

MARCH 26, 2003

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

TO THE OFFICE OF THE CITY CLERK:

ON THURSDAY, JANUARY 16, 2003, AT ABOUT 4:00 PM, I CAME HOME FROM GROCERY SHOPPING.

AS I DROVE PAST 5121 N. 47th ST., WHICH IS LOCATED ABOUT 3 HOUSES NORTH FROM WHERE I LIVE, I NOTICED ABOUT 6 OR 7 BLACK MALES STANDING IN FRONT OF SAME LOCATION, AND A CAR PARKED IN FRONT OF THAT HOUSE WITH THE MUSIC CRANKED UP FULL BLAST.

AFTER I DROVE HOME, THE LOUD MUSIC WAS CAUSING MY WHOLE HOUSE TO SHAKE. IT WAS VERY ANNOYING.

AS I LOOKED OUT THE FRONT DOOR, I NOTICED ONE OF THE GUYS WHO WAS STANDING CLOSE TO THE FRONT DOOR AT 5121 N. 47th ST., WITH A KNIFE, THAT LOOKED LIKE A BUTCHER KNIFE IN HIS HAND.

THAT'S WHEN I DECIDED TO CALL THE POLICE.

WHEN I TALKED TO THE DISPATCHER, I MADE IT VERY CLEAR TO HER, THAT I WANTED TO BE ANONYMOUS.

BUT WHEN THE POLICE CAME TO 5121 N. 47th ST., THE OFFICERS NOT ONLY TOLD THOSE PEOPLE THAT I MADE A COMPLAINT AGAINST THEM, BUT PROCEEDED TO COME TO MY HOUSE AND POUND ON MY DOOR. ATTRACTING A LOT OF ATTENTION IN MY NEIGHBORHOOD.

LATE THAT NIGHT, WHILE I WAS ASLEEP, KNOCKS ON MY FRONT DOOR WOKE ME UP.

I DID NOT ANSWER THE DOOR, BUT I HEARD SOMEONE HOLLER: " I KNOW YOU'RE IN THERE, IF YOU CALL THE COPS ON US AGAIN, YOU'RE DEAD MEAT. "

THE NEXT MORNING WHEN I CHECKED MY MAIL, I FOUND A NOTE: " WE DO NOT APPRECIATE YOU CALLING THE POLICE ON 5121 N. 47th ST., etc, etc -- "

AS I TRIED TO PICK UP THE NOTE, THE WIND BLEW IT AWAY. AS I RAN AFTER IT TO CATCH IT, I SLIPPED AND FELL ACROSS THE STREET, INJURING MY RIGHT UPPER ARM AND ROTATOR CUFF. I'VE BEEN UNDER DOCTOR CARE AND CONSTANT PAIN EVER SINCE.

I BELIEVE NEGLIGENCE TOOK PLACE ON PART OF THE POLICE DEPARTMENT, BECAUSE I MADE IT VERY CLEAR, WHEN I TALKED TO THE DISPATCHER ON THE PHONE, THAT I WANTED TO BE ANONYMOUS.

I OWNED MY HOME HERE FOR 27 YEARS, AND I HAD A VERY COMFORTABLE LIFE HERE UNTIL NOW, AND FELT VERY SAFE AND SECURE.

NOW I FEEL LIKE A PRISONER IN MY OWN HOME. I'M AFRAID TO LEAVE MY HOUSE, I HAVE TROUBLE SLEEPING, I'M A NERVOUS WRECK, I FEAR FOR MY LIFE, AND I FEEL LIKE A MARKED MAN, LIKE I HAVE TO LOOK OVER MY SHOULDER EVERY TIME I LEAVE THE HOUSE. I EVEN THINK TWICE BEFORE I CALL THE POLICE NOW.

AND FURTHERMORE, I BELIEVE MY RIGHT TO PRIVACY HAS BEEN VIOLATED THROUGH NEGLIGENCE, BY THE MILWAUKEE POLICE DEPARTMENT.

THEREFORE I AM FILING A CLAIM AGAINST THE CITY OF MILWAUKEE FOR DAMAGES IN THE AMOUNT OF THREE HUNDRED THOUSAND DOLLARS.

SINCERELY

Werner Frank

03 MAR 26 3 21 PM  
CITY OF MILWAUKEE

ALD D. GEORHAN  
CITY CLERK  
03 MAR 26 PM 2:58  
CITY OF MILWAUKEE

WERNER FRANK 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

MARCH 26, 2003

TO THE OFFICE OF THE CITY CLERK:

REGARDING MY RIGHT UPPER ARM AND ROTATOR CUFF INJURY, I SAW DOCTOR  
EISENBERGER, 7605 W. FLOREST AVE., MILWAUKEE, WI 53218 (414-462-7500)  
ON JANUARY 24, 2003, AT 2:45 PM.  
AND WENT FOR X-RAYS AT ST. MICHAEL'S HOSPITAL ON JANUARY 24 AT 4:00 PM.

I WENT FOR MRI TESTS AT ST. MICHAEL'S HOSPITAL, ON JANUARY 31, 2003  
AT 6:30 AM.

I SAW DOCTOR KRONER, 2350 NORTH LAKE DRIVE, MILWAUKEE, WI 53211 (225-5840)  
ON FEBRUARY 10, 2003, AT 9:30 AM.

I SAW DOCTOR KRONER AGAIN ON FEBRUARY 10, 2003, AT 9:30 AM.

MY NEXT APPOINTMENT TO SEE DOCTOR KRONER, WILL BE ON MAY 1, 2003, 9:00 AM.

I CONSULTED WITH MY ATTORNEY, LAWRENCE G. ALBRECHT, 158 N. BROADWAY.,  
SUITE 600, MILWAUKEE, WI 53202 (414-271-1972)  
ON JANUARY 23, 2003.

I FILED A CITIZEN COMPLAINT REPORT, WITH THE MILWAUKEE POLICE DEPARTMENT,  
ON JANUARY 17, 2003.

SINCERELY

*Werner Frank*

CITY OF MILWAUKEE  
2003 MAR 26 PM 2:58  
RONALD D. LEONHARDT  
CITY CLERK



# OFFICIAL CHECK

PURCHASER COPY

## 627455333

23-97  
1020

Notice - The purchase of an Indemnity Bond may be required before any Official Check on this bank will be replaced or refunded in the event it is lost, misplaced, or stolen.

