

RECEIVED

MAR 18 2014

OFFICE OF
CITY ATTORNEY

Notice of claim against City of Milwaukee

To whom it may concern,

My name is Michael Bangart II, and on November 17, 2013 I was headed west bound on W Clybourn St. in the city of Milwaukee and got into an accident.

There was a section of the pavement removed near where 24th street would be located and I didn't see it. It was at 6pm, there was a slight rain, it was getting dark, and the road construction signs were laying flat on the road instead of standing in front of the hole. I could see the construction signs starting at 25th St. because it was well lit by that intersection and I wanted to move over before I got to those lights, but there were cars in the left lane, then I thought that I saw debris on the road in my lane so I tried slowing down but it was too late. The debris that I saw turned out to be the road construction signs that were supposed to be standing guard of the hole in the road, but like I said earlier, they were laying flat on the road. Because of the traffic next to me, I couldn't swerve to the left lane, and by the time that I saw the signs it was too late. I slammed on my brakes, but my car was already on top of the fallen signs so my car just slid right into the hole along with the signs.

I called 911 to report the accident, but about 15 minutes later my passenger was starting to feel a lot of different pains so I called 911 again and asked to have an ambulance sent to the scene of the accident. The ambulance arrived about 10 minutes later and took my passenger to the hospital.

Thankfully my passenger and I didn't suffer from any broken bones, but we both ended up with a form of whiplash and aching back, shoulder, and arm joints and muscles. My passenger also had a significant sized bruise on one of her legs. We started going to a chiropractor multiple times per week since then, and are just now finally back in decent condition. We

CITY OF MILWAUKEE
2014 MAR 18 PM 2:54
CITY CLERK'S OFFICE

still have to see the chiropractor more often than normal, but we are doing much better than right after the accident.

The day after the accident, I drove back to the site and the original signs were standing where they were supposed to be the night before along with about 5 or 10 more smaller signs that weren't there the night before.

Enclosed I have included a copy of the chiropractic bills for both myself and my passenger from January of this year. The current bill is up to about \$3700 for my passenger and \$3000 for myself. All that I am asking for from the city is to cover \$6700.00 for the chiropractic care that we received as well as \$10,000.00 for each of us due to the pain and suffering that we have been going through since. That would be a total of only \$26,700 to cover the chiropractic care, and all of our pain and suffering due to this incident.

Thank you for your time.

 3/13/14

Michael Bangart II

Address:

1026 Oxford Dr.

Hartland WI 53029

Email:

m_bangart@excite.com

Phone:

262-617-0430

**GOVERNMENT EMPLOYEES INSURANCE COMPANIES
ATTENDING PHYSICIAN'S REPORT**

Date 1-2-14	Our Policyholder	Date of Accident 11-17-13	Claim No. 03963517101010
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To assist us in determining what may be due the Applicant, the Attending Physician should complete this report and return it directly to:

GOVERNMENT EMPLOYEES INSURANCE COMPANIES
CLAIMS DEPARTMENT
ONE GEICO CENTER
MACON, GA 31296

1. Patient's Name and Address: MICHAEL BANGART			
2. Age: 35	3. Sex: MALE	4. Occupation: PERMANENTLY DISABLED	
5. History of occurrence, as described by Patient: PATIENT WAS IN A ONE VEHICLE ACCIDENT. PATIENT DROVE INTO AN UNMARKED HOLE IN THE ROAD. ENTIRE VEHICLE FELL INTO HOLE AND VEHICLE CAME TO AN IMMEDIATE STOP, GIVING PATIENT			
6. Diagnosis and Concurrent Conditions: SPRAIN/STRAIN T-SPINE, L-SPINE, C-SPINE, SHOULDER / STRAINED MUSCLES IN NECK, MID-BACK, LOW BACK, RIB CAGE.			
7. Date symptoms first appeared: 11-17-2013		8. Date when Patient first consulted you for this condition: 11-18-2013	
9. Has Patient ever had same or similar condition? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, state when and describe:			
10. Is condition solely a result of this accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, explain:			
11. Is condition due to injury or sickness arising out of Patient's employment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain:			
12. Will injury result in permanent disfigurement or disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, describe:			
13. Was Patient hospitalized as a result of this injury? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, where:			
14. Was Patient unable to work? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, FROM: PATIENT THROUGH: ON PERMANENT		15. If still disabled, date Patient should be able to return to work: DISABILITY - NOT FROM ACCIDENT 11-17-13	
16. Report of Services: DISABILITY - NOT FROM ACCIDENT 11-17-13			
Date of Service 11-18-13 through 1-2-14	Place of Service	Description of Surgical or Medical Service	Charges
		chiropractic adjustments	\$
		Microcurrent Therapy	\$
			\$
TOTAL CHARGES TO DATE			\$ 2078.00
17. Is this Patient still under your care for this condition? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Estimated Future Charges: \$ NOT KNOWN	
18. Is any part of your bill covered by MEDICARE or MEDICAID? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

