

080081

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June 2, 2008

## HAND DELIVERED

Honorable Common Council  
City Hall, Room 205  
200 East Wells Street  
Milwaukee, WI 53202

Re: Notice of Claim and Injury of Minerva and Joaquin Castillo

Dear Members of the Common Council,

Please accept this submission on behalf of Minerva and Joaquin Castillo. On April 21, 2005 at approximately 11:20 a.m., Mrs. Castillo exited her car onto the public sidewalk at or near 9<sup>th</sup> and West Oklahoma Avenue in Milwaukee, Wisconsin. She was wearing flat rubber soled shoes. Mrs. Castillo was going to the San Angel Panaderia Bakery, at 960 Oklahoma Avenue. As she walked on the sidewalk towards the bakery, she tripped and fell over a metal stake protruding several inches from the sidewalk. The metal stake was part of a base of a street sign that the City had previously installed at the location, as shown in the following photographs taken on April 21, 2005 after Mrs. Castillo fell.



Upon falling, Mrs. Castillo landed on her chest, hands and knees. She had cuts to her right hands and fingers and had pain in her neck, chest and both knees. She was taken to St. Luke's Emergency Room, where she had x-rays of her chest, wrists and knees and was given vicodin, a tetanus shot, and an Ace wrap on her left knee to control swelling. [Tab 1] Mrs. Castillo followed

up with her regular treating physician, Dr. Spears-Barnett the next day because she was having pain in her knees, hands and neck. Mrs. Castillo had follow up appointments for her injuries with Dr. Spears-Barnett on April 25, May 2, May 20, and June 13, 2005. [Tab 2] Dr. Spears-Barnett noted that she “had significant injury to both knees, right sided chest wall, and her hand.” During this time, Mrs. Castillo had tenderness to the chest wall, difficulty going up and down stairs because of knee pain, trouble grasping objects with her left hand, and lesions on her left hand that were not healing completely, which was concerning because Mrs. Castillo is a diabetic. In June 2005, Mrs. Castillo had a follow-up x-ray on her left hand because of continued pain and two lesions which still had not healed. Because of continued knee pain, Mrs. Castillo was referred to Dr. Jeffrey Shovers, who recommended that she have an MRI of her right knee to rule out a meniscus tear. [Tab 3] As a result of the fall, to date, Mrs. Castillo has incurred medical expenses in the amount of \$7,118.90. [Tab 4]

It is our understanding that the City Attorney has recommended that the Castillo’s claim be denied because prior to April 22, 2005, when a City maintenance crew reported the missing sign, the City had no notice that the sign had been knocked down, and therefore, would not be liable. We disagree with this position because our investigation reveals that the City did have notice that the sign was down months prior to when Mrs. Castillo fell. Our investigation shows the following:

- On December 14, 2004, four months prior to Mrs. Castillo’s fall, a four-car automobile accident occurred on the corner of W. Oklahoma and South 9<sup>th</sup> place. As a result of the accident, one of the vehicles was pushed on to the sidewalk and the street sign in front of the bakery was knocked down. [Tab 5] There are several witnesses who have knowledge that the sign was knocked down as a result of the accident.
- Milwaukee Police Department Officer, Larry A. Mauser, was called to investigate the accident and completed an accident report. [Tab 5] He specifically recalls notifying the City of Milwaukee that the sign was knocked down.
- The Computer Aided Dispatch report associated with the accident investigation indicates on page 2 and 3 that 21:14:30 (9:14pm & 30 second) City of Milwaukee squad car 92E was dispatched to pick up the sign per squad 12E. [Tab 6] Thus, as of December 14, 2004, the City of Milwaukee was notified that a replacement sign was needed at the location where Mrs. Castillo fell.
- The owner of a business across the street from the auto accident saw the sign down after the December 14, 2004 accident and that it was subsequently taken away.
- One of the owners of the bakery, Angel Lopez, heard the collision outside of the bakery on December 14, 2004, and saw that, as a result, the street sign in front of his bakery was knocked down. Mr. Lopez has knowledge that the new sign was not installed for several months until after Mrs. Castillo tripped and fell on the base of the knocked down sign.

This evidence establishes that the City had specific notice of the sign being down as of December 14, 2004. It was not until after Mrs. Castillo fell on the protruding base of the sign four months later, that the sign was replaced as depicted in the following photograph taken on May 16, 2005:

**“Pedestrian Crossing Ahead” Sign That Was Installed Outside of San Angel Panaderia Bakery on Oklahoma Ave. After Mrs. Castillo’s Fall**



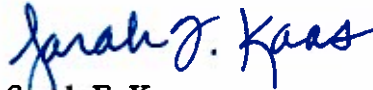
Thus, it is our position that the City had notice of the defect created by the base of the street sign that was not repaired, and that its failure to maintain such defect is actionable negligence. See Chart v. Dvorak, 57 Wis.2d 92, 100-01, 203 N.W.2d 673 (1973)(ruling that once a governmental body makes a legislative or quasi-legislative decision to install a highway sign, it is under a duty to maintain such sign without negligence); Firkus v. Rombalski, 25 Wis.2d 352, 130 N.W.2d 835 (1964)(once governmental entity places a street sign, it is “incumbent upon it to properly maintain the sign.”).

Based on our investigation to date and the applicable law governing this claim, we respectfully request that the claim brought on behalf of the Castillos not be denied, and that the claim be considered for resolution.

Thank you for your consideration of our position.

Very truly yours,

**CANNON & DUNPHY, S.C.**



**Sarah F. Kaas**

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SFK/ess

Encls.

Atty: Jan Smokautz







SLMC



MRN

**PT PREFERRED NAME**

CASTILLO, MINERVA M  
3128 S 10TH ST

MILWAUKEE, WI 53215  
H: (414)481-8685  
A: (414)278-4709  
MAIDEN NAME

SS# 397-36-1312

DOB 10/19/1939 AGE 65 Y GENDER Female  
LANGUAGE INTERP English  
MARITAL STATUS Married  
RELIGION CLERGY VISIT  
CHURCH

**LATEX ALLERGY**

PT EMPLOYER  
\*Milwaukee County  
901 N 9TH ST

MILWAUKEE, WI 53233  
414  
Status: Full time  
Occ: CLERK TYPIST  
Ret Date:  
ENC TYPE: Emergency Department

MRU: SLMC-00098863  
FIN NUM: SLMC-20317712  
ADM DATE: 04/21/2005  
ADM TIME: 13:09

LOC/UNIT: ED-SLMC  
ROOM: ED  
BED:  
SERVICE: Medical  
ADM TYPE: Emergency  
ADDL LOC:

**GUARANTOR**  
CASTILLO, MINERVA M  
3128 S 10TH ST

MILWAUKEE, WI 53215  
H: (414)481-8685

SS# 397-36-1312  
PT REL TO GUA Self  
A: (414)278-4709

DOB 10/19/1939 GENDER Female  
GUARANTOR EMPLOYER  
\*Milwaukee County  
901 N 9TH ST  
MILWAUKEE, WI 53233  
414

Status: Full time  
Occ: CLERK TYPIST  
Ret Date:

**PRI INSURANCE** (800)626-2694  
\*Milw County Employee  
HUMANA  
PO BOX 14609  
LEXINGTON, KY 40512  
POL#: 397361312  
GRP#: N1058001A9407  
GRP NAME: CHILDRENS COURT  
SUBSCRIBER  
DOB 10/19/1939  
CASTILLO, MINERVA M  
SS#: 397-36-1312  
PT REL TO SUB Self  
NETWORK 999-NO NETWORK

**SEC INSURANCE** 414  
\*Medicare Part B  
UB82 CLAIMS  
PO BOX 2019  
MILWAUKEE, WI 53201  
POL#: 397361312  
GRP#: N1058001A9407  
GRP NAME:  
SUBSCRIBER  
DOB 10/19/1939  
CASTILLO, MINERVA M  
SS#: 397-36-1312  
PT REL TO SUB Self  
NETWORK

**3RD INSURANCE**  
POL#: N1058001A9407  
GRP#: N1058001A9407  
GRP NAME:  
SUBSCRIBER  
DOB  
SS#: 000-00-0000  
PT REL TO SUB  
NETWORK

**PHYSICIANS**

Admit: ERMED, X  
Attending: ERMED, X  
Procedure:

Family: SpearsBarnett, TerryLynn  
Referring: ERMED, X  
Resident:



FIN

**COMPLAINT: FALL, BACK AND CHEST PAIN**

**ACCIDENT**  
No Injury  
**OTHER ALLERGIES**

**ACC DATE**

\*\*\* VERIFY THAT THIS IS THE MOST CURRENT CONTACT INFO \*\*\*  
1ST CONTACT PERSON CASTRO, MICHELLE  
(414) 481-2920  
PT REL TO CONTACT Parent  
2ND CONTACT PERSON  
PT REL TO CONTACT

**COMMENTS:**



Facesheet

Pre-Admit By:  
Admit By:  
Last Updated By: KJM  
Print Date: 04/21/05 13:11

FACESHEET - PERMANENT PATIENT RECORD

St. Luke's Medical Center  
Aurora Health Care  
2900 West Oklahoma Avenue  
Milwaukee, WI 53215-4395

CASTILLO, MINERVA M  
000000-09-88-63  
ED1  
X Ermed, M.D.  
000020317712  
DOB: 10/19/1939

Page 1

DATE OF ADMISSION: 04/21/2005  
DATE OF VISIT: 04/21/2005

Please refer to the template for details of ED visit.

CHIEF COMPLAINT: Fall.

HISTORY OF PRESENT ILLNESS: This is a 65-year-old female, brought to the emergency department after she tripped on a metal post today. She flew forward and landed on her knees, her hands, and her chest. She denies hitting her head. She denies loss of consciousness. She is complaining of bilateral knee pain, bilateral wrist pain, and some chest pain to palpation on the right side.

PHYSICAL EXAMINATION: On exam, she does have some tenderness over the right chest wall to palpation and in the lower ribs. She is tender with range of motion of her wrists bilaterally. The right knee had some tibial tuberosity swelling. She does have good range of motion of the right knee. The left knee has a small effusion, decreased range of motion, and significant tenderness with range of motion.

LABORATORY TESTS: X-rays of her chest, her wrists, and her knees were negative for fracture.

EMERGENCY DEPARTMENT COURSE: She received Vicodin in the emergency department as well as a tetanus shot. She was able to ambulate without difficulty. An Ace wrap was placed to her left knee to help control the effusion.

She will follow up with Dr. Spears-Barnett. She was given a prescription for Vicodin. She is to return to the emergency department if her symptoms get worse.

Dictating Provider  
Sarah J Hoch, PA

Electronically Signed  
Heidi J. Harkins/ESA, M.D. 05/01/2005  
20:36  
Signing Provider  
Heidi J. Harkins/ESA, M.D.

SJH/acu (001589874)  
d. 04/21/2005  
t. 04/24/2005 3:55 P  
Document #: 2762190

copies: Terry L. Spears-Barnett, M.D.

EMERGENCY DEPARTMENT REPORT  
2762190

ORIGINAL

St. Luke's Medical Center  
Aurora Health Care  
2900 West Oklahoma Avenue  
Milwaukee, WI 53215-4395

CASTILLO, MINERVA M  
000000-09-88-63  
ED1  
X Ermed, M.D.  
000020317712  
DOB: 10/19/1939

Page 2

EMERGENCY DEPARTMENT REPORT  
2762190

ORIGINAL



Fall

#49

E.D. Physician Record

CASTILLO, MINERVA M  
10/19/1939 00-09-88-33  
20317712 65Y F  
ERMED, X

NOTE

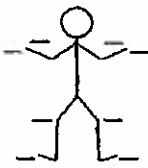


Ch to palp -  
Stomach (R) normal  
Abdomen -  
+ 5

(R) tibial tuberosity swelling  
+ recty mass

(C) knee tender to palp  
+ 5

Repeat exam at: \_\_\_\_\_  
Findings: \_\_\_\_\_



Medical Decis. Making: L1: straight forward; L2-3: low complex; L3: mod; L4: hi  
Slash box if ordered or task performed. Check normals. (L1-L4) and note abnormal

Lab:

CBC: ni ni except: \_\_\_\_\_  
Hgb \_\_\_\_\_ Hct \_\_\_\_\_ Pts \_\_\_\_\_  
WBC \_\_\_\_\_  
Segs \_\_\_\_\_ Bands \_\_\_\_\_ Mones \_\_\_\_\_  
Lymphs \_\_\_\_\_ Eos \_\_\_\_\_  
other: \_\_\_\_\_  
 Chem: ni ni except:  
Na \_\_\_\_\_ Cl \_\_\_\_\_  
K \_\_\_\_\_ CO2 \_\_\_\_\_ Gluc \_\_\_\_\_  
BUN \_\_\_\_\_ Creat. \_\_\_\_\_  
Anion gap \_\_\_\_\_  
 UA: ni ni except:  
WBCs \_\_\_\_\_ Bac. \_\_\_\_\_  
RBCs \_\_\_\_\_ Dip \_\_\_\_\_

Cardiac Markers: ni ni except  
 #1 (\_\_\_\_)  #2 (\_\_\_\_)  
Myoglobin \_\_\_\_\_  
Troponin I / T \_\_\_\_\_  
CK-MB \_\_\_\_\_  
CK Total \_\_\_\_\_  
Relative Index \_\_\_\_\_

EKG: NSR ni intervals  
ni QRS ni ST-T waves  
Compared to: \_\_\_\_\_  
unchanged / changed

EKG read by ED Physician  
 Cardiac monitor: NSR

Location	Length / Depth	Repair
1) _____	_____ cm superficial / SQ / IM	Dermabond / staples # of _____ -0 # of _____ -0
2) _____	_____ cm superficial / SQ / IM	Dermabond / staples # of _____ -0 # of _____ -0

Comments:

sensation intact vascular intact  
Level of contamination: \_\_\_\_\_ clean min / mod / severe  
Anesthesia: local \_\_\_\_\_ cc of \_\_\_\_\_ % lidocaine / bupivacaine & epinephrine  
 prep Suture removal instruct: \_\_\_\_\_ days  
 explored: \_\_\_\_\_ no F.B. F.B. identified  
 irrigat.  debrided  undermined  revised  foreign body removed  
(for above: min = 1, mod = 2, extensive = 3)

Diagnostic Considerati.

syncope  
fall / trip  
disorientation  
CVA  
Closed cranial trauma  
Fx / Dislocation: Knee, wrist, ankle  
Contusion  
Laceration  
X-ray: one neg. wrist & shoulder x-rays  
1-  Knee, Wrist ni  
(Read by:  ED Physician  Rad. report)

Treatment / Mngmt Options / Course:

O2 at \_\_\_\_\_ L/min / % FIO2 (NC, face mask, \_\_\_\_\_)  
 IV cap / infusion (NS, \_\_\_\_\_); Bolus \_\_\_\_\_ mL; Rate \_\_\_\_\_ mL/hr  
 Acetaminophen / ibuprofen \_\_\_\_\_ mg PO  Vicodin / percocet / \_\_\_\_\_ PO  
 Morphine sulfate \_\_\_\_\_ mg IV / IM; total dose = \_\_\_\_\_ mg  
 Conscious sedation: IV fentanyl / versed / propofol / atomidate /  
 Dislocated joint reduction: (R/L) \_\_\_\_\_  
 Fracture reduction: (R/L) \_\_\_\_\_  
 Education: crutches / walker / wound management by MD / PA / RN / ED Tech  
 Splint (Type: \_\_\_\_\_); (R/L) \_\_\_\_\_ by MD / PA / ED Tech  
 Wound dressing: topical antibiotic / bandage / Kerlex by MD / PA / ED Tech  
 DT 0.5 ml IM

Vicodin PO - pain decreased  
Ambulated with difficulty  
ice wrap to knee

Courses: same / better / worse  
Procedures: see addendum  
Level of Service: 1 2 3 4 5 4  
physician # 2916 PA # JA  
Observation \_\_\_\_\_ minutes  
ED West

Consultation / Other data reviewed:

Consulted Dr. \_\_\_\_\_ (time) \_\_\_\_\_  
Suggests: admit / discharge / will see: \_\_\_\_\_  
Case discussed with: partner / (family) / Radiologist / FMD /  
Reviewed: NH / EMS / (CN) / Old Records from \_\_\_\_\_

Clinical Impression: (select or write diagnosis)  
syncope closed cranial trauma Contusion - Biceps  
disorientation Fx: \_\_\_\_\_  
CVA / TIA contusion Knee  
vertigo: peripheral / central laceration: \_\_\_\_\_

Disposition:

Home  admit: \_\_\_\_\_ ICU / telemetry / general / isolation time: \_\_\_\_\_  
 Transfer to: \_\_\_\_\_  
Admit physician: \_\_\_\_\_  
Condition: better / worse / stable / expired  
Instructions given: written / verbal / interpreter  
Follow up: PMD / \_\_\_\_\_ in \_\_\_\_\_ days / pm / as scheduled  
Restrictions: ( all work / limit duty / gym / school ) \_\_\_\_\_ days  
Discharge Rx: Vicodin  
Sig: 4-21-05 date 4-21-05 Attend. / Resid. / PA  
Plate Home date 4-21-05 Attend. / Resid. / PA

