

**CLAIM FOR INJURIES**

**TO: CITY OF WAUKESHA POLICE DEPARTMENT  
c/o Russell Jack, Chief of Police  
1901 Delafield Street  
Waukesha, WI 53188**

**PLEASE TAKE NOTICE:**

SAMANTHA LYNN ZYDOWICZ, has previously given the City of Waukesha, the City of Waukesha Police Department through their employee, agent and representative, Officer Bryce A. Butryn, notice of the circumstances of claim on July 30, 2019, hereby make a claim against the above parties as follows:

1. SAMANTHA LYNN ZYDOWICZ, is an adult who resides at 108 West Waukesha Road, Eagle, Wisconsin 53119.

2. That this Claim is presented pursuant to Wis. Stat. §893.80(1d)(b). Attached hereto is a copy of the Notice of Circumstances of Claim that were previously served on the parties.

3. SAMANTHA LYNN ZYDOWICZ, by her attorneys, HABUSH HABUSH & ROTTIER S.C.<sup>®</sup>, hereby make claims against you for damages arising out of the personal injuries sustained by Samantha Lynn Zydowicz on April 4, 2019, as the result of an automobile accident with a City of Waukesha Police Officer's squad car, which was being operated by their employee, agent and representative, Bryce A. Butryn, when the subject squad car ran into claimant's vehicle on Wisconsin Avenue at Maple Avenue, in the City of Waukesha, County of Waukesha, State of Wisconsin.

4. These injuries and damages were sustained by reason of the negligence of Bryce A. Butryn, the City of Waukesha Police Department and the City of Waukesha through their employees, agents and representatives. Officer Butryn made a left turn without keeping a proper lookout and while failing to yield the right-of-way, causing the collision.

5. As a result of the negligence on the part of the City of Waukesha, the City of Waukesha Police Department and their employee, agent and representative, Officer Bryce A. Butryn, SAMANTHA LYNN ZYDOWICZ sustained injuries and damages, including past pain and suffering, past medical expenses, disability, loss of enjoyment of life, and other compensable injuries.

6. By reason of the negligence on the part of the City of Waukesha, the City of Waukesha Police Department and their employee, agent and representative, Officer Bryce A. Butryn, SAMANTHA LYNN ZYDOWICZ demands damages for the following items:

A. Money damages for past medical expenses, property damage, past pain and suffering in the amount of \$270,396.57 and itemized as follows:

Past Medical Expenses	\$137,720.02
Property Damage	\$ 7,676.55
Pain and Suffering	\$125,000.00

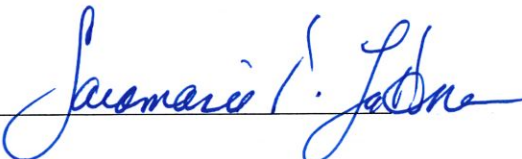
B. SAMANTHA LYNN ZYDOWICZ demands \$250,000.00 to settle her claim, based on the statutory cap.

C. Attached hereto in support of the claim is a November 10, 2021 letter summarizing the nature of the injuries, medical records, medical bills, an itemization of medical specials and the accident information, including photographs from the accident scene.

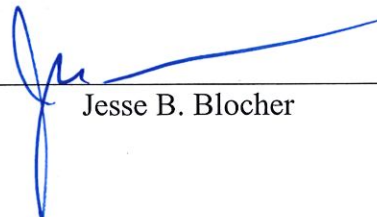
Dated at Waukesha, Wisconsin, this 9 day of November, 2021.

Witness:

HABUSH HABUSH & ROTTIER S.C.<sup>®</sup>  
Attorneys for Claimant

  
\_\_\_\_\_

By:


  
\_\_\_\_\_  
Jesse B. Blocher

**PLEASE SERVE NOTICES WITH REGARD TO THIS NOTICE ON:**

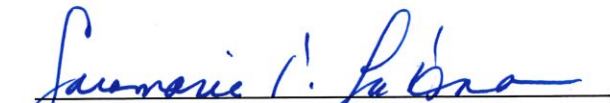
HABUSH HABUSH & ROTTIER S.C.<sup>®</sup>  
N14 W23755 Stone Ridge Drive, Suite 100  
Waukesha, WI 53188  
(262) 523-4700

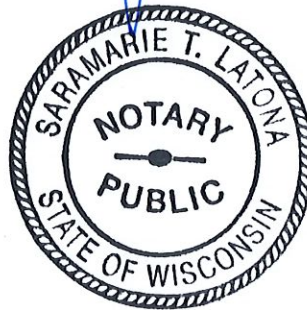
STATE OF WISCONSIN    )  
  ) SS.  
WAUKESHA COUNTY    )

JESSE B. BLOCHER, being first duly sworn on oath deposes and says: He is one of the attorneys for the claimant in the attached Claim for Injuries; he has read the Claim for Injuries, knows the contents thereof and the same is true to his own knowledge, except as to matters therein stated upon information and belief, and as to those matters, he believes them to be true; the basis of his knowledge is information and statements from the claimant together with claimant's records.

  
\_\_\_\_\_  
Jesse B. Blocher

Subscribed and sworn to before me  
this 9<sup>th</sup> day of November, 2021.

  
\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission expires: 1/10/2024



**AFFIDAVIT OF MAILING**

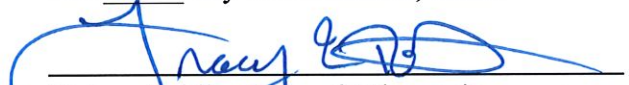
STATE OF WISCONSIN)  
  ) SS.  
WAUKESHA COUNTY )

The undersigned, being first duly sworn on oath, deposes and states that a true and accurate copy of this Claim for Injuries and accompanying documents for Samantha Lynn Zydowicz containing 238 pages on a compact disc, was sent to the individual indicated below by certified mail which bore the sender's name and return address and which was addressed to such individual at his post office address on this 1<sup>0</sup> day of November, 2021:

CITY OF WAUKESHA POLICE DEPARTMENT  
c/o Russell Jack, Chief of Police  
1901 Delafield Street  
Waukesha, WI 53188

  
\_\_\_\_\_  
Erin Raffel

Subscribed and sworn to before me  
this 10<sup>th</sup> day of November, 2021.

  
\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission expires: 7/27/24

**P.O. Box Address:**  
Stone Ridge I, Suite 100  
N14 W23755 Stone Ridge Drive  
Waukesha, WI 53188  
(262) 523-4700

TRACY L ROETS  
Notary Public  
State of Wisconsin