

DANIEL P. KONDOS, S.C.

LAW OFFICES

407 WEST SILVER SPRING DRIVE
MILWAUKEE, WISCONSIN 53217
(414) 961-0180

MILWAUKEE OFFICE

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1595 N. CENTRAL EXPWY
DALLAS, TEXAS 75080
(972) 231-9924
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MEMBER OF TEXAS BAR ONLY*
ALSO MEMBER OF ILLINOIS BAR**

THEODORE C. SERAPHIM
OF COUNSEL

DANIEL P. KONDOS, S.C.
CAROL P. KONDOS, P.C.**
JAMES R. SHOBRIT
ROBERT B. ERDMANN
RANDALL L. ROZEK
LOUIS E. BAUREIS
KEVIN W. HAASS
KAREN W. MOORE
KATHERINE A. DEPIES
PAUL G. BELKE
WILLIAM E. ROBBINS*
ANJEL AVANT BENTON*
ROBERT J. NUSSBAUM*
SALLY J. ROBBINS*
TIMOTHY J. O'HARE*
HILARY THOMAS*
KRISTI C. PARKS*
DREW M. SCHILLING*

CITY OF MILWAUKEE
'00 MAY -2 PM 3:47
RONALD D. LEONHARDT
CITY CLERK

April 26, 2000

City Clerk
City Hall
200 East Wells Street
Milwaukee, Wisconsin 53202

RE: Notice of Injury Form
My Client: Matthew Antoniewicz
Accident of: 2/27/00

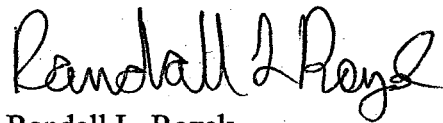
To Whom It May Concern:

Enclosed please find the original and four (4) copies of the Notice of Injury Forms relative to the above matter.

Please indicate the date of receipt and filing on one of the enclosed copies, and then return same to my office in the post paid envelope that I have also enclosed for your convenience.

Thank you for your assistance.

Very truly yours,



Randall L. Rozek

CITY OF MILWAUKEE
RECEIVED
'00 MAY -3 PM 3:14
OFFICE OF
CITY ATTORNEY
RLR:ts
Enclosure

NOTICE OF INJURY FORM

**TO: CITY CLERK
CITY HALL
200 EAST WELLS STREET
MILWAUKEE, WISCONSIN 53202**

PLEASE TAKE NOTICE, that the undersigned will be making a claim for injuries and damages against you by virtue of the reasons set forth hereafter:

NAME OF CLAIMANT:

MATTHEW ANTONIEWICZ

DATE AND TIME OF INJURIES AND OR DAMAGES SUSTAINED:

February 27, 2000 at 2:00 a.m.

PLACE OR LOCATION WHERE INJURY OR DAMAGES OCCURRED:

**Brady Street Bridge
Milwaukee, Wisconsin**

MANNER IN WHICH DAMAGES OR INJURIES WERE RECEIVED OR OCCURRED:

Claimant was injured when he was walking up the steps of the Brady Street Bridge. As he went to put his foot down on one of the steps, there was not a full step there, which caused the Claimant to fall backward down the stairs and hit his chin on the metal railing at the bottom.

GROUND ON WHICH CLAIM IS MADE:

Negligence on the part of the City of Milwaukee, by its agents, servants and employees, including but not limited to failure to provide and further maintain premises that were safe and proper for individuals using said premises.

GENERAL DESCRIPTION OF INJURIES AND DAMAGES:

PERSONAL INJURIES: Broken jaw
Left leg cut & bruised
Missing teeth
Broken teeth
Left shin cut
Left knee pain
Right leg cut & bruised
Stitches inside & outside of mouth

LOSS OF WAGES
MEDICAL EXPENSES

PLEASE TAKE NOTICE that satisfaction for such injuries or damages will be claimed, but that the amount of said demand is **UNKNOWN** at the present time.

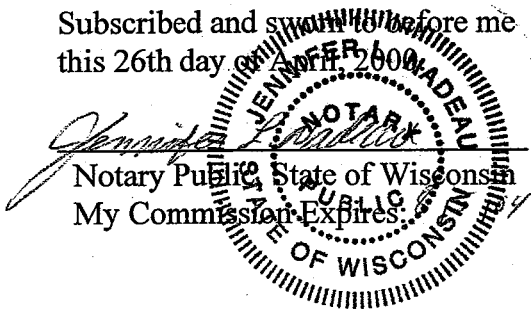
Dated at Milwaukee, Wisconsin, this 26th day of April, 2000.

Claimant: MATTHEW ANTONIEWICZ
1725 N. PROSPECT AVE. # 510
MILWAUKEE, WISCONSIN 53202

DANIEL P. KONDOS, S.C. LAW OFFICES

BY: *Randall L. Rozek*
RANDALL L. ROZEK,
Attorney for the Claimant
407 West Silver Spring Drive
Milwaukee, Wisconsin 53217
Telephone: (414) 961-0180

Subscribed and sworn to before me
this 26th day of April, 2000.



