

NOTICE OF CIRCUMSTANCES GIVING RISE TO CLAIM
AND CLAIM PURSUANT TO WIS. STAT. § 893.80

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BY PERSONAL SERVICE

CITY ATTORNEY

TO: _____, Clerk
City of Milwaukee
and

CLAIMANT: Yolonda Wilson
1677 W. Galena St.
Milwaukee, WI 53205

PLEASE TAKE NOTICE that Yolonda Wilson states that the following circumstances give rise to a claim:

1. I (Yolonda Wilson) tripped and fell due to a pot hole in the street on April 13, 2004.
2. Location of 5200 Block of West Capitol.
3. The fall caused my ^(right) ankle to swell, along with a lot of pain. I had to have X-Rays done along with missing work, ^{wages} activities, duties etc. A brace was placed on my ankle.

WHEREFORE, claimant, whose name and address are stated above, claims relief against City of Milwaukee and

for doctor's bills, missed work, ^{wages} activities, duties etc. Also for inconvenience. This was my right ankle I could not drive. had to pay for people to transport me. Total pain and suffering, loss wages. \$5000.00 Plus - \$10,000 maximum

Dated: May 25, 2004

Yolonda D Wilson

Yolonda D. Wilson

Address and Phone No.:

1677 W. Galena St.
Milwaukee WI, 53205
(414) 933-7634

CITY OF MILWAUKEE
04 JUN 15 AM 9:12
ONALLO G. PERDUE
CITY CLERK

Year: 2004

DAYS TAKEN

SS: 393-82-1320

PERSONAL TIME OFF

Start Date: 9/2000

Name: Blonda Wilson

Number of eligible days _____

Date	Days Taken	Days Remaining	Date	Days Taken	Days Remaining
2-2	1	12			
3-18	1	11			
4-13	1	10			
4-14	1	9			
4-15	1	8			
4-16	1	7			
4-19	1	6			
4-20	1	5			
4-29	1	4			
4-30	1/2	3			
5-18	1	2			
5-19	1	1			
5-20	1/2	-1/2			
5-21	1	-1			
5-24	1	-1			

Ankle injury

Surgery

Recovery

\$ 14.37 per hour : total 6 days = \$ 690.00

\$ 115.00 per day

time used for insurance could have been used for a VACATION