Remitter **WERNER FRANK**

Date **March 03, 2003**

Amount **\*\*One Thousand Nine Hundred Seventy Nine Dollars and\*\***

**\*\*Twenty Five Cents\*\***

Drawn to the order of

\$ **1,979.25**

**ST. MICHAELS HOSPITAL**

**ACCT. NO. 5812547**

**NOT NEGOTIABLE**

Issued By Integrated Payment Systems Inc., Englewood, Colorado  
Bank One Colorado N.A., Denver, Colorado

Questions concerning this Statement can be e-mailed to:

[covenantbusinessoffice@covhealth.org](mailto:covenantbusinessoffice@covhealth.org)

**CUSTOMER SERVICE: (414) 456-3000  
(888) 553-5009**

Thank you for choosing a Covenant Healthcare facility for your health care needs.

The remaining AMOUNT DUE for hospital services referenced in this statement is your responsibility. Please mail your payment today.

If you have already mailed your payment, please disregard this statement and accept our thanks for your prompt response.

DESCRIPTION	DEBITS	CREDITS
MRI	1979.25	0.00

PLEASE CREDIT CARDS ARE ACCEPTED.  
COMPLETE INFORMATION ON THE REVERSE SIDE.



**BALANCE DUE FROM PATIENT** →

1979.25

AS A COURTESY TO YOU, WE HAVE BILLED BOTH YOUR PRIMARY AND SECONDARY INSURANCE.

PATIENT NAME	PATIENT NUMBER	PRIMARY INSURANCE	SECONDARY INSURANCE
FRANK, WERNER	5812547	SELF PAY	

VISIT TYPE	SERVICE FROM	SERVICE THROUGH	TOTAL CHARGE	TOTAL PAYMENT / CREDIT	AMOUNT DUE
GENERAL MEDICINE	01/31/03	01/31/03	1979.25	0.00	1979.25

**KEEP THIS PORTION FOR YOUR RECORDS.**  
See reverse side for credit card and patient financial information.  
Please visit our website for answers to frequently asked questions at [www.covhealth.org](http://www.covhealth.org)

A MEMBER OF **Covenant** HEALTHCARE

Sponsored by the Wheaton Franciscan and Felician Sisters.

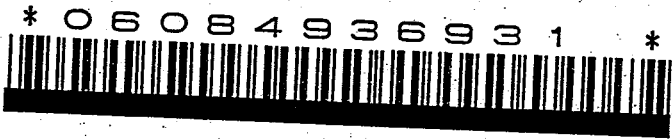
MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP  
 P.O. BOX 68-9505  
 MILWAUKEE WI 53268  
 9505

\*\*\*WHEREVER YOU NEED US.  
 WESTERN UNION MONEY TRANSFER CALL 1-800-325-6000

AGT 101576 DT 030103 \$232.50 \*\*HUNDRED32DOLLARS AND 50CENTS

Payable to: ST. MICHAEL HOSPITAL  
 Retain this purchaser's copy. It must be included with all refund requests. Be sure to read important information below and on back.  
 PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. need not stop payment on, or replace, or refund a lost or stolen Integrated Payment Systems Inc. Money Order unless: (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately. Issued by Integrated Payment Systems Inc., Englewood, Colorado.



BALANCE \$ 232.50  
 PAID OFF  
 ACCT. NO. 5810871

LOAD THIS DIRECTION, THIS SIDE UP

Questions concerning this statement can be mailed to:

covenantbusinessoffice@covhealth.org  
 CUSTOMER SERVICE: (414) 456-3000  
 (888) 553-5009

This is a reminder of the AMOUNT DUE from you for hospital services referenced in this statement. This is our second billing.

If you have already mailed your payment, please disregard this statement and accept our thanks.

If there is a reason why you have not paid the bill, please call to discuss the situation. We want to resolve any problem as soon as possible.

If there is no problem, please mail your payment today. We look forward to your response. Thank you.

DESCRIPTION	DEBITS	CREDITS
RADIOLOGY	232.50	0.00

THESE CREDIT CARDS ARE ACCEPTED. COMPLETE INFORMATION ON THE REVERSE SIDE.



BALANCE DUE FROM PATIENT 232.50  
 AS A COURTESY TO YOU, WE HAVE BILLED BOTH YOUR PRIMARY AND SECONDARY INSURANCE.

PATIENT NAME FRANK, WERNER		PATIENT NUMBER 5810871		PRIMARY INSURANCE SELF PAY		SECONDARY INSURANCE	
VISIT TYPE GENERAL MEDICINE		SERVICE FROM 01/24/03	SERVICE THROUGH 01/24/03	TOTAL CHARGE 232.50	TOTAL PAYMENT / CREDIT 0.00	AMOUNT DUE 232.50	

KEEP THIS PORTION FOR YOUR RECORDS  
 See reverse side for credit card and patient financial information.  
 Please visit our website for answers to frequently asked questions at [www.covhealth.org](http://www.covhealth.org)

A MEMBER OF *Covenant* HEALTHCARE

Sponsored by the Wheaton Franciscan and Felician Sisters

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP  
 P.O. BOX 689711  
 MILWAUKEE, WI 53268  
 414-456-3100

**ASK YOUR BILLER IF THEY**  
 ACCEPT QUICK COLLECT PAYMENTS

ACT 101576 DT 021203 \$74.00 \*\*74DOLLARS AND NO CENTS

**COVENANT MEDICAL GROUP**

Payable to:  
 Retain this purchaser's copy. It must be included with all refund requests. Be sure to read important information below and on back.  
 PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. need not stop payment on, or replace, or refund a lost or stolen Integrated Payment Systems Inc. Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately. Issued by Integrated Payment Systems Inc., Englewood, Colorado



BALANCE \$ 74.00  
 PAID OFF  
 STATEMENT NO. 188703

LOAD THIS DIRECTION, THIS SIDE UP

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

DATE	PHYSICIAN	DESCRIPTION	BILLED TO INSURANCE	PATIENT RESPONSIBILITY
	WERNER FRANK		1-02-42-71	
012403	EISENBERGER,	Charge(s) OFFICE VISIT		74.00
Thank you for choosing Covenant for your healthcare services. All patient balances are due in 30 days. Please remit today.				
STATEMENT CLOSING DATE: 01/25/03		PLEASE INDICATE YOUR GUARANTOR NUMBER WHEN CALLING OUR OFFICE:		37089-0
BALANCE FORWARD	PAYMENTS	CREDITS	CHARGES	BALANCE OVER 30 DAYS
.00			74.00	
SEND INQUIRIES TO: COVENANT MEDICAL GROUP P O BOX 689711 MILWAUKEE WI 53268-9711				BALANCE OVER 60 DAYS
				BALANCE OVER 90 DAYS
				NEW BALANCE PAY THIS AMOUNT
				74.00
STATEMENT NUMBER:			188703	

Orthopaedic Associates of Milwaukee, S.C.



