

5



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

| File Number | Title | Status |
|--|--------------------------------|----------------------------------|
| 2003-0603 | Claim Communication | New Business |
| Linda A. Niebuhr and Patricia A. Kraemer, 1021 S. 103 St., communication on behalf of Kerry M. Kraemer, 2429 S. 94 St., regarding injuries which allegedly occurred on or about August 29, 2003. | | |
| Introduced: 10/7/2003 | | Controlling Body: Common Council |

COMMITTEE RECOMMENDATION

| ACTION DATE: | MOVER | SECONDER | | AYE | NO | PRESENT | EXCUSED |
|--------------|-------|----------|------------|-----|----|---------|---------|
| | | | Barczak | | | | |
| | | | Czaplewski | | | | |
| | | | Kopplin | | | | |
| | | | Lajsic | | | | |
| | | | Narlock | | | | |
| | | | Reinke | | | | |
| | | | Sengstock | | | | |
| | | | Trudell | | | | |
| | | | Vitale | | | | |
| | | | Weigel | | | | |
| | | | TOTAL | | | | |

SIGNATURE OF COMMITTEE MEMBER (RECORDER)

Chair _____

Vice-Chair _____

HANDLE DIFFERENT

COMMON COUNCIL ACTION placed on file

| ACTION DATE: | MOVER | SECONDER | | AYE | NO | PRESENT | EXCUSED |
|--------------|-------|----------|------------|-----|----|---------|---------|
| | | | Barczak | | | | |
| | | | Czaplewski | | | | |
| | | | Kopplin | | | | |
| | | | Lajsic | | | | |
| | | | Narlock | | | | |
| | | | Reinke | | | | |
| | | | Sengstock | | | | |
| | | | Trudell | | | | |
| | | | Vitale | | | | |
| | | | Weigel | | | | |
| | | | TOTAL | | | | |

10-7-03

Unanimous

LINDA A. NIEBUHR

1021 South 103rd Street
West Allis, WI 53214-2533
414-476-4649

OFFICE OF THE MAYOR
RECEIVED

OCT 1 2003

WEST ALLIS, WI

RECEIVED

OCT 0 1 2003

CITY OF WEST ALLIS
CLERK/TREASURER

September 30, 2003

Dear Madam and Sir,

My son was beaten up by the West Allis Police Dept, these medical charges were incurred while he was in your custody so I and Kerry's Grandmother believe it is the responsibility of the Police Dept. and City Hall To pay for the charges.

West Allis used to be a peaceful and safe place to live in, my parents have lived in the same house for 35 years, I grew up there. For a few years I raised my family here. My husband and I bought our home here because I liked the area, my other son and his family moved here after we did so they could raise there children here in a safe area. My brother runs and owns a business in the West Allis area also. Since this has happened to my eldest son Kerry being so brutally beaten by 5 or 6 of what is supposed to be our West Allis FINEST Police Dept. I believe you need to take a serious look at how these people are being trained and acting as role models in our city, my two grandchildren ages 7 and 8 witnessed this discussing act. We have spoken to a few lawyers and have been told their are quite a few cases right now about the Police in our city doing this to many other people.

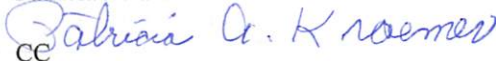
When is it going to STOP?

Sincerely,

Linda A. Niebuhr



Patricia A. Kraemer



CC

Mayor Jeannette Bell

Chief of Police



WEST ALLIS MEMORIAL HOSP.

Aurora Health Care

ITEMIZED BILL

| | | | |
|------------------|------------------|----------------|----------------|
| PATIENT'S NAME | ACCOUNT NO | DISCHARGE DATE | STATEMENT DATE |
| KRAEMER, KERRY M | 000152672-3241 E | 08/29/03 | 09/08/03 |

FOR BILLING INFORMATION CALL

PHONE 414-647-3147 TOLL FREE 1-800-958-6202

GUARANTEE

KERRY M KRAEMER
2429 S 94 ST
WEST ALLIS WI 53219
USA

MAIL PAYMENT TO

WEST ALLIS MEMORIAL HOSP.
PATIENT ACCOUNTS
P.O. BOX 341700
MILWAUKEE, WISCONSIN 53234-1700

INSURANCE

INSURANCE

PLEASE DETACH TOP PORTION AND RETURN WITH PAYMENT

ENTER PAYMENT PAID

| | | | |
|------------------|----------------|----------------|---------|
| PATIENT'S NAME | ACCOUNT NO | STATEMENT DATE | PAGE NO |
| KRAEMER, KERRY M | 000152672-3241 | 09/08/03 | 1 |

| TRANSACTION DATE | REFERENCE NUMBER | DESCRIPTION | TOTAL AMOUNT | INSURANCE PORTION | PATIENT PORTION |
|-----------------------------|------------------|----------------------------|--------------|-------------------|-----------------|
| 08/29/03 | 392744818 | ED LEVEL 3 | 334.25 | | 334.25 |
| 08/29/03 | 392744865 | INJECTION SQ OR IM | 26.00 | | 26.00 |
| 08/29/03 | 387882700 | DX FACIAL BONES COMPLETE | 219.25 | | 219.25 |
| 08/29/03 | 387886000 | DX CHEST PA & LATERAL | 215.00 | | 215.00 |
| 08/29/03 | 387888500 | DX C SPINE 4 VIEW MIN EXAM | 305.00 | | 305.00 |
| 08/29/03 | 387889300 | DX L SPINE 4 VIEW MIN | 422.75 | | 422.75 |
| 08/29/03 | 315810307 | KETOROLAC TROMET 998 | 26.36 | | 26.36 |
| 08/29/03 | 315811010 | CYCLOBENZAPRINE 999 | 5.47 | | 5.47 |
| 08/29/03 | 392745160 | PULSE OXIMETRY, SINGLE | 25.00 | | 25.00 |
| SUB-TOTAL OF CHARGES | | | 1,579.08 | | 1,579.08 |
| TOTAL CHARGES AND INSURANCE | | | 1,579.08 | | |
| PLEASE PAY THIS AMOUNT | | | | | 1,579.08 |

