

**Date:** Tuesday, February 17, 2015  
**Time:** 7:10 pm  
**Place:** City Hall

## **CLAIMS COMMITTEE**

- A. CALL TO ORDER & ROLL CALL
- B. CORRECTION OF MINUTES
- C. ACT ON CLAIM OF ENERGENECS FOR VEHICLE DAMAGE

Individual Requesting Item	City Clerk/Director of Gen. Govt.
Expected Length of Discussion	5 min.

Documents: [SKMBT\\_C35150210160900.pdf](#)

- D. BUSINESS BY MEMBERS

May make brief informative statements or bring up items to be discussed at a future meeting

- E. ADJOURNMENT

Request from persons with disabilities who need assistance to participate in this meeting, including need for an interpreter, materials in alternate formats, or other accommodations, should be made to the Office of the City Clerk at (608) 329-2564 with as much advance notice as possible so that proper arrangements can be made.

**Members:** Chairperson Louis Armstrong, Michael Boyce, Chris Beer, and Alternate, Richard Thoman



**CITY OF MONROE**  
 City Hall, 1110 18<sup>th</sup> Avenue  
 Monroe, WI 53566

NOTICE OF CLAIM

Name: Dave Simon Incident/Accident Information:  
 Address: 1159 W 249 Cardinal Ave Date: 1/8/15  
Cedarburg, WI 53012 Time: 10:30 AM  
 Phone: 920 960 3989 Place: Monroe WWTTP

CIRCUMSTANCES OF CLAIM

In the space below, briefly describe the circumstances of your claim (Attach additional sheets, if necessary.) For auto damages, attach a copy of the police report, if any, and attach a diagram of the accident scene indicating north, south, east or west corners if the accident occurred at an intersection. For bodily injury, indicate nature of injury and whether or not medical attention was given, and give the name of the physician. Also identify any witnesses to the incident/accident.

State school truck passed by my truck  
on corner and damaged front driver side  
bumper. My truck was parked at WWTTP in Monroe

Signed: [Signature] Date: 1/12/15

\*\*\*\*\*

CLAIM

(NOTE: You are not required to make a claim at this time. As long as you have filed the above Notice of Claim, you may file a claim with the City of Monroe at any time consistent with the applicable statute of limitations. However, in order for the City of Monroe to formally accept or deny your claim at this time, the following claim must be completed and signed.)

The undersigned hereby makes a claim against the City of Monroe arising out of the circumstances described above in the amount of \$ 481.61.

To process this claim it is necessary to detail all damages being sought.

Signed: [Signature] Enriquez Date: 1/12/15

Address: 1159 W 249 Cardinal Ave.  
Cedarburg WI 53012

↑ — Enriquez Address 10/12/09



February 3, 2015

Mike Kennison  
City of Monroe  
City Hall, 1110 18<sup>th</sup> Avenue  
Monroe, WI 53566

Dear Mr. Kennison,

Please see the attached bill from Double A Auto Body, LLC and the City of Monroe Notice of Claim form.

Please pay Double A Auto Body, LLC immediately. I have signed the form at the bottom.

If you need additional information, please let me know.

Thank you,

Nancy A. Mueller  
Controller

Double A Auto Body, LLC

Phone (920) 564-3534 Fax (920) 564-6187

20 North 14th St.

P.O. Box 700586

# Invoice

Date	Invoice #
1/9/2015	7611

Bill To
Energencies 20 S. Business Park Drive Oostburg, WI 53070 Phone (920) 564-3411

P.O. No.	Terms
	Due on receipt

Item	Description	Amount
Parts & Material	Repair 2013 Chev Silverado as per estimate Sales Tax	458.68T 22.93

<b>Total</b>	\$481.61
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$481.61



v 09.01

# REPORT OF INCIDENT

Safety Case # \_\_\_\_\_ Law \_\_\_\_\_ Fire \_\_\_\_\_ EMS \_\_\_\_\_  
 (Provided by Safety Department and Emergency Service Agency)

