

OFFICE OF CITY ATTORNEY
17 AUG '21 AM 10:00

August 13, 2021

Dear Sirs,

I am requesting a hearing to review my claim that was denied regarding a fall on the sidewalk between on Keefe Avenue between 51st Blvd and 53rd Street.

I am including the copy of the post mark of the letter I received with the denial:

See you in court.



Deborah Ordan
3401 N 55th Street
Milwaukee, WI 53216
Mrs./She/Her
Citizen
Tax Payer

CITY OF MILWAUKEE
2021 AUG 17 AM 5:22
CITY CLERK'S OFF

TEARMAN SPENCER
City Attorney

CELIA M. JACKSON
Special Deputy City Attorney

ODALO J. OHIKU
ROBIN A. PEDERSON
YOLANDA Y. MCGOWAN
Deputy City Attorneys



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ALEX T. MUELLER
ALEXANDER COSSI
Assistant City Attorneys

July 16, 2021

Ms. Deborah Ordan
3401 N. 55th Street
Milwaukee, WI 53216

Mailed
7-27-2021

RE: Communications from Deborah Ordan
C.I. File No 1029-2021-486

Dear Ms. Ordan:

We are in receipt of your claim for injuries that resulted from your trip and fall incident, occurring on February 1, 2021 in the vicinity of 51st Boulevard and 53rd Street of West Keefe Avenue.

Wisconsin municipalities have discretionary immunity from liability for any damages that is due to a defect in a sidewalk or street. The City takes any report of defective streets or sidewalks seriously and upon notice of defect, the Department of Public Works sends a crew to investigate and / or patch, repair, or barricade the hazard. Under discretionary immunity, the City is generally not liable for damages.

The Infrastructure Services Division (ISD) conducted and concluded their investigation into this matter by reviewing their records along with the records of the Department of Public Works Call Center relative to this incident. Their search of call center records between February 1, 2020 and February 1, 2021 revealed that the Infrastructure Services Division received no calls into our call center for sidewalk repairs on the 5100 or 5200 blocks of West Keefe Avenue.

In conclusion, we did not have prior knowledge of a hazard at the 5100 or 5200 blocks of West Keefe Avenue prior to February 1, 2021. Because of this lack of notice, and the City's discretionary immunity, the City is not liable for your injuries that resulted from your fall occurring on February 1, 2021. As such, we are denying your claim.



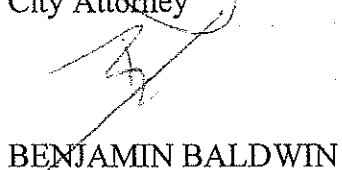
Ms. Deborah Ordan
July 16, 2021
Page Two

If you wish to appeal this decision, you may do so by sending a written statement requesting a hearing within 21 days of the postmarked date of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202. Please include a photocopy of this letter's envelope, showing the postmark, and retain the original in the event further proof is needed.

Very truly yours,



TEARMAN SPENCER
City Attorney



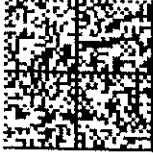
BENJAMIN BALDWIN
Investigator Adjuster

BMB/cdr

1029-2021-486/275544

CITY OF MILWAUKEE
Office of the City Attorney
OFFICE OF THE CITY ATTORNEY
800 City Hall
200 East Wells Street
Milwaukee, Wisconsin 53202-3551

PRESORTED
FIRST CLASS

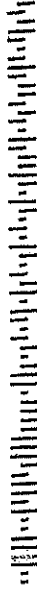


U.S. POSTAGE  PITNEY BOWES
ZIP 53202 **\$ 000.39⁸**
02 4W
0000378550 JUL 27 2021

Ms. Deborah Ordan
3401 N. 55th Street
Milwaukee, WI 53216



GAXMS5B 53216



OFFICE OF THE CITY ATTORNEY
MILWAUKEE, WI 53202

Deborah Ordan

3401 N. 55th Street
Milwaukee, WI 53216
310-926-6236
ddordan@gmail.com

CITY OF MILWAUKEE
2021 MAY -5 PM 2:49
CITY CLERK'S OFF.



May 1, 2021

Dear Sirs,

I am submitting a claim regarding an injury I suffered on February 1, 2021 at 4:00 pm on Keefe Avenue.

While walking westbound on the sidewalk on West Keefe Avenue between 51st Blvd and 53rd Street, I tripped and fell on the sidewalk suffering significant injury to my shoulder which required, as of today's date, \$3,645.43 in medical bills (see attached documentation).

As you can see from the enclosed photos, the sidewalk that I tripped on was not even level - representing a hazard for pedestrian traffic. It was significantly raised causing my foot to catch and me to fall.

