

4-14-04

Claimant: Barbara McMahon  
A the claimant Barbara McMahon  
reside at 2302 W. Becher St.  
Milwaukee, WI. 53215

Phone 414-383-5410 Day-or-even.

I will settle for the sum  
of \$8500.00 eight thousand  
five hundred dollars out of  
court, for damages to my truck  
and pain & suffering. If there  
is a lower amount offered it  
will go to court.

04 APR 19 PM 4:31  
CITY ATTORNEY

RECEIVED  
CITY OF MILWAUKEE

04 APR 19 AM 8:25  
CITY OF MILWAUKEE  
CITY CLERK

1-20-04  
I Barbara & Mc Mahon on  
the night of 12-22-03 was  
driving my Mercury Mountain  
eer north on S. 6<sup>th</sup> St. I  
had my daughter Kathleen  
& Mc Mahon My 2 granddaughters  
Anastasia A. Luciano 2 years old  
my granddaughter Ariel & Gonzalez  
14 months old with me. As I  
approached the railroad bridge  
on 6<sup>th</sup> & Rosedale a very large  
piece of cement from the bridge  
fell on my truck. It hit

So very hard it gave me  
whiplash neck & back  
injury. I was seen at St.  
Lukes emergency room. My  
Granddaughters were in shock  
& are afraid to ride in  
the truck now. I still  
have neck trouble.

Barbara A. Mahon

GORDIE BOUCHER LINCOLN MERCURY INC  
 3161 SOUTH 108TH STREET  
 WEST ALLIS, WI 53227  
 PHONE: 414/327-6000  
 LICENSE#: ASA#:

CD LOG NO 3421-1 DATE 01/21/04

SHOP: GORDIE BOUCHER INSP DATE: 01/21/04  
 ADDRESS: 3161 S 108TH ST CONTACT: TOM DORWAY  
 CITY STATE: WEST ALLIS, WI PHONE 1: (414)327-6000 EXT 156  
 ZIP: 53227- PHONE 2: (414)327-6000 EXT 157  
 FAX: (414)546-5825

OWNER: MCMAHON, BARBARA  
 ADDRESS: 2302 W. BEECHER ST.  
 CITY STATE: MILWAUKEE, WI  
 ZIP: 53215-

POINT OF IMPACT: 13

LIC#: 173FGE STATE: WI VIN: 4M2ZU55P0WUJ26174  
 BODY COLOR: WHITE MILEAGE: 84,671  
 CONDITION: GOOD ACCTNG CTL#:

PROD.DATE: 02/98 PAINT CODE:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT
EU=REPLACE SALVAGE	EP=REPLACE PXN	PC=PXN RECONDITIONED
PM=PXN REMAN/REBUILT	TE=PARTL REPL PRICE	ET=PARTL REPL LABOR
IT=PARTIAL REPAIR	I=REPAIR	L=REFINISH
BR=BLEND REFINISH	TT=TWO-TONE	CG=CHIPGUARD
SB=SUBLET	N=ADDITIONAL LABOR	RI=R&I ASSEMBLY
P=CHECK	AA=APPEAR ALLOWANCE	RP=RELATED PRIOR
UP=UNRELATED PRIOR		

1998 MERCURY MOUNTAINEER STD 4DOOR WAGON 8CYL GASOLINE 5.0  
 CODE: R8403A/B OPTNS B/24SARDCNF

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES	TWO-STAGE - INTERIOR SURFACES
4-WHEEL DRIVE	RUNNING BRD MTD SD DEFL
POWER FRONT SEATS	PRIVACY GLASS
LUGGAGE RACK	MOONROOF
LIMITED SLIP DIFFERENTIAL	

OP	GDE	MC	DESCRIPTION	MFG.PART NO.	PRICE	AJ%	B%	HOURS	R
NG	0143		WINDSHIELD, SHADED	NAGS DW1206-GB	663.70	-50		INC*1	
E	0179		MLDG, W/S REVEAL UPPER	YL2Z7803144AA	53.80			INC 1	
I	0208		DOOR SHELL, FRONT RT REPAIR					4.0*1	
L	0208	#	DOOR SHELL, FRONT RT REFINISH					2.1*4	
			# = 13, 10						

WINDOW FRAME ONLY

QTY	DESCRIPTION	PART NUMBER	UNIT PRICE	TOTAL PRICE	REMARKS
E 0250	MLDG, FRONT DOOR SCA RT	F67Z7820492AAA	42.67		2.0 1
E 0341	PANEL, ROOF	XL2Z7850202AB	1,070.65		28.2 1
L 0341	PANEL, ROOF	REFINISH			5.0 4
E 0411	GLASS PANEL, ROOF	XL2Z78500A18AA	449.93		INC 1
E 0387 01	RACK ASSEMBLY, LUGGAGE	F67Z7855100AAA	189.23		0.5 1
E 0555	FRAME, GLASS PANEL	F5TZ78502A24A	206.53		1.0 1
N M17	COVER CAR EXTERIOR	ADDNL LABOR OPERA	8.00*		*1*
N M60	HAZARD. WSTE. REM.	ADDNL LABOR OPERA	5.00*		*1*
N M69	GLASS CLEANUP	ADDNL LABOR OPERA			1.0*1*
EC	URETHANE INSTALL KIT	ECONOMY PART	19.95*		1*

