

SUSAN T. ERTMER
County Clerk



Winnebago County
Office of the County Clerk

The Wave of the Future

415 JACKSON STREET, P.O. BOX 2808
OSHKOSH, WISCONSIN 54903-2808

OSHKOSH (920) 236-4890
FOX CITIES (920) 727-2880
FAX (920) 303-3025
E-mail: countyclerk@co.winnebago.wi.us

NOTICE OF CLAIM

Date: June 19, 2014

To: Doug, Linda and Joan

Received from: Rick Sterling

Re: Damage to Rick Sterling's vehicle's tire at the landfill.

This claim will be presented to the County Board at their July 22, 2014 meeting.

JUN 19 2014

June 18, 2014

Please find enclosed Loss Report
& copy of repair invoice in
amount of \$260.29 for
reimbursement for loss to
damage of my vehicle on
County property on 2/13/14.
I was told that the County's
insurance would be contacting
me but to this date, had not.
Today, in speaking with Doug,
I was told to send this
to you. Thanks
Rick

COUNTY CLERK
WINNEBAGO COUNTY, WI

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LOSS REPORT

WINNEBAGO COUNTY

IF THIS IS AN AUTO ACCIDENT CONTACT APPROPRIATE LAW ENFORCEMENT
CALL THE FINANCE DEPARTMENT 236-4878 *5/E 232-3448*
COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY - Keep a copy for your records

JUN 19 2014

COUNTY CLERK
WINNEBAGO COUNTY, WI

EMPLOYEES:

Do not accept responsibility for ambulance bills.

Was a County vehicle involved?

Complete the Accident Report Form that is kept in vehicle.

Where County employee injured?

Call Personnel to report any Workers Compensation loss.

Date of Loss: *Feb 13, 2014* Location: *driveway of*
Solid Waste Transfer Station @ County I DshKosh
Description Of Loss: *Tire cut beyond repair*

Possible Contributing Conditions (icy, wet, cracked walkway, etc):
A Previous inbound load was not secured properly

Injuries: Name: *N/A*

Address & Phone: _____

Injury: _____

Remember to check the appropriate boxes below

Left the scene: ☐ Walking ☐ Ambulance ☐ Other: _____

☐ ^{ON} County or ☐ ^{TO} Non-County Property: Auto or property description: _____

2008 Dodge 1500

Damages and estimated repair/replacement (if possible) *Tire \$240-*

☐ County or ☐ Non-County Property: Auto or property description: _____

Damages and estimated repair/replacement (if possible) _____

Witnesses: (Name, address, phone, dept. if applicable) _____

The county employee located the piece of metal in the drive that cut my tire

Completed by: *Rick Sterling* Phone: *573-6951*

FOR ADDITIONAL STATEMENTS, INFORMATION AND FACTS USE OTHER SIDE



POMP'S TIRE SERVICE, INC.

CUSTOMER COPY

REMITTANCE ADDRESS:
POMP'S TIRE SERVICE, INC.
ATTN: AR DEPARTMENT
P.O. BOX 1630
GREEN BAY, WI 54305-1630

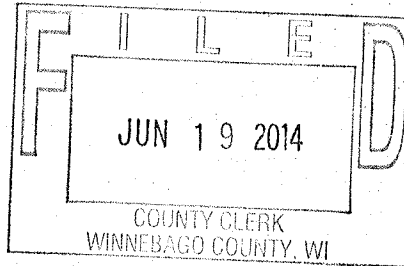
POMP'S TIRE-OSHKOSH
2180 S WASHBURN ST

OSHKOSH, WI 54904

920/235-7590

CUSTOMER: RICK STERLING
482 443 W4TH
OSHKOSH
WISCONSIN

54902



INVOICE #: 270018555

PAGE: 1

HOME: 920/573-6951 0 VEHICLE: 2008 DODGE RAM 2500
SALESMAN: HOUSE-OSHKOSH LICENSE: GM1996 MILEAGE: 126062
ENGINE: Turbo L6 D
VIN: 3D7K529H38G138123
INVOICE DATE: 02/17/14 TERMS: DUE ON DELIVERY

PRODUCT	MECHANIC	QUANTITY	PRICE	F.E.T.	EXTENSION
265/70-17/10 BFG A/T T/A KO RWL 729B81		1	213.89		213.89
LIGHT TRUCK SPIN BALANCE LBAL	2715	2.00	12.00		24.00
GRIND AND SEAL 983L	2714	2.00	5.00		10.00

MERCHANDISE: 213.89
LABOR: 34.00
SALES TAX: 12.40
INVOICE TOTAL: 260.29

VISA/MASTERCARD

260.29

LUG NUTS SHOULD BE RE-TORQUED AFTER 50 TO 100 MILES X

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

LUG NUTS MUST BE RE-TORQUED AFTER 50-100 MILES.

Printed Name Rick Sterling

Signature [Signature]

A finance charge of 1.5% per month (18% APR) will be added to the unpaid balance after 30 days.

CUSTOMER ESTIMATE SELECTION

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate but will not exceed the estimate without your permission. Your signature will indicate your estimate selection.

- I request an estimate in writing before you begin repairs.
- Please proceed with repairs but call me before continuing if price will exceed \$
- I do not want an estimate.

Do you want the replaced parts you are entitled to? ☐ YES ☐ NO
☐ This vehicle received without face to face customer contact.

ESTIMATED PRICE OF REPAIRS
\$

I hereby authorize the below repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, damage from freezing due to lack of anti freeze or any other causes beyond your control.

CUSTOMER SIGNATURE X

ADDITIONAL WORK AUTHORIZED BY:

DATE TIME A.M. P.M. NAME