

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency: CITY OF WAUKESHA: <i>City Hall</i> 201 Delafield St, Waukesha, WI 53188 (262) 524-3500			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. DENISE A HOWARD, 2043 DIXIE DRIVE APT 1, WAUKESHA WI,53189 262-853-7869	
2. City of Waukesha Community Development: Public Works: 201 Delafield St 2nd Floor Waukesha, WI 53188				
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 07/08/1968	5. MARITAL STATUS N/A	3. DATE AND DAY OF ACCIDENT 4. 09/30/2021	7. TIME (A.M. OR P.M.) 5:00pm

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

OWNER : *Deedra Blonien* ALSO KNOWN AS (*Deedra Johnson*)
13105 W Scarborough Dr,
New Berlin, WI, 53151
Mobile **262-617-6505**

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.

(See instructions on reverse side). *Failure in maintaining sanitary sewers* 4 Unit Townhouse (Municipal Sewer and water). Raw Sewage backup in tenants basement on 09/29/2021 tenant and family expected to cleanup and maintain 2.5 Days .

No remediation, several areas of black mold testing positive in several areas as (UOCLADIUM) AND (CLADOSPORIUM) on drywall and bathroom toilet sub floor 2043 Dixie Drive Apt 1, Waukesha Wisconsin, 53189, There have been several Raw Sewage Backups in the tenants basement On the Municipal Lateral Sewer lines with no help from the landlord or City of Waukesha in the last 5 years which results in property loss . Noteably physical, emotional, and financial damage involving backup on. City of Waukesha including **City of Waukesha Community Development: Public Works, owner and landlord** left the tenenent to remain and live in an uninhabital, unsafe and hazardaus unit with no hurry in helping or concern for her or health, safety or safety of other during or after the raw sewage backup on 09/30/2021. allowing tenet and witnesses to handle toxic hazardous material which carried the Fecal matter of all 4 units , *See Attachments*.

10. PERSONAL INJURY/WRONFUL DEATH

11. WITNESSES

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
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Denise A Howard Dennis D Hoke Jr Karen Howard Michelle Stinebaugh	2043 Dixie Drive Waukesha WI,53189 2008 W Cliff Alex Ct South Waukesha WI,53189 2008 W Cliff Alex Ct South Waukesha WI,53189 W309S 10348 Knoll Ct Mukwonago 53149	262-853-7869 262-271-6157 262-443-8701 414-507-3259
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12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE. Personal Property Damage to Rental Propriety, Unable use lower level.	12b. PERSONAL INJURY Negligent infliction <i>Highly unpleasant</i> Emotional distress Anguish, Humiliation, and Fury, Sleep disturbances, Frequent mood swings , Chronic fatigue, Obsessive and ompulsive behaviors , from one or more parties / witnesses involved . <i>All witnesses listed handled the raw sewage</i>	12c. WRONGFUL DEATH N/A	12d. TOTAL \$50,000 per 4 witness Total of \$ 200.000
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I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).	13b. PHONE NUMBER OF PERSON SIGNING FORM 262-853-7869	14. DATE OF SIGNATURE
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)		
Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

95-109

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? <u>Yes</u>	<input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. State Farm Claims PO Box 106169 Atlanta GA 30348-6169 Claim #:4925M181Q Policy #:49BND3320 Date of Loss: September 30, 2021	<input type="checkbox"/> No
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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? State Farm <u>Deductible</u>	<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/>	17. If deductible, state amount. \$ 500.00 Deductible
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18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).
Temporarily storage of personal property
(Active)

Portion left over payed of personal property claim after deductible and property storage amount .

19. Do you carry public liability and property damage insurance? <u>property damage</u>	<input type="checkbox"/> Yes (Number, Street, City, State, and Zip Code). State Farm Claims PO Box 106169 Atlanta GA 30348-6169 Tracy Martinez Claim Specialist (740) 364-4977	<input type="checkbox"/> No
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Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency"
INSTRUCTIONS

whose claim form.

employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been

made, the itemized signed receipts evidencing payment.

establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

PRIVACY

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority*: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.

Part 14.

ACT NOTICE

B. *Principal Purpose*: The information requested is to be used in evaluating claims.

C. *Routine Use*: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond*: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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