

NOTICE OF CLAIM

TO: CITY CLERK OF THE CITY OF MILWAUKEE  
200 E. Wells  
Milwaukee wis. 53202

PLEASE TAKE NOTICE of the following claim of MIN'IMAH SHAHEED  
3574 N. 11th st., Milwaukee Wisconsin 53206 as follows:

On Sept. 19 2008 claimant was caused to trip and fall due to uneven sidewalk slabs located on the southwest corner of 3rd st. and Wells st., in Milwaukee. Claimant suffered facial and dental injuries, incurred ambulance, hospital and medical expenses and verily believes she will incur future medical expenses and that she has suffered permanent injuries. That claimant incurred dental expenses and verily believes she will incur future dental expenses. Claimant lives at 3574 N.11, Milwaukee Wisconsin, and her date of birth is August 6, 1934.

The claim hereinis for \$50,000.

All further communications should be directed to my attorney,  
S.A. Schapiro 4465 N. Oakland, Milwaukee 53211, telephone  
414-962-7474.

Min Imah Shaheed  
MIN'IMAH SHAHEED

CITY OF MILWAUKEE  
08 NOV -3 PM 1:56  
RONALD D. LEONHARDT  
CITY CLERK

CITY OF MILWAUKEE  
RECEIVED  
2008 NOV -3 PM 3:45  
OFFICE OF  
CITY ATTORNEY

082-334

CLAIM AGAINST THE CITY OF MILWAUKEE

CITY OF MILWAUKEE  
09 JAN 28 AM 11:15  
RONALD D. LEONHARDT  
CITY CLERK

TO; CITY CLERK, CITY OF MILWAUKEE

200 E. Wells st

Milwaukee 53202

The undersigned MIN'IMAH SHAHEED does hereby make the following claim for personal injuries against the City of Milwaukee:

On Sept. 19 2008, Claimant was walking westbound on the sidewalk on the south side of Wells St. in the city of Milwaukee between 3<sup>rd</sup> and 4<sup>th</sup> st. on Wells St. when, near the southwest corner of 3<sup>rd</sup> and Wells St., She was caused to trip and fall on the east edge of a uplifted sidewalk slab, resulting in facial and dental injuries, some of which are permanent injuries. She incurred the following expenses as a result of said incident to date:

Ambulance bill \$479.84 (Bell Ambulance)

Emergency room charges, Columbia-St.Mary Hospital \$1897.20 (9/19)

Outpatient charges Columbia St. Mary Hospital 12-16 -08 \$431.90\

Dr. Kelly DDS \$350 (9-27-08)

Dr. Harry Kerr, ERMD 9/19/08 \$504

DR. Kahina King and Dr. Robinson at Milwaukee Health Services  
2555 N. Martin Luther King Dr., Milwaukee \$903 (dentist)

2009 JAN 28 PM 4:04  
OFFICE OF  
CITY ATTORNEY  
CITY OF MILWAUKEE  
RECEIVED

Further expense proofs will be provided when billings are received.

There are photos of the uplifted nature of the adjacent sidewalk slabs are attached herewith, together with copies of the above stated bills.

Claimant's claim is for \$50,000. For further information, please contact my attorney, S.A. Schapiro 4465 N. Oakland ave., Milwaukee Wis. 53211 414-962-7474.

My home address is: 3574 N. 11th St. Milwaukee

Jan. 22, 2009

Min'Imah Shahed

STATE OF WISCONSIN )

MILWAUKEE COUNTY )SS

MIN'IMAH SHAHEED being first duly sworn deposes and says that the above is stated my claim for personal injuries against the City of Milwaukee; that all documentation of billings is true and correct and that the photos accurately show the nature and extent of the uneven edges of the adjacent sidewalk slabs where I tripped and fell.

*Min'Imah Shaheed*

*AFFIRMED*  
Subscribed to and sworn to before me

Jan. 22 2009

*[Signature]*  
NOTARY PUBLIC MILWAUKEE COUNTY WISCONSIN

MY COMMISSION IS PERMANENT

Remit Payment to:

Statement Date: 10/30/2008

Page 1 of 1.

BRIAN P KELLEY, DDS, LLC  
6923 W BECHER STREET  
WEST ALLIS, WI 53219  
(414) 321-0650

Patient Name: SHAHEED  
Patient Chart Number: MINSH000

Amount Enclosed

To pay by credit card complete the information on the reverse side of this stub

SHAHEED MINIMAH  
3574 N 11TH ST  
MILWAUKEE, WI 53206

If you have any questions about your bill please contact our billing service at  
**1-888-320-6700 ext. 1**

*Detach and return with payment to insure proper posting*

Brian P. Kelley, DDS, LLC. - 6923 West Becher Street - West Allis, WI. 53219

Date	Description	Tooth Surface	Amount	Insurance Paid	Balance Due
9/22/2008	INITIAL INPATIENT CONSULT		350.00		350.00

Current	30 Days Past	60 Days Past	90 Days Past	120 Days Past	Total Due
	350.00				350.00

