

James R. Owczarski
Office of the city clerk
City Hall Room 205
200 East Wells Street
Milwaukee, Wisconsin 53202

Dear Mr. Owczarski:

I Michelle D. Stewart (File Number 131625) herby plead that my case was wrongfully heard among the City Council on the date of March 24,2014, I believe I was misled in the case, my side of the story wasn't heard the way that I was lead to believe that it should have been heard.

I was told (by the common council secretary) that my insurance company (Allstate) was going to be there by letter of invitation on my behalf. This was false information, Allstate stated that they don't come to common council meeting representing there client's.

Secondly, I was told by the city attorney (Steven Carini) that all my documentation was there (police report, witness statement, and my letter of demand) for the hearing, from Gruber Law Office. (This was false as well) only thing that was there, that I'm aware of was the letter of demand.


I was never given the invitation to present my case, the way it should have been heard.

I felt that I was misled, and I'm due my demand in damages, it was record the day of the hearing (03/24/14) that a call went out to the Department of Public Works, at 4:00 pm on the day in question of my injury (May 30,2013) my accident happen at 4:15 pm, if this is said to be true, then why did this misshape, happen.

So my request is for the common council to take a second look at the enclosed information, which I wasn't invited to present at the hearing. No one on the board asked me if I had any documentation of any kind.

So please find enclosed, the police report, and the witness statement. I await your response.

Sincerely:


Michelle D. Stewart
5542 North 53rd Street
Milwaukee, Wisconsin 53218

City Clerk Office
Room 205
200 East Wells
Milwaukee, Wisconsin 53202-3567
414-286-2221

To whom it may concern:

This is a demand for judgment against the city of Milwaukee of Public works department, for file/case number 1029-2013-1700.

Date of occurrences, was on May 30, 2013 around 4:15pm, the weather condition was sunny and warm, pavement was dry, I was traveling west bond on Appleton in the city of Milwaukee.

After crossing the intersection of North Congress, after the traffic light had just turned green.

I was in the right hand lane, driving over a man hole cover, I heard a loud noise, and my 2007 Pontiac Torrent SUV went air born, about 1-2 inches off the ground(taking out the whole bottom cavity of my SUV), carrying me across the left lane and onto the island, and back across the left and right lanes of west Appleton just coming inches from 4-5 parked cars.

My vehicle came to a rest at the intersection of North Glendale, hitting my right knee, and Jared my back.

Went to the emergency room VIA ambulance where I was treated for my injuries, I'm demanding the city of Milwaukee Public Works Department, to compensate me in damages of the amount of \$50,000 for pain, suffering and injuries.

This amount comes from the calculation of the pain in my back, which will never be the same again(burse my sciatic nerve) which is giving me difficult times with sleeping, sitting for a long period of time, that cause sever pain, were I find myself taking pain medication for comfort.

The accident also set my healing process of my right knee, back to its original state of pain, pre surgery.

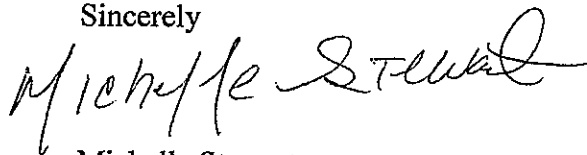
Surgery was performed on my right knee in November 2012; I was 96% back to normal in March 2013.

After the accident, I find my knee pain is back to its original state of a pain scale (9-10) with me being on medication, and wearing a knee brace from time to time.

The greatest suffering of all, is the nightmares I continually have of the entire accident with the fear of driving over any and all manhole covers, loud noises and knowing my knee and lower back, will never be the same again.

With this pain I'm limited in various activity with my son, can't clean my house, do laundry, without taking many breaks, to rest my back.

Sincerely

A handwritten signature in cursive script that reads "Michelle Stewart". The signature is written in dark ink and is positioned above the printed name.