**THIS IS NOT A NOTICE OF CLAIM PURSUANT TO SECTION 893.80,
WISCONSIN STATUTES**

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the attached:

NOTICE OF INJURY FORM

was served upon the hereinafter named:

CITY CLERK
CITY HALL
200 EAST WELLS STREET
MILWAUKEE, WISCONSIN 53202

By enclosing same in an adequately postpaid envelope, bearing the sender's name and address which was duly deposited in a U.S. Mailbox on the 26th day of April, 2000, pursuant to Section 801.14(2), Wisconsin Statutes.


TINA SEEHAFER

POST OFFICE ADDRESS:
407 West Silver Spring Drive
Milwaukee, Wisconsin 53217
Telephone: (414) 961-0180

DANIEL P. KONDOS, S.C.

LAW OFFICES

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MEMBER OF TEXAS BAR ONLY*
ALSO MEMBER OF ILLINOIS BAR**

THEODORE C. SERAPHIM
OF COUNSEL

May 30, 2000

Attorney Ralph Baumann
City Hall
200 East Wells Street
Room 800
Milwaukee, Wisconsin 53202

RE: Amended Notice of Injury Forms
My Client: Matthew Antoniewicz
Accident : 2/27/00

Dear Mr. Baumann:

Enclosed please find the original and four (4) copies of the Amended Notice of Injury Forms relative to the above matter.

Please indicate the date of filing on one of the enclosed copies, and then return same to my office in the enclosed self addressed stamped envelope.

Thank you for your assistance.

Very truly yours,


Randall L. Rozek

RLR/nls
Enclosure

AMENDED NOTICE OF INJURY FORM

TO: ATTORNEY RALPH BAUMANN
CITY HALL
200 EAST WELLS STREET
ROOM 800
MILWAUKEE, WISCONSIN 53202

PLEASE TAKE NOTICE, that the undersigned will be making a claim for injuries and damages against you by virtue of the reasons set forth hereafter:

NAME OF CLAIMANT:

MATTHEW ANTONIEWICZ

DATE AND TIME OF INJURIES AND OR DAMAGES SUSTAINED:

February 27, 2000 at 2:00 a.m.

PLACE OR LOCATION WHERE INJURY OR DAMAGES OCCURRED:

Brady Street Bridge
Milwaukee, Wisconsin

MANNER IN WHICH DAMAGES OR INJURIES WERE RECEIVED OR OCCURRED:

Claimant was injured when he was walking up the steps of the Brady Street Bridge. As he went to put his foot down on one of the steps, there was not a full step there, nor was there adequate lighting, which caused the Claimant to fall backward down the stairs and hit his chin on the metal railing at the bottom.

GROUND ON WHICH CLAIM IS MADE:

Negligence on the part of the City of Milwaukee, by its agents, servants and employees, including but not limited to failure to provide and further maintain premises that were safe and proper for individuals using said premises, and failure to provide adequate lighting to a pedestrian walkway.

GENERAL DESCRIPTION OF INJURIES AND DAMAGES:

PERSONAL INJURIES: Broken jaw
Left leg cut and bruised
Broken and missing teeth
Left shin cut
Left knee pain
Right left cut and bruised
Stitches inside and outside of mouth

MEDICAL EXPENSES
LOSS WAGES

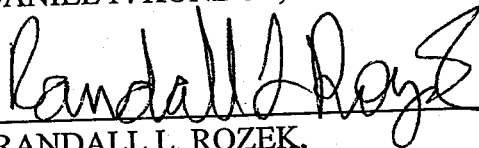
PLEASE TAKE NOTICE that satisfaction for such injuries or damages will be claimed, but that the amount of said demand is UNKNOWN at the present time.

Dated at Milwaukee, Wisconsin, this 30th day of May, 2000.

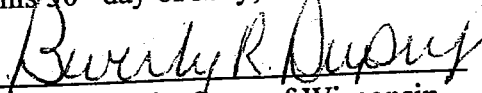
Claimant: MATTHEW ANTONIEWICZ
5138 NORTH 19TH STREET
MILWAUKEE, WISCONSIN 53209

DANIEL P. KONDOS, S.C. LAW OFFICES

BY:


RANDALL L. ROZEK,
Attorney for the Claimant
407 West Silver Spring Drive
Milwaukee, Wisconsin 53217
Telephone: (414) 961-0180

Subscribed and sworn to before me
this 30th day of May, 2000.


Notary Public, State of Wisconsin
My Commission Expires: 11/10/02

THIS IS NOT A NOTICE OF CLAIM PURSUANT TO SECTION 893.80,
WISCONSIN STATUTES

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the attached:

NOTICE OF INJURY FORM

was served upon the hereinafter named:

ATTORNEY RALPH BAUMANN
CITY HALL
200 EAST WELLS STREET
ROOM 800
MILWAUKEE, WISCONSIN 53202

By enclosing same in an adequately postpaid envelope, bearing the sender's name and address which was duly deposited in a U.S. Mailbox on the 30th day of May, 2000, pursuant to Section 801.14(2), Wisconsin Statutes.



NICOLE L. SLOMINSKI

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Milwaukee, Wisconsin 53217
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