

NOTICE OF CIRCUMSTANCES OF INJURY

CITY OF MILWAUKEE

ADA M. SPREWER

Plaintiff,

vs.

CITY OF MILWAUKEE

Defendant.

2003 SEP 17 PM 1:39
RONALD D. LEONHARDT
CITY CLERK

To: Clerk of the City of Milwaukee
City Hall
200 East Wells Street
Milwaukee, WI 53202

CITY OF MILWAUKEE
RECEIVED
'03 SEP 17 PM 3:43
CITY ATTORNEY

PLEASE TAKE NOTICE that on May 21, 2003 , Ada M. Sprewer of 3459 South 110th Street, West Allis, Wisconsin 53227, suffered compensible damages by virtue of the negligence of employees or agents of the City of Milwaukee.

Ms. Sprewer (DOB: 05/20/34) was a pedestrian using the city sidewalk on the 4100 block of North Holton Avenue at approximately 1:00 p.m. on May 21, 2003. While using the city sidewalk, Ms. Sprewer came upon an area of sidewalk that was in significant disrepair and uneven. Ms. Sprewer tripped on an elevated portion of the sidewalk, falling and suffering significant injuries to her hand, head and eye.

The employees or agents of the City of Milwaukee were negligent in failing to appropriately maintain the sidewalk at the area in question. The employees or agents of the City of Milwaukee caused Ms. Sprewer's injury. Consequently, Ms. Sprewer has sustained permanent and disabling injuries. In addition, Ms. Sprewer has incurred medical expenses and a loss of wages as a result of the injury.

End
9.17.03
11:40 am
[Signature]

This Notice of Circumstances of Injury is being served pursuant to §893.80, Wis. Stats.

Dated at West Allis, Wisconsin, this 9th day of September, 2003.

Ada M Sprewer
Ada M. Sprewer
3459 South 110th Street, L209
West Allis, WI 53227

03-2-127

ADA M. SPREWER,

Plaintiff

vs.

MILWAUKEE COUNTY,

Defendant

CITY OF MILWAUKEE
05 SEP 30 PM 12:00
RONALD D. LEONHARDT
CITY CLERK

CLAIM

TO: City Clerk
200 E. Wells Street, Room 205
Milwaukee, WI 53202-3567

This will serve as a claim for damages on behalf of Ada M. Sprewer. Ada M. Sprewer suffered compensible damages through the negligence of employees of the City of Milwaukee as described in the Notice of Injury dated September 9, 2003, that was filed and served upon the City Clerk of Milwaukee on September 17, 2003 (Exhibit A.). As a result of the negligence, Ada M. Sprewer suffered severe injuries, and incurred medical expenses, itemized as follows:

Medical College of Wisconsin	7/29/03	\$ 49.00
Medical College of Wisconsin	7/30/03	\$ 43.00
Froedtert Lutheran Hospital	8/5/03	\$ 595.00
Medical College of Wisconsin	8/5/03	\$ 240.00
Medical College of Wisconsin	10/7/03	\$ 74.00

The medical expenses may continue to occur. In addition to the medical expenses listed above, Ada M. Sprewer has been damaged, as previously described in the amount of \$8,000.

Ada M. Sprewer resides at 3149 S. 77th Street, Milwaukee, WI 53219.

Pertinent medical records are attached as Exhibit B.

3rd
9-30-05
12:00 PM
[Signature]

CITY OF MILWAUKEE
05 SEP 20 11:31:10
OFFICE OF
CITY ATTORNEY

Dated at Milwaukee, Wisconsin this 24 day of September, 2005.

GRAY & END
Attorneys for Plaintiff

By: 

Jerome A. Hierseman
State Bar No: 005140

P.O. Address:

600 North Broadway, Suite 300
Milwaukee, WI 53202
(414) 278 - 8060

NOTICE OF CIRCUMSTANCES OF INJURY

ADA M. SPREWER

Plaintiff,

vs.

CITY OF MILWAUKEE

Defendant.

To: Clerk of the City of Milwaukee
City Hall
200 East Wells Street
Milwaukee, WI 53202

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9-17-03
11:40am
Marian Hartner
Council F. S.

This Notice of Circumstances of Injury is being served pursuant to §893.80, Wis. Stats.

Dated at West Allis, Wisconsin, this 9th day of September, 2003.

