

10

Milwaukee City Clerk
200 E Wells Rm 205
C.I. File NO: 02-S-431

4-14-03

C.I. File NO: 02-S-431

I am appealing your decision that I interfered with the arrest of Lisa Haynes on 11-30-02. I was compliant with officers when he asked for information about Ms Haynes, that I obtain by going to my resident downstairs and bringing it back up to him and he didn't even say thank you. Next thing I notice Ms Haynes was thrown to the floor without any explanation and she started screaming "Sharon please don't leave me". Her legs interlocking in mine while I was standing, one officer told me to step back into the kitchen; which was one step backward, meanwhile the officer had Ms Haynes in a supine position, handcuffing her hands behind her back, while their knee was in her back and she was screaming one officer grabbed her around neck and was beating her head into the hard wood floor until she stopped screaming and laying ^{every} motionless. all 2 did was extended both

CITY OF MILWAUKEE
RECEIVED

03 APR 16 PM 3:41

OFFICE OF
CITY CLERK

2003 APR 16 AM 11:02
MILWAUKEE
CITY CLERK
LEONARDT

CITY OF MILWAUKEE

12/20/02

To Whom it May Concern

I also lost pay from work related to being incarcerated. Plus the pain and suffering I sustain, because while back at work, I'm unable to bend my (RT) knee with full range of motion and pain radiate from my (RT) knee to my lower (RT) leg. I'm also wearing a brace on my knee, this injury was related to police knocking me down to the floor. I'm having a follow up on my (RT) knee at present, I don't have the bill at present.

James M. Dawson
 2601 N 47th street
 Milwaukee, Wisconsin
 414-442-3422

CITY OF MILWAUKEE

02 DEC 20 PM 2:06

RONALD D. LEONHARDT
CITY CLERK

OFFICE OF
CITY ATTORNEY

02 DEC 23 PM 2:11

CITY OF MILWAUKEE
RECEIVED

P.O. Box 68-9510
Milwaukee, WI 53268-9510
Address Service Requested

PATIENT NAME	
DAWSON, SHARON A	
AMOUNT DUE	PATIENT NUMBER
334.00	70751642
PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: ST. JOSEPH REGIONAL MEDICAL CENTER	
AMOUNT ENCLOSED \$	

STATEMENT DATE	SERVICE FROM	SERVICE THROUGH
12/13/02	12/02/02	12/02/02



SHARON DAWSON
2601 N 47 ST
MILWAUKEE, WI 53210-2413

ST. JOSEPH REGIONAL MEDICAL CENTER
BOX 68-9510
MILWAUKEE, WI 53268-9510



IF ADDRESS OR INSURANCE COMPANY HAS CHANGED, PLEASE CHECK HERE AND COMPLETE INFORMATION REQUESTED ON REVERSE SIDE.

IMPORTANT: PLEASE DETACH & ENCLOSE THIS PORTION WITH YOUR PAYMENT

Questions concerning this Statement can be e-mailed to:

covenantbusinessoffice@covhealth.org
CUSTOMER SERVICE: (414) 456-3000
(888) 553-5009

Thank you for choosing a Covenant Healthcare facility for your health care needs.

The remaining AMOUNT DUE for hospital services referenced in this statement is your responsibility. Please mail your payment today.

If you have already mailed your payment, please disregard this statement and accept our thanks for your prompt response.

DESCRIPTION	DEBITS	CREDITS
EMERGENCY DEPT	334.00	0.00

THESE CREDIT CARDS ARE ACCEPTED.
COMPLETE INFORMATION ON THE REVERSE SIDE.



BALANCE DUE FROM PATIENT

334.00

AS A COURTESY TO YOU, WE HAVE BILLED BOTH YOUR PRIMARY AND SECONDARY INSURANCE.

PATIENT NAME	PATIENT NUMBER	PRIMARY INSURANCE	SECONDARY INSURANCE		
DAWSON, SHARON A	70751642	SELF PAY			
VISIT TYPE	SERVICE FROM	SERVICE THROUGH	TOTAL CHARGE	TOTAL PAYMENT / CREDIT	AMOUNT DUE
EMERGENCY MEDICINE	12/02/02	12/02/02	334.00	0.00	334.00

KEEP THIS PORTION FOR YOUR RECORDS
See reverse side for credit card and patient financial information.
Please visit our website for answers to frequently asked questions at www.covhealth.org

