United States Department of Homeland Security - Federal Emergency Management Agency ("FEMA") as part of the Assistance to Firefighters Grant ("AFG") Program.

WHEREAS, the AFG Program provides funds to protect the health and safety of the public and firefighting personnel against fire and fire-related hazards; and

WHEREAS, the City of Sheboygan Fire Department has been awarded an AFG grant of \$87,045.45 to support the Sheboygan Fire Department; and

WHEREAS, in order to accept the grant, the City must commit to spending 10% of the grant amount, or \$8,704.55, on approved expenditures; and

WHEREAS, the 10% match would be met within the current Fire Department Budget using funds from Account No. 101220-531100 (General Fund - Fire & EMS - Contracted Services) and Account No. 101220-536125 (General Fund - Fire & EMS - Employee Development); and

WHEREAS, the Sheboygan Fire Department desires to use the grant and City-matching funds, totaling \$95,750.00, to purchase emergency chest compression equipment and four years of equipment support; and

WHEREAS, these intended expenditures have been approved by FEMA.

NOW, THEREFORE, BE IT RESOLVED: That the appropriate City officials are hereby authorized to sign all documents necessary for the acceptance, administration, and expenditure of the grant described in this Resolution.

*Barbara Felde*  
\_\_\_\_\_  
*Betty Wick*  
\_\_\_\_\_

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

VIII

R. C. No. 113 - 22 - 23. By PUBLIC WORKS COMMITTEE. October 17, 2022.

Your Committee to whom was referred Res. No. 67-22-23 by Alderpersons Dekker and Rust authorizing the appropriate City officials to accept the temporary easement for the City to conduct maintenance activities on a drainage swale adjacent to 4812 Ferndale Court; recommends adopting the Resolution.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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

III

Res. No. 67 - 22 - 23. By Alderpersons Dekker and Rust.  
September 19, 2022.

A RESOLUTION authorizing the appropriate City officials to accept the temporary easement for the City to conduct maintenance activities on a drainage swale adjacent to 4812 Ferndale Court.

RESOLVED: That the Mayor and City Clerk are authorized and directed to accept the attached Temporary Easement from Danny K. Eirich and JoAnn Eirich, once properly executed, for the City to conduct maintenance activities on a drainage swale adjacent to 4812 Ferndale Court.

PW

*Dean Dekker*

*[Signature]*

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

TEMPORARY EASEMENT

This Temporary Easement is made this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by and between Danny K. and JoAnn Eirich ("GRANTOR") and the City of Sheboygan, a municipal corporation of the State of Wisconsin ("GRANTEE").

WITNESSETH:

KNOW ALL PERSONS BY THESE PRESENTS that the GRANTOR, in consideration of the covenants contained in this Temporary Easement, hereby grants to the GRANTEE, and its agents, employees, and invitees, a Temporary Easement over 4812 Ferndale Court (Parcel Number 59281435677), more particularly described as **Fox Meadows Addition No. 4, Lot 77** (the "Property"), for the purposes described below.

RETURN TO:

City Attorney's Office  
828 Center Avenue, Suite 210  
Sheboygan, WI 53081

This Temporary Easement is being granted to allow GRANTEE, and its agents, employees, and invitees to enter onto the Property in order to perform maintenance activities on the drainage swale owned by GRANTEE located behind the Property. As part of its maintenance activities on the drainage swale, GRANTEE will remove any natural growth - such as brush - from the drainage swale which currently encroaches upon the Property.

59281435677  
Parcel Ident. No.

GRANTEE agrees to place topsoil and grass seed on any portion of the Property which is visibly disturbed as a result of GRANTEE's (or its agents, employees, and invitees) actions. GRANTEE also agrees to place topsoil and grass seed on any portion of the Property in which natural growth from the drainage swale is removed.

In addition to permitting access to the Property, GRANTOR agrees to water any grass seed placed by GRANTEE or its agents, employees, or invitees.

The rights granted to GRANTEE under this Temporary Easement shall expire on December 31, 2023.

IN WITNESS WHEREOF, GRANTOR has caused this instrument to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

GRANTOR:

BY: \_\_\_\_\_  
Danny K. Eirich

BY: \_\_\_\_\_  
JoAnn Eirich

STATE OF WISCONSIN )  
 ) SS  
COUNTY OF SHEBOYGAN )

Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 2022, the above named Danny K. Eirich and JoAnn Eirich, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_

Accepted By: **CITY OF SHEBOYGAN**

\_\_\_\_\_  
Ryan Sorenson  
City of Sheboygan - Mayor

\_\_\_\_\_  
Meredith DeBruin  
City of Sheboygan - City Clerk

STATE OF WISCONSIN )  
 ) SS  
COUNTY OF SHEBOYGAN )

Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 2022, the above named Ryan Sorenson, Mayor, and Meredith DeBruin, City Clerk, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_

Acceptance by the City of Sheboygan is authorized by and in accordance with Res. No.       -22-23      

This document drafted by:  
Charles C. Adams  
City Attorney  
Sheboygan, WI 53081  
WI State Bar No. 1021454

II

R. O. No. 73 - 22 - 23. By DIRECTOR OF PLANNING AND DEVELOPMENT.  
October 17, 2022.

Submitting a letter from the State of Wisconsin Department of Natural Resources informing the City of Sheboygan that the Sheboygan Municipal Armory contamination case met the requirements of Wisconsin Administrative Code chs. NR 700 to 799 for case closure with a continuing obligation.

\_\_\_\_\_  
DIRECTOR OF PLANNING AND DEVELOPMENT



October 5, 2022

City of Sheboygan  
Chad Pelishek  
Director of Planning & Development  
828 Center Avenue, Suite 208  
Sheboygan WI 53081  
*Via Electronic Mail Only to [chad.pelishek@sheboyganwi.gov](mailto:chad.pelishek@sheboyganwi.gov)*

**KEEP THIS LEGAL DOCUMENT WITH YOUR PROPERTY RECORDS**

SUBJECT: Case Closure with Continuing Obligations  
Sheboygan Municipal Armory, 516 Broughton Dr, City of Sheboygan, WI  
BRRTS #: 02-60-586609, Parcel #: 59281112980

Dear Mr. Chad Pelishek:

The Wisconsin Department of Natural Resources (DNR) is pleased to inform you that the Sheboygan Municipal Armory contamination case identified above met the requirements of Wisconsin Administrative (Wis. Admin.) Code chs. NR 700 to 799 for case closure with a continuing obligation. Continuing obligations are legal requirements to address potential exposure to remaining contamination. No further investigation or remediation is required at this time for the reported hazardous substance discharge and/or environmental pollution.

However, you, future property owners and occupants of the property must comply with the continuing obligation as explained in this letter, which may include maintaining certain features and notifying the DNR and obtaining approval before taking specific actions. You must provide this letter and all enclosures to anyone who purchases, rents or leases this property from you. You may be required to make a real estate condition report disclosure under Wis. Stat. ch. 709.

This case closure decision is issued under Wis. Admin. Code chs. NR 700 to 799 and is based on information received by the DNR to date. The DNR reviewed the case closure request for compliance with state laws and standards and determined the case closure request met the notification requirements of Wis. Admin. Code ch. NR 725, the response action goals of Wis. Admin. Code § NR 726.05(4), and the case closure criteria of Wis. Admin. Code §§ NR 726.05, 726.09 and 726.11, and Wis. Admin. Code ch. NR 140.

The Sheboygan Municipal Armory site, which is approximately 2.5 acres, was originally developed with a lumber yard and residential properties prior to 1891. In 1941, a 52,000 square-foot two-story concrete building was constructed and operated as an armory and public auditorium until the early 2010s. The armory and public auditorium was demolished in 2020 and the site is currently vacant. In May 2015 a Phase II Environmental Site Assessment was conducted on the site, volatile organic compounds (VOCs), Resource Conservation and Recovery Act (RCRA) metals, and polynuclear aromatic hydrocarbons (PAHs) were analyzed with detections of petroleum VOCs, RCRA metals, and PAHs. Soil and groundwater were further investigated along the southeastern and southern property boundaries from an unknown discharge of hazardous substances and/or environmental pollution. Case closure is granted for the volatile organic compounds (VOCs), RCRA metals, and PAHs, as documented in the case file. No remedial action was taken. Contamination remains in soil in along the southeastern and southern property boundaries.

October 5, 2022  
Chad Pelishek, City of Sheboygan  
Case Closure with Continuing Obligations  
Sheboygan Municipal Armory, BRRTS #: 02-60-586609

The case closure decision and the continuing obligation required were based on the current use of the site for commercial purposes. The site is currently zoned residential. Based on the land use and zoning, the site meets the non-industrial land use classification under Wis. Admin. Code § NR 720.05(5) for application of residual contaminant levels in soil.

**SUMMARY OF THE CONTINUING OBLIGATION**

A continuing obligation was applied at the following location:

ADDRESS (City of Sheboygan, WI)	CONTINUING OBLIGATION APPLIED
516 Broughton Drive (Source Property)	Residual Soil Contamination

**CLOSURE CONDITIONS**

Closure conditions are legally required conditions which include both continuing obligations and other requirements for case closure (Wis. Stat. § 292.12(2)). Under Wis. Stat. § 292.12(5), you, any subsequent property owners and occupants of the property must comply with the closure conditions as explained in this letter. The property owner must notify occupants for any condition specified in this letter under Wis. Admin. Code §§ NR 726.15(1)(b) and NR 727.05(2). If an occupant is responsible for maintenance of any closure condition specified in this letter, you and any subsequent property owner must include the condition in the lease agreement under Wis. Admin. Code § NR 727.05(3).