Michelle Stewart

Voluntary Statement

Name: Anthony D. Ford

Male

D.O.B. 2/19/1976

Address: 4366 North 67th Street, Milwaukee, WI 53216

Phone: 414-254-1324

I, Anthony D. Ford, certify that the below statement is true and correct. I further certify that the below statement is made by me freely, voluntarily and without threat or promise of any kind.

Statement:

On 5/30/2013, at approximately 4:00 PM, I saw a motor vehicle incident involving a maroon Pontiac Torrent and a manhole cover.

I had a clear view of this incident.

This incident occurred in the intersection of West Appleton Avenue and West Congress Street located in the City of Milwaukee, WI.

I was driving westbound on West Congress Street.

I came to a complete stop for the red lights at West Appleton Avenue.

The maroon Torrent was travelling westbound on West Appleton Avenue.

The driver of the Torrent appeared to be travelling at a safe and reasonable speed.

As the Torrent was crossing the intersection, it drove over a manhole cover.

The manhole cover was not evenly placed and it was at an angle.

When the Torrent went over the manhole cover, this caused the manhole cover to launch up in the air and it struck the Torrent.

The Torrent was launched up in the air and it was riding on one wheel for approximately a half of a block.

Earlier in the day, I saw workers from the City of Milwaukee, WI working in the exact same area as the manhole cover.

I believe that the City of Milwaukee workers did not properly replace the manhole cover to a safe position.

Wisconsin Motor Vehicle QPT5L76

Accident Report MV4000e 01/2005

Michelle Stewart

PK2011

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number QPT5L76		Document Override Number	
Agency Accident Number 131501779				Police Number					
4 - Accident Date 05/30/2013		5 - Time of Accident (Military Time) 1600		6 - Total Units 01		7 - Total Injured 01		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57 - CITY				11 - Accident Location INTERSECTION			
14 - On Hwy No.	14 - On Street Name APPLETON AV W			14 - Bus/Frnt/Rmp		15 - Est. Dist	Ft/Mi	15 - Hwy. Dir	
16 - Fr/At Hwy No.		16 - From/At Street Name CONGRESS ST W			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event OTHER OBJECT-- NOT FIXED				93 - 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 BLACKTOP (BITUMINOUS) - 2			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLEAR			
<input type="checkbox"/> Hit and Run		<input checked="" 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 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	

POLICE #

ACCIDENT # 131501779

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With OTHER NON-COLLISION			23 - Dir Of Travel WEST		24 - Speed Limit 35	
36 - Operating as Classified D CLASS		37 - Endorsements			35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
20 - Driver License Number S3635446455103		20 - State WI	21 - Expiration Year 2020	22 - On Duty Accident				
25 - Operator/Pedestrian Last Name STEWART			25 - First Name MICHELLE		25 - Middle Initial D		25 - Suffix	
32 - Date Of Birth 02/11/1964		33 - Sex FEMALE						
26 - Address Street & Number 7809 N 60TH ST B						26 - PO Box		
27 - City MILWAUKEE			27 - State WI	27 - Zip Code 53223		28 - Telephone Number (414) 362-0190 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 C - POSSIBLE INJURY		41 - Airbag DEPLOYED		42 - Ejected NOT-EJECTED		44 <input checked="" 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 TRAFFIC-SIGNAL-OPERATING			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

Wisconsin Motor Vehicle QPT5L76
Accident Report MV4000e 01/200

PK2011

91 - Drugs Reported
124 - Highway Factors OTHER

Vehicle

VEHICLE 01	21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
	56 - License/Plate Number 4MXXY		57 - Plate Type AUT	58 - State WI	59 - Exp. Year 2014	55 - Vehicle Identification Number 2CXDL63F576093989
	50 - Year 2007	51 - Make PONT	52 - Model TORRENT	53 - Body Style 4D	54 - Color MAR	100 - Skidmarks to Impact (FT)
	94 - Vehicle Damage UNDERCARRIAGE					
	95 - Extent Of Damage UNKNOWN		96 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By AAA	
	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 STEWART		46 - First Name MICHELLE		46 - Middle Initial D	46 - Suffix
	46 - Company Name					
	47 - Address Street & Number 7809 N 60TH ST B				47 - PO Box	
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53223		49 - Telephone Number (414) 362-0190 EXT.
	Date Of Birth 02/11/1964					