14 ITEMS

MC MESSAGE(S)

- 01 CALL DEALER FOR EXACT PART NUMBER / PRICE
- 10 INCLUDES ADP TIME TO CLEAR ENTIRE PANEL
- 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS					2,012.81
OTHER PARTS					696.65
LINE ITEM DISCOUNT					331.85-
PAINT MATERIAL					184.60
PARTS & MATERIAL TOTAL					2,562.21
TAX ON PARTS & MATERIAL @			5.600%		143.48
LABOR	RATE	REPLACE HRS	REPAIR HRS		
1-SHEET METAL	46.00	31.7	5.0		1,688.20
2-MECH/ELEC	78.00				
3-FRAME	53.00				
4-REFINISH	46.00	7.1			326.60
5-PAINT MATERIAL	26.00				
LABOR TOTAL					2,014.80
TAX ON LABOR		@	5.600%		112.83
SUBLET REPAIRS					
TOWING					
STORAGE					
GROSS TOTAL					4,833.32
NET TOTAL					4,833.32

ADP SHOPLINK U1996 ES CD LOG 3421-1 DATE 01/21/04 02:11:35PM R6.35 CD 01/04  
 HOST LOG

(C) 1998 - 2003 ADP CLAIMS SOLUTIONS GROUP, INC.

1.9 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.

-----  
 THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT

1998 MERCURY MOUNTAINEER STD 4DOOR WAGON  
CD LOG NO 3421-1

PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE.  
WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE  
MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE  
MANUFACTURER OF YOUR MOTOR VEHICLE.

FOREST HOME AUTO BODY  
 3135 W. FOREST HOME AVENUE  
 MILWAUKEE, WISCONSIN 53215  
 OFFICE: 414-384-6360 FAX: 414-384-6354  
 FEDERAL ID # 39-1897933

CD LOG NO 4955-1      DATE 01/21/04

SHOP:            FOREST HOME AUTO BODY, INC.      INSP DATE:      01/21/04  
 ADDRESS:       3135 WEST FOREST HOME AVE.      PHONE 1:        (414) 384-6360  
 CITY STATE:   MILWAUKEE, WI                      FAX:             (414) 384-6354  
 ZIP:            53215-

OWNER:          MC MAHON, BARBARA                      HOME PHONE:    (414) 383-5410  
 ADDRESS:       2302 W. BEECHER  
 CITY STATE:   MILWAUKEE, WI  
 ZIP:            53215-

POINT OF IMPACT: 13

LIC#:            173-FGE                      STATE:                      VIN:                        4M2ZU55P0WUJ26174  
 BODY COLOR:    WHITE                                      MILEAGE:  
 CONDITION:     GOOD                                        ACCTNG CTL#:

*=USER-ENTERED VALUE	E=REPLACE OEM	NG=REPLACE NAGS
EC=REPLACE ECONOMY	UC=RECONDITIONED PRT	UM=REMAN/REBUILT PRT
EU=REPLACE SALVAGE	EP=REPLACE PXN	PC=PXN RECONDITIONED
PM=PXN REMAN/REBUILT	TE=PARTL REPL PRICE	ET=PARTL REPL LABOR
IT=PARTIAL REPAIR	I=REPAIR	L=REFINISH
BR=BLEND REFINISH	TT=TWO-TONE	CG=CHIPGUARD
SB=SUBLET	N=ADDITIONAL LABOR	RI=R&I ASSEMBLY
P=CHECK	AA=APPEAR ALLOWANCE	RP=RELATED PRIOR
UP=UNRELATED PRIOR		

ADDITIONAL PARTS WILL BE NEEDED FOR THE SUN ROOF

1998 MERCURY MOUNTAINEER    STD 4DOOR WAGON    8CYL GASOLINE 5.0  
 CODE: R8403A/B OPTNS B/24SDF

OPTIONS:

TWO-STAGE - EXTERIOR SURFACES	TWO-STAGE - INTERIOR SURFACES
4-WHEEL DRIVE	PRIVACY GLASS
LIMITED SLIP DIFFERENTIAL	

OP	GDE	MC	DESCRIPTION	MFG. PART NO.	PRICE	AJ%	B%	HOURS	R
E	0179		MLDG,W/S REVEAL UPPER	YL2Z7803144AA	53.80			3.0	1
E	0883	01	HEADLINER	F5TZ7851944CAZ	724.15			1.2	1
I	0210		PNL,FRONT DOOR OUTE RT REPAIR					3.5	*1
L	0210	13	PNL,FRONT DOOR OUTE RT REFINISH					3.5	4
RI	0250		MLDG,FRONT DOOR SCA RT R&I ASSEMBLY					1.3	1
RI	0230		MIRROR,OUTER R/C RT R&I ASSEMBLY					0.3	1
RI	0270		CHANNEL,FRONT GLASS RT R&I ASSEMBLY					INC	1
RI	0228	01	HANDLE,FRONT DOOR O RT R&I ASSEMBLY					0.6	1

1998 MERCURY MOUNTAINEER STD 4DOOR WAGON  
 CD LOG NO 4955-1

E	0341	PANEL, ROOF	F5TZ7850202A	523.48	23.5	1
L	0341	PANEL, ROOF	REFINISH		4.4	4
E	0411	GLASS PANEL, ROOF	XL2Z78500A18AA	449.93	INC	1
E	0117	REINF, ROOF	F5TZ7850217A	72.80	0.5	1
L	0117	REINF, ROOF	REFINISH		0.5	4
E	0118	REINF, ROOF	F5TZ7841302A	90.10	0.5	1
L	0118	REINF, ROOF	REFINISH		0.5	4
E	0387 01	RACK ASSEMBLY, LUGGAGE	F67Z7855100AAA	189.23	0.5	1
L	M14	CORROSION PROTECTION	REFINISH	10.00*	0.3*	1*
L	M60	HAZARD. WSTE. REM.	REFINISH	3.00*		1

18 ITEMS

MC MESSAGE(S)  
 01 CALL DEALER FOR EXACT PART NUMBER / PRICE  
 13 INCLUDES 0.6 HOURS FIRST PANEL TWO-STAGE ALLOWANCE

FINAL CALCULATIONS & ENTRIES

GROSS PARTS	2,103.49
OTHER PARTS	13.00
PAINT MATERIAL	222.50
PARTS & MATERIAL TOTAL	2,338.99
TAX ON PARTS & MATERIAL @	5.600% 130.98

LABOR	RATE	REPLACE HRS	REPAIR HRS	
1-SHEET METAL	46.00	31.7	3.5	1,619.20
2-MECH/ELEC	60.00			
3-FRAME	46.00			
4-REFINISH	46.00	8.9		409.40
5-PAINT MATERIAL	25.00			
LABOR TOTAL				2,028.60
TAX ON LABOR		@	5.600%	113.60
SUBLET REPAIRS				
TOWING				
STORAGE				

GROSS TOTAL 4,612.17

NET TOTAL 4,612.17

ADP SHOPLINK U4709 ES CD LOG 4955-1 DATE 01/21/04 01:34:40PM R6.35 CD 01/04  
 HOST LOG

(C) 1998 - 2003 ADP CLAIMS SOLUTIONS GROUP, INC.

2.0 HRS WERE ADDED TO THIS EST. BASED ON ADP TWO-STAGE REFINISH FORMULA.

-----  
 THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE REPLACEMENT PARTS RATHER THAN BY THE



1998 MERCURY MOUNTAINEER STD 4DOOR WAGON  
CD LOG NO 4955-1

MANUFACTURER OF YOUR MOTOR VEHICLE.

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF ONE OR MORE REPLACEMENT PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTOR OR DISTRIBUTOR OF THESE PARTS. AFTERMARKET OR REPLACEMENT PARTS ARE IDENTIFIED ON EST BY THE WORDS "QUALITY REPLACEMENT OR ECONOMY PARTS" "MOTOR VEHICLE REPAIR PRACTICES ARE REGULATED BY CHAPTER ATC 132, WIS. ADM. CODE, ADMINISTERED BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF AGRICULTURE, TRADE AND CONSUMER PROTECTION, P.O. BOX 8911, MADISON, WISCONSIN 53708-8911."

