

1819 N. Hubbard St., Lower Floor  
Milwaukee, WI 53212

February 13, 2016

Milwaukee City Clerk  
200 E. Wells Street, Room 205  
Milwaukee, WI 53202

RECEIVED

FEB 17 2016

OFFICE OF  
CITY ATTORNEY

CITY OF MILWAUKEE  
2016 FEB 16 P 12:23  
CITY CLERK'S OFFICE

Re: Appeal from Disallowance of Claim

Dear City Clerk:

In a letter dated 1/22/16, postmarked 1/27/16, and received on 1/29/16, the City Attorney's Office denied a claim because a 7/2015 welfare check was "necessary and appropriate." The letter references my communication, however, I had not contacted the office prior to 1/29/16.

Searches, seizures and seizures of the person require warrants unless an exception applies, such as exigency. *US v. Mendenhall*, 446 US 544, 552-53 (1980). *Arizona v. Johnson*, 129 SCt. 781, 788 (2009) (arrested when reasonable person feels she is not free to leave).

Standard Operating Procedures of the Milwaukee Police Department ["SOP"] set forth procedures for emergency custody, and procedures for lesser circumstances.<sup>1</sup>

1. SOP 160.15(A)(1, 2), (B) authorizes emergency custody when a person poses a risk of serious physical harm to herself or others as manifested through recent threats of serious bodily harm observed by the police or reported to the officer, unless the shift commander's approval is obtained. *Id.* (3, 4). There was no witness report directly to an officer. Moreover, no requisite threat or act was ever alleged. The police told the hospital of wandering and yelling. Under 160.25(A), the probable cause, totality of the circumstances test applies, and no threats, "weapons, pills" and so forth were found. Nevertheless, I was forced into an ambulance and restrained with handcuffs set to tighten that were not readjusted on request. In short, there was no grounds for emergency custody because there was no threat of serious bodily harm.

2. Once seized, admission to a psychiatric crisis/admitting center (PSC) should occur unless medical treatment at the nearest hospital is necessary for medical emergencies like "overdose, lacerations." SOP 160.35, 160.40, 150.55(B)(1). See also SOP 170.05(C)(2) (incapacitated intoxicant transported to approved public facility unless emergency). No medical emergency occurred. Nevertheless, the PSC -- a free facility according to Internal Affairs -- was foregone

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<sup>1</sup> Despite the city's letter, Wis. Stat. 51 and related regulations apply, which incorporate the general notion of welfare checks. Well-settled, specific rules control general ones. *Bulova Watch v. US*, 365 US 753, 758 (1961). *I'on v. Town of Mt. Pleasant*, 338 S.C. 406, 412-13 (2000) ("specific laws prevail over general laws").

for the inapplicable option of Aurora Hospital where numerous non-emergency tests were performed without consent or even knowledge. The consent form remains unsigned. The hospital reported no signs of trauma or acute distress. In short, there was no grounds alleged for the extra trip to an emergency hospital before the PSC, and there was no grounds for testing that included a ct scan, thyroid test, EKG and other diagnostics. No treatment occurred, only testing. Internal Affairs said the hospital did a lot more than necessary. In short, SOP 160 limits treatment to a medical emergency, which protects people from unlawful medical conduct.

3. In non-emergencies, the procedure is to employ voluntary options. SOP 160.20. SOP 170.10 (A)(1). In short, non-emergency procedures were not followed and treatment was rejected. *Wisconsin v. Nelis*, No. 2005AP1920-CR, ¶2 (Wis.App., 3d dist. 2006) (honoring refusal of treatment). *Washington v. Glucksberg*, 521 US 702, 720 (1997) (due process right to refuse treatment). *Cobbs v. Grant*, 8 Cal.3d 229; 239 (1972) (unless informed consent is obtained, medical treatment is battery). The police stayed at the hospital for most of the stay, and hospital records indicate "in police custody," indicating no freedom to leave.

No conduct had occurred that would require the excessive attention of eight to ten workers who arrived on Reservoir Street. Rather, I was sitting on a stoop a block from my home, as I told the police. A location close to the residence was not indicia of the "disorientation" described by the 1/27/16 city letter. I had only been at the location a few minutes. The police said they dislike courts and brought up their clearances and I told them I was not impressed. Conversation was limited, so the conclusion of "incoherent" remarks in the 1/27/16 city letter was unwarranted. It was the conduct of the workers that was meaningless.

When I went to open records on 10/27/15, the police reported that there were no calls to Reservoir Street that July morning, and no arrest or other record. Internal Affairs contacted me more than a month later, and then eventually found a dispatch record. The Internal Affairs officer recounted a different version than provided in the report, which was finally obtained by me from open records on 2/1/16 using a cad number from Internal Affairs.