Insurance

INS 01	63 - Liability Insurance Company ALLSTATE		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner			
	61 - Policy Holder Last Name STEWART		61 - Policy Holder First Name MICHELLE			
	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			

Property

Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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PK2011

OFFICER INFORMATION	125 - Officer Last Name GRAUBERGER		125 - First Name MATTHEW		125 - Middle Initial J		131 - Officer ID 02662		
	129 - Law Enforcement Agency No. 72		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 05/30/2013		133 - Time Notified (Military Time) 1642		134 - Time Arrived (Military Time) 1650		135 - Date Of Report 05/30/2013		
	Agency Accident Number 131501779		Police Number		19 - Special Study				
	18 - Agency Space								

Wisconsin Motor Vehicle QPT5L76

Accident Report MV4000e 01/2001

PK2011

PROPERTY OWNER 01	84 - Company Name CITY OF MILWAUKEE		Government Property Type COUNTY/MUNICIPAL	
	85 - Address Street & Number 200 E WELLS ST		85 - PO Box	
	86 - City MILWAUKEE	86 - State WI	86 - Zip Code 53202	87 - Telephone Number (414) 286-2150 EXT.
	83 - Government Damage Tag Number			
	Fixed Objects Struck			
82 - Striking Unit 1	82 - Object Struck OTHER-OBJECT-NOT-FIXED	82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck	

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>UNIT 1 WAS TRAVELING WESTBOUND ON W. APPLETON AVE. AS UNIT 1 APPROACHED INTERSECTION OF W. APPLETON AVE AND W. CONGRESS A MANHOLE COVER WAS RUN OVER BY ANOTHER VEHICLE, CAUSING COVER TO STICK UP IN THE AIR. OPERATOR OF UNIT 1 DID NOT SEE DISLODGED MANHOLE COVER AND RAN OVER IT CAUSING DAMAGE TO UNDERCARRIAGE OF AUTO. OPERATOR WAS CONVEYED TO ST. JOSEPH'S HOSPITAL FOR COMPLAINT OF PAIN TO RIGHT KNEE.</p>

Officer Information

Comprehensive Report

Paratech Ambulance Service
 9401 W Brown Deer Rd
 Milwaukee, WI 53224

Incident Date: 05/30/2013
 Triage Tag #: 568

Call #: 0086-A

Patient Care #: 45971

Patient Information		
Name: STEWART, MICHELLE	Age: 49 Years	D.O.B: 02/11/1964 (mm/dd/yyyy)
Address: 7809 N 60TH ST 8 MILWAUKEE, MILWAUKEE, WI 53233	Gender: Female	SSN: 359-86-2764
	Weight: 74.843 KG / 165.00 LB	Race:
	Phone: 4143620190	Ethnicity:

Call Type and Location	Call Disposition	Response Times and Mileage	
Call Type: Traffic/Transportation Accident Resp. Mode: Lights and Sirens Urgency: Response: 911 Response Location: Street or Highway Address: 7989 W GLENDALE AVE MILWAUKEE, Milwaukee, WI 53218 Zone: 1 - MKE	Disposition: Treated, Transported by EMS (BLS) Resp. Mode: No Lights or Sirens Destination: WFH-ST JOSEPH'S HOSPITAL, 5000 W CHAMBERS ST, MILWAUKEE, WI 53216 Dest. Determ.: Patient Choice Diverted From: Scene Delay: Police Assistance Needed, Patient Delay Patient Barriers: None	1st Resp. Arr.: PSAP: Incident #: 043532 Unit Disp.: 16:25 Enroute: 16:25 At Scene: 16:31 At Patient: 16:32 Depart: 17:03 Arrive Dest: 17:13 In Service: 17:22 In Quarters: Cancelled:	Incident #: 043532 Start Miles: Scene Miles: 197.0 To Scene: 0.0 Dest. Miles: 199.0 To Dest: 2.0 End Miles: 199.0 To End: 0.0 Call Sign: 16 Veh. #: 16 Veh. Type: Ambulance Primary Role: BLS Ground Transport

