

Claim Against the City of Milwaukee

Vincent G. Toney
2721 W. Roosevelt Drive
Milwaukee, WI 53216

Phone: (414)530-1702

On March 10, 2011, I slipped and fell on ice at the southeast side end of the Kenwood Methodist Church, located at 2319 East Kenwood Boulevard, Milwaukee, WI 53211-3396. Due to the freezing temperature, the sidewalk was layered with ice. I called the police department who dispatched the UW-Milwaukee Police; they recorded the incident, but advised me that my fall had taken place on the City of Milwaukee property and that I should call them.

Prior to calling the Milwaukee Police Department, I witness another person, Gery Reinke, who fell on the same spot. I went inside the church and talked to Mr. Don Lybeck advising him of the icy condition. He could see a layer of ice almost covered the entire front and most of the side of the building. While approaching the side of the building, Mr. Lybeck witnessed a man almost fall where I had fallen. He immediately returned to the inside of the building retrieving salt to melt the ice.

The Milwaukee Police Department advised me to go to the City Hall to get instructions on having my fall documented. During this time I had advised my doctor about the fall, know that in the past I have had problems with my back, she instructed me to schedule an appointment. I was able to schedule an appointment that afternoon. By 11:30am that day upon my arrival to the doctors' office, it was extremely difficult for me to get out of my vehicle. My doctor prescribed a low-level narcotic for the pain, which she diagnosed my symptoms as a possibly contused back muscles resulting from the fall. During another visit on 3/23/2011 my doctor instructed me to continue to take the low-level drug and also advised me to add Tylenol 500mg, 2 tabs 4x/day as needed for 3 weeks. She also advised me to start a low-level aerobics class, but I was in too much pain for that routine. During another visit on 6/2/2011 she prescribed Naproxen, 500 mg to take 1 tab 2x/day. The doctor advised me to call in 4 weeks if I was not at all better after I finished that prescription. Please note that during the period covered I also sought treatment from my chiropractor, who was able to relieve some of the pain.

CITY OF MILWAUKEE
11 JUL -8 PM 2:12
RONALD D. LEONHARDT
CITY CLERK

Claim Against the City of Milwaukee

The day of the fall the Milwaukee Police Department recorded the information about the fall and advised me to contact the City Hall. I was under the assumption that this was the process to have my situation recorded for their record. However, the personnel at the City Call only provided instructions about the process to make a claim against the city; that was not my intention.

However, since the fall, none of the drugs nor did the chiropractic service totally relieve my pain. The week of July 4, 2011, I revisited my doctor who ordered x-rays of my lower back. Since I have not been advised of the result and the 120 time-frame is approaching I am filing this information. Additionally, since my doctor has not reviewed those results the long-term affects of my slip and fall, I have no way to estimate a settlement. However, after researching slip and fall cases similar to mine, those settlements were multi-million dollar. Considering time constraints and the fact that I am a 52-year-old male, and that my pain is so excruciating that I can almost not get out of bed in the mornings, I think that a fair settlement would be \$250,000 for pain and suffering. Additionally, if the results of the x-ray prove that my injury is more severe, I have the right to pursue a settlement for further damage.

Attached are copies of the medical claims:

- Aurora Advanced – my primary doctor
- Dr. Steve Johnson – my chiropractor

Note: I have not received the information for my doctor visits this week.

CITY OF MILWAUKEE
RECEIVED
2011 JUL 12 PM 3:34
OFFICE OF
CITY ATTORNEY



#FNA131094A76/DS0#
P.O. BOX 37010
LOUISVILLE, KY, 40233

4407CD150118-001781

K001382040300M

MWEVTP28 BOWE 20110412B00 JF8F
20110406 001382 Env [15,067] 3 of 4

Your Claim Recap



#BMNCQXF
#FNA131094A76/DS0#
TAFFIE FOSTER TONEY
2721 W ROOSEVELT DRIVE
MILWAUKEE, WI 53216-1833

Account Holder:
TAFFIE FOSTER TONEY
Health Program ID:
095A23688
Group Name:
DANA LIMITED
Claim Number:
11095BK8534
Date Prepared:
04/07/11

Claim Highlights

Date of Service:
03/10/11
Consumer:
VINCENT TONEY
Provider:
AURORA ADVANCED HEALTHCAR
PO BOX 091700
MILWAUKEE, WI 53209

1. Summary of this Claim (See next page for details)

How Much was the Expense?

The total charge was:	\$	106.00
Amount allowed by your benefit:	\$	69.96

How Much was Paid Under Your Program?

Amount paid from your Health Account:	\$	69.96
Amount paid by Traditional Health Coverage:	\$	.00
Total paid under your Program:	\$	69.96

What is Your Out-of-Pocket Responsibility?¹

Other out-of-pocket responsibility:	\$	.00
Coinsurance responsibility:	\$	.00

You Are Responsible For This Amount: \$.00

Your Provider should bill you directly for this amount.

Thank you for choosing a provider participating in our network-helping you get the most for your health care dollar.