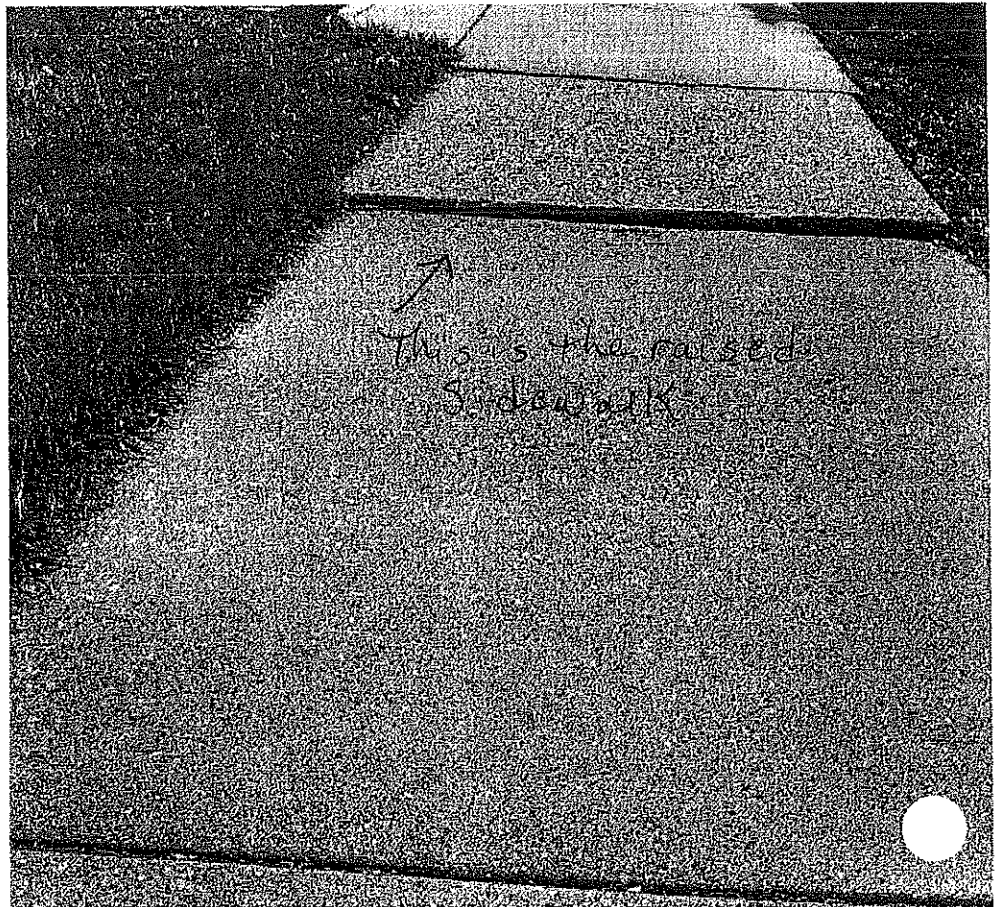
As per the Milwaukee instructions for filing a claim, I hereby submit this document stating the circumstances of the claim. My daytime phone number is 310-926-6236 and my email is ddordan@gmail.com

In addition to the pictures, I can provide surveillance video from the school at the corner of 51st and Keefe.

Thank you for your attention to this matter.




Deborah Ordan

OFFICE OF CITY ATTORNEY
06 MAY '21 AM 09:09





Payment Options:

-  Pay Online: aurora.org/billing
-  Phone: 1-800-326-2250
-  Mail: PO Box 809418 Chicago, IL 60680-9418

Account Information

Guarantor Name: ORDAN,DEBORAH
Guarantor Account Number: 1910296

008883

AUR12A 2276760 980811293

Deborah Ordan
 3401 N 55th St
 Milwaukee WI 53216-2807



Guarantor Account Summary

Total Amount Owed \$3,645.43

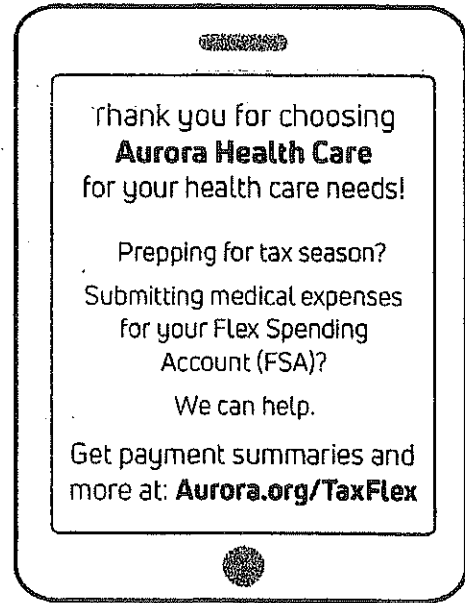
Charge, payment, and adjustment detail can be found starting on Page 3

