

**CLAIM AGAINST GOVERNMENTAL BODY**  
Pursuant to Section 893.80(1d)(b)

CITY OF MILWAUKEE  
RECEIVED

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OFFICE OF  
CITY ATTORNEY

TO: City of Milwaukee  
City Clerk's Office  
200 East Wells Street  
Milwaukee, Wisconsin 53202

Housing Authority of the City of Milwaukee  
c/o Tony Perez, Secretary-Executive Director  
809 North Broadway  
Milwaukee, Wisconsin 53202

Housing Authority of the  
City of Milwaukee  
c/o Alderman Willie L. Hines, Jr.  
809 North Broadway  
Milwaukee, Wisconsin 53202

Housing Authority of the City of Milwaukee  
c/o Angel Rodriguez - Assistant Chief Public Safety  
Community Services Section  
650 West Reservoir Avenue  
Milwaukee, Wisconsin 53212

Housing Authority of the  
City of Milwaukee  
c/o Lt. Christopher Wichgers  
- Public Safety Specialist  
Community Services Section  
650 West Reservoir Avenue  
Milwaukee, Wisconsin 53212

Friends of Housing Corporation  
c/o Sarita Griffin - Property Manager  
3350 South 25<sup>th</sup> Street  
Milwaukee, Wisconsin 53215

CITY CLERK'S OFFICE

13 JUN -7 PM 3:18

CITY OF MILWAUKEE

Pursuant to law the claimant, Nilda E. Quiroz, hereby files this claim against the above named municipality through her attorneys the law firm of Carlson, Blau & Clemens, S.C.

1. Name and address of the claimant are:

Nilda E. Quiroz  
2305 West Ohio Avenue  
Milwaukee, Wisconsin 53215

2. For statement of relief sought is a demand for damages as a result of the accident described as follows:

- A. That Nilda E. Quiroz is an adult residing at 2305 West Ohio Avenue, Milwaukee, Wisconsin 53215.
- B. That on or about the 22<sup>nd</sup> day of January, 2012, at approximately 6:00 p.m., Ms. Quiroz suffered injuries while walking on the sidewalk directly in front of the premises at 2305 West Ohio Avenue, Milwaukee, Wisconsin, Wisconsin, when she slipped and fell on ice and/or other slippery substances, causing injuries to her person.
- C. That as a direct and proximate result of the City of Milwaukee, Housing Authority for the City of Milwaukee and/or its agents, servants and/or employees' negligence, in failing to remove said ice and/or other slippery substances, along with said parties failure to provide adequate lighting of the sidewalk in question, Ms. Quiroz was caused to suffer personal injuries including, but not limited to contusions and sprains to her neck, back and left shoulder, left thigh, left arm, left elbow, amongst other injuries.
- D. That on February 24, 2012, a Statement of Injured Person was completed by

Ms. Quiroz, in compliance with Section 893.80(1)(a) and was served upon the Housing Authority of the City of Milwaukee in care of the Management Office of Southlawn & Southlawn Development. A copy of said form is attached hereto. Said parties also had additional notice through their insurer, Housing Authority Insurance Group, for which said notice was provided within the statutory guidelines.

3. An itemization of the claim is as follows:

Curtis Universal Ambulance	1-22-12	\$518.50
Aurora Health Care (St. Luke's Hosp.)	1-22-12	\$5,959.32
ERMED, S.C.	1-22-12	\$663.00
Milwaukee Radiologists	1-22-12	\$844.00
Aurora Health Care (St. Luke's Hosp.)	1-27-12	\$1,722.89
Wheaton Franciscan Performance Ctr	5-8-12 to 5-15-12	\$852.00 (PT)
WFH-St. Francis Hospital	9-11-12	\$793.90
ProCare Medical Group	1-24-12 to 2-12-13	\$8,652.00 (bal 15.00)
Aurora Health Care (St. Luke's Hosp.)	9-10-12	\$644.00 (bal zero)


**Total Bills: \$20,649.61**

**Pain & Suffering: \$10,000.00**

**TOTAL CLAIM: \$30,649.61\***

Dated at Milwaukee, Wisconsin this 4<sup>th</sup> day of June, 2013.

CARLSON, BLAU & CLEMENS, S.C.  
Attorneys for Claimant Nilda E. Quiroz

  
By: George E. Chaparas, Esq.

GEC/kr

STATEMENT OF INJURED Person

Complete this form using black or blue ink, DO NOT USE PENCIL.

763-0495

Person's Name/Phone Number: Nilda E. Quiroz ~~763~~

Date of Injury: 01/22/2012

Location of Accident: 2305 W. OHIO AVE.

Provide a description of where the injury occurred, how the injury occurred and what the injury was:

I was around 6:0'clock on 1-22-2012 walking  
in front of a apartment located 2305 w Ohio Ave.  
Milwaukee, WI 53215 when I fell down.  
This was due to the black ice covering the  
pavement, that I could not see due to the  
poor lighting.  
I hit my head, neck and shoulders  
I fall completely on my back.

Signature of Person Nilda E. Quiroz

Date Signed: 02-24-12