DNR staff may conduct periodic pre-arranged inspections to ensure that the conditions included in this are met (Wis. Stat. § 292.11(8)). If these requirements are not followed, the DNR may take enforcement action under Wis. Stat. ch. 292 to ensure compliance with the closure conditions.

**SOIL**

*Continuing Obligations to Address Soil Contamination*

Residual Soil Contamination (Wis. Admin. Code chs. NR 718, NR 500 to 599, and § NR 726.15(2)(b) and Wis. Stat. ch. 289)

Soil contamination remains above individual residual contaminant levels (RCLs) along the southeastern and southern property boundaries, as indicated on the enclosed map (Figure B.2.b., Residual Soil Contamination, September 28, 2022). If contaminated soil is excavated from the locations depicted on the enclosed figure in the future, the property owner or right of way holder at the time of excavation must sample and analyze the excavated soil. If sampling confirms that contamination is present, the property owner or right of way holder at the time of excavation will need to determine if the material is considered solid waste and ensure that any storage, treatment or disposal complies with applicable standards and rules. Contaminated soil may be managed under Wis. Admin. Code ch. NR 718 with prior DNR approval.

October 5, 2022  
Chad Pelishek, City of Sheboygan  
Case Closure with Continuing Obligations  
Sheboygan Municipal Armory, BRRTS #: 02-60-586609

Soil samples collected within the direct contact zone at the site did not have concentrations of PAHs exceeding the  $1 \times 10^{-5}$  cumulative cancer risk or the hazard index of 1 for non-cancer compounds. Therefore, a cover is not required to be maintained over the contaminated soil to prevent direct contact with contaminated soil. In addition, all current and future property owners, occupants and right of way holders need to be aware that excavation of the contaminated soil may pose an inhalation hazard; special precautions may be needed to prevent a threat to human health.

See the Other Closure Requirements section for more details.

### OTHER CLOSURE REQUIREMENTS

#### Pre-Approval Required for Well Construction (Wis. Admin. Code § NR 812.09(4)(w))

DNR approval is required before well construction or reconstruction for all sites identified as having residual contamination and/or continuing obligations. This requirement applies to private drinking water wells and high-capacity wells. To obtain approval, the property owner is required to complete and submit Form 3300-254, Continuing Obligations/Residual Contamination Well Approval Application, to the DNR Drinking and Groundwater program's regional water supply specialist. A well driller can help complete this form. The form can be obtained online at [dnr.wi.gov](http://dnr.wi.gov), search "3300-254." Additional casing may be necessary to help prevent contamination of the well.

#### General Wastewater Permits for Construction-related Dewatering Activities (Wis. Admin. Code ch. NR 200)

The DNR's Water Quality Program regulates point source discharges of contaminated water, including discharges to surface waters, storm sewers, pits, or to the ground surface. This includes discharges from construction-related dewatering activities, including utility work and building construction.

If the property owner or any other person plans to conduct such activities, that person must contact the Water Quality Program and, if necessary, apply for the required discharge permit. If residual soil or groundwater contamination is likely to affect water collected in a pit/trench that requires dewatering, a general permit for discharge of *Contaminated Groundwater from Remedial Action Operations* may be needed. If water collecting in a pit/trench that requires dewatering is expected to be free of pollutants other than suspended solids, oil and grease, a general permit for pit/trench *Dewatering Operations* may be needed. Additional information can be obtained by visiting the DNR website at "[dnr.wi.gov](http://dnr.wi.gov)," search "wastewater general permits."

### SUBMITTALS AND CONTACT INFORMATION

Site, case-related information and DNR contacts can be found online in the Bureau for Remediation and Redevelopment Tracking System (BRRTS) on the Web (BOTW); go to [dnr.wi.gov](http://dnr.wi.gov) and search "BOTW." Use the BRRTS # found at the top of this letter. The site can also be found on the map view, Remediation and Redevelopment Sites Map (RRSM) by searching "RRSM."

Send written notifications to the DNR using the RR Program Submittal Portal at [dnr.wi.gov](http://dnr.wi.gov), search "RR submittal portal" (<https://dnr.wi.gov/topic/Brownfields/Submittal.html>). Questions on using this portal can be directed to me or to the environmental program associate (EPA) for the regional DNR office. Visit [dnr.wi.gov](http://dnr.wi.gov), search "RR contacts" and select the EPA tab (<https://dnr.wi.gov/topic/Brownfields/Contact.html>).

October 5, 2022  
Chad Pelishek, City of Sheboygan  
Case Closure with Continuing Obligations  
Sheboygan Municipal Armory, BRRTS #: 02-60-586609

### CLOSING

The DNR may require additional investigation and/or cleanup actions, if necessary, to be protective of human health and the environment. The case may be reopened under Wis. Admin. Code § NR 727.13 if additional information indicates that contamination on or from the site poses a threat, or for a lack of compliance with a C continuing obligation or closure requirement.

The DNR appreciates your efforts to restore the environment at this site. If you have any questions regarding this letter, please contact me at 920-362-3981 or [Roxanne.Chronert@Wisconsin.gov](mailto:Roxanne.Chronert@Wisconsin.gov).

Sincerely,



Roxanne N. Chronert  
Team Supervisor, Northeast Region  
Remediation & Redevelopment Program

Attachment:

Figure B.2.b., Residual Soil Contamination, dated September 28, 2022

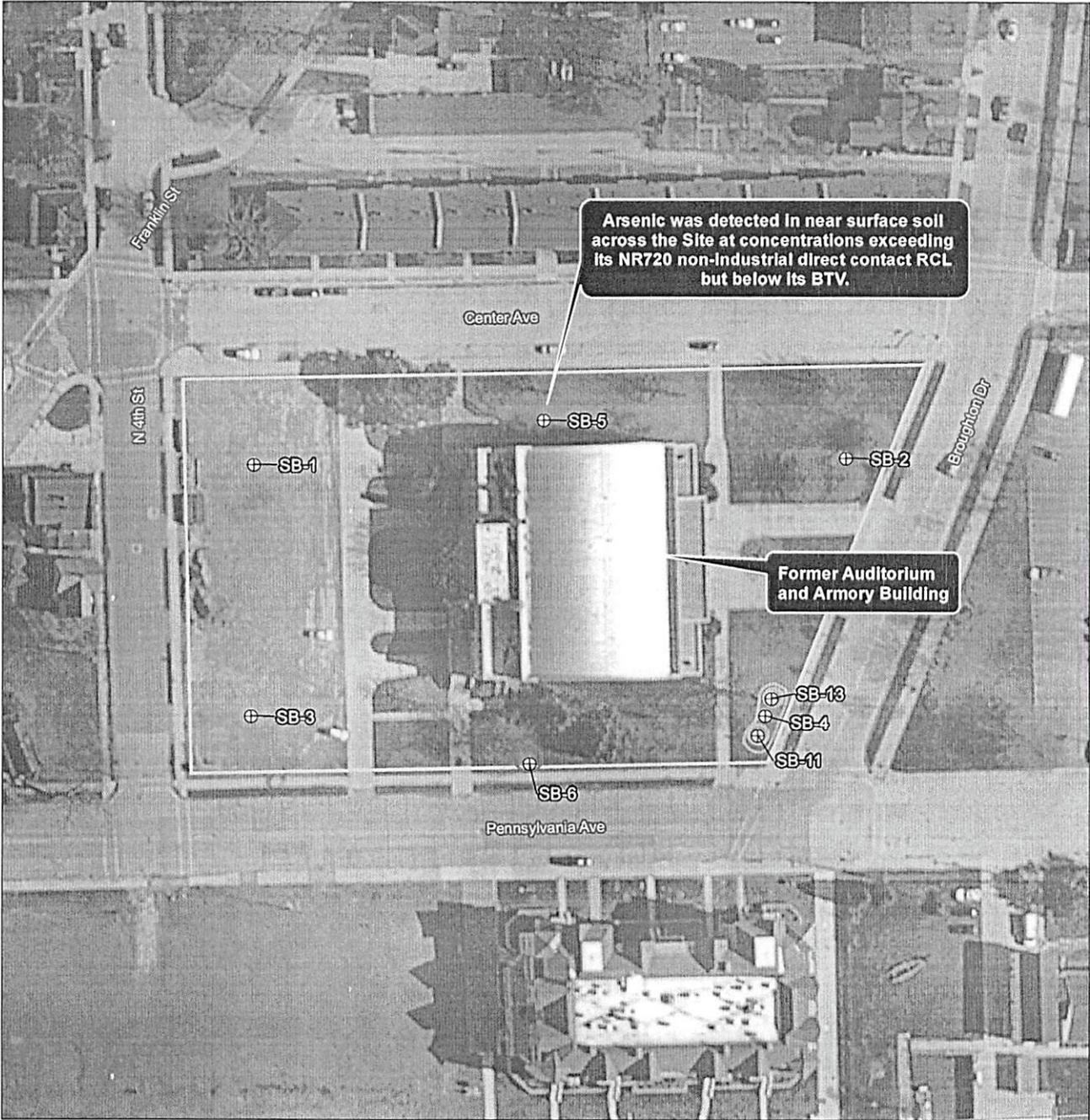
cc. Stu Gross, Stantec Consulting Services, Inc. ([Stu.Gross@Stantec.com](mailto:Stu.Gross@Stantec.com))  
John Budzinski, DNR ([John.Budzinski@wisconsin.gov](mailto:John.Budzinski@wisconsin.gov))

Additional Resources:

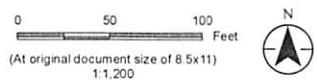
The DNR fact sheets listed below can be obtained by visiting the DNR website at “[dnr.wi.gov](http://dnr.wi.gov),” search the DNR publication number.