See: \_\_\_\_\_ Addendum \_\_\_\_\_ See ED Chart  
Copies to: \_\_\_\_\_  
 template complete, dictation pending  
 template complete, no dictation needed  
 template complete, dictation complete

**CASTILLO, MINERVA M**  
10/19/1939 00-09-88-68  
20317712 65Y F  
ERMED, X

Fall Room# \_\_\_\_\_ #49

Check (✓) for normals, circle (positive), slash (negative), ⓧ for test ordered or task performed  
Date: 11-21-02 Time Seen: 1:33 Age: \_\_\_\_\_ PMD: Barnett  
Temp: 97.9 BP: 137/62 P: 98 RR: 18 POX (%): \_\_\_\_\_



Chief Complaint: Fall

Historical: patient summary / MAND / EMST / interpretation /  
Hx & ROS limited by: Altered LOC / acuity / pain / intoxication / dementia /

HPI: L1-3: 1-3 elements; L4-5: 4+ elements

Past, Family, Social History: L1-4: 1 area L5: 2 of 3 areas

Onset: sudden / gradual / undetermined  
Occurred: 11:20 time \_\_\_\_\_ date \_\_\_\_\_  
\_\_\_\_\_ mins / hrs / days PTA

Potential Factors: \_\_\_\_\_ none  
ETOH / drugs / balance problems  
gait disturbance / weakness / dizziness  
lightheaded / syncope / vision problems  
Medications: \_\_\_\_\_  
Environmental hazards: \_\_\_\_\_  
Other: \_\_\_\_\_

Allergies: NKDA see ED Record PMH: \_\_\_\_\_ none unknown  
Sulfa  
peptic ulcer / GI bleed / renal  
arthritis / osteoporosis / Parkinson's

Locale: home / work / street / sidewalk  
Other: \_\_\_\_\_

Meds: \_\_\_\_\_ none see ED Record  
Aspirin / coumadin / NSAID / \_\_\_\_\_  
Glyburide  
Lipitor  
Actos

Context: undetermined  
Tipped / slipped on metal post  
lost balance / \_\_\_\_\_

Associated sx: \_\_\_\_\_ none  
'just stiff and sore'  
wounds / bony deformity / swelling

Medications: \_\_\_\_\_  
Surgical Hx: \_\_\_\_\_ none unknown  
GB hysterect

Precipitating factors: dizzy / lightheaded / weak /  
syncope / headache / chest pain / palpitations

Pain: head / face / neck / chest / abd /  
back / pelvis / low back / thigh  
LOC: unknown / dazed / + LOC  
Duration: \_\_\_\_\_ sec / mins / hrs  
Remembers: incident / coming to hospital

Social Hx: unknown  
Tobacco: 0 pack/day \_\_\_\_\_ yrs  
quit date: \_\_\_\_\_  
ETOH: 0 drinks / wk  
Recent? \_\_\_\_\_  
Drugs: \_\_\_\_\_ no yes \_\_\_\_\_  
Lives: home / apartment / group home /  
nursing home / assisted living / homeless  
Living situation: alone / significant other /  
children / parents /

Description of fall:  
From: standing / bed / chair  
Other: \_\_\_\_\_  
Height: \_\_\_\_\_ feet / stories

Remembers: incident / coming to hospital  
GCS: \_\_\_\_\_ / 15 S1, N1

Tetanus immunization current: yes / no  
Family Hx: \_\_\_\_\_ noncontributory  
DM / CAD / \_\_\_\_\_

Location (anatomic) where struck:  
head / neck / chest / back / pelvis / hip /  
RUE / LUE / RLE / LLE / knee R/L

Prior Rx: \_\_\_\_\_ none  
EMS: spinal immobilization  
other: \_\_\_\_\_

Physical Exam: L2-3: 2-4 organ/areas; L4-5: 5-7 organ/areas; L5: 8+ organ/areas

Injury description (quality):  
deformity / dislocation / sprain / strain / contusion /  
laceration / puncture / abrasion / foreign body  
Pain: none / at rest / & wt bearing / & use  
Pain quality: sharp / dull / aching / throbbing

Prior hx of falls / background info:  
none  
Positive hx: yes

Exam limited by: urgency of condition / pt. uncooperative  
Gen: awake / lethargic / confused / obtunded Oriented: person / place / time  
Anxious: none / mild / mod / severe Distress: none / mild / mod / severe  
Nutritional status: \_\_\_\_\_ nil cachectic / obese Hydration: \_\_\_\_\_ nil dehydrated  
Seizing / post-ictal / combative / IV / O2 / airway (nasal / ET) / longboard / c-collar

Modifying factors: \_\_\_\_\_ none  
witnessed / unwitnessed  
Ambulatory at scene: yes / no - tripping  
Down for: 5:00 sec / min / hr

Baseline function: independent, self-care /  
requires assistance / bedridden  
Ambulation hx: nil / cane / walker /  
wheelchair /

Orthostatic VS: O - : BP= \_\_\_\_\_ P= \_\_\_\_\_ Δ: BP= \_\_\_\_\_ P= \_\_\_\_\_

Advanced Directive: \_\_\_\_\_ none  
DNR / other: \_\_\_\_\_

Referred by: self / clinic / PMD / family / EMS  
Arrived by: EMS / walk-in / wheelchair / police

Head / neck (MS):  
head & trauma, skin nil  
neck & tend, ROM full

Neuro:  
 alert & oriented x 3  
 motor, sensory nil  
 reflexes intact, symmetrical  
 cranial nerves intact  
 gait nil

Eyes:  
PERRL, EOM's full  
 lids, conjunctiva nil  
 cornea, chambers, discs nil

Psych:  
 affect, mood nil  
 judgment, memory nil

ENT:  
 nose nil  
 ext. ears, canals, TM's nil  
 mouth, teeth, oropharynx nil

(R) / (L) upper ext.  
(mark nil as R, L or B):  
 appearance nil, nontender: 0 wrist  
 ROM full & pain: 0 wrist  
 stable: \_\_\_\_\_  
 strength and tone nil: \_\_\_\_\_

CV:  
 reg rate, rhythm  
 heart sounds nil  
 pulses = neck & all 4 ext.

(R) / (L) lower ext.  
(mark nil as R, L or B):  
 appearance nil, nontender: \_\_\_\_\_  
 ROM full & pain: \_\_\_\_\_  
 stable: \_\_\_\_\_  
 strength and tone nil: \_\_\_\_\_

Resp. Chest:  
 no resp distress  
 breath sounds nil, clear, equal  
 chest inspect., palp. nil

Glasgow Coma Score 15  
Eyes open: 4-spontaneous 3-to command  
 2-to pain 1-none  
Verbal: 5-nil 4-confused 3-inappropriate  
 2-incoherent sounds 1-none  
Motor: 5-nil 4-localizes pain  
 4-withdraws 3-decorticate (flex.)  
 2-decerebrate (ext.) 1-none

Spine / pelvis / ribs (MS):  
 thorac., lumbar inspect., palp. nil  
 pelvis stable, inspect., palp. nil  
 ribs stable, inspect., palp. nil

GI / Abd / Flank:  
 abd nil appearance, BS nil  
 soft, nontender  
 flank nil appearance, nontender  
 rectal nil, home neg.

MS:  
 gait nil  
 toes, nails nil

Skin:  
 nil appearance & cyanosis  
 hydrated, warm & dry, nil cap refill


ROS: L1-3: 1 system/per. prob. L4: 2-9 systems L5: 10+ systems

All systems reviewed: \_\_\_\_\_ negative / negative except as per HPI circled

Constitutional: weak / faint / fever /  
chills / diaphoresis / weight loss / fatigue  
Eyes: foreign body sensation / vision  
probs  
ENT: epistaxis / ear or throat probs /  
hearing probs  
CV: chest discomfort / palpitations /  
orthopnea / pedal edema / PND  
Resp: breathing probs / SOB / cough /  
wheezing  
GI: abdominal discomfort / nausea /  
vomiting / diarrhea / tarry stools /  
rectal bleeding / constipation / anorexia  
Endo: polyuria / polydipsia

GU: urinary probs / hematuria /  
nocturia / urgency / frequency /  
hesitation / nocturia / kidney probs  
LMP: \_\_\_\_\_ nil abnormal  
MS: other painful areas:  
Skin: skin probs  
Neuro: numbness / tingling /  
focal deficits / paralysis / dizzy / weak /  
faint / change in behavior /  
declining function / incontinence /  
seizures  
Psych: psych probs / anxiety /  
depression  
Hemat / Lymph: bruising / bleeding

(phys. exam cont., p. 2)

St. Luke's Medical Center  
 Aurora HealthCare®  
2900 W. Oklahoma  
Milwaukee, WI 53215  
414-649-6082

MRN: SLMC-00098863  
Patient: CASTILLO, MINERVA M  
DOB: 10/19/1939  
Case #: SLMC-20317712  
Admit Date: 04/21/2005  
Pt. Loc/Type/Room: ED-SLMC Emergency Department ED  
CC: ERMED, X  
CC: ERMED, X

RECEIVED  
APR 26 2005

**RADIOLOGY REPORT**

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Physician</u>
DX Knee 4 View Min BILATERAL <sup>1</sup>	04/21/2005 02:53:11 PM	DX-05-0254154	Harkins, Heidi J
DX Chest 2 View <sup>2</sup>	04/21/2005 02:53:22 PM	DX-05-0254155	Harkins, Heidi J
DX Wrist Complete BILATERAL <sup>3</sup>	04/21/2005 02:48:00 PM	DX-05-0254185	Harkins, Heidi J

Reason for Exam:

1. See other reason
2. See other reason
3. Trauma

DX Report

**BILATERAL WRISTS, BILATERAL KNEES, AND TWO-VIEW CHEST**

Clinical History: Trauma with bilateral wrist pain, knee pain and chest trauma with pain.

**BILATERAL WRISTS**

Four views of both wrists show chondrocalcinosis bilaterally but greater on the left than right. No fracture or dislocation is present. Osseous structures and joints are otherwise within normal limits. Neutral ulnar variance is present bilaterally.


IMPRESSION:

1. No fracture.
2. Chondrocalcinosis.

**BILATERAL KNEES**

Images show chondrocalcinosis bilaterally. No fracture is present. No right-sided joint effusion is present. A small left-sided joint effusion is present. Small marginal osteophytes are present in the patellofemoral compartment bilaterally. The medial and lateral femoral compartment joint spaces are maintained bilaterally.



St. Luke's Medical Center  
 **Aurora HealthCare®**  
2900 W. Oklahoma  
Milwaukee, WI 53215  
414-649-6082

MRN: SLMC-00098863  
Patient: CASTILLO, MINERVA M  
DOB: 10/19/1939  
Case #: SLMC-20317712  
Admit Date: 04/21/2005  
Pt. Loc/Type/Room: ED-SLMC Emergency Department ED  
CC: ERMED, X  
CC: ERMED, X

**R A D I O L O G Y   R E P O R T**

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Physician</u>
DX Knee 4 View Min BILATERAL <sup>1</sup>	04/21/2005 02:53:11 PM	DX-05-0254154	Harkins, Heidi J
DX Chest 2 View <sup>2</sup>	04/21/2005 02:53:22 PM	DX-05-0254155	Harkins, Heidi J
DX Wrist Complete BILATERAL <sup>3</sup>	04/21/2005 02:48:00 PM	DX-05-0254185	Harkins, Heidi J

**IMPRESSION:**

3. Chondrocalcinosis.
4. Small left joint effusion.
5. No fracture.
6. Minimal degenerative arthropathy, patellofemoral compartments.

**CHEST**

PA and lateral views of the chest show clear lungs. The heart, pulmonary vessels and mediastinum are within normal limits. No change has occurred since 4/20/02.

**IMPRESSION:**

Negative chest.

Dictating MD: Hinke, David H  
Electronically Signing MD: Shekhar S. Sane

Proxy MD: Sane, Shekhar S

Transcribed Date/Time: 04/21/05 21:17:19  
Transcribed By: KJW  
Signed Date/Time: 04/23/05 00:47:40



\*X15619\*

**RADIOLOGY  
REPORT**

Page 2 of 2



SLMC

RECEIVED  
APR 22 2005



MRN

**PT PREFERRED NAME**

CASTILLO, MINERVA M  
3128 S 10TH ST

MILWAUKEE, WI 53215  
H: (414)481-8685

A:  
MAIDEN NAME

SS# 397-36-1312

DOB 10/19/1939

AGE

65 Y

GENDER

Female

PT EMPLOYER

None

LANGUAGE

English

INTERP

MARITAL STATUS

Married

RELIGION

CLERGY VISIT

CHURCH

Status: Retired

Occ:

Ret Date: 12/03/2004

ENC TYPE: Outpatient Services

**LATEX ALLERGY**

MRU: SLMC-00098863  
FIN NUM: SLMC-20318911  
ADM DATE: 04/22/2005  
ADM TIME: 12:32

LOC/UNIT: TEST POB-SLM

ROOM:

BED:

SERVICE:

ADM TYPE: Elective

ADDL LOC:

**GUARANTOR**

CASTILLO, MINERVA M  
3128 S 10TH ST

MILWAUKEE, WI 53215  
H: (414)481-8685

SS#

397-36-1312

DOB

10/19/1939

GUARANTOR EMPLOYER

None

Status: Retired

Occ:

Ret Date: 12/03/2004

PT REL TO GUA

Self

A:

**PRI INSURANCE**

(800)626-2694

\*Milw County Employee

HUMANA

PO BOX 14609

LEXINGTON, KY 40512

POL#: H05892897

GRP#: N1858003A

GRP NAME: MILWAUKEE COUNTY

SUBSCRIBER

DOB 10/19/1939

CASTILLO, MINERVA M

SS#: 397-36-1312

PT REL TO SUB

Self

NETWORK 999-NO NETWORK

**SEC INSURANCE**

414

\*Medicare Part B

UB82 CLAIMS

PO BOX 2019

MILWAUKEE, WI 53201

POL#: 397361312A

GRP#:

GRP NAME:

SUBSCRIBER

DOB 10/19/1939

CASTILLO, MINERVA M

SS#: 397-36-1312

PT REL TO SUB

Self

NETWORK

**3RD INSURANCE**

POL#:

GRP#:

GRP NAME:

SUBSCRIBER

DOB

SS#: 000-00-0000

PT REL TO SUB

NETWORK

**PHYSICIANS**

Admit: SpearsBarnett, TerryLynn

Attending: SpearsBarnett, TerryLynn

Procedure:

Family: SpearsBarnett, TerryLynn

Referring: SpearsBarnett, TerryLynn

Resident:



FIN

COMPLAINT: POPPING SENSATION IN MECK S/P FALL PAI  
N & SWELLING LEFT HAND 3RD FINGER O/P JOINT

ACCIDENT

Other Accident

OTHER ALLERGIES

ACC DATE

04/21/2005

\*\*\* VERIFY THAT THIS IS THE MOST CURRENT CONTACT INFO \*\*\*

1ST CONTACT PERSON

CASTRO, MICHELLE

(414) 481-2920

PT REL TO CONTACT

Parent

2ND CONTACT PERSON

PT REL TO CONTACT


**COMMENTS:**



Facesheet

Pre-Admit By:  
Admit By: PJD  
Last Updated By: PJD  
Print Date: 04/22/05 12:38

FACESHEET - PERMANENT PATIENT RECORD

St. Luke's Medical Center  
 AuroraHealthCare®  
2900 W. Oklahoma  
Milwaukee, WI 53215  
414-649-6082

MRN: SLMC-00098863  
Patient: CASTILLO, MINERVA M  
DOB: 10/19/1939  
Case #: SLMC-20318911  
Admit Date: 04/22/2005  
Pt. Loc/Type/Room: TEST POB-SLMC Outpatient Services  
CC: SpearsBarnett, TerryLynn  
CC: SpearsBarnett, TerryLynn

**R A D I O L O G Y   R E P O R T**

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Physician</u>
DX Hand 3 View Min LEFT	04/22/2005 01:41:00 PM	DX-05-0256622	SpearsBarnett, TerryLynn

Reason for Exam:  
pain swelling Lt third finger D/P joint

**DX Report**

**LEFT HAND**

Clinical History: Throbbing sensation. Pain and swelling in the left third finger.

Three view examination of the left hand dated 4/22/05. No acute fracture, dislocation or foreign body is identified. No significant degenerative changes are noted about the left hand, specifically the third finger.

Dictating MD: Minor, Paul L  
Electronically Signing MD: Shekhar S. Sane

Proxy MD: Sane, Shekhar S

Transcribed Date/Time: 04/24/05 09:45:34  
Transcribed By: DC  
Signed Date/Time: 04/24/05 12:15:15




\*X15519\*

**RADIOLOGY  
REPORT**

Page 1 of 1



St. Luke's Medical Center  
 AuroraHealthCare®  
2900 W. Oklahoma  
Milwaukee, WI 53215  
414-649-6082

MRN: SLMC-00098863  
Patient: CASTILLO, MINERVA M  
DOB: 10/19/1939  
Case #: SLMC-20318911  
Admit Date: 04/22/2005  
Pt. Loc/Type/Room: TEST POB-SLMC Outpatient Services  
CC: SpearsBarnett, TerryLynn  
CC: SpearsBarnett, TerryLynn

**R A D I O L O G Y   R E P O R T**

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Physician</u>
DX C Spine 4 View Min	04/22/2005 01:41:00 PM	DX-05-0256616	SpearsBarnett, TerryLynn

**Reason for Exam:**

popping sensation in neck s/p fall

**DX Report**

**CERVICAL SPINE, FIVE VIEWS**

**Clinical History:** Popping sensation in neck status post fall.

**Findings:** Prevertebral soft tissues appear normal. Vertebral alignment appears normal. There is disk space narrowing and osteophyte formation noted at C5-6. No significant neural foraminal narrowing is noted. No fractures or loss of vertebral height is identified. The atlantodental interval appears normal.