N54 W6135 Mill Street, Suite 200  
Cedarburg, WI 53012 • (262) 376-7480

2350 North Lake Drive  
Milwaukee, WI 53211 • (414) 225-5840

MICHAEL R. MAJOR, M.D.   
JOHN T. KRONER, M.D.   
JAMES E. CAIN, M.D.

RORY R. WRIGHT, M.D.   
JEFFERY J. STEPHANY, M.D.

RECEIPT

DATE: 2/10/03 CHART# 110123m

PATIENT NAME Wesley Grant

METHOD OF PAYMENT

CASH  MASTERCARD  VISA AUTH#:

CHECK NO. \_\_\_\_\_ /PAYEE: self

DESCRIPTION OF SERVICE	CHARGE	PAYMENT
COPAY		
COPIES OF RECORDS		
COPIES OF XRAYS		
DISABILITY / LEGAL FORMS		
<u>99241</u>	<u>114 00</u>	
<u>40% Discount -</u>	<u>45 60</u>	
<u>Total</u>	<u>168 40</u>	<u>168 40</u>
PAYMENT ON TODAY'S CHARGES		
PAYMENT ON EXISTING BALANCE		
PAYMENT ON COLLECTION BALANCE		

TOTAL PAID 168.40

RECEIVED BY Alexandra M.



Orthopaedic Associates  
of Milwaukee, S.C.

JOHN T. KRONER, M.D.  
ORTHOPAEDIC SURGERY

N54 W6135 Mill Street  
Suite 200  
Cedarburg, WI 53012  
(262) 376-7480

2350 North Lake Drive  
Milwaukee, WI 53211  
(414) 225-5840

JANUARY 23, 2003

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

DEAR MR. LAWRENCE G. ALBRECHT (ATTORNEY AT LAW)

ON THURSDAY, JANUARY 16, 2003, AT ABOUT 4:00 PM, I CAME HOME FROM GROCERY SHOPPING.

AS I DROVE PAST 5121 N. 47th ST., WHICH IS LOCATED ABOUT 3 HOUSES NORTH FROM WHERE I LIVE, I NOTICED ABOUT 6 OR 7 BLACK MALES STANDING IN FRONT OF SAME LOCATION, AND A CAR PARKED IN FRONT OF THAT HOUSE WITH THE MUSIC CRANKED UP FULL BLAST.

AFTER I DROVE HOME, THE LOUD MUSIC WAS CAUSING MY WHOLE HOUSE TO SHAKE. IT WAS VERY ANNOYING.

AS I LOOKED OUT THE FRONT DOOR, I NOTICED ONE OF THE GUYS WHO WAS STANDING CLOSE TO THE FRONT DOOR AT 5121 N. 47th ST., WITH A KNIFE, THAT LOOKED LIKE A BUTCHER KNIFE IN HIS HAND.

THAT'S WHEN I DECIDED TO CALL THE POLICE.

WHEN I TALKED TO THE DISPATCHER, I MADE IT VERY CLEAR TO HER, THAT I WANTED TO BE ANONYMOUS.

BUT WHEN THE POLICE CAME TO 5121 N. 47th ST., THE OFFICERS NOT ONLY TOLD THOSE PEOPLE THAT I MADE A COMPLAINT AGAINST THEM, BUT PROCEEDED TO COME TO MY HOUSE AND POUND ON MY DOOR. ATTRACTING A LOT OF ATTENTION IN MY NEIGHBORHOOD.

LATE THAT NIGHT, WHILE I WAS ASLEEP, KNOCKS ON MY FRONT DOOR WOKE ME UP.

I DID NOT ANSWER THE DOOR, BUT I HEARD SOMEONE HOLLER: " I KNOW YOU'RE IN THERE, IF YOU CALL THE COPS ON US AGAIN, YOU'RE DEAD MEAT. "

THE NEXT MORNING WHEN I CHECKED MY MAIL, I FOUND A NOTE: " WE DO NOT APPRECIATE YOU CALLING THE POLICE ON 5121 N. 47th ST., etc, etc -- "

AS I TRIED TO PICK UP THE NOTE, THE WIND BLEW IT AWAY. AS I RAN AFTER IT, TO CATCH IT, I SLIPPED AND FELL ON THE SIDEWALK, I THINK I INJURED MY RIGHT SHOULDER.

I BELIEVE NEGLIGENCE TOOK PLACE ON PART OF THE POLICE DEPARTMENT, BECAUSE I MADE IT VERY CLEAR, WHEN I TALKED TO THE DISPATCHER ON THE PHONE, THAT I WANTED TO BE ANONYMOUS.

I OWNED MY HOME HERE FOR 27 YEARS, AND I HAD A VERY COMFORTABLE LIFE HERE UNTIL NOW, AND FELT VERY SAFE AND SECURE.

NOW I FEEL LIKE A PRISONER IN MY OWN HOME. I'M AFRAID TO LEAVE MY HOUSE, I HAVE TROUBLE SLEEPING, I'M A NERVOUS WRECK, I FEAR FOR MY LIFE, AND I FEEL LIKE A MARKED MAN, LIKE I HAVE TO LOOK OVER MY SHOULDER EVERY TIME I LEAVE THE HOUSE. I EVEN THINK TWICE BEFORE I CALL THE POLICE NOW.

AND FURTHERMORE, I BELIEVE MY RIGHT TO PRIVACY HAS BEEN VIOLATED THROUGH NEGLIGENCE, BY THE MILWAUKEE POLICE DEPARTMENT.

SINCERELY

*Werner Frank*



I FIRST SAW MR. LAWRENCE G. ALBRECHT (ATTORNEY AT LAW)  
REGARDING THIS MATTER, ON JANUARY 23, 2003, AT 2:00 PM.



FIRST, BLONDIS, ALBRECHT & NOVOTNAK, s.c.

BROADWAY THEATRE CENTER  
158 NORTH BROADWAY, SUITE 600 ■ MILWAUKEE, WI 53202  
TELEPHONE (414) 271-1972 ■ FAX (414) 271-1511  
E-MAIL [lgasa@core.com](mailto:lgasa@core.com) ■ [www.fbabn-law.com](http://www.fbabn-law.com)

LAWRENCE G. ALBRECHT ■ ATTORNEY AT LAW  
ALSO ADMITTED IN NEW YORK

MY FIRST APPOINTMENT TO SEE DR. EISENBERGER,  
REGARDING MY ARM AND SHOULDER INJURY,  
WAS ON FRIDAY, JANUARY 24, 2003, AT 2:45 PM.  
DOCTOR EISENBERGER CHECKED OUT MY ARM AND SHOULDER,  
AND DECIDED TO SENT ME TO ST. MICHAEL'S HOSPITAL,  
FOR FURTHER X-RAYS.

