



Legislation Details (With Text)

**File #:** 00465      **Version:** 1      **Name:** claim - G. Gohedotte, P.O. Box 3413, Madison  
**Type:** Claim      **Status:** Filed  
**File created:** 1/31/2005      **In control:** Risk Manager  
**On agenda:** 2/22/2005      **Final action:** 2/22/2005  
**Enactment date:** 3/1/2005      **Enactment #:**  
**Title:** NOTICE OF CLAIM - Michael F. Hupy & Associates, S.C. for G. Gohedotte, P.O. Box 3413, Madison - past/future medical expenses, loss of earning capacity, pain and suffering - \$250,000.00.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
2/22/2005	1	COMMON COUNCIL	Deny	Pass
2/15/2005	1	Risk Manager	RECOMMEND TO COUNCIL TO DENY - REPORT OF OFFICER	
2/1/2005	1	COMMON COUNCIL	Refer	Pass
1/31/2005	1	COMMON COUNCIL	Refer	

**Fiscal Note**

N/A

**Title**

NOTICE OF CLAIM - Michael F. Hupy & Associates, S.C. for G. Gohedotte, P.O. Box 3413, Madison - past/future medical expenses, loss of earning capacity, pain and suffering - \$250,000.00.

**Body**

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