- *Guidance for Electronic Submittals for the Remediation and Redevelopment Program (RR-690)*
- *Continuing Obligations for Environmental Protection (RR-819)*
- *Environmental Contamination and Your Real Estate (RR-973)*
- *Post-Closure Modifications: Changes to Property Conditions after a State-Approved Cleanup (RR-987)*

I:\scrip\_data\Virtual\_Venue\workspace\workgroup\19370647503\_data\figs\_cad\figs\mxd\Sheboygan Army\Case Closure\fig4\_cc\_soil\_cont\_resid\_19370647503.mxd Revised: 2022-09-28 By: dblanke



- Legend**
- Approximate Project Boundary
  - + Soil Boring Location
  - General extent of residual benzene soil contamination exceeding the NR720 groundwater pathway RCL
  - General extent of residual benzo(a)pyrene soil contamination exceeding the NR720 non-industrial direct contact RCL
  - General extent of residual chrysene soil contamination exceeding the NR720 groundwater pathway RCL



Project Location: T15N, R23E, S23  
 C. of Sheboygan, Sheboygan Co., WI  
 Client/Project: City of Sheboygan, Sheboygan Army Case Closure Request  
 Prepared by DBB on 2022-08-26  
 TR by AS on 2022-08-26  
 IR by SG on 2022-08-26  
 193708786

Figure No: **B.2.b.**  
 Title: **Residual Soil Contamination**

RCL = Residual Contaminant Level  
 BTV = Background Threshold Value

Disclaimer: This document has been prepared based on information provided by others as cited in the Notes section. Stantec has not verified the accuracy and/or completeness of this information and shall not be responsible for any errors or omissions which may be incorporated herein as a result. Stantec assumes no responsibility for data supplied in electronic format, and the recipient accepts full responsibility for verifying the accuracy and completeness of the data.

II

R. O. No. 71 - 22 - 23. By FIRE CHIEF. October 17, 2022.

Pursuant to section 50-564 of the Municipal Code, I herewith submit my quarterly report of Benchmark Measurements for the Fire Department, for the period commencing July 1, 2022 and ending September 30, 2022.

### 2022 Third Quarter Benchmarks

	2021 Third Quarter	2021 YTD	2022 Third Quarter	2022 YTD	2022 Goals
<b>Incident Types</b>					
Fires	17	66	26	70	< 90
Rescue & Emergency Medical Service	1,314	3,543	1,336	3,902	4,900
Non Fires	420	1,004	361	1,201	1,400
<b>TOTAL</b>	<b>1,751</b>	<b>4,613</b>	<b>1,723</b>	<b>5,173</b>	<b>6,300</b>
<b>Station Incident Count Per Station</b>					
Station 1	570	1,340	519	1,527	1,825
Station 2	322	920	313	894	1,225
Station 3	370	1,082	408	1,290	1,500
Station 4	317	825	293	908	1,150
Station 5	158	421	132	467	600
Mutual Aid Given	14	25	58	87	
Mutual Aid Received	N/A	N/A	23	42	
Overlapping Calls (Percentage)	N/A	N/A	64%	65%	
Overlapping Calls (Count)	N/A	N/A	1,109	3,364	
<b>Fire Loss</b>					
Number of Incidents	10	42	21	44	
Total Pre Incident Value	\$ 1,954,700	\$ 93,685,490	\$ 22,292,250	\$ 37,603,800	
Total Property Loss	\$ 85,000	\$ 375,350	\$ 243,290	\$ 567,790	
Total Content Loss	\$ 54,350	\$ 480,817	\$ 559,350	\$ 1,001,540	
Total Loss	\$ 139,350	\$ 856,167	\$ 802,640	\$ 1,569,330	
Average Loss	\$ 13,935	\$ 20,384.93	\$ 38,220.95	\$ 35,667	
Property Saved	\$ 1,815,350	\$ 92,829,323.00	\$ 21,489,610.00	\$ 36,034,470	
<b>Workload</b>					
Inspections	1,290	1,909	1,528	2,296	2,300
School Safety Programs (Students)	1,744	1,744	2,548	2,548	3,200
Public Events	19	43	39	56	60
Station Tours	1	5	3	11	25
Non-Compliance/ Installed Smoke Alarms	23/36	42/65	24/28	36/38	
Fire Training Hours	1,005	3,928	1,697	5,197	8,000
EMS Training Hours	345.50	1,551	463	1,057	2,100
Investigations	15	64	25	67	
<b>Efficiency</b>					
EMS Average Response Time (360 Seconds)	N/A	N/A	N/A	N/A	
Fire Average Response Time (380 Seconds)*	81%	79%	77%	76%	90%
<b>Effectiveness</b>					
Resident Satisfaction Rating	99%	99%	N/A	N/A	
ISO Rating	2	2	2	2	1

Note: Resident Satisfaction rating was not a metric on the 2022 Baker Tilly Study. Therefore, there is no current data.  
\*Fire response 380 seconds or less per NFPA standards

UAB

FIRE CHIEF

R. O. No. 70 - 22 - 23. By CHIEF OF POLICE CHRISTOPHER DOMAGALSKI.  
October 17, 2022.

Pursuant to section 54-65 of the Municipal Code, I herewith submit my quarterly report showing the Benchmark Measurements for my department for the period commencing July 1, 2022 and ending September 30, 2022.

	2020 Actual	Y-T-D 9/30/21	2021 Actual	Y-T-D 9/30/22	2022 Goals
<u>Patrol and Investigations</u>					
Homicide	2	0	1	0	0
Rape	20	31	39	25	20
Robbery	14	3	5	8	10
Aggravated Assault	107	70	112	86	100
Burglary	96	57	82	59	100
Theft	689	409	563	450	800
Motor Vehicle Theft	35	27	34	25	30
Arson	10	3	5	8	10
Part 1 Total Crimes	973	600	841	661	900
Percent of Offenses Cleared	56%	43%	47%	58%	70%
Value of Property Stolen	\$475,001	\$572,004	\$711,334	\$492,763	\$500,000
Value of Property Recovered	\$389,071	\$262,055	\$321,044	\$288,547	\$200,000
Percent of Stolen Recovered	82%	46%	45%	59%	40%
Accident Investigations	1,340	1,039	1,365	1,055	1,500
Traffic Stops	3,455	3,389	4,395	4,345	No Goal
Traffic Arrests	2,611	2,323	3,016	2,782	No Goal
Other Arrests	2,646	2,011	2,810	2,250	No Goal
Speed Trailer Deployments	8	22	29	11	20
HVEE Deployments	1	54	65	57	12
Parking Tickets Issued	6,098	5,045	6,631	6,045	10,000
Bicycles Recovered	118	110	190	115	150
Involuntary Commitments	101	107	144	105	No Goal
<u>Administration</u>					
District Attorney Request for Digital Evidence	1,216	812	1,142	837	2,750
Open Records Requests	7,318	5,104	6,502	5,015	4,000
Nixle Messages Sent	97	61	78	79	250
Press Releases	20	15	18	20	50
Tweets	92	87	111	104	350
Facebook Followers*	15,449	15,488	16,749	17,262	17,000
Reported Crime Maps	100	79	98	68	104
Crime Comparison Reports	24	19	22	16	26

\*Facebook no longer reports likes which were previously tracked

CHIEF OF POLICE

III

Res. No. 80 - 22 - 23. By Alderpersons Mitchell and Filicky-Peneski.  
October 17, 2022.

A RESOLUTION deeming the Director of Human Resources and Labor Relations, or, in the absence of a Director of Human Resources and Labor Relations, the Finance Director/Treasurer, to be the Plan Coordinator for the City of Sheboygan's MissionSquare Retirement Plan.

WHEREAS, the City provides employees an optional retirement savings plan through MissionSquare Retirement; and

WHEREAS, the Common Council is required by MissionSquare to appoint a City employee to oversee the plan's administration through human resources and payroll; and

WHEREAS, the appointment may be ex officio and may provide for an alternate in case of a vacancy in the office held by the city's primary administrator.

NOW, THEREFORE, BE IT RESOLVED: That the Director of Human Resources and Labor Relations shall serve as the Plan Coordinator for the City of Sheboygan's MissionSquare Retirement Plan.

BE IT FURTHER RESOLVED: That in the absence of a Director of Human Resources and Labor Relations, the Finance Director/Treasurer shall serve as the Plan Coordinator for the City of Sheboygan's MissionSquare Retirement Plan.

BE IT FURTHER RESOLVED: That said Plan Coordinator shall cast on behalf of the City of Sheboygan any required votes under VantageTrust and may delegate administrative duties relating to the Plan to appropriate departments.