IDENTIFICATION CARD ONLY  
**WISCONSIN**

UNDER 21  
UNTIL 05-03-05

ID #: M255-5128-4663-00 DOB: 05-03-84  
Issued: 01-20-04 Expires: 05-03-07



Sex	Hair	Eyes	Height	Weight
F	BRO	GRN	5'05"	150

KATHLEEN L. MCMAHON  
2302 W BECKER ST  
MILWAUKEE WI 53215

DUPLICATE

*Kathleen McMahon*



*PASSENGER*

*Driver's License*

**WISCONSIN** DRIVER LICENSE  
REGULAR

D10 M255-0725-7956-07 DOB: 12-16-57

Issued: 01-29-99 Expires: 12-16-06

Class: D Endorsements: None Restrictions: None

Sex: F Hair: BRN Eyes: GRN Height: 5'04" Weight: 110

BARBARA L MC MAHON  
2302 W BECHER ST  
MILWAUKEE WI 53215

14771-940-744



ORGAN DONOR

*Barbara L. McMahon*

# WISCONSIN CERTIFICATE OF TITLE FOR A VEHICLE

## DEPARTMENT OF TRANSPORTATION

VEHICLE IDENTIFICATION NUMBER: 4MZZU55POWUJ26174      YEAR: 1998      MAKE: MERC      BODY STYLE: TRUK      VEHICLE TYPE: AUT      FLEET NUMBER: 173FGE  
 TITLE NUMBER: 04020P2027-2      DATE TITLE ISSUED: 01/20/2004      ODOMETER: 67961      ODOMETER DATE: 05/02/2003  
 DISCLOSED AS ACTUAL

REGISTERED OWNERS

MCMAHON BARB  
 2302 W BECHER  
 MILWAUKEE, WI 53215

The person, firm or corporation named on this Title has been duly registered as the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Security Interests appear on this Title does not necessarily represent their priority.

CONTROL NUMBER  
(This is not a Title Number)

3-6128225

THIS IS A REPLACEMENT CERTIFICATE AND MAY BE SUBJECT TO THE RIGHTS OF A PERSON UNDER THE ORIGINAL CERTIFICATE. PREVIOUSLY TITLED IN IL

DIVISION OF MOTOR VEHICLES

**Important - Buyer and Seller must complete the section below at time of sale**

### TITLE ASSIGNMENT AND MILEAGE, SELLING PRICE AND BRAND DISCLOSURE BY REGISTERED OWNER(S) SHOWN ABOVE

Federal and State law requires that SELLER state the mileage and provide written vehicle disclosure information in connection with transfer of ownership. Failure to complete a mileage statement, disclose required information, or providing a false statement may result in fines and/or imprisonment and may make you liable for damages to the transferee (buyer).

SELLER Print Person(s) Name signing as Seller

Print Sellers Address, City, State, Zip if different than shown above

BRAND DISCLOSURE (will be printed on future titles) Check all that apply:

- Flood damaged vehicle
- Previous police vehicle
- Previous taxicab
- Salvage vehicle

SELLING PRICE (Seller enter): \$ \_\_\_\_\_

ODOMETER NOW READS (No Tenths); and to the best of my knowledge is actual mileage of this vehicle unless one of the following statements is checked.

- The odometer reading reflects the amount of mileage in excess of its mechanical limit
- The odometer reading is NOT actual mileage. **WARNING ODOMETER DISCREPANCY**

I, the seller, certify that to the best of my knowledge the information contained on this document is true and correct and that I have entered the vehicle odometer reading, brand disclosure, and selling price hereon in compliance with federal and state law as referenced above. For value received, I hereby sell, assign or transfer the vehicle described on this document and warrant title to Purchaser as shown.

Signature of Seller(s). See "REGISTERED OWNERS" above. If joint ownership with "or", only one seller's signature required; with "and", all seller's signatures required.

X \_\_\_\_\_ Date

BUYER (Purchaser) Print Name(s)

If Buyer is a business, Print Name of authorized person signing as Purchaser

Print Buyer Address, City, State, Zip

Signature of Purchaser(s) \_\_\_\_\_ Date

X \_\_\_\_\_

**If registered owner is a dealer and first assignment is through auction or salvage pool, complete the following.**

Print Consigning Auction Dealer Name or Consigning Salvage Pool Name

Auction or Salvage Pool Dealer No.

Sale Date

The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in recording by the department. The department makes no warranties, express or implied, about the vehicle or operating condition and any statements about vehicle inspections are only administrative.

**PURCHASER** - Attach form MV1 (Wisconsin Application for Title) to this document and mail or deliver immediately to the Wisconsin Department of Transportation. Form MV1 is available at Wisconsin DMV Service Centers and police stations.

**MAIL ADDRESS** - Wisconsin Dept. of Transportation, P.O. Box 7949, Madison, WI 53707-7949

MV2269 2/2001 (4) T055 Ch. 342 Wis. Stats

**QUESTIONS** - Contact nearest Motor Vehicle Service Center or call (608) 266-1466

**ANY ALTERATION OR ERASURE VOIDS THIS TITLE - KEEP IN A SAFE PLACE**

(Seller must give to purchaser at time of sale)



**WISCONSIN**

**CERTIFICATE OF VEHICLE REGISTRATION**

LICENSE NUMBER

AUT 173FGE A

VEHICLE IDENTIFICATION NUMBER

4M2ZU55POWUJ26174

This Registration Certificate is not a Title  
Not Valid for Transfer of Ownership

EXPIRES END OF

Month

Year

APR 2004

YEAR

1998

MAKE

MERC

Body Style

Gross Wt.

