

Mrs. Anna J. Owen
2721 N. 86th St.
Milwaukee, WI 53222-4721

C.I. FILE NO 04-S-195

Dear Sir

I am in receipt of your denial.

I know I tripped on a misaligned slab of pavement.

I know I sustained painful injuries.

I know I broke my glasses.

I know that, to date, I have been unable to replace them.

Yours faithfully,
Anna J. Owen

04 AUG 24 PM 3:48
CITY ATTORNEY

MILWAUKEE
2004
+ PM 3:48
ROD

2781 N. 86th St. S
Milwaukee, WI 53228
June 10, 2004
Phone: 414 778 01

To: City Clerk - Claims

CITY OF MILWAUKEE
RECEIVED
JUN 10 2004
CITY CLERK

On Friday 6/3/04, around 11:00 AM, while walking on the 91 block of Center St. I tripped on a misaligned slab of sidewalk and fell full out hitting my face on the ground. I suffered wounds which required 12 stitches, a black eye, multiple scrapes and broke my glasses.

Because I was bleeding profusely, I picked myself up and continued to Robert's Optical at 94th Center. He gave me Kleenex to stem the bleeding and slid my glasses were damaged beyond repair.

I walked home in shock and called a relative to take me to Urgent Care where I was stitched up and x-rayed. At that time I had no other symptoms.

On Tuesday 6/8/04 I experienced pain below my right shoulder. On Friday I return to the clinic to have stitches removed and further x-rays of ribs and upper chest when a hairline fracture was determined.

I am enclosing a copy of procedures done at Clinic (medical bills enclosed completely by Medicare and supplement), copies of the doctor of my glasses, and a photo of damage to my face. To date I am wearing my old glasses.

Roberts Optical
 9211 W. Center St.
 Milwaukee, WI, 53222
 (414) 771-3250

000001

=====[SALE]=====

Name : Owen, Anna	Order No. : 005455
Date : 12/03/03	Trans. No. : 008363
Employee : Martellaro, R	

SKU #	DESCRIPTION	QTY	PRICE	AMOUNT
--	FT28 CR39 ASL FT28 CR39 ASL	2	298.50	298.50
--	Polo 445	1	189.00	189.00
Sub-Total:		487.50	Payment : Check	200.00
Discount : (Price Adjust)		50.00		
Sales Tax:		0.00	Total Deposits:	200.00
Total		437.50	Balance	237.50

EXTRA PAIRS SAVE 20% FAMILY DISCOUNT SAVE 15%

000001

Roberts Optical
9211 W. Center St.
Milwaukee, WI, 53222
(414) 771-3250

=====[PAYMENTS]=====

Name : Owen, Anna
Date : 12/22/03
Transaction No : 008443

ORDER	Customer	PAYMENT	BALANCE
005455	Owen, Anna	237.50	0.00

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Check : 237.50
Total Payment : 237.50
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Advanced Healthcare, S.C.

FALLS MEDICAL
MILWAUKEE MEDICAL
PO Box 091700
MILWAUKEE, WI 53209-8700

ADDRESSEE

8804

ANNA J OWEN
2721 N 86TH ST
MILWAUKEE, WI 53222-4721



ADVANCED HEALTHCARE
PO BOX 091700
MILWAUKEE, WI 53209

000001093105 051904 0000269781 0000000000 5

1 Please check box if address is incorrect or insurance information has changed and indicate change(s) in reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

VC DATE	PATIENT	PROVIDER	DESCRIPTION	BAL FWD	CHARGES	CREDITS	AMT DUE
9/07/02	ANNA J	JAIN, RAJEEV	OFFICE/OUTPT VISIT		78.00		
9/03/02			CLAIM FILED-XXBCBS-STEVENS POINT 10/03/02			6.90	
9/14/02			INSURANCE PAYMENT			27.58	
9/02/02			MEDICARE PAYMENT			43.52	
9/02/02			MEDICARE WRITE OFF				0.00