Have a question?
Go online to www.anthem.com
or call 1-877-380-1490

2. Status of Your Program (After this Claim)²

Your Health Account

Remaining Account balance:	\$	1,127.77
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Your Traditional Health Coverage

Begins after spending (on covered services):	\$	2,625.00
Amount spent to date:	\$	606.24

Your Annual Out-of-Pocket Maximum

Maximum for Network Providers:	\$	4,125.00
Amount Accumulated Towards Maximum to Date:	\$	606.24

Maximum for Non Network Providers:	\$	999,999.00
Amount Accumulated Towards Maximum to Date:	\$	606.24

¹ Your out-of-pocket responsibility may increase if you do not use a participating network provider. Your out-of-pocket responsibility may increase if you receive a service that is not a covered benefit and may not apply to your out-of-pocket maximum.

² The information above is accurate as of this claim for the benefit year in which it occurred. It may not reflect your most recent account balance and claims activity. Your actual balance depends upon claims that are in process and on services you have received that are not yet processed.

Si necesita ayuda en español para entender este documento, la puede solicitar sin ningún costo adicional llamando al 1-877-380-1490.



#FNA131094A76/DS0#
 P.O. BOX 37010
 LOUISVILLE, KY, 40233

#329CD150118-003331

802395020101

MWEVTP28 BOWE 2011032800 JDOE
 20110328 002395 Env [7,967] 5 of 8

Your Claim Recap



*****AUTO**ALL FOR AADC 530
 7667 2 AB 0.485 43
 TAFFIE FOSTER TONEY
 2721 W ROOSEVELT DRIVE
 MILWAUKEE WI 53216

Account Holder:
 TAFFIE FOSTER TONEY
Health Program ID:
 095A23688
Group Name:
 DANA LIMITED
Claim Number:
 11080QR1533
Date Prepared:
 03/29/11

Claim Highlights

Date of Service:
 03/11/11
Consumer:
 VINCENT TONEY
Provider:
 STEVEN E JOHNSON DC
 14530 W CAPITOL DR
 BROOKFIELD, WI 53005

**Thank you for choosing
 a provider participating
 in our network helping
 you get the most for
 your health care dollar.**

Have a question?
 Go online to www.anthem.com
 or call 1-877-380-1490.

1. Summary of this Claim (See next page for details)

How Much was the Expense?

The total charge was:	\$	140.00
Amount allowed by your benefit:	\$	82.28

How Much was Paid Under Your Program?

Amount paid from your Health Account:	\$	82.28
Amount paid by Traditional Health Coverage:	\$	.00
Total paid under your Program:	\$	82.28

What is Your Out-of-Pocket Responsibility?¹

Other out-of-pocket responsibility:	\$	.00
Coinsurance responsibility:	\$	.00

You Are Responsible For This Amount: \$.00

Your Provider should bill you directly for this amount.

2. Status of Your Program (After this Claim)²

Your Health Account

Remaining Account balance:	\$	1,281.73
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Your Traditional Health Coverage

Begins after spending (on covered services):	\$	2,625.00
Amount spent to date:	\$	452.28

Your Annual Out-of-Pocket Maximum

Maximum for Network Providers:	\$	4,125.00
Amount Accumulated Towards Maximum to Date:	\$	452.28

Maximum for Non Network Providers:	\$	999,999.00
Amount Accumulated Towards Maximum to Date:	\$	452.28

¹ Your out-of-pocket responsibility may increase if you do not use a participating network provider. Your out-of-pocket responsibility may increase if you receive a service that is not a covered benefit and may not apply to your out-of-pocket maximum.

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Si necesita ayuda en español para entender este documento, la puede solicitar sin ningún costo adicional llamando sin cargo al 1-877-380-1490

Your Claim Recap



*****AUT0**3-DIGIT 532 81
25707 1 AT 0-365
TAFFIE FOSTER TONEY
2721 W ROOSEVELT DRIVE
MILWAUKEE WI 53216

Account Holder:
TAFFIE FOSTER TONEY
Health Program ID:
095A23688
Group Name:
DANA LIMITED
Claim Number:
11109BF8167
Date Prepared:
04/21/11

Claim Highlights

Date of Service:
03/23/11
Consumer:
VINCENT TONEY
Provider:
AURORA ADVANCED HEALTHCAR
PO BOX 091700
MILWAUKEE, WI 53209

Thank you for choosing a provider participating in our network-helping you get the most for your health care dollar.

Have a question?
Go online to www.anthem.com
or call 1-877-380-1490

1. Summary of this Claim (See next page for details)

How Much was the Expense?

The total charge was:	\$ 106.00
Amount allowed by your benefit:	\$ 69.96

How Much was Paid Under Your Program?

Amount paid from your Health Account:	\$ 69.96
Amount paid by Traditional Health Coverage:	\$.00
Total paid under your Program:	\$ 69.96

What is Your Out-of-Pocket Responsibility?¹

Other out-of-pocket responsibility:	\$.00
Coinsurance responsibility:	\$.00
You Are Responsible For This Amount:	\$.00

Your Provider should bill you directly for this amount.

