



# COUNTY OF KENOSHA

# COUNTY CLERK

Mary T. Schuch-Krebs

1010 - 56th Street  
Kenosha WI 53140  
(262) 653-2552  
Fax: (262) 653-2564

## CLAIM AGAINST KENOSHA COUNTY

FULL NAME Brandon J. Zoromskis DATE 4/20/2020

ADDRESS 8920 83rd st Apt #1  
Pleasant Prairie, WI 53158

TELEPHONE NUMBER: Home: (262) 748-2722  
Work: \_\_\_\_\_

DATE & TIME OF ACCIDENT OR LOSS April 12th 2020 5:00pm

LOCATION OF ACCIDENT (60th) Hwy K in between County roads  
D and MB

DESCRIPTION OF ACCIDENT OR LOSS Construction hazard  
leveling gravel seemed to be washed out from the  
previous day. I was unaware of road construction  
as I drove east up the hill on Hwy K, as there was  
no warning signage. I was in traffic behind a large  
truck which also partially delayed visual sight of  
the warning sign which is placed immediately beside  
the hazard. This hazard is perhaps 50 yards beyond  
the eclipse of the hill and flow of traffic is generally

(1) ix

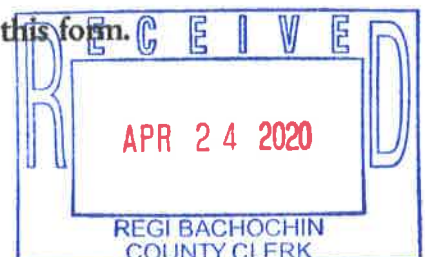
WITNESS: Name Cristy Thompson  
Address 8220 Antioch Rd.  
Salem, WI 53168  
Phone (262) 960-9726

AMOUNT OF CLAIM (damages) \$ 296.37

CLAIMANT'S SIGNATURE [Signature]

Please attach receipts, estimates, and/or other supporting data to this form.

RETURN THIS FORM TO: KENOSHA COUNTY CLERK  
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KENOSHA WI 53140





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FULL NAME Brandon Zorowski DATE 4/20/2020

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER: Home: \_\_\_\_\_

Work: \_\_\_\_\_

DATE & TIME OF ACCIDENT OR LOSS \_\_\_\_\_

LOCATION OF ACCIDENT \_\_\_\_\_

DESCRIPTION OF ACCIDENT OR LOSS 45 mph to 60 mph. Due to the delayed visual warning of the hazard. I didn't have ample time to slow down and proceed cautiously. The loose leveling gravel was washed out and my passenger tire and rim took a decent impact. The alignment on my vehicle was thrown off, and my tire slowly went flat. The rim and tire were a loss, I replaced my inner & outer tie rods and performed an alignment due to the damage. I am only seeking reimbursement for rim & tire. ②

WITNESS: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

AMOUNT OF CLAIM (damages) \$ \_\_\_\_\_

CLAIMANT'S SIGNATURE \_\_\_\_\_

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