



FINANCE AND PERSONNEL COMMITTEE MEETING AGENDA

September 23, 2024 at 5:00 PM

Council Chambers, 828 Center Avenue, Sheboygan, WI

It is possible that a quorum (or a reverse quorum) of the Sheboygan Common Council or any other City committees/boards/commissions may be in attendance, thus requiring a notice pursuant to State ex rel. Badke v. Greendale Village Board, 173 Wis. 2d 553,494 N.W.2d 408 (1993).

Persons with disabilities who need accommodations to attend this meeting should contact the Finance Department at 920-459-3311. Persons other than council members who wish to participate remotely shall provide notice to the Finance Department at 920-459-3311 at least 24 hours before the meeting so that the person may be provided a remote link for that purpose.

OPENING OF MEETING

1. Call to Order
2. Roll Call - Alderperson Felde may attend meeting remotely
3. Pledge of Allegiance
4. Introduction of Committee Members and Staff

MINUTES

5. Approval of Minutes - September 9, 2024

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. R. O. No. 48-24-25 / August 19, 2024: Submitting a claim from Kathleen Knoll requesting the City pay her plumbing bill; recommends filing the document.
7. R. O. No. 49-24-25 / August 19, 2024: Submitting a claim from Shannon Kroening for alleged damages to her vehicle when struck by the arm of a garbage truck; recommends filing the document.
8. R. O. No. 52-24-25 / September 3, 2024: Submitting a claim from Pamela A. Wenzel for alleged injuries from a fall due to crack in the sidewalk; recommends filing the document.
9. Res. No. 78-24-25 / September 16, 2024: A RESOLUTION authorizing the appropriate City officials to enter into an Intergovernmental Cooperative Agreement with Sheboygan County for Sales Tax Revenue-Sharing for Transportation Infrastructure Maintenance.
10. Direct Referral Res. No. 81-24-25 by Alderpersons Mitchell and Perrella authorizing the Purchasing Agent authorizing the Purchasing Agent to issue a purchase order to Advanced Asbestos Removal, Inc. of Pickett, Wisconsin, for the removal and disposal of asbestos and lead-based paint materials to precede demolition of the former Wells Fargo Bank building at 636 Wisconsin Avenue.

DATE OF NEXT REGULAR MEETING

11. Next Meeting Date - October 14, 2024

ADJOURN

12. 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*

**CITY OF SHEBOYGAN
R. O. 48-24-25**

BY CITY CLERK.

AUGUST 19, 2024.

Submitting a claim from Kathleen Knoll requesting the City pay her plumbing bill.

DATE RECEIVED 8-9-2024

RECEIVED BY MKC

Item 6.

CLAIM NO. 7-24

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: KATHLEEN KNOLL

2. Home address of Claimant: 2714 S. 20th ST Sheboygan, WI, 53081

3. Home phone number: 920 4526985

4. Business address and phone number of Claimant: _____

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

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

7. How did damage or injury occur? (give full description) _____

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

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

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

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

(a) Public property alleged to be dangerous: _____

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

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

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

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

Auto: \$ _____

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ _____

TOTAL \$ _____

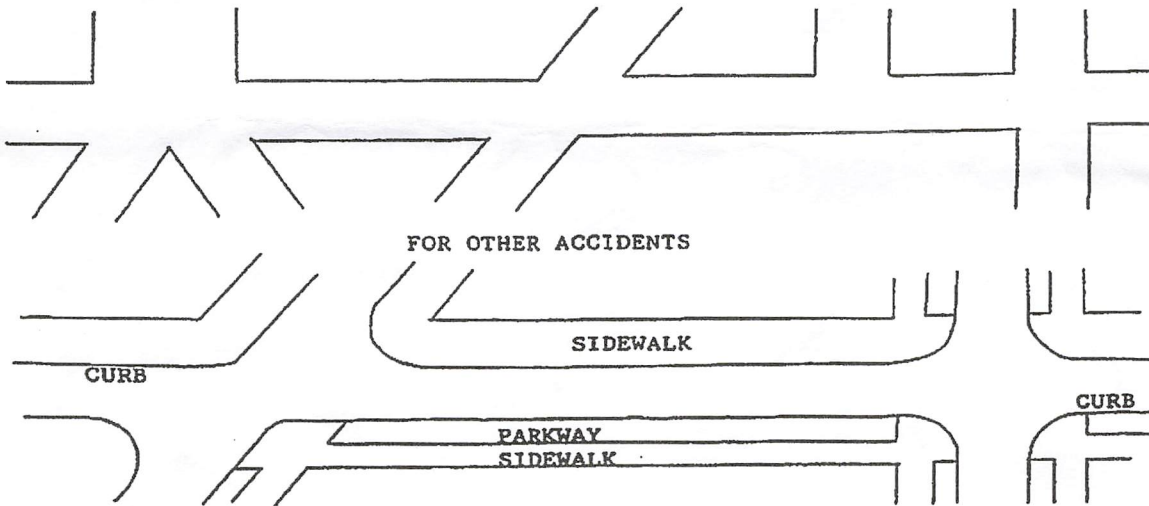
Damaged vehicle (if applicable)

Make: _____ Model: _____ Year: _____ Mileage: _____

Names and addresses of witnesses, doctors and hospitals: _____

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

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



SIGNATURE OF CLAIMANT _____ DATE _____

DATE RECEIVED _____

RECEIVED BY _____

Item 6.

CLAIM NO. _____

CLAIM

Claimant's Name: KATHLEEN KNOLL
 Claimant's Address: 2714 S. 20th ST
Sheboygan, WI 53081
 Claimant's Phone No. 9204526985

Auto \$ _____
 Property \$ _____
 Personal Injury \$ _____
 Other (Specify below) \$ _____
TOTAL \$ _____

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 \$240.00.

I was hoping that the city might pay
 the plumbing bill.
 Some one told me to take the bill to the City

THANK you for your time
 Kathleen Knoll

SIGNED Kathleen Knoll

DATE: August 2, 2014

ADDRESS: 2714 S. 20th ST
Sheboygan, WI 53081

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

Sonntag Plumbing, Inc

2015 N. 18th Street
Sheboygan, WI 53081
Telephone 920-457-9571

Item 6.

Invoice

Date	Invoice #
7/12/2024	24642

Bill To
Kathleen Kröll 2714 S. 20th St. Sheboygan, WI. 53081

P.O. No.	Terms	Project	DT TT	
	Net 30			
Description	Qty	Rate	Amount	
06-20-24 Tried to clean out sewer. Main is plugged. Called city they will jet it out. Plumber Services	2	120.00	240.00	
Subtotal			\$240.00	
Sales Tax (5.5%)			\$0.00	
Total			\$240.00	
Payments/Credits			\$0.00	
Balance Due			\$240.00	

Sonntag Plumbing, Inc
 2015 N. 18th Street
 Sheboygan, WI 53081
 Telephone 920-457-9571

Item 6.