COLUMBIA ST MARYS HOSPITAL-COLUMBIA CAMPUS  
P O BOX 2960  
MILWAUKEE, WI 53201-2960

RECORD OF SERVICE

PG# 1

DATE: 01/02/09

ACCT TYPE: O

PATIENT NAME: SHAHEED ,MINIMAH      PATIENT NUMBER: 9597340003      FC: F  
ADMIT DATE: 09/19/08      DISCHARGE DATE:      BIRTH DT: 08/06/1934      PT: E

GUARANTOR: MINIMAH      SHAHEED  
NAME AND : 3574 N 11 ST  
ADDRESS :  
MILWAUKEE      WI 53206

TOTAL CHARGES: 2328.10  
-----  
ACCOUNT BAL: .00  
PATIENT BAL: .00

DATE	DESC	BAL:	INS1: B52	INS2:	INS3:	PATIENT
		2328.10				.00
091908	1 FACIAL BONES 3+	8010002		608.96	0.00	0.00
091908	1 WRIST 3+V LT	8042094		354.47	0.00	0.00
091908	2 ACETAMIN/COD #6	6540426		19.18	0.00	0.00
091908	1 EMERGENCY RM LE	6151005		913.59	0.00	0.00
100608	-1 INS TECH DENIAL	1998188		0.00	0.00	0.00
121608	1 EMERGENCY RM LE	6151004		431.90	0.00	0.00
122408	-1 INS TECH DENIAL	1998188		0.00	0.00	0.00

983.61



**Account Questions**

Local: (414) 372-8677  
 Hours: 9:00AM - 5:00PM (CST), M-F

MINIMAH SHAHEED  
 3572 N 11TH ST  
 MILWAUKEE, WI 53206-3031

If paying by one of these credit cards, please enter the information on the reverse side.

DATE 1/08/2009	ACCOUNT NUMBER 000001009901D	AMOUNT \$15.00
Page: 1	Indicate Amount Paid \$	

**PLEASE DO NOT SEND CASH**

Please remit payment to:

MILWAUKEE HEALTH SERVICES, INC  
 2555 N MARTIN LUTHER KING DR  
 MILWAUKEE WI 53212 - 5909

Please detach and return top portion with payment.

PHYSICIAN	SERV DATE	DESCRIPTION	FC	CHARGES	PAYMENT	ADJUST.	BALANCE
R ROBINSON, DDS	10/09/2008	PATIENT: : MINIMAH SHAHEED					
		HEALING CHECK	SP	.00			
		BILLING ACTIVITY	SP		-207.00	0.00	-207.00
	12/02/2008	UPPER PARTIAL W/ CLA	SP	608.00			
	12/02/2008	LAB FEE	SP	280.00			
	12/02/2008	FIRST IMPRESSION	SP	.00			
		BILLING ACTIVITY	SP		0.00	-666.00	222.00

**DUE DATE: 1/22/2009**

**PAY THIS AMOUNT >>>**

**\$15.00**

RESPONSIBILITY >>>	INSURANCE	PATIENT	TOTAL
CHARGES:	0.00	3,120.00	3,120.00
PAYMENT:	0.00	-704.00	-704.00
ADJUSTMENT:	0.00	-2,401.00	-2,401.00

**PLEASE RETURN THIS STUB WITH YOUR PAYMENT**



"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"  
PO BOX 070550  
MILWAUKEE, WI, 53207-0550

\*BWNDSFD  
#26 08 0263 0086 0 1#

MINIMAH SHAHEED  
3572 N 11TH ST  
MILWAUKEE, WI 53206-3031

Client Name: **SHAHEED, MINIMAH**

Trip Number:

**08-2630086**

Service Date: **09/19/2008**

Amount Due: **479.84**

Billing Date: **11/11/2008**

Billing Department: **(414) 486-2000**

Toll-Free Number: **(800) 896-6200**

Se Habla Espanol: **(414) 486-4016**



"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

Billing Department: **(414) 486-2000**

Toll-Free: **(800) 896-6200**

PO BOX 070550

MILWAUKEE, WI, 53207-0550

Service Date: **09/19/2008**

Call Time: **12:00AM**

Reason(s) for Transport

**780.97**

Trip Number: **08-2630086**

Client Name: **SHAHEED, MINIMAH**

Caller:

From Location: **N OLD WORLD 3RD ST & W**

To Location: **COLUMBIA HOSPITAL**

Insurance Information

**Bill Patient**

**Patient SSN**

<u>DATE</u>	<u>DESCRIPTION OF TRANSACTION</u>	<u>HCPC</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
09/19/08	BLS Emergency Base Rate	A0429	1	422.00	422.00
09/19/08	Mileage	A0425	4	0.00	50.40
09/19/08	Gloves (Pair) - BLS - F	A0382	1	0.00	7.44



"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!" **PLEASE PAY THIS AMOUNT => 479.84**

If you have any insurance that may cover this bill, contact our office at 414-486-4055 immediately, or please forward payment in full within 10 days. Thank you.