First Responder Agencies#: MILWAUKEE FIRE DEPARTMENT

Unit Personnel		
Crew Member	Crew Member Level	Crew Member Role
Blank, Leigh	EMT-Basic	Driver
Knezic, Anna	EMT-Basic	Primary Patient Caregiver

Call Information	
Destination Name: WFH-ST JOSEPH'S HOSPITAL	Response Request: 911 Response (Scene)
Destination Type: Hospital	Response Disposition: Treated, Transported by EMS (BLS)
Destination Determination: Patient Choice	Lights Sirens To Scene: Lights and Sirens
Vehicle Type: Ambulance	Lights Sirens From Scene: No Lights or Sirens

Factors Affecting Response

Provider Impression: Pain
Chief Complaint: RIGHT KNEE PAIN X 30 Minutes
Onset Date/Time: 05/30/2013 at 16:00
Alcohol/Drug Use:
Injury Intent:
Cause of Injury: Motor Vehicle Non-Traffic Accident
Dispatch Reason: Traffic/Transportation Accident

Primary Symptom

Pain


Other Associated Symptoms

Swelling

Patient Vitals

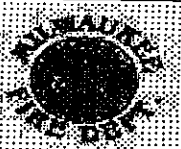
STEWART, MICHELLE DENISE 73624515 1127917

From: EMS Office To: +14148744364 Page 1 of 3 30/05/2013 04:37:04 PM

		Milwaukee Fire Department 711 West Wells Street MILWAUKEE, WI 53233 414-286-8960		AMBULANCE RECORD (A. Acevedo, Daniel (EMT-B)) Page 1 of 3	
Trip Information					
CAD ID# 908356		Date 05-30-2013		Responding Unit E-8 (BLS First Responder)	
Conveyed By Paratech					
Case Number 009yon		Dispatched As Auto Accident: Injuries Unknown		Patient Disposition Treated, Transferred Care - Ground	
Fire Incident Number 130043532				Department Directive	
Dispatched 16:12:59	Enroute 16:14:30	Amb On Loc 16:18:47	Pt Contact 16:19:00	Depart Loc 16:35:00	In Service 16:36:00
Pickup			Destination		
S-Scene of Accident / Acute Ev 7989 W Glendale Avenue MILWAUKEE, WI 53209					
Response To Scene		911 Response (Scene) Lights & Sirens		Response From Scene	
County		MILWAUKEE		Miles Transported 0.00	
Patient Information					
Patient Name Stewart, Michelle			Gender Female		Ethnicity
Patient Residence 7809 N 60th St # 1b MILWAUKEE WI 53223			Date of Birth 02-11-1964 (49 YO)		DL
Phone (H) 414-362-0190		Phone (W)		SSN *****2764	
Next of Kin		Patient ID/Band Number 009yon			
Patient Information					
Allergies		Sulfa Drugs			
Medications		Advair			
History		Asthma			
Chief Complaint		Knee pain, Onset of event occurred 5 minutes Prior to Calling EMS.			
Cardiac					
Cardiac Arrest No		Etiology		Resuscitation Attempt	

STEWART MICHELLE DENISE
 DOB: 02/11/64 49Y SEX: F MR: 1127917
 ST JOSEPH EMS
 ACCT#: 73624515 

Electronically Signed			
Acevedo, Daniel (EMT-B) Primary Caregiver	Mrotek, Jesse L (EMT-B) Crew #2	Unger, Adam N (EMT-B) Crew #3	Mueller, Benjamin E (EMT-B) Crew #4
Patient Name: Stewart, Michelle Incident Date: 05-30-2013			