Invoice

Date	Invoice #
7/12/2024	24642

Bill To
Kathleen Knoll 2714 S. 20th St. Sheboygan, WI. 53081

P.O. No.	Terms	Project	DT TT	
	Net 30			
Description	Qty	Rate	Amount	
06-20-24 Tried to clean out sewer. Main is plugged. Called city they will jet it out. Plumber Services	2	120.00	240.00	
Subtotal			\$240.00	
Sales Tax (5.5%)			\$0.00	
Total			\$240.00	
Payments/Credits			\$0.00	
Balance Due			\$240.00	

**CITY OF SHEBOYGAN
R. O. 49-24-25**

BY CITY CLERK.

AUGUST 19, 2024.

Submitting a claim from Shannon Kroening for alleged damages to her vehicle when struck by the arm of a garbage truck.

DATE RECEIVED 8-12-24

RECEIVED BY MKC

Item 7.

CLAIM NO. # 8-24

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: Shannon Kroening
2. Home address of Claimant: 2113 North 19th Street
3. Home phone number: (920) 627-5186
4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) 6/26/2024 12:49pm

6. Where did damage or injury occur? (give full description) This occurred outside my home on the street (please see police report)

7. How did damage or injury occur? (give full description) (See police report) prepared by the Sheboygan Police department Officer Hamilton

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

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

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

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

(a) Public property alleged to be dangerous: _____

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

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

Item 7.

damage to vehicle - I have attached an estimates for the damages plus tire damage

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

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

Auto: \$ 2456.17

Property: \$ _____

Personal injury: \$ _____

Other: (Specify below) \$ 50.00 - Time off work to go get estimates done

TOTAL \$ 2456.17

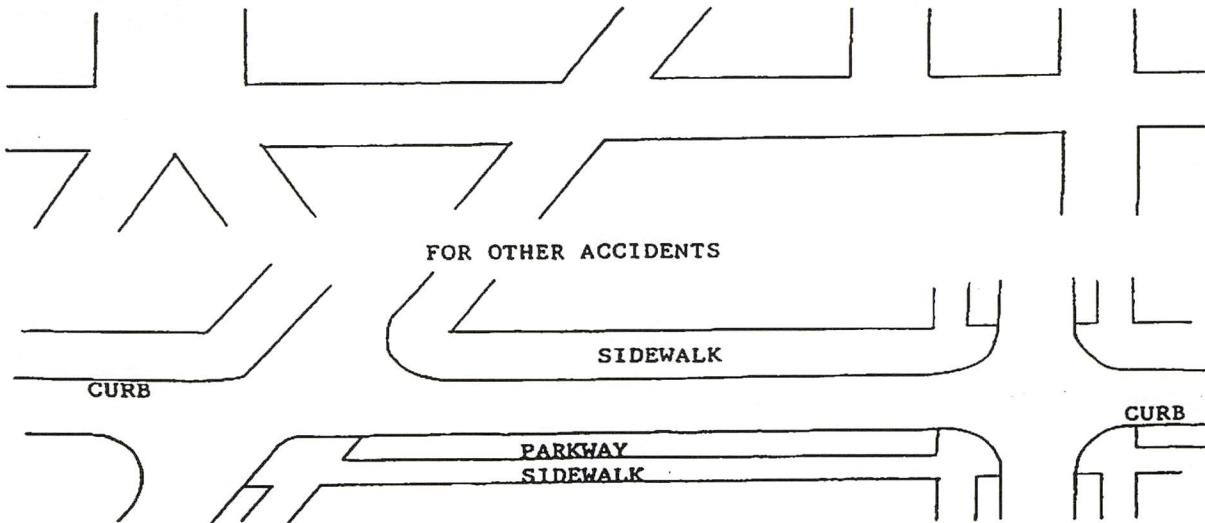
Damaged vehicle (if applicable)

Make: Dodge Model: Caravan Year: 2005 Mileage: _____

Names and addresses of witnesses, doctors and hospitals: Officer Hamilton of the Stobrayon Police Department

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 Shannon Kwan

DATE 8/7/2024

DATE RECEIVED _____

RECEIVED BY _____

Item 7.

CLAIM NO. _____

CLAIM

Claimant's Name: <u>Shannon Kroening</u>	Auto	\$ <u>2406.17</u>
Claimant's Address: <u>2113 North 19th St</u>	Property	\$ _____
<u>Sheboygan WI, 53081</u>	Personal Injury	\$ _____
Claimant's Phone No. <u>(920) 627-5186</u>	Other (Specify below)	\$ <u>50.00</u>
	<u>missed work</u>	
	TOTAL	\$ <u>2456.17</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 \$ _____.

SIGNED Shannon Kroening DATE: 8/7/2024

ADDRESS: 2113 North 19th Street, Sheboygan, WI
53081

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

G7L0FKD6WQ
C24-11359

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

G7L0FKD6WQ

Document Number Override		Primary Crash Document#		Agency Crash Number		Investigating Officer/Deputy OFFICER A. HAMILTON	
Crash Date 06/26/2024		Crash Time 12:49 PM		Date Arrived 06/26/2024		Time Arrived 01:00 PM	
Date Notified 06/26/2024		Time Notified 12:50 PM		Total Units 02		Total Injured 00	Total Killed 00
<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		School Bus Related NO		Tags	
<input type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram	Reconstruction By
	Photos By OFC HAMILTON
	Additional Information PHOTOS

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

ON 6/26/24 UNIT 1 WAS PICKING UP GARBAGE IN THE 2100 BLOCK OF NORTH 19TH ST. THE ARM OF THE GARBAGE TRUCK STRUCK A LEGALLY PARKED VEHICLE #2. UNIT 1 HAD A BENT ARM AND UNIT 2 HAD LIGHT DRIVER SIDE REAR DAMAGE. PHOTOS WERE TAKEN OF THE DAMAGE TO THE VAN. UNIT 2 OWNER WAS NOTIFIED AND PROVIDED A CASE NUMBER -430

G7L0FKD6WQ
C24-11359

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

Location

ON N 19TH ST 196 FT N OF CLEVELAND AVE IN THE CITY OF SHEBOYGAN IN SHEBOYGAN COUNTY	Latitude	Longitude
	43.767657344	-87.731471653
	X Coordinate	Y Coordinate
	441126.46875	4846327.5
	Structure Type	NO STRUCTURE

Crash Scene

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

Unit Summary

UNIT 01	Unit Status	Vehicle Operating As Classification	Unit Type		
	IN TRANSIT	D CLASS	TRUCK		
	Vehicle Type	Operating As Endorsements			
	UTILITY TRUCK/PICKUP TRUCK				
	Total Occs	Train/Bus# Recorded	Total# Citations Issued	Total Trailers	Total HazMat Types
	1		0	0	0
	Insurance?	Direction Of Travel	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit	Total Lanes
	YES	NORTHBOUND		25	2
	Most Harmful Event: Collision With	Special Function	Emergency Motor Vehicle Use		
	PARKED MOTOR VEHICLE	NO SPECIAL FUNCTION	NOT APPLICABLE		
Traffic Way	Traffic Control	Traffic Control Inoperative/Missing			
TWO-WAY, NOT DIVIDED	NO CONTROL	NO			
Surface Type	Road Curvature	Road Grade			
BLACKTOP (BITUMINOUS)	STRAIGHT	LEVEL			
Truck Bus or HazMat	NO				