CITIZEN COMPLAINT FORM
CITY OF MILWAUKEE FIRE AND POLICE COMMISSION
809 N. Broadway, Room 104 Milwaukee, WI 53202
(414) 286-5000

IMPORTANT NOTE: The Fire and Police Commission's citizen complaint process is designed to address allegations of intentional acts of misconduct by specific department members which are violations of Department rules and which, if proven, would justify disciplinary action against that department member. **The Fire and Police Commission is not authorized by law to award money damages. If you feel that you were injured as a result of actions by a Police or Fire Department member and seek money damages, you must file a Notice of Claim with the City Clerk's office within 120 days of the date on which the injury took place. If you have questions regarding filing such a claim, contact the City Clerk's office at 200 East Wells Street, Milwaukee, WI 53202. Their telephone number is 286-2221**

NAME: SHARON A DAWSON Birth date: 12-26-56
First Initial Last

ADDRESS: 2601 N 47th CITY: Milwaukee ZIP: 53211

TELEPHONE NUMBER -- Residence: 414-442-3422 Other: _____
(Notify the Commission office [286-5000] promptly of any change in residence or telephone number.)

IF FILING ON BEHALF OF MINOR, GIVE NAME: _____ BIRTH DATE: _____
(If minor is 14 years of age or over, the minor must complete the following:)

I have read this complaint consisting of 2 pages. The contents are true to the best of my knowledge.

Minor

DATE AND TIME OF INCIDENT: 11-30-02 3:00 AM

LOCATION: 2603 N 47th street

ACCUSED MEMBER NO. 1:

Name _____ Race _____ Sex _____ Uniformed (Yes/No) Badge No. _____

ALLEGED MISCONDUCT: (Give specific facts below--state exactly the individual acts of the accused member that causes you to complain. Continue on the reverse side or attach additional pages, if necessary.)

Came from my 2nd Shift job Friday night, put on my sleeping gown, sat down to eat ice cream heard someone beating on upstairs tenent's door, then I heard glass break, upstairs tenent, Lisa yelled from the stair, would I please come upsta when I arrived, there was 2 policeman, one asked me did I know her and if I had any information on her, went downstairs and brought him the information Lisa filled out when she moved in. One policeman in the meanwhile was going through her belongings, then the other policeman told her to put her hands behind her back, Lisa asked what for, then they threw her to the floor, one officer put his knee/leg on her mid back to cuff her, while the other put his hand on her neck while hitting her head to the floor repeatedly. I held my arm out and asked what are you doing one policeman said you touched me you don't touch me, then he got up into my face and told me to get out of here.

ACCUSED MEMBER NO. 2:

Name _____ Race _____ Sex _____ Uniformed (Yes/No) Badge No. _____

ALLEGED MISCONDUCT: (Give specific facts below--state exactly the individual acts of the accused member that causes you to complain. Continue on the reverse side or attach additional pages, if necessary.)

The other policeman told me to step into the kitchen, which I did, then I seen several police officers coming through the living room door, they ran to me, threw me down to the floor and handcuff me without saying a word, when I asked why am I arrested, one officer (in police car) said I don't know. My (L) side of my face was bruise (L) shoulder, and my knees was bruise and (R) knee really became to swell, where it affected my gait. The nursing unit at jail is aware. Then I was book and put into jail

(Attach additional pages if necessary)

You must choose one of the two options listed below:

OPTION 1: If proceeding according to State Statute 62.50(19), check here _____ and sign below in the presence of a Notary Public. By choosing this option, you are stating that you believe the department member(s) is/are guilty of misconduct which should result in the removal (termination) of the member(s) from the department.

You must sign below in the presence of a Notary Public if you chose Option 1.

OPTION 2: If proceeding according to Charter Ordinance Section 22.10, check here and sign and date on the following lines. By choosing this option, you are stating that you believe the department member(s) is/are guilty of misconduct which should result in suspension without pay, demotion in rank, or termination. (See Section 4(a) and (b) of Fire and Police Commission Rule XXV.)

12-5-02 Sharon A Dawson
Date Complainant's Signature

STOP HERE IF YOU CHOSE OPTION 2.

STATE OF WISCONSIN)
CITY OF MILWAUKEE)

Sharon A Dawson

being first duly sworn on oath, deposes and says that she is the complainant in the above entitled action; that she has read the foregoing complaint and knows the contents thereof, that the same is true of her own knowledge, except as to those matters stated therein on information and belief and as to those matters she believes them to be true.

Sharon A Dawson
Complainant

Subscribed and Sworn to before me this 6 day of November, 2002.