VEHICLE TYPE

TRUK

Title No.

04020P2027-2

Fleet Number

AMOUNT RECEIVED \$\*\*\*\*\*13.00

REGISTERED TO:

WHITE

MCPHON BARB  
2302 W BECHER  
MILWAUKEE, WI 53215

I KATHleen L. McMahon was riding in my Mothers Mercury Mountain~~A~~ on 12-22-03. We were going North bound on 5<sup>th</sup> 6<sup>th</sup> street going under the union pacific owned Bridge on 6<sup>th</sup> & Rosedale when a large chunk of concrete fell on top of the truck. I hit my head on the roof of ~~the~~ the truck & had bad headaches & was seen at St. Lukes emergency Room. I also had my 14 months old daughter Ariel L. Gonzalez with me who suffered Shock.

Kathleen McMahon

1-21-04

The Milwaukee Police  
would not provide a  
Police Report for this  
type of Accident they  
said to contact them  
at 414-935-7262

Officers At Scene  
Officer Lemke

Officer Kapitz

They said they will  
be witnesses on my  
behalf



- Aurora Health Center, New Berlin 262-860-7800
- Aurora Medical Center, Hartford 262-670-7201
- Aurora Sinai Medical Center 414-219-6777
- Aurora Urgent Care Center 262-896-3922
- Franklin Urgent Care Center 414-529-9200
- New Berlin Urgent Care Center 262-827
- St. Luke's Medical Center 414-645
- St. Luke's South Shore 414-489
- West Allis Memorial Hospital 414-328

MCMAHON, MS BARBARA L  
 04090970 10-34-58-76  
 12/16/1957 46 LAM GR  
 ERMED/LITZA JANICE A 266  
 STAT

**EMERGENCY SERVICES DISCHARGE & AFTER CARE INSTRUCTIONS**

**GENERAL INSTRUCTIONS**

- Abdominal Pain- X14454
  - Low Acid Diet
  - Low Fat Diet
  - Clear Liquid Diet
  - Constipation
  - Gastritis
  - Gastroenteritis
- Allergic Reaction- X5730
- Back/Neck Pain - X5729
- Burns - X11390
- Chest Wall Pain - X5729
- Contusion/Sprain/Strain/Fracture-X5735
- DVT- X11292
- Diaper Rash - X5730
- Eye Infection: Conjunctivitis - X5734
- Eye Injury - X5734
- Adult Fever - X5747
- Child Fever - X11799
- GI Bleed - X16274
- Head Injury - X5746
- Kidney Stones - X5733
- Nose Bleed - X10976
- Post Accident - X5746
- Post Sedation - X6850
- STD - X14452
- Threatened AB - X14453
- URI - Adult - X5747
- URI - Child - X16273
- UTI - X5733
- Wounds - X5732
  - Suture Removal \_\_\_\_\_ Days
  - Steri-strips
- Care Initiative
  - Asthma
  - Diabetes
  - CHF

Teaching materials given: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

*1/15/13 - No eating for a full 24 hours  
 for 24 hours after surgery & 48 hours  
 after the pain, with oral care.*

**MEDICINE RECOMMENDED:**

*Widener (or similar) pain medication  
 still take acetaminophen 400 to 600mg  
 every 4 hours with food.*

**FOLLOW-UP CARE:** It is your responsibility to arrange for follow-up care either with your health care provider, or as instructed below. Call as soon as possible to get an appointment time.

**CALL:**

- Dr. FPC
- Doctor Referral Service 1-888/863-5502  
M-Th 8 AM - 8 PM F 8 AM - 4 PM
- An appointment has been made with Dr. \_\_\_\_\_
- No immediate follow-up necessary

**FOLLOW-UP:**

- Within \_\_\_\_\_ day(s), sooner if worse.
- Within 3-4 day(s), if no improvement, sooner if worse.
- Date: \_\_\_\_\_
- Time: \_\_\_\_\_
- Where: \_\_\_\_\_

Call your health care provider again if you have questions or problems before the appointment. If you cannot reach your health care provider call or return to this facility. (Phone numbers are above.)

It is difficult to recognize all elements of any illness or injury in a single visit. The examination, treatment, and x-rays you receive have been provided on a preliminary basis only.

Any x-rays taken will be reviewed by a radiologist. If there is new information that changes the best care for your problem, we will contact you at the phone number you provided to us. Some test results may not be finished by the time of your discharge. If subsequent results require treatment, we will contact you or your health care provider. Most culture results are available in 2 to 3 days. It is essential that we have an accurate phone number by which we may contact you.

