Hausmann-McNally Law Offices, S.C.

Attorneys at Law

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RONALD D. LEONHARD I

Gregory D. Abel\*\* David J. Bischmann\* J. Scott Bowman \*\* Michael J. Donovan\* \*\*\* Charles J. Hausmann\* Edward F. Kardelis\*\* Miles G. Lindner\* Charles Lukis\*\* John F. McNally\* Christopher A. Moeller# Patrick C. O'Neill\* \*\* Paul P. Pobereyko# \*\* Jason Pohren\*\*

August 17, 2010

**FACSIMILE & MAILED** 414-286-3456

Licensed in WI\* Licensed in IL\*\* Licensed in IA\*\*\* Licensed in CA+ Licensed in IN# Licensed in MN\* Licensed in OH\*\*

Darin Poole\*# William Smoler\* Rodney Alan Tucker#+

> City Hall, Room 205 200 East Wells Street

Milwaukee, Wisconsin 53202

Milwaukee Office (414) 271-5300

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Madison Office (608) 258-4860 Toll Free (866) 258-4860

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**Decatur Office** (217) 424-8833 Toll Free (866) 424-8833

Rockford Office (815) 963-3688 Toll Free (866) 963-3644

Belleville Office (618) 234-8833 Toll Free (800) 227-6699

Peoria Office (309) 691-5700 Toll Free (800) 227-6699

Merrillville Office (219) 791-9300 Toll Free (800) 791-9375 Mr. Ronald Leonhardt-City Clerk

Re: Our Client:

> Your Insured: Your Claim No.: Type of Accident:

Date of Accident:

Babette Bell

City of Milwaukee

Unknown Slip & Fall 5/8/2010

Dear Mr. Leonhardt:

Please be advised that we have been retained by the above-named client to represent a claim for injuries sustained on the above date when our client was involved in an automobile accident with your insured. Please be further notified of our attorney's lien in reference to this case pursuant to the statutes of the State of Wisconsin.

As a result of this accident, our client sustained personal injuries, which necessitated medical care and attention.

Upon receipt of your acknowledgment of this letter, we will forward the appropriate medicals and specials after they have all been received by our office. Thank you in advance for your anticipated cooperation in this matter.

Very truly yours,

John F. Mcnally Attorney at Law

We are hereby revoking any authorizations signed by our client(s) and are requesting copies of any written or recorded statements our client(s) may have given.

JFM/jt

cc: Babette Bell

CITY OF MILWAUKEE RECEIVED

2010 AUG 30 PM 2: 35

NOTICE OF INJURY

OFFICE OF SITY ATTORNEY

AND

CLAIM FOR DAMAGES

10 AUG 30 AM II: D8
RONALD D. LEOHHARDT

TO: CITY OF MILWAUKEE c/o City Clerk 200 E. Wells, Rm. 205 Milwaukee, WI

UNKNOWN EMPLOYESS

PLEASE TAKE NOTICE that on May 8, 2010, Babette Bell of 5700 North 74<sup>th</sup> Street, City and County of Milwaukee, State of Wisconsin tripped and fell into an open space meant for a tree that was only partially covered by cast iron grating adjacent to a public sidewalk located on the 900 block on State Street, City and County of Milwaukee, State of Wisconsin.

PLEASE TAKE FURTHER NOTICE that as a proximate result of said incident, Babette Bell sustained personal injuries, which necessitated medical care and attention; furthermore, these injuries may be permanent in nature.

Liability for the injuries is claimed as follows:

The City of Milwaukee, on account of its liability for the acts of its agents and unknown employees responsible for landscaping, and maintenance on city streets and sidewalks, 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 incident.

The said trip and fall incident was caused by the negligence of the City of Milwaukee, on account of its unknown employees for

not maintaining said public area adjacent to the sidewalk immediately and prior to the time of said trip and fall incident. Said unknown employees failed to maintain said public area in such a condition as is reasonably safe for public travel by a person, by leaving a large, unprotected hole in the ground and not properly covering for the public's safety, and not providing any warning signs on or near the dangerous condition.

As a proximate result of the above-described negligence, Babette Bell, sustained personal injuries to her person, including upper neck pain, face lacerations and chipped teeth with permanent scarring, right leg pain with permanent scarring, headaches, and left eye vision problems causing her to incur medical bills and expenses, as well as future expenses, loss of earnings capacity and pain and suffering all to his damage in the amount of:

## MEDICAL BILLS TO DATE:

Aurora Sinai Samaritan Medical Center Aurora Physician Billing Aurora Medical Group Dr. Nicole Martin	\$ \$ \$ \$ \$	2,000.00 600.00 1,000.00 1,000.00
FUTURE MEDICAL EXPENSES:	\$	6,000.00

## PAIN AND SUFFERING:

Past pain and suffering a	nd disability	\$ 5,000.00
Future pain and suffering	ı and disability	\$ 5,000.00

TOTAL CLAIM: \$ 20,600.00

WHEREFORE, Babette Bell, demands TWENTY THOUSAND SIX HUNDRED AND 00/100 DOLLARS (\$20,600.00) from said City of Milwaukee, and unknown employees.

DATED at Milwaukee, Wisconsin this 26 day of

August, 2010.

BY:

JOHN F. McNALLY SBW#: 01013701

Attorney for Claimant

## 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 claimant, Babette Bell, 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 claimant and that he makes this Affidavit in claimant's 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 Amended 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 claimant and that he has been duly authorized to verify this Amended Notice of Injury and Claim for Damages.

JOHN F. McNALLY SBW#: 01013701

Subscribed and sworn to before me this 26 day of \_\_\_\_\_\_\_

\_\_\_\_, 2010

Notary Public, State of Wisconsin My Commission Expires: 10/10/10