**IMPRESSION:**

Degenerative change noted at C5-6. No acute fracture.

Dictating MD: Minor, Paul L  
Electronically Signing MD: Shekhar S. Sane

Proxy MD: Sane, Shekhar S

Transcribed Date/Time: 04/22/05 20:18:56  
Transcribed By: LW  
Signed Date/Time: 04/23/05 00:52:27



\*X15819\*

**RADIOLOGY  
REPORT**

Page 1 of 1





Aurora Health Center

Occupational Health Services  
2906 South 20 Street  
Milwaukee, WI 53215-3732

T (414) 385-8870 (Business)  
F (414) 385-8886 (Business)

www.AuroraHealthCare.org

July 22, 2005

Cannon & Dunphy, S.C.  
Attorneys at Law  
595 North Barker Road  
P.O. Box 1750  
Brookfield, WI 53008-1750

To Whom It May Concern:

I hereby certify that the attached twenty-three (23) pages is a true and complete copy of medical records generated with Dr. Terry Spears-Barnett. These records generate from 04/21/05 to 07/21/05, of:

Minerva Castillo  
(Patient's Name)

02-58-57  
(Our Account Number)

from Aurora Health Center. The original record was created in the usual course of business and is maintained in the custody of the Medical Records Department of Aurora Health Center.

By: Margaret Hammerling  
AURORA HEALTH CENTER-20<sup>TH</sup> STREET

B

**Internal Medicine Physicians**  
**2801 W. KK River Parkway, Suite 135**  
**Milwaukee, WI 53215**  
**(414) 385-8600**

**PATIENT NAME:** Castillo, Minerva M  
**DOB:** 10/19/1939  
**PROVIDER:** Susan Peck, NP  
**MRN:** 000026275636

**CHART#:** 000000025857  
**DATE OF VISIT:** 04/22/2005  
**VISIT #:** 000025788134  
**DEPT:** IMED

**Subjective:** Minerva is here with complaints of continued pain. She had been seen yesterday in the ER after a fall on a public street. She tripped over a metal object on the sidewalk and went forward hitting her chest, her hand and her knees bilaterally. She had x-rays done in the ER at St. Luke's that included wrist, chest and bilateral knees. The only finding on these was arthritic calcifications, arthritis and a small effusion in her left knee and her chest x-ray was normal. They did give her some Vicodin which she has been taking q. four hours and is now complaining of intermittent headaches which last only for a few seconds and a popping sensation in her neck and continues pain in her bilateral hands in the digits and pain in her knees. She told me she does have a history of prior trauma to the third finger of her left hand where she is having the most pain now. She has a history of hypertension, hyperlipidemia, non-insulin dependent diabetes and gastroesophageal reflux disease. Her medications include Actos, Allegra, aspirin, Glucophage, glucosamine, glyburide, Lipitor and lisinopril. She has allergies to sulfa medications.

**Objective:** Reveals her blood pressure to be 120/72 and her pulse is 100 and regular. She has no obvious trauma to the head area and has full ROM of her neck without pain. There is no C-spine tenderness, however, the patient reported feeling a popping sensation when her head was moved, however, there was no palpable pop or audible pop heard by the examiner. She has pain and swelling of the left third finger and the DIP joint has an evulsion joint type injury to the distal tip of the finger and that is covered by a Band-Aid with antibiotic ointment. She has two small evulsions on her first and second digits of that same hand that are open with no bandage on them. She has bruising along the lower aspect of the third digit. She has pain in bilateral knees with ROM limited on the left due to pain. She has tenderness above and below the patella with no effusion noted. She has pain with McMurray's procedure in both the medial and lateral aspect of the knee. There was no popping of the joint with movement. Lungs: Clear with no crackles or wheeze. Cardiac: Regular rate and rhythm.

**Assessment:**

1. Multiple contusions: Status post fall.

**Plan:** I suggested that the patient use Polysporin ointment to the abrasions on her hand rather than a neomycin containing antibiotic ointment to avoid allergic reaction to the Neosporin. I recommended that she take the Motrin 400 mg three x a day with food and I will give her some Protonix to take in addition to this and she was given samples x 14 days 40 mg one p.o. q. day. We will obtain an x-ray of her C-spine today and an x-ray of her third finger on the left hand to rule out a fracture. After dressing the evulsion area on her fingertip with Polysporin ointment and a Band-Aid an over under splint was placed and patient was given how to tape this in place once the x-ray was done. Cold applications to the areas of pain today and heat tomorrow and recommended a 7-10 <sup>day</sup> trial of the anti-inflammatories before

considering orthopedic evaluation for her left knee which had a small effusion on x-ray. Patient will be staffed by Dr. Spears/Barnett.

  
Dictating Provider  
Susan Peck, NP

/dot

DD: 04/22/2005

TD: 04/24/2005

Doc #: 1248140

Job #:

Copy Sent To:

\*

**Internal Medicine Physicians**

St. Luke's Physician Office Building  
 2801 West Kinnickinnic River Parkway, Suite 135  
 Milwaukee, WI 53215-3693  
 T (414) 385-8600 / F (414) 385-8668

Patient Name: Mina  
Castello  
 10-19-39

	REASON FOR VISIT
Date: <u>4/25/05</u> Age: <u>65</u> BP: <u>132/68</u> Wt: <u>171</u> Ht: _____ Temp: _____ Last Pap: _____ Pulse: <u>70 reg</u> Last Mammo: <u>12/04</u> Resp: _____ Last PSA: <u>N/A</u> Are you pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nurse's Initials: <u>CAR</u> <u>NKDA</u>	pt here for ER flu already seen Sue Peek pt has reaction to shot in arm - c/o cold to hand Vicodin and non smoker tetanus
Date: <u>5/2/05</u> Age: <u>65</u> BP: <u>122/62</u> Wt: <u>171</u> Ht: _____ Temp: _____ Last Pap: _____ Pulse: <u>108 reg</u> Last Mammo: <u>12/04</u> Resp: _____ Last PSA: <u>N/A</u> Are you pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nurse's Initials: <u>CAR</u> <u>NKDA</u>	pt c/o @ hand pain and "hardness" in fingers @ hand still c/o chest discomfort @ knee pain non smoker allergy: Seelja
Date: <u>5/20/05</u> Age: <u>65</u> BP: <u>136/64</u> Wt: <u>175</u> Ht: _____ Temp: _____ Last Pap: _____ Pulse: <u>72 reg</u> Last Mammo: <u>12/04</u> Resp: _____ Last PSA: <u>N/A</u> Are you pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nurse's Initials: <u>CAR</u> allergy: <u>Sulfa</u>	pt here for lab flu non smoker
Date: <u>6/13/05</u> Age: <u>65</u> BP: <u>132/70</u> Wt: <u>175</u> Ht: _____ Temp: _____ Last Pap: _____ Pulse: <u>76 reg</u> Last Mammo: <u>12/04</u> Resp: _____ Last PSA: <u>N/A</u> Are you pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nurse's Initials: <u>CAR</u> allergy: <u>Sulfa</u>	pt c/o lesions on fingers @ cough non smoker



**Internal Medicine Physicians**  
**2801 W. KK River Parkway, Suite 135**  
**Milwaukee, WI 53215**  
**(414) 385-8600**

**PATIENT NAME:** Castillo, Minerva M  
**DOB:** 10/19/1939  
**PROVIDER:** Terry Spears-Barnett, MD  
**MRN:** 000026275636

**CHART#:** 000000025857  
**DATE OF VISIT:** 04/25/2005  
**VISIT #:** 000025805328  
**DEPT:** IMED

**Subjective:** Patient comes in with complaint of reaction to Vicodin or a tetanus shot. Apparently she had fallen on April 21<sup>st</sup> and was seen in the ER. At that time they gave her a shot in the left upper arm. She said she received a tetanus and Vicodin shot. They also gave her a prescription for Vicodin and Motrin. She then saw Sue Peck on April 22<sup>nd</sup> for followup. Later that day on April 22<sup>nd</sup> she started noticing some swelling, redness, increased warmth, and increased pain in the site where she was given the shots. She is here today because the redness continues to spread. She has not put any packs on the area or taken anything for the itching.

**Objective:** Exam of the left upper arm shows there is some swelling and erythema which is localized to about a 4 x 7 inch area. It is tender to palpation.

**IMPRESSION & PLAN:** Local reaction to tetanus. There is no breakdown in the skin. She will apply cold packs to the area and take Benadryl 25 mg q 6 hours until it is improved. If not better or if symptoms worsen she will followup in one or two days.

Dictating Provider  
Terry Spears-Barnett, MD

/dot  
DD: 04/25/2005  
TD: 04/27/2005

Doc #: 1247823  
Job #:

Copy Sent To:

\*

Visit Note  
1247823  
ORIGINAL

**Internal Medicine Physicians**  
**2801 W. KK River Parkway, Suite 135**  
**Milwaukee, WI 53215**  
**(414) 385-8600**

**PATIENT NAME:** Castillo, Minerva M  
**DOB:** 10/19/1939  
**PROVIDER:** Terry Spears-Barnett, MD  
**MRN:** 000026275636

**CHART#:** 000000025857  
**DATE OF VISIT:** 05/02/2005  
**VISIT #:** 000025906221  
**DEPT:** IMED

**Subjective:** Patient comes in for followup of fall. She had fallen in the street on April 21<sup>st</sup>. She had significant injury to both knees, right sided chest wall, and her hand. She also obtained a tetanus shot to the left upper arm and had a severe reaction which is all cleared up now. The erythema, swelling and pain has resolved in the left upper arm. Both knees shows she still has a little bit of bruising. If she is sitting doing nothing she has no problems. She gets pain up to about 7/10 when she goes up and down stairs, but otherwise she is improved. The chest wall is also improving. If she is just sitting still that pain is gone at rest, but if she tries turning too fast or too far or lifting that makes the pain come and it gets to an intensity of about 7/10 also. The left hand is okay again if she is not using it, but if she starts to grip something the pain gets intense. It is occasionally a sharp pain at about a 7/10. She is only using Motrin about 400 mg once a day.

**Objective:** She has some tenderness to the chest wall minimally. There is no swelling or ecchymosis noted. Lungs were clear. Both knees shows she still has slight about of ecchymosis over both knees along the patella, but there is no swelling and she has good ROM. She can ambulate without much difficulty. The left hand shows the abrasions are healing well. There is no swelling or ecchymosis noted. She can grip the fingers, just not too tightly because it increases the pain which is sharp.

**IMPRESSION & PLAN:** S/P fall on April 21<sup>st</sup> with persistent musculoskeletal discomfort, but improving. Most discomfort/pain is mostly just with activity, none at rest. I told her to take the Motrin 400 mg t.i.d. with food and heat to the area as needed. She will call if any other problems or questions.

  
Dictating Provider  
Terry Spears-Barnett, MD

/dot  
DD: 05/02/2005  
TD: 05/04/2005

Doc #: 1261337  
Job #:

Copy Sent To:

Visit Note  
1261337  
ORIGINAL

**Internal Medicine Physicians**  
**2801 W. KK River Parkway, Suite 135**  
**Milwaukee, WI 53215**  
**(414) 385-8600**

**PATIENT NAME:** Castillo, Minerva M  
**DOB:** 10/19/1939  
**PROVIDER:** Terry Spears-Barnett, MD  
**MRN:** 000026275636

**CHART#:** 00000025857  
**DATE OF VISIT:** 05/20/2005  
**VISIT #:** 000026165444  
**DEPT:** IMED

**Subjective:** Patient is here for followup.

1. NIDDM. She is watching her diet. She is getting a little bit of exercise. She needs to see the ophthalmologist. No problems with her feet.
2. Hypertension. No chest pain, palpitations or SOB.
3. Hypercholesterolemia. She is taking her Lipitor and watching her diet.
4. GERD asymptomatic at the present time. No nausea, vomiting or change in bowel habits.
5. Allergic rhinitis stable. She is actually asymptomatic at the present time.
6. DJD of both knees. She actually has an MRI scheduled on Monday and is seeing the orthopedic doctor.
7. She still has a little lesion on her left thumb from her fall which she wishes evaluated.
8. She complains of being dizzy. She has had about two episodes over the past month. The last one was a month ago. It lasted a couple of seconds, nothing consistent.

**Social History:** Patient doesn't smoke.

**Allergies:** She has an allergy to sulfa.

**Medications:** Actos 15 mg q.d., aspirin 81 mg q.d., Glucophage 1,000 mg b.i.d., glucosamine sulfate, glyburide 5 mg two tabs b.i.d., ibuprofen 400 mg t.i.d. p.r.n., Lipitor 10 mg q.d., and lisinopril 10 mg q.d.

**Objective:** Patient is alert and oriented x 3, in no apparent distress. Vital signs: BP 136/64. Pulse 72.

2+ carotids, no bruit. Lungs were clear. Heart RR&R. Abdomen soft, nontender. No peripheral edema. Neurological Exam: Nonfocal. Examination of the right thumb shows there is a little lesion there. It appears to be healing. There is no sign of any infection. It is not erythematous. There is no increased warmth.

**IMPRESSION & PLAN:**

1. NIDDM stable. Blood sugar 153. Hemoglobin A<sub>1c</sub> is 7.4.
2. Hypertension is stable. Continue above medication.
3. Hypercholesterolemia. We will check a lipid panel when she follows up in six months.
4. Reflux disease asymptomatic.
5. Allergic rhinitis asymptomatic.
6. DJD with bilateral knee pain. She is going to followup with the orthopedic doctor. She may require surgery.

Visit Note  
1299743  
ORIGINAL

7. Lesion on her left thumb. She will soak the area, apply some antibiotic ointment to it, and if it is not better in one or two weeks she will call and we will have her see the surgeon to further evaluate that make sure there is no foreign body or anything associated with it.

She will call if any other problems or questions.

Dictating Provider  
Terry Spears-Barnett, MD



/dot  
DD: 05/20/2005  
TD: 05/24/2005

Doc #: 1299743  
Job #:

Copy Sent To:

\*

**Internal Medicine Physicians**  
**2801 W. KK River Parkway, Suite 135**  
**Milwaukee, WI 53215**  
**(414) 385-8600**

**PATIENT NAME:** Castillo, Minerva M  
**DOB:** 10/19/1939  
**PROVIDER:** Terry Spears-Barnett, MD  
**MRN:** 000026275636

**CHART#:** 000000025857  
**DATE OF VISIT:** 06/13/2005  
**VISIT #:** 000026463851  
**DEPT:** IMED

**Subjective:** Patient comes in today to followup on a couple concerns.

1. She is here for followup on the lesions on her fingers. She has had this since she fell on April 21<sup>st</sup>. She was seen in the emergency room. They x-rayed everything, but they didn't x-ray her hand. They x-rayed her wrist, knees, and the chest wall. She still has two persistent lesions on the left thumb and left second digit. They are just not healing completely, though they are much better than when it first started.
2. She also has a cough. It started off as a dry cough two weeks ago. Then it got more productive. She has a little bit of congestion, but no sinus pressure, no sore throat, no fever or chills. She doesn't smoke.

Please see note from May 20, 2005 for history and list of medications.

**Allergies:** Patient has an allergy to sulfa.

**Objective:** Ears were clear. Throat clear. Neck supple, no lymph nodes. Lungs: Course upper airway sounds. Examination of the left hand shows at the PIP joint she has a small raised lesion which is slightly red, but no streaking up the arm. There are no open areas or drainage. She also has a similar lesion on the DIP joint of the second digit. It is tender to palpation.

**IMPRESSION & PLAN:**

1. Patient with bronchitis. Treat with Z-Pak as directed.
2. Two lesions on her fingers as above from accident on April 21<sup>st</sup>. We will get an x-ray of the hand and rule out any trauma to the area. She will continue with warm compresses to the area and just observe.

Call if any other problems or questions.

