NOTICE OF CIRCUMSTANCES OF INJURY RECEIVED TO ROSE DUDZIK, PURSUANT TO SECTION 893.80(1)(a), WIS. STATS. CITY OF MILWAUKEE RECEIVED *©2 MAY 20 PM 4: 02

TO:

OFFICE OF CITY ATTURNEY

City Clerk
City of Milwaukee

Milwaukee, Wisconsin

Please be advised that we have been retained by and represent Rose Dudzik of 3449 S. 85th Street, Milwaukee, Wisconsin, 53227. We hereby give notice of the circumstances of an injury to her which will give rise to a personal injury claim against the City of Milwaukee, its agents, employees and insurers, if any, as hereinafter described:

DATE AND TIME:

January 21, 2002 at approximately 5:55 p.m.

LOCATION:

On the sidewalk in front of the Milwaukee Police Station, District 6, located at 2645 West Kinnickinnic River Parkway, City of Milwaukee, State of Wisconsin.

CIRCUMSTANCES:

Rose Dudzik was walking westbound on the sidewalk on the south side of West Kinnickinnic River Parkway when she tripped on the edge of a sidewalk slab which was approximately 1-2" higher than the adjacent sidewalk slab. The sidewalk slab that was raised approximately 1-2" was a defective and dangerous condition which caused Rose Dudzik to trip and fall and thereby sustain severe permanent personal injury, incur medical expenses, and other damages.

Dated: May 20, 2002

Lowe Law Offices, S.C. Attorneys for Rose Dudzik

Christopher Lowe

State Bar No. 01009790

11616 West North Avenue, Suite A

Wauwatosa, WI 53226

(414) 476-1900

OS MAY 20 PHIS: IL RONALO U. LEONHARDT CITY CLERK

CITY OF MILWAUKEE

CITY OF MILWAUKEE

REPORT OF INJURY TO PERSON OR PROPERTY. ON PUBLIC HIGHWAY

ANSWER ALL QUESTIONS AND RETURN TO CITY ATTORNEY

1.	Place of accident 1845 W. Kinnickinnic River Play
2.	Full name of injured or damaged <u>Nunzik, Rose T.</u>
3.	Age <u>73</u>
4.	Address 3449 S. &C S4.
5.	Date and time of accident 0/2/02 500 500
6.	Weather conditions <u>c/ror 30's</u>
7 -	Nature and extent of injury or damage <u>Palm to head</u> <u>bloody nose and mouth</u> .
8.	Was the injured conveyed to a hospital?
9.	By whom and name of hospital? Cartic Amhulance, West Allis,
10.	Were barricades present? No If so, give name of Meworla
	contractor
	Other warnings or signals used? <u>No</u>
11.	Was alleged defect measured? <u>We</u> By whom? <u>M. HICKSO</u>
	When? 1-21-02 In whose presence? Sof. Almee OBREGON
10 e 1 e 1 e 1 e 1	Photos taken? <u>V</u>
12.	Exact measurements taken: Width N/A ; Length $CABUO/k$ Depth N/A ; Height $7/8$
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4;	the accident_	ddresses and tele Toseph A. DUNZIK S	DUDZIK	oud	i to
.5.	Additional con	nments, if any:			
en en					
6 .	Indicate exac	t location of acc	ident on diag	ram	
ate h n		s,27.84 	(Signat	ire) <u>M. Johan</u>	<u> H</u> ut

Lieutenant of Police