*Suspend Rules  
adopt Res*

BE IT FURTHER RESOLVED: That said Plan Coordinator is hereby authorized to execute all necessary agreements with MissionSquare Retirement incidental to the administration of the Plan.

\_\_\_\_\_  
\_\_\_\_\_

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. 81 - 22 - 23. By Alderpersons Felde, Filicky-Peneski, and Perrella. October 17, 2022.

A RESOLUTION reaffirming the Common Council's commitment to Diversity, Equity, Inclusion, and Belonging.

WHEREAS, Sheboygan is a diverse community; and

WHEREAS, leaders need to strive for continued improvement; and

WHEREAS, the Common Council understands that our constituents expect excellence, and quality public services; and

WHEREAS, the Common Council believes that our leaders and staff need to be held to a high standard on matters of equity.

NOW, THEREFORE, BE IT RESOLVED: That the Common Council reaffirms its commitment to Diversity, Equity, Inclusion, and Belonging.

BE IT FURTHER RESOLVED: That the Common Council recognizes that the City of Sheboygan has more work to do on this journey.

BE IT FURTHER RESOLVED: That the Common Council reaffirms that city employees are hard-working with good intentions that believe in public service and making Sheboygan a great community where everyone can thrive.

*Suspend Rules  
Adopt Res*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

VIII

R. C. No. 110 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE.  
October 17, 2022.

Your Committee to whom was referred Res. No. 77-22-23 by Alderpersons Mitchell and Filicky-Peneski authorizing the creation of a Crisis Co-Response Pilot Program in conjunction with Sheboygan County and authorizing the expenditure of certain funds to support the program; recommends adopting the Resolution.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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

III

Res. No. 77 - 22 - 23. By Alderpersons Mitchell and Filicky-Peneski.  
October 3, 2022.

A RESOLUTION authorizing the creation of a Crisis Co-Response Pilot Program in conjunction with Sheboygan County and authorizing the expenditure of certain funds to support the Program.

WHEREAS, mental health, substance abuse, crisis response, and barriers to accessing care continue to be of significant concern in our community and nation; and

WHEREAS, the numbers of youth and adults reporting symptoms of anxiety or depressive disorder, suicidal ideation and rates, substance use, and drug overdose deaths have all been on the rise since the start of the pandemic; and

WHEREAS, communities of color, adults with job loss or lower incomes, essential workers, and women with children seem to be especially affected by these concerns; and

WHEREAS, twenty-three individuals representing sixteen Behavioral Health related organizations in Sheboygan County analyzed the major gaps identified by recent community assessments and recommended four services for ARPA funding to improve the behavioral health of our community; and

WHEREAS, the highest priority ranking among those four services was given to a Crisis Co-Response Pilot program involving the Sheboygan Police Department to be used to enhance trauma informed and Behavioral Health expertise of emergency services via embedding County Crisis staff within Dispatch and City of Sheboygan Police vehicles; and

WHEREAS, said program would involve expansion by the Sheboygan County Health and Human Services Department to expand an existing mobile crisis contract with Vista Care to include an additional 8.22 FTEs of crisis staff which would be used to provide 16 hours per day coverage of co-response in the community as well as 16 hours per day coverage of phone response within the dispatch center; and

WHEREAS, this new program would include the provision by the Sheboygan Police Department of office space and fingerprint-based background investigations and clearances so that crisis workers can have full access to the police facility; and

FHP

WHEREAS, Behavioral Health Crisis Services are listed as an enumerated eligible use of funding that is responding to public health and negative economic impacts of the pandemic; and

WHEREAS, Sheboygan County, via its Resolution 01 (2022/23) authorized the expenditure of a portion of Sheboygan County's American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Fund Program (SLFRF) funds on a Crisis Co-Response Pilot program with the Sheboygan Police Department; and

WHEREAS, Sheboygan County has committed a total of \$539,494 of SLFRF funds (\$140,268 in 2022, \$194,218 in 2023, and \$205,008 in 2024) to said program; and

WHEREAS, the City of Sheboygan has available to it certain ARPA funds that it is authorized and desires to employ to assist in the funding of the Crisis Co-Response Pilot program.

NOW, THEREFORE, BE IT RESOLVED: That it is in the best interest of the City to fund the Crisis Co-Response Pilot program with ARPA funds it has at its disposal.

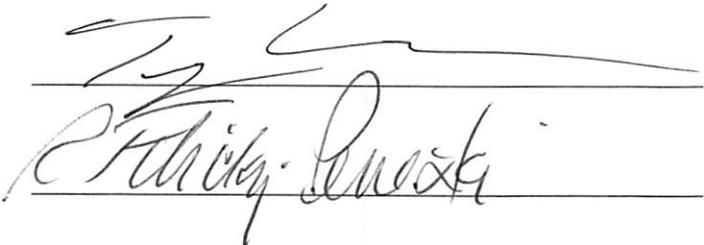
BE IT FURTHER RESOLVED: That the officers and employees of the City of Sheboygan shall take all action necessary as reasonably required to carry out, give effect to, and consummate the creation and funding of the Crisis Co-Response Pilot program in conjunction with Sheboygan County.

BE IT FURTHER RESOLVED: That nothing contained in this Resolution or any other instrument shall be construed with respect to the City as incurring a pecuniary liability or charge upon the general credit of the City or against its taxing power, nor shall the breach of any agreement related to the Crisis Co-Response Pilot program authorized by this Resolution or any other instrument or document executed in connection with the program impose any pecuniary liability upon the City or any charge upon its general credit or against its taxing power.

BE IT FURTHER RESOLVED: That, subject to the appropriation of funds, the appropriate City officials are authorized to draw funds in the total amount of \$539,494 (including \$144,640 in 2023, \$192,402 in 2024, and \$202,452 in 2025) from Account No. 202000-580100 (Federal Grants Fund - Contributions/Grants) for the purpose of funding the Crisis Co-Response Pilot Program.

BE IT FURTHER RESOLVED: That the Finance Director is directed to take all actions needed, including the drafting of any needed budget transfer resolutions and inclusion of necessary appropriations in future budget resolutions, so as to provide the opportunity for the Common Council to appropriate the necessary funds in each year.

BE IT FURTHER RESOLVED: That this Resolution shall be effective immediately upon its approval and adoption.

  
\_\_\_\_\_

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

VIII

R. C. No. 111 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE.  
October 17, 2022.

Your Committee to whom was referred Res. No. 78-22-23 by Alderpersons Mitchell and Filicky-Peneski adopting certain changes to the City's Medical Benefit Plan and Dental Benefit Plan effective for calendar year 2023 coverage and establishing the monthly premium equivalent rates effective for January 2023 coverage and thereafter; recommends adopting the Resolution.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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

III

Res. No. 78 - 22 - 23. By Alderpersons Mitchell and Filicky-Peneski.  
October 3, 2022.

A RESOLUTION adopting certain changes to the City's Medical Benefit Plan and Dental Benefit Plan effective for calendar year 2023 coverage and establishing the monthly premium equivalent rates effective for January 2023 coverage and thereafter.

RESOLVED: That the following changes to the City of Sheboygan's Medical Benefit Plan and Dental Benefit Plan effective for calendar year 2023 are hereby adopted\*:

1) 2023 Health Insurance Monthly Premium Rates

a) The monthly premium for health insurance in 2023 shall be as follows:

<u>Coverage</u>	
Single	\$ 914.90
Employee with spouse	\$1,740.56
Employee with children	\$1,577.78
Family	\$2,405.16

b) The monthly employee premium equivalent rates for full-time employees who participate in the annual physical exam shall be:

<u>Coverage</u>	
Single	\$ 80.04
Employee with spouse	\$ 152.30
Employee with children	\$ 138.06
Family	\$ 210.44

FAP

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\* Nothing in this Resolution shall be interpreted as contradicting any approved collective bargaining agreement. Part-time employees will generally pay 50% of the total monthly premium. However, for example, the City's collective bargaining agreement with Amalgamated Transit Union Local 998 provides that certain part-time employees will pay a lower amount of the total monthly premium.