1-2-2014	JONATHAN LO, DC	<i>Jonathan Lo, DC</i>	06 178 0312
Date	Physician's Name (print)	Physician's Signature	IRS/TIN Identification No.
520	HARTBROOK DRIVE	HARTLAND	WI 53029
Number	Street	City or Town	State Zip Code

**GOVERNMENT EMPLOYEES INSURANCE COMPANIES
ATTENDING PHYSICIAN'S REPORT**

Date 1-14-2014	Our Policyholder MICHAEL BANGART	Date of Accident 11-17-2013	Claim No. 039635710101030
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To assist us in determining what may be due the Applicant, the Attending Physician should complete this report and return it directly to:

GOVERNMENT EMPLOYEES INSURANCE COMPANIES
CLAIMS DEPARTMENT
ONE GEICO CENTER
MACON, GA 31296

1. Patient's Name and Address: DENISE KYLA 1026 OXFORD DR HARTLAND, WI 53029			
2. Age: 46	3. Sex: FEMALE	4. Occupation: UNEMPLOYED	
5. History of occurrence, as described by Patient: PASSENGER IN CAR THAT FELL INTO AN UNMARKED HOLE IN A CONSTRUCTION ZONE. CAR CAME TO A SUDDEN STOP GIVING PATIENT WHIPLASH			
6. Diagnosis and Concurrent Conditions: SPRAIN/STRAIN OF CERVICAL SPINE, THORACIC SPINE, AND SHOULDER JOINT			
7. Date symptoms first appeared: 11-17-2013		8. Date when Patient first consulted you for this condition: 11-20-2013	
9. Has Patient ever had same or similar condition? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, state when and describe:			
10. Is condition solely a result of this accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, explain:			
11. Is condition due to injury or sickness arising out of Patient's employment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain:			
12. Will injury result in permanent disfigurement or disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, describe:			
13. Was Patient hospitalized as a result of this injury? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, where:			
14. Was Patient unable to work? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, FROM: THROUGH:		15. If still disabled, date Patient should be able to return to work:	
16. Report of Services:			
Date of Service	Place of Service	Description of Surgical or Medical Service	Charges
11/20/13 through 1/14/14	CLINIC - HARTLAND, WI	CHIRO. ADJTS - ELECTRICAL STIMULATION - MANUAL THERAPY	\$ \$ \$
TOTAL CHARGES TO DATE			\$ 2516.00
17. Is this Patient still under your care for this condition? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Estimated Future Charges: \$ UNKNOWN	
18. Is any part of your bill covered by MEDICARE or MEDICAID? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

1-14-14	JONATHAN LO, DC	<i>Jonathan L. Lo</i>	06 178 0312
Date	Physician's Name (print)	Physician's Signature	IRS/TIN Identification No.
520	HARTBROOK DRIVE	HARTLAND, WI	53029
Number	Street	City or Town	State Zip Code

POLICE #
 ACCIDENT # 133212100

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number QPSR0JM		Document Override Number	
Agency Accident Number 133212100				Police Number					
4 - Accident Date 11/17/2013		5 - Time of Accident (Military Time) 1805		6 - Total Units 01		7 - Total Injured 01		8 - Total Killed 00	
14 - On Hwy No. MILWAUKEE 40		14 - On Street Name CLYBOURN ST W				14 - Bus/Fint/Rmp		15 - Est. Dist 100	
16 - Fr/At Hwy No.		16 - From/At Street Name 25TH ST N				16 - Business/Frontage/Ramp			
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event OTHER NON-COLLISION				83 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DARK-LIGHTED			116 - Road Surface Condition WET			118 - Weather RAIN			
<input type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input checked="" type="checkbox"/> Construction Zone			<input type="checkbox"/> Names Exchanged	
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements			103 <input type="checkbox"/> Measurements Taken			79 - E M S Number	

