

NOTICE OF INJURY  
AND  
CLAIM FOR DAMAGES

AGENT FOR STATE PROCESS SERVICE, INC.  
Time of Service 3:00 am (PM)  
Date of Service 02 21 06  
Name of Agent Same Address  
 Personal Service  Substitute personal service  
 ~~Personal Service~~  Posting

TO: MILWAUKEE COUNTY  
c/o County Clerk  
901 North 9<sup>th</sup> Street  
Milwaukee, WI

CITY OF MILWAUKEE  
c/o City Clerk  
200 East Wells Street, Room 205  
Milwaukee, WI

UNKOWN EMPLOYEES

CITY OF MILWAUKEE  
06 FEB 21 PM 2:59  
RONALD D. LICHNER  
CITY CLERK

PLEASE TAKE NOTICE that on December 1, 2005, Patricia Henke-Krocker, of S75W13127 Oxford Court, Muskego, Wisconsin, was injured when she slipped and fell on the icy and snow-covered walkway outside the entrance of the Police Administrative Building, located at 951 North James Lovell Street, City of Milwaukee, County of Milwaukee, State of Wisconsin.

PLEASE TAKE NOTICE that Patrick Krocker is the legal husband of Patricia Henke-Krocker now and at the time of said accident.

PLEASE TAKE FURTHER NOTICE that as a proximate result of said accident, Patricia Henke-Krocker, sustained personal injuries which necessitated medical care and attention; furthermore, these injuries may be permanent in nature. In addition, Patrick Krocker sustained the loss of consortium, society and companionship.

Liability for the injuries is claimed as follows:

Milwaukee County and/or the City of Milwaukee on account of its liability for the acts of its agents and said unknown employees, as further set in this Notice of Injury and Claim for

Damages, who were acting within the scope of their employment at the time of said accident.

The said accident was caused by the negligence of Milwaukee County, and/or the City of Milwaukee, and their unknown employees, for failing to timely remove snow and ice on their sidewalk, and failure to maintain safe walkway conditions, and/or failing to warn of unsafe conditions at and immediately prior to the time of said accident. In addition, said unknown employees, failed to notify and or place safety signs at the facility in a timely manner in order to prevent said accident.

As a proximate result of the above-described negligence Patricia Henke-Krocker, sustained personal injuries including, but not limited to her left ankle, causing her to incur medical bills and expenses, as well as future expenses, past and future loss of earning and pain and suffering all to her damage. In addition, Patrick Krocker suffered the loss of consortium, society and companionship due to the injuries of his wife.

**CLAIM OF PATRICIA HENKE-KROCKER:**

MEDICAL BILLS TO DATE:

Milwaukee Fire Department	\$	500.00
Bell Ambulance	\$	600.00
Aurora Health Care	\$	2,000.00
EMPEC	\$	1,000.00
Universal Billing	\$	500.00
Lakeshore Medical Center	\$	8,000.00
St. Luke's Medical Center	\$	800.00
Dr. Thomas Knechtges	\$	200.00

FUTURE MEDICAL EXPENSES: \$ 25,000.00

PAIN AND SUFFERING:

Past pain and suffering	\$	25,000.00
Future pain and suffering	\$	25,000.00

PAST LOSS OF EARNING CAPACITY: \$ 5,000.00

FUTURE LOSS OF EARNING CAPACITY: \$ 5,000.00

**CLAIM OF PATRICK KROCKER:**

Loss of Consortium, Society and Companionship \$ 15,000.00

TOTAL CLAIM: \$ 113,600.00

WHEREFORE, Patricia Henke-Krocker, demands NINETY-EIGHT THOUSAND SIX HUNDRED AND 00/100 DOLLARS (\$98,600.00) from said Milwaukee County, and/or the City of Milwaukee, and unknown employees.

WHEREFORE, Patrick Krocker, demands FIFTEEN THOUSAND AND 00/100 DOLLARS (\$15,000.00) from said Milwaukee County, AND/OR the City of Milwaukee, and unknown employees.

DATED at Milwaukee, Wisconsin this 17 day of Feb, 2006.

BY: 

JOHN McNALLY

SBW#: 01013701

Attorney for Claimants

**P.O. ADDRESS:**

633 West Wisconsin Avenue  
Suite 2000  
Milwaukee, WI 53203


PH: (414) 271-5300

All responsive pleadings, answers, or denial of claim regarding the above captioned action should be served upon the law firm of McNally Law Offices, S.C. on behalf of the claimants, Patricia Henke-Krocker and Patrick Krocker, at 633 West Wisconsin Avenue, Suite 2000, Milwaukee, WI 53203. Ph. (414) 271-5300.

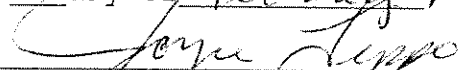
STATE OF WISCONSIN )  
 )  
MILWAUKEE COUNTY )

JOHN F. McNALLY, being duly sworn on oath deposes and says:

That he is one of the attorneys for the above-named claimants and that he makes this Affidavit in claimants' behalf being duly authorized to do so; that he is a resident of the City and County of Milwaukee, State of Wisconsin, that he has read the foregoing Notice of Injury and Claim for Damages and believes upon information and belief that the matters stated therein are true. That the source of affiant's information are statements made by the claimants and that he has been duly authorized to verify this Notice of Injury and Claim for Damages.

  
\_\_\_\_\_  
JOHN F. McNALLY  
SBW#: 01013701

Subscribed and sworn to before me  
this 12<sup>th</sup> day of February, 2006.

  
\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission Expires: 11/5/06