- c) The monthly employee premium equivalent rates for full-time employees who do not participate in the annual physical exam shall be:

<u>Coverage</u>	
Single	\$ 137.24
Employee with spouse	\$ 261.08
Employee with children	\$ 236.67
Family	\$ 360.77

- d) The monthly employee premium equivalent rates for part-time, eligible employees shall be:

<u>Coverage</u>	
Single	\$ 457.44
Employee with spouse	\$ 870.28
Employee with children	\$ 788.90
Family	\$1,202.58

- e) The monthly employee premium equivalent rates for retirees shall be:

<u>Coverage</u>	
Single	\$ 914.90
Employee with spouse	\$1,740.56
Employee with children	\$1,577.78
Family	\$2,405.16

2) 2023 Dental Insurance Monthly Premium Rates

- a) The monthly premium for dental insurance in 2023 shall be as follows:

<u>Coverage</u>	
Single	\$ 47.52
Employee with spouse	\$ 95.88
Employee with children	\$ 107.14
Family	\$ 157.42

- b) The monthly employee premium equivalent rates for full-time employees shall be:

Coverage

Single	\$	7.14
Employee with spouse	\$	14.38
Employee with children	\$	16.08
Family	\$	23.62

- c) The monthly employee premium equivalent rates for part-time, eligible employees shall be:

Coverage

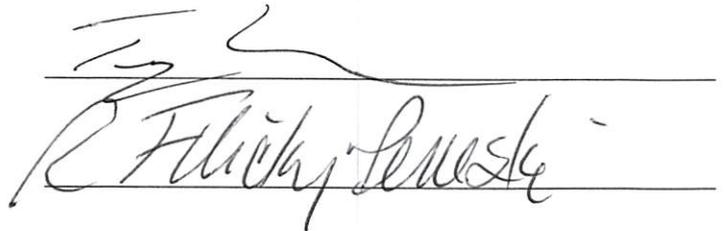
Single	\$	23.76
Employee with spouse	\$	47.94
Employee with children	\$	53.57
Family	\$	78.71

- 3) In 2023, the City will partially fund a Health Savings Account (HSA) for employees and/or family members (eligibility follows IRS guidelines) on the City's Health Insurance Plan as of January 1, 2023. Except in the case of a collective bargaining agreement that states otherwise, the maximum City funding amounts will total \$750 for those with single coverage and \$1,500 for those with employee plus spouse, employee plus child(ren), and full family coverage. Additionally:

- a) The City Administrator shall have the authority to determine the schedule on which the City's HSA contributions will be made, so long as at least half of the total contribution is made in January 2023.
- b) HSA contributions are issued to an employee and/or family member based on eligibility of the employee on January 1. Mid-year changes for an active plan participant after January 1 are not eligible for HSA contributions. COBRA-only and retiree participants are not eligible for the City contribution to the HSA.
- c) For the avoidance of doubt, no contributions will be made for those new to the Plan after January 1, 2023.
- d) Employees/retirees who are eligible for the HSA are responsible for notifying the Human Resources Department if the employee/retiree is or will be an active participant of a secondary government-issued health insurance, such as

Medicare or Tricare, as of January 1 of the Plan year. Following IRS guidelines, neither the City nor the employee may contribute to an HSA account if the employee is also participating in the government plan.

- e) Employees and eligible retirees who elect the family plan, employee plus child(ren) plan, or the employee plus spouse plan remain eligible for the applicable HSA contributions, even if their dependent is on a government issued plan, so long as their spouse is not listed on the employee's HSA account. Once an employee is not eligible for the HSA contributions, no HSA contribution will be provided to spouse and/or dependents on the Plan.
- 4) For the sake of clarity, other items relating to the Medical Benefit Plan and the Dental Benefit Plan which are not changed by this Resolution, such as the deductible amount, the co-insurance amount, the maximum out-of-pocket amount, the spousal surcharge, and the opt-out incentive are unchanged for calendar year 2023 coverage. The current status of these items is found in Res. No. 67-20-21.



A handwritten signature in cursive, appearing to read "R. Flinchbaugh", is written over a horizontal line.

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

~~IV~~

R. C. No. 112 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE.  
October 17, 2022.

Your Committee to whom was referred Gen. Ord. No. 11-22-23 by Alderpersons Perrella, Felde, Ramey, Rust, and Salazar amending Sec. 82-1 of the Sheboygan Municipal Code so as to provide for a minimum wage of \$15.00 per hour for all City of Sheboygan employees whose compensation ins under the authority of the Common Council and set by the City's employee classification and compensation program; recommends adopting the Ordinance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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

Gen. Ord. No. 11 - 22 - 23. By Alderpersons Perrella, Felde, Ramey, Rust, and Salazar. October 3, 2022.

AN ORDINANCE amending sec. 82-1 of the Sheboygan Municipal Code so as to provide for a minimum wage of \$15.00 per hour for all City of Sheboygan employees whose compensation is under the authority of the Common Council and set by the City's employee classification and compensation program.

THE COMMON COUNCIL OF THE CITY OF SHEBOYGAN DO ORDAIN AS FOLLOWS:

Section 1. Section 82-1 of the Municipal Code entitled "Responsibility for maintenance and approval of program" is hereby amended so as to add subsection (c) to read as follows:

"Sec. 82-1. - Responsibility for maintenance and approval of program.

. . .

(c) Notwithstanding the terms of the program, no employee of the city, except those excluded pursuant to Sec. 82-23, shall be paid less than \$15.00 per hour. This subsection shall not apply to election inspectors. Any employee whose salary would otherwise be less than \$15.00 per hour because of the terms and calculations within the program shall be paid \$15.00 per hour.

(d) Boards and commissions may choose to have the provisions of subsection (c) apply to their employees pursuant to Sec. 82-8."

Section 2. General Ordinance No. 48-15-16, establishing the salaries of crossing guards, is hereby repealed.

FP

Section 3. All ordinances or parts thereof in conflict with the provisions of this ordinance are hereby repealed to the extent of such conflict, and this ordinance shall be in effect from and after its passage and publication.

*Barbara Felde*  
*As Rec*  
*[Signature]*

*Grant P. Kelly*  
*[Signature]*

I HEREBY CERTIFY that the foregoing Ordinance 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

IV

R. C. No. 114 - 22 - 23. By PUBLIC WORKS COMMITTEE. October 17, 2022.

Your Committee to whom was referred Com. No. 1-22-23 presented to Council by Alderpersons Felde and Filicky-Peneski submitting a communication from James Slinkman, Senior Vice President, Associate General Counsel for Advocate Aurora Health regarding Aurora Sheboygan Memorial Medical Center Lot Line adjustment for the property commonly known as 2507 N. 7<sup>th</sup> Street, Sheboygan, WI; recommends accepting and filing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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

I

Com. No. 1 - 22 - 23. October 3, 2022.

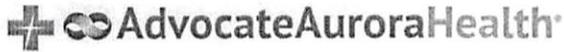
Submitting a communication from James Slinkman, Senior Vice President, Associate General Counsel for Advocate Aurora Health regarding Aurora Sheboygan Memorial Medical Center Lot Line adjustment for the property commonly known as 2507 N. 7<sup>th</sup> Street, Sheboygan, WI.

Presented to the Common Council by Alderpersons Felde and Filicky-Peneski.

Barbara Felde

R. Filicky-Peneski

PW



Advocate Aurora Health  
3075 Highland Parkway  
Suite 600  
Downers Grove, IL 60515  
T (630) 572-9393  
F (630) 990-4752  
advocateaurorahealth.org

September 26, 2022

**VIA OVERNIGHT DELIVERY:**

City of Sheboygan Common Council  
City Hall, 3<sup>rd</sup> Floor – Council Chambers  
828 Center Avenue  
Sheboygan WI 53081

c/o Alderperson and Council Vice President, Roberta Filicky-Peneski, District 2 (Wards 3, 4)  
([Roberta.filicky-peneski@sheboyganwi.gov](mailto:Roberta.filicky-peneski@sheboyganwi.gov))

c/o Alderperson and Council President, Barb Felde, District 1 (Wards 1, 2)  
([barbara.felde@sheboyganwi.gov](mailto:barbara.felde@sheboyganwi.gov))

**Re: Aurora Sheboygan Memorial Medical Center Lot Line adjustment for the property commonly known as 2507 N. 7<sup>th</sup> St. Sheboygan, WI (Property)**

Dear Common Council,

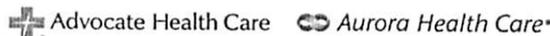
As discussed with Todd Wolf and Chuck Adams, we are in the process of working with the owner of the Property to adjust the property lot line. The lot line would be adjusted by moving the northern lot line of the Property ten (10) feet to the north of the existing lot line.

Pursuant to the terms of our Re-Development Agreement, we are seeking consent of the Common Council to adjust this property line. Please confirm when this can be added as a consent agenda item before the Common Council and we will have someone attend to answer any questions you might have. We look forward to your cooperation and please let me know if there are any questions related to this request. I can be reached at [james.slinkman@aah.org](mailto:james.slinkman@aah.org) or (630) 929-8155.

Very Truly Yours,

*Jim Slinkman*  
James Slinkman  
Senior Vice President, Associate General Counsel

cc: Mayor Ryan Sorenson, City of Sheboygan (via email [ryan.sorenson@sheboyganwi.gov](mailto:ryan.sorenson@sheboyganwi.gov))  
Todd Wolf, City of Sheboygan, City Administrator (via email [todd.wolf@sheboyganwi.gov](mailto:todd.wolf@sheboyganwi.gov))  
Chuck Adams, City of Sheboygan, City Attorney. (via email [charles.adams@sheboyganwi.gov](mailto:charles.adams@sheboyganwi.gov))  
Jody Kraemer, Memorial Neighborhood Association President (via email [jodylkraemer0602@gmail.com](mailto:jodylkraemer0602@gmail.com))  
Aric Kinney (via email [aric.kinney@aah.org](mailto:aric.kinney@aah.org))  
Kari Wimmer (via email [kari.wimmer@aah.org](mailto:kari.wimmer@aah.org))



VIII

R. C. No. 115 - 22 - 23. By LICENSING, HEARINGS, AND PUBLIC SAFETY COMMITTEE. October 17, 2022.

Your Committee to whom was referred Res. No. 74-22-23 by Alderpersons Felde and Ackley authorizing the Sheboygan Police Department to apply for, and receive funding from, the Wisconsin Department of Administration's 2022 Law Enforcement Agency Grant; recommends adopting the Resolution.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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

III

Res. No. 74 - 22 - 23. By Alderpersons Felde and Ackley. October 3, 2022.

