

DANIEL P. KONDOS, S.C.\*  
JAMES R. SHILOBRIT  
RANDALL L. ROZEK  
LOUIS E. BAUREIS  
KEVIN W. HAASS  
KELIN R. OLSON, SR.

LAW OFFICES  
407 WEST SILVER SPRING DRIVE  
MILWAUKEE, WISCONSIN 53217  
(414) 444-4444  
FAX (414) 961-1675  
www.danielkondos.com

DANIEL P. KONDOS, S.C.  
LAW OFFICES

CELEBRATING OUR  
30<sup>TH</sup> YEAR OF SERVING  
SOUTHEASTERN WISCONSIN

ALSO MEMBER OF TEXAS BAR\*  
ALSO MEMBER OF ILLINOIS BAR#

CAROL P. KONDOS, P.C.  
OF COUNSEL

OFFICE OF  
CITY ATTORNEY

November 4, 2002

City of Milwaukee  
Public Works Department  
841 N. Broadway  
Milwaukee, Wisconsin 53202

RE: Notice of Claim For Damages  
My Client: Rosie Shoemaker  
Accident of: 1/6/02

To Whom It May Concern:

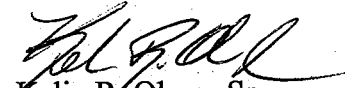
Enclosed please find the original and four (4) copies of the Notice of Claim For Damages relative to the above-mentioned matter.

Please indicate the date of receipt and filing on one of the enclosed copies, and then return same to my office in the post paid envelope that I have also enclosed for your convenience.

Thank you for your assistance.

Sincerely,

DANIEL P. KONDOS, S.C.

  
Kelin R. Olson, Sr.

KRO/ts  
Enclosures

CITY OF MILWAUKEE  
RECEIVED

'02 NOV -7 PM 12:03

OFFICE OF  
CITY ATTORNEY

**NOTICE OF CLAIM FOR DAMAGES**

TO: CITY OF MILWAUKEE  
PUBLIC WORKS DEPARTMENT  
841 N. BROADWAY  
MILWAUKEE, WISCONSIN 53202

**PLEASE TAKE NOTICE**, that the undersigned is making claim for injuries and damages against you by virtue of the reasons set forth hereafter:

**NAME OF CLAIMANT:**

Rosie Shoemaker

**DATE AND TIME OF INJURIES OR DAMAGES SUSTAINED:**

January 6, 2002 at approximately 10:350 a.m.

**PLACE OR LOCATION WHERE INJURY OR DAMAGES OCCURRED:**

1820 W. Locust Street, Milwaukee, Wisconsin

**MANNER IN WHICH DAMAGES OR INJURIES WERE RECEIVED/OCCURRED**

Claimant was injured when she tripped and fell on an uneven sidewalk.

**GROUND ON WHICH CLAIM IS MADE:**

Negligence on the part of the City of Milwaukee-Public Works Department by its agents, servants and employees, including but not limited to failure to exercise ordinary care for the safety of others and failure to maintain proper warning of the hazards in areas of pedestrian activity.

GENERAL DESCRIPTION OF INJURIES AND DAMAGES:

PERSONAL INJURIES: 1. Torn rotator cuff-needs surgery

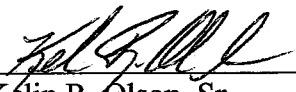
MEDICAL EXPENSES  
PAIN AND SUFFERING

**PLEASE TAKE NOTICE** that satisfaction for such injuries or damages is claimed, and that pursuant to Section 893.80(b), Wisconsin Statutes, an Itemization of Special Damages is attached hereto and this demand is in the sum of \$37,631.72.

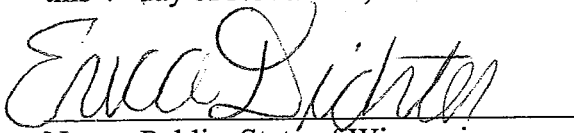
Dated at Milwaukee, Wisconsin, the 4th day of November, 2002.

CLAIMANT: ROSIE SHOEMAKER  
1821 W. LOCUST STREET  
MILWAUKEE, WISCONSIN 53206

DANIEL P. KONDOS, S.C. LAW OFFICES

BY:   
Kevin R. Olson, Sr.  
Attorney for the Claimant  
407 West Silver Spring Drive  
Milwaukee, Wisconsin 53217  
Telephone: (414) 961-0180

Subscribed and sworn to before me  
this 4<sup>th</sup> day of November, 2002

  
Notary Public, State of Wisconsin  
My Commission Expires: 700-03

### ITEMIZATION OF SPECIAL DAMAGES

1. Pain and Suffering	\$25,000.00
2. Medical Expenses	
A. St. Mary's Hospital	
Records of 2/13/02-4/10/02	In
Statement of 2/13/02-4/10/02	\$9,924.39
B. Physician Accounting (Anesthesiology)	
Statement of 2/13/02	283.33
C. St. Mary's Medical Clinic-Dr. Enid Trotman	
Records of 1/10/02-3/7/02	In
Statement of 1/10/02-3/7/02	925.00
D. Lakeside Diagnostic Imaging	
Records of 1/28/02	In
Statement of 1/28/02	1,499.00
<b>TOTAL DAMAGES</b>	<b>\$ 37,631.72</b>