

May 31, 2002
CITY OF MILWAUKEE

2002 JUN -3 PM 3:02

RONALD D. LEONHARDT
CITY CLERK

Dear Mr. Langley and Mr. Carini ~

This letter is in appeal to the decision by your office denying my claim to pay for damages done to my home during a police homicide on 11-26-01.

C.I. File No: 02-5-30

The reason this letter has gone beyond the 21 day appeal time is that I was in Phoenix, due to a hardship in my oldest son's family. I did not get home until May 23rd. I hope you will take this into consideration. If proof is needed I have my airplane ticket stubs.

I have never claimed that the police were not justified in the action they took that morning. My only claim was to pay for the repairs to my home. I was a victim in this incident. It left me very shell-shocked for weeks. What I heard, what I saw, may be an everyday occurrence for you, but it is not for me.

I had to take out a loan in order to make these repairs (which I can prove). If I were on Easy Street this would not be a problem ~ but I am not. I live on 19th and Lincoln for heavens sake.

I really and truly feel that no one cares. I am a law abiding citizen who works hard, pays taxes, votes etc... I do not know where else to turn, but one thing is certain I am not ready to give up. My rights as a citizen should be taken seriously. The Police

CITY OF MILWAUKEE
RECEIVED
JUN 3 2002

have their rights considered. Criminals always have their rights considered, but I have no one who will listen to me or who is willing to help me out.

I have wondered if this had happened to a Police man's family or any public officials home, if they had to have cleaned up the blood who would they have gone to for help. Even if it had happened to you or your family. I have complied with all the rules in this investigation.

I beg you to reconsider your decision. I know this issue is probably so very minor on your day to day docket, but it is not minor to me.

Thank you

Mary Michalski / 647-0310

Mary Michalski.

January 23, 2002

CITY OF MILWAUKEE

2002 JAN 25 PM 1:52

RONALD D. LEONHARDT
CITY CLERK

CITY ATTORNEY

02 JAN 25 PM 3:55

CITY ATTORNEY

To: Claims Dept.

Requesting payment for property damage, lost wages and medical bills due to a police action.

Police Report # 01-321-3000

Questions regarding this action may be directed to Criminal Investigation Bureau ~

Detective David Klabunde 935-7302

At approximately 12:40 AM on Friday November 16th, directly under my bedroom window a homicide took place. A 20yr old was shot and killed by a police officer. The exchange of gunfire caused unreparable damage to my air-conditioning unit. Attached is a letter from our Air + heat Company with the estimate of damage. I read in your information sheet that you require two estimates. I am only sending one because this is the company that has taken care of my home and my rental properties for years. I trust them and the work that they do.

I am also requesting compensation for one day of lost wages. I was taken from my home and not allowed back in for 5 hours. The investigating officers did not leave my home until 8:30 A.M Friday. I have attached documentation to prove the amount of my lost wages - proof of my hourly wage and

a signed letter from my operations manager/employer.

I have been under extreme emotional turmoil since that fateful morning. I am under a Doctors Care. Attached are copies of my co-pay receipts that I would like to be reimbursed for. My Doctor is Malini Sims ~ phone # 421-8400.

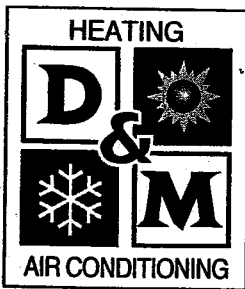
Up until now I have co-operated 100% with the Criminal Investigation. I am a victim of this police action and was told by the investigators that I would be compensated for all damages to my home and any other expenses that were incurred.

I also feel that I deserve much more than what I am asking for. Absolutely no regard was given to my life.

Please feel free to contact me for any more information that may be needed.

Mary Michalski	1560.00 - Air Condition Unit
2253 A S. 19 th / 53215	101.12 Payroll
647-0310 - Home	+ 50.00 Medical - Co pay
357-3798 - work (Tues. thru - Friday)	1,711.12 Total

Mary Michalski
your prompt attention would be appreciated.



