

**CLAIM FOR DAMAGES OF MILWAUKEE**

2002 JUL 19 PM 4:33

RONALD D. LEONHARDT  
CITY CLERK

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

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

**NAME OF CLAIMANT:**

ROBERT BENCE

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

NOVEMBER 28, 2000 AT 7:10 P.M.

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

BRIDGE CROSSING CANADIAN PACIFIC RAILROAD, NEAR SOUTH 70<sup>TH</sup>  
STREET & DICKINSON STREET MILWAUKEE, WISCONSIN

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

Claimant was injured while walking on a bridge crossing the Canadian Pacific Railroad when he tripped and fell on metal plating placed across the pedestrian sidewalk at the southeast corner of the bridge.

**GROUND ON WHICH CLAIM IS MADE:**

Negligence on the part of the City of Milwaukee by its agents, servant and employees, including but not limited to failure to maintain a public thoroughfare, 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:

FRACTURED LEFT ELBOW  
FRACTURED RIGHT WRIST  
FRACTURED LEFT 2<sup>ND</sup> RIB

MEDICAL EXPENSES  
PAIN AND SUFFERING

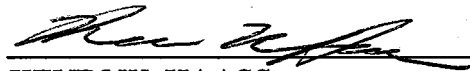
**PLEASE TAKE NOTICE** that satisfaction for such injuries or damages is claimed, and that pursuant to Section 893.80(b), Wisconsin Statutes, an itemization of Special Damages is attached hereto and this demand is in the sum of Twenty Five Thousand Dollars (\$25,000.00).

Dated at Milwaukee, Wisconsin, this 18<sup>TH</sup> day of July, 2002

Claimant: ROBERT BENCE  
9471 WEST MAIN STREET  
MILWAUKEE, WISCONSIN 53214

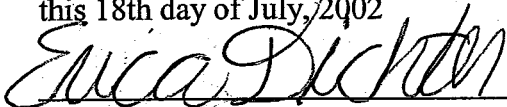
DANIEL P. KONDOS, S.C. LAW OFFICES

BY:



KEVIN W. HAASS  
Attorney for the Claimant  
407 West Silver Spring Drive  
Milwaukee, Wisconsin 53217  
Telephone: (414) 961-0180

Subscribed and sworn to before me  
this 18th day of July, 2002



Notary Public, State of Wisconsin  
My Commission Expires: 7/06/03

## DAMAGES

1. Pain and Suffering	\$20,906.20
2. Medical Expenses	
A. Children's Hospital	
Record of 11-24-00-4-24-01	In
Statement of 11-24-00-4-24-01	\$1,878.80
B. Medical College of Wisconsin	
Statement of 11-28-00-4-24-01	\$1,922.00
C. Pediatric Radiologic	
Statement of 11-28-00-4-24-01	\$ 293.00
D. Dr. Roger Lyon	
Record of 11-28-00-4-24-01	In
Statement of 11-28-00-4-24-01	See Children's Hospital
E. Dr. Craig Leach	
Records of 11-30-00-12-28-00	In
Statement of 11-30-00-12-28-00	See Children's Hospital
Total	\$4,093.80