  
Dictating Provider  
Terry Spears-Barnett, MD

Visit Note  
1343402  
ORIGINAL

20-VN-000026463851-000026275636

/dot  
DD: 06/13/2005  
TD: 06/15/2005

Doc #: 1343402  
Job #:

Copy Sent To:

\*

Castillo, Minerva M  
06/13/2005

Visit Note  
ORIGINAL

Page 2 of 2



Internal Medicine Physicians

St. Luke's Physician Office Building  
2801 West Kinnickinnic River Parkway, Suite 135  
Milwaukee, WI 53215-3693  
T (414) 385 8600 / F (414) 385 8668

2014-025857A  
CASTILLO, MINERVA M  
PECK NP, SUSAN  
04/22/2005 11:30AM  
10/12/1999 25788134

ACCIDENT INFORMATION FORM  
(Please Print)

PATIENT NAME: Minerva M. Castillo  
PATIENT ADDRESS: 3128 So. 10 St. PHONE NO.: (414) 481-8685  
Milwaukee WI 53215 DATE OF BIRTH: 10-19-39

DATE OF ACCIDENT: 4/21/05 TIME OF ACCIDENT: 11:20 (A.M.) P.M.  
LOCATION OF ACCIDENT: 9 & 10 St. W. Oklahoma

EXPLAIN ACCIDENT: (How it happened, conditions, circumstances) A piece of metal was  
sticking out of side walk (2") - was heading for  
garage & went flying & landed on my chest. Face down  
didn't hit face.

WAS THIS A MOTOR VEHICLE ACCIDENT?  YES  NO  
IF YES - Were you the:  Driver  Passenger  
Were you wearing a seatbelt?  Yes  No

DID YOU RECEIVE ANY MEDICAL TREATMENT FOR THIS INJURY?  Yes  No  
IF YES - Where? St. Lukes Hospital Emergency Room  
When? 4/21/05 at about 1:00p.m.  
Type of Treatment? X-Rays - Pain Medicine

REASON FOR VISIT TODAY? was told to come in & be seen

PATIENT SIGNATURE: Minerva M Castillo DATE: 4-22-05

**MEDICATION LIST**

<p>Date</p> <p><b>TERRY BARNETT MD</b> 05/20/2005 44664370 D207SPE DOB: 10/19/1939 Refills: 5</p> <p><b>MINERVA CASTILLO #26275636</b> 3128 S 10TH ST, MILWAUKEE, WI 53215-4730 <b>Glyburide 5 MG TABS #120</b> TAKE 2 TABLET TWICE DAILY</p> <p>Health Plan: Humana Wisconsin PPO Dxc Faxed to AP-MILW (HOLT AVENUE) 414-769-8997</p>	<p>Date</p> <p>Name</p> <p>Strength</p> <p>Quantity</p> <p>Pharm #</p> <p>Initials</p> <p># of Refills</p>
<p>Da</p> <p><b>TERRY BARNETT MD</b> 05/20/2005 44664397 D207SPE DOB: 10/19/1939 Refills: 5</p> <p><b>MINERVA CASTILLO #26275636</b> 3128 S 10TH ST, MILWAUKEE, WI 53215-4730 <b>Lipitor 10 MG TABS #30</b> TAKE 1 TABLET DAILY AS DIRECTED.</p> <p>Health Plan: Humana Wisconsin PPO Dxc Faxed to AP-MILW (HOLT AVENUE) 414-769-8997</p>	<p>Date</p> <p>Name</p> <p>Strength</p> <p>Quantity</p> <p>Pharm #</p> <p>Initials</p> <p># of Refills</p>
<p>D</p> <p><b>TERRY BARNETT MD</b> 05/20/2005 44664419 D207SPE DOB: 10/19/1939 Refills: 5</p> <p><b>MINERVA CASTILLO #26275636</b> 3128 S 10TH ST, MILWAUKEE, WI 53215-4730 <b>Lisinopril 10 MG TABS #30</b> TAKE 1 TABLET DAILY AS DIRECTED.</p> <p>Health Plan: Humana Wisconsin PPO Dxc Faxed to AP-MILW (HOLT AVENUE) 414-769-8997</p>	<p>Date</p> <p>Name</p> <p>Strength</p> <p>Quantity</p> <p>Pharm #</p> <p>Initials</p> <p># of Refills</p>
<p><b>TERRY BARNETT MD</b> 05/20/2005 44664435 D207SPE DOB: 10/19/1939 Refills: 5</p> <p><b>MINERVA CASTILLO #26275636</b> 3128 S 10TH ST, MILWAUKEE, WI 53215-4730 <b>Metformin HCl 1000 MG TABS #60</b> TAKE 1 TABLET TWICE DAILY WITH MEALS.</p> <p>Health Plan: Humana Wisconsin PPO Dxc Faxed to AP-MILW (HOLT AVENUE) 414-769-8997</p>	<p>Date</p> <p>Name</p> <p>Strength</p> <p>Quantity</p> <p>Pharm #</p> <p>Initials</p> <p># of Refills</p>
<p><b>TERRY BARNETT MD</b> 06/13/2005 46019324 D207SPE DOB: 10/19/1939 Refills: 0</p> <p><b>MINERVA CASTILLO #26275636</b> 3128 S 10TH ST, MILWAUKEE, WI 53215-4730 <b>Zithromax Z-Pak 250 MG TABS #6</b> TAKE 2 TABLETS ON DAY 1 THEN TAKE 1 TABLET A DAY FOR 4 DAYS.</p> <p>Health Plan: Humana Wisconsin PPO Dxc Faxed to AP-MILW (HOLT AVENUE) 414-769-8997</p>	<p>Date</p> <p>Name</p> <p>Strength</p> <p>Quantity</p> <p>Pharm #</p> <p>Initials</p> <p># of Refills</p>
<p>Date</p> <p>Name</p> <p>Strength</p> <p>Quantity</p> <p>Pharm #</p> <p>Initials</p> <p># of Refills</p>	<p>Date</p> <p>Name</p> <p>Strength</p> <p>Quantity</p> <p>Pharm #</p> <p>Initials</p> <p># of Refills</p>

MEDICATION LIST



Internal Medicine Physicians  
2801 W. KK River Parkway, Suite 135  
Milwaukee, WI 53215  
(414) 385-8600

PATIENT NAME: Castillo, Minerva M  
DOB: 10/19/1939  
PROVIDER: Terry Spears-Barnett, MD  
MRN:  
000026275636  
CHART#: 000000025857  
DATE OF VISIT: 06/13/2005  
VISIT #: 000026463851  
DEPT: IMED

Subjective: Patient comes in today to followup on a couple concerns.

1. She is here for followup on the lesions on her fingers. She has had this since she fell on April 21st. She was seen in the emergency room. They x-rayed everything, but they didn't x-ray her hand. They x-rayed her wrist, knees, and the chest wall. She still has two persistent lesions on the left thumb and left second digit. They are just not healing completely, though they are much better than when it first started.
2. She also has a cough. It started off as a dry cough two weeks ago. Then it got more productive. She has a little bit of congestion, but no sinus pressure, no sore throat, no fever or chills. She doesn't smoke.

Please see note from May 20, 2005 for history and list of medications.

Allergies: Patient has an allergy to sulfa.

Objective: Ears were clear. Throat clear. Neck supple, no lymph nodes. Lungs: Course upper airway sounds. Examination of the left hand shows at the PIP joint she has a small raised lesion which is slightly red, but no streaking up the arm. There are no open areas or drainage. She also has a similar lesion on the DIP joint of the second digit. It is tender to palpation.

IMPRESSION PLAN:

1. Patient with bronchitis. Treat with Z-Pak as directed.
2. Two lesions on her fingers as above from accident on April 21st. We will get an x-ray of the hand and rule out any trauma to the area. She will continue with warm compresses to the area and just observe.

Call if any other problems or questions.

Result Type: Visit Note Internal Medicine  
Result Date: June 13, 2005 15:16  
Result Status: Auth/Verified  
Performed By: SpearsBarnett, TerryLynn on June 16, 2005 15:16  
Encounter info: 026463851, IMP, Clinic O/P, 6/13/2005 - 6/13/2005

Dictating Provider  
Terry Spears-Barnett, MD

/dot  
DD: 06/13/2005 Doc #: 1343402  
TD: 06/15/2005 Job #:

Copy Sent To:

\*


**Completed Action List:**

\* Perform by SpearsBarnett, TerryLynn on June 16, 2005 15:16

Printed on: 5/11/2006 08:17  
Result Type: Visit Note Internal Medicine  
Result Date: June 13, 2005 15:16  
Result Status: Auth/Verified  
Performed By: SpearsBarnett, TerryLynn on June 16, 2005 15:16  
Encounter info: 026463851, IMP, Clinic O/P, 6/13/2005 - 6/13/2005

(Continued)

005857

St. Luke's Medical Center  
 Aurora HealthCare®  
2900 W. Oklahoma  
Milwaukee, WI 53215  
414-649-6082

Patient: CASTILLO, MINERVA M  
MRN: SLMC-00098863  
DOB: 10/19/1939  
Case #: SLMC-20368747  
Pt. Loc/Type: TEST POB-SLMC Imaging/Radiology  
Pt. Phone: (414) 481-8685



**RADIOLOGY REPORT**

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering MD</u>
DX Hand 3 View Min LEFT	06/13/2005 02:41:00 PM	DX-05-0371065	SpearsBarnett, TerryLynn

Reason for Exam:  
s/p fall 4/05, persistant pain Lt thumb 2nd digit

**DX Report**

LEFT HAND, THREE VIEWS

Clinical History: The patient had a fall and complains of persistent pain in the left thumb and second digit.

No acute fracture, dislocation or foreign body is identified. No significant degenerative changes are noted. The scaphoid is not well evaluated.

**IMPRESSION:**

No obvious fracture or dislocation.

Dictating MD: Minor, Paul L  
Electronically Signing MD: Paul L. Minor

Transcribed Date/Time: 06/13/05 20:37:06  
Transcribed By: KLP  
Signed Date/Time: 06/13/05 22:00:57







# Aurora Health Center

Occupational Health Services  
2906 South 20 Street  
Milwaukee, WI 53215-3732

T (414) 385-8870 (Business)  
F (414) 385-8886 (Business)

[www.AuroraHealthCare.org](http://www.AuroraHealthCare.org)

August 16, 2005

Cannon & Dunphy, S.C.  
Attorneys at Law  
P.O. Box 1750  
Brookfield, WI 53008-1750

To Whom It May Concern:

I hereby certify that the attached fifteen (15) pages is a true and complete copy of medical records. These records generate from 04/21/05 to 08/15/05, of:

Minerva Castillo  
(Patient's Name)

02-58-57  
(Our Account Number)

from Aurora Health Center. The original record was created in the usual course of business and is maintained in the custody of the Medical Records Department of Aurora Health Center.

By: Margaret Hammerling  
AURORA HEALTH CENTER - 20<sup>TH</sup> STREET

**Aurora Health Center - Parkway  
2906 S. 20th Street  
Milwaukee, WI 53215  
(414) 385-8800**

**PATIENT NAME:** Castillo, Minerva M  
**DOB:** 10/19/1939  
**PROVIDER:** Jeffrey Shovers, MD  
**MRN:** 000026275636

**CHART#:** 00000025857  
**DATE OF VISIT:** 05/04/2005  
**VISIT #:** 000025871949  
**DEPT:** ORTH

This is a consultation done at the request of Dr. Spears-Barnett.

I had seen her a couple of years earlier. MRI of the knee had shown a torn medial meniscus tear. She has had some pain on and off but in general did okay and has not had any procedures done. She fell on the sidewalk on 4/21/05. She had swelling about the left knee. She did end up in the Emergency Room.

X-rays were taken of both knees. She has difficulty climbing stairs. Has barely made it up and down her stairs, just a few times over the last couple of weeks. Pain anteriorly. Pain on the medial aspect of her knee and pain on the lateral aspect of her knee.

Updating her past medical history: Positive for hypertension, hypercholesterolemia and non-insulin dependent diabetes mellitus. She denies heart disease, heart attack, cancer, stroke, respiratory, renal, liver or kidney problems. She does not smoke. She has had a cholecystectomy, hysterectomy and partial thyroid resection.

**MEDICATIONS:** She takes Lipitor, Lisinopril, Actos, Glyburide and Glucophage.

**ALLERGIES:** She is allergic to Sulfa.

**PHYSICAL EXAMINATION:** On examination today, she is alert. She is oriented. She is in no apparent distress. Vital Signs: Blood pressure is 122/80. Pulse 88 and regular. Temperature 98.0. She has a slightly antalgic gait on the left. She has a 1+ effusion. Patellar grind is negative. She is tender on the medial joint. She is tender on the lateral joint line and McMurray's is positive. The knee is stable to examination.

X-rays of both knees were reviewed and she has very little degenerative changes. Calcification of her meniscal cartilage is consistent with chondrocalcinosis or pseudogout.

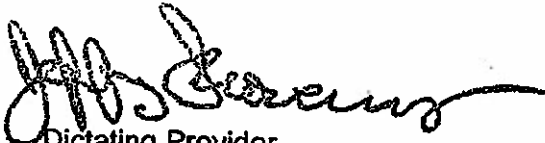
**IMPRESSION:** Left knee medial meniscus tear, exacerbated by this most recent fall.

Once again, I went over diagnostic and therapeutic options with Minerva. I do not think she needs to repeat the MRI of her knee. I already know that two years ago she had a torn medial meniscus.

Right now, I would base her treatment recommendations purely on her symptoms. If her knee feels better over the next week or two, she does not need to do anything. If her knee continues to bother her and she has difficulty climbing, she should really think about a knee arthroscopy.

She is going to see me back in two weeks.

Thank you very much for this consultation.



Dictating Provider  
Jeffrey Shovers, MD

JS/dot

DD: 05/04/2005

TD: 05/07/2005

Doc #: 1266871

Job #:

Copy Sent To:

Terry Spears-Barnett, MD

\*

# The Medical-Surgical Clinic



AuroraHealthCare®

2400 West Lincoln Avenue • Milwaukee, WI 53215-2599 • Tel: 414/671-7000  
 9200 West Loomis Road, Suite 116 • Franklin, WI 53132-9665 • Tel: 414/529-9232

2009-02-58-57-A  
 MRN: 26275636  
 CASTILLO, MINERVA M  
 397-26-1312  
 10/19/1929 65

Patient Name: \_\_\_\_\_

	REASON FOR VISIT
Date: <u>5-4-05</u> Age: <u>1</u> BP: <u>122/80</u> Wt: _____ Ht: _____ Temp: <u>98.0</u> Last Pap: _____ Pulse: <u>88</u> Last Mammo: _____ Resp: <u>1</u> Last PSA: _____ Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Nurse's Initials: <u>cl</u>	Fell 4-21-05 Rt ⊕ knee due to fall & now has pain ⊕ knee
Date: <u>5/18/05</u> Age: <u>1</u> BP: <u>102/68</u> Wt: _____ Ht: _____ Temp: <u>96.9</u> Last Pap: _____ Pulse: <u>96</u> Last Mammo: _____ Resp: <u>1</u> Last PSA: _____ Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Nurse's Initials: <u>AN</u>	Flu appt. E Dr. Shovers ⊕ knee.
Date: <u>5/25/05</u> Age: <u>65</u> BP: <u>108/68</u> Wt: _____ Ht: _____ Temp: <u>97.8</u> Last Pap: _____ Pulse: <u>68</u> Last Mammo: _____ Resp: _____ Last PSA: _____ Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Nurse's Initials: <u>DM</u>	Rt knee joint ✓ ⊕ knee Dr. Shovers.  Meds: See list
Date: _____ Age: _____ BP: _____ Wt: _____ Ht: _____ Temp: _____ Last Pap: _____ Pulse: _____ Last Mammo: _____ Resp: _____ Last PSA: _____ Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Nurse's Initials: _____	
Date: _____ Age: _____ BP: _____ Wt: _____ Ht: _____	

**Aurora Health Center - Parkway  
2906 S. 20th Street  
Milwaukee, WI 53215  
(414) 385-8800**

**PATIENT NAME:** Castillo, Minerva M  
**DOB:** 10/19/1939  
**PROVIDER:** Jeffrey Shovers, MD  
**MRN:** 000026275636

**CHART#:** 000000025857  
**DATE OF VISIT:** 05/18/2005  
**VISIT #:** 000025960605  
**DEPT:** ORTH

**SUBJECTIVE:** She has been bothered with bilateral knee pain. The left knee I know that she has a medial meniscus tear, and that was diagnosed a couple of years ago. I last saw her a few weeks ago. She continues to have pain in both knees, pain about the medial and posterior aspect. In fact, the right knee pain we really have not talked about much in the past, but it does bother her, especially with stair climbing.

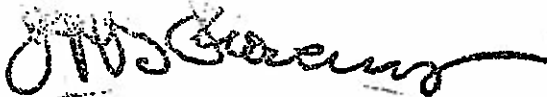
**PHYSICAL EXAMINATION:** She is alert. She is oriented. She is in no apparent distress. BP: 102/68. Pulse: 96. Temperature: 96.9°. HEENT: Clear. Neck: Supple. Chest: Clear. Heart: Regular rate and rhythm. Her abdomen is benign. Left knee: She is tender on the medial joint line, has a small Baker's cyst, and has positive McMurray's. Right knee: There is no effusion. She is tender on the medial joint line. McMurray's is positive. She has a little bit of tenderness on the lateral joint line. The Lachman's is negative. Pivot shift is negative.

**IMPRESSION:**

1. Left knee medial meniscus tear continuing to be symptomatic, and she is probably going to need a left knee arthroscopy with a partial medial meniscectomy.
2. Right knee pain with tenderness along the medial joint line.

**TREATMENT AND RECOMMENDATIONS:** Before scheduling the left knee surgery, I think that she should do a right knee MRI. There is a possibility that she has bilateral medial meniscus tears, and she could consider bilateral knee arthroscopies.