Among other things, the prior absence of a record casts doubt on its authenticity, as does a bank's land line number in the record located miles away from Reservoir. Inadmissible, the alleged document constitutes hearsay of a caller's remarks. Internal Affairs said no tape was available, and on 2/1/16 open records said the City failed to request the tape, which would have preserved the tape beyond 120 days. The best evidence rule imposes a duty to preserve evidence. *Bull v. UPS*, 665 F3d 68, 76, 78 (3d Cir. 2012). When litigation is foreseeable, but spoliation is found, a court should attach an inference that the destroyed evidence would have been unfavorable to the party that destroyed the evidence. *Mosaid v. Samsung*, 348 FSupp2d 332, 336 (USDC NJ 2004). The party destroying evidence may also be subject to defaulting. The City failed to put a litigation hold on any tape. *Id.* p. 334.

No call came from anyone who could observe, communicate, or cognate. The police should have left when the area/scene varied from their expectations, and no serious bodily threat was alleged. *Mullaney v. Wilbur*, 421 US 684, n. 31 (1975) (presumption of sanity). The police seemed directed to the wrong person and location. Exaggerating, the police at the scene said numerous

calls were made, yet these records do not exist. There had been little pedestrian traffic and no time for any driving witness to observe anything. Pedestrians arrived while I was seized and put in an ambulance. The pedestrians, neighbors from Hubbard Street, alleged no mental state, but rather they inexplicably alleged pregnancy. No Miranda warnings were given. Conversation about old acquaintances indicated bad faith.

The dispatched allegations were evidently disregarded by the police and not conveyed to the hospital, which administered drugs at arrival, indicating no concern for overdose, and also indicating the hospital did no independent evaluation of facts. The hospital assumed the police story of wandering, (except for a doctor who said the police committed assault). A tox screen was negative.

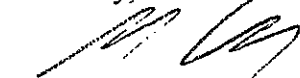
Assuming the citizen call was made, and assuming that report could be admitted into evidence, the dispatcher's remarks still formed no justification for the unreasonable actions taken of handcuffing, transporting to an ER and eschewing protocol. Keeping their options open, the police unreasonably and negligently pursued such an emergency detention without the appropriate paperwork, which should have included detailed forms. SOP 160.30(B) (PE 18 witness form). See also (SOP 170.10(C, D): form PP-42 documents transport of intoxicant). Handcuffing is not recommended in non-emergency situations. SOP 160.20(H).

The officers' conduct was not reasonably undertaken. *State v. Pinkard*, 785 NW 592, 600 (Wis. Supr. Ct. 2010). There was no unconscious victim. *Id.* 604, 606. There was no bleeding or trauma. *Wisconsin v. Richardson*, No. 2012AP2281-CR, ¶2 (Wis.App. 1st dist. 2013). Police viewpoints were not grounded, but rather harassing and discriminatory. Most case law about welfare checks pertain to suppression motions. But in this case, it was the police destroyed and hid evidence, warranting a spoliation sanction against the police. In this case, the police failed to retreat, and failed to follow protocol for either sick or intoxicated persons, resulting in injury, a grievous invasion of privacy, violation of civil rights, and unwarranted and unwanted ER visit for excessive fees.

"To protect personal liberties, no person who can be treated adequately outside of a hospital, institution, or other inpatient facility may be involuntarily treated in such a facility." SOP 160.05. Among other things, the judge at an unrelated civil proceeding, said not to pay the hospital. That court said a document exists alleging mental illness by a Wisconsin doctor that was dated to a time before I entered Wisconsin -- overt fraud.

No discovery has occurred. Still, facts show neither the city nor hospital acted appropriately. Accordingly, compensation for lost liberties, among other things is due.

Sincerely,



Greta Crawford

Tel: 801-732-7892

Encl: city letter

Crawford  
9 N. Hubbard St., Lower Fl  
Milwaukee, WI 53212



7015 3010 0000 4058 0721



1000



53202

U.S. POSTAGE  
PAID  
MILWAUKEE  
53202  
FEB 13, 1994  
\$4.  
R2303S104

Milwaukee City Clerk  
200 E. Wells St., Room 205  
Milwaukee, WI 53202

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NOV 13 2015

OFFICE OF  
CITY ATTORNEY

November 10, 2015

To: City Clerk  
Attn: Claims  
200 E. Wells St., Room 205  
Milwaukee, WI 53202-3567

To: Edward A. Flynn, Police Chief  
Milwaukee Police Department  
749 W. State Street  
Milwaukee, WI 53233

Dear City Clerk; Mr. Flynn:

I am submitting a claim about an incident on 7/23/15 around 10:30 am. I was sitting on a stoop on E. Reservoir Street about a block from my home on Hubbard Street when the police drove up claiming that there were numerous calls. I was handcuffed, placed in the back of an ambulance and taken to Aurora hospital where the officers entered into a contract for treatment against my will and without informed consent. My wrists were injured by the handcuffs, which kept tightening. At the hospital a doctor stated that one officer was taken away by the police supervisor.

