

NOTICE OF CLAIM

IN RE: Lottisha Williams
2100 W. Pierce, #217
Milwaukee, WI 53204

TO: City Clerk
City of Milwaukee
200 East Wells Street
Milwaukee, Wisconsin 53202

CITY OF MILWAUKEE
05 JUN 27 AM 11:25
RONALD D. LEONHARDI
CITY CLERK

PLEASE BE ADVISED that claim is hereby made for damages arising out of an injury sustained by Lottisha Williams on July 28, 2004, when she stepped into a hole in the roadway at North 19th Street and West Clark in the City of Milwaukee, Wisconsin. The hole was quite dangerous, and her leg went into the hole almost up to her thigh. The City knew or should have known of a hole that size, which had to have existed for a long period of time.

She injured her right leg and right ankle, which necessitated the wearing of a gel cast.

Notice of injury was forwarded to the City of Milwaukee by letter of August 30, 2004, a copy of which is attached hereto.

We also are submitting a copy of the Sinai Samaritan hospital record of July 28, 2004, together with a copy of the accompanying bill in the amount of \$883.16.

Ms. Williams claims the following damages as a result of the injuries sustained in said accident:

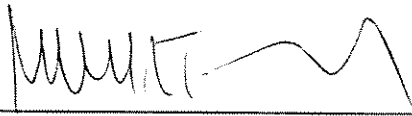
- (1) Medical expenses of \$883.16;
- (2) Loss of earning capacity of \$1,000.00;
- (3) Pain, suffering, and disability of \$5,000.00.

CITY OF MILWAUKEE
RECEIVED
2005 JUN 27 PM 7:37
OFFICE OF THE
CITY ATTORNEY

DATED at Milwaukee, Wisconsin, this 21 day of June, 2005.

LOTTISHA WILLIAMS
By her attorneys

WARSHAFSKY, ROTTER, TARNOFF,
REINHARDT & BLOCH, S.C.

By: 

Michael I. Tarnoff
State Bar No. 01008831

839 North Jefferson Street
Milwaukee, Wisconsin 53202
(414) 276-4970

MIK 6/24/05



August 30, 2004

TED M. WARSHAFSKY
COURT COMMISSIONER
GERALD J. BLOCH, S.C.
RANDALL E. REINHARDT
MERTON N. ROTTER
MICHAEL I. TARNOFF
WERNER A. REIS, M.D.
VICTOR C. HARDING
ROBERT P. GOLDSTEIN
FRANK T. CRIVELLO II
ANN S. JACOBS
AARON J. BERNSTEIN

City of Milwaukee
Attn: Clerk
205 City Hall
200 East Wells Street
Milwaukee, WI 53202-3551

Re: Notice of Injury

Dear Clerk:

We hereby give Notice of Injury sustained by our client, Lottisha Williams of 2100 W. Pierce St., Unit 217, Milwaukee, WI 53204, pursuant to Wis. Stat. § 893.80. Ms. Williams suffered severe bodily injuries when she stepped into a hole in the roadway at North 19th St. and West Clark, on July 28, 2004 in the City of Milwaukee. Rescue personnel were required to extricate Ms. Williams' leg from the hole. Enclosed, please find pictures of the incident in question.

We further give notice of an attorneys' lien in this matter and ask that all further communications be conducted through this office on behalf of our client.

This letter is not a claim.

PARALEGAL &
TECHNICAL STAFF:

JEAN A. ANDERSON
MEDICAL

JOBETH BARRETT
ENGINEERING

DANIEL P. GANNON
AUTOS

JOHN R. SCHATZMAN
INVESTIGATOR

SANDRA J. WHITE
AUTOS

Very truly yours,

WARSHAFSKY, ROTTER, TARNOFF,
REINHARDT & BLOCH, S.C.