UNIT 01 VEHICLE	Vehicle			
	License Plate Number	Plate Type	St	Country of Issuance
	C15362	LTK - LIGHT TRUCK	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	5VCACRAF3LC231631	AUTOCAR	2020	GARBAGE
	Color	Body Style	Bus Use	
WHI - WHITE	CB - CAB CHASSIS			
Initial Contact Point	Vehicle Damage			
03 - RIGHT SIDE MIDDLE	03 - RIGHT SIDE MIDDLE			
Extent Of Damage				
MINOR DAMAGE				



G7L0FKD6WQ
C24-11359

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions NO CONTRIBUTING ACTION			
01 01	Owner Name SHEBOYGAN CITY (920) 624-8550		Owner Address W7571 COUNTY RD N PLYMOUTH, WI 53073 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT INDIVIDUAL	Policy Holder			
	Insurance Company CITY OF SHEBOYGAN		Government SHEBOYGAN CITY	
01 001	Individual			
	Driver KYLE BENJAMIN DULMES (920) 624-8550		Citations Issued 0	Sex MALE
	Address W7571 COUNTY RD N PLYMOUTH, WI 53073 , US		Date of Birth 02/07/1989	Race WHITE
			Driver License Number D4525028904708 STATE: WISCONSIN COUNTRY: UNITED STATES	
01 001	Safety Equipment		On Duty Crash	
			Safety Equipment	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run#
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source		
Distracted By Action				

G7L0FKD6WQ
C24-11359

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	INDIVIDUAL	Non Motorist		Striking Unit #	Location	
		Prior Action				
		Action				
		Action Other				To/From School
		Drug & Alcohol		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
01	001	Drug Type				
		Individual Condition				
		APPEARED NORMAL				

Unit Summary

UNIT	02	Unit Status LEGALLY PARKED		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE			
		Vehicle Type PASSENGER VAN				Operating As Endorsements			
		Total Occs 0		Train/Bus # Recorded		Total # Citations Issued 0		Total Trailers 0	Total HazMat Types 0
		Insurance? YES		Direction Of Travel NORTHBOUND		<input type="checkbox"/> 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 NO CONTROL		Traffic Control Inoperative/Missing NO	
		Surface Type BLACKTOP (BITUMINOUS)				Road Curvature STRAIGHT		Road Grade LEVEL	
Truck Bus or HazMat NO									

UNIT	VEHICLE	Vehicle					
		License Plate Number AKS1484		Plate Type AUT - AUTOMOBILE		St WI	Country of Issuance UNITED STATES
		Vehicle Identification Number 2D4GP44LX5R522706		Make DODGE		Year 2005	Model GRAND CARA
		Color GRY - GRAY		Body Style VN - VAN		Bus Use	
		Initial Contact Point 07 - LEFT REAR CORNER		Vehicle Damage			
		Extent Of Damage MINOR DAMAGE		07 - LEFT REAR CORNER			
		Towed Due To Damage NOT TOWED		Vehicle Removed By OWNER			



G7L0FKD6WQ
C24-11359

WISCONSIN MOTOR VEHICLE CRASH REPORT

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

UNIT	What Driver Was Doing LEGALLY PARKED		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name SHANNON LYNN KROENING		Owner Address 2113 N 19TH ST SHEBOYGAN, WI 53081 , US		
VEHICLE	Sequence Of Events				
	01	Event MOTOR VEH IN TRANSPORT			
	02	Event			
	03	Event			
	04	Event			
UNIT	Policy Holder				
	Insurance Company ALLSTATE-INS-CO		Individual SHANNON KROENING		
Property Owner					
PROP OWNER	01	Government SHEBOYGAN CITY		Address 828 CENTER AVE SHEBOYGAN SHEBOYGAN, WI 53081 , US	
	Fixed Objects Struck				
	01	Striking Unit 01	Struck Object OTHER OBJECT - NOT FIXED	Structure Number	Damage Tag Number 1

Preliminary Estimate

Item 7.

Customer: KROENING, LYNN

Job Number:

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR BUMPER					
2		O/H rear bumper				1.5	
open	Repl	Bumper cover 119" WB, ES, EX, SXT & Sport primed	5018617AA	1	717.00	Incl.	2.4
4		Add for Clear Coat					1.0
5	Repl	Step pad	4857273AB	1	114.00	Incl.	
6	#	SETUP FOR PULL LEFT REAR QUARTER		1		2.0	
SUBTOTALS					831.00	3.5	3.4

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			831.00
Body Labor	3.5 hrs @	\$ 77.00 /hr	269.50
Paint Labor	3.4 hrs @	\$ 77.00 /hr	261.80
Paint Supplies	3.4 hrs @	\$ 50.00 /hr	170.00
Subtotal			1,532.30
Sales Tax	\$ 1,532.30 @	5.5000 %	84.28
Grand Total			1,616.58

IN BUSINESS SINCE '58

STATE LICENSE # 10237

THANK YOU FOR LETTING US SERVE YOU

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.

B D AUTO & TRUCK BODY

Workfile ID:
PartsShare:

7 **Item 7.**
83HRy7

bdauto@frontier.com
N 5665 FRONTAGE RD, PLYMOUTH, WI 53073
Phone: (920) 893-5252
FAX: (920) 893-3232

Preliminary Estimate

Customer: KROENING, LYNN

Job Number:

Written By: Bill Dean

Insured: KROENING, LYNN
Type of Loss:
Point of Impact:

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
KROENING, LYNN
(920) 627-5186 Business

Inspection Location:
B D AUTO & TRUCK BODY
N 5665 FRONTAGE RD
PLYMOUTH, WI 53073
Repair Facility
(920) 893-5252 Business

Insurance Company:

VEHICLE

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI

VIN: 2D4GP44LX5R522706
License:
State:

Interior Color:
Exterior Color:
Production Date:

Mileage In:
Mileage Out:
Condition:

Vehicle Out:
Job #:

TRANSMISSION

Automatic Transmission
Overdrive

POWER

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

DECOR

Dual Mirrors
Body Side Moldings
Privacy Glass

Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Steering Wheel Touch Controls
Rear Window Wiper
Climate Control
Dual Air Condition
Dual Power Sliding Doors
Home Link

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Cassette

SAFETY

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

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats
3rd Row Seat
Retractable Seats
Captain Chairs (4)

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
California Emissions

Customer: KROENING, LYNN**Job Number:**

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI

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 DE3TE01, CCC Data Date 07/10/2024, 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 2024 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.

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.



