

NOTICE OF CIRCUMSTANCES OF CLAIM

TO: CITY CLERK OF MILWAUKEE
Attn: CLAIMS
200 E. Wells St.
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
08 AUG 15 PM 3:52
RONALD D. LEONHARDT
CITY CLERK

NOTICE OF CIRCUMSTANCES OF CLAIM

PLEASE TAKE NOTICE that Patrick Noll, by his attorney, JASON D. BALTZ of the LAW OFFICES OF JASON D. BALTZ, pursuant to Section 893.80(1)(a), Wisconsin Statutes, do hereby serve written notice on you of the circumstances of a claim against you for damages arising out of the personal injuries sustained by him on April 20, 2008, as the result of a falling through a manhole maintained by the Department of Public Works for the City of Milwaukee, the City of Milwaukee, and the employees, servants and representatives of the Department of Public Works and the City of Milwaukee.

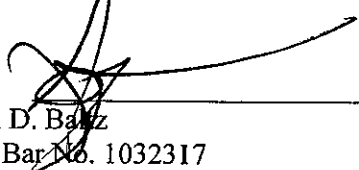
These injuries and damages were sustained by reason of the negligent acts of the City of Milwaukee and the Milwaukee Public Works Department, through their agents, servants and employees.

This Notice of Circumstances of Claim is provided under Chapter 893 of the Wisconsin Statutes to the extent applicable to state tort claims.

Dated at Milwaukee, Wisconsin, this 15th day of August, 2008.

Witness:

LAW OFFICES OF JASON D. BALTZ
Attorneys for Claimant

By: 
Jason D. Baltz
State Bar No. 1032317

CITY OF MILWAUKEE
RECEIVED
2008 AUG 19 PM 3:48
OFFICE OF
CITY ATTORNEY

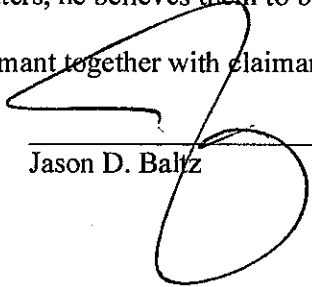
PLEASE SERVE NOTICES WITH REGARD TO THIS NOTICE ON:

LAW OFFICES OF JASON D. BALTZ
4871 N. Sheffield Avenue
Whitefish Bay, WI 53217

MILWAUKEE COUNTY, WISCONSIN

STATE OF WISCONSIN)
) SS.
MILWAUKEE COUNTY)

JASON D. BALTZ, being first duly sworn on oath deposes and says: He is the attorney for the claimant in the attached Notice of Circumstances of Claim; he has read the Notice of Circumstances of Claim, knows the contents thereof and the same is true to his own knowledge, except as to matters therein stated upon information and belief, and as to those matters, he believes them to be true; the basis of his knowledge is information and statements from the claimant together with claimant's records.



Jason D. Baltz

Subscribed and sworn to before me
this 15th day of August, 2008.
Carol S. Markowski
Notary Public, State of Wisconsin
My Commission expires: 08/01/10

NOTICE OF CLAIM

TO: CITY CLERK OF MILWAUKEE
Attn: CLAIMS
200 E. Wells St.
Milwaukee, WI 53202-3567

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CLAIMANTS

Claimant, Patrick M. Noll, resides at 2466 N. Frederick Avenue in Milwaukee, Wisconsin 53211.

CIRCUMSTANCES

In the early evening of April 20, 2008, the claimant, Patrick Noll, strolled north along the Riverwalk, basking in a beautiful Milwaukee night. During his walk, the claimant observed the river, the sights on the other bank of the river, and the start of dusk. One sight that caught his attention was crane on a barge in the middle of the river.

Unbeknownst to him, a manhole cover was missing and Patrick fell through the manhole cover. The approximate address of where he fell was 1564 N. Riverwalk. There were no signs, no barriers or any indication of an uncovered hole anywhere on the Riverwalk. Patrick still sustained major medical damage. Patrick was taken to St. Mary's Hospital by Bell Ambulance. The doctors in the emergency room determined that Patrick suffered several fractures in his foot. Additionally, he also suffered numerous bumps, bruises, and scrapes from the fall.

CLAIMS

1. General negligence of the Milwaukee Public Works and the City of Milwaukee for failing to warn or rectify the open manhole cover.
2. Negligent Hiring, Training and Supervision by the Milwaukee Public Works and the City of Milwaukee.
3. Pain and suffering.

