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:

October 16, 2014

To:

Doug, Linda and Joan

Re:

Enoch Arteaga - Damage to RayBan Prescription Eye Glasses while an inmate

at the Winnebago County Jail

This claim will be presented to the County Board at their October 27, 2014 meeting.



WINNEBAGO COUNTY SHERIFF'S OFFICE **CORRECTIONS DIVISION**

Loss Claim Form FILED

001 162014

WINNEBAGO COUNTY OF ETUCA OFFIC

	OSHKOSH, WI
Inmate Name: Enoch Arteaga	Inmate ID Number: 20070286
Contact Information:	
Address 4311 Jackson St	
City OSh 1608 h State Zip _ 5	9490 Phone 920-410-3626
Date: 10-6-14 Value of item new: \$500.60	current value (est.): 500.00
Item Description: Ray Bond Bkric frame	with Red emblem with
Item Description: Ray Ban Bkc C frame	
Damaged Property	
Inmate Signature:	**************************************
	1
Brief summary of how loss/damage occurred (filled out by pe	rson making claim):
During a landom Shekedown lins	pection of the 13600
block on 9-6-14 Deputy Rurce	k inspected my cell/BG09
along with a 14-9 in which my Ray Ben glasses were cracked or Scropes of Point Missing on the	Prescription Designer
Sur glasses were chacked or	n the light lens and
acido de point Missing on the	legs of each side. The
$\frac{1}{2}$	
of my call Fallows a Coal dalk	y Bonck Sow the Condition
Transmission of the information on this form, nor any content of the content of t	you for your time. Enoun
reimbursement. Neither the existence of this form, nor any content of	e, and receipt does not constitute, an automatic Artery
employee, is meant to, or does, create a reimbursement of any kind	I. If you are looking for a reimbursement you
will need to write a letter and/or forward this form to the County Cle 54903.	rκ's Uπice, PO Box 2808, Oshkosh, WI

Copy: Inmate, Inmate File, Jail Administration

INFORMATIONAL REPORT WINNEBAGO COUNTY SHERIFF'S OFFICE - CORRECTIONS DIVISION

DATE:	10/06/1	0/06/14			2230	
LOCATION:		WCJ Booking				
REPORTING DEPUTY: Sgt. Rozek W94		REPORT	REPORT #: 14-124100			
SUBJECT:	Art	teaga, Enoch Adam		D.O.B.	10/19/1987	
HISTORY NUMBI	ER:	200702286	5	V		

NARRATIVE:

Monday October 6, 2014 2230 Sgt. Rozek W94:

I spoke to Inmate Arteaga, Enoch A (DOB: 10/19/1987 History# 200702286) about a pair of eye glasses he believes were broken during a shakedown on August 27, 2014. Inmate Arteaga was requesting a grievance form for the broken eye glasses.

Dep. Kurczek W100 had spoken to me the night of the shakedown and informed me that Inmate Arteaga accused him of breaking the glasses, but after a second conversation between the two of them Inmate Arteaga admitted he may have broken them himself when he returned to his cell. Inmate Arteaga stated to Dep. Kurczek that he was angry when he returned to his room because his room had been searched and threw some items around his room.

Inmate Arteaga had turned in one request form to me asking about the situation previous to our conversation this evening and I had responded that the issue had been resolved with Dep. Kurczek and also forwarded a copy of the request form to Dep. Kurczek.

Inmate Arteaga has been asking every Deputy he has had contact with for a grievance form for his glasses. When I spoke to him tonight I informed him it was not a grievable issue. Inmate Arteaga denied having told Dep. Kurczek he may have broken his own glasses. I issued Inmate Arteaga a Winnebago County Loss Claim Form to complete for his eye glasses. I gave Inmate Arteaga instructions on how to properly complete the form and where it needed to be sent.

REPORTING DEPUTY:	Sgt. Rozek W94	SUPERVISOR:	Sgt. Durrant W134
DEPUTY SIGNATURE:		SUPERVISOR SIGNATURE:	

ORIGINAL TO: JAIL LT COPY TO: FILE EMAIL TO: JAIL CAPTAIN, CLASSIFICATION STAFF, PROBATION AGENT, AND LINDA KRIZ (if inmate not sentenced)