DEAN'S AUTO BODY, INC.

Deans Has the Means for All Your Collision Needs!
1407 N 29TH ST, SHEBOYGAN, WI 53081
Phone: (920) 457-5494
FAX: (920) 457-6495

Workfile ID:
PartsShare:

cbe942
85sv
Item 7.

Preliminary Estimate

Customer: Kroening, Shannon

Written By: Joe Black

Insured: Kroening, Shannon
Type of Loss:
Point of Impact: 07 Left Rear

Policy #:
Date of Loss:

Claim #:
Days to Repair: 0

Owner:
Kroening, Shannon
2113 N 19th St
Sheboygan, WI 53081
(920) 627-5186 Cell

Inspection Location:
DEAN'S AUTO BODY, INC.
1407 N 29TH ST
SHEBOYGAN, WI 53081
Repair Facility
(920) 457-5494 Business

Insurance Company:

VEHICLE

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI Magnesium

VIN: 2D4GP44LX5R522706	Interior Color:	Mileage In: 172,519	Vehicle Out:
License: AKS-1484	Exterior Color: Magnesium	Mileage Out:	
State: WI	Production Date: 4/2005	Condition: Poor	Job #:

TRANSMISSION

Automatic Transmission
Overdrive

POWER

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

DECOR

Dual Mirrors
Body Side Moldings
Privacy Glass

Console/Storage

Overhead Console

CONVENIENCE

Air Conditioning
Intermittent Wipers
Tilt Wheel
Cruise Control
Rear Defogger
Keyless Entry
Steering Wheel Touch Controls
Rear Window Wiper
Climate Control
Dual Air Condition
Dual Power Sliding Doors
Home Link

RADIO

AM Radio
FM Radio
Stereo
Search/Seek
CD Player
Cassette

SAFETY

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

ROOF

Luggage/Roof Rack

SEATS

Cloth Seats
3rd Row Seat
Retractable Seats
Captain Chairs (4)

WHEELS

Aluminum/Alloy Wheels

PAINT

Clear Coat Paint

OTHER

Fog Lamps
California Emissions

Preliminary Estimate

Item 7.

Customer: Kroening, Shannon

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI Magnesium

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		REAR BUMPER					
2		O/H rear bumper				1.5	
3	**	Repl A/M CAPA Bumper cover 119" WB, ES, EX, SXT & Sport primed	5018617AA	1	533.00	Incl.	2.4
4		Add for Clear Coat					1.0
5		Repl Step pad	4857273AB	1	114.00	Incl.	
6		MISCELLANEOUS OPERATIONS					
7	#	Hazardous waste removal		1	8.00 T		
8	#	Color tint / color match		1			0.5
9	#	Repl Flex additive		1	12.00 T		
10	#	Refn Spray Out Card					0.5
SUBTOTALS					667.00	1.5	4.4

NOTES

Prior Damage Notes:

- Vehicle has rust and damage all over vehicle.

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			647.00
Body Labor	1.5 hrs @	\$ 78.00 /hr	117.00
Paint Labor	4.4 hrs @	\$ 78.00 /hr	343.20
Paint Supplies	4.4 hrs @	\$ 53.00 /hr	233.20
Miscellaneous			20.00
Subtotal			1,360.40
Sales Tax	\$ 1,360.40 @	5.5000 %	74.82
Grand Total			1,435.22
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			1,435.22

Customer: Kroening, Shannon

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI Magnesium

BODY \$78/HR - REFINISH \$78/HR - MECHANICAL \$110/HR - PAINT & MATERIALS \$53/HR

As vehicle technologies increase, the costs of repairs escalate as well. With this comes a ten-fold increase in administrative duties required to process your claim. When adding even modest inflation it is inevitable at times that the hourly cost of labor must increase. Insurance "allowances" can lag behind these inevitable increases. At those times we will ask that you co-pay any differences. Most often this is not a large amount but allows us to properly train, retain, and compensate our staff for their efforts. Thus, providing you with a professional repair by a professional staff.

****FOLLOW THIS LINK FOR A CO-PAY EXPLAINER VIDEO****

<https://www.youtube.com/watch?v=jzfZCtmMRfo>

****NOTICE TO INSURERS:**

Dean's Auto Body, Inc. does not negotiate labor rates. Parts & Procedures are open to justification while giving consideration to OEM guidelines. PLEASE refer to the above video link for a detailed explanation of that policy.

BLEND VS. REFINISH ADJACENT PANEL:

With all repairs the shop will invest time and talent in tinting to negate adjacent panel "blending" However, when required, that procedure will be billed as "adjacent panel refinishing." Not a blend allowance. The basis for this change is exceptionally well validated in the attached blend study report.

As a family owned business, OUR MISSION, is to be your #1 collision repair facility. To provide you with outstanding customer care as we honestly and ethically repair your vehicle using environmentally friendly materials, the latest techniques, and up-to-date procedures. We will strive to grow our company with integrity to keep your business for life.

** All supplements must be addressed before the vehicle leaves. Any supplements left open will result in the vehicle not being delivered until the supplement is agreed upon with a copy in hand.

Per Wisconsin Statue 628.46 - any claim not paid within 30 days is subject to a 7.5% interest charge.

TOTAL LOSS ESTIMATES:

Charges for a total loss estimate, with pictures and documentation to support estimate, will be charged at a minimum of 4 hours and a cost of \$90 an hour. (Costs could go up depending on what is needed to complete the written evaluation for a total loss.)

*Disassembly to gain access to document damage will be added on accordingly at the proper shop rate.

*Scanning and measuring for diagnosing complete damage, will be billed out for each job accordingly at the proper shop rate.

*Any OEM repair procedures needing a subscription to gather information for the repairs will also be added per vehicle according.

STORAGE CHARGES are \$75 per day

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.

Customer: Kroening, Shannon

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI Magnesium

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 DE3TE01, CCC Data Date 08/01/2024, 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 2024 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.

Customer: Kroening, Shannon

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI Magnesium

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.

Customer: Kroening, Shannon

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI Magnesium

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
3	Keystone, Inc 5050 N WREN DRIVE APPLETON WI 54913 (920) 731-3030	#CH1100219PP A/M CAPA Bumper cover 119" WB, ES, EX, SXT & Sport primed Quote: 2609402018 Expires: 09/21/24	\$ 533.00
5	Gandrud CDJR 2300 Auto Plaza Way Green Bay WI 54302	#4857273AB Step pad Quote: 2671596677 Expires: 09/06/24	\$ 114.00

Customer: Kroening, Shannon

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI Magnesium

ALTERNATE PARTS USAGE

2005 DODG Caravan SXT Grand 4D VAN 6-3.8L Gasoline SMPI Magnesium

VIN: 2D4GP44LX5R522706	Interior Color:	Mileage In: 172,519	Vehicle Out:
License: AKS-1484	Exterior Color: Magnesium	Mileage Out:	
State: WI	Production Date: 4/2005	Condition: Poor	Job #:

Alternate Part Type	Selection Method	# Of Times Notified Of Available Parts	# Of Parts Selected
Aftermarket	Automatically List	1	1
Optional OEM	Automatically List	0	0
Reconditioned	Automatically List	0	0
Recycled	N/A	0	0

GRITTS AUTO SERVICE

740 WESTERN AVE.
 Plymouth, WI. 53073
 Phone: 920-893-5024 Fax: 920-892-2282

ESTIMATE Item 7.

