

CITY OF MILWAUKEE

9-29-05

I am requesting a hearing

C.I. File # 05-ESH-127
CITY CLERK

I am requesting this hearing because I don't think this matter was taken seriously. I was told that an investigation was done. I find that hard to believe. Because in my denial letter it was stated the location was not on the public right-of-way. I am sure thousands of Maximus clients pass that point everyday to enter Maximus. Also, it stated there was a cone there. Maximus has cameras on the day of the incident July 12, 2005. There were no cones no signs nothing indicating one should watch his step. Also I maybe mistaken but I thought a sidewalk was city property.

I actually tried to resolve this problem myself. I thought it would be a blessing and better to do it this way instead of getting some lawyer who is going to take up alot of my time trying to get the maximum. Because I am still seeing my Dr. about this knee. I'm sure at the hearing you will be able to see with your own eyes what I am going through. I thought a thousand dollars was not asking to much for my

2.

pain an suffering. But that was before I knew I would have to continue seeing the Dr. for this knee. I was told a thousand dollars was a sell out. I thought no. But now, I can see why people jump to get lawyers. Its the only way they get what is due them.

Kerri Allen

713) 434-2514

2623 W. 71st |st Floor

Chicago IL 60629

Please give me a call or send a letter in response to my hearing date. Please keep in mind im in Chicago. My denial letter was dated 9-21-05. I didnt receive it until 9-29-05.

CITY OF MILWAUKEE
RECEIVED

5

2005 AUG 10 PM 3:27

Aug 4, 2005

OFFICE OF
CITY ATTORNEY

I have ~~no~~ receipt for medication for pain. Because I used my medical card. The ambulance took a copy of it. My Dr. billed my medical card. My medical card number is 090388760. It is a state of Illinois medical card.

Maximus did say they had a video tape. I have spoken with Wanda Montgomery. Wanda actually saw the large wound on my knee. She gave me her card to contact her. Her number is 414-760-5193 Direct. 262-434-0699 CELL.

I have also spoken with Jeannie Boston Human Resource manager and Sheldon.

I'm enclosing a copy of the incident report also the yellow copy that the EMT gave me.

Due to me weighing two hundred pounds this was a very hard fall. When I returned a few days later they had placed cones at the sight. There were no cones there before. Also the Security Guard was a witness I did not get his name but I'm sure he also had to do a incident report.

It has almost been a month and the knee has not yet healed. I would like to be compensated for pain and suffering transportation and

RONALD D. LEONHARDT
CITY CLERK

2005 AUG 10 PM 1:27

CITY OF MILWAUKEE

my time. I also hope the city of Milwaukee
fixes this problem, to prevent it from happening
to someone else. ASKING for ONE thousand for
pain & suffering.

Thank you

Kerri Allen

2623 W. 71 Street 1st Fl,

CHICAGO IL 60629

773(434)-2514

Dr. James Curran

University of Chicago

773-702-2619

He can give medical Report.

INCIDENT REPORT FORM

Date: July 12, 2005 July 14, 2005

Reported by: KERRI Allen

Time of incident: About 8:20 Am

Time of report: 3:57 pm

Names of witnesses: _____

Location: 6550 N. 76th STREET

Persons involved: Kerri Allen

Please describe accurately and completely the incident below.

As I was ~~entering~~ walking up the side walk
I tripped over the sidewalk ~~corner~~ it is uneven
I busted my knee. Due to blood thinners. I was
afraid bleeding so inside waited for ambulance.
Later that day knee swoll up really large knee
is still very swollen. Large open wound on knee
will see doctor on 7-15-05. 100pm. Did give
my information to one contacted me back in the office
7-14-05. To check up on incident.

Signature: Kerri Allen



PATIENT REFUSAL INFORMATION SHEET

PLEASE READ AND KEEP THIS FORM

THIS FORM HAS BEEN GIVEN TO YOU BECAUSE YOU HAVE REFUSED TREATMENT AND/OR TRANSPORT BY PARATECH AMBULANCE SERVICE, INC.. YOUR HEALTH AND SAFETY ARE OUR PRIMARY CONCERN, SO EVEN THOUGH YOU HAVE DECIDED NOT TO ACCEPT OUR ADVICE, PLEASE REMEMBER THE FOLLOWING:

- 1. THE EVALUATION AND/OR TREATMENT PROVIDED TO YOU BY PARATECH AMBULANCE SERVICE, INC. IS NOT A SUBSTITUTE FOR MEDICAL EVALUATION AND TREATMENT.
2. YOUR CONDITION MAY NOT SEEM AS BAD TO YOU AS IT ACTUALLY IS. WITHOUT TREATMENT YOUR CONDITION OR PROBLEM COULD BECOME WORSE. IF YOU ARE PLANNING TO GET MEDICAL TREATMENT, A DECISION TO REFUSE TREATMENT OR TRANSPORT BY THE AMBULANCE SERVICE MAY RESULT IN A DELAY WHICH COULD MAKE YOUR CONDITION OR PROBLEM WORSE.
3. MEDICAL EVALUATION AND/OR TREATMENT MAY BE OBTAINED BY CALLING YOUR DOCTOR, IF YOU HAVE ONE, OR BY GOING TO ANY HOSPITAL EMERGENCY DEPARTMENT IN THIS AREA, ALL OF WHICH ARE STAFFED 24 HOURS A DAY BY EMERGENCY PHYSICIANS. YOU MAY BE SEEN AT THESE EMERGENCY DEPARTMENTS WITHOUT AN APPOINTMENT.
4. IF YOU CHANGE YOUR MIND OR YOUR CONDITION BECOMES WORSE AND YOU DECIDE TO ACCEPT TREATMENT AND TRANSPORT BY THE EMERGENCY MEDICAL SYSTEM, PLEASE DO NOT HESITATE TO CALL BACK. WE WILL DO OUR BEST TO HELP YOU.
5. DON'T WAIT! WHEN MEDICAL TREATMENT IS NEEDED, IT'S USUALLY BETTER TO GET IT RIGHT AWAY.

"I HAVE RECEIVED A COPY OF THIS INFORMATION SHEET AND UNDERSTAND WHAT IT MEANS: I FURTHER RELEASE PARATECH AMBULANCE SERVICE, INC. FROM ANY AND ALL LIABILITIES WITH RESPECT TO MY REFUSING AMBULANCE TRANSPORTATIONS. I UNDERSTAND THAT A SERVICE CHARGE AND OR CHARGES FOR ITEMS USED MAY HAVE BEEN INCURRED AT THIS TIME"

PATIENT SIGNATURE: Keri Allen DATE 7/12/05 TIME 8:37 AM

RESPONSIBLE PARTY SIGNATURE: RELATIONSHIP

ADDRESS OF RESPONSIBLE PARTY

CITY STATE ZIP CODE

EMT'S SIGNATURE EMPLOYEE # 7011169