Date of Incident:	01/08/2015	mm/dd/yyyy	Time of Incident:	11:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Place/Description:	Incident was at the Soilds handling Building at the Wastewater				
1224 10th Ave W	Monroe	WI	53566		
Address	City	State	Zip		
Incident Type					
Were vehicles involved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete a "Vehicle Accident Report" in addition to this report.			
Were employees injured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, complete an "Injury Report" in addition to this report.			
Was any city property damaged?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If either city or private property was damaged complete a Damage Report in addition to this form.			
Was any private property damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Were any civilians injured?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, complete a Citizen Injury Report in addition to this form.			
Did the incident involve, or was anybody exposed to, hazardous materials?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Complete the Report of HAZMAT form.			
Was anybody exposed to an infectious substance or disease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Complete the Report of Exposure to Infectious Substance form.			
Incident Events/Factors					
List specific events/factors that lead to the incident:					
<p>Chad Ringhand was backing out of the loading bay from Soilds Handling Building when he backed into a parked vehical Owned by a contractor ( Energenecs ) in the driveway. Chad looked but did not see anything in his mirrors but vehical was in his blind spot</p>					
Reoccurrence Prevention/Mitigation					
What actions <u>have</u> been taken to prevent a reoccurrence of this incident?					
I have talked with Chad about checking all areas before backing up in the future. Also have contacted the contrators about not parking in certain areas.					
What actions <u>need</u> to be taken to prevent a reoccurrence of this incident?					
See Above					
List the names of all city personnel involved and their relation to the incident					
Name	Injured?	Involvement (Worker, Witness, Driver, Passenger, etc.)			
Chad Ringhand	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City Employee / Vehical Driver			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Form continued on back →

## Report of Incident: Continued

List the names of all <u>non-city</u> employees involved and their relation to the incident					
Name	Injured?	Involvement (Witness, Driver, Passenger, etc.)			
Dave Simons	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owner of Vehical involved			
W59 N249 Cardinal Ave	Cedarburg	WI.	53012	262-377-6360	
Address	City	State	Zip	Phone	
Name	Injured?	Involvement (Witness, Driver, Passenger, etc.)			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	State	Zip	Phone	
Name	Injured?	Involvement (Witness, Driver, Passenger, etc.)			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Address	City	State	Zip	Phone	

*Attach all other applicable reports, sketches, pictures, and/or accounts of the incident to this report.*

SUB-REPORTS, SECTIONS, AND FORMS ATTACHED					
<input type="checkbox"/> Employee Injury(s)	<input checked="" type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Citizen Injury(s)		
<input type="checkbox"/> Witness Statement(s)	<input type="checkbox"/> Exposure	<input type="checkbox"/> Police Report	<input type="checkbox"/> Other: _____		

*Return completed form to the Safety Department no later than 24 hours of the incident.*

SAFETY DEPARTMENT REVIEW (To be completed by Safety Director)	
Causes/Factors	Action(s)
<input type="checkbox"/> Public interference <input type="checkbox"/> Reckless and/or careless behavior <input type="checkbox"/> Failure to follow safety procedures/guidelines <input type="checkbox"/> Employee(s) not trained for tasks <input type="checkbox"/> Lack of attention to job being performed <input type="checkbox"/> Lack of Procedures/Policy <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Employee under influence of drugs/alcohol <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Detailed Investigation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Training <input type="checkbox"/> Follow-up/Review
<b>Was the incident preventable?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined at this time	
How? _____ _____ _____	
Comments: _____ _____ _____	

	<span style="font-size: 1.2em;">11915</span>
Employee Name & Signature	Date
	<span style="font-size: 1.2em;">11915</span>
Supervisor Name & Signature	Date
 	<span style="font-size: 1.2em;">/ /</span>
Dept. Head Name & Signature	Date

*Do not write in the box below.*

Safety

Director

SRMD \_\_\_\_\_

# REPORT OF INCIDENT Vehicle Accident

v 09.01

Case No.

(Assigned by Safety Dept.)

Date of Accident:	1-8-2015	mm/dd/yyyy	Time of Accident:	11:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Conditions					
Weather Conditions: (check all that apply)			Road Conditions: (check all that apply)		
<input type="checkbox"/> Cloudy <input type="checkbox"/> Bright <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Snowing <input type="checkbox"/> Sleet			<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice <input checked="" type="checkbox"/> Snow <input type="checkbox"/> Unpaved <input type="checkbox"/> Other:		
Traffic Conditions: (check all that apply)			Time of Day: (check one)		
<input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Congested <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light			<input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night		