A RESOLUTION authorizing the Sheboygan Police Department to apply for, and receive funding from, the Wisconsin Department of Administration's 2022 Law Enforcement Agency Grant.

WHEREAS, the City of Sheboygan Police Department has an opportunity to receive up to \$152,333.74 from the State of Wisconsin Department of Administration ("DOA") that it received from the Coronavirus State Fiscal Recovery Fund pursuant to 42 U.S.C. § 802, as added by section 9901 of the American Rescue Plan Act of 2021; and

WHEREAS, to qualify for this funding, the Police Department must complete an application and enter into a "Memorandum of Understanding Regarding Use of ARPA Funds" ("MOU") with the DOA; and

WHEREAS, the City is not required to match any of the funding received from this grant; and

WHEREAS, the grant will be available for qualifying expenses incurred between March 15, 2022 to June 30, 2023.

NOW, THEREFORE, BE IT RESOLVED: That the Common Council hereby authorizes the Chief of Police to submit the information necessary to apply for the grant, to sign all grant-related documents including the MOU, and to administer the funds in accordance with the terms and conditions as outlined in the MOU, a copy of which is attached hereto.

LAHS

Barbara Felde  
Bethy Ackley

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

**MEMORANDUM OF UNDERSTANDING  
REGARDING USE OF ARPA FUNDS**

**THIS MEMORANDUM OF UNDERSTANDING** (“MOU”) is made and entered into by and between the Wisconsin Department of Administration (“DOA”), whose principal business address is 101 East Wilson Street, Madison, WI 53703 and the undersigned tribal or local law enforcement agency (“LEA” or “Grantee”), whose address is identified below.

**WHEREAS**, the United States Department of the Treasury (“Treasury Department”) has distributed to DOA funds (“ARPA Funds”) from the Coronavirus State Fiscal Recovery Fund pursuant to 42 U.S.C. § 802, as added by section 9901 of the American Rescue Plan Act of 2021 (“ARPA”); and

**WHEREAS**, DOA is administering such funds through a variety of programs and initiatives; and

**WHEREAS**, a rule issued by the U.S. Treasury Department, which took effect on April 1, 2022 (the “Final Rule”), outlines the eligible uses of ARPA funds to include the provision of government services; and

**WHEREAS**, the program outlined by this MOU constitutes the provision of government services within the meaning of the Final Rule;

**NOW, THEREFORE**, DOA and Grantee agree that DOA shall grant, and Grantee may utilize, certain ARPA Funds, which constitutes direct assistance to Grantee as a beneficiary under the Final Rule, defined in the Program Schedule pursuant to the terms and conditions set forth in this MOU.

The term of this MOU will run from the Effective Date until the expiration of the Program outlined in the Program Schedule.

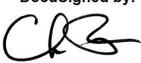
The person(s) signing this MOU on behalf of Grantee certifies and attests to having full and complete authority to bind Grantee, on whose behalf they are executing this document.

**IN WITNESS WHEREOF**, DOA and Grantee have fully executed this MOU as of the date of Grantee’s signature below (“Effective Date”).

**DEPARTMENT OF ADMINISTRATION**

**GRANTEE**

DS  
alt

DocuSigned by:  
  
9A18DCC3BFAD42D...

\_\_\_\_\_

Chris Patton

Name: \_\_\_\_\_

Deputy Secretary

Title: \_\_\_\_\_

Department of Administration

Agency: \_\_\_\_\_

Dated: 8/16/2022 | 12:54 PM CDT

Dated: \_\_\_\_\_

**Federal Award Identification Number:** N/A  
**CFDA #:** 21.027, Coronavirus State and Local Fiscal Recovery Funds  
**Federal Awarding Agency:** Department of the Treasury

## GENERAL TERMS

### **ARTICLE 1. ALLOCATION AMOUNT AND PERMISSIBLE USES OF FUNDS**

The amount of ARPA Funds allocated to Grantee pursuant to this MOU and the purposes for which they may be used are set forth in the relevant Program Schedule. DOA's contribution to the total cost of eligible expenditures reported by a Grantee under this MOU shall not exceed the amount set forth in the relevant Program Schedule. DOA shall not reimburse any costs that are not eligible for reimbursement under ARPA or rules, regulations, or guidance promulgated to implement ARPA.

### **ARTICLE 2. PAYMENT**

Reimbursements shall be made as provided in the relevant Program Schedule. Grantee is solely responsible for demonstrating that expenditures submitted for reimbursement meet the eligibility requirements set forth in the relevant Program Schedule, and for ensuring that any funds disbursed to Grantee are allocated within the Grantee's affiliated local or Tribal government in accordance with any applicable local or Tribal requirements.

### **ARTICLE 3. REPORTING**

Grantee shall provide DOA with all information necessary to comply with all requirements of the Treasury Department and other federal agencies regarding reporting of the uses of ARPA Funds. Grantee will also provide DOA with all information necessary to accomplish any public transparency reporting or Grantee monitoring that DOA deems necessary. Further reporting requirements are outlined in the Program Schedule.

### **ARTICLE 4. APPLICABLE LAWS, RULES, AND REGULATIONS**

This MOU shall be governed by the laws of the State of Wisconsin and the laws of the United States, including without limitation ARPA, the Final Rule, and all other rules and regulations promulgated to implement ARPA. Grantee shall be responsible for ensuring that its uses of the ARPA Funds allocated to it under this MOU comply with all applicable laws, rules, and regulations.

### **ARTICLE 5. NONDISCRIMINATION AND AFFIRMATIVE ACTION REQUIREMENTS**

In connection with the performance of work under this MOU, Grantee agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in Wis. Stat. s. 51.01 (5), sexual orientation or national origin except as otherwise permitted by law. This is with respect to, but is not limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, Grantee further agrees to take affirmative action to ensure equal employment opportunities. Grantee agrees to post in conspicuous places, available for employees and applicants for employment, notices required by law.

Pursuant to 2019 Wisconsin Executive Order 1, Grantee agrees it will hire only on the basis of merit and will not discriminate against any persons performing a contract, subcontract or grant because of military or veteran status, gender identity or expression, marital or familial status, genetic information or political affiliation.

Failure to comply with the conditions of this article may result in the declaration of Grantee ineligibility, the termination of this MOU, or the withholding of funds.

### **ARTICLE 6. COMPLIANCE BY THIRD-PARTY RECIPIENTS OF FUNDS**

If, and to the extent that, the Program Schedule allows Grantee to award funds to third parties, Grantee shall be responsible for ensuring that any third party receiving funds pursuant to the Program complies with all laws, rules, and regulations applicable to the use of those funds by the third party.

**ARTICLE 7. SUBLET OR ASSIGNMENT OF DUTIES**

Grantee shall not sublet or assign all or any part of Grantee's duties or rights under this MOU without prior written approval of DOA.

**ARTICLE 8. REIMBURSEMENT OF FUNDS**

Grantee shall return to DOA any funds paid to Grantee in excess of the amount allocated pursuant to this MOU. If Grantee fails to return excess funds, DOA may deduct the appropriate amount from subsequent payments due to Grantee from DOA. DOA also reserves the right to recover such funds by any other legal means.

Grantee shall be responsible for reimbursement to DOA for any disbursed funds DOA determines have been misused or misappropriated. Any reimbursement of funds required by DOA shall be due upon DOA's written demand to Grantee.

**ARTICLE 9. INDEMNIFICATION**

In carrying out the provisions of this MOU or in exercising any power or authority contracted to Grantee thereby, there shall be no personal liability upon the State, it being understood that in such matters the Division and the Department act as agents and representatives of the State.

Grantee shall indemnify and hold harmless the State and all of its officers, agents and employees from all suits, actions or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of Grantee, or of any of its agents or sub-Grantees, in performing work under this MOU.

Grantee shall indemnify and hold harmless the State and all of its officers, agents and employees from all suits, actions or claims of any character brought for or on account of any obligations arising out of agreements between Grantee and third parties to perform services or otherwise supply products or services. Grantee shall also hold the State harmless for any audit disallowance related to the allocation of administrative costs under this MOU, irrespective of whether the audit is ordered by a federal or state agency or by a court.

**ARTICLE 10. FINANCIAL MANAGEMENT**

Grantee's chart of accounts and accounting system shall permit timely preparation of reports of expenditures as required by DOA.

Records shall be maintained for a period of not less than five years unless the Program requirements are longer.

**ARTICLE 11. CONFLICTS OF INTEREST AND ETHICS**

No person who is an employee, agent, consultant, or officer of Grantee, or an elected or appointed official, and who exercises or has exercised any functions or responsibilities with respect to activities supported by and described in this MOU, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any agreement or subcontract with respect thereto or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure. Receipt of earnings from Grantee by employees of Grantee shall not be considered a conflict of interest, but otherwise employees of Grantee shall be fully bound by the requirements of this Article. Upon request, DOA can make exceptions to this requirement after full disclosure and where DOA determines that such exception is in the best interests of the State and is not contrary to state or federal laws.

Grantee agrees to disclose to DOA in writing any potential conflict of interest affecting the awarded funds so it can determine its own disclosure obligations to the Treasury Department in accordance with Treasury Department policy.

