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CITY OF MILWAUKEE

2004 DEC 17 PM 2: 53

RONALD S. LEONHARDT
CITY CLERK

NOTICE OF CLAIM
§893.80(1)(a), Wis. Stats.

To: City of Milwaukee Common Council
City Hall
200 E. Wells Street
Milwaukee, WI 53201

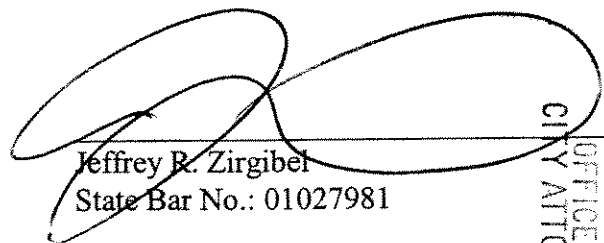
Re: Claimant: Gerald Weisflog
Claimant's Address: 528 E. Pheasant Run, Oak Creek, WI 53154
Date of Occurrence: 09/25/04
Location of Occurrence: Sidewalk of 519 N. 52nd Street, Milwaukee, WI 53208
Time of Occurrence: 7:15 p.m.
Circumstances of Claim: Tripped and fell on bump in the sidewalk

This document shall constitute proper notice of claim pursuant to the terms of §893.80 (1)(a), Wis. Stats., and is being duly served upon the City of Milwaukee within the 120 day period of time set forth in the statute.

A claim setting forth an itemized statement of the relief sought, required by §893.80(1)(b) Wis. Stats., will be filed at a later date when the extent of the claim is known.

Dated in Milwaukee County this 15th day of Dec., 2004.

KARP, KARP & ZIRGIBEL, S.C.
Attorneys for the Claimant, Gerald Weisflog



Jeffrey R. Zirgibel
State Bar No.: 01027981

OFFICE OF
CITY ATTORNEY

2004 DEC 17 PM 3: 17

CITY OF MILWAUKEE
RECEIVED

POST OFFICE ADDRESS:
2675 North Mayfair Road
Suite 300
Milwaukee, WI 53226
(414) 453-0800
JRZ/dmd December 15, 2004

End
12-17-04
2:50pm
[Signature]

04-L-160

CITY OF MILWAUKEE
05 DEC 16 AM 11:51
RONALD D. LEONHARDT
CITY CLERK

CLAIM
§ 893.80(1)(B), WIS. STATS.

TO: City of Milwaukee (City of Milwaukee, Clerk)
City Hall
200 East Wells Street
Milwaukee, WI 53202

Re: Claimant: Gerald Weisflog
Claimant's Address: 528 E. Pheasant Run, Oak Creek, WI 53154
Date & Time of Occurrence: 09/25/04 at approximately 7:15 p.m.
Location of Occurrence: Sidewalk of 519 N. 52nd Street, Milwaukee, WI 53208
Circumstances of Claim: Tripped and fell on bump in the sidewalk

PLEASE TAKE NOTICE that pursuant to the terms of §893.80(1)(b), Wis. Stats., you are hereby notified that claim is being made against you for personal injuries and other damages sustained as a direct and proximate result of the negligence and carelessness of your agents, servants and employees.

PLEASE TAKE NOTICE further that the claimant demands satisfaction for said injuries and damages incurred as follows:

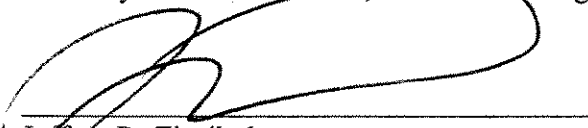
For Pain, Suffering and Disability: \$350,000.00
For Medical Bills: \$ 70,801.52

This document shall constitute proper claim pursuant to the terms of §893.80(1)(b), Wis.

Stats.

Dated at Milwaukee, Wisconsin this 14th day of December, 2005.

KARP, KARP & ZIRGIBEL, S.C.
Attorneys for the Claimant, Gerald Weisflog



Jeffrey R. Zirgibel
State Bar No.: 01027981

POST OFFICE ADDRESS:
2675 North Mayfair Road, Suite 300
Milwaukee, WI 53226
(414) 453-0800
JRZ/dmd December 13, 2005

SL
12-16-05
11:50A
rck

CITY OF MILWAUKEE
05 DEC 19 11 3:12
CITY ATTORNEY