

To: Clerk - City of Milwaukee
200 East Wells Street, Rm.205
Milwaukee, WI 53202

Dept. of Public Works - Infrastructure
Zeidler Municipal Building Room 701
841 N. Broadway
Milwaukee, WI 53202

CITY OF MILWAUKEE
2010 NOV -3 PM 12: 03

RONALD D. LEONHARDT
CITY CLERK

NOTICE OF CLAIM

This Notice of Claim is against, City of Milwaukee, and the Department of Public Works, as well as their agents and/or employees, as required by Wis. Stat., §893.80. Based on the information provided to date, the following individuals participated in, and were likely responsible in varying degrees, for Nan Markowski's fall on Farwell Ave in the city of Milwaukee:

The Department of Public Works - Infrastructure Division.

The Claimant, Nan Markowski, resides at 1617 North Prospect Ave, Milwaukee, WI 53202, seeks monetary relief against City of Milwaukee and the Department of Public Works for the sum of \$15,000 and specifically request the following amounts.

- A. \$5,000 for compensatory damages.
- B. \$10,000 for medical expenses.

This claim arose out of the following circumstances:

1. That on August 8, 2010, Nan Markowski was walking down Farwell Ave in the City of Milwaukee.
2. That on August 8, 2010, Nan Markowski fell on an area of sidewalk on Farwell Ave, Milwaukee, WI, that was not in a reasonably safe condition and had clearly degraded over a significant state of time to constitute a hazard. (See attached pictures)
3. That on August 8, 2010 Nan Markowski was seen at Columbia St. Mary's for injuries she sustained from the fall on Farwell Ave, Milwaukee, WI. (See attached explanation of benefits)

CITY OF MILWAUKEE
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OFFICE OF
CITY ATTORNEY

4. That on August 8 2010 Nan Markowski was diagnosed with a Sprain/Fracture to her left hand and finger's. (See attached pictures)
5. That The City of Milwaukee failed to maintain the sidewalk on Farwell Ave, Milwaukee, WI causing the injuries to Nan Markowski's hand and fingers.

Dated at Pewaukee, Wisconsin this 3rd day of November, 2010.

GENDE LAW OFFICE, S.C.
Attorneys for Claimant(s)

By: _____


James J. Gende II
State Bar No. 1030921

MAILING ADDRESS:

N28 W23000 Roundy Drive, Ste 200
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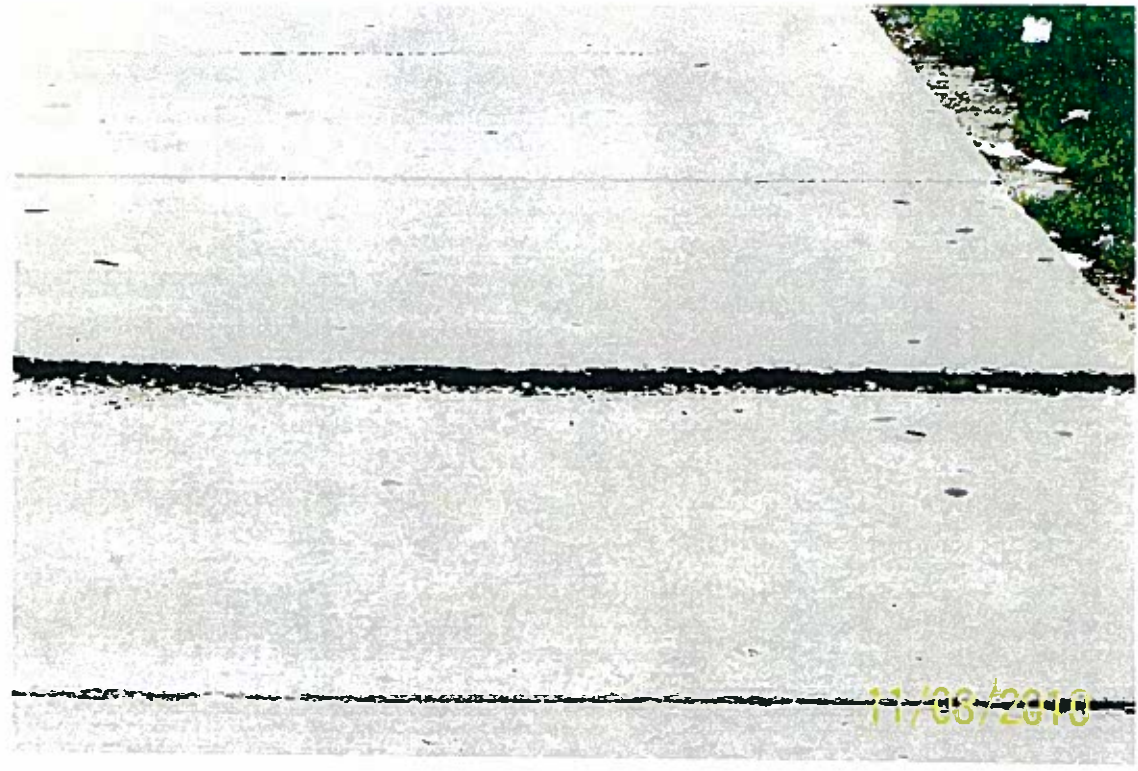






11/08/2010

11/08/2010







Columbia (CH) / Milwaukee (SMM) / Ozaukee (SMO)

EMERGENCY SERVICES

HOME MEDICATION LIST AND DISCHARGE INSTRUCTIONS

Prescription, over-the-counter, and herbal/natural medications taken routinely prior to admission.