4. Lost wages.

DAMAGES

Claimant is still suffering from this fall. Outside of cab fees and the costs of medicine, Patrick has incurred the following major bills:

Bell Ambulance:	\$448.89
Orthopaedic Associates of Milwaukee, S.C.	\$1,329.00
Wisconsin Radiology Specialists, S.C.	\$324.00
Columbia St. Mary's	\$2,492.68
TOTAL BILLS:	\$4,594.57

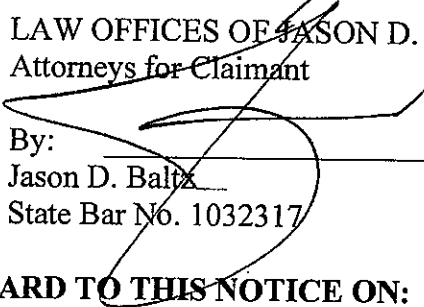
Additionally, Patrick lost numerous wages because he was not able to fully work at his job. Patrick is a food expeditor at a high-end steakhouse in Milwaukee County. Therefore, demand is made upon you for the sum of \$25,000.00 to settle this claim with Mr. Noll.

This Notice of Claim is provided under Chapter 893 of the Wisconsin Statutes to the extent applicable to state tort claims.

Dated at Milwaukee, Wisconsin, this 15th day of August, 2008.

Witness:

LAW OFFICES OF JASON D. BALTZ
Attorneys for Claimant

By: 
Jason D. Baltz
State Bar No. 1032317

PLEASE SERVE NOTICES WITH REGARD TO THIS NOTICE ON:

LAW OFFICES OF JASON D. BALTZ
4871 N. Sheffield Avenue
Whitefish Bay, WI 53217



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

PO BOX 070550
MILWAUKEE, WI, 53207-0550

Client Name: **NOLL, PATRICK**

Trip Number:



Service Date: **04/20/2008**

Amount Due: **448.89**

Billing Date: **05/09/2008**

Billing Department: (414) 486-2000

Toll-Free Number: (800) 896-6200

Se Habla Espanol: (414) 486-4016

*BWNDSFD
26 08 0111 0094 0 5
PATRICK NOLL
2466 N FREDERICK AVE
MILWAUKEE, WI 53211-4419



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

Billing Department: (414) 486-2000
Toll-Free: (800) 896-6200
PO BOX 070550
MILWAUKEE, WI, 53207-0550

Service Date: **04/20/2008**
Call Time: **12:00AM**

Trip Number: **08-1110094**

Client Name: **NOLL, PATRICK**

Caller:

From Location: **1555 N RIVERCENTER DR**

To Location: **ST MARYS HOSPITAL**

Insurance Information

Reason(s) for Transport
829.0

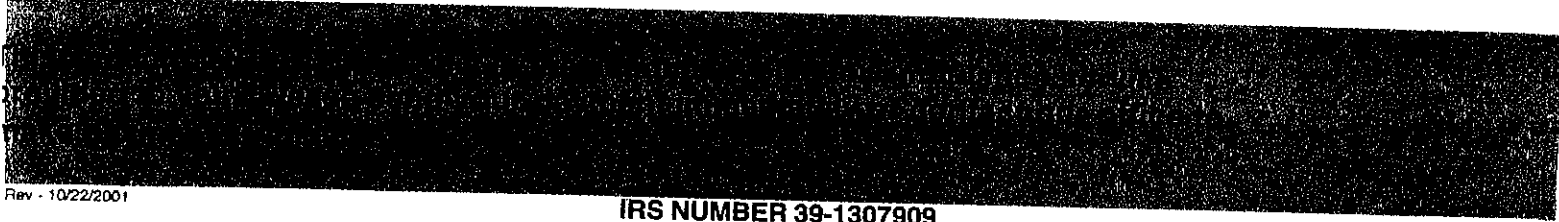
Bill Patient

DATE	DESCRIPTION OF TRANSACTION	HCPC	QUANTITY	UNIT PRICE	AMOUNT
04/20/08	BLS Emergency Base Rate	A0429	1	410.00	410.00
04/20/08	Mileage	A0425	2	0.00	24.00
04/20/08	BLS Disposables	A0382	1	0.00	14.89



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"
PLEASE PAY THIS AMOUNT =>

448.89



MAKE CHECKS PAYABLE TO:

Orthopaedic Associates
of Milwaukee, S.C.