**PLAN:** Before setting up the surgery for the left, we are going to do the MR of the right knee, and I will see her right back.



Dictating Provider  
Jeffrey Shovers, MD



JS/dot  
DD: 05/18/2005  
TD: 05/21/2005

Doc #: 1298608  
Job #:

Copy Sent To:  
Terry Spears-Barnett, MD

\*



# St. Luke's Medical Center

AuroraHealthCare® Milwaukee, Wisconsin

**FILED**

2009-02-28-57-A  
MRN: 26275536  
CASTILLO, MINERVA M  
397-36-1912  
10/19/1939 65

## MRI SAFETY QUESTIONNAIRE

Height 5' 3" Weight 172

Have you had an MRI in the past?  Yes  No

If yes, where was the scan done?  SLMC Where? \_\_\_\_\_ When? \_\_\_\_\_

Please describe why you are having the MRI (pain, injury, follow-up exam): knell problem w/ right

Please check one box for each of the following items:

### IMPLANTED DEVICES

- Yes No
- Pacemaker
  - Aneurysm Clips
  - Heart valves
  - Implanted Cardiac Defibrillator
  - Filter, Coil, Stent
  - Neurostimulators
  - (TENS unit)
  - Pacing Wires, Electrode
  - Surgical Clip, Wire, Staple
  - Vascular Clips
  - Other Implanted Device
- Type: \_\_\_\_\_

### SURGERY

- Yes No
- Eye surgery or implant
  - Type: right eye
  - Ear surgery or implant
  - Type: \_\_\_\_\_
  - Brain Surgery
  - Type: \_\_\_\_\_

### HEALTH CONDITIONS

- Yes No
- Diabetes
  - Renal Failure
  - Sickle Cell Anemia

### ORTHOPEDIC ITEMS

- Yes No
- Pin, Plate, Rod, Nail, Screw, Wire
  - Artificial Limb or Joint

### OTHER METAL OBJECTS

- Yes No
- BB, Bullet, Shrapnel
  - Hearing Aid
  - Removable Dental Work

### INPATIENTS ONLY

- Yes No
- Swan Ganz
  - Temperature Foley
  - Epidural Catheter

If known, please list the name, model number and date of surgery for all valves, aneurysm clips, coils, filters, and stents

Have you had surgery on the body part that will be scanned in MRI?  Yes  No

Type: \_\_\_\_\_

Have you ever had an injury to the eye involving a metallic object?  Yes  No

Have you ever been diagnosed as having cancer?  Yes  No

When? \_\_\_\_\_ Type? \_\_\_\_\_

### FEMALES ONLY: (When Appropriate)

Are you wearing an IUD or diaphragm?  Yes  No Are you breast feeding an infant?  Yes  No


Minerva M. Castillo  
(SIGNATURE OF PATIENT)

5-18-05  
(DATE)

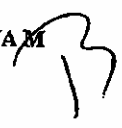
(NURSING SIGNATURE, IF PATIENT UNABLE TO SIGN)

NURSING PERSONNEL: If possible, please fax (649-5650) completed form to MRI and place the original in the chart or tube completed form to station 510.

025857

St. Luke's Medical Center  
 AuroraHealthCare®  
2900 W. Oklahoma  
Milwaukee, WI 53215  
414-649-6082

Patient: CASTILLO, MINERVA M  
MRN: SLMC-00098863  
DOB: 10/19/1939  
Case #: SLMC-20345966  
Pt. Loc/Type: MRI-SLMC Imaging/Radiology  
Pt. Phone: (414) 481-8685



**R A D I O L O G Y - R E P O R T**

<u>Exam</u> MR Knee RIGHT	<u>Exam Date/Time</u> 05/23/2005 08:03:00 AM	<u>Accession Number</u> MR-05-0319971	<u>Ordering MD</u> Shovers, Jeffrey B
------------------------------	---	--	--

Reason for Exam:  
RT KNEE PAIN R.O TEAR

MR Report

MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE

Clinical History: The patient is a 65-year-old woman with right knee pain.

Technique: Fat-suppressed sagittal and coronal proton density weighted images, sagittal T2 weighted images, fat-suppressed axial T2 weighted images were acquired. The patient was having tremors during the examination which limited the quality of the examination.

Findings:

Bone marrow: Subcortical edematous change/cyst formation is seen involving the intercondylar region of the anterior aspect of the femur.

Menisci: No meniscal tear is identified. There is some central increased signal intensity involving both menisci consistent with mucoid degeneration.


Ligaments and Tendons: Anterior and posterior cruciate ligament are intact. Medial and lateral collateral ligaments appear normal. The visualized portion of the quadriceps tendon is normal. The patellar tendon is normal.

Joint effusion: Only a scant amount of joint fluid is identified.

Mild uniform thinning of the cartilage in both compartments is identified. No cystic changes are seen involving the patella. The patellar cartilage appears uniform. However, because of the motion, the patellar cartilage is more difficult to assess.

SpearsBarnett, TerryLynn  
AMG Internal Medicine Physicians  
2801 W KK River Parkway Suite 135

Milwaukee, WI 53215

St. Luke's Medical Center  
 AuroraHealthCare®  
2900 W. Oklahoma  
Milwaukee, WI 53215  
414-649-6082

Patient: CASTILLO, MINERVA M  
MRN: SLMC-00098863  
DOB: 10/19/1939  
Case #: SLMC-20345966  
Pt Loc/Type: MRI-SLMC Imaging/Radiology  
Pt. Phone: (414) 481-8685

## RADIOLOGY REPORT

Exam

MR Knee RIGHT

Exam Date/Time

05/23/2005 08:03:00 AM

Accession Number

MR-05-0319971

Ordering MD

Shovers, Jeffrey B

**IMPRESSION:**

No meniscal tear is identified. Subcortical edema and cystic changes are seen involving the intercondylar region of the anterior portion of the femur.

Dictating MD: Breger, Robert K  
Electronically Signing MD: Robert K. Breger

Transcribed Date/Time: 05/23/05 08:48:47  
Transcribed By: WR  
Signed Date/Time: 05/24/05 08:34:38

SpearsBarnett, TerryLynn  
AMG Internal Medicine Physicians  
2801 W KK River Parkway Suite 135  
Milwaukee, WI 53215

Page 2 of 2

Printed Date/Time: 05/24/05 5:31 PM

**Aurora Health Center - Parkway  
2906 S. 20th Street  
Milwaukee, WI 53215  
(414) 385-8800**

**PATIENT NAME:** Castillo, Minerva M  
**DOB:** 10/19/1939  
**PROVIDER:** Jeffrey Shovers, MD  
**MRN:** 000026275636

**CHART#:** 000000025857  
**DATE OF VISIT:** 05/25/2005  
**VISIT #:** 000026165513  
**DEPT:** ORTH

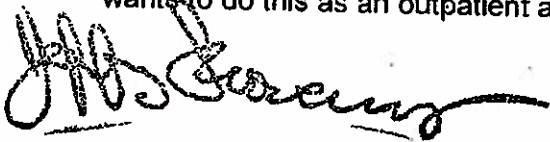
**SUBJECTIVE:** This is a followup. She has a left knee medial meniscus tear. She finally has enough symptoms to think about going ahead with surgery at the end of June, but she had some bilateral knee pain. I saw her about a week ago, and I did recommend an MR of her right knee to make sure that there was nothing surgical that needed to be done at the right knee while we were fixing the left. She is here today to review the MR scan.

**PHYSICAL EXAMINATION:** She is alert. She is oriented. BP: 108/68. Pulse: 68 and regular. Temperature: 97.8°. The left knee has tenderness about the medial joint line and positive McMurray's. The right knee has just a little bit of swelling, and she did have some medial joint line tenderness.

**DIAGNOSTIC DATA:** MR of the right knee was reviewed. She does have some degeneration in the middle and posterior horn of the medial meniscus, though no complete tear. Bone windows show some edema in the intercondylar area anteriorly. Anterior and posterior cruciate ligaments are intact. Collateral ligaments are intact. Her quadriceps tendon is normal. Patellar tendon is normal. There is a small amount of joint fluid, and she has some degenerative changes underneath her patella.


**IMPRESSION:** Right anterior knee pain without evidence of a meniscal tear.

**TREATMENT AND RECOMMENDATIONS:** I told Minerva that I do not recommend any operative procedures on her right knee. I do recommend a left knee arthroscopy with a partial medial meniscectomy. I have gone over the risks and complications as well as alternative treatments, and she wants to do this as an outpatient at the end of June.



Dictating Provider  
Jeffrey Shovers, MD

JS/dot  
DD: 05/25/2005  
TD: 05/29/2005



Doc #: 1308235  
Job #:

Copy Sent To:

Visit Note  
1308235  
ORIGINAL

PRE ADMISSION TEST CENTER  
PRE OP TESTING ORDERS  
FAX 649-5471  
PHONE 649-6896

**FAKED**

Physician Jeffrey Shovers DATE 5-25-05  
PATIENT NAME Minerva Castillo DOB 10-19-39

H & P DATE \*\*\* \_\_\_\_\_  
\*\*\* schedule ppvt testing at least 3 days prior to H&P date

SURGERY DATE \_\_\_\_\_

SURGICAL PROCEDURE: RT Knee Arthroscopy -  
partial medial meniscectomy  
SURGEON Jeffrey Shovers

ORDERS: circle tests needed

CXR \_\_\_\_\_

Other xray: \_\_\_\_\_

EKG \_\_\_\_\_

LABS: CBC HIV Chol  
GHP Hep B Surface Antigen LDH  
BMP Hep C Uric Acid  
CMP Platelet Function Screen Phos  
PT Heparin Agg Panel Glucose  
PTT TSH  
UA Pregnancy serum/urine

URINE C&S

Type and Screen

Type and Cross (Auto \_\_\_\_\_ RBC \_\_\_\_\_ WB \_\_\_\_\_  
Donor Direct \_\_\_\_\_)

Other Labs \_\_\_\_\_

PHYSICIAN SIGNATURE [Signature]

Staff MMW

Phone # 385-8860

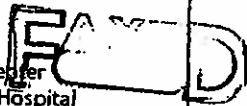


Aurora Health Care

Milwaukee, Wisconsin

- Aurora Medical Center, Hartford
- Aurora Sinai Medical Center
- Aurora Psychiatric Hospital

- St. Luke's Medical Center
- West Allis Memorial Hospital



2009-02-28-57-A  
 MRN: 24275624  
 CASTILLO, MINERVA M  
 297-36-1312  
 10/19/1939 65

### INFORMED CONSENT

Date

#### DOCUMENTATION OF INFORMED CONSENT DISCUSSION

PROCEDURE: *KT Knee Arthroscopy - Partial medial meniscus resection*

POTENTIAL ADDITIONAL PROCEDURES DISCUSSED: *Ø*

INDICATIONS FOR PROCEDURE *Pain*

SEDATION / ANESTHETIC *General*

BLOOD PRODUCTS: *Ø*

INDICATIONS FOR BLOOD PRODUCTS ARE: *Ø*

MANUFACTURER REPRESENTATIVE MAY BE PRESENT

1. The proposed procedure has been satisfactorily explained to me by my physician.
2. I have all the information that I desire.
3. I give my consent to the performance of the procedure.

*Minerva M. Castillo*  
PATIENT/REPRESENTATIVE SIGNATURE:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

*Patient signature is required for all Operating Room procedures.*

*Patient signatures are encouraged, but not required for other invasive procedures, anesthesia/sedation or blood product administration.)*

Prior to the procedure I have discussed the above scheduled procedure(s) and/or therapy that may be necessary with the patient / personal representative including the risks, benefits, and alternatives. I have answered the patient / personal representative's questions and he / she agrees to proceed. My signature below indicates that I have fulfilled my obligation to provide sufficient information to the patient/representative.

PHYSICIAN SIGNATURE: *[Signature]*

DATE: *2/25/09* TIME: \_\_\_\_\_



05400960

INFORMED CONSENT



PRECERTIFICATION INFORMATION

DATE 5-26-05  PRIVATE  OCCUPATIONAL

ORDERING MD Jeffrey Shover PERFORMING MD Jeffrey Shover

PATIENT NAME Minerva Castillo

DOB 10-19-39 ACCT NO \_\_\_\_\_

INSURANCE CO Medicare PHONE \_\_\_\_\_

SUBSCRIBER NAME Minerva Castillo ID 397361312A

REQUESTED PROCEDURE LT. Knee Arthroscopy

Partial Medial Meniscectomy

CPT CODE \_\_\_\_\_

FACILITY REQUESTED SLMC

OUTPATIENT  INPATIENT \_\_\_\_\_ LENGTH OF STAY \_\_\_\_\_

DATE SCHEDULED \_\_\_\_\_

DIAGNOSIS, SIGN OR SYMPTOM Pain

ICD-9 CODE \_\_\_\_\_

DATE OF ONSET/INJURY \_\_\_\_\_

PREVIOUS TREATMENT, TEST RESULTS MEDICATIONS TRIED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

INSURANCE RESPONSE

CONTACT Sue DATE 5-26-05

APPROVED PRECERT/PREAUTH # \_\_\_\_\_

NO PRECERT REQUIRED

STAFF INITIALS MW

**PRE-ADMISSION TESTING INSTRUCTIONS**

**FIELD**

ACCOUNT NO. \_\_\_\_\_  
 NAME: Minerva Custillo D.O.B. 10-19-39  
 PHONE: \_\_\_\_\_

You are scheduled to have LT Knee Arthroscopy  
(TYPE OF SURGERY)  
Partial Medial Meniscectomy

surgery performed on 6-27-05 730 at SZMC  
(DATE) (TIME) (HOSPITAL)

You will be admitted on 6-27-05 (DATE). You will  will not be staying overnight.

You are scheduled to have your pre-admission laboratory / x-ray work performed on:  
Hospital will call to schedule  
(DATE) (TIME) a.m. p.m.

- 1) You must be fasting (no food or beverage) \_\_\_\_\_ hours before having your blood drawn. You may have water.
- 2) Stop at the Registration Desk for your requisition slip when you arrive.
- 3)  Your test results will be faxed directly to the Hospital. You **DO NOT** have to return to the Clinic to pick up.
- 4) The Hospital will notify you of the time you should report to the hospital for admission.
- 5) **DO NOT** eat, drink or smoke after midnight, the night before surgery.

Nurse's Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHECK LIST**

Hospital: SZMC  
 Surgeon: Jeffrey Showers Internist: \_\_\_\_\_  
 Type of Surgery: LT Knee Arthroscopy  
Partial Medial Meniscectomy  
 Admission Date: 6-27-05 Anesthesia: Local / General / IV Block  
 Surgery Date: 6-27-05 Surgery Time: 730 AM  
 Insurance: Medicare

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> CBC _____ Date Done _____ | <input type="checkbox"/> T. Bili _____ Date Done _____ | <input type="checkbox"/> Chest X-ray _____ Date Done _____                    |
| <input type="checkbox"/> Urinalysis _____                     | <input type="checkbox"/> SGOT _____                    | <input type="checkbox"/> Dr.'s Notes _____                                    |
| <input type="checkbox"/> Pregnancy _____                      | <input type="checkbox"/> Alk, Phos _____               | <input checked="" type="checkbox"/> Other <u>CMP</u>                          |
| <input type="checkbox"/> Na, K, Cl _____                      | <input type="checkbox"/> T. Protein _____              | <input type="checkbox"/> History/Physical dictated by: <u>Jeffrey Showers</u> |
| <input type="checkbox"/> PT, PIT, BL TI _____                 | <input type="checkbox"/> Albumin _____                 | <input type="checkbox"/> Time: _____ Date: _____                              |
| <input type="checkbox"/> Glucose _____                        | <input checked="" type="checkbox"/> Calcium _____      |   |
| <input type="checkbox"/> Creat, BUN _____                     | <input checked="" type="checkbox"/> EKG _____          |   |

Scheduled with: Karen Scheduled by: Mary W Date: 5-27-05



# Radiology Exam Report

Patient Name: CASTILLO, MINERVA M  
MRN: 98863  
FIN: 20317712  
Patient Type: Emergency Department  
Accession No: DX-05-0254154  
Exam Date/Time: 4/21/2005 14:53  
Ordering Physician: Harkins, Heidi J  
Transcribed Date/Time: 4/21/2005 21:17  
Radiologist: Hinke, David H  
Reason for Exam: See other reason

DOB/Age/Sex: 10/19/1939 65 Years Female  
Location: ED-SLMC/ ED/  
Exam: DX Kuee 4 View Min BILATERAL  
Exam Status: Completed  
Transcriptionist: Wagner, Kristina Jo  
Report Status: Final  
Resident:

## DX Report

### BILATERAL WRISTS, BILATERAL KNEES, AND TWO-VIEW CHEST

Clinical History: Trauma with bilateral wrist pain, knee pain and chest trauma with pain.

#### BILATERAL WRISTS

Four views of both wrists show chondrocalcinosis bilaterally but greater on the left than right. No fracture or dislocation is present. Osseous structures and joints are otherwise within normal limits. Neutral ulnar variance is present bilaterally.