Aaron J. Bernstein

mik



Physical Examination

PAIN (No Trauma) Blunt Dis/FX Gunshot Laceration Puncture/Stab Soft Tissue Swelling Burn

INJURY/PAIN LOCATION

Head/Face									
Neck									
Chest/Axilla									
Abdomen									
Back/Flank									
Pelvis/Hip									
L Arm	U	L	J						
R Arm	U	L	J						
L Leg	U	L	J						
R Leg	U	L	J						

Transport Reason

Explain Why or Due To for Any of the Above

(R) Y Knee PN 2° Fall

TRAUMATIC

Motor Vehicle Crash

Type: Car ATV Truck Snowmobile Van Watercraft Semi Aircraft Bus Motorcycle

Involved Vehicle License Numbers

Exterior Damage: None Minor Moderate Major Rollover

Interior Damage: None Spidered Window St. Wh. Bent Compart. Intrusion Client Ejected

Restraints: Airbag Lap Belt Shoulder Belt Child Seat

Safety Equipment: None Helmet Eye Prot. Prot. Clothing Float. Dev.

Cause of Injury: Chemical Exposure Child Battering Suspected Drowning Drug Poison Electrocution (Non-Light) Excessive Cold Fire/Flames Firearm Self-Inflicted Firearm Accidental Firearm Assault Lightning Machinery Injury Mechanical Suffocation Motor Vehicle (Non-Traffic) Motor Vehicle (Traffic) Pedestrian Traffic Physical Assault Poison, Not Drugs Radiation Exposure Sexual Assault Smoke Inhalation Stabbing

INJURY

Provider Impression

Hypothermia Hypovolemia/Shock Intoxication Suspected/Alcohol Ingestion Obvious Death Poison/Drug Ingestion Pregnancy/Ob. Delivery Respiratory Arrest Respiratory Distress Seizure Sexual Assault/Rape Toxic Inhalation Stings/Bites Stroke/CVA/TIA Syncopal/Fainting Traumatic Injury Vaginal Hemorrhage Unknown Other

Chief Complaint/Mechanism of Injury: **(R) Y Knee PN 2° Fall**

Time of Onset: **15 min**

Procedure or Treatment: Assisted Ventilation Backboard Bleeding Control Burn Care CPR Cervical Immobilization DNR Protocol Glucose Administration Nasopharyngeal Airway Obstetric Care/Delivery Oropharyngeal Airway O2 By Mask O2 By Cannula Physical Exam Radio Report Splint of Extremity Traction Splint Vital Signs OTHER: **HXTx**

Comments: **Find 18 y/o female PT sitting in street w/ her foot stuck in a hole. PT c/o is (R) Y knee PN & knee 2° stepping into a hole in the street. L12 call on scene to extricate PT foot from hole. PT is APOX4, V/S/T, PT rates pn 8/10. Placed PT on cot & secured x3. Ty PT to SINA to care of staff on arrival. PT status unchanged en route. Place cold pack on PT (R) Y extremity.**

INCIDENT DISPOSITION

Treated/Transported by EMS

Destination Type - AND - Destination Determination

Facility where client was transported: **SINA**

Transport Type: No Lights or Siren Lights and Siren Downgrade To No Lights and Siren Upgrade To Lights and Siren

Client Transported: Prone Supine Sitting Client Restrained Head Elevated Feet Elevated In Lateral Position Other

Other Services on Scene: Law Enforcement Fire **L12** Other None Physician First Responder Nurse/Physician Assistant

ARRIVAL STATUS

Facility Notified By: Radio Phone Unable No Need Direct EKG Telemetry Explain

Difficulties Encountered: Dispatch Other Extrication From Hole Hazardous Material Language Barrier Road Unsafe Scene Vehicle Problems Weather

Time Report Reported By: **(R) Y**

Report Given: **3:10**

EMT Signature: **MD 314**

APGAR SCORE

SIGN	0	1	2
A - Appearance	Blue, Pale	Body Pink Extremities Blue	Completely Pink
P - Pulse	Absent	Below 100	Above 100
G - Grimace	No Response	Grimace	Cough or Sneeze
A - Activity	Limp	Some Flexion	Well Flexed
R - Respiration	No Effort	Weak, Irregular	Strong Cry

