



GL-11-22

COUNTY OF KENOSHA

Regi Bachochin



COUNTY CLERK

110 - 56th Street

Kenosha WI 53140

(262) 653-2552

Fax: (262) 653-2564

CLAIM AGAINST KENOSHA COUNTY

FULL NAME

Samantha Krainer

DATE

4/27/22

ADDRESS

4206 Washington Rd Apt 101
Kenosha, WI 53144 (mailing)

TELEPHONE NUMBER:

Home: Cell

262-351-5615

Work:

DATE & TIME OF ACCIDENT OR LOSS

April 31-24, 2022

LOCATION OF ACCIDENT

Kenosha County Jail

DESCRIPTION OF ACCIDENT OR LOSS

I was picked up on a copias, was arrested and booked with both hearing aids in my car. I was going through heroin withdrawals so I was put in conference where I told CO Wilkes about my hearing aids, I gave one to him and told him my other one was under my mat in M dorm. The night before I went to court, a female CO told me about my hearing aids and where they were.

WITNESS:

Name

Address

Phone

I gave my hearing aids to officer Wilkes.

AMOUNT OF CLAIM (damages)

\$

6,100.00 for both hearing aids, attached

CLAIMANT'S SIGNATURE

Samantha Krainer

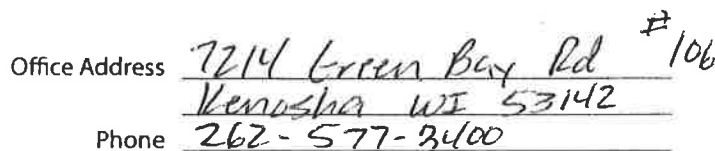
Please attach receipts, estimates, and/or other supporting data to this form.

RETURN THIS FORM TO: KENOSHA COUNTY CLERK

1010 - 56TH STREET

KENOSHA WI 53140

In an envelope w/ my name on it in O/P dorm window of the office where COs sit.



Purchase Date 4-25-22
Purchaser Name Samantha Krainer
Date of Birth [REDACTED] Phone # 262-351-5615
Address 1611 Sheverson Rd
Kenosha WI
City/State/Zip 53140

Hearing Instruments Sold		
Item Condition	<input type="checkbox"/> Right Ear Hearing Aid <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned	<input type="checkbox"/> Left Ear Hearing Aid <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned
Make		
Model		
Serial #		

Purchase includes warranty directly from the manufacturer for the period of year(s) shown above. (See manufacturer literature for complete details.) Warranty does NOT apply to cords and batteries, plastic tubes or ear molds. Warranty is limited to original Purchaser and is non-transferable. If you require warranty coverage, contact the office that sold you the device for assistance.

Deductible per aid \$_____

Purchase includes manufacturer guarantee to replace or repair the hearing aid(s) for the period of year(s) shown above in the event of loss or accidental damage minus the deductible. Deductible does not include the cost of impression (\$_____) or handling (\$_____). Replacement provided one-time only per hearing instrument. Please note: does *NOT* cover normal wear and tear repairs.

[illegible]

The purchaser has been advised by the hearing instrument specialist that any examination or representation made by the hearing instrument specialist in connection with the fitting and selling of this hearing aid is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state and therefore must not be regarded as medical opinion or advice.

Doc #0030 WI HLU: 07 2016