

RESOLUTION NO. 2021-12

**RESOLUTION AUTHORIZING THE PAYMENT FOR LOSS AT CHAPLA PARK FOR
CHERYL MUELLER**

WHEREAS, the Village of Caledonia is now self-insured under CVMIC for all property and liability claims;

WHEREAS, on August 3, 2020 Cheryl Mueller tripped over a concrete barrier while walking at Chapla Park;

WHEREAS, Cheryl Mueller sustained some damage to her eyeglasses and her body and has submitted a citizen claim form and all applicable invoices with dollar amounts that were not covered by her personal medical insurance, and is attached hereto as **Exhibit A**;

WHEREAS, the Village of Caledonia will pay Cheryl Mueller a total of \$500 for the damages sustained once Cheryl executes a release in exchange for the settlement; and

NOW, THEREFORE, BE IT RESOLVED by the Caledonia Village Board the payment to Cheryl Mueller will occur after she executes a release in exchange for the settlement.

Adopted by the Village Board of the Village of Caledonia, Racine County, Wisconsin, this 15th day of February, 2021.

VILLAGE OF CALEDONIA

By:  _____

James R. Dobbs
Village President

Attest:  _____

Joslyn Hoeffert
Deputy Village Clerk



Citizen Claim and Damage Form

NOTICE OF CLAIM

Name: Cheryl Mueller
 Address: 2450 - 4 1/2 mile Rd
Racine, WI 53402
 Phone: 262-456-4345

Incident/Accident Information
 Date: August 3, 2020
 Time: 7:30 PM
 Place: Chapla Park

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.

Walking toward the lake at Chapla Park I fell over a concrete barrier that was not marked with caution. It was in the middle of the walkway. My fall resulted in: a bruised forehead, black eye, bleeding split upper lip, damage to my upper middle front teeth and broken glasses.

Witness: Darrell Emmons 7246 Lakeshore Ave. 414-587-4353

Signed: Cheryl Mueller

Date: August 5 2020

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 City/Village of arising out of the circumstances described above in the amount of \$ 500 .

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

Signed: Cheryl Mueller
 Address: 2450 - 4 1/2 mile Rd
Racine, WI 53402

Date: 11/17/2020

Waited for bills

The scar on my lip is permanent and sensitive.
 My teeth remain scratched and cannot be repaired.

Invoice

200-Racine
 3905 Douglas Ave
 Racine, WI 53402
 (262) 639-5360



Office # : 200
 Service Date: 09/01/2020
 Payment #: 219170
 Employee : Mara J

Patient Name : Cheryl Mueller
 2450 4 1/2 Mile Rd
 Racine, WI 53402

Item/ Service Description	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
Order # 215356 Insurance: Spectera WK					
92014 - Comprehensive Exam - Existing - 92014	\$79.00	\$34.00	\$45.00		\$0.00
Helium 4284 S.Brown 54	\$179.00		\$179.00		\$0.00
Progressive Plastic ZEISS Precision Plus - Clear	\$310.00	\$96.00	\$64.00		\$150.00
Zeiss PureCoat Plus	\$109.00	\$19.00	\$90.00	\$90.00	\$90.00
Total	\$677.00	\$149.00	\$378.00	\$90.00	\$240.00
				Tax	\$0.0

Order # 215375 Insurance: none					
Package :Ocular Photo Screening and Visual Field Screening	\$55.00	\$5.00			\$50.00
-- S9986.2 - Visual Field Screening - S9986.2					
-- S9986.4 - Optos Screening - S9986.4					
Total	\$55.00	\$5.00	\$0.00	\$0.00	\$50.00
				Tax	\$0.0

~~\$0.0~~
\$290.

Spring Dental Group, Ltd.
 5440 Spring Street
 Mount Pleasant, WI 53406 2912
 (262) 886-9440



Receipt #47096

Mr. Donald Mueller
 2450 4 1/2 Mile Road
 Racine, WI 53402

Date:	Sep 08, 2020
Amount Due:	(\$6.00)
Amount Enclosed:	

Note: You have a credit balance, payment is not required.

Patient: Cheryl Mueller *

Please Remit Top Portion with Payment

Date	Description	Charges	Credits
Sep 08, 2020	Comprehensive exam	\$98.00	
Sep 08, 2020	Four bitewing x-rays	\$74.00	
	Thank you.		

Upcoming (Booked) Appointments			
Patient	Reason	Date	Time
Donald	JAPO	Feb 18, 2021	11:10AM

_____ Signature	Total Charges		\$172.00	
	Total Credits		\$0.00	
	Bill Total		\$172.00	
	Insurance Expected		\$172.00	
0 - 30	31 - 60	61 - 90	91+	Total
\$275.00	\$41.00	\$0.00	\$0.00	\$316.00
Post Date:				\$0.00

Cheryl Mueller
2450 4 1/2 Mile Rd.
Racine, WI 53402-1714

VILLAGE OF CALDONIA

NOV 18 2026

RECEIVED

Village of Caldonia
Citizen Claim + Damage Form