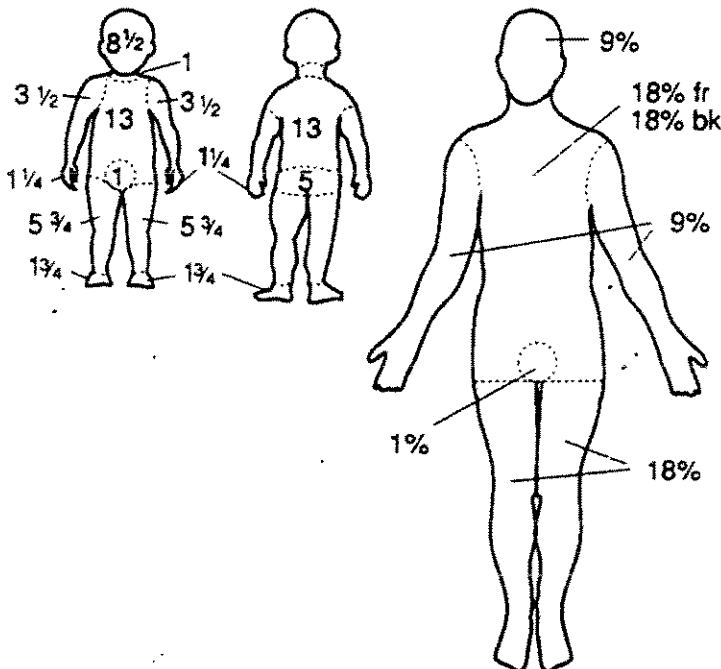
IV ORDERING CALCULATIONS

To Determine Drops per Minute: $\frac{\text{Drop factor or gtt/ml (from IV box)}}{\text{Time in minutes}} \times \text{Total Hourly Volume}$

To Determine Infusion Rate:
 From mg/min to ml/hr: $\frac{\text{Desired Dose (mg/min)} \times 60}{\text{Concentration (mg/ml)}}$

From mcg/kg/min to ml/hr: $\frac{\text{Desired Dose (mcg/kg/min)} \times \text{Wt. (kg)} \times 60}{\text{Concentration (mcg/ml)}}$

Burn Management



Parkland Formula

Fluid for first 24 hours:
LR 4 ml/kg x % burned
 Give half of the calculated fluid within the first 8 hours of the burn, give the second half over the next 16 hours.

Major Burn

- 25% of the body surface or greater
 - Significant involvement of hands, face, feet, or perineum
 - Electrical injury
 - Inhalation injury
 - Concomitant injury
 - Severe preexisting medical problems
- Major burns should be treated at a burn unit

American Burn Association

Aurora Sinai Medical Center
AuroraHealthCare®
945 North 12th Street
Milwaukee, WI 53233
414-219-2000

MRN: SSMC-786701
Patient: WILLIAMS, LOTTISHA Y
DOB: 10/28/1985
Case #: SSMC-05263555
Admit Date: 07/28/2004
Pt.Loc/Type/Rm: ED-ASMC Emergency Department ED
CC: EMPEC, X
CC: EMPEC, X

R A D I O L O G Y R E P O R T

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering MD</u>
DX Tibia and Fibula 2 View RIGHT	07/28/2004 10:10:00 PM	DX-04-0337926	Nash, Kristin M
DX Ankle 3 View Min RIGHT	07/28/2004 10:10:00 PM	DX-04-0337925	Nash, Kristin M

Reason for Exam:

Pain
Pain

DX Report

RIGHT ANKLE

07/28/04 - 2210 hours

Clinical History: Pain.

No fractures or dislocation of the bony elements of the right ankle are demonstrated. The ankle mortise is intact. The surrounding soft tissues are normal.

IMPRESSION

Normal plain films of the right ankle.