Ada M. Sprewer
Ada M. Sprewer
3459 South 110th Street, L209
West Allis, WI 53227

03
B
2
1

USE BALL POINT PEN - PLEASE PRESS HARD

DATE OF EXAM 7-29-03 TIME _____

EXAM REQUESTED (Print Clearly)

Ⓡ hand XR

MCP joints

4th finger

5th finger

metacarpal

metacarpals

wrist

NOTE ADDED INSTRUCTIONS: _____

SEND FILM TO CLINIC YES

REQUEST FOR COPY OF REPORT TO BE SENT TO:

NAME _____

ADDRESS _____

ZIP _____

FAX NO. _____

REASON FOR EXAM (Clinical Indications / Diagnosis for exam(s))

4th + 5th finger

MCP + metacarpal +

phalangeal

tenderness

wrist osteopenia

s/p fall 6/21/03

No fx

STAT READING

ORDERING PHYSICIAN NAME (PRINT) <u>J. Mitchers</u>	ORDERING PHYSICIAN NUMBER <u>7-28-03</u>
ORDERING PHYSICIAN/DESIGNEE SIGNATURE <u>J. Mitchers</u>	TELEPHONE NUMBER
DATE OF SIGNATURE / DATE ORDERED <u>06547</u>	SERVICE/CLINIC

COMPUTER DOWNTIME - FOR RADIOLOGY USE ONLY
If computer system is down, please complete this section:

DATE _____ ROOM NO. _____

TECH ID #1 _____ STUDENT ID #1 _____

TECH ID #2 _____ STUDENT ID #2 _____

TIME IN _____ TIME IN ROOM _____ TIME OUT _____

INDICATE EXAMS IF DIFFERENT FROM ABOVE

RAD CHECKED _____

Addressograph Area

Ada Sprewer

00022630

DOB 5/20/34

Yellow - Medical Records 10/01
White - Radiology
Pink - Ordering Physician/Clinic

Radiology Request



RADIOLOGY REQUEST

Hand Center / Team Update

CLINICAL RECORDS

Initial/Follow-up IP/OP Date 8/5/03
 Diagnosis/Onset R RF+SF Phal. Px - 6/21/03

Medications See copy of prescription in this chart Samples issued by MD _____

RTW See RTW form with this date _____

Therapy Evaluate and Treat x/wk for wks _____ FCE Job Analysis

- Education Postural Joint Protection
- Wound Care
- Scar Management
- Manual Therapy Soft tissue mobilization
- Edema Control Instructed in elevation
- Issued: digisleeve coban/cowrap
- Vascular Precautions
- Issued: gel sleeve gel sheet compression garment
- Joint mobilization _____
- tubigrip compression sleeve

- ROM Per Protocol _____
- AROM _____
- AAROM _____
- PROM _____
- PPRM _____

- Desensitization _____
- Strengthening As tolerated Per Protocol
- Neuromobilization _____
- Scap/Thoracic Reconditioning Program

Issued: Spongeball/Putty Grippers Theraband _____

- Splint / Cast Per Protocol Wrist (include digits) Long Arm Intrinsic (+) Digit
- Thumb Spica (I.P. Joint: free included) Serial Casting
- Position: elbow _____ forearm _____ wrist _____ digits _____

- Modalities As needed _____
- Other _____

Treatment Completed MD Only -
 Pt was seen from clinic. Tended to move. MHPx 10min
 Instructed to AROM to MP, PIP + DIP. Handout provided.
 See next wk for eval. NET 60 As if possible

Next Appointment: MD _____ Therapist _____ TX at outside clinic


X-rays _____ Other Tests: _____

Service < 8 min, no charge this date
 Treatment Time: _____ minutes
 Units: 080503 Physician Signature: [Signature] ID No: 7558
 Date: 8-5-03 Time: _____

Therapist Signature: [Signature]
 Date: 8-5-03 Time: _____

****PHYSICIAN SIGNATURE, DATE AND TIME REQUIRED WITHIN 72 HRS. FOR VERBAL AND TELEPHONE ORDERS.****

00 02 26 30
 Sprewer, Ada
 00 02 26 30
 SPREWER, ADA
 08/20/1954 F EFF 08/05/2003
 315493221 HAC-1

ME DICARE
 Physician Order

 2490

Froedtert Hospital
 ORIGINAL - Medical Records
 CANARY - Hand Center
 PINK - Clinical Assistant
 9200 West Wisconsin Avenue
 P.O. Box 26000
 Milwaukee, WI 53226-3596
 Primary Affiliate of the
 Medical College of Wisconsin