Milwaukee Fire Department
 711 West Wells Street
 MILWAUKEE, WI 53233
 414-286-8960

AMBULANCE RECORD
 DRAFT
 U (Acevedo, Daniel (EMT-B))
 Page 2 of 3

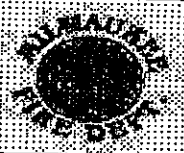
Initial Patient Assessment				
Primary Symptom Pain		Other Symptoms		
Primary Impression Traumatic Injury		Secondary Impression		
LOC AAOx3	BP 134/80 Manual Cuff	SpO2	ETCO2	
Breath Sounds Upper: Left: Clear Right: Clear	Breath Sounds Lower: Left: Clear Right: Clear		Resp Rate 16 Normal	Pulses Left: Radial Right: Radial
Pulse Rate 80 Regularly-Regular	Pupils Left: PERRL Right: PERRL	Capillary Refill Instant		
Skin Color Normal	Skin Moisture Normal	Skin Temp Warm	Skin Appearance Normal	
Blood Glucose	Mental Status Normal	Neurological Status Normal		
Glasgow Coma Score				
GCS Total 15	Eye Opening 4 - Opens Eyes spontaneously	Verbal Response 5 - Oriented	Motor Response 6 - Obeys Commands	RTS 12
Trauma Injuries				
Cause Motor Vehicle non-traffic accident		Intent Unintentional	Mechanism Blunt	
Injury Pain/Tenderness		Specifics		
Sequence Chart				
Date	Time	Event	By	Description
05-30-2013	16:12:59	Dispatched		
05-30-2013	16:14:30	Enroute		
05-30-2013	16:18:47	On Location		
05-30-2013	16:19:00	Patient Contact		
05-30-2013	16:35:00	Departed Location		
05-30-2013	16:36:00	In Service		
Patient Assessment at Destination				

STEWART MICHELLE DENISE
 COB: 02/11/64 49Y SEX: F MR: 1127917
 ST JOSEPH EMS
 RCCT#: 73624515

Electronically Signed

Acevedo, Daniel (EMT-B) Primary Caragiver Mrotek, Jesse L (EMT-B) Crew #2 Unger, Adam N (EMT-B) Crew #3 Mueller, Benjamin E (EMT-B) Crew #4

Patient Name: Stewart, Michelle | Incident Date: 05-30-2013



Milwaukee Fire Department
711 West Wells Street
MILWAUKEE, WI 53233
414-286-8960

AMBULANCE
RECORD
DRAFT
J (Acevedo, Daniel (EMT-B))
Page 3 of 3

Narrative

Subjective:

E-8 dispatched to auto accident: injuries unknown call and found 49 YO female complaining of Knee pain. Onset of event occurred 5 minutes prior to calling EMS.

Objective:

Systemic Information - Assessment

Skin:

Head / Neck:

Chest:

Abdomen:

Extremities:

Head/Face: Normal

Neck: Normal

Heart: Normal

Abdomen Left Upper: Normal

Abdomen Left Lower: Normal

Abdomen Right Upper: Normal

Abdomen Right Lower: Normal

GU Assessment: Normal

Back Cervical: Normal

Back Thoracic: Normal

Back Lumbar/Sacral: Normal

Extremities-Right Upper: Normal

Extremities-Right Lower: Tenderness

Extremities-Left Upper: Normal

Extremities-Left Lower: Normal

General: AAOx3, Initial BP 134/80, Pulse 80, Respirations 16 and Normal
Monitors:

Assessment:


Plan:

49 YO female found complaining of Knee pain. Initial assessment as indicated. Pulse rate was 80. Respirations were 16 and Normal. Initial blood pressure was 134/80. Patient contact made at time indicated above.