RIGHT LOWER LEG

07/28/04 - 2210 hours


Clinical History: Pain.

There is no evidence of fracture, dislocation or other bony abnormality.

IMPRESSION



X15619

Aurora Sinai Medical Center
 AuroraHealthCare®
945 North 12th Street
Milwaukee, WI 53233
414-219-2000

MRN: SSMC-786701
Patient: WILLIAMS, LOTTISHA Y
DOB: 10/28/1985
Case #: SSMC-05263555
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Pt. Loc/Type/Rm: ED-ASMC Emergency Department ED
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DX Ankle 3 View Min RIGHT	07/28/2004 10:10:00 PM	DX-04-0337925	Nash, Kristin M

Normal right lower leg.

Dictating MD: Grossman, Ronald E
Electronically Signing MD: Ronald E. Grossman

Transcribed Date/Time: 07/29/04 07:44:38
Transcribed By: MS
Signed Date/Time: 07/29/04 08:56:08

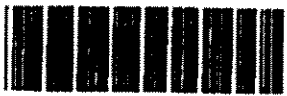


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X15819

**AURORA HEALTH CARE
AURORA SINAI MEDICAL CENTER**
Milwaukee, Wisconsin 53233

Print Date: 07/28/2004 Print Time: 2135 Ordered By: N40KNAS Ordering Location: ED-ASMC				MRU # ASMC-00786701 	
Patient Name WILLIAMS, LOTTISHA Y		Sex F	Age 18 Y	DOB 10/28/1985	Requested Date/Time 07/28/2004 2134
Patient Type Emergency Department	Patient Location ED-ASMC ED (414) 219-6777	Transport Wheelchair	IV? No	O2? No	Case Number 5263555
Exam Requested DX Ankle 3 View Min RIGHT			Reason For Exam Pain		
Isolation/Precautions None	Allergies MULTIPLE		To the best of my knowledge, I am not pregnant at the time of this exam. <i>Lottisha Williams</i> Patient or guardian signature		
Clinical Notes / Special Instructions REGISTRATION FOR DICTATION			Other Reason for Exam		Accession Number DX-04-0337925 
Ordering Physician Nash, Kristin M Office Ph# 414-219-4940 Fax # 414-219-4941 Pager		Attending Physician EMPEC, X Office Ph# Fax # Pager		Consulting Physician Office Ph# Fax # Pager	
Prior Exams 05/17/2004 19:40 DX B... W... 05/17/2004 08:35 DX Shoulder 2 Vie...	Additional Exams Today	Lab Results Creat: BT: PTT: PRAT: BUN: INR:	Lab-Drawn Date	Drawn Time	
Tech Notes C/O px lat side of @ ankle & lower leg thru pt. fell into hole today			Dictation Bar Code 172809912 		
Tech Initials <i>G...</i>		Time 2155 - 2210			
Ordered As DX Ankle 3 View Min RIGHT*					

STAT

**AURORA HEALTH CARE
AURORA SINAI MEDICAL CENTER**
Milwaukee, Wisconsin 53233

Print Date: 07/28/2004 Print Time: 2135 Ordered By: N40KNAS Ordering Location: ED-ASMC				MRU # ASMC-00786701 	
Patient Name WILLIAMS, LOTTISHA Y		Sex F	Age 18 Y	DOB 10/28/1985	Requested Date/Time 07/28/2004 2135
Patient Type Emergency Department	Patient Location ED-ASMC ED (414) 219-6777	Transport Wheelchair		IV? No	O2? No
Exam Requested DX Tibia and Fibula 2 View RIGHT		Reason For Exam Pain			
Isolation/Precautions None	Allergies MULTIPLE REQUISITIONS FOR DICTATION				
Clinical Notes / Special Instructions ft h		Other Reason for Exam		Accession Number DX-04-0337926 	
Ordering Physician Nash, Kristin M Office Ph# 414-219-4940 Fax # 414-219-4941 Pager		Attending Physician EWPEC, X Office Ph# Fax # Pager		Consulting Physician Office Ph# Fax # Pager	
Prior Exams 05/28/2004 19:40 DX Tibia and Fibula 2 View W ... 05/17/2004 08:35 DX Shoulder 2 View ...	Additional Exams Today	Lab Results GAT: PT: PTT: PLAT: BUN: INR:	Lab Drawn Date	Drawn Time	
Tech Notes 7 ... A		Dictation Bar Code 172809915 			
Tech Initials A		Time			
Ordered As DX Tibia and Fibula 2 View RIGHT*					

