

**RESOLUTION 2020-86**

**RESOLUTION OF THE VILLAGE BOARD OF THE VILLAGE OF CALEDONIA  
DISALLOWING THE CLAIM OF RANDY STEGER, DATED SEPTEMBER 16, 2020  
AND FILED WITH THE VILLAGE ON SEPTEMBER 22, 2020, WITH AN  
INCIDENT DATE OF AUGUST 10, 2020**

**WHEREAS**, Randy Steger presented an Itemized Notice of Claim in the amount of \$7,365.22 pursuant to Section 893.80, Wis. Stat., dated September 16, 2020 and filed with the Village Clerk on September 22, 2020, with an incident date of August 10, 2020 ("Steger Claim");

**NOW THEREFORE, BE IT RESOLVED** that the Village Board of the Village of Caledonia disallows the Steger Claim pursuant to Section 893.80, Wis. Stat., dated September 16, 2020 and filed with the Village on September 22, 2020 with an incident of August 10, 2020, and that the Village Clerk is directed to provide written notice of disallowance as required by Section 893.80(1g), Wis. Stat. and without waiving any and all immunities under the law including but not limited to quasi-legislative immunities under Sec. 893.80(4), Wis. Stat., and any and all defenses, procedural and substantive, of the Village as allowed by law.

Adopted by the Village Board of the Village of Caledonia, Racine County, Wisconsin, this 5<sup>th</sup> day of October, 2020.

**VILLAGE OF CALEDONIA**

By: \_\_\_\_\_

James R. Dobbs  
Village President

Attest: \_\_\_\_\_

Karie Pope  
Village Clerk



# Citizen Claim and Damage Form

## NOTICE OF CLAIM

Name: RANDY STEGER  
 Address: 5418 N. MEADOWS DR.  
CALEDONIA WI 53402  
 Phone: 563-451-8151

Incident/Accident Information  
 Date: 9-10-2020  
 Time: ALL DAY RAIN 7" +  
 Place: 5418 N. MEADOWS DR.

## 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 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.

AT APPROXIMATELY 4:30 P.M. ON SUBJECT DATE, WE LOST ELECTRICITY AND AS A RESULT, OUR SUMP PUMP NO LONGER WORKED. DURING THAT TIME WE TOOK IN ANKLE DEEP WATER ALONG WITH SEWAGE BACK-UP IN MULTIPLE PLACES OF OUR BASEMENT. UP THROUGH SHOWER DRAIN AND MAIN DRAIN IN WORKSHOP. WAS ADVISED BY BOB (VILLAGE) TO SOLICIT A PROFESSIONAL RESTORATION COMPANY AND HIRED SERV. PRO.

Signed: Randal D. Steger Date: 9-16-2020

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## 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 Village at any time consistent with the applicable statute of limitations. However, in order for the Village 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 Village of arising out of the circumstances described above in the amount of \$7365.22.

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

Signed: Randal D. Steger Date: 9-16-2020  
 Address: 5418 N. MEADOWS DR.  
CALEDONIA, WI 53402

DUE SERV PRO - \$4475.44  
 DUE HOMEOWNER - \$2889.78

Billing By Contractors:

- |                     |                    |           |
|---------------------|--------------------|-----------|
| 1) Serv Pro         | \$ 5,475.44        | 8-21-2020 |
| Client Down Payt    | <u>\$ 1,000.00</u> |           |
| BAL. To Serv. Pro   | \$ 4,475.44        |           |
| 2) House Medic      | \$ 1665.00         | 8-31-2020 |
| 3) Home Depot       | \$ 155.51          | 8-26-2020 |
| 4) Menards          | \$ 31.48           | 8-31-2020 |
| 5) Sherwin-Williams | \$ 37.79           | 8-27-20   |

TOTAL FOR RESTORATION - Dry Wall / Bathroom Repair  
PARTS: \$ 7365.22

Due Home Owner: \$ 2889.78

Servpro of Lake Geneva/ Racine/ Rock County  
 120 E Sheridan Springs Rd  
 Lake Geneva, WI 53147 US  
 billing@servpro2183.com

# Invoice



**BILL TO**

Randy & Maryann Steger  
 5418 N. Meadows Dr.  
 RACINE, WI 53402  
 United States

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5258301	08/21/2020	\$4,475.44	08/21/2020	Upon Receipt	

**LOCATION**  
 Racine County

**PM**  
 Anthony

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Water Remed	Water Restoration	1	678.34	678.34T
Water Remed	Water Restoration	1	4,763.18	4,763.18

TERMS OF PAYMENT: Unless otherwise specified on this invoice, payment is due in full upon completion of service. Finance Charges of 1.5% per month, 18% per annum, will be charged on accounts over 30 days past due.