4227 So. 13th Street, Milwaukee, WI 53221
(414) 281-5350 · FAX 281-2546

November 20, 2001

John Michalski
2253A S. 19 St.
Milwaukee, WI 53215

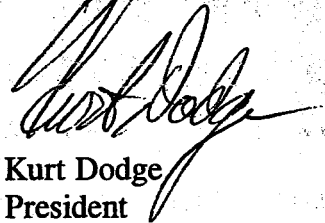
Dear John,

With regard to the air conditioner unit at the above referenced address, we will need to replace the indoor coil as well as the outside unit. The new outdoor section will not match up with the indoor coil for performance.

Therefore I propose to furnish and install One (1) CARRIER outdoor condenser, Model 38CKC024, 24,000BTU (2ton) and a matching Carrier indoor coil at furnace. Include all refrigerant line connections, electric wiring to existing service, outdoor slab, all sheet metal work at furnace, drain hoses, etc. Evacuate new system to 30 in. vacuum and charge with new refrigerant. Install filter drier in liquid line of refrigerant system. Remove and haul away old system complete. Secure all local permits as needed. Provide one year full warranty on all work.
Total for all above, \$1560.00

Thank you for the opportunity to quote this work for you. I look forward to working with you on this job. If there are any questions, please feel free to call me at any time.

Yours,



Kurt Dodge
President


M&I Support Services Corp.

4900 West Brown Deer Road/PO Box 240087/Brown Deer, WI 53224-9004/Tel 414 765-7700

January 22, 2002

This letter is to confirm that on Friday, November 16, 2001 Mary Michalski had an unpaid – unscheduled day off of work, due to a Police Action that took place at her home.

Sincerely,



Ron Barbian
Operations Manager
M & I Support Services
357-9712

Timesheet Data - MICHALSKI, MARY

Date	ID	In	Ex	Cost Center	Project/Acct	Task	Out	Ex	ShEx	Hours	To PC
Sun 11/11/2001		Unscheduled									
Mon 11/12/2001		Unscheduled									
Tue 11/13/2001		6:14 AM	*E	(Home)	(Home)	(Home)	3:26 PM	*E			
Wed 11/14/2001		6:15 AM	*E	(Home)	(Home)	(Home)	3:01 PM	*E			
Thu 11/15/2001		6:15 AM	*E	(Home)	(Home)	(Home)	3:00 PM	*E			
Fri 11/16/2001		Absent									
Sat 11/17/2001		Unscheduled									

not avail to sign

8 hours of Pay - \$12.64 per hour = \$101.12

M&I Support Services Co. 70 N. Water St. Milwaukee, WI 53210		Advice # 1225404 Advice Date Pay Begin Date Pay End Date	
Mary Michalski 251 A South 9th Street Milwaukee, WI 53210 Employee ID: 10075		SSN: [REDACTED] Department: 06000153 Rental Items Location: 000 W Brn Deer Rd Pay Rate: \$12.64 (Hourly) Pay Group: HRM	
FAW DATA: Federal Marital Status: Single Allowance: 0 Adol. Per. Adol. Am.		WI State: Single 0	

AURORA HEALTH CARE
AFN EDGERTON

PATIENT NAME: MICHALSKI, MARY
PROVIDER: SIMS MD, MALINI

SERVICE DATE: 11/19/01
VISIT#: 8940012
INVOICE#: 9095529

This document only reflects patient balances due as of today's date. The balance includes any amount that has been transferred to patient responsibility and is no longer outstanding with your insurance company.

ACCOUNT STATUS

Method of Payment: CO PAY CASH

Today's Date	11/19/2001
Previous Balance	\$ 0.00
Today's Payment Received	\$ 10.00
Balance Due	\$ -10.00

Charge Card Authorization Signature _____

APPOINTMENTS

You have the following appointments scheduled:

Date	Provider	Location	Time
------	----------	----------	------

THANK YOU FOR YOUR PATIENCE & UNDERSTANDING
DURING OUR COMPUTER UPGRADE

AURORA HEALTH CARE
AFN EDGERTON

PATIENT NAME: MICHALSKI, MARY
PROVIDER: SIMS MD, MALINI

SERVICE DATE: 12/17/01
VISIT#: 9195551
INVOICE#: 9478543

This document only reflects patient balances due as of today's date. The balance includes any amount that has been transferred to patient responsibility and is no longer outstanding with your insurance company.