*Covenant*  
MEDICAL GROUP

Darryl L. Eisenberger, D.O.  
Family Practice

MILL CLINIC  
7605 W. FLORIST AVE. • MILWAUKEE • WI 53218  
TELEPHONE: 414/462-7500 • FACSIMILE: 414/462-3037

A MEMBER OF *Covenant* HEALTHCARE

Covenant Healthcare is sponsored by the Wheaton Franciscan and Felician Sisters.

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

JANUARY 27, 2003

DEAR MR. LAWRENCE G. ALBRECHT (ATTORNEY AT LAW):

I THOUGHT I'D SEND YOU A COPY OF THE LOCATION, WHERE I SLIPPED  
AND FELL, AND HURT MY ARM AND SHOULDER, THE MORNING OF JANUARY 17, 2003

WHEN THE WIND BLEW THE NOTE AWAY, AND I RAN AFTER IT, TO CATCH IT.

SINCERELY

*Werner Frank*

WERNER FRANK

5076 N. 47 ST.  
ALOYSIUS KOSZAREK  
5076 N. 47 ST.  
MILWAUKEE, WI 53218

FRONT DOOR

DRIVEWAY



I SLIPPED AND FELL  
ON THIS SPOT.  
ON JANUARY 17, 2003  
AT AROUND 6:30 AM

SIDEWALK

GRASS

NORTH ← NORTH 47 ST.

GRASS

SIDEWALK

FRONT DOOR

MY HOME  
WERNER FRANK  
5075 N. 47 ST.  
MILWAUKEE, WI 53218

DRIVEWAY

# MILWAUKEE POLICE DEPARTMENT CITIZEN COMPLAINT REPORT

COMPLAINANT'S NAME LAST: FRANK FIRST: WERNER MIDDLE: —			DATE OF BIRTH 5-9-42	SEX/RACE M/W <small>for statistical purposes only</small>
ADDRESS STREET: 5075 N. 47 ST. CITY: MILWAUKEE STATE: WI ZIP: 53218			PHONE (WORK)	PHONE (HOME) 466-0486
DATE OF INCIDENT 1-16-03	TIME OF INCIDENT ABOUT 4 PM	LOCATION OF INCIDENT 5121 N, 47 ST., MILWAUKEE, WI		
AGENT REPRESENTING COMPLAINANT		RELATIONSHIP	PHONE	

DETAILS OF INCIDENT (include the identity of any witnesses) PRINT LEGIBLY

ABOUT 4 PM ON JANUARY 16, 2003, I CALLED THE POLICE DEPARTMENT ABOUT A DISTURBANCE PROBLEM AT 5121 N, 47 ST., MILWAUKEE. SPECIFICALLY THERE WAS LOUD MUSIC COMING FROM A CAR PARKED IN FRONT OF THAT ADDRESS AND THERE WAS A BLACK GUY STANDING BY THE FRONT DOOR WITH A BUTCHER KNIFE IN HIS HAND AND THERE WAS A NUMBER OF BLACK PEOPLE STANDING BY THE FRONT DOOR WHEN I TALKED TO THE DISPATCHER, I MADE THE POINT VERY CLEAR, THAT I WANTED TO BE ANONYMOUS BUT WHEN THE POLICE CAME AND WENT TO THE TROUBLE LOCATION, THEY NOT ONLY TOLD THE TROUBLE MAKERS THAT I CALLED THEM, BUT

Wis s.s. 946.66 (2) False complaints of police misconduct: "Whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture"

**OVER**

(attach additional pages if needed)

I HAVE RECEIVED A COPY OF THIS COMPLAINT AND ATTEST THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed x *Frank* Person Entering Complaint Date 1-17-03

Resolved at District Level     Request Investigation by: \_\_\_\_\_  
 Request IAD Investigation    District / Bureau  
SIGNED \_\_\_\_\_  
Commanding Officer

DISTRIBUTION: 1. Internal Affairs    2. Receiving Unit    3. Complainant/Agent

BUT PROCEEDED TO COME TO MY HOUSE  
AND KNOCK ON MY DOOR, ATTRACTING  
A LOT OF ATTENTION IN MY NEIGHBORHOOD  
LATE LAST NIGHT, WHEN I WAS ASLEEP  
I HEARD KNOCKS ON MY DOOR, I DID NOT  
ANSWER, BUT I HEARD SOMEONE SAY  
"I KNOW YOU'RE IN THERE, AND IF YOU  
CALL THE COPS ON US AGAIN YOU  
ARE DEAD MEAT."

~~I BELIEVE~~

THIS MORNING WHEN I CHECKED MY  
MAIL BOX I FOUND A NOTE

"WE DO NOT APPRECIATE YOU  
CALLING THE POLICE ON 5121 N 47 ST.

~~I~~ I BELIEVE NEGLIGENCE TOOK PLACE  
ON PART OF THE POLICE OFFICERS,  
BECAUSE I MADE THE POINT VERY CLEAR  
THAT I WANTED TO BE ANONYMOUS,  
NOW I'M AFRAID FOR LIFE

Wesley Frank

WE do not  
apresheat you calling

The police on

5121 N 47 street

If you have a problem  
come down hear. And  
we do not sell drugs  
so what ever you trying  
to do ~~do~~ it right you cant  
even see down here.

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

TUESDAY, FEBRUARY 11, 2003

DEAR MR. LAWRENCE G. ALBRECHT (ATTORNEY AT LAW):

I WENT TO SEE DOCTOR JOHN T. KRONER, 2350 N. LAKE DRIVE, (414-225-5840) ON MONDAY, FEBRUARY 10, 2003, AT 9:30 AM., REGARDING MY ARM AND SHOULDER INJURY FROM MY FALL AT 5076 N. 47th ST., ON JANUARY 17, 2003.

HE DETERMINED THAT MY RIGHT UPPER ARM TENDONS ARE INFLAMED, AFTER EXAMINING MY X-RAY AND MRI PRINTS.

HE GAVE ME INSTRUCTIONS FOR REHABILITATION EXERCISES FOR THE ROTATOR CUFF.

I WAS TOLD, TO COME BACK IN 3 TO 4 WEEKS, IF MY CONDITION DOES NOT IMPROVE.

I'M SENDING YOU COPIES OF MY MEDICAL BILLS, FROM DOCTOR EISENBERGER, FROM ST. MICHAEL'S HOSPITAL FOR MY X-RAYS AND M R I TESTS.

