

CITY OF MANITOWOC CLAIM FORM

SEP 25 2023

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

CITY CLERKS OFFICE

NAME Michael & Jennifer Shaw TELEPHONE NUMBER 513-312-0428 J
 ADDRESS 720 Oak St (Street) 513-907-2593 M
 OF CLAIMANT Manitowoc, WI 54220 (City, State, Zip Code)
 EMAIL (optional): jennysurshaw@gmail.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 August 3, 2023 Place 720 Oak St
 Time around 3 pm Manitowoc, WI 54220

Circumstances of Claim (Attach additional sheets if necessary):

See attached

RECEIVED

SEP 25 2023

MANITOWOC CITY ATTORNEY

Witnesses (names and addresses):

Chad Beeman 722 Oak St. Manitowoc, WI

DAMAGE CLAIM DETAILS FOR 720 OAK STREET

Well-documented severe thunderstorms moved through the Manitowoc area on August 3, 2023.

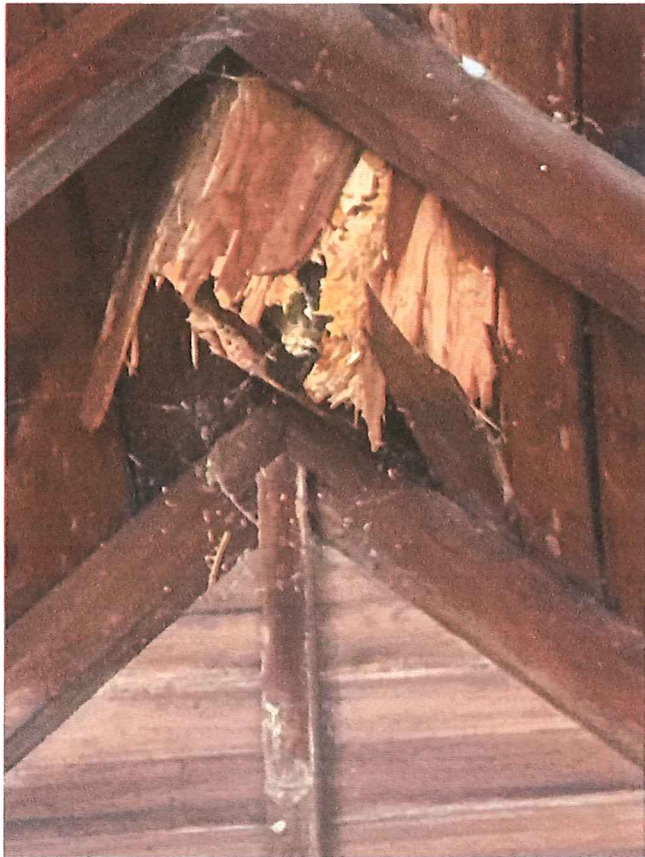
Our house is located at 720 Oak Street with the back yard bordering Lincoln Park.

A tree located in Lincoln Park was uprooted during the storm and fell over the fence and power lines, striking our garage.

Extenuating circumstances: In 2019 when we first moved into the property, we called MPU to trim the tree out of the power lines. They were unable to remove all of the overgrowth because it was too ensnared in the power lines. The limbs were extremely overgrown and not properly maintained by the city, which significantly contributed to the damage.

Photos are attached of the garage damage and tree removal. The root-ball was moved to the Lincoln Park parking lot before removal and showed significant disease damage.





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.


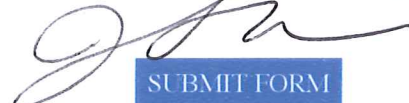

CLAIM FORM (§893.80(1d)(b) Wis. Stats.)

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 \$ _____	Personal Injury \$ _____
Property \$ <u>8,600⁰⁰</u>	Other (specify) \$ _____

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

Signed 



CLAIM

We would like the repairs made to the garage as detailed in the estimates. We would also like city to take down the damaged fence.

*Shimek Home Improvement
145 Davis St
Two Rivers
Mike Shimek (920) 901-5815*

8/22/23

estimate
1

*Michael Shaw
720 Oak St.
Manitowoc (513) 907-2593*

Proposal for: Repair Garage
Remove old shingles

Inspect for rotted wood

Repair broken roof boards & rafters

Install needed roof boards- (2) layers

Install synthetic felt

Install Lifetime Dimensional shingles (8 sq.)