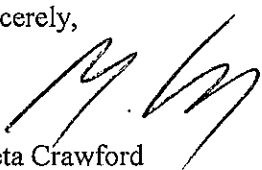
I ordered the transmittal records to identify the officers but the record was not provided. The hospital told me the stay was due to identification, but the records said wandering and yelling. There was no such conduct, and the police were not present for such conduct and evidently could not identify who they were looking for. The police allegations were unsubstantiated and unconvincing and the trip to Aurora was unauthorized. Unauthorized, I was not sent to MMHC, the county facility that covers the behavioral issues the police ultimately claimed to the hospital under Wisconsin Statutes 51.

As a consequence of the non-noteworthy conduct of sitting on a stoop, I left the hospital the same day but my wrists were injured but not treated, I was needlessly medicated, and suffered redundant tests and large medical bills. Att. 1-3.

The Milwaukee Police Department's Open Records had no criminal complaint or arrest record, and no calls to the 300 block of East Reservoir Street.

The medical bills total \$6520.37. I am also claiming \$5,000 for non-economic damages including pain and suffering, embarrassment, humiliation and worry on account of the detention negligently and/or without probable cause or reasonable suspicion as is the custom and policy in Milwaukee. A nearby supervisor said his workers had been carted off in wrist crunching rides, and an ambulance company claimed that an outdoor worker was indiscriminately calling in strangers for treatment. Total relief sought is \$11,520.37.

Sincerely,

  
Greta Crawford  
1819 N. Hubbard St., Lower Floor  
Milwaukee, WI 53212  
Tel: 801-732-7892

CITY OF MILWAUKEE  
2015 NOV 13 PM 1:41  
CITY CLERK'S OFFICE



**Aurora Health Care**

PO Box 091700  
Milwaukee, WI 53209-8700

If you have a question on your statement, please call:  
Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
Our email address is: customerservice@aurora.org  
En Español por favor llamar al 866-629-6033



4002765 - 00584



**Addressee**

1819 N HUBBARD ST  
MILWAUKEE WI 53212-3737

Page 1 of 1

**Please make checks payable and remit to:**

Aurora Health Care Inc  
PO BOX 809418  
Chicago IL 60680-9418

If paying by credit card, fill out below

Check credit card using for payment ☒ ☐ ☐ ☐

Card Number A# 1

Exp. Date

Price Request

Bill Date 07/30/2015	Account Number 1916379	Pay This Amount \$3,586.20	Amount Paid
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You can pay your bill online at [my.aurorahealthcare.org](http://my.aurorahealthcare.org)

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CITY ATTORNEY

000001252161 073015 0001916379 0000358620

Document Code: P-GNVPH-42452-MTPRXG

Please detach and return top portion with payment.

Account Number	Account Name	Bill Date	Due Date
1916379	GRETA CRAWFORD	07/30/2015	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
Date of Service 7/23/2015 - Visit # 135204778 - GRETA CRAWFORD					
Hospital Services - AURORA SINAI MEDICAL CENTER					
	CT Scan	\$1,260.00			
	EKG/ECG	\$293.00			
	Emergency Room	\$2,000.00			
	IV Therapy	\$187.00			
	Laboratory	\$2,062.00			
	Pharmacy	\$193.37			
	Treatment or Observation Room	\$525.00			
07/30/15	PATIENT ADJUSTMENT		\$-2,934.17		
	HOSPITAL SERVICES BALANCE			\$0.00	\$3,586.20

If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.

**Message:**

Thank you for choosing Aurora Health Care. The full balance is due upon receipt. We appreciate your prompt payment.