064004

ESTIMATE FOR SERVICES

Estimate Date : 07/18/2024

PHILLIPS-KLIND, JOSH
 2113 N 19TH ST
 Sheboygan, WI 53081
 Cellular: 920-627-3561

2005 Dodge - Grand Caravan SXT - 3.8L, V6 (232CI) VIN(L)
 Lic # : AKS1484 - WI Odometer In: 0
 Unit # : GREEN
 VIN # : 2D4GP44LX **5R522706**

Part Description / Number	Qty	Sale	Ext	Labor Description	Hours	Extended
TIRE DISPOSAL DISP	1.00	4.00	4.00	INSTALL TRAILER HITCH MOUNT AND BALANCE ONE TIRE	1.00 0.25	125.00 31.25
TPMS VALVE STEM 20008	1.00	3.50	3.50			
GENERAL 215/65/16 ALTIMAX RT45 TIRE G15576630000	1.00	130.00	130.00			
Trailer Hitch - Class 3 AG0292700734	1.00	440.00	440.00			
Shop Supplies			14.68			

Parts/Supplies: 592.18 Labor: 156.25 HazMat/Fees: 0.00 Tax: 41.16 Total: \$ 789.59

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

This vehicle received without face to face customer contact.

Shop Representative _____

Having authority to do so I hereby order the above products and services, parts and labor and grant permission to you and/or your employees to operate the vehicle described for the purpose of testing and/or inspection. I agree to pay cash when the work is completed or to pay on other terms satisfactory to you. Until paid in full, the amount owing on this work shall constitute a lien on the motor vehicle. If collection is made by suit or otherwise, I agree to pay storage and collection and reasonable attorney's fees.

Customer Sign: _____
 Date: _____

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAYBE LESS THAT THE ESTIAMTE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repair _____
 2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____
 3. I do not want an estimate _____

Do you want the replaced parts you are entitled to? Yes No

Payment will be made by Cash Check Credit Card Charge
 Call when vehicle is ready Yes No

**CITY OF SHEBOYGAN
R. O. 52-24-25**

BY CITY CLERK.

SEPTEMBER 3, 2024.

Submitting a claim from Pamela A. Wenzel for alleged injuries from a fall due to crack in the sidewalk.

DATE RECEIVED

8/26/24

RECEIVED BY

MD
9-24

CLAIM NO.

Item 8.

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: Pamela A. Wenzel
2. Home address of Claimant: 112 Douglas Drive Iron Ridge WI 53035
3. Home phone number: 262-224-0914
4. Business address and phone number of Claimant: _____

5. When did damage or injury occur? (date, time of day) July 17-2024 1pm.

6. Where did damage or injury occur? (give full description) outside front office of Sheboygan Transit (Bus Station) Lady in front office was there with me when I fell.

7. How did damage or injury occur? (give full description) Walking outside of Transit Center listening to a lady from the office I was walking real slow and fell face down from a crack in the sidewalk

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

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

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

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

(a) Public property alleged to be dangerous: sidewalk in front of Transit office.

(b) Claimant's statement of basis for such liability: Tripped over crack in sidewalk

Hurt Right foot sprain and cut inside of front toe. Out of work for three weeks. Got fired for not able to work and doctor care.

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 8.

Injury to Right foot and toe. Sprain foot.

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

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

Auto: \$ _____

Property: \$ _____

Personal injury: \$ 25,000

Other: (Specify below) \$ _____

TOTAL \$ _____

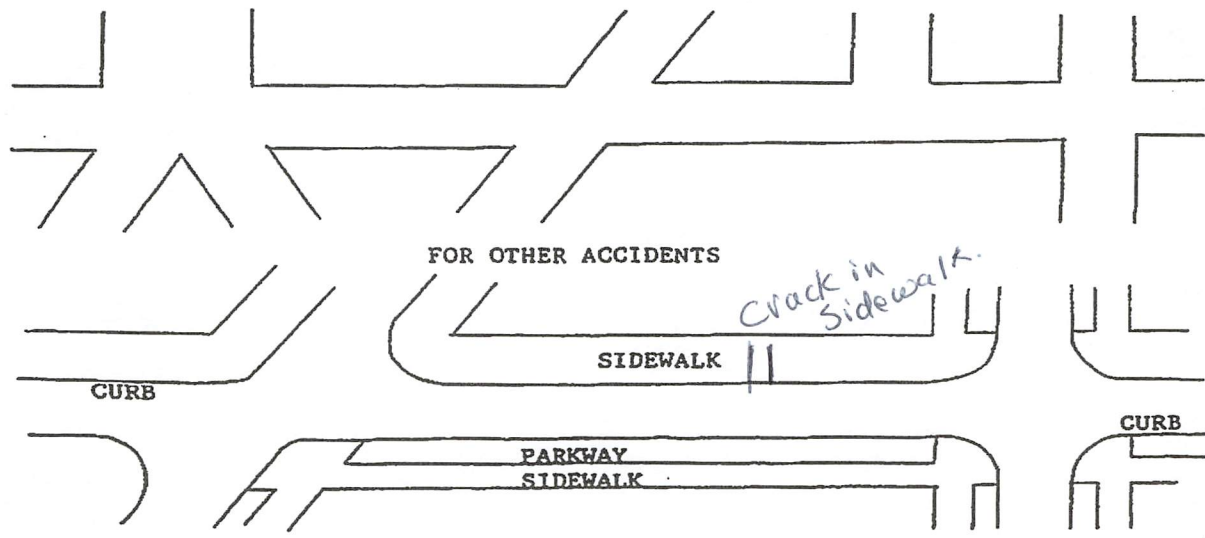
Damaged vehicle (if applicable)

Make: _____ Model: _____ Year: _____ Mileage: _____

Names and addresses of witnesses, doctors and hospitals: _____

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

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



SIGNATURE OF CLAIMANT Ronald A. Wenzel

DATE 8-26-2024

DATE RECEIVED _____

RECEIVED BY _____

Item 8.

CLAIM NO. _____

CLAIM

Claimant's Name:	<u>Pamela A Wenzel</u>	Auto	\$ _____
Claimant's Address:	<u>112 Douglas Drive</u>	Property	\$ _____
	<u>Iron Ridge WI 53035</u>	Personal Injury	\$ <u>25,000</u>
Claimant's Phone No.	<u>262-224-0914</u>	Other (Specify below)	\$ _____
		TOTAL	\$ _____

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 \$ 25,000.