**SELF-CARE OR LEARNING NEEDS:**

- None  See Chart for comments  Interpreter Used
- Discharged per  Ambulatory  W/C  Crutches  Ambulance
- Staff Initial: [Signature] Discharge Time: 2:45 Date: 1/15/13
- Accompanied By: [Signature]



\*05938420\*





- Aurora Health Center, New Berlin 262-860-7800
- Aurora Medical Center, Hartford 262-670-7201
- Aurora Sinai Medical Center 414-219-6777
- Aurora Urgent Care Center 262-896-3922
- Franklin Urgent Care Center 414-529-9200
- New Berlin Urgent Care Center 26
- St. Luke's Medical Center 41
- St. Luke's South Shore 41
- West Allis Memorial Hospital 41

MCMAHON, HE BARBARA L  
 24095624 10-31-58-76 LMM EP  
 12/16/1957 F 44  
 ERMED/STEFFHILDES-FPC-STAT

### EMERGENCY SERVICES DISCHARGE & AFTER CARE INSTRUCTIONS

#### GENERAL INSTRUCTIONS

- Abdominal Pain- X14454
  - Low Acid Diet
  - Low Fat Diet
  - Clear Liquid Diet
  - Constipation
  - Gastritis
  - Gastroenteritis
- Allergic Reaction- X5730
- Back/Neck Pain - X5729
- Burns - X11390
- Chest Wall Pain - X5729
- Contusion/Sprain/Strain/Fracture-X5735
- DVT- X11292
- Diaper Rash - X5730
- Eye Infection: Conjunctivitis - X5734
- Eye Injury - X5734
- Adult Fever - X5747
- Child Fever - X11799
- GI Bleed - X16274
- Head Injury - X5746
- Kidney Stones - X5733
- Nose Bleed - X10976
- Post Accident - X5746
- Post Sedation - X6850
- STD - X14452
- Threatened AB - X14453
- URI - Adult - X5747
- URI - Child - X16273
- UTI - X5733
- Wounds - X5732
  - Suture Removal \_\_\_\_\_ Days
  - Steri-strips
- Care Initiative
  - Asthma
  - Diabetes
  - CHF
  -

Teaching materials given: \_\_\_\_\_

#### SPECIAL INSTRUCTIONS:

*Ask Dr. [unclear] if [unclear]*  
*To get [unclear]*  
*[unclear]*

#### MEDICINE RECOMMENDED:

*Take every [unclear] for [unclear]*  
*[unclear]*  
*Stop [unclear] if [unclear]*

**FOLLOW-UP CARE:** It is your responsibility to arrange for follow-up care either with your health care provider, or as instructed below. Call as soon as possible to get an appointment time.

#### CALL:

- Dr. \_\_\_\_\_
- Doctor Referral Service 1-888/863-5502  
M-Th 8 AM - 8 PM F 8 AM - 4 PM
- An appointment has been made with Dr. \_\_\_\_\_
- No immediate follow-up necessary

#### FOLLOW-UP:

- Within \_\_\_\_\_ day(s), sooner if worse
- Within \_\_\_\_\_ day(s), if no improvement, sooner if worse.
- Date: \_\_\_\_\_
- Time: \_\_\_\_\_
- Where: \_\_\_\_\_

Call your health care provider again if you have questions or problems before the appointment. If you cannot reach your health care provider call or return to this facility. (Phone numbers above.)

It is difficult to recognize all elements of any illness or injury in a single visit. The examination, treatment, and x-rays you receive have been provided on a preliminary basis only.

Any x-rays taken will be reviewed by a radiologist. If there is new information that changes best care for your problem, we will contact you at the phone number you provided to us. Some test results may not be finished by the time of your discharge. If subsequent results require treatment, we will contact you or your health care provider. Most culture results are available in 2 to 3 days. It is essential that we have an accurate phone number by which we can contact you.

#### SELF-CARE OR LEARNING NEEDS:

- None
- See Chart for comments
- Interpreter Used
- Discharged per  Ambulatory  W/C  Crutches  Ambulance
- Staff Initial: *YMF* Discharge Time: *03:45* Date: *12/16/07*
- Accompanied By: *[Signature]*



\*05938420\*

## Post Accident

### Head Injury:

- Quiet activity for 24 hours
- Light diet. No alcohol.
- Apply ice packs to injured area on and off for the next 24 to 36 hours.
- Take acetaminophen (Tylenol) or ibuprofen (Advil/Nuprin) for headache or pain for the next 24 hours. Avoid stronger pain medication.
- Arouse patient every \_\_\_\_\_ hours when asleep for the next 24 hours.