#### IMPRESSION:

1. No fracture.
2. Chondrocalcinosis.

*fall on hands*

#### BILATERAL KNEES

Images show chondrocalcinosis bilaterally. No fracture is present. No right-sided joint effusion is present. A small left-sided joint effusion is present. Small marginal osteophytes are present in the patellofemoral compartment bilaterally. The medial and lateral femoral compartment joint spaces are maintained bilaterally.

#### IMPRESSION:

3. Chondrocalcinosis.
4. Small left joint effusion.
5. No fracture.
6. Minimal degenerative arthropathy, patellofemoral compartments.

*Wrist  
DHTN  
DDH  
MT, UD, CACUA  
No effusion  
read in  
PSK chondro, hyper  
fluid.*

#### CHEST

PA and lateral views of the chest show clear lungs. The heart, pulmonary vessels and mediastinum are within normal limits. No change has occurred since 4/20/02.

# Radiology Exam Report

Patient Name: CASTILLO, MINERVA M

MRN: 98863

FIN: 20317712

Patient Type: Emergency Department

Accession No: DX-05-0254154

Exam Date/Time: 4/21/2005 14:53

Ordering Physician: Harkins, Heidi J

Transcribed Date/Time: 4/21/2005 21:17

Radiologist: Hinke, David H

Reason for Exam: See other reason

DOB/Age/Sex: 10/19/1939 65 Years Female

Location: ED-SLMC/ ED/

Exam: DX Knee 4 View Min BILATERAL

Exam Status: Completed

Transcriptionist: Wagner, Kristina Jo

Report Status: Final

Resident:

---

## IMPRESSION:

Negative chest.

Dictating MD: Hinke, David H

Electronically Signing MD: Shekhar S. Sane

Proxy MD: Sane, Shekhar S

Transcribed Date/Time: 04/21/05 21:17:19

Transcribed By: KJW

Signed Date/Time: 04/23/05 00:47:40

\*\*\* END OF REPORT \*\*\*



# Summary

<b>Category</b>	<b>Total Value</b>
<b>Past Medical:</b>	<b>\$7,118.90</b>
<b>Future Medical:</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$7,118.90</b>

# Specials By Provider

Castillo, Minerva 1607

Client: Castillo, Minerva

#	Provider/Description	From	Thru	Type	Total Value
1	Integrated Billing Systems Inc. ER Physician Fee	4/21/05		Hospital	\$220.00
<b>Total For This Provider: \$ 220.00</b>					
2	MILWAUKEE RADIOLOGISTS, LTD. X-rays: Wrist, Chest, Knee	4/21/05	4/21/05	Hospital	\$223.00
3	MILWAUKEE RADIOLOGISTS, LTD. X-ray: Cervical spine	4/22/05	4/22/05	Hospital	\$68.00
4	MILWAUKEE RADIOLOGISTS, LTD. X-ray: hand	4/22/05	4/22/05	Hospital	\$39.00
5	MILWAUKEE RADIOLOGISTS, LTD. MRI: Lower extremity	5/23/05	5/23/05	Hospital	\$414.00
6	MILWAUKEE RADIOLOGISTS, LTD. X-ray: hand	6/13/05	6/13/05	Hospital	\$39.00
<b>Total For This Provider: \$ 783.00</b>					
7	SHOVERS, JEFFREY OV: 05/04/05, 05/18/05, 05/25/05	4/22/05	6/13/05	Physician	\$507.00
<b>Total For This Provider: \$ 507.00</b>					
8	Spears-Barnett, Terry L. OV: 04/22/05, 04/25/05, 05/02/05, 06/13/05, 10/24/05 & 11/18/05	10/24/05	11/18/05	Physician	\$792.00
9	Spears-Barnett, Terry L. Cross check w/records to determine what is related.	3/1/06	2/13/07	Physician	
<b>Total For This Provider: \$ 792.00</b>					
10	ST. LUKE'S MEDICAL CENTER ER	4/21/05	4/21/05	Hospital	\$1,762.90
11	ST. LUKE'S MEDICAL CENTER X-rays: spine, hand.	4/22/05	4/22/05	Hospital	\$571.25
12	ST. LUKE'S MEDICAL CENTER MRI: RLE	5/23/05	5/23/05	Hospital	\$2,309.75
13	ST. LUKE'S MEDICAL CENTER X-ray: L hand.	6/13/05	6/13/05	Hospital	\$173.00
<b>Total For This Provider: \$ 4,816.90</b>					

# Specials By Provider

Castillo, Minerva 1607

Client: Castillo, Minerva

#	Provider/Description	From	Thru	Type	TotalValue
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**Report Total: \$ 7,118.90**



Document Number Override

# Wisconsin Motor Vehicle Accident Report

**INSTRUCTIONS**  
 Please use a Black Ink Pen or #2 Pencil.  
 Mark Areas as shown:  
 Correct Mark   
 Incorrect Marks

County	MUN/TWP	Accident Date		
40	57	MONTH	DAY	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	Jan	1	04
<input type="checkbox"/>	<input type="checkbox"/>	Feb	2	04
<input type="checkbox"/>	<input type="checkbox"/>	Mar	3	04
<input type="checkbox"/>	<input type="checkbox"/>	Apr	4	04
<input type="checkbox"/>	<input type="checkbox"/>	May	5	04
<input type="checkbox"/>	<input type="checkbox"/>	June	6	04
<input type="checkbox"/>	<input type="checkbox"/>	July	7	04
<input type="checkbox"/>	<input type="checkbox"/>	Aug	8	04
<input type="checkbox"/>	<input type="checkbox"/>	Sept	9	04
<input type="checkbox"/>	<input type="checkbox"/>	Oct	10	04
<input type="checkbox"/>	<input type="checkbox"/>	Nov	11	04
<input type="checkbox"/>	<input type="checkbox"/>	Dec	12	04

Time of Accident (Military Time)	
HR	MIN
1	9
0	9

Total Number	
UNITS	EST-REH-NEL-SD
0	4
0	1
0	0
0	0

- Hit & Run  Unit #
- Government Property
- Fire (Narrative)
- Photos Taken (Narrative)
- Trailer or Towed (Narrative)
- Truck or Bus (Last Page)
- Load Spillage
- Construction Zone
- Names Exchanged

Sheet No. OF  
12

**ACCIDENT LOCATION**

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

Police No. DIST 2

Please Do Not Write in This Microfilm Space

Accident No. 7122586

Location 1424 W. Howard Ave. at S. 9th Pl. DEC 1 4 2004

LATITUDE (GPS) Degrees: Minutes: Seconds: <b>ON</b> Hwy No. and Street Name <b>W. OMAHA AVE.</b>				LONGITUDE (GPS) Degrees: Minutes: Seconds: <b>FROM/AT</b> Hwy No. and Street Name <b>S. 9TH PLACE</b>			
House # <input type="checkbox"/> Fire # <input type="checkbox"/> Other <input type="checkbox"/> Utility # <input type="checkbox"/> Railroad # <input type="checkbox"/>				Agency Space <input type="checkbox"/> Special Study <input type="checkbox"/>			
Unit Number <input type="checkbox"/>		Unit Type <input type="checkbox"/>		Total Number of Occupants <input type="checkbox"/>		Direction of Travel (Before the Accident) <input type="checkbox"/>	
Operator Last Name <b>FIGUEROA</b> First <b>Noel</b> M.I. <b>(NMI)</b>		Operator Last Name <b>Ramirez</b> First <b>Mary</b> M.I. <b>L.</b>		Address Street & Number <b>2151 S. MOUND ST</b>		Address Street & Number <b>3403 S. 10th ST</b>	
City & State <b>MILWAUKEE, WI</b> ZIP <b>53207</b> Phone Number <b>(414) 487-7403</b>		City & State <b>Milwaukee WI</b> ZIP <b>53215</b> Phone Number <b>(414) 744-8447</b>		Driver's License Number <b>E260-6206-9863-04</b> State <b>WI</b> Exp. Year <b>2012</b>		Driver's License Number <b>B562-5926-2910-06</b> State <b>WI</b> Exp. Year <b>2009</b>	
Date of Birth <b>07-23-69</b> Sex <input type="checkbox"/> Operating <input type="checkbox"/> Class (Mark Only One) <input type="checkbox"/> Endorse (Mark All That Apply) <input type="checkbox"/>		Date of Birth <b>11-10-62</b> Sex <input type="checkbox"/> Operating <input type="checkbox"/> Class (Mark Only One) <input type="checkbox"/> Endorse (Mark All That Apply) <input type="checkbox"/>		On Duty <input type="checkbox"/> Accident <input type="checkbox"/>		On Duty <input type="checkbox"/> Accident <input type="checkbox"/>	
SEAT Position <input type="checkbox"/> SAFETY Equipment <input type="checkbox"/>		AIRBAG <input type="checkbox"/> EJECTED <input type="checkbox"/>		SEAT Position <input type="checkbox"/> SAFETY Equipment <input type="checkbox"/>		AIRBAG <input type="checkbox"/> EJECTED <input type="checkbox"/>	
TRAPPED/EXTRICATED <input type="checkbox"/>		TRAPPED/EXTRICATED <input type="checkbox"/>		TRAPPED/EXTRICATED <input type="checkbox"/>		TRAPPED/EXTRICATED <input type="checkbox"/>	
Vehicle Owner Last Name <b>RODRIGUEZ</b> First <b>Blanca</b> M.I. <b>A.</b>		Vehicle Owner Last Name <b>Ramirez</b> First <b>Vanessa</b> M.I. <b>(NMI)</b>		Street Address <b>1424 W. HOWARD AVE</b>		Street Address <b>3403 S. 10th ST</b>	
City & State <b>MILWAUKEE WI</b> ZIP <b>53221</b> Phone Number <b>(414) 383-2867</b>		City & State <b>MILWAUKEE, WI</b> ZIP <b>53215</b> Phone Number <b>(414) 744-8447</b>		Year of Vehicle <b>1995</b> Make <b>CHEV</b> Model <b>ASTRO</b> Body Style <b>VAN</b> Color <b>WH</b>		Year of Vehicle <b>2001</b> Make <b>DAEWOO</b> Model <b>LEERNA</b> Body Style <b>4DR</b> Color <b>SIL</b>	
Vehicle ID Number <b>1GBDM19W25B1Z1803</b>		Vehicle ID Number <b>KLAVB6211B301042</b>		License Plate Number <b>398-GRH</b> Plate Type <b>AUT</b> State <b>WI</b> Exp. Year <b>04</b>		License Plate Number <b>559-GYP</b> Plate Type <b>AUT</b> State <b>WI</b> Exp. Year <b>05</b>	
Policy Holder's Name <b>No Ins</b> Stat. # <b>64</b>		Policy Holder's Name <b>No Ins</b> Stat. # <b>64</b>		Liability Insurance Company <b>No Ins</b> Stat. # <b>64</b>		Liability Insurance Company <b>No Ins</b> Stat. # <b>64</b>	
Occupant Unit Number <b>05</b> NAME Last <b>FIGUEROA</b> First <b>Noel</b> M.I. <b>(NMI)</b>		Date of Birth <b>07-23-69</b> Sex <input type="checkbox"/>		SEAT Position <input type="checkbox"/> SAFETY Equipment <input type="checkbox"/>		AIRBAG <input type="checkbox"/>	
ADDRESS Street & Number <b>1424 W. HOWARD AVE</b> City & State <b>MILWAUKEE, WI</b> ZIP <b>53221</b>		ADDRESS Street & Number <b>3403 S. 10th ST</b> City & State <b>MILWAUKEE, WI</b> ZIP <b>53215</b>		Address Same as Operator <input type="checkbox"/>		EJECTED <input type="checkbox"/>	
Address Same as Operator <input type="checkbox"/>		EJECTED <input type="checkbox"/>		TRAPPED/EXTRICATED <input type="checkbox"/>		Medical Transport <input type="checkbox"/>	
MV4000 899		Agency Space <b>MAR 10 2005</b>		EMS Number <b>7122586</b>			



Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number			City & State	ZIP	K N A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected	3 Totally Ejected 4 Partially Ejected 5 Unknown	TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped	3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport	Agency Space	Y N		

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1 2 3 4 5 6 7 8 9 10	ADDRESS Street & Number			City & State	ZIP	K N A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator Yes No	EJECTED 1 Not Applicable 2 Not Ejected	3 Totally Ejected 4 Partially Ejected 5 Unknown	TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped	3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown	Medical Transport	Agency Space	Y N		

### Type of Accident

First Harmful Event 90  
Most Harmful Event

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

(select one per vehicle)

**Collision With Object Not Fixed**

1 Motor Vehicle in Transport	2 Parked Motor Vehicle	3 Deer	4 Pedalcycle	5 Pedestrian	6 Railway Train	7 Other Animal	8 Motor Vehicle in Transport In Other Roadway	9 Other Object (Not Fixed)
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**Collision With Fixed Object**

10 Traffic Sign Post	11 Traffic Signal	12 Utility Pole	13 Lum. Light Support	14 Other Post	15 Tree	16 Mailbox	17 Guardrail Face	18 Guardrail End	19 Median Barrier	20 Bridge Parapet End	21 Bridge/Pier/Abut.	22 Impact Attenuator	23 Overhead Sign Post	24 Bridge Rail	25 Culvert	26 Ditch	27 Cutb	28 Embankment	29 Fence	30 Other Fixed Object	31 Unknown
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**Non-Collision**

32 Overturn	33 Fire/Explosion	34 Immersion	35 Jackknife	36 Other Non-Collision
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### Driver Condition

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

**Driver Factors (Or Pedestrians)**

1 Appeared Normal	2 Reduced Alertness	3 Ability Impaired	4 Not Observed
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**Presence**

1 Neither Alcohol nor Drugs Present

2 Yes—Alcohol Present

3 Yes—Drugs Present

4 Yes—Alcohol & Drugs Present

5 Unknown

**Alcohol**

AG Value: [ ] AG Value: [ ]

1 Test Not Given

2 Test Refused

3 Test Given, Alcohol Unknown

4 Test Given, No Alcohol Reported

**Drugs**

1 Test Not Given

2 Test Refused

3 Test Given, Drugs Unknown

4 Test Given, No Drugs Reported

5 Drugs Reported (Specify Below)

6 Marijuana

7 Cocaine

8 Opiates

9 Amphetamines

10 PCP

11 Other Drug Medication

12 Type Unknown

Unit # 2 3 4 5 6 7 8 9 10

**Pedestrian**

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

**Manner of Collision**

1 No Collision with Motor Vehicle in Transport

2 Rear-end

3 Head On

4 Rear to Rear

5 Angle

6 Sideswipe, Same Direction

7 Sideswipe, Opposite Direction

8 Unknown

Unit # 1 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

1 None

2 Undercarriage

3 Total (Damage to All Areas)

4 Other

5 Unknown

**Extent of Damage**

1 None

2 Very Minor

3 Minor

4 Moderate

5 Severe

6 Very Severe

7 Unknown

Vehicle Towed Due to Damage: [ ]

Vehicle Removed By: **HALVE**

Unit # 1 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

1 None

2 Undercarriage

3 Total (Damage to All Areas)

4 Other

5 Unknown

**Extent of Damage**

1 None

2 Very Minor

3 Minor

4 Moderate

5 Severe

6 Very Severe

7 Unknown

Vehicle Towed Due to Damage: [ ]

Vehicle Removed By: **JERRY'S TOWING**

Fixed Object Struck

Unit #	Unit #	Unit #	Unit #

Govt. Damage Tag # [ ]

PROPERTY Owner: [ ] First: [ ] M.I.: [ ]

ADDRESS: Street & Number [ ]

City & State [ ] ZIP [ ] Phone Number ( [ ] ) [ ]

Draw Diagram of Accident & Indicate North with an arrow in the circle.