2. Status of Your Program (After this Claim)²

Your Health Account

Remaining Account balance:	\$ 956.81
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Your Traditional Health Coverage

Begins after spending (on covered services):	\$ 2,625.00
Amount spent to date:	\$ 777.20

Your Annual Out-of-Pocket Maximum

Maximum for Network Providers:	\$ 4,125.00
Amount Accumulated Towards Maximum to Date:	\$ 777.20
Maximum for Non Network Providers:	\$999,999.00
Amount Accumulated Towards Maximum to Date:	\$ 777.20

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#FNA131094A76/DS0#
 P.O. BOX 37010
 LOUISVILLE, KY, 40233

9630CD150116-001626

001340020101

MWEVTP28 BOWE 20110630B00 JFFA
 20110630 001340 Env [36,627] 1 of 2

Your Claim Recap

*****AUT0***3-DIGIT 532
 35627 1 AT 0-365 103
 TAFFIE FOSTER TONEY
 2721 W ROOSEVELT DRIVE
 MILWAUKEE WI 53216-1833

Account Holder:
 TAFFIE FOSTER TONEY
Health Program ID:
 095A23688
Group Name:
 DANA LIMITED
Claim Number:
 11179BL3443
Date Prepared:
 06/30/11

Claim Highlights

Date of Service:
 06/02/11
Consumer:
 VINCENT TONEY
Provider:
 AURORA ADVANCED HEALTHCAR
 PO BOX 091700
 MILWAUKEE, WI 53209

1. Summary of this Claim (See next page for details)

How Much was the Expense?

The total charge was:	\$	106.00
Amount allowed by your benefit:	\$	69.96

How Much was Paid Under Your Program?

Amount paid from your Health Account:	\$	69.96
Amount paid by Traditional Health Coverage:	\$	.00
Total paid under your Program:	\$	69.96

What is Your Out-of-Pocket Responsibility?¹

Other out-of-pocket responsibility:	\$	.00
Coinsurance responsibility:	\$	.00
You Are Responsible For This Amount:	\$	.00

Your Provider should bill you directly for this amount.

Thank you for choosing a provider participating in our network-helping you get the most for your health care dollar.

Have a question?
 Go online to www.anthem.com
 or call 1-877-380-1490

2. Status of Your Program (After this Claim)²

Your Health Account

Remaining Account balance:	\$	198.03
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Your Traditional Health Coverage

Begins after spending (on covered services):	\$	2,625.00
Amount spent to date:	\$	1,535.98

Your Annual Out-of-Pocket Maximum

Maximum for Network Providers:	\$	4,125.00
Amount Accumulated Towards Maximum to Date:	\$	1,535.98
Maximum for Non Network Providers:	\$	9999999.00
Amount Accumulated Towards Maximum to Date:	\$	1,535.98

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Si necesita ayuda en español para entender este documento, la puede solicitar sin ningún costo adicional llamando sin cargo al 1-877-380-1490

Your Claim Recap



*****AUTO**E-DIGIT 53E 81
25707 1 AT 0.365
TAFFIE FOSTER TONEY
2721 W ROOSEVELT DRIVE
MILWAUKEE WI 53216-1833

Account Holder:
TAFFIE FOSTER TONEY
Health Program ID:
095A23688
Group Name:
DANA LIMITED
Claim Number:
11110QR1930
Date Prepared:
04/25/11

Claim Highlights

Date of Service:
04/05/11
Consumer:
VINCENT TONEY
Provider:
STEVEN E JOHNSON DC
14530 W CAPITOL DR
BROOKFIELD, WI 53005

1. Summary of this Claim (See next page for details)

How Much was the Expense?

The total charge was:	\$ 70.00
Amount allowed by your benefit:	\$ 41.14

How Much was Paid Under Your Program?

Amount paid from your Health Account:	\$ 41.14
Amount paid by Traditional Health Coverage:	\$.00
Total paid under your Program:	\$ 41.14

What is Your Out-of-Pocket Responsibility?¹

Other out-of-pocket responsibility:	\$.00
Coinsurance responsibility:	\$.00
You Are Responsible For This Amount:	\$.00

Your Provider should bill you directly for this amount.

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Have a question?
Go online to www.anthem.com
or call 1-877-380-1490.

2. Status of Your Program (After this Claim)²

Your Health Account

Remaining Account balance:	\$ 915.67
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Your Traditional Health Coverage

Begins after spending (on covered services):	\$ 2,625.00
Amount spent to date:	\$ 818.34

Your Annual Out-of-Pocket Maximum

Maximum for Network Providers:	\$ 4,125.00
Amount Accumulated Towards Maximum to Date:	\$ 818.34
Maximum for Non Network Providers:	\$999,999.00
Amount Accumulated Towards Maximum to Date:	\$ 818.34

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² The information above is accurate as of this claim for the benefit year in which it occurred. It may not reflect your most recent account balance and claims activity. Your actual balance depends upon claims that are in process and on services you have received that are not yet processed.



OFFICE OF THE CITY CLERK
Milwaukee, Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed at the bottom of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

City Clerk
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

893.80 Claims against governmental bodies or officers, agents or employees; notice of injury; limitation of damages and suits. (1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employee of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employee under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employee; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.