ACCOUNT STATUS

Method of Payment: CO PAY CASH

Today's Date	12/17/2001
Previous Balance	\$ 0.00
Today's Payment Received	\$ 10.00
Balance Due	\$ -10.00

Charge Card Authorization Signature

APPOINTMENTS

You have the following appointments scheduled:

Date	Provider	Location	Time
------	----------	----------	------

THANK YOU FOR YOUR PATIENCE & UNDERSTANDING
DURING OUR COMPUTER UPGRADE

AURORA HEALTH CARE
AFN EDGERTON

PATIENT NAME: MICHALSKI, MARY
PROVIDER: SIMS MD, MALINI

SERVICE DATE: 01/14/02
VISIT#: 9536620
INVOICE#: 9838351

This document only reflects patient balances due as of today's date. The balance includes any amount that has been transferred to patient responsibility and is no longer outstanding with your insurance company.

ACCOUNT STATUS

Method of Payment: CO PAY CASH

Today's Date	01/14/2002
Previous Balance	\$ 0.00
Today's Payment Received	\$ 10.00
Balance Due	\$ -10.00

Charge Card Authorization Signature _____

APPOINTMENTS

You have the following appointments scheduled:

Date	Provider	Location	Time
------	----------	----------	------

THANK YOU FOR YOUR PATIENCE & UNDERSTANDING
DURING OUR COMPUTER UPGRADE



**Aurora
HealthCare**

Edgerton (414)421-8401

6901 W Edgerton Milwaukee, WI 53220
Dr. SIMS, MALINI

(414) 647-0310

Rx 390083 - 00

MARY MICHALSKI

2253 SOUTH 19TH STRE ET MILWAUKEE, WI 53215

16 HYDROCHLOROTAB 25MG

(HYDROCHLOROTHIAZIDE TAB 25 MG)

ZENITH
NDC: 00172-2083-80
11/19/2001

Refill 3 Times before: 11/19/2002

Payment Type: WEL DS/DDM Total: \$5.00
Auth: 03900833231531



**Aurora
HealthCare**

Edgerton (414)421-8401

6901 W Edgerton Milwaukee, WI 53220
Dr. SIMS, MALINI

(414) 647-0310

Rx 385893 - 01

MARY MICHALSKI

2253 SOUTH 19TH STRE ET MILWAUKEE, WI 53215

30 ATENOLOL TAB 25MG

(Atenolol)

GENEVA
NDC: 00781-1078-10
11/26/2001

Refill 5 Times before: 10/26/2002

Payment Type: WEL BO/NB Total: \$5.00
Auth: 03858933301310



**Aurora
Pharmacy**

Edgerton (414)421-8401

6901 W Edgerton Milwaukee, WI 53220
Dr. SIMS, MALINI

(414) 647-0310

Rx 390083 - 01

MARY MICHALSKI

2253 SOUTH 19TH STRE ET MILWAUKEE, WI 53215

16 HYDROCHLOROTAB 25MG

(HYDROCHLOROTHIAZIDE TAB 25 MG)

ZENITH
NDC: 00172-2083-80
12/26/2001

Refill 2 Times before: 11/19/2002

Payment Type: WEL DS/NB Total: \$5.00
Auth: 03900833601013



**Aurora
Pharmacy**

Edgerton (414)421-8401

6901 W Edgerton Milwaukee, WI 53220
Dr. SIMS, MALINI

(414) 647-0310

Rx 385893 - 02

MARY MICHALSKI

2253 SOUTH 19TH STRE ET MILWAUKEE, WI 53215

30 ATENOLOL TAB 25MG

(Atenolol)

GENEVA
NDC: 00781-1078-10
12/26/2001

Refill 4 Times before: 10/26/2002

Payment Type: WEL DS/NB Total: \$5.00
Auth: 03858933601014