Grantee, its agents and employees shall observe all relevant provisions of the Ethics Code for Public Officials under Wis. Stat. ch. 19, subch. III, and the State Employee Code of Ethics, Wis. Admin. Code Ch. ER-MRS 24.

#### **ARTICLE 12. TERMINATION OF AGREEMENT**

DOA may terminate this MOU at any time with or without cause by delivering notice to Grantee.

#### **ARTICLE 13. AMENDMENT**

This MOU may be amended by mutual consent of the parties. Amendments shall be in writing and signed by the parties. Changes to the amount of funds allocated under this MOU or the purposes for which those funds may be used may be documented by amending the relevant Program Schedule.

#### **ARTICLE 14. SEVERABILITY**

If any provision of this MOU shall be adjudged to be unlawful, then that provision shall be deemed null and void and severable from the remaining provisions and shall in no way affect the validity of this MOU.

#### **ARTICLE 15. SURVIVAL OF REQUIREMENTS**

Unless otherwise authorized in writing by DOA, the terms and conditions of this MOU shall survive the Performance Period and shall continue in full force and effect until Grantee has completed and is in compliance with all the requirements of this MOU.

#### **ARTICLE 16. EXAMINATION OF RECORDS**

DOA, or any of its authorized representatives, shall have access to and the right at any time to examine, audit, excerpt, transcribe, and copy on Grantee's premises any directly pertinent records and computer files of Grantee involving transactions relating to this MOU. If the material is held in an automated format, Grantee shall provide copies of these materials in the automated format or such computer file as may be requested by DOA. Such material shall be retained until such time as DOA notifies otherwise.

This provision shall also apply in the event of cancellation or termination of this MOU. Grantee shall notify DOA in writing of any planned conversion or destruction of these materials at least 90 days prior to such action. Any charges for copies provided by Grantee of books, documents, papers, records, computer files or computer printouts shall not exceed the actual cost thereof to Grantee and shall be reimbursed by DOA.

#### **ARTICLE 17. LOBBYING**

Funds provided to Grantee pursuant to this MOU may not be used to influence federal contracting or financial transactions.

## PROGRAM SCHEDULE

### TRIBAL AND LOCAL LAW ENFORCEMENT AGENCY INITIATIVE

This Program Schedule outlining the Tribal and Local Law Enforcement Agency Initiative (the “Program”) is attached to and incorporated into the Memorandum of Understanding Regarding Use of ARPA Funds (“MOU”) between DOA and Grantee.

#### **Award Amounts and Permissible Uses:**

**Program:** Tribal and Local Law Enforcement Agency Initiative

**Award Amount:** Each tribal and local law enforcement agency in the State of Wisconsin (referred to herein as “LEAs” or “Grantees”) has been allocated a certain sum (its “Allocation”) based on the size of the population it serves, with an add-on for LEAs serving communities where violent crime exceeds the state average. The Allocation for each LEA is available on the program website (<https://doa.wi.gov/Pages/LocalGovtsGrants/leagrant.aspx>) and incorporated by reference herein.

**Program Duration:** An LEA may use its Allocation to reimburse eligible expenditures incurred **between March 15, 2022 and June 30, 2023**. Expenditures incurred outside that time window are not eligible for reimbursement under this Program. For purposes of this Program, an expenditure is not “incurred” until the LEA or its affiliated Tribal or local government has paid it.

**How it Works:** During a quarterly Reporting Period, an LEA may draw down its Allocation and receive allocated funds by reporting eligible expenditures for reimbursement through the Program’s online reporting system. DOA will process these submissions and reimburse each LEA’s reported eligible expenditures from the remaining balance of its Allocation. The first Reporting Period is expected to occur during a two-week period in September 2022; they will occur on a quarterly basis thereafter until the completion of the Program.

*Example:* An LEA has a \$20,000 allocation. During the September 2022 Reporting Period, it uses the online reporting system to report \$8,000 in eligible expenditures incurred since March 15, 2022. DOA processes the reimbursement request and pays \$8,000 to the LEA, leaving \$12,000 in the LEA’s Allocation. In the next quarterly Reporting Period, the LEA submits another \$7,000 in eligible expenditures. Those eligible expenditures are again processed and reimbursed, leaving the LEA with \$5,000 of its Allocation remaining to reimburse expenditures reported in subsequent Reporting Periods.

**Permitted Uses of Funds:** The Program is intended to provide LEAs with additional resources to help offset certain costs associated with hiring, training, testing, and equipping law-enforcement officers, as well as updating certain technology and policies and implementing new crime-reduction initiatives. The following expenditures are eligible for reimbursement under the Program, subject to the limitations set forth in the MOU, this Program Schedule, and applicable state and federal law:

1. **Recruitment incentives.** The Program will reimburse the costs of certain financial incentives to recruit new officers, jail personnel, and dispatchers (referred to collectively below as “new hires”), as follows:
  - a. The costs of a new hire’s academy or other formal preparatory training, to the extent the new hire’s training costs are reimbursed by the LEA following acceptance of employment.
  - b. A signing bonus of up to \$2,000 for each new hire.
  - c. For each new hire whose most recent employer was an out-of-state governmental agency, an additional bonus of up to \$500 for each year of relevant out-of-state experience as a law enforcement officer, jailer, or dispatcher, up to an additional \$2,000. Thus, for a new hire from an out-of-state law governmental agency with four or more years’ relevant experience, this Program will reimburse the cost of providing a signing bonus of up to \$4,000.

Each new hire who receives recruitment incentives that are reimbursed through this Program must provide the LEA with a written statement affirming that the new hire intends to complete at least three years' continuous employment with the LEA. The LEA is responsible for collecting and maintaining those statements; it does not need to provide copies of those statements when making reimbursement requests unless specifically requested by DOA.

Each LEA is responsible for conducting appropriate background checks on employment candidates. New hires with a record of misconduct are not eligible to receive recruitment incentives that are reimbursed through this Program.

2. **Medical testing.** The Program will reimburse the costs of job-related medical testing of officers, including physical examinations, hearing tests, drug tests, pre-employment psychological examinations, and other medical testing.
3. **Training.** The Program will reimburse the costs of providing training to help reduce violence and improve community safety, including programs to train officers in any of the following subject areas:
  - a. Crisis intervention, including training for interactions with individuals suffering from mental illness and addiction.
  - b. Resiliency and suicide prevention.
  - c. Use-of-force options and de-escalation tactics, including scenario-based training aimed at stabilizing potentially dangerous situations to allow more time and options for safe resolution.
  - d. Implicit bias.
  - e. "Active bystander" training.
  - f. The emergency detention process.
  - g. Homicide investigation.
  - h. Any annual recertification training required by the Wisconsin Law Enforcement Standards Board.
4. **Wellness and counseling programs.** The Program will reimburse the costs of providing wellness, counseling, or behavioral health programs or services to officers.
5. **Officer equipment, fuel, and technology, excluding weapons.** The Program will reimburse the costs of purchasing the following:
  - a. Uniforms, duty belts, holsters, handcuffs, boots, bulletproof vests and other protective gear, radios, flashlights, and other equipment of a similar nature.
  - b. License-plate readers, security cameras, and smart cameras, including thermal imaging cameras and vehicle-mounted cameras.
  - c. Mobile data computers and equipment purchased for the purpose of improving wireless connectivity in LEA vehicles, such as mobile hot spots.
  - d. Body cameras and body camera-activating holsters.
  - e. Upgrades to public safety answering point (PSAP) systems or infrastructure.
  - f. Any accessories, software, services (including installation), or specialized training needed to utilize items in categories 5.a to 5.e above.
  - g. Up to 50 percent of the fuel and charging costs for LEA vehicles.

Weapons (including non-lethal weapons) and ammunition are not eligible for reimbursement through this Program.

6. **Temporary contract personnel.** The Program will reimburse the costs of retaining temporary contract personnel to assist with processing evidence, reducing backlogs, or other tasks that help LEAs conduct criminal investigations. When reporting these expenditures in the online reporting system, the LEA must identify the contractor used and the nature of the services performed.
7. **Sworn law enforcement officers, jail personnel, and dispatchers.** The Program will reimburse certain costs associated with sworn law enforcement officers, as follows:

- a. The additional payroll costs associated with increasing part-time officers, dispatchers, or jail personnel to full-time positions.
  - b. For LEAs that adopt or engage in initiatives to reduce violent crime (including offenses involving firearms), the payroll costs of officers for time worked on such initiatives.
  - c. The payroll costs of officers for time worked on Crisis Intervention Teams.
  - d. For LEAs serving communities where the violent crime rate exceeds the state average, as identified in Appendix 1, the full payroll costs for new hires (as defined in paragraph 1 above) made on or after March 15, 2022.
8. **K9 units.** The Program will reimburse the costs associated with purchasing canines to assist officers with law enforcement functions, including any related training costs.
  9. **Community policing initiatives.** The Program will reimburse costs associated with designing and implementing community policing initiatives, including training, equipment and technology (excluding weapons), temporary contract personnel, or other expenses associated with such initiatives. For purposes of this Program, “community policing initiatives” refer to place-based, community-oriented crime reduction strategies in targeted neighborhoods suffering from chronic crime issues.
  10. **Initiatives to address carjacking and vehicle theft.** The Program will reimburse costs associated with designing and implementing initiatives to prevent and investigate incidents of carjacking and vehicle theft, including training, equipment and technology (excluding weapons), temporary contract personnel, or other expenses associated with such initiatives.
  11. **Updating use-of-force policies to comply with Act 75.** The Program will reimburse costs associated with updating their use-of-force policies to comply with the standards set forth in [2021 Wisconsin Act 75](#), including any costs of training related to these standards.

