

L21-00139

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CITY OF MANITOWOC CLAIM FORM

SEP 07 2021

NOTICE OF CIRCUMSTANCES (§893.80(1d)(a) Wis. Stats.)

NAME Kimberly HOWELL TELEPHONE NUMBER 920-629-7487 CITY CLERKS OFFICE
ADDRESS 2000 Johnston Dr #25 (Street)
OF CLAIMANT Manitowoc wi 54220 (City, State, Zip Code)
EMAIL (optional): kahowell29@gmail.com

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CITY ATTORNEY

CIRCUMSTANCES OF CLAIM: Describe the circumstances of your claim below and attach additional sheets if necessary (who, what, where, when and how). For auto/property damages, attach a copy of the police report, if any; and a diagram of the accident scene including north, south, east or west. For personal injury, indicate the nature of the injury; if medical attention was given, the name of the physician/immediate care/hospital. List the names and addresses of any witnesses to the incident/accident. Give details.

Incident/Accident Information:

Date Dec 20th 2019 Place Held in jail
Time 600 pm

Circumstances of Claim (Attach additional sheets if necessary):

Det DAVID McCUE ARRESTED ME AND I WAS HELD IN CUSTODY THROUGH THE HOLIDAYS THE A YR IN A HALF OF RESTRICTIVE BAIL CONDITIONS VIOLATING MY LIBERTY. ON CHARGES THE NO PROBABL CAUSE. I WAS CHARGED WITH PHYSICAL ABUSE CAUSING GREAT BODILY HARM THERE WASNT SO MUCH AS A RED MARK ON ANYONE. THE CHILD INTERVIEWD EVEN GOT UP BECAUSE HE KEPT TRYING TO PUT WORDS IN HER MOUTH THAT WERE NOT TRUE. Had to wait case ended to start this claim accused of child abuse after manipulating the kids into saying what they wanted

Witnesses (names and addresses):Shalayna GORECKIBrianna zipperer

Procedure for filing claims:

1. In most instances, a signed **Notice of Circumstances of Claim** must be served on the City within 120 days after the happening of the event giving rise to the claim or it will be barred by State Statute.
2. A **Claim** must be filed with the City Clerk, City of Manitowoc, 900 Quay Street, Manitowoc, WI 54220, containing the claimant's address and an itemized statement of the relief or damages sought. This is the bottom portion of the form entitled "Claim Form." No action will be taken until this portion is completed and submitted to the City.
3. The City Attorney and or CVMIC (the City's liability insurance carrier) will then determine if your claim should be paid, compromised or disallowed. You will be notified by letter should the City determine to pay or compromise your claim. The City Attorney has the authority to pay, settle, or disallow claims up to \$5,000. Claims exceeding \$5,000 will be reviewed by the City's Finance Committee, who will present a final recommendation to the Common Council.
4. This procedure is established by Wisconsin Statutes to provide a mechanism for persons to recover damages in the event a municipality is responsible for an incident. This procedure is also designed to protect the municipality and its taxpayers from having to pay out inappropriate and/or nuisance claims.

This document does not constitute legal advice and should not be substituted for the advice of private legal counsel. Claimants have the right to retain an attorney of their choice to assist them with filing a claim solely at their own cost and expense.

Claimants are encouraged to review Wis. Stat. § 893.80 prior to filing a claim.

CLAIM FORM (§893.80(1d)(b) Wis. Stats.)

After filing a Notice of Circumstances of claim with the City of Manitowoc you must also file a claim **itemizing** the relief sought (what you want from the City or do not want the City do to). You may file a claim at any time consistent with the applicable statute of limitations. Provide copies of any bills supporting the amount of the claim. For claims involving auto/truck/property damage, please attach two estimates. If the relief sought is non-monetary be as detailed and/or descriptive as possible.

The person signing below makes a claim against the City of Manitowoc arising out of the circumstances above-described. The claim is for relief in the form of money damages as indicated below, and non-monetary relief as follows:

Auto/truck \$ <u>0</u>	Personal Injury \$ <u>0</u>
Property \$ <u>0</u>	Other (specify) \$ <u>1,000,000</u>

Sign and then click Submit Form button below to submit to the City Clerk's Office.

Signed Kendrick Howell

SUBMIT FORM