

CITY OF MILWAUKEE

Dec. 18th 2007

2007 DEC 20 PM 1:57

To Whom ^{RONALD D. LEONHARDT}
~~the~~ ^{CITY CLERK} May Concern,

Please be advised that per your letter to me, (copy enclosed), dated 12/04/07, I am absolutely requesting a hearing re: the occurrence of July 15, 2007. When scheduling a hearing, please allow me enough time to confer with my attorney.

Kind Regards,

Joseph H. Dziengel

JOSEPH H. DZIENGEL

CITY OF MILWAUKEE
RECEIVED

2007 DEC 20 PM 3:47

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE

2007 OCT -9 PM 2:28

October 10, 2007

To Whom it may concern,
RONALD D. LEONHARDT
CITY CLERK
City of Milwaukee, WI.

On the evening of Sunday, July 15, 2007, at approximately 8:45 pm, I was walking to my car which was parked on the south side of East State Street (facing West) between N. ~~Jefferson~~ ^{Myrlwauke} and North ~~Brookway~~ ^{Brookway} streets. I, too, was walking west on E. State street as I was just leaving Bastille Days festival. Also, I was walking on the south side of State street heading west. I was about 5 or 6 car lengths behind my parked car.

Two people, riding in a utility vehicle (I assume they were from the festival clean-up crew) approached on the sidewalk right behind me also heading ~~west~~ ^{west}. I remember they had their headlights on. I was walking with a group of other visitors of the festival who were also returning to their cars. The men on the utility cart called out to all of us to please step to the side so they could pass by.

Since I was near the curb I stepped closer to the curb. I also remember someone in the group asked the men why they didn't sound their horn. They replied that they didn't want to startle anyone.

When the men passed I began walking toward my car when I tripped and fell, stumbling over a piece of pipe, about 3 inches in diameter which was sticking out of the cement. It... protruding about

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2007 OCT -9

four inches out of the sidewalk about one foot from the edge of the curb. I fell about 2 or 3 feet to the west of the protruding pipe. The pipe was sheared off as it had a slightly jagged edge, as though it had been torn off by a vehicle that had struck it, perhaps while parking.

I suffered some scrapes and bruises, falling on my chest, and face as well as on the bottom of my lower arms. I began to bleed from my nose. I also hit my forehead. I have recovered, for the most part, but I experience slight headaches and dizzy feelings when making certain movements.

I called my doctor and was able to see him the following Tuesday, July 17, 2007. When I fell I was very stunned and couldn't pick myself off the sidewalk. Several bystanders helped me to my feet and held on to me. One bystander ran to get help. Within minutes, an ambulance cart arrived on the sidewalk. They cleaned my abrasions and put a band aid on the bridge of my nose. They offered to take me to hospital but I refused.

I received a co-payment statement of \$32.70 from my physician for the office visit, for which I feel I am entitled to re-imbusement. I have passed that area many times and noticed that it took many weeks from the time I notified the city about the problems until it was corrected. I also want this to go on record at City Hall just in case

any future problems arise due to my fall. I have included a copy of my doctors statement as proof of my visit to his office.

Incidentally, that pipe appeared to be ~~from~~ part of a street sign such as that hourly parking ~~hour~~ ^{times} or some other municipal notice.

If you have any questions or have need to contact me, my name and address are:

MR. JOSEPH H. DZIENGEL
2800 EMLING CIR.
BROOKFIELD, WI, 53005
(262) 780-5450

Also, I do have pictures of my injuries to my face and will be happy to supply them if so requested.

Thank you for your attention in this matter,

Joseph H. Dziengel



**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
AT&T BARGAINED CAPPED RETIREE
07-30-07

Customer Service: 1-800-621-7336

JOSEPH H DZIENGEL
2800 EMLING CIRCLE
BROOKFIELD WI 53005-3826

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at www.bcbsil.com.

Claim Information

Member Name: JOSEPH H DZIENGEL
Group No.: 21350
Identification No.: PAS849364365
Claim No.: 720955438650A
Patient Name: JOSEPH DZIENGEL

SUMMARY

Total Billed: \$102.00
Total Benefits Approved: \$69.30
Amount You May Owe Provider: \$32.70

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
BRUCE B BERRY MD				
Medical Visits	07-17-07	102.00		102.00
Totals		\$102.00		\$102.00

COVERAGE INFORMATION

Totals	\$102.00	\$0.00	\$102.00
Deductions			
Non-Participating Provider Option Program 10% Deduction		\$7.70 (A)	
Your Copayment Amount		\$25.00	
Total Deductions			\$32.70
Total Benefits Approved			\$69.30
Amount You May Owe Provider			\$32.70
Total covered benefits approved for this claim: \$69.30 to BRUCE B BERRY MD on 07-30-07.			

Information About Deductions

(A) Your Health Care Plan reduces benefits when a patient receives services from a provider that is not a member of the Participating Provider Option (PPO) network. Since you elected to receive services from a provider that is not part of this network, you are responsible for the first 10% of eligible services.

Ideas To Help Keep Health Care Affordable