**Please Pay This Amount**

**\$3,586.20**

If you have a question on your statement, please call toll free: 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
En Español por favor llamar al 866-629-6033 Mon - Fri, 8:30 am - 5:00 pm

BPD105 - 4002765-00584-111-000



# Aurora Health Care

PO Box 091700  
Milwaukee, WI 53209-8700

If you have a question on your statement, please call:  
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Our email address is: [customerservice@aurora.org](mailto:customerservice@aurora.org)  
En Español por favor llamar al 866-629-6033



4322010 - 00352

## Addressee

GRETA CRAWFORD  
1819 N HUBBARD ST  
MILWAUKEE WI 53212-3737

Page 1 of 1

If paying by credit card, fill out below

Check credit card  
using for payment



Card Number

Exp. Date

AH, 2

Exp. Date

Patient Name

Bill Date  
10/12/2015

Account Number  
1916379

Pay This Amount  
\$2,934.16

Amount Paid

You can pay your bill online at [my.aurorahealthcare.org](http://my.aurorahealthcare.org)

Please make checks payable and remit to:

Aurora Health Care Inc  
PO BOX 809418  
Chicago IL 60680-9418

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OFFICE OF  
CITY ATTORNEY

000001782245 101215 0001916379 0000293416 8

Document Code: P-STLZK-36484-BNVVLT

Please detach and return top portion with payment.

Account Number	Account Name	Bill Date	Due Date
1916379	GRETA CRAWFORD	10/12/2015	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
Previous Visit Balance - Visit # 135204778 - Date of Service - 7/23/2015 - GRETA CRAWFORD					
Hospital Services - AURORA SINAI MEDICAL CENTER					
	CT Scan	\$0.00			
	EKG/ECG	\$0.00			
	Emergency Room	\$0.00			
	IV Therapy	\$0.00			
	Laboratory	\$0.00			
	Pharmacy	\$0.00			
	Treatment or Observation Room	\$0.00			
09/25/15	PATIENT ADJUSTMENT		\$2,934.17		
10/12/15	INSURANCE ADJUSTMENT - MOLINA EXCHANGE		\$-3,586.21		
	CURRENT TOTAL VISIT BALANCE			\$0.00	\$2,934.16

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OFFICE OF  
CITY ATTORNEY

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## Message:

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Please Pay This Amount

\$2,934.16

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En Español por favor llamar al 866-629-6033 Mon - Fri, 8:30 am - 6:00 pm

BPD105 - 4322010-000352-1H-000

Pay by credit card online anytime, day or night!  
www.peryourhealth.com

Statement Date:  
Responsible Party:  
Account Number:  
Due Date:

8/11/15  
GRETA CRAWFORD  
3720\*4013585  
Upon Receipt

Patient: GRETA CRAWFORD		Site of Service: SINAI SAMARITAN QP/CP		Primary: Self Pay	
Account: 3720*4013585.1		Refer Prov: AMAZ A NOOR MD		Secondary: Self Pay	
Service Dt.	Service Description	Qty	Charges	Payments	You Owe
07/23/15	81002 URINALYSIS, NON-AUTOMATED WO MICROSCOPY	1	15.00		
07/23/15	81025 URINE PREGNANCY TEST	1	26.00		
07/23/15	80329 ANAGESICS NON OPIOD 1 OR 2	2	102.00		
07/23/15	80325 ALCOHOLS	1	50.00		
07/23/15	82330 CALCIUM, IONIZED	1	39.00		
07/23/15	82803 GASES BLOOD, ANY COMBINATION	1	58.00		
07/23/15	82947 GLUCOSE, QUANT	1	18.00		
07/23/15	82962 GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICES(S)	1	12.00		
07/23/15	83690 LIPASE	1	35.00		
07/23/15	84132 POTASSIUM SERUM	1	15.00		
07/23/15	84295 SODIUM SERUM	1	15.00		
07/23/15	84448 THYROID STIMULATING HORMONE (TSH)	1	44.00		
07/23/15	84484 TROPONIN	1	31.00		
07/23/15	85014 BLOOD COUNT, OTHER THAN HEMATOCRIT	1	11.00		
07/23/15	85025 BLOOD COUNT, HEMOGRAM/PLATELET CNT AUT DIFF(WBC)	1	23.00		
07/23/15	80058 COMPREHENSIVE PANEL	1	37.00		
You Owe			0.00		527.00

Total Amount You Owe  
\$ 527.00

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**NOV 13 2015**

OFFICE OF  
CITY ATTORNEY

Please be aware that the above summary represents Pathology services from your medical provider.  
You may receive a separate statement for services provided by the hospital.

CHANGE OF: ☐ Address ☐ Primary Insurance ☐ Supplemental Insurance

GRETA CRAWFORD  
3720\*4013585

Complete this form or go online to www.peryourhealth.com to make changes.

New Patient Address, City, State, Zip		New Phone#	
Primary Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Work connected illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset or Accident	
Employer Name	Address, City, State, Zip		