Payment Plan Information

Monthly Amount: \$0.00
 Payment Plan Balance: \$0.00
 Overdue: \$0.00

Payment Plan Amount Due \$0.00
 Amount Due not on Payment Plan \$3,645.43

Amount Due \$3,645.43



Customer Care

- Please contact us for questions, or to discuss a possible payment plan or financial assistance based on need.
- Para español favor llamara a 1-866-629-6033

Hours: Monday - Friday 8:00am - 5:00pm

Contact us: 1-800-326-2250
customerservice@aah.org

Account	Acct #	Date Due
ORDAN,DEBORAH	1910296	04/28/21
Amount Due		Amount I am Paying
\$3,645.43		\$

Make check payable to **Aurora Health Care**

AURORA HEALTH CARE
 PO Box 809418
 Chicago IL 60680-9418



Select One: Payment Enclosed or Choose Card Below:



Card # _____
 Exp. Date _____
 Print Cardholder's Name _____
 Signature _____

Detail of Previous Services

The Amount Due remains unpaid and is past due. To avoid being referred to an outside collection agency, please pay your Amount Due today. Visit livewell.aah.org to make an online payment or contact us at (800)326-2250 to discuss your payment options.

El monto adeudado permanece impago y está vencido. Para evitar ser referido a una agencia de cobranza externa, pague hoy su monto adeudado. Visite livewell.aah.org para realizar un pago en línea o contáctenos al (800)326-2250 para discutir sus opciones de pago.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
Patient Name: ORDAN,DEBORAH		Provider: ASIJA, PRIYA		
02/01/21	199277505	Location: AURORA ADVANCED HEALTHCARE MAYFAIR ROAD CLINIC		
	Balance Forward	435.00	-142.57	\$292.43
	Your Responsibility			\$292.43
Patient Name: ORDAN,DEBORAH		Provider: FISHER, DAVID J.		
02/01/21	199277807	Location: AURORA ADVANCED HEALTHCARE MAYFAIR ROAD CLINIC		
	Balance Forward	332.00	-222.99	\$109.01
	Your Responsibility			\$109.01
Patient Name: ORDAN,DEBORAH		Provider: BERNHARDT, NOAH N		
02/09/21	199661697	Location: AURORA MEDICAL GROUP MIDTOWN		
02/09/21	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	300.00		
02/09/21	THERAPEUTIC EXERCISES (qty: 2)	300.00		
03/02/21	Blue Cross Blue Shield or Anthem Payments		0.00	
03/02/21	Blue Cross Blue Shield or Anthem Adjustments		-191.54	
	Your Responsibility			\$408.46
Patient Name: ORDAN,DEBORAH		Provider: ABEYTA, BENJAMIN A		
02/10/21	199504727	Location: AURORA ADVANCED HEALTHCARE MAYFAIR AMC		
02/10/21	OFFICE CONSULT,LEVEL III	550.00		
03/02/21	Blue Cross Blue Shield or Anthem Payments		0.00	
03/02/21	Blue Cross Blue Shield or Anthem Adjustments		-224.11	
	Your Responsibility			\$325.89
Patient Name: ORDAN,DEBORAH		Provider: BERNHARDT, NOAH N		
02/15/21	199901791	Location: AURORA MEDICAL GROUP MIDTOWN		
02/15/21	MANUAL THER TECH 1+REGIONS EA 15 MIN (qty: 2)	300.00		
02/15/21	THERAPEUTIC EXERCISES	150.00		
03/02/21	Blue Cross Blue Shield or Anthem Payments		0.00	
03/02/21	Blue Cross Blue Shield or Anthem Adjustments		-182.23	
	Your Responsibility			\$267.77
Patient Name: ORDAN,DEBORAH		Provider: LORFELD, KAREN L		
02/16/21	199728055	Location: LAKESHORE MEDICAL CLINIC SOUTHPOINTE		
02/16/21	MRI UPPER EXTREMITY JOINT WO CONTRAST	3,100.00		
03/02/21	Blue Cross Blue Shield or Anthem Payments		0.00	
03/02/21	Blue Cross Blue Shield or Anthem Adjustments		-2,127.49	
	Your Responsibility			\$972.51
Patient Name: ORDAN,DEBORAH		Provider: BERNHARDT, NOAH N		
02/22/21	200241362	Location: AURORA MEDICAL GROUP MIDTOWN		
02/22/21	MANUAL THER TECH 1+REGIONS EA 15 MIN (qty: 2)	300.00		
02/22/21	THERAPEUTIC EXERCISES	150.00		
03/09/21	Blue Cross Blue Shield or Anthem Payments		0.00	
03/09/21	Blue Cross Blue Shield or Anthem Adjustments		-182.23	

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
	Your Responsibility			\$267.77
	Previous Services Balance Due			\$2,643.84

Detail of New Activity

Thank you for choosing Aurora Health Care. We appreciate your prompt payment for full Amount Due on this statement.