Expenditures not included in the above categories are not eligible for reimbursement through this Program.

**Procurement limitations:** All expenditures submitted for reimbursement through this Program must comply with Grantee’s local procurement procedures and must avoid conflicts of interest, acquisition of unnecessary or duplicative items, excessive costs, or other waste.

### **Payments:**

Grantee shall make requests for reimbursement payments by reporting eligible expenditures through DOA’s online reporting system during Reporting Periods.

Reimbursement payments shall only be made after the MOU has been fully executed by Grantee and DOA, the Grantee has reported expenses that are eligible for reimbursement in compliance with the MOU and this Program Schedule, and responses are provided by Grantee for any questions from DOA within timeframes designated by DOA.

DOA shall make payment by check or via Automated Clearing House (ACH).

Payments to Grantee that exceed allowable expenses pursuant to the terms of the Agreement, if outstanding at the expiration of this Agreement, shall be repaid to DOA within 60 days of the expiration date of the Performance Period. DOA, in accordance with State procedures, shall reconcile payments and report expenses.

### **Records and Reporting:**

Grantee is responsible for maintaining records sufficient to demonstrate that the expenditures submitted for reimbursement are eligible expenditures under the MOU and this Program Schedule. Grantee will cooperate with

any inquiry and provide any relevant information or records requested by DOA or any of its authorized representatives relating to the expenditures submitted for reimbursement.

Grantee understands that DOA is required to submit quarterly and annual reports to the U.S. Department of Treasury pursuant to the American Rescue Plan Act of 2021. Grantee shall timely provide DOA with all information that may be necessary to comply with those reporting requirements.

Grantee must retain records for a period of at least five years after all ARPA State and Local Fiscal Recovery Funds provided by the Department of Treasury to the State of Wisconsin have been expended or returned to the federal government. Current law requires the State to expend or return such funds no later than December 31, 2026.

### **Administration:**

The DOA employee responsible for the administration of this MOU with respect to this Program Schedule shall be DOA's Administrator of the Division of Intergovernmental Relations or their designee, who shall represent DOA's interest in review of quality, quantity, rate of progress, timeliness, compliance, federal reporting, and related considerations as outlined in this MOU.

The Grantee employee responsible for the administration of this MOU with respect to this Program Schedule shall be the person designated as "contact person" by Grantee, who shall represent Grantee's interest regarding Agreement performance, financial records, and related considerations. DOA shall be immediately notified of any change of this designee.

All correspondence, notices or requests under this MOU shall be in writing, in electronic form or otherwise, to the addresses listed below:

#### **To DOA:**

Dawn Vick  
Administrator  
Division of Intergovernmental Relations  
Department of Administration  
101 E. Wilson St.  
Madison, WI 53703  
E-mail: LEAGrant@wisconsin.gov

#### **To Grantee:**

The "contact person" designated by Grantee

### **Certifications:**

By submitting an expenditure to DOA for reimbursement through this Program, Grantee certifies all the following:

- (1) That the expenditure is a permitted use of funds, as described in this Program Schedule.
- (2) That the expenditure was incurred by the Grantee or its affiliated Tribe, county, city, village, or town and has not been reimbursed by any other third-party source.
- (3) That all other information provided by Grantee to DOA relating to the expenditure is accurate.
- (4) That the Grantee has and will maintain records of the expenditure for the period required by this Program Schedule, including, if applicable, statements affirming that new hires receiving recruitment incentives intend to complete at least three years' continuous employment with Grantee.
- (5) That the Grantee is not a federally debarred contractor and is not on the list of parties excluded from federal procurement and non-procurement contracts.

**Appendix 1**

Adams County Sheriff's Office	Hudson Police Department
Adams Police Department	Iron River Police Department
Altoona Police Department	Janesville Police Department
Antigo Police Department	Jefferson Police Department
Appleton Police Department	Juneau County Sheriff's Office
Ashland County Sheriff's Office	Kaukauna Police Department
Ashland Police Department	Kenosha County Sheriff's Office
Ashwaubenon Police Department	Kenosha Police Department
Baraboo Police Department	Kewaunee County Sheriff's Office
Barron Police Department	Kiel Police Department
Bayfield Police Department	La Crosse Police Department
Beloit Police Department	Lac Courte Oreilles Tribal Police Department
Big Bend Police Department	Lac du Flambeau Police Department
Black River Falls Police Department	Lake Delton Police Department
Bloomer Police Department	Lake Hallie Police Department
Boscobel Police Department	Lake Mills Police Department
Brown Deer Police Department	Lancaster Police Department
Burlington Police Department	Lincoln County Sheriff's Office
Burnett County Sheriff's Office	Madison Police Department
Butler Police Department	Manawa Police Department
Chetek Police Department	Manitowoc Police Department
Chilton Police Department	Marinette Police Department
Chippewa Falls Police Department	Marion Police Department
Clintonville Police Department	Markesan Police Department
Coleman Police Department	Marshall Police Department
Cornell Police Department	Marshfield Police Department
Crandon Police Department	Mauston Police Department
Cudahy Police Department	Mayville Police Department
Dane County Sheriff's Office	Medford Police Department
Delavan Police Department	Menasha Police Department
Dunn County Sheriff's Office	Menominee Tribal Police Department
East Troy Village Police Department	Menomonie Police Department
Eau Claire County Sheriff's Office	Milwaukee Police Department
Eau Claire Police Department	Minocqua Police Department
Elkhorn Police Department	Mondovi Police Department
Elroy Police Department	Monroe County Sheriff's Office
Everest Metro Police Department	Mount Pleasant Police Department
Fennimore Police Department	Muscoda Police Department
Fitchburg Police Department	Neenah Police Department
Florence County Sheriff's Office	New Lisbon Police Department
Fond du Lac Police Department	New Richmond Police Department
Forest County Sheriff's Office	Oak Creek Police Department
Fort Atkinson Police Department	Oconto Police Department
Frederic Police Department	Omro Police Department
Glendale Police Department	Osceola Police Department
Grand Chute Police Department	Oshkosh Police Department
Grantsburg Police Department	Palmyra Police Department
Green Bay Police Department	Phillips Police Department
Greendale Police Department	Platteville Police Department
Greenfield Police Department	Pleasant Prairie Police Department
Hayward Police Department	Plover Police Department
Horicon Police Department	Portage Police Department

Poynette Police Department  
Pulaski Police Department  
Racine Police Department  
Rhineland Police Department  
Rice Lake Police Department  
Ripon Police Department  
Rock County Sheriff's Office  
Rusk County Sheriff's Office  
Sawyer County Sheriff's Office  
Seymour Police Department  
Shawano Police Department  
Sheboygan Police Department  
Shiocton Police Department  
Siren Police Department  
Sparta Police Department  
Spooner Police Department  
Spring Valley Police Department  
St. Croix Falls Police Department  
Stanley Police Department  
Stevens Point Police Department  
Summit Police Department  
Superior Police Department  
Tomah Police Department  
Town of Beloit Police Department  
Town of Brookfield Police Department  
Town of Madison Police Department  
Twin Lakes Police Department  
Two Rivers Police Department  
Washburn Police Department  
Waterloo Police Department  
Watertown Police Department  
Waukesha Police Department  
Waupaca Police Department  
Wausau Police Department  
Wauwatosa Police Department  
Webster Police Department  
West Allis Police Department  
West Bend Police Department  
West Milwaukee Police Department  
West Salem Police Department  
Whitewater Police Department  
Wisconsin Dells Police Department  
Wisconsin Rapids Police Department

III

Other Matters

Item 23.

R. O. No. 74 - 22 - 23. By CITY CLERK. October 17, 2022.

Submitting a request from Zach Cotter for approval to hunt deer on a section of woods within the city limits.

FW

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CITY CLERK

**DeBruin, Meredith**

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**From:** Zach Cotter <cotter.zach@gmail.com>  
**Sent:** Monday, October 17, 2022 12:02 PM  
**To:** DeBruin, Meredith  
**Subject:** Request for Consideration  
**Attachments:** Parcels.JPG

Dear Council Members,

I am writing to ask for approval to hunt deer on a section of woods that falls within the city limits that is very near my house on the southside of Sheboygan.

- The inquiry is for crossbow hunting for deer during the months of November/December 2022 and January 2023 while hunting season remains open.
- The specific parcel numbers I am requesting are as follows:
  - 59281470990 and 59281472510 (I attached a screenshot of an aerial view of the two parcels).

I have hunted for the past 24 years and make a priority to follow all rules/regulations and be a steward for any property that I am allowed to hunt. Below you will find my contact information and DNR Customer ID #.

Thank you for your time and consideration,

Zach Cotter  
5640 Sherwood Drive  
Sheboygan, WI 53081

[cotter.zach@gmail.com](mailto:cotter.zach@gmail.com)  
Cell: (920) 476-9649  
DNR Customer ID #: 461-036-121