SIGNED Pamela A. Wenzel DATE: 8-26-2024

ADDRESS: 112 Douglas Drive Iron Ridge WI 53035

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

HMH EMERGENCY DEPT
1032 E SUMNER ST
HARTFORD WI 53027-1608
Work/School Excuse

Wenzel, Pamela A
MRN: 1139455, DOB: 9/7/1960, Sex: F
Adm: 7/17/2024, D/C: —

Item 8.

Work/School Excuse Letter.

**Advocate Aurora Health©
AMCWC EMERGENCY SERVICES**

RETURN TO Work

7/17/2024
Pam A Wenzel
DOB: 9/7/1960

To whom it may concern:

This is to certify that the above named patient has been under my care.

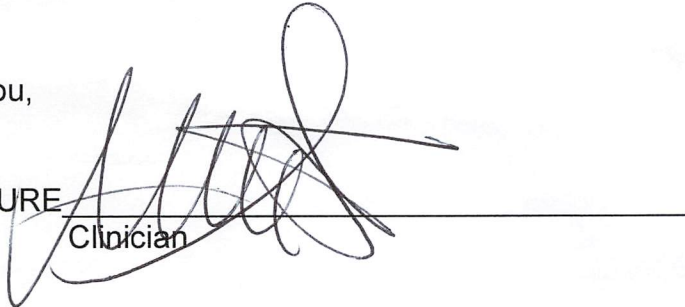
Pam A Wenzel was seen in the AMCWC EMERGENCY SERVICES on 7/17/2024. She may return to Work on 07/21/24.

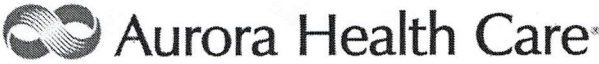
If no restrictions are listed below, Pam may return to Work without restrictions. Restrictions associated with her return to Work are listed below:

Thank you,

SIGNATURE

Clinician





Now part of  ADVOCATEHEALTH

CERTIFICATE OF WORK

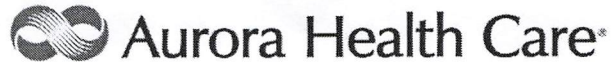
July 22, 2024

Re: Pamela A Wenzel
112 Douglas Dr
Iron Ridge WI 53035-9680

This is to certify that Pamela A Wenzel has been under my care from 7/22/2024 and is excused from work on 7/22/24 and is unable to return to work until seen.

SIGNATURE:  _____

Megan A Tkachuk, MD
Aurora Family Medicine-Hartford
1640 E SUMNER ST
HARTFORD WI 53027-2684
Phone: 262-670-4000



Now part of  ADVOCATEHEALTH

CERTIFICATE OF WORK

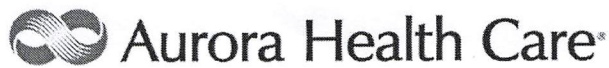
July 30, 2024

Re: Pamela A Wenzel
112 Douglas Dr
Iron Ridge WI 53035-9680

This is to certify that Pamela A Wenzel has been under my care from 7/30/2024. She is unable to perform job duties until she is re-evaluated in 7-10 days.

SIGNATURE: _____

Megan A Tkachuk, MD
Aurora Family Medicine-Hartford
1640 E SUMNER ST
HARTFORD WI 53027-2684
Phone: 262-670-4000



Now part of  ADVOCATEHEALTH

CERTIFICATE OF WORK

August 9, 2024

Re: Pamela A Wenzel
112 Douglas Dr
Iron Ridge WI 53035-9680

This is to certify that Pamela A Wenzel was evaluated today 8/9/2024 and may return to work on Monday 8/12/24.

RESTRICTIONS: none

SIGNATURE: _____

Megan A Tkachuk, MD
Aurora Family Medicine-Hartford
1640 E SUMNER ST
HARTFORD WI 53027-2684
Phone: 262-670-4000

**CITY OF SHEBOYGAN
RESOLUTION 78-24-25**

BY ALDERPERSONS MITCHELL AND PERRELLA.

SEPTEMBER 16, 2024.

A RESOLUTION authorizing the appropriate City officials to enter into an Intergovernmental Cooperative Agreement with Sheboygan County for Sales Tax Revenue-Sharing for Transportation Infrastructure Maintenance.

WHEREAS, the Sheboygan County Board enacted Ordinance No. 2 (2016/17) establishing a one-half percent (.5%) County sales tax for the purpose of raising revenues to address the challenges of maintaining the roads and bridges under the County's jurisdiction; and

WHEREAS, in enacting the Ordinance, the County Board recognized that the municipalities within Sheboygan County have similar financial challenges for the transportation infrastructure under the jurisdiction of those municipalities as the County does for the roads and bridges under the County's jurisdiction; and

WHEREAS, the Ordinance requires that \$1.5 Million of anticipated revenues (adjusted annually) from the sales tax be distributed by the County to municipalities within the County based on an equalized value formula, provided that each recipient municipality agrees that the revenue being distributed will be spent to maintain the municipalities' road and bridge infrastructure as set forth in an Intergovernmental Cooperative Agreement with the County; and

WHEREAS, in 2025, the County will distribute \$2,244,783 to local units of government, which includes \$682,570 to the City of Sheboygan during calendar year 2025, which is an increase of \$44,590 from 2024; and

WHEREAS, in 2025 the County will distribute the funds in two equal installments, one in July and one in September; and

WHEREAS, the City of Sheboygan supports the County Sales Tax Revenue-Sharing Cooperative Agreement; and

WHEREAS, it is in the best interests of the City of Sheboygan to receive its share of the distribution and agree to be bound by the terms of the County's Intergovernmental Cooperative Agreement.

NOW, THEREFORE, BE IT RESOLVED: That the Common Council of the City of Sheboygan approves the Intergovernmental Cooperative Agreement with Sheboygan County, a copy of which is attached hereto, and agrees to be bound by its terms.

BE IT FURTHER RESOLVED: That the appropriate City officials are authorized and directed to sign the Intergovernmental Cooperative Agreement on behalf of the City of Sheboygan and to take the action necessary to comply with the terms of the Agreement, including filling out "Form A," a copy of which is attached hereto as part of the Intergovernmental Cooperative Agreement.

PASSED AND ADOPTED BY THE CITY OF SHEBOYGAN COMMON COUNCIL

_____.

Presiding Officer

Attest

Ryan Sorenson, Mayor, City of Sheboygan

Meredith DeBruin, City Clerk, City of Sheboygan



SHEBOYGAN COUNTY

Item 9.

Keith Abler
Chairman of the Board

Alayne Krause
County Administrator

September 10, 2024

Ryan Sorenson
City of Sheboygan
828 Center Avenue
Sheboygan, WI 53081

Re: Sheboygan County Transportation Shared Revenue Program

Dear Mr. Sorenson,

As you know, effective January 1, 2017, the Sheboygan County Board enacted the one-half percent county sales tax to help maintain Sheboygan County's transportation system. The County Ordinance includes a provision to share the county sales tax revenue with local units of government to assist you in addressing your own transportation needs. We will be allocating \$2,244,783 for 2025. We will once again allocate based on your municipality's equalized value. The respective amounts are shown in the enclosed equalized value worksheet. Payments will again be disbursed in two equal installments in July 2025 and September 2025.