SUBTOTAL	5,441.52
TAX (5%)	33.92
TOTAL	5,475.44
PAYMENT	1,000.00
<b>BALANCE DUE</b>	<b>\$4,475.44</b>







**MENARDS - RACINE**  
3101 South Oakes Road  
Sturtevant, WI 53177

KEEP YOUR RECEIPT  
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for  
items on this receipt will be in the form  
of an in store credit voucher if the  
return is done after 11/29/20

If you have questions regarding the  
charges on your receipt, please  
email us at:  
RACIfrontend@menards.com



Sale Transaction

GOLD OAK RANCH BASE 724  
4170874 2 @14.99 29.98

TOTAL 29.98  
TAX STATE OF WI 5% 1.50  
TOTAL SALE 31.48  
Mastercard 3210 31.48  
Auth Code:03154T  
Chip Inserted  
a000000041010  
TC - e4e23da2a3524b99

TOTAL NUMBER OF ITEMS = 2

THE FOLLOWING REBATE RECEIPTS WERE  
PRINTED FOR THIS TRANSACTION:  
606

GUEST COPY

The Cardholder acknowledges receipt of  
goods/services in the total amount shown  
hereon and agrees to pay the card issuer  
according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP  
PLEASE RETAIN FOR YOUR RECORDS.

THANK YOU, YOUR CASHIER, Maddy

80564 06 8332 08/31/20 09:52AM 3043



How doers  
get more done.

2429 GREEN BAY RD  
RACINE, WI 53403 (262)633-0643

4926 00063 83400 08/26/20 04:50 PM  
SALE CASHIER CHRISTINE

039800068194 AA 36 PACK <A> 16.98  
ENERGIZER AA 36-PACK  
008033051419 30" VAN COMB <A> <M> 139.00  
GLACIER BAY 30" VANITY COMBO WHT  
MAX REFUND VALUE \$125.10  
033886079907 SIKACONPATCH <A> <M> 7.85  
1QT SIKACRYL READYMIX CONCRETE PATCH  
MAX REFUND VALUE \$7.06  
039645864005 QT-SEALER <A> <M> 8.45  
1 QT CONCRETE CRACK SEALER  
MAX REFUND VALUE \$7.61  
077027050400 GECLEAR <A> <M> 6.57  
GE SILICONE II K&B CLEAR 10.1 OZ  
MAX REFUND VALUE \$5.91  
-----10% off Military Discount-----  
161.87 10% off Military Discount -16.19  
MUST RETURN ALL ITEMS FOR A FULL REFUND  
-----

SUBTOTAL 162.66  
SALES TAX 8.13  
TOTAL \$170.79

XXXXXXXXXXXX3210 MASTERCARD  
USD\$ 170.79  
AUTH CODE 02653T/9634104 - 15.28 A  
Chip Read Mastercard  
AID A0000000041010

*155.51*

<M> = Military Appreciation

4926 08/26/20 04:50 PM



4926 63 83400 08/26/2020 1319

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 180 02/22/2021

Due to COVID-19, we have extended our  
returns policy for most items.  
Please see homedepot.com for details.

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**DID WE NAIL IT?**

Take a short survey for a chance TO WIN  
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

[www.homedepot.com/survey](http://www.homedepot.com/survey)

User ID: H89 172015 167152  
PASSWORD: 20426 167089

Entries must be completed within 14 days  
of purchase. Entrants must be 18 or  
older to enter. See complete rules on  
website. No purchase necessary.



**SHERWIN-WILLIAMS.**

RACINE Store 3042

6229 WASHINGTON AVE  
RACINE WI 53406  
(262)886-1155  
Fax (262) 886-0334  
www.sherwin-williams.com

SALE 3:06pm  
Tran # 6748-3 08/27/20  
E14/10290 10  
Michalia

STEGER\*DALE  
Account XXXX-5196-5  
Job 1 STEGER\*DALE

Bill To:  
STEGER\*DALE  
447 HWY U  
STURTEVANT, WI 53177 1315  
(262)886-3370

937-6229 TR853-07 GALLON  
WHT ROLLER TEXTURE  
1.00 @ 35.99 35.99

SUBTOTAL BEFORE TAX 35.99

5.000% SALES TAX:1-505340600 1.80  
TOTAL \$37.79

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MASTER CARD -37.79

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C/C# XXXXXXXXXXXX3210  
Auth # 02751T  
Chip Read  
No PIN  
AID:A0000000041010  
TVR:0000008000  
IAD:0F10607001220000AED200000000000000FF  
TSI:E800  
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