STEWART MICHELLE DENISE

DOB: 02/11/64 49Y SEX: F MR: 1127917

ST JOSEPH EMS

ACCT*: 73624515 

Signatures

Michelle Stewart

Patient

Electronically Signed

Acevedo, Daniel (EMT-B) Primary Caregiver Mrotek, Jesse L (EMT-B) Crew #2 Unger, Adam N (EMT-B) Crew #3 Mueller, Benjamin E (EMT-B) Crew #4

Patient Name: Stewart, Michelle | Incident Date: 05-30-2013

Time	B/P	Pulse	Rhythm	Resp	Effort	SpO2	SpO2 Qual	EtCO2	GCS	Pain	Stroke Scl	PTA	B.G.	RTS	Limb	Patient Position
16:33	134/80	80		16												
16:40	130/90	88		20	Normal				15		CISS -				12	

Glasgow Coma Score

Date/Time	Glasgow Eye Opening	Glasgow Verbal	Glasgow Motor	Glasgow Coma Score
16:33				
16:40	4	5	6	15

Past Medical History

MEDICATION ALLERGIES		Generic Name	Description
Sulfa Drug Allergy		Sulfa Drug Allergy	In full SULFONAMIDE DRUG, sulfa also spelled SULPHA, any member of a group of synthetic antibacteria
Patient Medications		Generic Name	Dosage
Ativan		Lorazepam	

Medical Surgery History	
Asthma	

History	Primarily Obtained From	Pregnancy	Advanced Directives	Practitioner Name
Patient				

Procedures and Treatments

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments

Medication Administered

Time	Crew	Medication	Route	Dosage	Response	PTA	Comments

ECG Monitor

Time	ECG Type	ECG Lead	ECG Interpretation	ECG Ectopy	Cause For Change

Time of Assessment: 2013-05-30T16:39:00-05:00

- Abdomen-left-lower:
- Abdomen-left-upper:
- Abdomen-right-lower:
- Abdomen-right-upper:
- Back-cervical:
- Back-lumbar:
- Back-thoracic:
- Chest:
- Ext-left-low:
- Ext-left-up:
- Ext-right-low:
- Ext-right-up:
- Eyes-left:
- Eyes-right:
- GU:
- Head:
- Heart:
- Mental: Oriented-Person, Oriented-Place, Oriented-Time, Oriented-Events
- Neck:
- Neuro: Normal
- Skin: Normal

Narrative

Summary of Events

SQUAD 116 WAS DISPATCHED ON A 10-17 CALL TO THE SCENE OF A 49-YEAR-OLD FEMALE PATIENT A&OX4 WHO WAS INVOLVED IN A MOTOR VEHICLE ACCIDENT. PATIENT WAS DRIVING NORTH ON APPLETON NEAR THE INTERSECTION OF APPLETON AND GLENDALE WHEN HER AIRBAGS SUDDENLY DEPLOYED. PATIENT BELIEVES THAT A MANHOLE COVER CAME OFF OF THE MANHOLE AND HIT HER CAR, WHICH CAUSED DAMAGE TO THE UNDERSIDE OF HER CAR AND HER AIRBAGS TO DEPLOY. PATIENT CLAIMS TO HAVE BEEN GOING AT A SPEED BETWEEN 30-40 MILES PER HOUR. UPON EMS ARRIVAL, MFD ENGINE 8 WAS ON SCENE AND THE PATIENT WAS SITTING ON THE SOUTH EAST CORNER OF APPLETON AND GLENDALE. THE PATIENT'S CHIEF COMPLAINT WAS RIGHT KNEE PAIN. UPON INSPECTION, THERE WAS NOTICABLE SWELLING TO THE PATIENT'S LATERAL RIGHT KNEE. PATIENT WAS AMBULATORY ON SCENE. EMS APPLIED ICE TO THE INJURED KNEE. PATIENT

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we and our Billing Agent may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent. I also hereby acknowledge receipt of the Paratech Ambulance Service and its Billing Agent's Notice of Privacy Practices.