STAT



Aurora Sinai Medical Center

Emergency Department

945 North 12th Street
Milwaukee, WI 53233
T (414) 219-6666
F (414) 219-6650

WILLIAMS, LOTTISHA Y
F: 5263555 M: 786701
DOB: 10/28/1985 F 18Y
ATT: EMPEC, X



STANDARD DISCHARGE INSTRUCTIONS

You have been evaluated by our Emergency Department Staff and have received Emergency Care Only. Your condition may change and require you to be seen again.

Diagnosis: Multiple (R) lower leg bruises p fall, (R) ankle sprain

Follow up with your own doctor

Call your physician or insurance provider for referral for follow up and/or further treatment if no improvement after taking prescribed medications or treatment.

Return to Emergency Dept. if you feel worse before being able to follow up with your doctor/clinic.

Other Instructions: - Ice leg 3x a day
- Elevate leg often
- Wear ankle gel cast when walking
- Ibuprofen every 6-8 hours x 3-4 days
with food for pain + swelling
- Follow up with your doctor in 3-4 days
for recheck

Care Instructions Sheets Given:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pelvic inflammatory disease | <input type="checkbox"/> Nausea/Vomiting/Diarrhea |
| <input type="checkbox"/> Asthma Education 414-219-6221 | <input type="checkbox"/> Sexually transmitted disease | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Fever/Otitis/Cold | <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Wound Care | <input type="checkbox"/> _____ |

Self-Care or Learning Needs:

None See Emergency Dept. chart for comments Interpreter Used

Discharged per: Ambulatory W/C Crutches Ambulance

Staff Initial: [Signature] Discharge Time: 2032 Date: 7/28/04

Accompanied By: [Signature]



White - Medical Records / Yellow - Patient

AURORA HEALTH CARE
 AURORA SINAI MEDICAL CENTER
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
 01/06/05 14:29

PATIENT NAME: WILLIAMS, LOTTISHA Y

ACCOUNT NBR: 107945255-4210
 BILLING PERIOD: 07/29/04 01/06/05

BILL TO
 MIS LOTTISHA Y WILLIAMS
 2100 W PIERCE ST
 APT 53204
 MILWAUKEE WI 53204
 USA

CONTINUED BILLING

of Diana H ON 1-6-05.

NO. OF PAGES 1

HOSPITAL: Sinai.

SRV DATE	REF NBR	DESCRIPTION	(QTY OF 0001)	
07/28/04	87900500	DX ANKLE 3 VIEW MIN RT		213.25
07/28/04	87899800	DX TIB/FIB 2 VIEW RT		215.75
07/28/04	33000015	IBUPROFEN 600MG 999		3.66
07/28/04	92744813	ED LEVEL 2		363.25
07/28/04	92745248	ORTHO GLASS ANKLE STIRRUP		33.75
07/28/04	92744783	COLD PACK		14.25
07/28/04	92745159	PULSE OXIMETRY, SINGLE		39.25
-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --				
08/10/04	00006915	MEDICAID MANAGED HEALTH	07/29/04 - 08/05/04	
		MEDICAID PAYMENT	SERVICE ON 07/28/04	37.00-
08/10/04	00004733	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 07/28/04	846.16-
		MEDICAID MANAGED HEALTH		

REMIT TO
 AURORA SINAI MEDICAL CTR
 PO BOX 341100
 MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	883.16
NEW PAYMENTS/CREDITS	883.16-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202