Contact your doctor or return to the Emergency Department if:

- Unable to arouse the patient
- Persistent vomiting
- Trouble with balance or vision
- Headache lasting over 24 hours or that becomes worse (even with acetaminophen/ibuprofen)
- Distinct personality changes such as confusion or unusual irritability
- One pupil becomes larger than the other
- Seizure-like activity
- Blood or clear fluid from ears or nose
- Temperature greater than 100° F by mouth
- Weakness or numbness in an extremity

### Post Accident:

Pain and stiffness often occur after a car accident. Please note that:

- Aching and stiffness are often worse the day after the accident. Rest. Avoid strenuous activity.
- There should be gradual improvement over the next 1 - 2 weeks.
- Acetaminophen (Tylenol) or ibuprofen (Advil/Nuprin) often provide adequate pain relief. Take as directed on label.
- Use intermittent ice to sore areas for the first 1 to 2 days. After that time, warm moist compresses may provide additional pain relief.

### Caution:

*If you are not improving, are feeling worse, or develop new problems such as vomiting, abdominal pain, pain or numbness radiating down arms or legs, fainting or very dark urine, contact your doctor or return to the Emergency Department immediately.*

*Kathleen  
McMahon*

## Emergency Services/Urgent Care/Walk-In

Aurora Medical Center - Hartford	(262) 670-7201	St. Luke's Franklin Urgent Care Center	(414) 529-9200
Aurora Health Center - New Berlin	(262) 860-7800	St. Luke's Medical Center	(414) 649-6333
Aurora Sinai Medical Center	(414) 219-6777	St. Luke's South Shore	(414) 489-4055
Aurora Urgent Care - Waukesha	(262) 896-6030	West Allis Memorial Hospital	(414) 328-6111
St. Luke's New Berlin Urgent Care Center	(262) 827-2955		



- Aurora Health Center, New Berlin 262-860-7800
- Aurora Medical Center, Hartford 262-670-7201
- Aurora Sinai Medical Center 414-219-6777
- Aurora Urgent Care Center 262-896-3922
- Franklin Urgent Care Center 414-529-9200

- New Berlin Urgent Care Center 262-82
- St. Luke's Medical Center 414-64
- St. Luke's South Shore 414-48
- West Allis Memorial Hospital 414-32

MCMAHON, MS KATHLEEN L  
 04090981 0-49-76-68  
 05/03/1984 F 19 LMH ER  
 ERMED/LITZA, JANICE A 336  
 \* STAT \*

### EMERGENCY SERVICES DISCHARGE & AFTER CARE INSTRUCTIONS

#### GENERAL INSTRUCTIONS

- Abdominal Pain- X14454
  - Low Acid Diet
  - Low Fat Diet
  - Clear Liquid Diet
  - Constipation
  - Gastritis
  - Gastroenteritis
- Allergic Reaction- X5730
- Back/Neck Pain - X5729
- Burns - X11390
- Chest Wall Pain - X5729
- Contusion/Sprain/Strain/Fracture-X5735
- DVT- X11292
- Diaper Rash - X5730
- Eye Infection: Conjunctivitis - X5734
- Eye Injury - X5734
- Adult Fever - X5747
- Child Fever - X11799
- GI Bleed - X16274
- Head Injury - X5746
- Kidney Stones - X5733
- Nose Bleed - X10976
- Post Accident - X5746
- Post Sedation - X6850
- STD - X14452
- Threatened AB - X14453
- URI - Adult - X5747
- URI - Child - X16273
- UTI - X5733
- Wounds - X5732
  - Suture Removal \_\_\_\_\_ Days
  - Steri-strips
- Care Initiative
  - Asthma
  - Diabetes
  - CHF
  -

Teaching materials given: \_\_\_\_\_

#### SPECIAL INSTRUCTIONS:

*What during her appointment*  
*discharge*

#### MEDICINE RECOMMENDED:

*gabapentin 800mg every 8 hours with food*

**FOLLOW-UP CARE:** It is your responsibility to arrange for follow-up care either with your health care provider, or as instructed below. Call as soon as possible to get an appointment time.

#### CALL:

- Dr. RPE
- Doctor Referral Service 1-888/863-5502  
M-Th 8 AM - 8 PM F 8 AM - 4 PM
- An appointment has been made with Dr. \_\_\_\_\_
- No immediate follow-up necessary

#### FOLLOW-UP:

- Within \_\_\_\_\_ day(s), sooner if worse.
- Within 3-4 day(s), if no improvement, sooner if worse.
- Date: \_\_\_\_\_
- Time: \_\_\_\_\_
- Where: \_\_\_\_\_

Call your health care provider again if you have questions or problems before the appointment. If you cannot reach your health care provider call or return to this facility. (Phone numbers are above.)

It is difficult to recognize all elements of any illness or injury in a single visit. The examination, treatment, and x-rays you receive have been provided on a preliminary basis only.