575 W. River Woods Parkway, Suite 100
GLENDALE, WI 53212-1003

STATEMENT



PHONE	(414) 332-6262
BILLING INQUIRY CALLS ACCEPTED	
FED I.D. # 39-1127166	FROM 10:00 - 4:00 MONDAY THRU FRIDAY
ACCOUNT NO. 028227M	

If you wish to pay by Master Card or Visa
Please see reverse side

PATRICK M NOLL
2466 NORTH FREDERICK AVENUE

MILWAUKEE, WI 53211

PATIENT'S NAME PATRICK M NOLL		
CLOSING DATE 06/23/08	PAGE NO. 01	NEW BALANCE \$ 1329.00

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT
PAID HERE \$

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS
		Previous Balance			1219.00	
06/04/08	STEPHANY	X-RAY, FOOT, AP & LAT	73620	V54.19	110.00	

PAST DUE

Please contact our office regarding payment options.

Filing of your Insurance Claims is done as a courtesy. It is your responsibility to follow up and ensure payments are being made at least monthly. Please contact your Insurance Carrier or our Billing Department for assistance at 414-332-6262 Ext. 708.

STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS		
06/23/08	04/24/08		210.00	1009.00	0.00	110.00	0.00		
Orthopaedic Associates of Milwaukee, S.C. INS: <table border="1" style="float: right;"> <tr> <td>PLEASE PAY THIS AMOUNT →</td> <td>1329.00</td> </tr> </table>							PLEASE PAY THIS AMOUNT →	1329.00	
PLEASE PAY THIS AMOUNT →	1329.00								

IF PAYING BY CREDIT CARD FILL OUT BELOW
CHECK BOX OF CARD BEING USED FOR PAYMENT

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE

PHONE NUMBER: (888) 989-2289

Make Checks Payable to:

WISCONSIN RADIOLOGY SPEC. S.C.
PO BOX 2350
BROOKFIELD WI 53008-2350

CHARGES APPEARING ON THIS INVOICE ARE NOT INCLUDED ON ANY HOSPITAL BILL OR INVOICE

PATIENT			
PATRICK NOLL			
INVOICE DATE	ACCOUNT NUMBER	DUPLICATE	AMOUNT PAID
06/17/2008	WRS 362710	07/01/2008	

PATRICK NOLL
2466 N Frederick Ave
Milwaukee WI 53211-4419

11
WRS



Please check box if above address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

^^ Please detach and return top portion with payment ^^

INVOICE

DATE	PLACE OF SERVICE	DESCRIPTION	CHARGE	PAYMENTS/ADJUSTMENTS	AMOUNT DUE
04/20/08	ST MARYS H	X-RAY EXAM OF ANKLE LT	40.00		40.00
04/20/08	ST MARYS H	X-RAY EXAM OF FOOT LT	40.00		40.00
05/02/08	ST MARYS H	CAT SCAN OF LEG LT	244.00		244.00

.00	324.00	.00	.00	.00	.00	PLEASE PAY THIS AMOUNT	324.00
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS			

06/17/2008	WRS 362710	07/17/2008
INVOICE DATE	ACCOUNT NUMBER	DUPLICATE

MAKE CHECKS PAYABLE TO:
WISCONSIN RADIOLOGY SPEC. S.C.

CALL US TOLL-FREE AT 1-888-989-2289 MON-FRI 8 am TO 5 pm

Columbia St. Mary's

A Passion for Patient Care™

PO BOX 2960
MILWAUKEE WI 53201-2960
262-446-0240

Please check box if address is incorrect or insurance information has changed, indicate (changes) on reverse side.

ADDRESS SERVICE REQUESTED
450247-1-6701 00862
PATRICK NOLL
2466 N FREDERICK AVE
MILWAUKEE, WI 53211-4419

PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> M.C.	<input type="checkbox"/> DISCOVER
CARD NUMBER	AMOUNT	
SIGNATURE	EXP DATE	SECURITY
DUE DATE	PLEASE PAY THIS AMOUNT	ACCOUNT NUMB
07/01/08	\$2492.68	118586514
PATIENT NAME		Amount Enclosed
Noll, Patrick		\$

Send all payments, notices and inquiries to:

ST MARY'S HOSPITAL
PAYMENT PROCESSING CENTER
PO BOX 2960
MILWAUKEE WI 53201-2960



00000118586514 00000001275 0 00087534 00000000 00000000 000000 2

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

Patient: Noll, Patrick
Date of Service: 04/20/08
Patient Service: Emergency
Account: 118586514,118638107
Amount Due: \$2492.68
Primary Insurance: SELF PAY

June 10, 2008

SECOND NOTICE

Dear Patrick Noll,

Thank you for selecting Columbia St. Mary's Hospital for your health care services. Our records indicate that your account is past due. Please disregard this notice and accept our apologies if payment was recently made.

If there is a problem we are unaware of, please contact us at 262-446-0240 to discuss payment options.

Otherwise, payment in full is expected within 21 days.

Thank you for your prompt attention to this matter.

Payment Processing Center PO BOX 2960 MILWAUKEE WI 53201-2960