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With OTHER NON-COLLISION		23 - Dir Of Travel WEST		24 - Speed Limit 30		
36 - Operating as Classified D CLASS		37 - Endorsements			<input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver License Number B026537805/05		30 - State WI		31 - Expiration Year 2021		34 - On Duty Accident		
25 - Operator/Pedestrian Last Name BANGAR			26 - First Name MICHAEL			25 - Middle Initial M		25 - Suffix
32 - Date Of Birth 02/27/1978		33 - Sex MALE						
26 - Address Street & Number 1026 OXFORD DR						26 - PO Box		
27 - City HARTLAND			27 - State WI		27 - Zip Code 53029		28 - Telephone Number (000) 000-0000 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED				
38 - Injury Severity N - NO APPARENT INJURY			41 - Airbag DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control OTHER			62 - No. of Citations Issued		
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.
122 - Driver Factors NOT-APPLICABLE								
88 - Driver or Pedestrian Cond APPEARED NORMAL			89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN		

OPERATOR/PEDESTRIAN 01

81 - Drugs Reported
124 - Highway Factors SNOW,-ICE,-OR-WET, CONSTRUCTION-ZONE

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR		22 - Total Occupants 2	
	60 - License Plate Number 4077FK	67 - Plate Type AUT	68 - State WI	69 - Expiration 2014	66 - Vehicle Identification Number 1G1ZB9E11AF243266	
	50 - Year 2010	51 - Make CHEV	52 - Model MALIBU LS	53 - Body Style 4D	54 - Color BLK	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT					
	95 - Extent Of Damage MODERATE	96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By		
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name BANGART		46 - First Name MICHAEL	46 - Middle Initial M	46 - Suffix	Date Of Birth 02/27/1978
	46 - Company Name					
	47 - Address Street & Number 1026 OXFORD DR			47 - PO Box		
	48 - City HARTLAND		48 - State WI	48 - Zip Code 53029	49 - Telephone Number (000) 000-0000 EXT.	

Insurance

INS 01	63 - Liability Insurance Company GEICO-CASUALTY-CO		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name BANGART		61 - Policy Holder First Name MICHAEL		
	61 - Policy Holder Company				

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

Occupant

01	<input checked="" type="checkbox"/> Address Same As Operator					
	65 - Unit No 01	69 - Occupant Last Name AYALA		66 - First Name DENISE	66 - Middle Initial T	66 - Suffix
	68 - Address Street & Number 1026 OXFORD DR			68 - PO Box		

OCCUPANT	68 - City HARTLAND	68 - State WI	68 - Zip Code 53029	
	67 - Date of Birth 05/31/1968	69 - Sex FEMALE		
	71 - Seat Position FRONT-SEAT-RIGHT-SIDE-(TRAIN ENGINEER)		72 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
	70 - Injury Severity C - POSSIBLE INJURY	73 - Airbag DEPLOYED	76 - Ejected NOT-EJECTED	77 <input checked="" type="checkbox"/> Medical Transport
	76 - Trapped/Extricated NOT-TRAPPED	78 - Agency Space		

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p style="text-align: center;">D=^ Not drawn to Scale</p>
	<p>UNIT 1 WAS TRAVELING W/B ON W CLYBOURN ST. APPROX 100 FEET EAST OF N 25TH ST, THE DRIVER OF UNIT 1 DID NOT SEE THE CONSTRUCTION BARRICADES THAT WERE BLOWN OVER BY THE WIND, FROM AN EARLIER STORM. UNIT 1 THEN DROVE INTO AN APPROX 1 FOOT DEEP 10 FOOT BY 10 FOOT CONSTRUCTION HOLE. I OBSERVED MODERATE DAMAGE TO THE FRONT END OF THE VEHICLE. THE PASSENGER COMPLAINED OF NECK PAIN AND WAS CONVEYED TO MT SINAI HOSPITAL BY CURTIS AMBULANCE.</p>

Officer Information

OFFICER INFORMATION	125 - Officer Last Name MCELROY	125 - First Name RYAN	125 - Middle Initial P	131 - Officer ID 18648
	129 - Law Enforcement Agency No. 32	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT		
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET			
	127 - City MILWAUKEE	127 - State WI	127 - Zip Code 53233	128 - Telephone Number (414) 933-4444 EXT.
	132 - Date Notified 11/17/2013	133 - Time Notified (Military Time) 1817	134 - Time Arrived (Military Time) 1835	135 - Date Of Report 11/17/2013
	Agency Accident Number 133212100	Police Number	19 - Special Study	
	18 - Agency Space			