

**NOTICE OF CIRCUMSTANCES OF CLAIM**

CITY OF MILWAUKEE

TO: CITY CLERK  
CITY OF MILWAUKEE  
200 EAST WELLS STREET  
MILWAUKEE, WISCONSIN 53202

NOV 19 AM 11:58

ROYAL  
CITY CLERK

**PLEASE TAKE NOTICE** Pursuant to Wisconsin Statute § 893.80(1)(a) that the undersigned hereby provides this NOTICE OF CIRCUMSTANCES OF CLAIM.

NAME OF CLAIMANT:

CONNIE WILLIAMS

DATE AND TIME OF INJURIES SUSTAINED:

JULY 23, 2004 8:15 AM

PLACE OR LOCATION WHERE INJURY OR DAMAGES OCCURRED:

BETWEEN 2803 AND 2809 SOUTH 9<sup>TH</sup> STREET  
MILWAUKEE, WISCONSIN

MANNER IN WHICH DAMAGES OR INJURIES WERE RECEIVED OR OCCURRED:

Claimant, Connie Williams, tripped over an unsafely uneven sidewalk block, causing her to fall and injure herself.

GROUND ON WHICH CLAIM IS MADE:

Negligence on the part of The City of Milwaukee by its agents, servants and employees including but not limited to failure to provide and maintain sidewalk areas so that they would be safe for citizens using same.

GENERAL DESCRIPTION OF INJURIES AND DAMAGES:

PERSONAL INJURIES:

- - RIGHT EYE AND HEADACHE
- - RIGHT CHEEK BONE
- - CHIN
- - NOSE
- - LOWER LIP
- - LEFT HAND
- - BACK
- - RIGHT KNEE
- - LEFT BIG TOE

MEDICAL EXPENSES  
PAIN AND SUFFERING

**PLEASE TAKE NOTICE** that compensation for such injuries or damages will likely be claimed, but that the amount of said demand is **UNKNOWN** at the present time. This Notice of Circumstances of Claim is provided pursuant to Section 893.89(1)(a), Wisconsin Statutes.

Dated at Milwaukee, Wisconsin, this 16<sup>th</sup> day of November, 2004

Claimant: CONNIE WILLIAMS  
2687 SOUTH 9<sup>TH</sup> STREET  
MILWAUKEE, WISCONSIN 53215

ACTION LAW OFFICES

BY:



STEVEN C. GABERT  
Attorney for the Claimant  
933 North Mayfair Road  
Suite 200  
Milwaukee, Wisconsin 53226  
Telephone: (414) 456-1111

Subscribed and sworn to before me  
this 16<sup>th</sup> day of November, 2004



Notary Public: State of Wisconsin

My Commission Expires: 1-29-06

**THIS IS NOT A CLAIM PURSUANT TO § 893.80 (1)(b), WISCONSIN STATUTES.**

**CERTIFICATE OF SERVICE**

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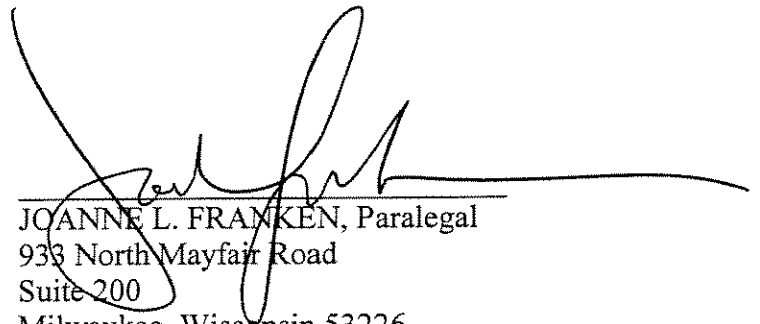
The undersigned hereby certifies that a true copy of the attached:

**NOTICE OF CIRCUMSTANCES OF CLAIM**

was served upon the hereinafter named:

City Clerk  
City of Milwaukee  
200 East Wells Street  
Milwaukee, Wisconsin 53202

by enclosing same in an adequately postpaid envelope, bearing the sender's name and address which was duly deposited in a U.S. Mailbox on the 16th day of November, 2004, pursuant to Section 801.14(2), Milwaukee, Wisconsin.



JOANNE L. FRANKEN, Paralegal  
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Telephone: (414) 456-1111