I NEED TO CONTACT THE HOME OWNER INSURANCE OF MR. ALOYSIUS KOSZAREK 5076 N. 47th ST., MILWAUKEE, WI 53218, WHERE I SLIPPED AND FELL.

I TRIED TO CONTACT HIS SON DAVID KOSZAREK REGARDING THIS MATTER, BUT I'M NOT GETTING ANY RESPONSE.

SINCERELY

*Werner Frank*



WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

FRIDAY, FEBRUARY 7, 2003

DEAR MR LAWRENCE G. ALBRECHT (ATTORNEY AT LAW):

I'M SCHEDULED TO SEE DOCTOR JOHN T. KRONER, 2350 N. LAKE DRIVE,  
(414-225-5840), ON MONDAY, FEBRUARY 10, 2003, AT 9:30 AM.,  
REGARDING MY ARM AND SHOULDER INJURY.

SINCERELY

*Werner Frank*

WERNER FRANK



**Orthopaedic Associates  
of Milwaukee, S.C.**

**JOHN T. KRONER, M.D.  
ORTHOPAEDIC SURGERY**

**N54 W6135 Mill Street  
Suite 200  
Cedarburg, WI 53012  
(262) 376-7480**

**2350 North Lake Drive  
Milwaukee, WI 53211  
(414) 225-5840**

Covenant Healthcare  
 Po. Box 68-4055  
 Milwaukee WI 53268-4055

ACCOUNT NUMBER  
 031339-00  
 PATIENT NAME  
 WERNER FRANK

CLOSING DATE  
 04/09/2003  
 BALANCE  
 841.25  
 AMT PAID \$ 841.25

OFFICE 3  
 Office Hours 8am-5pm 414-727-5940

CITY OF MILWAUKEE  
 RECEIVED  
 03 APR 21 PM 3:00

RONALD D. EDWARDS  
 CITY CLERK  
 2003 APR 2  
 AM 10:17  
 CITY OF MILWAUKEE

KLM1050182K5002RV5-000954  
 WERNER L FRANK  
 5075 N 47TH ST  
 MILWAUKEE WI 53218-4437

CITY OF  
 CITY ATTORNEY

MAKE CHECK PAYABLE AND REMIT TO:

Covenant Healthcare  
 Po Box 68-4055  
 Milwaukee WI 53268-4055



PAGE 1 OF 1

STATEMENT

▼ DETACH HERE ▼ AND RETURN TOP PORTION WITH YOUR PAYMENT

CHECK HERE IF ADDRESS OR INSURANCE INFORMATION IS INCORRECT AND INDICATE CHANGE ON REVERSE SIDE

DATE	DOCTOR	EXPLANATION OF ACTIVITY	PROC CODE	DIAG CODE	CHARGES & DEBITS	PAYMENTS & CREDITS
01/24/2003	GOU	X-RAY EXAM OF SHOULDE	73030	959.2	44.75	
01/31/2003	POP	MRI UPPER EXTREMITY W	73221	719.41	398.25	
01/31/2003	POP	MRI UPPER EXTREMITY W	73221	719.41	398.25	

OFFICIAL CHECK

M&B Bank

627455797

Remitter: WERNER L FRANK 031339-00

Date: April 21, 2003

Amount: \*\*Eight Hundred Forty One Dollars and Twenty Five Cents\*\*

\$ 841.25

Pay to the order of  
 COVENANT HEALTHCARE

Authorized Signature

Issued By: Integrated Payment Systems Inc., Englewood, Colorado  
 Bank One Colorado-N.A., Denver, Colorado

⑈992461⑈ ⑆102000979⑆ 68006274557972⑈

VARIABLE TONE BACKGROUND AREA OF THIS DOCUMENT CHANGES COLOR GRADUALLY AND SMOOTHLY FROM DARKER TONES AT BOTH TOP AND BOTTOM TO THE LIGHTEST TONE IN THE MIDDLE

STATEMENT CLOSING DATE	AMT OF LAST PAYMENT	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	CHARGES AND DEBITS	PAYMENTS AND CREDITS
04/09/2003	0.00	0.00	398.25	443.00	0.00	0.00	0.00	0.00

INS :

PLEASE PAY THIS AMT :

841.25

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

APRIL 28, 2003

CITY OF MILWAUKEE  
 2003 APR 28 AM 10:42  
 RONALD D. LEONARDI  
 CITY CLERK

TO THE CITY CLERK OFFICE AT MILWAUKEE CITY HALL:

I'M SENDING YOU A COPY OF ANOTHER PAID MEDICAL BILL FOR DR. KRONER,  
 REGARDING MY CLAIM AGAINST THE CITY OF MILWAUKEE.

SINCERELY

*Werner Frank*

WERNER FRANK

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			0.00	
02/10/03	KRONER	OFFICE/OUTPATIENT CON	99241	726.10	114.00	
02/12/03	KRONER	PAYMENT-THANK YOU				68.40-
02/12/03	KRONER	ADJ:WRITE OFF-DISCOU				45.60-
02/12/03	KRONER	40% DISCOUNT PER MD-NO INS				
03/10/03	KRONER	OFFICE/OPD VISIT-ESTA	99212	726.10	57.00	

MONEY ORDER RECEIPT - NON NEGOTIABLE

**\*\*\*NEED TO SEND MONEY FAST?\*\*\***  
 CALL WESTERN UNION AT 1-800-325-6000 TODAY!!!

ACT 101576 DT 031503 \$57.00 \*\*\$57DOLLARS AND NO CENTS

Payable to: **ORTHOPAEDIC ASSOCIATES OF M. SC.**  
Retain this purchaser's copy. It must be included with all refund requests. Be sure to read important information below and on back.

PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. need not stop payment on, or replace, or refund a lost or stolen Integrated Payment Systems Inc. Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately, issued by Integrated Payment Systems Inc., Englewood, Colorado

\* 06582493783 \*



LOAD THIS DIRECTION, THIS SIDE UP  
 2350 N. LAKE DR.  
 MILWAUKEE, WI 53218  
 414-225-5840

LOAD THIS DIRECTION, THIS SIDE UP

CITY OF MILWAUKEE  
 RECEIVED  
 APR 28 PM 3:19  
 CITY ATTORNEY

Filing of your Insurance Claims is done as a courtesy. It is your responsibility to followup and ensure payments are being made at least monthly. Please contact your Insurance Carrier or our Billing Department for assistance 414-225-5840.

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
03/12/03	02/12/03		0.00	0.00	0.00	171.00	68.40-

Orthopaedic Associates INS:  
 of Milwaukee, S.C.

