

October 29, 00

CITY OF MILWAUKEE

00 OCT 30 PM 3:20

RONALD D. LEONHARDT
CITY CLERK

City Clerk

Attn: Claims

200 East Wells

Room 205

Milw, WI 53202-3567

to whom it may concern:

This is to inform you that on June 30, 2000, I, Windy Harris was leaving the Regency Bank, and as I attempted to step down from the curb, I fell and hit my head, fractured my right hand, and left ankle, due to ~~no~~ curb being there. I did not know or realize that there was a curb missing. Two weeks later, I noticed the curb was filled in with black tar.

Due to the fall, I was not able to move and the paramedics were called. I was taken to the hospital (Mt. Sinai)

Due to the injuries and receiving the services of Meda-Care Ambulance,

I have accumulated these bills:

Medicare: \$ 282.00

Gravel Sam 25.00

Pain & Suffering: 3,500.00

Missing Funeral

\$ 3,807.00

Total of Claim

CITY OF MILWAUKEE
RECEIVED
DEPT. OF
CITY ATTORNEY
00 OCT 30 PM 3:20

Oct 29, 00
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I hope this can be resolved
as soon as possible.

If there are questions, please
contact me at 461-9500 X 126

Thank you.

Sincerely,

Windy Harris
4428th NO. 25th St.
Milw, WI 53209



MEDA♥CARE AMBULANCE SERVICE, INC.
PATIENT ACCOUNT SERVICES
(414) 327-2880

PATIENT NAME: Harris, Windy

PATIENT NUMBER: 81106

INSURANCE: Compcare

ZRT388787418

CALL NUMBER: 2011823 COMS STG1

DATE OF CALL: 06/30/00

TIME OF CALL: 1:36 pm

CALLER: Milwaukee Fire Department 03

FROM: 2102 W Fond du lac

TO: Sinai Samaritan Medical Center

Windy Harris
4428 N 25th St

Milwaukee, WI 53209

REASON(S) Pain, Ankle
 FOR Pain, hand/finger
 TRANSPORT Ball, unspecified

DESCRIPTION OF CHARGE	QUANTITY	UNIT PRICE	AMOUNT
Ambulance Base Charge 911	1.0	252.55	252.55
Mileage Charge	3.0	6.74	20.22
Gloves	2.0	1.62	3.24
Blanket Sheet, disposable	1.0	4.95	4.95
Cold Pack	1.0	1.53	1.53
Late Pay Charge			0.00
TOTAL CHARGES THIS CALL			282.49

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
TOTAL PAYMENTS THIS CALL			\$ 0.00

PLEASE PAY THIS AMOUNT ➔

\$ 282.49

RETAIN TOP PORTION FOR YOUR RECORDS.

DETACH ALONG PERFORATION AND RETURN STUB WITH YOUR PAYMENT

PATIENT NAME: Harris

PATIENT NUMBER: 81106

CALL NUMBER: 2011823

BILLING DATE: 07/17/00

AMOUNT DUE \$ 282.49

AMOUNT \$ _____

ENCLOSED _____

PLEASE WRITE CALL NUMBER ON CHECK.

Thank you for using Meda-Care Ambulance.

We will file your Insurance claim for you as soon as you SIGN & RETURN the release on the BACK of this statement.

SINAI SAMARITAN MED CNTR



Aurora Health Care

PO BOX 04309

MILWAUKEE WI 53204-0309

STATEMENT - All Balances Due Upon Receipt

Responsible Party / Number WINDY R HARRIS / 105388287		Statement Date 09/18/2000
Amount You Owe \$25.00		
<input type="checkbox"/> Check		<input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER
Card # _____	Expires On _____	
Signature for credit card _____		

Your payment of \$25.00 is due upon receipt

1276 7 #10 Address Service Requested 105388287

WINDY R HARRIS
4428 N 25TH ST
MILWAUKEE WI 53209-6102

SINAI SAMARITAN MED CNTR
PO BOX 04309
MILWAUKEE WI 53204-0309



ADDRESS AND INSURANCE CHANGES LOCATED ON BACK

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE. SHOW ADDRESS ABOVE THROUGH WINDOW.

DATE OF SERVICE	ACCOUNT NO	DESCRIPTION	INSURANCE ACTIVITY	PATIENT ACTIVITY
06/30/2000	105388287-0182	HARRIS, WINDY R EMERGENCY ROOM VISIT - SINAI SAMARITAN MED CNTR PREVIOUS BALANCE BALANCE DUE	25.00 0.00	 25.00
			PAY THIS AMOUNT-->	\$25.00

Page 1 of 1

A PORTION, OR ALL, OF YOUR ACCOUNT IS PAST DUE.
PLEASE MAIL PAYMENT IN FULL OR CALL CUSTOMER SERVICE TODAY TO SET UP PAYMENT ARRANGEMENTS.

SINAI SAMARITAN MED CNTR
Aurora Health Care
PO BOX 04309
MILWAUKEE WI 53204-0309

Responsible Party / Number	Statement Date	Insurance Amount Due	Tax I.D.
WINDY R HARRIS / 105388287	09/18/2000	\$0.00	39-1597102
Current Amount Due	Past Due Amount	Amount You Owe	
\$0.00	\$25.00	\$25.00	

For billing questions call: 1-800-958-6202. Office hours: Mon thru Thu 8am-7pm, Friday 9am-4:30pm.



January 26, 2001

Milwaukee City Clerk
200 East Wells Street
Milwaukee, WI 53202

Re: C.I. File No: 00-S-392

To Whom It May Concern:

After receiving your letter denying my request for compensation regarding my injury on June 30, 2000 due to a defective curb, I am sending this letter in an effort to appeal your decision.

I would like a response in regards to this letter at your earliest convience.

Very truly yours,



Ms. Windy Harris

Cc: Grant F. Langley
City Attorney

Robert M. Overholt
Investigator Adjuster