I Agree I Disagree Not Applicable

Waiver of Liability (Cx/Refusal Of Service)

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release Paratech Ambulance Service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I Agree I Disagree Not Applicable

Authorization for Billing

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to Paratech Ambulance Service INC, 9401 W Brown Deer Rd, Milwaukee WI ("Paratech") for any services provided to me by Paratech now or in the future. I understand that I am financially responsible for the services provided to me by Paratech, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Paratech and its Billing Agent any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Paratech and its Billing Agent. I authorize Paratech and its Billing Agent to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or documentation about me to release such information to Paratech and its Billing Agent, and/or the Centers for Medicare and Medicaid Service and its carriers and agents, and/or any other payers or insurers as may be necessary to determine these or other benefits payable for any services provided to me by Paratech, now or in the future. I also hereby acknowledge receipt of the Paratech and its Billing Agent's Notice of Privacy Practices. A copy of this form is as valid as the original. I further authorize Paratech Ambulance Service and its Billing Agent to discuss this claim with my insurance company in an attempt to resolve any billing questions or errors that may prevent payment of the claim.

I Agree I Disagree Not Applicable

Signature



Printed Name MICHELLE STEWART

Date 05/30/2013

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I Disagree Not Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I Agree I Disagree Not Applicable

ASSESSMENT INCLUDED VITALS WITHIN NORMAL RANGE AND A GCS SCORE OF 15. PT DENIED ANY LOC//HEAD PX//NECK//BACK PX//NAUSEA//VOMITING//DIZZINESS. MPD SQUAD 7290 ARRIVED PRIOR TO DEPARTURE AND INTERVIEWED PATIENT. NO FURTHER INTERVENTIONS WERE NECESSARY AND THE PATIENT WAS TREATED AND TRANSPORTED VIA BLS SERVICES. PATIENT WAS TRANSPORTED IN THE STRETCHER WITH COT STRAPS PER PROTOCOL IN THE SEMI-FOWLERS POSITION. CARE WAS TRANSFERRED TO THE NURSING STAFF AT WFH-ST JOSEPHS ED TRIAGE.

AK 70100158 EMT-B

Prior Aid				
Prior Aid	Performed By			Outcome
Safety Equipment Used				
Protective Safety Belt				
Vehicular Information				
Vehicular Injury Indicators: Not Applicable				
Area of Vehicle Impacted: Not Applicable				
Seat Row Location of Patient: 1			Position of Patient: Driver	
Airbag Deployment: Airbag Deployed Front, Airbag Deployed Side				
Billing Information				
Payment Method:			Work Related?	
Insurance Information				
Company Name	Company City	Company State	Insurance Policy #	Relationship To Insured
UNITED MEDICAL RESOURCES (UMR)		WI		
Medicare Questionnaire				
Medically Necessary:	Transported To/For:			
Moved by Stretcher:	Round Trip Reason:			
Visible Hemorrhaging:	Stretcher Reason:			
Unconscious/Shock:	Physical Restraints:			
Bed Confined Before:	Hospital Admit:			
Bed Confined After:	Weight: 74.843 KG / 165.00 LB			
Type of Transport:	MSP Reason:			
Service-Defined Questions				
Responding From Location	Station 6			
MFD ALS Assessment Performed?				
FAX PCR TO FACILITY	YES			
[EKG] 12 Lead Transmitted to Facility				
[EKG] If No 12 Lead Was Faxed - Reason:				
[Attachment] - Billing Page	Yes			
[Attachment] - PCS	No			
[Attachment] - Medical Records				
[Attachment] - PP42				
Has the tourniquet been removed?	N/A			
Has the Omnicare form been faxed and with trip cover sheet?	N/A			
HAVE YOU BEEN ADMITTED TO A HOSPITAL OR ER IN THE LAST 30 DAYS?	NA			
IF SO WHERE WERE YOU ADMITTED OR EVALUATED?				