Vehicle 1	Make/Model	Color	Year	Vehicle Identification #	
	Peterbilt 340	Blue	2009	2NDRLN0XX9M775844	
Vehicle Class	Endorsements	Vehicle License No.	Department & Fleet No (city only)		
D		7644			
Driver/Operator: Chad Ringhand			Driver's License #: [REDACTED]		
Driver wearing seatbelt?		Est. Speed:	MPH	License Expires:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2		6-10-16	
Passenger Name	Injured?	Seatbelt?	Passenger Name	Injured?	Seatbelt?
	No	Unknow		No	Unknow
	No	Unknow		No	Unknow
	No	Unknow		No	Unknow
Vehicle Ownership: <input checked="" type="checkbox"/> City <input type="checkbox"/> Private/Other (If private vehicle, complete the insurance information below)					
Insurance Company	Insurance Agent	Phone	Insurance Policy #		

Vehicle 2	Make/Model	Color	Year	Vehicle Identification #	
	Chevy	Black			
Vehicle Class	Endorsements	Vehicle License No.	Department & Fleet No (city only)		
D		702606			
Driver/Operator:			Driver's License #:		
Driver wearing seatbelt?		Est. Speed:	MPH	License Expires:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Parked			
Passenger Name	Injured?	Seatbelt?	Passenger Name	Injured?	Seatbelt?
	No	Unknow		No	Unknow
	No	Unknow		No	Unknow
	No	Unknow		No	Unknow
Vehicle Ownership: <input type="checkbox"/> City <input checked="" type="checkbox"/> Private/Other (If private vehicle, complete the insurance information below)					
Insurance Company	Insurance Agent	Phone	Insurance Policy #		

Vehicle 3	Make/Model	Color	Year	Vehicle Identification #	
Vehicle Class	Endorsements	Vehicle License No.	Department & Fleet No (city only)		
D					
Driver/Operator:			Driver's License #:		
Driver wearing seatbelt?		Est. Speed:	MPH	License Expires:	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Passenger Name	Injured?	Seatbelt?	Passenger Name	Injured?	Seatbelt?
	No	Unknow		No	Unknow
	No	Unknow		No	Unknow
Vehicle Ownership: <input type="checkbox"/> City <input type="checkbox"/> Private/Other (If private vehicle, complete the insurance information below)					
Insurance Company	Insurance Agent	Phone	Insurance Policy #		

Form continued on back →

## Report of Incident: Vehicle Accident Form Continued

### Sketch

Draw a picture that depicts what happened. Identify each vehicle with their corresponding report numbers and arrows to indicate direction. Include streets, parking lots, buildings, and utilities (power lines, phone boxes, etc).



North

Road

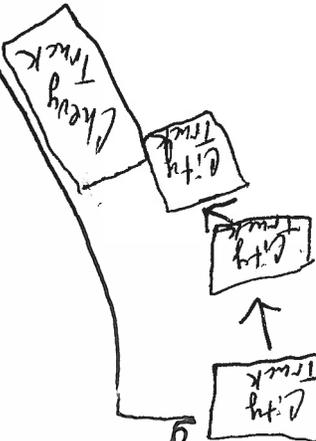
Road

Gravel

Building 60

Road

Garage Building 52



### Police Report

Investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Agency	Officer Name	Badge No.	Report #:
Citation(s) Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to whom and why? _____				

Person Completing this Report: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Dept. Head	
_____ Name	
_____ Signature	1 18 15 _____ Date

Safety Director

SRMD    /    /

## Carol Stamm

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**From:** Tom Mann [tem@cvmic.com]  
**Sent:** Tuesday, February 03, 2015 3:04 PM  
**To:** Carol Stamm  
**Subject:** RE: claim from Energenecs

Hi Carol

I agree with your plan. Please send me a copy of the signed release once this matter has been concluded so that I can credit the settlement to the file and the City's annual aggregate.

Thanks

Tom Mann

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**From:** Carol Stamm [mailto:cstamm@cityofmonroe.org]  
**Sent:** Tuesday, February 03, 2015 2:50 PM  
**To:** Tom Mann  
**Subject:** claim from Energenecs

Tom,

Attached is a claim from when one of our employees backed into a parked vehicle. I plan to pay the claim unless you can think of some reason not to do so.

Thank You,

Carol J. Stamm  
City Clerk/Director of General Government  
City of Monroe  
1110 18th Ave.  
Monroe, WI 53566  
population - 10,751  
phone: (608) 329-2530

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**From:** bizhubc35@cityofmonroe.org [mailto:bizhubc35@cityofmonroe.org]  
**Sent:** Tuesday, February 03, 2015 1:43 PM  
**To:** Carol Stamm  
**Subject:** Message from

This communication along with any attachments is intended only for the use of the individual or entity to which it was addressed. It may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify the original sender immediately by telephone or return e-mail and delete this message along with any attachments from your computer and destroy any printed copies. Thank you.