9/23/04	ANNA J	GUNDAMRAJ, Y	OFFICE/OUTPT VISIT		101.00		
9/23/04	ANNA J	GUNDAMRAJ, Y	TD IMMUNIZATION		29.00		
9/23/04	ANNA J	GUNDAMRAJ, Y	REPR SUPERF WND FACE		350.00		
9/23/04	ANNA J	GUNDAMRAJ, Y	IMMUNIZATION ADMINIST		15.00		
9/17/04			CLAIM FILED-BCBS-MILWAUKEE 05/17/04				104.23
9/14/04			MEDICARE PAYMENT				50.41
9/14/04			MEDICARE WRITE OFF				17.48
9/14/04			MEDICARE WRITE OFF				189.44
9/14/04			MEDICARE WRITE OFF				7.39
9/23/04			PENDING INSURANCE				

9/23/04	ANNA J	POHL, CAROL	X-RAY ORBITS		219.00		126.05 ✓
9/17/04			CLAIM FILED-BCBS-MILWAUKEE 05/17/04				
9/14/04			MEDICARE PAYMENT				
9/14/04			MEDICARE WRITE OFF			34.34	
9/23/04			PENDING INSURANCE			176.08	

9/30/04	ANNA J	SCHMIDT, MAR	X-RAY RIBS, CHEST 3+		240.00		8.58 ✓
9/20/04			CLAIM FILED-BCBS-MILWAUKEE 05/20/04				

CONTINUED

1. CARD NO. 2. CARD EXPIRES 3. SIGNATURE 4. SIGNATURE 5. SIGNATURE 6. SIGNATURE 7. SIGNATURE 8. SIGNATURE 9. SIGNATURE 10. SIGNATURE 11. SIGNATURE 12. SIGNATURE 13. SIGNATURE 14. SIGNATURE 15. SIGNATURE 16. SIGNATURE 17. SIGNATURE 18. SIGNATURE 19. SIGNATURE 20. SIGNATURE 21. SIGNATURE 22. SIGNATURE 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. SIGNATURE 27. SIGNATURE 28. SIGNATURE 29. SIGNATURE 30. SIGNATURE 31. SIGNATURE 32. SIGNATURE 33. SIGNATURE 34. SIGNATURE 35. SIGNATURE 36. SIGNATURE 37. SIGNATURE 38. SIGNATURE 39. SIGNATURE 40. SIGNATURE 41. SIGNATURE 42. SIGNATURE 43. SIGNATURE 44. SIGNATURE 45. SIGNATURE 46. SIGNATURE 47. SIGNATURE 48. SIGNATURE 49. SIGNATURE 50. SIGNATURE 51. SIGNATURE 52. SIGNATURE 53. SIGNATURE 54. SIGNATURE 55. SIGNATURE 56. SIGNATURE 57. SIGNATURE 58. SIGNATURE 59. SIGNATURE 60. SIGNATURE 61. SIGNATURE 62. SIGNATURE 63. SIGNATURE 64. SIGNATURE 65. SIGNATURE 66. SIGNATURE 67. SIGNATURE 68. SIGNATURE 69. SIGNATURE 70. SIGNATURE 71. SIGNATURE 72. SIGNATURE 73. SIGNATURE 74. SIGNATURE 75. SIGNATURE 76. SIGNATURE 77. SIGNATURE 78. SIGNATURE 79. SIGNATURE 80. SIGNATURE 81. SIGNATURE 82. SIGNATURE 83. SIGNATURE 84. SIGNATURE 85. SIGNATURE 86. SIGNATURE 87. SIGNATURE 88. SIGNATURE 89. SIGNATURE 90. SIGNATURE 91. SIGNATURE 92. SIGNATURE 93. SIGNATURE 94. SIGNATURE 95. SIGNATURE 96. SIGNATURE 97. SIGNATURE 98. SIGNATURE 99. SIGNATURE 100. SIGNATURE