

Jessica Blahnik

From: City Clerk
Sent: Thursday, August 7, 2025 10:27 AM
To: Jessica Blahnik
Subject: FW: External: Online Form Submittal: CITY OF MANITOWOC CLAIM FORM

From: noreply@civicplus.com <noreply@civicplus.com>
Sent: Thursday, August 7, 2025 10:04 AM
To: City Clerk <cityclerk@manitowoc.org>
Subject: External: Online Form Submittal: CITY OF MANITOWOC CLAIM FORM

CITY OF MANITOWOC CLAIM FORM

Step 1

CITY OF MANITOWOC CLAIM FORM

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

Name	Catherine Vaughn
Telephone Number	445-204-3253
Street Number	PO Box 6228
Street Name	<i>Field not completed.</i>
Street Type	<i>Field not completed.</i>
Apt #	<i>Field not completed.</i>
City	Hermitage
State	PA
Zip	16148
Email Address	catherine.vaughn@subroiq.com

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	02/12/2025
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Time	10:34 AM
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Place	1010 South 19th Street, Manitowoc, WI 54220
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Circumstances of Claim:	<p>Miranda Bower, employee of Bud Willman's Hamburgers, was walking on sidewalk in front of the house at 1010 South 19th Street to get to her employer when she slipped on ice and broke her ankle in two places. We were advised that the city is responsible for the sidewalk (i.e. ice treatment, etc.)</p> <p>We are handling subrogation on her workers' compensation claim as she is considered to be on the clock at the time of the loss. We received this file from our client for subrogation in June 2025.</p> <p>I was only able to attach one file. Our current lien is \$43,596.52 and WC is still pending.</p>
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Attach additional documents if necessary:	Notice of Intent - WC Adverse Party 03419878 Aug 7 2025 105426.pdf
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Witnesses (names and addresses):	None
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Step 2

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:

	Catherine Vaughn
Auto/truck \$	Field not completed.
Personal Injury \$	43,596.52
Property \$	Field not completed.
Other (specify) \$ _	Field not completed.

By checking the "***I agree***" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

*****This submission will automatically be sent to CityClerk@Manitowoc.org. Enter your email address below to receive a copy of your claim.***

I agree. Electronic Signature

Email not displaying correctly? [View it in your browser.](#)

Be Alert !

This is External or System generated Email. Please verify before opening any links or attachments.