Clean up & dispose of waste

Total Labor & Materials **\$8600**

Does not include needed extra work such as rotted wood



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Fax: (888) 268-8840

Estimate #2

CLAIM NO.: 054387856		INSURED: MICHAEL SHAW and JENNIFER SHAW	
Policy No.: H3H24377182640 Date of Loss: 08/03/2023 12:00 AM Type of Loss: Wind Deductible: \$1,000.00 Year Built:		Address: 2923 N 6TH ST SHEBOYON Home phone: Business phone: Mobile phone: (51 Email: shaw Contact: Loss address: 720 OA MANITOWOC WI 54220-2849	
Adjuster: Shauntel Kerr Phone: Email: Shauntel.Kerr@libertymutual.com Estimator: Shauntel Kerr Phone: Email: Shauntel.Kerr@libertymutual.com		<i>Out dated address. This was temp address when first moved. We live at the 720 Oak St address</i>	
DATES		POLICY INFORMATION	
Assigned: 08/21/2023 Contacted: Inspected: Estimated:		Policy Type: Homeowner's Underwriting Co: Wausau General Insurance Company Effective from: 07/18/2023 to: 07/18/2024	
CLAIM TYPE		COVERAGE Limits	
Type of Claim: Wind		Building	\$336,000.00
		Appurtenant structure	\$33,600.00
		Contents	\$252,000.00
		Liability Property Damage	\$300,000.00
		Trees	\$500.00

844-325-2467
PDF.



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CLAIM NO.: 054387856		INSURED: MICHAEL SHAW and JENNIFER SHAW	
Date of Loss: 08/03/2023 Deductible: \$1,000.00 Type of Claim: Wind Pricing Database: CoreLogic Data Driven USDC - August 2023		Address: 2923 N 6TH ST SHEBOYGAN WI 53083-4228 Home phone: Business phone: Mobile phone: (513) 907-2593 Email: shawtoons@hotmail.com	
ADJUSTER CONTACT			
Claim Rep: SHAUNTEL KERR Phone: (800) 225-2467 Email: SHAUNTEL.KERR@LIBERTYMUTUAL.COM Estimator: Charles Findlay Phone: (469) 997-6174 Email: Charles.findlay01@libertymutual.com		Contact Name: MICHAEL SHAW Contact Phone: Contact Email: shawtoons@hotmail.com Loss address: 720 OAK ST MANITOWOC WI 54220-2849	
DATES		POLICY INFORMATION	
Assigned: 08/21/2023 Contacted: 08/21/2023 Inspected: 08/21/2023 Estimated: 08/21/2023 Estimated: 08/21/2023		Policy No.: H3H24377182640 Policy Type: Homeowner's Effective from: 07/18/2023 to: 07/18/2024 Underwriting Co: Wausau General Insurance Company	



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In the following pages, you will find the estimated cost of covered repairs to your property.

This estimate is based on the replacement cost of the damaged property, less your policy deductible and any applicable depreciation. The estimated cost of covered repairs to your property is calculated using current local prices that are usual and customary. Subject to the terms of your policy, the depreciation may be recoverable to you.

Your current mortgage company or loss payees may be listed as a payee on payment(s) for the covered repairs to your property. If so, you will need to contact your mortgage company or that involved party to determine their procedures for processing claims payments.

We encourage you to work with a contractor of your choice in completing the repairs to your property. If you or your contractor has any questions or concerns about this estimate, please contact me at the number shown above. It is important to call us with questions prior to beginning repairs, as any changes in the scope of damages or pricing must be pre-approved.

If you have personal property damages that were included on this estimate, prices are calculated utilizing like kind and quality goods, less any applicable depreciation, policy limits, or other adjustments as outlined in the estimate. For your convenience, we can refer you to vendors who may be able to directly replace some of your lost and/or damaged items.

If you have any questions about this estimate, please do not hesitate to contact us at the numbers provided above.

Thank you for insuring with Liberty Mutual Insurance. We appreciate your business.

THIS ESTIMATE REPRESENTS OUR CURRENT EVALUATION OF THE COVERED DAMAGES TO YOUR INSURED PROPERTY AND MAY BE REVISED AS WE CONTINUE TO EVALUATE YOUR CLAIM. IF YOU HAVE QUESTIONS, CONCERNS, OR ADDITIONAL INFORMATION REGARDING YOUR CLAIM, WE ENCOURAGE YOU TO CONTACT US.