Please find enclosed the Sheboygan County Sales Tax Revenue-Sharing Intergovernmental Cooperative Agreement which sets forth the terms and conditions upon which Sheboygan County will share sales tax revenue to assist you in maintaining your roads and bridges. This agreement is scheduled for approval by the County Board at its October 22 meeting. A signed Intergovernmental Cooperative Agreement and signed Form A should be returned to the Sheboygan County Finance Department by December 1st. Once all signatures are attained, a copy of the Intergovernmental Agreement will be returned to you for your records.

We respect and appreciate your role in helping maintain a safe and reliable transportation system, and we are striving to keep the process of sharing this revenue efficient, transparent and straight forward. Thank you for your leadership and support. If you have questions, please don't hesitate to contact us, County Finance Director Stephen Hatton, or County Transportation Director Bryan Olson.

Respectfully yours,

Keith Abler, County Board Chairperson

Respectfully yours,

Alayne Krause, County Administrator

Cc: Finance Director Stephen Hatton
Transportation Director Bryan Olson
Corporation Counsel Crystal Fieber

Enclosed: Intergovernmental Cooperative Agreement
Form A
Equalized Value Worksheet

**SHEBOYGAN COUNTY SALES TAX REVENUE-SHARING
FOR TRANSPORTATION INFRASTRUCTURE MAINTENANCE
2025 INTERGOVERNMENTAL COOPERATIVE AGREEMENT**

1. **PARTIES.** The parties to the Agreement are the **City of Sheboygan** (Municipality), a municipal corporation with offices at 828 Center Avenue, Sheboygan, WI 53081 and **SHEBOYGAN COUNTY** (County), a Wisconsin governmental body corporate, organized pursuant to Wis. Stat. § 59.01, having its principal offices at 508 New York Avenue, Sheboygan, Wisconsin 53081.

2. **PURPOSE.** Sheboygan County enacted Ordinance No. 2 (2016/17) establishing a one-half percent (.5%) County sales tax for the purpose of raising revenues to address the challenges of maintaining Sheboygan County's roads and bridges. In enacting the Ordinance, the County Board recognized that the municipalities within Sheboygan County have similar financing challenges for the transportation infrastructures within those municipalities. The Ordinance requires that \$1.5 Million of anticipated revenues (adjusted annually) from the sales tax be distributed to municipalities within County based on an equalized value formula provided that the municipalities agree to be bound by the terms of an Intergovernmental Cooperative Agreement as approved by the County Board. This Agreement, having been approved by the County Board, and agreed to by Municipality, assures that the revenue being distributed herein will be spent to maintain Municipality's road and bridge infrastructure.

3. **EFFECTIVE DATE; TERM; TERMINATION.**
 - A. **Effective Date.** This Agreement shall become effective on the last date of the required signatures at the end of this document.

 - B. **Term.** The term of this Agreement is for calendar year 2025.

 - C. **Termination – By County.** During the term, this Agreement may be terminated by County, if County determines that Municipality is not honoring the terms and conditions of this Agreement and County shall have no further obligations to make any payments or perform any other requirements herein.

 - D. **Termination – By Municipality.** During the term, this Agreement may be terminated by Municipality if Municipality determines that it no longer wishes to be bound by the terms and conditions of this Agreement and County shall be relieved of any further obligations to make any payments or perform any other requirements herein.

4. **AUTHORITY.** This Agreement is entered into between the parties pursuant to Wis. Stat. § 66.0301, authorizing intergovernmental cooperation and by Wis. Stat. § 77.76(3) which allows counties to distribute sales tax proceeds to municipalities within Sheboygan County. Both parties represent that their respective governing bodies have authorized entry into this Agreement.

5. RESPONSIBILITIES OF COUNTY.

A. County shall, over the course of calendar year 2025, pay to Municipality as a distribution of sales tax revenue, the sum of \$682,570.

B. County shall determine at its option whether the payment will be distributed in one lump sum or whether it will be in periodic payments. County shall determine at its option the timing and method of the payments.

C. County shall provide reasonable advance notice to Municipality as to its payment distribution method so that Municipality may budget accordingly.

6. RESPONSIBILITIES OF MUNICIPALITY.

A. Municipality agrees to use the payment for road and bridge maintenance purposes.

B. Municipality agrees not to reduce its road and bridge maintenance budget as a result of receiving the payment. It is the intent that the payment shall enhance Municipality's ability to address its road and bridge maintenance needs over the amount that Municipality would otherwise be budgeting for this purpose.

C. Municipality may, as part of its budgeting and planning process, hold over spending all or part of the payment into a different calendar year or otherwise bundle the payment in a manner that is acceptable in advance with the County provided the County is satisfied that Municipality's spending of the payment is consistent with the intent that the payment shall enhance Municipality's ability to address its road and bridge maintenance needs over the amount that Municipality would otherwise be budgeting for this purpose

D. Municipality agrees to cooperate with County's Finance Department to allow County to review Municipality's budget, resulting financial reports, and supporting detail to assure County that Municipality is complying as provided herein.

E. Municipality must provide a Resolution supporting the County Sales Tax Revenue-Sharing Cooperative Agreement.

7. RESOLUTION OF DISPUTES. County, through its County Administrator, shall determine as to whether Municipality has fulfilled its responsibilities under this Agreement. This Agreement will be renewed annually upon similar terms.

8. HOLD HARMLESS; INDEMNIFICATION. Each party shall defend, hold harmless, and indemnify the other against any and all claims, liabilities, damages, judgments, causes of action, costs, loss, and expense including reasonable attorneys' fees imposed upon or incurred by the other party arising from or related to the negligent or intentionally tortious acts or omissions of the indemnifying party's officers, employees, or agents in performing the services pursuant to the Agreement. Each party shall promptly notify the other of any claim arising under this provision, and each party shall fully

cooperate with the other in the investigation, resolution, and defense of such claim. This Agreement does not waive any governmental or sovereign immunity. Both parties retain all applicable governmental immunities, defenses, and statutory limitations available, including Wis. Stat. § 893.80, 895.52, and 345.05.

9. SEVERABILITY. If any provision in this Agreement is determined to be void and unenforceable for any reason, the remaining provisions shall remain in full force and effect unless the removal of the severed provision would substantially impair the ability of either party to perform the essential purpose of this Agreement.

10. ENTIRE AGREEMENT. This Agreement constitutes the entire understanding between the parties relating to their relationship and supersedes all prior understandings, oral agreements, negotiations, representations, and agreements relating to the same subject matter.