Pt# 870501-0100 Date 08/08/10
MARKOWSKI, NANCY A
Birthdate: 12/28/1941 Sex F Age 68
Emergency Physician BENSON, LAURIE LYNN,
Primary Physician : SWEENEY, ANTHONY J.,

Data Source: Patient Family MD Pharmacies Old Records Nursing Home / other facility EHR

Patient's Pharmacy Address Phone #

Latex Allergy: yes no Reaction:

Table with 4 columns: Medicine / Food / Other Allergy, Reaction, Medicine / Food / Other Allergy, Reaction. Includes handwritten entry for Penicillin.

HOME MEDICATIONS table with columns: Medication Name, Dose, Route, Frequency, Indication, Last Taken, MD TO COMPLETE THIS SECTION. Includes entries for Metoprolol, Tylenol, Vitamin, and Aspirin.

RN Recording Home Medications:

PHYSICIAN DISCHARGE ORDERS table with columns: NEW MEDICATIONS, REASON, INSTRUCTIONS. Includes handwritten entry for Dexamethasone.

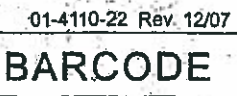
MEDICATION INSTRUCTIONS:
Take all home medications listed above.
Take home medications following instructions above.
Follow up with your primary doctor about your home medications.
Start new medications listed above.

DIAGNOSES:
1. Fall
2. Right hand pain - index and long
3. Middle finger reduction

INSTRUCTIONS: Sedative / Narcotic Wound Head Injury Sprain/Fracture Back Pain
Return to Emergency Department if condition worsens or excessive and persistent pain, or new symptoms / any concerns. Ice elevation. Finger splint - as long as needed.

FOLLOW-UP: Work/School Excuse: N Y until (date)
Call Dr. Sweeney for appointment / to be seen in days Phone:
Call Dr. for appointment / to be seen in days Phone:

Emergency Physician Signature: DATE 8/8 TIME Signature LB
RN Reviewing Instructions: DATE TIME Signature
Patient Signature: Ma Markowski





Columbia St. Mary's

A Passion for Patient Care

Columbia (CH) / Milwaukee (SMV) / Ozaukee (SMO)

EMERGENCY SERVICES

HOME MEDICATION LIST AND DISCHARGE INSTRUCTIONS

Prescription, over-the-counter, and herbal/natural medications taken routinely prior to admission.

Pt# 870501-0095 Date 04/06/10

MARKOWSKI, NANCY A

Birthdate: 12/28/1941 Sex F Age 68

Emergency Physician GERSCHKE, GARY L., M

Primary Physician : SWEENEY, ANTHONY J.,

Data Source: ___ Patient ___ Family ___ MD ___ Pharmacies ___ Old Records ___ Nursing Home / other facility ___ EHR

Patient's Pharmacy _____ Address: _____ Phone # _____

Latex Allergy: yes no Reaction: _____

Medicine / Food / Other Allergy	Reaction	Medicine / Food / Other Allergy	Reaction
NKDA			

HOME MEDICATIONS	MD TO COMPLETE THIS SECTION					
MEDICATION NAME	DOSE	ROUTE	Frequency	Indication	Last Taken	Medication Changes / Special Instructions
<i>gabapentin</i>						
<i>Toprol</i>						

RN Recording Home Medications: *[Signature]*

PHYSICIAN DISCHARGE ORDERS:		
NEW MEDICATIONS	REASON	INSTRUCTIONS
<i>gabapentin</i>		
<i>naproxen</i>		

MEDICATION INSTRUCTIONS:

Take all home medications listed above.

Take home medications following instructions above.

Follow up with your primary doctor about your home medications.

Start new medications listed above.

DIAGNOSES:

- rotator cuff strain*
- low back strain*
-

INSTRUCTIONS: Sedative / Narcotic Wound Head Injury Sprain/Fracture Back Pain

Other: Return to Emergency Department if condition worsens or excessive and persistent pain, or

ice to sore areas yet today, heat tomorrow

Range of motion exercises as discussed

Revs Pain if not improved 3-5 days

FOLLOW-UP: _____ Work/School Excuse: N Y until (date) _____

Call Dr. _____ for appointment / to be seen in _____ days Phone: _____

Call Dr. _____ for appointment / to be seen in _____ days Phone: _____

Emergency Physician Signature: DATE *7/16/10* TIME _____ Signature *[Signature]*

RN Reviewing instructions: DATE *7/16/10* TIME *1400* Signature *[Signature]*

Patient Signature: *[Signature]*



The Court Atty said that the case happened
at 1040 N. Farnell - North Side of
CUS Stone on Brady St.

(INCLUDE)