PLEASE PAY THIS AMOUNT → 57.00

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414\*466-0486)

MAY 31, 2003

CITY OF MILWAUKEE  
2003 JUN -2 PM 1:05  
RONALD O. LEONHARDT  
CITY CLERK

TO THE CITY CLERK AT CITY HALL:

I WOULD LIKE TO CORRECT A STATEMENT THAT I MADE ON MARCH 26, 2003,  
REGARDING AN APPOINTMENT WITH DOCTOR KRONER ON FEBRUARY 10, 2003.

MY FIRST APPOINTMENT TO SEE DOCTOR KRONER, WAS ON FEBRUARY 10, 2003.  
MY SECOND APPOINTMENT WAS ON MARCH 10, 2003, AT 9:30 AM, INSTEAD  
OF FEBRUARY 10, 2003.

I APOLOGIZE FOR THE ERROR.

SINCERELY

*Werner Frank*

CITY OF MILWAUKEE  
RECEIVED  
'03 JUN -2 PM 3:28  
OFFICE OF  
CITY ATTORNEY

WERNER FRANK 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

MARCH 26, 2003

TO THE OFFICE OF THE CITY CLERK:

REGARDING MY RIGHT UPPER ARM AND ROTATOR CUFF INJURY, I SAW DOCTOR  
ELSENBERGER, 7605 W. FLORIST AVE., MILWAUKEE, WI 53218 (414-462-7500)  
ON JANUARY 24, 2003, AT 2:45 PM.  
AND WENT FOR X-RAYS AT ST. MICHAEL'S HOSPITAL ON JANUARY 24 AT 4:00 PM.

I WENT FOR MRI TESTS AT ST. MICHAEL'S HOSPITAL, ON JANUARY 31, 2003  
AT 6:30 AM.

I SAW DOCTOR KRONER, 2350 NORTH LAKE DRIVE, MILWAUKEE, WI 53211 (225-5840)  
ON FEBRUARY 10, 2003, AT 9:30 AM.

**MARCH 10, 2003**

I SAW DOCTOR KRONER AGAIN ON ~~FEBRUARY 10, 2003~~, AT 9:30 AM.

MY NEXT APPOINTMENT TO SEE DOCTOR KRONER, WILL BE ON MAY 1, 2003, 9:00 AM.

I CONSULTED WITH MY ATTORNEY, LAWRENCE G. ALBRECHT, 158 N. BROADWAY,  
SUITE 600, MILWAUKEE, WI 53202 (414-271-1972)  
ON JANUARY 23, 2003.

I FILED A CITIZEN COMPLAINT REPORT, WITH THE MILWAUKEE POLICE DEPARTMENT,  
ON JANUARY 17, 2003.

SINCERELY

*Werner Frank*

CITY OF MILWAUKEE  
2003 JUN -2 PM 1:06  
RONALD D. LEONHARDT  
CITY CLERK

03-2-46

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

MONDAY, JULY 7, 2003

TO THE CITY CLERK:

I'M INCLUDING A COPY, OF A PAID MEDICAL BILL, REGARDING MY CLAIM AGAINST THE CITY OF MILWAUKEE, REGARDING MY ARM INJURY, FOR MEDICAL TREATMENT ON MY UPPER ARM, AT ORTHOPAEDIC HOSPITAL OF WISCONSIN, 575 W. RIVER WOODS PARKWAY, GLENDALE, WI 53212

SINCERELY

*Werner Frank*

RONALD D. LEONHARDT  
CITY CLERK

2003 JUL - 8 AM 8:49

CITY OF MILWAUKEE

MILWAUKEE  
RECEIVED

'03 JUL - 8 AM 11: 07

OFFICE OF  
CITY ATTORNEY

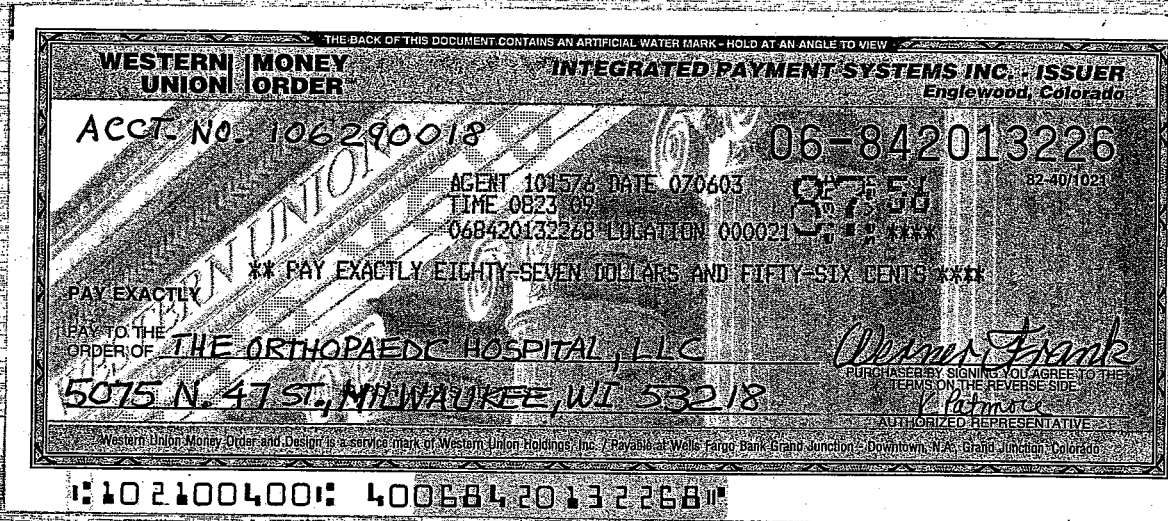


Service Date: 5/27/2003  
Patient Name: Werner Frank  
Account Number: 106290018

Total Charges: \$ 230.50  
Balance Due: \$ 87.56

Private Pay Account

Thank you for using the Orthopaedic Hospital of Wisconsin. Your insurance carrier has processed the charges on your account listed above. The remaining balance is your responsibility. Please return your payment in the envelope provided. If you have any questions, or need to make payment arrangements, please contact our office at (262) 446-0240.