Any x-rays taken will be reviewed by a radiologist. If there is new information that changes the best care for your problem, we will contact you at the phone number you provided to us. Some test results may not be finished by the time of your discharge. If subsequent results require treatment, we will contact you or your health care provider. Most culture results are available in 2 to 3 days. It is essential that we have an accurate phone number by which we may contact you.

#### SELF-CARE OR LEARNING NEEDS:

- None
- See Chart for comments
- Interpreter Used
- Discharged per  Ambulatory  W/C  Crutches  Ambulance
- Staff Initial: JJ Discharge Time: 2:15 Date: 11/23/13
- Accompanied By: \_\_\_\_\_



05938420



Barbara McMahon

### Neck / Back Pain

To care for your injured/painful neck or back:

- Rest as much as possible the next 2 to 3 days.
- Avoid positions and movements that make the pain worse.
- For comfort, try whichever is most helpful:
  - Apply heat for 20 minutes, 4 to 6 times per day. Try a hot shower, bath, or heating pad. If using a heating pad, set on low or medium heat for no longer than 30 to 45 minutes. Never sleep with a heating pad on.

OR

- Use ice packs, 20 minutes at a time as often as possible, for the next 24 to 48 hours, followed by heat, as directed above.
- Gentle but firm massage will increase circulation and may help relieve soreness.
- For back pain:
  - Lie on a firm surface on your back with several pillows or a wedge under your knees, or position yourself on your side with your legs bent and drawn up.
- Return gradually to normal activity as you can tolerate it. This depends on how much pain you have. Restrict heavy lifting, pushing, or pulling if you are still having pain. Get specific work limitations from your doctor.

**SEEK IMMEDIATE MEDICAL ATTENTION if you have severe pain at rest or loss of control of bowel or bladder function, or if you are unable to walk.**

### Medications:

For pain relief and to reduce inflammation take anti-inflammatory medications as labeled, with food, to prevent stomach upset. This type of medication is available with and without a prescription. Over-the-counter, look for generic ibuprofen, or the brand names Nuprin and Advil.

For a mild pain reliever that is not irritating to the stomach, use acetaminophen (Tylenol).

Some pain medications and muscle relaxers can be sedating or make you feel drowsy. Do not drive a car, operate dangerous equipment, or drink alcohol if taking this kind of pain reliever.

### Chest Wall Pain

Your evaluation indicates that your pain is from the chest wall (muscles, cartilage, bone) rather than from your heart, lungs, esophagus or other internal organ. Although painful, this is not a dangerous condition.

### To manage at home:

- For comfort, try whichever is most helpful:
  - Apply heat for 20 minutes, 4 to 6 times per day. Try a hot shower, bath, or heating pad. If using a heating pad, set on low or medium heat for no longer than 30 to 45 minutes. Never sleep with a heating pad on.

OR

- Use ice packs, 20 minutes at a time as often as possible, for the next 24 to 48 hours, followed by heat, as directed above.

### Post accident

Pain and stiffness often occur after a car accident. Please note that:

- Aching and stiffness are often worse for 2 days after the accident. Rest. Avoid strenuous activity.
- There should be gradual improvement over the next 1 to 2 weeks.
- Acetaminophen (Tylenol) or ibuprofen (Advil/ Nuprin) often provide adequate pain relief. Take as directed on label. Use intermittent ice packs to sore areas for the first 1 to 2 days. After that time, warm moist compresses may provide additional pain relief.

### Emergency Services/Urgent Care/Walk-In

Aurora Medical Center - Hartford	(262) 670-7201	St. Luke's Franklin Urgent Care Center	(414) 529-9200
Aurora Health Center - New Berlin	(262) 860-7800	St. Luke's Medical Center	(414) 649-6333
Aurora Sinai Medical Center	(414) 219-6777	St. Luke's South Shore	(414) 489-4055
Aurora Urgent Care - Waukesha	(262) 896-6030	West Allis Memorial Hospital	(414) 328-6111
St. Luke's New Berlin Urgent Care Center	(262) 827-2955		

04-2-48

8-27

CITY OF MILWAUKEE

200 AUG 30 PM 3:30

200 AUG 30 PM 3:30

A Barbara McMahon

Expect

5000.00 (five thousand) dollars

for repairs to my trust  
caused by bridge owned by

City of Milwaukee. I expect

1500.00 one thousand five hundred

dollars for pain & suffering & Med.

Bills. For minor Granddaughter

five hundred 500.00 each

for Med expenses. totaling

7500.00

Seven thousand five hundred

Claim # 04-2-48

Barbara McMahon

Date of  
acc. 12-21-09

8-27-04

F Kathleen L McMahon

expect one thousand dollars  
for pain and suffering do to  
the accident which occurred  
12-03 involving a bridge owned  
By the City of Milwaukee refer-  
ence <sup>claim</sup> number 04-4-48

8-27-04  
Kathleen McMahon

~~\_\_\_\_\_~~





