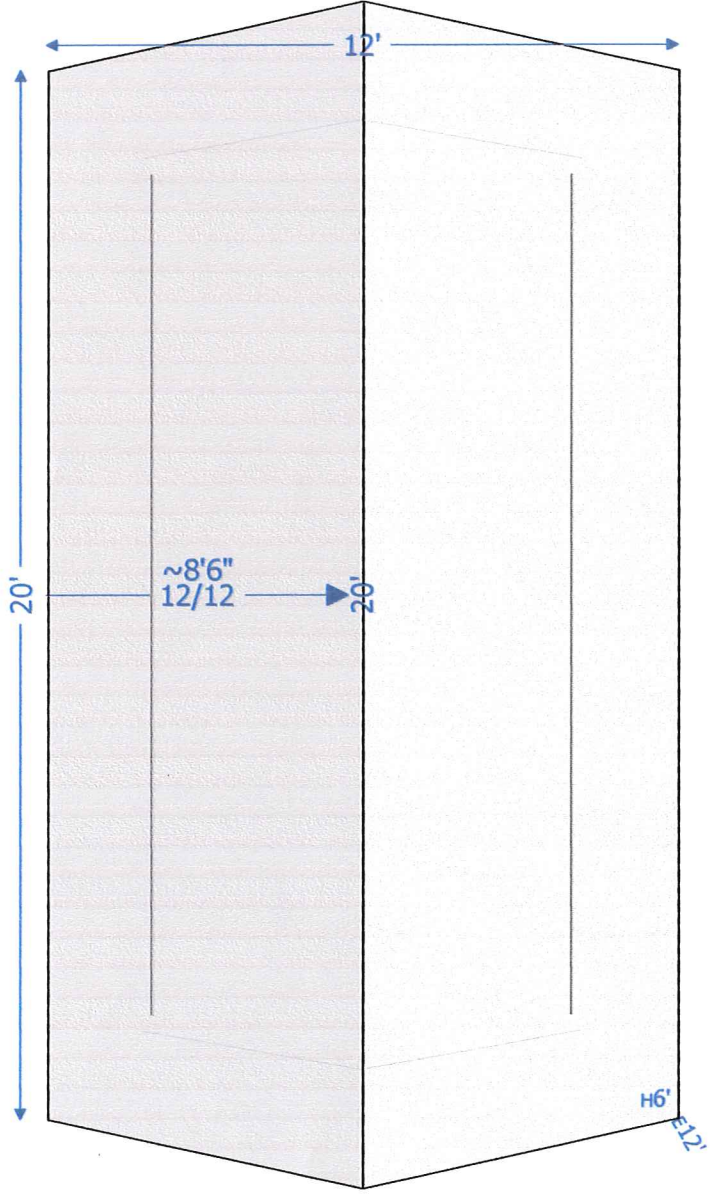
Please refer to your insurance policy for actual policy language and definitions.



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Roofplan:



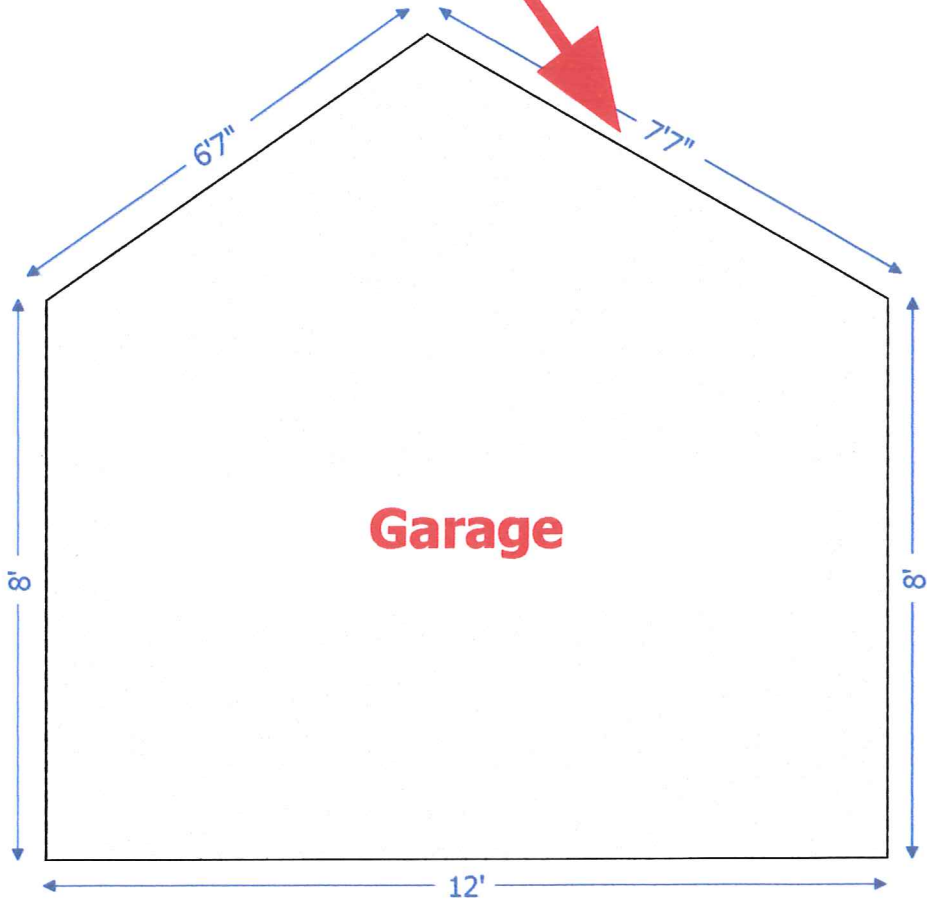
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Exterior Plan:



Tree on Garage's Roof





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Description	Quantity	Unit Price	Per	Total O&P	Total Taxes	RC	Depreciation	ACV
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ESTIMATE: Appurtenant Structure

Claim #054387856, MICHAEL SHAW and JENNIFER SHAW

Ready for Review

ROOFPLAN: Roofplan

<p>Roof</p> <p>Roof area: 339.42 SF Squares: 3.4 SQ Soffit: 125.24 SF</p> <p>Eaves: 40.00 LF Ridge: 20.00 LF</p>	
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1	ITEL, Shingles, Laminated/Architectural, Remove	0.25	\$88.26	SQ	\$0.00	\$0.00	\$22.07	\$0.00	\$22.07
2	ITEL, Shingles, Laminated/Architectural, Supply	0.27 (0.33)	\$174.69	SQ	\$0.00	\$2.88	\$60.53	\$20.17 ✓	\$40.36
	<ul style="list-style-type: none"> Includes 6% waste on quantity. Materials quantity bundle rounding applied. This line item includes a shingle material allowance per square, which reflects current market prices in your area. Market prices were verified by ITEL. The ITEL Asphalt Shingle Program allows you or your contractor of choice to have materials delivered directly to you. For more information on ordering shingles through ITEL, contact them at customerservice@itelinc.com or 800-890-4835. 								
3	ITEL, Shingles, Laminated/Architectural, Good, Install	0.27	\$132.40	SQ	\$0.00	\$0.04	\$35.79	\$11.93 ✓	\$23.86
	Includes 6% waste on quantity.								
4	Remove - Sheathing, Roof OSB, 1/2"	25.00	\$0.74	SF	\$0.00	\$0.00	\$18.50	\$0.00	\$18.50
5	Replace - Sheathing, Roof OSB, 1/2"	26.25	\$2.46	SF	\$0.00	\$0.79	\$65.37	\$10.90 ✓	\$54.47
	Includes 5% waste on quantity.								
6	Replace - Felt, 15LB	0.44	\$33.32	SQ	\$0.00	\$0.21	\$14.87	\$7.44 ✓	\$7.43
	Includes 2% waste on quantity.								
7	Remove - Ridge Cap Shingles, Fiberglass	5.00	\$1.33	LF	\$0.00	\$0.00	\$6.65	\$0.00	\$6.65
8	Replace - Ridge Cap Shingles, Fiberglass	5.50	\$4.55	LF	\$0.00	\$0.31	\$25.34	\$12.68 ✓	\$12.66
	Includes 10% waste on quantity.								
9	Remove - Steep Roof Charge, Slate, 10/12-12/12	1.70	\$309.38	SQ	\$0.00	\$0.00	\$525.95	\$0.00	\$525.95
10	Replace - Steep Roof Charge, Slate, 10/12-12/12	1.70	\$366.62	SQ	\$0.00	\$0.00	\$623.25	\$0.00	\$623.25
11	Remove - Fascia, Wood Cedar 2" x 8"	5.66	\$1.32	LF	\$0.00	\$0.00	\$7.47	\$0.00	\$7.47
12	Replace - Fascia, Wood Cedar 2" x 8"	5.94	\$7.36	LF	\$0.00	\$1.40	\$45.12	\$8.21 ✓	\$36.91
	Includes 5% waste on quantity.								
13	Roofers Work	6	\$91.94	HR	\$0.00	\$0.00	\$551.64	\$0.00	\$551.64
Debris Removal									
14	Trucking & Hauling, 1/2-Ton	±	\$150.34	LD	\$0.00	\$2.76	\$153.10	\$0.00	\$153.10
Roof - Subtotal (14 items)					\$0.00	\$8.39	\$2,155.65	\$71.33	\$2,084.32