The Orthopaedic Hospital, LLC  
Box 88878  
Milwaukee, WI 53288-0878

July 3, 2003  
Acct#: 106290018  
Amount Due: \$ 87.56

The Orthopaedic Hospital, LLC  
Box 88878  
Milwaukee, WI 53288-0878

Werner Frank  
5075 N 47th St  
Milwaukee, WI 53218



**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 20316000440502						
Orthopaedic Hospital Of Wis. 575 W. River Woods Parkway Glendale, WI 53212						
Referred by: John T. Kroner						
05/27/03	Electric stimulation therapy (97014)	\$73.50	\$73.50	\$0.00	\$0.00	e,f,g
	Pt evaluation (97001)	86.68	0.00	0.00	0.00	e,f,h
	Pt evaluation (97001)	70.32	0.00	14.06	14.06	
	<b>Claim Total</b>	<b>\$230.50</b>	<b>\$73.50</b>	<b>\$14.06</b>	<b>\$14.06</b>	

**Notes Section:**

- a The amount Medicare paid the provider for this claim is \$470.16.
- b This service is paid at 100% of the Medicare approved amount.
- c \$21.52 of this approved amount has been applied toward your deductible.
- d Payment is included in another service received on the same day.
- e Medicare does not pay for this item or service.
- f You should not be billed for this service. You do not have to pay this amount.
- g The amount Medicare paid the provider for this claim is \$56.26.
- h This amount is the difference in billed amount and Medicare approved amount.

**Deductible Information:**

You have met the Part B deductible for 2003.

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

MONDAY, JULY 7, 2003

DEAR MR. ALBRECHT (ATTORNEY AT LAW):

I SENT A COPY OF A PAID MEDICAL BILL, TO THE CITY CLERK AT CITY HALL,  
REGARDING MY ARM INJURY.

I SAW DOCTOR KRONER ON FRIDAY, JUNE 27th, 2003, REGARDING MY ROTATOR  
CUFF TREATMENT AT ORTHOPAEDIC HOSPITAL, 575 WEST RIVER WOODS PARKWAY,  
GLENDALE, WI 53212

I WILL BE SEEING DOCTOR KRONER AGAIN, ON FRIDAY, JULY 26th, 2003.

SINCERELY

*Werner Frank*

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

FRIDAY, JUNE 27, 2003

DEAR DOCTOR KRONER:

I WAS TREATED FOR MY RIGHT UPPER ARM INJURY AT ORTHOPAEDIC HOSPITAL,  
575 WEST RIVER WOODS PARKWAY, GLENDALE, WI 53212.

I HAD TREATMENTS AND THERAPY ON:

TUESDAY, MAY 27, 2003 AT 7:45 AM

MONDAY, JUNE 2, 2003 AT 8:30 AM

WEDNESDAY, JUNE 4, 2003 AT 8:30 AM

THURSDAY, JUNE 12, 2003 AT 8:30 AM

TUESDAY, JUNE 17, 2003 AT 8:30 AM

FRIDAY, JUNE 20, 2003 AT 8:30 AM

SINCERELY

*Werner Frank*

TO THE CITY CLERK:

I'M INCLUDING A COPY  
OF A DOCTOR BILL PAID  
REGARDING MY ARM INJURY

SINCERELY

*Ormer Frank*

CITY OF MILWAUKEE  
2003 JUN 12 PM 2:06  
RONALD D. LEONARDI  
CITY CLERK

OFFICE OF  
CITY ATTORNEY  
03 JUN 12 PM 3:17  
CITY OF MILWAUKEE  
RECEIVED

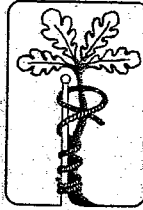
MAKE CHECKS PAYABLE TO:

Orthopaedic Associates  
of Milwaukee, S.C.

2350 N. Lake Drive  
MILWAUKEE, WI 53211

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

STATEMENT



PHONE	(414) 225-5840
	BILLING INQUIRY CALLS ACCEPTED
FED I.D. # 39-1127166	FROM 10:00 - 4:00 MONDAY THRU FRIDAY
ACCOUNT NO.	016723M

WERNER FRANK  
5075 NORTH 47TH STREET  
  
MILWAUKEE, WI 53218

PATIENT'S NAME WERNER FRANK		
CLOSING DATE 06/04/03	PAGE NO. 01	NEW BALANCE 34.70

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

DETACH AND RETURN THIS PART WITH REMITTANCE

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			57.00	
03/17/03	KRONER	PAYMENT:06-582493783				57.00-
05/01/03	KRONER	OFFICE/OPD VISIT-ESTA	99212	726.10	57.00	
05/20/03	KRONER	PLAN PAYMENT:1112891		MEDICARE		0.00
05/20/03	KRONER	ADJ:WRITE OFF-MEDICA		MEDICARE		22.30-
05/20/03	KRONER	34.70 MEDICARE DEDUCTIBLE DUE				

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

**WESTERN UNION MONEY ORDER**

**INTEGRATED PAYMENT SYSTEMS INC. - ISSUER**  
Englewood, Colorado

06-339932096

AGENT 101576 DATE 061203  
TIME 0947 01  
063399320961 LOCATION 000021

34.70

\*\* PAY EXACTLY THIRTY-FOUR DOLLARS AND SEVENTY CENTS XXXXX

PAY TO THE ORDER OF **ORTHOPAEDIC ASSOCIATES**  
OF MILWAUKEE S.C.  
5075 N. 47 ST., MILWAUKEE, WI, 53218

Werner Frank  
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE  
Patmore  
AUTHORIZED REPRESENTATIVE

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc. / Payable at Wells Fargo Bank, Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 4006339932096 1⑆

Filing of your Insurance Claims is done as a courtesy. It is your responsibility to followup and ensure payments are being made at least monthly. Please contact your Insurance Carrier or our Billing Department for assistance 414-225-5840.

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
06/04/03	03/17/03		0.00	0.00	0.00	57.00	57.00-

Orthopaedic Associates  
of Milwaukee, S.C.

INS: MEDICARE

PLEASE PAY THIS AMOUNT →

34.70

03-L-46

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)

MONDAY, JULY 28, 2003

CITY OF MILWAUKEE

2003 JUL 28 PM 2:25

RONALD D. LEONHARDT  
CITY CLERK

TO THE CITY CLERK OF THE CITY OF MILWAUKEE:

I'M REQUESTING A LETTER OF ACKNOWLEDGEMENT, REGARDING MY PERSONAL INJURY CLAIM FOR DAMAGES AGAINST THE CITY OF MILWAUKEE, RESULTING FROM A POLICE INCIDENT, THAT HAPPENED ON JANUARY 16, 2003.

MY CLAIM FOR DAMAGES, AGAINST THE CITY OF MILWAUKEE, WAS FILED ON MARCH 26, 2003.

I'M INCLUDING A COPY OF THE ORIGINAL CLAIM.

SINCERELY

*Werner Frank*

OFFICE OF  
CITY ATTORNEY  
CITY OF MILWAUKEE  
RECEIVED  
'03 JUL 28 PM 4:01

WERNER FRANK, 5075 N. 47th ST., MILWAUKEE, WI 53218 (414-466-0486)  
TO THE OFFICE OF THE CITY CLERK:

ON THURSDAY, JANUARY 16, 2003, AT ABOUT 4:00 PM, I CAME HOME FROM GROCERY SHOPPING.