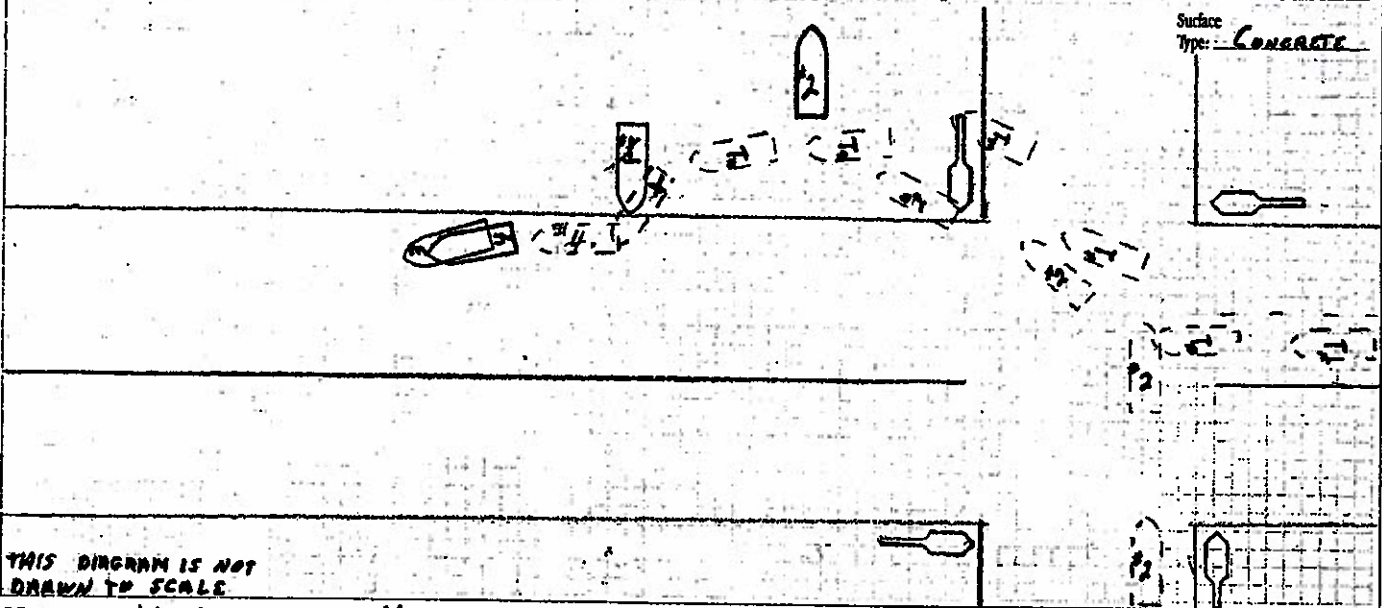


# Pictorial Representation of Narrative

Supplemental Reports  Witness Statements  Measurements Taken

Skidmarks to Impact  
Unit 1: 0 FEET Unit 2: 0

Surface Type: CONCRETE



THIS DIAGRAM IS NOT DRAWN TO SCALE

**N** UNIT #1 WAS TRAVELING N/A ON W. OKLAHOMA AVE.  
**A** UNIT #2 WAS TRAVELING N/A ON S. 9<sup>TH</sup> PLACE  
**R** UNIT #3 WAS ILLEGALLY PARKED FORWARD N/A AT 950 W. OKLAHOMA AVE  
**R** UNIT #4 WAS ILLEGALLY PARKED FORWARD N/A AT 950 W. OKLAHOMA AVE.  
**A** UNIT #1 COLLIDED WITH UNIT #2 IN INTERSECTION AND PUSHED UNIT #2  
**T** OUT OF INTERSECTION. UNIT #1 THEN COLLIDED WITH UNIT #4 PUSHING  
**I** UNIT #4 OVER UNIT #3. UNIT #4 CAME TO FINAL REST ON TOP  
**V** OF UNIT #3.  
**E**

Photos By: 105

## What Drivers Were Doing

Unit Number	Unit Number
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15
<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20
<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25
<input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	<input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30
<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35	<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35
<input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40	<input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40
<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45	<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45
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<input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55	<input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55
<input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60	<input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60
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<input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70	<input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70
<input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75	<input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75
<input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80	<input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80
<input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85	<input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85
<input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90	<input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90
<input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95	<input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95
<input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100	<input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100

WITNESS Last Name	First	MI
ADDRESS Street & Number	Date of Birth	
City & State	ZIP	
Phone Number	Area Code	

**ACCESS CONTROL** 112

No Control (Unlimited Access)  
 Full Control (Only Ramp Entry/Exit)  
 Partial Control

**ROAD TERRAIN** 113

Part A  
 Straight  
 Curve

Part B  
 Level/Flat  
 Hill

**LIGHT CONDITION** 114

Daylight  
 Dark-Not Lighted  
 Dark-Lighted  
 Dawn  
 Dusk  
 Unknown

**TRAFFIC WAY** 115

Not Physically Divided (2-Way Traffic)  
 Divided Highway, Median Strip, without Traffic Barrier  
 Divided Highway, Median Strip, with Traffic Barrier  
 One-Way Traffic  
 Parking Lot or Private Property

**ROAD SURFACE CONDITION** 116

Dry  
 Wet  
 Snow/Slush  
 Ice  
 Sand, Mud, Dirt, Oil  
 Other  
 Unknown

**WEATHER** 118

Clear  
 Cloudy  
 Rain  
 Snow  
 Fog, Smog, Smoke  
 Sleet, Hail (Freezing Rain or Drizzle)  
 Blowing Sand, Soil, Dirt, Snow  
 Severe Crosswinds  
 Other  
 Unknown

**RELATION TO ROADWAY** 117

On Roadway  
 Parking Lot or Private Property  
 Shoulder (Other Than Shoulder within Median or Gore)  
 Median (Other Than Median within Gore)  
 Outside Shoulder-Left  
 Outside Shoulder-Right  
 Off Roadway-Location Unknown  
 Gore (Area between Ramp & Highway)  
 On Ramp  
 Unknown

## Traffic Control

Unit Number	Unit Number
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15
<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20
<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25
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<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35	<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35
<input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40	<input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40
<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45	<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45
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<input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60	<input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60
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<input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75	<input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75
<input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80	<input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80
<input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85	<input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85
<input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90	<input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90
<input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95	<input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95
<input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100	<input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100



7122586

Document Number Override

### Officer's Opinion of Possible Contributing Circumstances

**Driver Factors**

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14

N/A N/A

- 1 Exceeding Speed Limit
- 2 Speed Too Fast/Condition
- 3 Fail to Yield Right of Way
- 4 Inattentive Driving
- 5 Following Too Close
- 6 Improper Turn
- 7 Left of Center
- 8 Disregarded Traffic Control
- 9 Improper Overtaking
- 10 Unsafe Backing
- 11 Failure to Have Control
- 12 Driver Condition
- 13 Physically Disabled
- 14 Other

**Vehicle Factors**

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12

N/A N/A

- 1 Brake System
- 2 Tires
- 3 Steering System
- 4 Turn Signals
- 5 Head Lamps
- 6 Stop Lamps
- 7 Tail Lamps
- 8 Disabled in Prior Accident
- 9 Other Disabled
- 10 Mirrors
- 11 Suspension System
- 12 Other

**Highway Factors**

Unit Number	Unit Number
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14

N/A N/A

- 1 Snow, Ice or Wet
- 2 Narrow Shoulder
- 3 Low Shoulder
- 4 Soft Shoulder
- 5 Loose Gravel
- 6 Rough Pavement
- 7 Debris From Prior Accident
- 8 Other Debris
- 9 Sign Obscured or Missing
- 10 Narrow Bridge
- 11 Construction Zone
- 12 Visibility Obscured
- 13 Other

#### OFFICER INFORMATION

Last **MAUSER** First **LARRY** M.I. **A.**

Law Enforcement Agency Address  
**749 W. STATE ST**

City & State **MILWAUKEE, WI** ZIP **53233**

Phone Number **(414) 935-7212**

Agency # **29** Enforcement Agency **MILWAUKEE POLICE** Officer ID # **65257**

Date Notified			Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report		
MONTH	DAY	YEAR	HOUR	MIN.	HOUR	MIN.	MONTH	DAY	YEAR
Jan			6	18	1	25	Jan	19	04
Feb	14	04					Feb		
Mar							Mar		
Apr	1	04					Apr		
May							May		
June							June		
July							July		
Aug							Aug		
Sept							Sept		
Oct							Oct		
Nov							Nov		
Dec							Dec		

#### Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: **Did the accident involve...**

**Part A**

- A truck with at least two axles and six tires?
- A truck with a hazardous materials placard?
- A bus designed to carry 16 or more persons, including the driver?

**STOP!** If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

**Part B**

- Any person who was fatally injured?
- Any injured person who required transport for immediate medical treatment?
- One or more vehicles that had to be towed from the scene as a result of the accident?

**STOP!** If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

**Hazardous Material Information**

- Hazardous Material Class Numbers (1-2digit):
- Hazardous Material "UN" Numbers (4 digit):
- Hazardous Material Placard Displayed?
- Hazardous Cargo was Released?

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

**Carrier Information**

- Interstate Carrier?
- Carrier Name:

**Carrier Identification Numbers**

US DOT  LC

ICC MC  IC

Carrier Address

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

**Vehicle Information**

Gross Vehicle Weight Rating  LBS Total # of Axles

**Vehicle Configuration**

1 Bus  2 Single unit truck + 3 axles  3 Truck/Tractor  4 Tractor/Double  5 Unknown Heavy Truck

6 Single unit truck 2 axles, 6 tires  7 Truck/Tractor  8 Tractor/Single-Trailer  9 Tractor/Double  10 Tractor/Trailers  11 Log Truck

**SEQUENCE OF EVENTS FOR THIS VEHICLE**

1 Ran off Road  2 Collision Involving Motor Vehicle in Transp.

3 Jackknife  4 Collision Involving Parked Motor Vehicle

5 Overturn (Rollover)  6 Collision Involving Train

7 Downhill Runaway  7 Collision Involving Pedalcycle

8 Cargo Loss or Shift  8 Collision Involving Animal

9 Explosion or Fire  9 Collision Involving Fixed Object

10 Separation of Units  10 Collision Involving Other Object

11 Collision Involving Pedestrian  11 Other

**Cargo Body Type**

1 Bus  2 Concrete Mixer

3 Van-Enclosed box  4 Auto Transporter

5 Carga Tank  6 Garbage Refuse

7 Flatbed  8 Other

9 Dump  10 Log Truck

MAR 10 2005

Printed in U.S.A. GS03 855321 9557108 S

Amended Document On Emergency

7122587

Document Number Override 7122586

Wisconsin Motor Vehicle Accident Report

Police No. 01873

INSTRUCTIONS Please use a Black Ink Pen or #2 Pencil. Mark Areas as shown: Correct Mark Incorrect Marks

County: 40 MUN/TWP: 57 Accident Date: MONTH DAY YEAR 1 14 04

Time of Accident (Military Time) HOUR MIN 1 19 09

Total Number UNITS INJURED KILLED 04 01 00

Hit & Run Government Property Fire (Narrative) Photos Taken (Narrative) Trailer or Towed (Narrative) Truck or Bus (Last Page) Load Spillage Construction Zone Names Exchanged

Unit # Sheet No. Of 22

Reportable Accident

ACCIDENT LOCATION Public Highway, Intersection/Related Public Highway, Non-Intersection Parking Lot Private Property or Road

Please Do Not Write In This Microfilm Space

Accident No. 7122586

DEC 14 2004

Location W. Oklahoma Ave. S. 9th Pl.

Main form containing vehicle details, driver information, accident location, and insurance data. Includes fields for Latitude/Longitude, Unit Number, Operator Name, Vehicle Description, and Insurance Company.

MAR 10 2005

EMR Number



Occupant Unit Number	NAME		First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	Last	First								
1 2 3 4 5 6 7 8 9 10	ADDRESS - Street & Number		City & State		ZIP		X N A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator Yes <input type="checkbox"/> No <input type="checkbox"/>	EJECTED 1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown		Medical Transport <input type="checkbox"/>	Agency Space <input type="checkbox"/>		

Occupant Unit Number	NAME		First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
	Last	First								
1 2 3 4 5 6 7 8 9 10	ADDRESS - Street & Number		City & State		ZIP		X N A B C			1 Deployed 2 Non Deployed 3 Not Applicable 4 Unknown
Address Same as Operator Yes <input type="checkbox"/> No <input type="checkbox"/>	EJECTED 1 Not Applicable 2 Not Ejected		3 Totally Ejected 4 Partially Ejected 5 Unknown		TRAPPED/EXTRICATED 1 Not Applicable 2 Not Trapped 3 Trapped/Extricated 4 Trapped/Not Extricated 5 Unknown		Medical Transport <input type="checkbox"/>	Agency Space <input type="checkbox"/>		

### Type of Accident

First Harmful Event  Most Harmful Event

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

(select one per vehicle)

**Collision With Object Not Fixed**

1 Motor Vehicle in Transport	2 Parked Motor Vehicle	3 Deer	4 Pedalcycle	5 Pedestrian	6 Railway Train	7 Other Animal	8 Motor Vehicle in Transport In Other Roadway	9 Other Object (Not Fixed)
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**Collision With Fixed Object**

10 Traffic Sign Post	11 Traffic Signal	12 Utility Pole	13 Lum. Light Support	14 Other Post	15 Tree	16 Mailbox	17 Guardrail Face	18 Guardrail End	19 Median Barrier	20 Bridge Parapet End	21 Bridge/Pier/Abut.	22 Impact Attenuator	23 Overhead Sign Post	24 Bridge Rail	25 Culvert	26 Ditch	27 Curb	28 Embankment	29 Fence	30 Other Fixed Object	31 Unknown
----------------------	-------------------	-----------------	-----------------------	---------------	---------	------------	-------------------	------------------	-------------------	-----------------------	----------------------	----------------------	-----------------------	----------------	------------	----------	---------	---------------	----------	-----------------------	------------

**Non-Collision**

32 Overturn	33 Fire/Explosion	34 Immersion	35 Jackknife	36 Other Non-Collision
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### Driver Condition

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

**Driver Factors (Or Pedestrians)**

1 Appeared Normal	2 Reduced Alertness	3 Ability Impaired	4 Not Observed
-------------------	---------------------	--------------------	----------------

**Presence**

1 Neither Alcohol nor Drugs Present

2 Yes—Alcohol Present

3 Yes—Drugs Present

4 Yes—Alcohol & Drugs Present

5 Unknown

**Alcohol**

AC Value  AC Value

1 Test Not Given

2 Test Refused

3 Test Given, Alcohol Unknown

4 Test Given, No Alcohol Reported

**Drugs**

1 Test Not Given

2 Test Refused

3 Test Given, Drugs Unknown

4 Test Given, No Drugs Reported

5 Drugs Reported (Specify Below)

19 Marijuana	20 Cocaine	21 Opiates	22 Amphetamines	23 PCP	24 Other Drug Medication	25 Type Unknown
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Unit # 1 2 3 4 5 6 7 8 9 10

**Pedestrian**

Location	Action
1 In Crosswalk	1 Walking not Facing Traffic
2 In Roadway	2 Disregarded Signal
3 Not in Roadway	3 Darting into Road
4 On Sidewalk	4 Dark Clothing
	5 Walking Facing Traffic

**Manner of Collision**

1 No Collision with Motor Vehicle in Transport

2 Rear-end

3 Head On

4 Rear to Rear

5 Angle

6 Sideswipe, Same Direction

7 Sideswipe, Opposite Direction

8 Unknown

Unit # 1 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

1 None

2 Undercarriage

3 Total (Damage to All Areas)

4 Other

5 Unknown

**Extent of Damage**

1 None

2 Very Minor

3 Minor

4 Moderate

5 Severe

6 Very Severe

7 Unknown

Vehicle Towed Due to Damage

Vehicle Removed By: **DRIVER**

Unit # 1 2 3 4 5 6 7 8 9 10

**Darken Numbered Area(s) of Vehicle Damage**

1 None

2 Undercarriage

3 Total (Damage to All Areas)

4 Other

5 Unknown

**Extent of Damage**

1 None

2 Very Minor

3 Minor

4 Moderate

5 Severe

6 Very Severe

7 Unknown

Vehicle Towed Due to Damage

Vehicle Removed By: **DRIVER**

**Fixed Object Struck**

Unit #	Unit #	Unit #	Unit #

PROPERTY OWNER Last First M.I.

ADDRESS Street & Number

City & State ZIP Phone Number

Govt. Damage Tag # 81

Draw Diagram of Accident & Indicate Noah with an arrow in the circle.