Physician Order Sheet - Item # 27682

PHYSICIAN ORDERS - Page 1	Your site name here - Edit prntitle.txt	Printed: 01/30/04 11:18
Patient: SPREWER, ADA	MR#: 00022630	Discharged: 11/30/03
Copy For: ROI KLWADE	REQ:11086701 - DET:16347899 - ITEM:17248888	Service Dates: 08/05/03 - 00/00/00
ELEM:25022731 - FLAGS:IN		

SPREWER, ADA (DOB: 05-20-34)

00 02 26 30

October 7, 2003

Ms. Sprewer is here for follow up of her right proximal phalanx fractures of the little and ring fingers. She has no new complaints.

Physical examination reveals very mild tenderness over the proximal phalanx of the little finger. The ring finger is without tenderness. She has excellent range of motion of the digits with full flexion to a fist. She is sensate in the radial, ulnar and median nerve distributions. She has brisk capillary refill in all digits. She has a positive EPL, interossei and opponens flexion.

ASSESSMENT:

Healed right little and ring of P-1 fractures.

PLAN:

She will continue activities as tolerated. She will follow up as needed.

Steven I. Grindel, MD
Assistant Professor
Hand, Upper Extremity and Microsurgery
Department of Orthopaedic Surgery
Medical College Physicians

JR: pd

cc: Julie L. Mitchell, MD, Department of General Internal Medicine, Froedtert
East Clinics

T: 10-14-03

The patient was seen under the direct supervision of Dr. Steven I. Grindel.

P.O. Box 13308 • Milwaukee, WI 53213-0308
(414) 456-4511 • 1-800-242-1649

Click to us for health news and information on the web at www.healthlink.mcw.edu

PATIENT NAME

SPREWER, ADA
RESPONSIBLE PARTY

ADA SPREWER
3459 S 110TH ST APT 209
WEST ALLIS, WI 53227

BILLING DATE 12/17/04	ACCOUNT NUMBER 3M1631991	AMOUNT ENCLOSED \$
--------------------------	-----------------------------	-----------------------

MAKE CHECK PAYABLE TO: MEDICAL COLLEGE OF WISCONSIN

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER
CARD NUMBER		EXPIRATION DATE
VERIFICATION NUMBER REQUIRED FOUND ON BACK OF CREDIT CARD		
CARD HOLDER SIGNATURE x		AMOUNT CHARGED \$

RETURN TOP PORTION WITH YOUR PAYMENT TO: P.O. BOX 13308 • MILWAUKEE, WI 53213-0308

RETAIN THIS PORTION FOR YOUR RECORDS

IRS TAX I.D. # 39-0806261

DATE OF SERVICE	DESCRIPTION OF SERVICE	PHYSICIAN	INSURANCE DUE	PATIENT DUE
07/30/03	# 73130 73130 A DX HAND (W WRIST	GONYO MD, JAMES	43.00	7/30/03
08/20/03	MEDICARE PMT/DISALLOW		41.29CR	
08/26/03	SMALL BALANCE ADJ		1.71CR	
07/29/03	# 93010 93010 E1 ELECTROCARDIOGRA	KEELAN JR MD, MICHAEL	49.00	7/29/03
08/20/03	MEDICARE PMT/DISALLOW		47.29CR	
08/26/03	SMALL BALANCE ADJ		1.71CR	
07/29/03	# 99214 OFFICE/OUTPTNT VISIT-EST	MITCHELL MD, JULIE L	144.00	
08/20/03	MEDICARE PMT/DISALLOW		128.74CR	
10/01/03	BLUE SHIELD PMT/DISALLOW		15.26CR	
08/05/03	# 99241 OFFICE CONSULT	GRINDEL MD, STEVEN T	240.00	
08/26/03	MEDICARE PMT/DISALLOW		217.67CR	
09/29/03	BLUE SHIELD PMT/DISALLOW		22.33CR	8/5/03
08/05/03	80048 80048 A BASIC METABOLIC	ASSOCIATES, C BECKER	19.00	
08/05/03	80061 80061 E LIPID PANEL B109	ASSOCIATES, C BECKER	27.00	
08/08/03	TEFRA AND CLIN LAB ADJ		46.00CR	
08/05/03	83036 83036 A GLYCOHEMOGLOBIN	ASSOCIATES, C BECKER	24.00	
08/09/03	TEFRA AND CLIN LAB ADJ		24.00CR	
08/27/03	# 99203 OFFICE/OUTPTNT VISIT/NEW	RUTTUM MD, MARK S	146.00	8/27/03
09/23/03	MEDICARE PMT/DISALLOW		132.43CR	
12/31/03	BLUE SHIELD PMT/DISALLOW		13.57CR	
09/11/03	# 99214 OFFICE/OUTPTNT VISIT-EST	MOON MD, SUK J	140.00	9/11/03
10/24/03	MEDICARE PMT/DISALLOW		129.05CR	
10/24/03	BLUE SHIELD PMT/DISALLOW		10.95CR	10/27/03
10/07/03	# 99242 OFFICE/OUTPTNT VISIT-EST	GRINDEL MD, STEVEN T	2074.00	
DATE	PATIENT NAME	ACCOUNT NUMBER	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> PAY THIS AMOUNT </div>	