AS I DROVE PAST 5121 N. 47th ST., WHICH IS LOCATED ABOUT 3 HOUSES NORTH FROM WHERE I LIVE, I NOTICED ABOUT 6 OR 7 BLACK MALES STANDING IN FRONT OF SAME LOCATION, AND A CAR PARKED IN FRONT OF THAT HOUSE WITH THE MUSIC CRANKED UP FULL BLAST.

AFTER I DROVE HOME, THE LOUD MUSIC WAS CAUSING MY WHOLE HOUSE TO SHAKE. IT WAS VERY ANNOYING.

AS I LOOKED OUT THE FRONT DOOR, I NOTICED ONE OF THE GUYS WHO WAS STANDING CLOSE TO THE FRONT DOOR AT 5121 N. 47th ST., WITH A KNIFE, THAT LOOKED LIKE A BUTCHER KNIFE IN HIS HAND.

THAT'S WHEN I DECIDED TO CALL THE POLICE.

WHEN I TALKED TO THE DISPATCHER, I MADE IT VERY CLEAR TO HER, THAT I WANTED TO BE ANONYMOUS.

BUT WHEN THE POLICE CAME TO 5121 N. 47th ST., THE OFFICERS NOT ONLY TOLD THOSE PEOPLE THAT I MADE A COMPLAINT AGAINST THEM, BUT PROCEEDED TO COME TO MY HOUSE AND POUND ON MY DOOR, ATTRACTING A LOT OF ATTENTION IN MY NEIGHBORHOOD.

LATE THAT NIGHT, WHILE I WAS ASLEEP, KNOCKS ON MY FRONT DOOR WOKE ME UP.

I DID NOT ANSWER THE DOOR, BUT I HEARD SOMEONE HOLLER: " I KNOW YOU'RE IN THERE, IF YOU CALL THE COPS ON US AGAIN, YOU'RE DEAD MEAT. "

THE NEXT MORNING WHEN I CHECKED MY MAIL, I FOUND A NOTE: " WE DO NOT APPRECIATE YOU CALLING THE POLICE ON 5121 N. 47th ST., etc, etc -- "

AS I TRIED TO PICK UP THE NOTE, THE WIND BLEW IT AWAY. AS I RAN AFTER IT TO CATCH IT, I SLIPPED AND FELL ACROSS THE STREET, INJURING MY RIGHT UPPER ARM AND ROTATOR CUFF. I'VE BEEN UNDER DOCTOR CARE AND CONSTANT PAIN EVER SINCE.

I BELIEVE NEGLIGENCE TOOK PLACE ON PART OF THE POLICE DEPARTMENT, BECAUSE I MADE IT VERY CLEAR, WHEN I TALKED TO THE DISPATCHER ON THE PHONE, THAT I WANTED TO BE ANONYMOUS.

I OWNED MY HOME HERE FOR 27 YEARS, AND I HAD A VERY COMFORTABLE LIFE HERE UNTIL NOW, AND FELT VERY SAFE AND SECURE.

NOW I FEEL LIKE A PRISONER IN MY OWN HOME. I'M AFRAID TO LEAVE MY HOUSE, I HAVE TROUBLE SLEEPING, I'M A NERVOUS WRECK, I FEAR FOR MY LIFE, AND I FEEL LIKE A MARKED MAN, LIKE I HAVE TO LOOK OVER MY SHOULDER EVERY TIME I LEAVE THE HOUSE. I EVEN THINK TWICE BEFORE I CALL THE POLICE NOW.

AND FURTHERMORE, I BELIEVE MY RIGHT TO PRIVACY HAS BEEN VIOLATED THROUGH NEGLIGENCE, BY THE MILWAUKEE POLICE DEPARTMENT.

THEREFORE I AM FILING A CLAIM AGAINST THE CITY OF MILWAUKEE FOR DAMAGES IN THE AMOUNT OF THREE HUNDRED THOUSAND DOLLARS.

SINCERELY

*Werner Frank*

**MAKE CHECKS PAYABLE TO:**

**Orthopaedic Associates  
of Milwaukee, S.C.**

2350 N. Lake Drive  
MILWAUKEE, WI 53211

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

**STATEMENT**



PHONE	(414) 225-5840
	BILLING INQUIRY CALLS ACCEPTED
FED I.D. # 39-1127166	FROM 10:00 - 4:00 MONDAY THRU FRIDAY
ACCOUNT NO	016723M

**CASE NO. 03-L-46**

WERNER FRANK  
5075 NORTH 47TH STREET

MILWAUKEE, WI 53218

PATIENT'S NAME WERNER FRANK	
CLOSING DATE 07/31/03	PAGE NO. NEW BALANCE

CITY CLERK  
 AUG - 5 PM 3:56  
 MILWAUKEE

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

DETACH AND RETURN THIS PART WITH REMITTANCE

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
06/16/03	KRONER	Previous Balance			34.70	
06/27/03	KRONER	PAYMENT:06-339932096				34.70-
07/21/03	KRONER	OFFICE/OPD VISIT-ESTA	99212	726.10	57.00	
07/21/03	KRONER	PLAN PAYMENT:1113507		MEDICARE		27.76-
07/21/03	KRONER	ADJ:WRITE OFF-MEDICA		MEDICARE		22.30-
07/21/03	KRONER	\$6.94				

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

**WESTERN UNION MONEY ORDER** **INTEGRATED PAYMENT SYSTEMS INC. - ISSUER**  
Greenwood Village, Colorado

ACCT. NO. 016723 M 06-770279157

AGENT 101576 DATE 080403 TIME 0813 01 6:04  
067702791570 LOCATION 000021

82-40/1021

XX PAY EXACTLY SIX DOLLARS AND NINETY-FOUR CENTS XXXXXXXXXX

PAY EXACTLY **ASSOCIATES**  
PAY TO THE ORDER OF **ORTHOPAEDIC OF MILWAUKEE, S.C.**  
5075 N. 47 ST., MILWAUKEE, WI, 53218

PURCHASER, SIGNER FOR DRAWER  
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

⑆ 102100400⑆ 40067702791570⑆

Filing of your Insurance Claims is done as a courtesy. It is your responsibility to followup and ensure payments are being made at least monthly. Please contact your Insurance Carrier or our Billing Department for assistance 414-225-5840.

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
07/31/03	06/16/03		6.94	0.00	0.00	57.00	62.46-

Orthopaedic Associates of Milwaukee, S.C. INS: MEDICARE

PLEASE PAY THIS AMOUNT →

6.94