# Pictorial Representation of Narrative

Supplemental Reports  Y  N | Witness Statements  Y  N | Measurements Taken  Y  N

Skidmarks to Impact  
Unit 1:  FEET Unit 2:

Surface Type: \_\_\_\_\_

See Page 1 of 2

N  
A  
R  
R  
A  
T  
I  
V  
E

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Photos By: \_\_\_\_\_

What Drivers Were Doing	
Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 11
<input type="checkbox"/> 2	<input type="checkbox"/> 12
<input type="checkbox"/> 3	<input type="checkbox"/> 13
<input type="checkbox"/> 4	<input type="checkbox"/> 14
<input type="checkbox"/> 5	<input type="checkbox"/> 15
<input type="checkbox"/> 6	<input type="checkbox"/> 16
<input type="checkbox"/> 7	<input type="checkbox"/> 17
<input type="checkbox"/> 8	<input type="checkbox"/> 18
<input type="checkbox"/> 9	<input type="checkbox"/> 19
<input type="checkbox"/> 10	<input type="checkbox"/> 20
<input type="checkbox"/> 11	<input type="checkbox"/> 21
<input type="checkbox"/> 12	<input type="checkbox"/> 22
<input type="checkbox"/> 13	<input type="checkbox"/> 23
<input type="checkbox"/> 14	<input type="checkbox"/> 24
<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> 16	<input type="checkbox"/> 26
<input type="checkbox"/> 17	<input type="checkbox"/> 27
<input type="checkbox"/> 18	<input type="checkbox"/> 28
<input type="checkbox"/> 19	<input type="checkbox"/> 29
<input type="checkbox"/> 20	<input type="checkbox"/> 30

WITNESS Last Name: _____	First Name: _____	M.I.: _____
ADDRESS - Street & Number: _____	Date of Birth: _____	
City & State: _____	ZIP: _____	Phone Number: (____) _____-____

**ACCESS CONTROL**

No Control (Unlimited Access)

Full Control (Only Ramp Entry/Exit)

Partial Control

**ROAD TERRAIN**

Part A

Straight

Curve

Part B

Level/Flat

Hill

**LIGHT CONDITION**

Daylight

Dark - Not Lighted

Dark - Lighted

Dawn

Dusk

Unknown

**TRAFFIC WAY**

Not Physically Divided (2-Way Traffic)

Divided Highway, Median Strip, without Traffic Barrier

Divided Highway, Median Strip, with Traffic Barrier

One-Way Traffic

Parking Lot or Private Property

**ROAD SURFACE CONDITION**

Dry

Wet

Snow/Slush

Ice

Sand, Mud, Dirt, Oil

Other

Unknown

**WEATHER**

Clear

Cloudy

Rain

Snow

Fog, Smog, Smoke

Sleet, Hail

Freezing Rain or Drizzle

Blowing Sand, Soil, Dirt, Snow

Severe Crosswinds

Other

Unknown

**RELATION TO ROADWAY**

On Roadway

Parking Lot or Private Property

Shoulder (Other Than Shoulder within Median or Gore)

Median (Other Than Median within Gore)

Outside Shoulder - Left

Outside Shoulder - Right

Off Roadway - Location Unknown

On Ramp

Gore (Area between Ramp & Highway)

Unknown

Traffic Control	
Unit Number	Unit Number
<input type="checkbox"/> 1	<input type="checkbox"/> 11
<input type="checkbox"/> 2	<input type="checkbox"/> 12
<input type="checkbox"/> 3	<input type="checkbox"/> 13
<input type="checkbox"/> 4	<input type="checkbox"/> 14
<input type="checkbox"/> 5	<input type="checkbox"/> 15
<input type="checkbox"/> 6	<input type="checkbox"/> 16
<input type="checkbox"/> 7	<input type="checkbox"/> 17
<input type="checkbox"/> 8	<input type="checkbox"/> 18
<input type="checkbox"/> 9	<input type="checkbox"/> 19
<input type="checkbox"/> 10	<input type="checkbox"/> 20
<input type="checkbox"/> 11	<input type="checkbox"/> 21
<input type="checkbox"/> 12	<input type="checkbox"/> 22
<input type="checkbox"/> 13	<input type="checkbox"/> 23
<input type="checkbox"/> 14	<input type="checkbox"/> 24
<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> 16	<input type="checkbox"/> 26
<input type="checkbox"/> 17	<input type="checkbox"/> 27
<input type="checkbox"/> 18	<input type="checkbox"/> 28
<input type="checkbox"/> 19	<input type="checkbox"/> 29
<input type="checkbox"/> 20	<input type="checkbox"/> 30



7122587

Document Number Override  
7122586

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input type="radio"/> N/A	<input type="radio"/> N/A
1 Exceeding Speed Limit	11 Disregarded Traffic Control
2 Speed Too Fast/Condition	12 Improper Overtaking
3 Fail to Yield Right of Way	13 Unsafe Backing
4 Inattentive Driving	14 Failure to Have Control
5 Following Too Close	15 Driver Condition
6 Improper Turn	16 Physically Disabled
7 Left of Center	17 Other

### Vehicle Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input type="radio"/> N/A	<input type="radio"/> N/A
1 Brake System	11 Tires
2 Steering System	12 Turn Signals
3 Head Lamps	13 Stop Lamps
4 Tail Lamps	14 Disabled in Prior Accident
5 Mirrors	15 Other Disabled
6 Suspension System	16 Other

### Highway Factors

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input type="radio"/> N/A	<input type="radio"/> N/A
1 Snow, Ice or Wet	11 Narrow Shoulder
2 Low Shoulder	12 Soft Shoulder
3 Loose Gravel	13 Rough Pavement
4 Debris From Prior Accident	14 Other Debris
5 Sign Obscured or Missing	15 Narrow Bridge
6 Construction Zone	16 Visibility Obscured
7 Other	17 Other

### OFFICER INFORMATION

Last: MAUSER	First: LARRY	M.I.: A.
Law Enforcement Agency Address: 749 W. STATE ST		
City & State: MILWAUKEE, WI		
ZIP: 53233		
Phone Number: 414 935-7212		
Agency #: 29	Enforcement Agency: MILWAUKEE POLICE	Officer ID #: 65257

Date Notified	Time Notified (Military Time)	Time Arrived (Military Time)	Date of Report
MONTH: Feb 4 DAY: 04 YEAR: 04	HOUR: 19 MIN: 18	HOUR: 19 MIN: 25	MONTH: Feb DAY: 04 YEAR: 04

## Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

### Part A

When To Use This Section: Did the accident involve... 136

A truck with at least two axles and six tires?  YES  NO

A truck with a hazardous materials placard?  YES  NO

A bus designed to carry 16 or more persons, including the driver?  YES  NO

**STOP!** If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

### Part B

Any person who was fatally injured?  YES  NO

Any injured person who required transport for immediate medical treatment?  YES  NO

One or more vehicles that had to be towed from the scene as a result of the accident?  YES  NO

**STOP!** If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

### Hazardous Material Information

147 Hazardous Material Class Numbers (1-2 digit):

Hazardous Material "UN" Numbers (4 digit):

Hazardous Material Placard Displayed?  YES  NO

Hazardous Cargo was Released?  YES  NO

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

### Carrier Information

Carrier Identification Numbers

US DOT: 140 LG

ICC MC: IC

Carrier Address:

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

### Vehicle Information

Gross Vehicle Weight Rating: 145 LBS

Total # of Axles: 4

#### Vehicle Configuration

1 Single unit truck, 2 axles, 6 tires

2 Single unit truck + 3 axles

3 Truck/Trailer

4 Truck/Semi-Trailer

5 Tractor/Trailer

6 Tractor/Trailer

7 Unknown Heavy Truck

8 Log Truck

#### SEQUENCE OF EVENTS FOR THIS VEHICLE

(Mark a total of one to four events in the order that they occurred.)

1 Ran off Road

2 Collision Involving Motor Vehicle in Transp.

3 Jackknife

4 Collision Involving Parked Motor Vehicle

5 Overtum (Rollover)

6 Collision Involving Train

7 Downhill Runaway

8 Collision Involving Pedalcycle

9 Cargo Loss or Shift

10 Collision Involving Animal

11 Explosion or Fire

12 Collision Involving Fixed Object

13 Separation of Units

14 Collision Involving Other Object

15 Collision Involving Pedestrian

16 Other

#### Cargo Body Type

1 Bar

2 Concrete Mixer

3 Van/Truck box

4 Auto Transporter

5 Cargo Tank

6 Garbage/Refuse

7 Flatbed

8 Other

9 Dump

10 Log Truck

MAR 10 2005

Printed in U.S.A. 6503 65A321 Mark Refuse by MCS 6887106-8

PO-15A 3/98 SUPPLEMENTAL REPORT MILWAUKEE POLICE DEPARTMENT	<input type="checkbox"/> INCIDENT SUPPLEMENT <input checked="" type="checkbox"/> ACCIDENT SUPPLEMENT <input type="checkbox"/> JUVENILE SUPPLEMENT	PAGE 1 OF 1	DATE OF REPORT 12-19-04	INCIDENT/ACCIDENT # 71225867
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INCIDENT INFORMATION	INCIDENT Personal Injury Accident	DATE OF INCIDENT/ACCIDENT 12-14-04			
	VICTIM Mary L. Ramirez	LOCATION OF INCIDENT/ACCIDENT S. 9 <sup>th</sup> Place at W. Oklahoma Ave			
JUVENILE LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	<input type="checkbox"/> DETAINED <input type="checkbox"/> ORDERED TO MCCC <input type="checkbox"/> OTHER	DIST. # 2

QUANTITY	TYPE OF PROPERTY	DESCRIPTION	SERIAL #	CODE #	VALUE
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This report was written by PO Larry A. Mauser, assigned to PSD-Cycles, Early Shift, Squad 861.

On Tuesday, 12-14-04, at 7:18 pm, I was dispatched to a PI accident at S. 9<sup>th</sup> & W. Oklahoma Ave involving multiple vehicles.

Upon arrival, I noted there was a Bell ambulance on scene. There were also 4 vehicles involved. Unit #1 was on the sidewalk west of S. 9<sup>th</sup> St at 950 W. Oklahoma Ave facing S/B. Unit #2 was on the sidewalk at 938 W. Oklahoma Ave facing N/B. Units #3 & #4 were at 952 W. Oklahoma Ave both facing SW/B, with unit #4 on top of unit#3.

First I spoke to the driver of Unit #2 in the back of Bell 424, Mary L. Ramirez. She stated that she was going N/B on S. 9<sup>th</sup> Place and had stopped for the red light at W. Oklahoma Ave. When the light turned green she proceeded into the intersection. She then saw Unit #1 coming W/B on Oklahoma and he wasn't stopping. She stated that he collided with her auto in the middle of the intersection and pushed her up on to the sidewalk across the street before he hit the parked cars.

Next I spoke to the driver of Unit #1, Noel (NMI) Figueroa. He stated that he was W/B on W. Oklahoma Ave. He saw the light turn yellow, but thought he would make it thru the intersection before it turned red. He said he didn't see the car in the intersection until they collided. Then the accelerator stuck and he wasn't able to stop the van until after it struck the parked vehicle. Figueroa's vehicle struck Unit #4 with sufficient force to cause it to come to final rest on top of Unit #3 which was parked in front of Unit #4. Figueroa stated that he was not injured, and refused medical assistance.

Next I spoke to the operators of the legally parked vehicles. For Unit #3, Maricela (NMI) Martinez stated she heard the crash, but did not see the accident. For Unit #4, Daniela A. Fernandez stated she heard the crash, but was looking the wrong way to see the accident. Note: There were no occupants in Units #3 & #4 at the time of the accident, both were parked facing W/B.

The driver of unit #2 was the only person at the scene to complain of injury. Mary L. Ramirez was conveyed to St. Lukes Hospital via Bell ambulance 424. She was admitted at 7:50 pm and was treated and released by Dr. Robey for neck pain and right knee pain.

REPORTING OFFICER Larry A. Mauser	<i>Larry A. Mauser</i>	SUPERVISORS SIGNATURE
Payroll 65257	Loc Code 29	



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Detailed History for Police Call #043490976 As of 5/17/2005 15:14:47

Priority:2 Type:1301 - ACC PI  
 Location:956 W OKLAHOMA AV  
 LocCross:btwn S 9TH PL and S 10TH ST

Created:	12/14/2004 19:12:58	PT12	NMALCO
Entered:	12/14/2004 19:13:19	PT12	NMALCO
Dispatch:	12/14/2004 19:17:37	PD01	JMANTH
Enroute:	12/14/2004 19:17:37	PD01	JMANTH
Onscene:	12/14/2004 19:25:26	M086	LMAUSE
Closed:	12/14/2004 22:53:31	PD01	JMANTH

PrimeUnit:861 Dispo:C18 Type:1301 - ACC PI  
 Name:MARY PABELICK Phone:(414) 483-1785 RAddr:  
 Agency:MWPD DAREA:D2 Squad Area:2D RptDist:6397  Detail

19:12:58 CREATE Location:S 9TH PL / W OKLAHOMA AV Type:1301  
 DAREA:D2 RptDist:6396 TypeDesc:ACC PI LocDesc: < 3000/  
 900> Priority:2 Response:1PO Agency:MWPD  
 E911Phne:414/483-1785 E911Pilot:483-1785 E911Add:953  
 W OKLAHOMA AV E911Subs:PABELICK TIMOTHY L  
 E911Src:RESD LocType:H

19:13:19 ENTRY

19:13:19 -PREMIS Comment:PPR

19:13:35 INFO Location:S 9TH PL / W OKLAHOMA AV LocDesc: < 3000/  
 900> Comment:RQST SQD TO ABOV LOC FOR 3 VECH  
 INVOLVED IN ACCIDENT AT ABOV LOC, NFI

19:13:46 CLARFY Comment:PER CLLR STS MAJOR ACCIDENT / 3 CARS ..  
 ONE OF THEM HAS SLID UNDERNEATH ANOTHER  
 ONE /

19:14:36 CLARFY Name:None-->MARY PABELICK Phone:None-->(414) 483-  
 1785 Comment:MFD RESPONDING / NFI

19:14:37 NOMORE

19:15:45 SELECT

19:16:05 HOLD

19:17:37 DISPER 861 Operator:LMAUSE OperNames:MAUSER, LARRY A

19:17:37 -PRIU 861

19:17:42 COMBIN Service:P Call:#043490978 Type:1301 Agency:MWPD

19:19:17 BACKER 21E UnitID:861 Operator:JCOOMB JBUNKE  
 OperNames:COOMBS, JOSEPH P BUNKER, JAMES E

19:23:12 CLOS 21E Location:S 9TH PL / W OKLAHOMA AV

Comment:BLOCKING W/ B -- CORRECT LOC IS 956 W  
 OK  
 19:23:32 CHANGE Location:S 9TH PL / W OKLAHOMA AV-->956 W  
 OKLAHOMA AV Type:1301-->1301 RptDist:6396-->6397  
 Comment:CORRECT LOC  
 19:23:32 -PREMIS Comment:(none)  
 19:24:06 LOGM 21E Message:04120A029603000437 Received:12/14/2004  
 19:22:43 Comment:10-76  
 19:25:26 \*ONSCN 861  
 19:27:01 CHGLOC 861 Location:956 W OKLAHOMA AV  
 Comment:CORRECT LOC  
 19:44:27 CONTCT 21E ContactTime:45  
 19:54:06 BACKER 282E UnitID:21E Location:S 9TH ST / W OKLAHOMA AV  
 Operator:MGRAUB OperNames:GRAUBERGER,  
 MATTHEW J Comment:BLOCKING W/B  
 19:54:13 MISC 21E Comment:HAVE 4 VEH'S INVOLVED  
 20:03:16 ONSCN 282E  
 20:06:54 CONTCT 861 21E 282E ContactTime:60  
 20:32:22 BACKOS 800E UnitID:861 Operator:DMUEHL OperNames:MUEHL,  
 DAVID J  
 20:43:02 CLEAR 282E  
 21:08:15 CLEAR 800E  
 21:10:01 CHANGE 861 Type:1301-->1301 Dispo:None-->C8 Comment:C18  
 21:10:15 CHGLOC 861 Location:ST LUKES HOSP Comment:MEETING  
 VICTIM  
 21:11:06 MISC 21E Comment:STILL ... CLEANING UP LOC  
 21:13:56 BACKER 92E UnitID:21E Location:S 9TH PL / W OKLAHOMA AV  
 Operator:ABURGO OperNames:BURGOS, ARTURO  
 21:14:19 XPRMPT 21E  
 21:14:19 XDISP 24E Operator:SLESNJ OperNames:LESNJAK, SEAN M  
 21:14:30 MISC 92E Comment:PU SIGN PER 12E  
 21:14:38 MISC 92E Comment:PU SIGN PER 21E  
 21:14:41 CLEAR 24E  
 21:15:03 \*ONSCN 861  
 21:26:18 ONSCN 92E  
 21:37:58 CLOS 92E Location:D2/RE:  
 21:56:51 CLEAR 92E  
 22:34:33 CHGLOC 861 Location:ST FRANCIS Comment:RE  
 22:37:49 ONSCN 861  
 22:53:31 CLEAR 861 Dispo:C18

**22:53:31 -CLEAR**

**22:53:31 CLOSE**

**Detailed History for Police Call #043490978 As of 5/17/2005 15:16:08**

**Priority:2 Type:1301 - ACC PI**  
**Location:963 W OKLAHOMA AV**  
**LocCross:btwn S 9TH PL and S 10TH ST**

<b>Created:</b>	<b>12/14/2004 19:13:25</b>	<b>PT01</b>	<b>MFREEM</b>
<b>Entered:</b>	<b>12/14/2004 19:13:40</b>	<b>PT01</b>	<b>MFREEM</b>
<b>Closed:</b>	<b>12/14/2004 19:17:42</b>	<b>PD01</b>	<b>JMANTH</b>

**PrimeUnit: Dispo: Type:1301 - ACC PI**  
**Name:LOMBRANO EVELINA M Phone:414/489-1578 RPaddr:**  
**Agency:MWPD DAREA:D2 Squad Area:2F RptDist:6499 Detail**

**19:13:25 CREATE Location:963 W OKLAHOMA AV Type:1301**  
**Name:LOMBRANO EVELINA M Phone:414/489-1578**  
**Source:RESD DAREA:D2 RptDist:6499 TypeDesc:ACC PI**  
**LocCross:btwn S 9TH PL and S 10TH ST Priority:2**  
**Response:1PO Agency:MWPD E911Phne:414/489-1578**  
**E911Pilot:489-1578 E911Add:963 W OKLAHOMA AV**  
**E911Subs:LOMBRANO EVELINA M E911Srce:RESD**  
**LocType:S**

**19:13:40 ENTRY**

**19:13:40 -PREMIS Comment:PPR**

**19:13:59 CHANGE Comment:CK FOR A BAD CAR ACCIDENT AT ABV**  
**LOC// AMB SENT ///**

**19:14:00 NOMORE**

**19:16:07 HOLD**

**19:17:42 COMBIN Service:P Call:#043490976 Type:1301 Agency:MWPD**

**19:17:42 -CLOSE**

**19:23:32 ASSOC Service:P Type:1301 Agency:MWPD**