Gracias por elegir Aurora Health Care. Agradecemos su pronto pago del monto total adeudado en este estado.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
Patient Name: ORDAN,DEBORAH		Provider: BERNHARDT, NOAH N		
03/01/21	200576414	Location: AURORA MEDICAL GROUP MIDTOWN		
03/01/21	MANUAL THER TECH 1+REGIONS EA 15 MIN	150.00		
03/01/21	THERAPEUTIC EXERCISES (qty: 2)	300.00		
03/23/21	Blue Cross Blue Shield or Anthem Payments		0.00	
03/23/21	Blue Cross Blue Shield or Anthem Adjustments		-176.30	
	Your Responsibility			\$273.70
Patient Name: ORDAN,DEBORAH		Provider: BERNHARDT, NOAH N		
03/08/21	200917393	Location: AURORA MEDICAL GROUP MIDTOWN		
03/08/21	MANUAL THER TECH 1+REGIONS EA 15 MIN	150.00		
03/08/21	THERAPEUTIC EXERCISES	150.00		
03/23/21	Blue Cross Blue Shield or Anthem Payments		0.00	
03/23/21	Blue Cross Blue Shield or Anthem Adjustments		-119.51	
	Your Responsibility			\$180.49
Patient Name: ORDAN,DEBORAH		Provider: BERNHARDT, NOAH N		
03/16/21	200919474	Location: AURORA MEDICAL GROUP MIDTOWN		
03/16/21	MANUAL THER TECH 1+REGIONS EA 15 MIN	150.00		
03/16/21	THERAPEUTIC EXERCISES (qty: 2)	300.00		
04/06/21	Blue Cross Blue Shield or Anthem Payments		0.00	
04/06/21	Blue Cross Blue Shield or Anthem Adjustments		-176.30	
	Your Responsibility			\$273.70
Patient Name: ORDAN,DEBORAH		Provider: BERNHARDT, NOAH N		
03/22/21	201619579	Location: AURORA MEDICAL GROUP MIDTOWN		
03/22/21	MANUAL THER TECH 1+REGIONS EA 15 MIN	150.00		
03/22/21	THERAPEUTIC EXERCISES (qty: 2)	300.00		
04/06/21	Blue Cross Blue Shield or Anthem Payments		0.00	
04/06/21	Blue Cross Blue Shield or Anthem Adjustments		-176.30	
	Your Responsibility			\$273.70
	New Activity Balance Due			\$1,001.59

Total Amount Owed to Aurora (As of this Statement)

\$3,645.43

Together let's make healthy happen.

Find out how we're expanding your access to world-class care as one of the 10 largest not-for-profit, integrated health systems in the United States.

Visit AdvocateAuroraHealth.org



Detail of New Activity

Thank you for choosing Aurora Health Care. We appreciate your prompt payment for full Amount Due on this statement.

Gracias por elegir Aurora Health Care. Agradecemos su pronto pago del monto total adeudado en este estado.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
Patient Name: ORDAN,DEBORAH		Provider: ASIJA, PRIYA		
02/01/21	199277505	Location: AURORA ADVANCED HEALTHCARE MAYFAIR ROAD CLINIC		
02/01/21	OFFICE OR OTHER OUTPT VISIT EST PT 30 TO 39 MINS MOD MDM LVL 4	435.00		
02/18/21	Blue Cross Blue Shield or Anthem Payments		0.00	
02/18/21	Blue Cross Blue Shield or Anthem Adjustments		-142.57	
	Your Responsibility			\$292.43
Patient Name: ORDAN,DEBORAH		Provider: FISHER, DAVID J		
02/01/21	199277807	Location: AURORA ADVANCED HEALTHCARE MAYFAIR ROAD CLINIC		
02/01/21	X-RAY SHOULDER 2+ VW	332.00		
02/18/21	Blue Cross Blue Shield or Anthem Payments		0.00	
02/18/21	Blue Cross Blue Shield or Anthem Adjustments		-222.99	
	Your Responsibility			\$109.01
	New Activity Balance Due			\$401.44

Total Amount Owed to Aurora (As of this Statement) \$401.44

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Find out how we're expanding your access to world-class care as one of the 10 largest not-for-profit, integrated health systems in the United States.

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This is the detail of the first 2 charges on the other bill showing urgent care + x-ray.