Approved by the parties by the following authorized representatives:

[Municipality]

By: _____
Authorized Representative

Date Signed

By: _____
Authorized Representative

Date Signed

SHEBOYGAN COUNTY

By: _____
Alayne Krause
Sheboygan County Administrator

Date Signed

By: _____
Keith Abler
County Board Chair

Date Signed

C:8447\241363\2024-08-19



Sheboygan County Shared Revenue Program

Item 9.

Budget Year 2025

(Form A)

Section One

Municipality: _____

Transportation Budget 2024: \$ _____

Transportation Estimated Actual Expenditures for 2024: \$ _____

Transportation Budget Proposed 2025: \$ _____

County Shared Revenue: \$ _____

Per Intergovernmental Agreement Section 6.C. - is the County Shared Revenue increasing what would have otherwise been accomplished in 2025? (check one)

Yes No Project is a multi-year project

Section Two - Transportation Project the revenue will be applied to *(If multiple projects, please complete Form A, Section Two for each project):*

Project(s) Description

Where: _____

What work will be done: _____

Project ID: _____

Total cost of Project: \$ _____

Anticipated start of Project: _____

Anticipated completion of Project: _____

General Ledger Accounting Unit (if identifiable): _____

I hereby attest the information provided above is an accurate representation of the intended use of the transportation funds from the Sheboygan County Shared Revenue Program and understand that any misrepresentations may result in funds being denied in future years.

Signature

Date

Title

**Sheboygan County Sales Tax Revenue Sharing with Municipalities
Budget Year 2025**

<u>MUNI NAME</u>	<u>2024 EQ VAL LESS TID</u>		<u>2025 BUDGET</u>		<u>2024 BUDGET</u>	<u>Change</u>
	<u>INCREMENT</u>	<u>PERCENT</u>	<u>ALLOCATION</u>	<u>ALLOCATION</u>		
GREENBUSH	238,085,100	1.59%	\$35,601	\$34,175	\$1,426	
HERMAN	218,956,100	1.46%	\$32,741	\$31,858	\$883	
HOLLAND	509,115,500	3.39%	\$76,129	\$73,261	\$2,868	
LIMA	374,911,200	2.50%	\$56,061	\$56,185	-\$124	
LYNDON	283,416,200	1.89%	\$42,380	\$43,096	-\$716	
MITCHELL	188,556,900	1.26%	\$28,195	\$27,970	\$225	
MOSEL	190,999,500	1.27%	\$28,561	\$28,681	-\$120	
TOWN OF PLYMOUTH	583,284,500	3.89%	\$87,220	\$83,315	\$3,905	
RHINE	624,944,700	4.16%	\$93,449	\$89,117	\$4,332	
RUSSELL	54,121,300	0.36%	\$8,093	\$7,773	\$320	
SCOTT	238,931,000	1.59%	\$35,728	\$36,353	-\$625	
TOWN OF SHEBOYGAN	1,261,900,300	8.41%	\$188,695	\$178,392	\$10,303	
TOWN OF SHEBOYGAN FALLS	315,217,400	2.10%	\$47,135	\$46,678	\$457	
SHERMAN	226,297,500	1.51%	\$33,839	\$32,994	\$845	
WILSON	697,694,600	4.65%	\$104,328	\$107,014	-\$2,686	
ADELL	48,773,700	0.32%	\$7,293	\$7,310	-\$17	
CASCADE	69,348,100	0.46%	\$10,370	\$9,815	\$555	
CEDAR GROVE	240,425,500	1.60%	\$35,951	\$34,245	\$1,706	
ELKHART LAKE	460,096,800	3.06%	\$68,799	\$62,147	\$6,652	
GLENBEULAH	51,791,000	0.34%	\$7,744	\$7,688	\$56	
HOWARDS GROVE	416,937,800	2.78%	\$62,346	\$60,784	\$1,562	
KOHLER	627,974,300	4.18%	\$93,902	\$98,705	-\$4,803	
OOSTBURG	374,852,100	2.50%	\$56,052	\$47,242	\$8,810	
RANDOM LAKE	223,893,400	1.49%	\$33,479	\$33,404	\$75	
WALDO	57,364,600	0.38%	\$8,578	\$8,514	\$64	
PLYMOUTH	960,676,800	6.40%	\$143,652	\$142,267	\$1,385	
SHEBOYGAN	4,564,706,000	30.41%	\$682,570	\$637,980	\$44,590	
SHEBOYGAN FALLS	908,782,100	6.05%	\$135,892	\$129,108	\$6,784	
COUNTY TOTAL	15,012,054,000	1.00	\$2,244,783	\$2,156,072	\$88,711	

**CITY OF SHEBOYGAN
RESOLUTION 81-24-25
DIRECT REFERRAL TO FINANCE AND PERSONNEL COMMITTEE**

BY ALDERPERSONS MITCHELL AND PERRELLA.

SEPTEMBER 23, 2024.

A RESOLUTION authorizing the Purchasing Agent to issue a purchase order to Advanced Asbestos Removal, Inc. of Pickett, Wisconsin, for the removal and disposal of asbestos and lead-based paint materials to precede demolition of the former Wells Fargo Bank building at 636 Wisconsin Avenue.

WHEREAS, the City purchased the former Wells Fargo Bank property earlier this year with the intent of clearing the site for future development. The building was constructed in 1956 and has been inspected and sampled for the presence of asbestos and lead-based paint. A significant amount of these materials have been identified and must be removed and properly disposed of prior to demolition; and

WHEREAS, the City desires to have the materials removed in a safe and expeditious manner so that demolition can occur later this year; and

WHEREAS, the City issued Request for Bids # 2057-24 specifying the requirements for materials removal and three bids were received from firms properly licensed and experienced in such work; and

WHEREAS, the lowest responsive bid has been found to comply with all of the specifications and the bidder has indicated a willingness and ability to begin the work at the end of September. In addition to the materials identified and included in the initial report, there is a possibility of additional materials that were not able to be properly quantified but will need to be removed to comply with regulations. Staff feels it prudent to include in this request, an additional contingency amount of \$10,000 to cover the abatement of hidden or obscured materials.

NOW, THEREFORE, BE IT RESOLVED: That the Purchasing Agent is authorized to issue a purchase order to Advanced Asbestos Removal, Inc. of Pickett, Wisconsin for the proper removal and disposal of hazardous materials in preparation for demolition of the building in the amount of \$69,875.00 and that reserve/contingency amount of not more than \$10,000 be placed on reserve for the possible removal/disposal of materials found during the work that were unable to be quantified during the initial inspection due to concealment within the structure.

BE IT FURTHER RESOLVED: That the appropriate City officials are authorized to draw funds in the amount of \$79,875.00 including contingency from Account No. 421660-621100 (TID #21- Land) for the purchase.

PASSED AND ADOPTED BY THE CITY OF SHEBOYGAN COMMON COUNCIL

_____.

Presiding Officer

Attest

Ryan Sorenson, Mayor, City of
Sheboygan

Meredith DeBruin, City Clerk, City of
Sheboygan