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Description	Quantity	Unit Price	Per	Total O&P	Total Taxes	RC	Depreciation	ACV
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ESTIMATE: Appurtenant Structure Claim #054387856, MICHAEL SHAW and JENNIFER SHAW

Ready for Review

Roofplan - Subtotal (14 items) **\$0.00 \$8.39 \$2,155.65 \$71.33 \$2,084.32**

EXTERIOR PLAN: Exterior Plan

Exterior Plan

Exterior: 118.40 SF
Subtractions: 0.00 SF



15 Tree, 30" to 36" Diameter, Off Building	1	\$499.53	EA	\$0.00	\$24.98	\$524.51	\$0.00	\$524.51
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Labor to remove a fallen tree of 30" to 36" diameter off of a building so damage to the building can be accessed. May include the use of a chain saw. Does not include cutting the tree up and hauling it away.

Tax override applied - State applied to materials, labor, equipment.

16 Tree Cut Up and Haul Away 30" to 36" Diameter	1	\$1,365.39	EA	\$0.00	\$68.27	\$1,433.66	\$0.00	\$1,433.66
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Labor and equipment to cut up and haul away a downed tree with a 30" to 36" diameter. Includes the chipping of limbs and branches and cutting the trunk into manageable pieces and loading onto a flat bed truck or trailer.

Tax override applied - State applied to materials, labor, equipment.

17 Crane, per Day 16,000 lbs.	1	\$740.85	DY	\$0.00	\$37.04	\$777.89	\$0.00	\$777.89
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Tax override applied - State applied to materials, labor, equipment.

Debris Removal

18 Free Haul Away From Dwelling	1	\$500.00	EA	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00
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Exterior Plan - Subtotal (4 items) **\$0.00 \$130.29 \$3,236.06 \$0.00 \$3,236.06**

Exterior Plan - Subtotal (4 items) **\$0.00 \$130.29 \$3,236.06 \$0.00 \$3,236.06**

Subtotal **\$0.00 \$138.68 \$5,391.71 \$71.33 \$5,320.38**



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ESTIMATE: Appurtenant Structure

Claim #054387856, MICHAEL SHAW and JENNIFER SHAW

Ready for Review

Total Materials:	\$667.64
Total Labor:	\$3,278.19
Total Equipment:	\$1,307.20
Subtotal:	\$5,253.03

State 5.000% (applies to materials only, some items overridden):	\$138.68
Replacement Cost Value:	\$5,391.71

Replacement Cost on Coverage Appurtenant structure (\$33,600.00 limit):

Less Debris Removal

Less Recoverable Depreciation:

Net Actual Cash Value on Coverage Appurtenant structure:

Recoverable Depreciation:

Paid When Incurred: Debris Removal

Net Coverage Appurtenant structure if Depreciation Is Recovered And Costs Are Incurred:

estimate to fix damage

Replacement Cost on Coverage Trees Debris Removal (\$500.00 limit):

Less Debris Removal

Net Actual Cash Value on Coverage Trees Debris Removal:

Paid When Incurred: Debris Removal

Net Coverage Trees Debris Removal if Costs Are Incurred:

Deductible (\$1,000.00):

Net Estimate:

Total Net Recoverable Depreciation And Costs Incurred:

Net Estimate if Depreciation Is Recovered And Costs Are Incurred:

\$500.00
\$(500.00)
\$0.00
\$500.00
\$500.00
\$(1,000.00)
\$3,667.28
\$724.43
\$4,391.71

Finalization



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ESTIMATE SUMMARY

Estimate Name	Subtotal
Total	\$0.00