Payments posted after this date will appear on your next statement.

If you have questions regarding this statement, call (414) 456-4511 or 1-800-242-1649 Toll Free.

SE HABLA ESPAÑOL

IMPORTANT MESSAGE REGARDING ACCOUNT

CONTINUED ON NEXT PAGE

YOU ARE ULTIMATELY RESPONSIBLE FOR THESE INCURRED CHARGES.
SEE REVERSE SIDE FOR MORE DETAILS.

EXHIBIT B

roedert Hospital

Patient Accounting Department
 9200 West Wisconsin Avenue
 P.O. Box 26099
 Milwaukee, WI 53226-3596

Primary Affiliate of the
 Medical College of Wisconsin

12/01/2004

Serv Date(s): 08/05/2003 thru 08/31/2003
 Primary Ins: MEDICARE PART A & B
 Secondary Ins: BLUE CROSS TRADITNL/INDEM
 Tertiary Ins: SELF PAY

SPREWER, ADA 013808130
 3400 S 110TH ST APT 200
 WEST ALLIS, WI 53227

Patient: SPREWER, ADA

Charge Detail

Service Date	Charge Code	Qty.	Description	Amount
08/05/03	41301573	1	THER EX/MTR SKILLS, 15MIN	65.50
08/05/03	41301557	1	EVALUATION-OT, 15 MIN	71.00
08/05/03	38000097	1	HAND CL OP-VISIT	0.00
08/05/03	38009191	2	THERAPIST STATS - JB	0.00
08/05/2003			Service Date Total:	136.50
08/08/03	41301573	2	THER EX/MTR SKILLS, 15MIN	131.00
08/08/03	41301763	1	PARAFFIN BATH	65.50
08/08/03	38000097	1	HAND CL OP-VISIT	0.00
08/08/03	38009114	3	THERAPIST STATS - MF	0.00
08/08/2003			Service Date Total:	196.50
08/15/03	41301573	1	THER EX/MTR SKILLS, 15MIN	65.50
08/15/03	41301763	1	PARAFFIN BATH	65.50
08/15/03	38009114	1	THERAPIST STATS - MF	0.00
08/15/03	38009130	1	THERAPIST STATS - PG	0.00
08/15/2003			Service Date Total:	131.00
08/29/03	41301573	1	THER EX/MTR SKILLS, 15MIN	65.50
08/29/03	41301763	1	PARAFFIN BATH	65.50
08/29/03	38000097	1	HAND CL OP-VISIT	0.00
08/29/03	38009114	2	THERAPIST STATS - MF	0.00
08/29/2003			Service Date Total:	131.00

Patient Accounting Department
9200 West Wisconsin Avenue
P.O. Box 26099
Milwaukee, WI 53226-3596

Primary Affiliate of the
Medical College of Wisconsin

12/01/2004

Service Date(s): 08/05/2003 thru 08/31/2003
Primary Ins: MEDICARE PART A & B
Secondary Ins: BLUE CROSS TRADITIONAL/INDEN
Tertiary Ins: SELF PAY

SPREWER, ADA 315998130
3409 S 110TH ST APT 209
WEST ALLIS, WI 53227

Patient: SPREWER, ADA

Charge Summary

Code	Revenue Description	
430	OCCUPATION THER	524.00
434	OCCUP THERP/EVAL	71.00
TOTAL CHARGES		595.00
TOTAL AMOUNT DUE:		595.00