MAKE CHECKS PAYABLE TO:

EMERGENCY PHYSICIANS OF W.A.M.H.
11716 W. GREENFIELD AVE
WEST ALLIS, WI 53214

RETURN SERVICE REQUESTED

INSURANCE INFORMATION NEEDED

| | |
|---------|--------------|
| IRS NO. | 39-1171119 |
| PHONE | 414 778-3864 |

STATEMENT

RETURN UPPER PORTION OF
STATEMENT WITH PAYMENT

ACCOUNT #

152672

KERRY M KRAEMER
2429 S 94 ST
WEST ALLIS, WI 53219

ADMITTING DOCTOR

HARSHBARGER, WILLIAM T MD

| | | | | | | | |
|----------------|------------------|--------------|---------|-------------|---|-------------|----------|
| PATIENT'S NAME | KRAEMER, KERRY M | CLOSING DATE | 9/12/03 | PAGE NUMBER | 1 | NEW BALANCE | \$302.40 |
|----------------|------------------|--------------|---------|-------------|---|-------------|----------|

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT PAID HERE \$

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

| DATE | EXPLANATION OF ACTIVITY | PROC CODE | DIAG CODE | CHARGES & DEBITS | PAYMENTS & CREDITS | | |
|---|--------------------------|----------------------|----------------------|----------------------|----------------------|-------------|--------------------|
| 8/29/03 | EMERGENCY VISIT DETAILED | 99204 | | \$302.40 | | | |
| <p>PLEASE SEND THE FOLLOWING:</p> <p>INSURANCE CO. NAME _____</p> <p>ADDRESS _____</p> <p>CITY, STATE, ZIP _____</p> <p>EMPLOYER NAME _____</p> <p>POLICY NUMBERS _____</p> <p>SOCIAL SECURITY NO. _____</p> <p>INSURED'S NAME _____</p> | | | | | | | |
| STATEMENT CLOSING DATE | DATE OF LAST PAYMENT | AMT. OF LAST PAYMENT | BALANCE OVER 30 DAYS | BALANCE OVER 60 DAYS | BALANCE OVER 90 DAYS | NEW CHARGES | PAYMENTS & CREDITS |
| 9/12/03 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$302.40 | \$0.00 |

CURRENT BALANCE → \$302.40

WEST ALLIS MEMORIAL HOSP.



West Allis Memorial Hospital

Aurora Health Care

PO BOX 341100

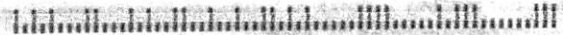
MILWAUKEE WI 53234-1100

| | | |
|---|--------------------------|------------------------------|
| Responsible Party / Number KERRY M KRAEMER / 000152672 | | Statement Date 09/21/2003 |
| Your balance is due by: 10/12/2003 | | Amount You Owe \$1,579.08 |
| <input type="checkbox"/> Check | <input type="checkbox"/> | <input type="checkbox"/> |
| Card # _____ | Expires On _____ | |
| Signature for credit card _____ | | |

5076 21 #10 Address Service Requested 000152672

KERRY M KRAEMER
2429 S 94TH ST
WEST ALLIS WI 53227-2331

Make checks payable to:
WEST ALLIS MEMORIAL HOSP.
PO BOX 341100
MILWAUKEE WI 53234-1100



ADDRESS AND INSURANCE CHANGES LOCATED ON BACK

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE. SHOW ADDRESS ABOVE THROUGH WINDOW.

| DATE OF SERVICE | ACCOUNT NO | DESCRIPTION | INSURANCE ACTIVITY | PATIENT ACTIVITY |
|-------------------------------------|----------------|--|--------------------|-------------------|
| 08/29/2003 | 000152672-3241 | KRAEMER, KERRY M Emergency Room Visit - WEST ALLIS MEMORIAL HOSP. New charges Balance due | 1,579.08 0.00 | 1,579.08 |
| PLEASE PAY THIS AMOUNT--> | | | | \$1,579.08 |

Page 1 of 1

Thank you for choosing Aurora Health Care.
We appreciate your prompt payment.

WEST ALLIS MEMORIAL HOSP.

West Allis Memorial Hospital
Aurora Health Care
PO BOX 341100
MILWAUKEE WI 53234-1100

| | | | |
|---|------------------------------|---|------------------------|
| Responsible Party / Number KERRY M KRAEMER / 000152672 | Statement Date 09/21/2003 | Insurance Amount Due \$0.00 | Tax I.D. 39-1022464 |
| Current Amount Due \$1,579.08 | Past Due Amount \$0.00 | Amount Due By: 10/12/2003 \$1,579.08 | |

Please see contact information on the reverse side.
Para comunicarse favor de ver información al dorso:
Office hours: Monday - Thursday 7am - 7:30pm, Friday 7am - 6pm. Closed Tuesday 12 - 1pm.



GREAT LAKES RADIOLOGISTS, S.C.
 P.O. BOX 511400
 NEW BERLIN, WI 53151-3200

| | | |
|--|-------------------------------|----------------|
| IF PAYING BY CREDIT CARD, FILL OUT BELOW | | |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA | |
| CARD NUMBER | EXP. DATE | |
| SIGNATURE | | |
| STATEMENT DATE | AMOUNT DUE | ACCOUNT NUMBER |
| 9/05/03 | \$227.00 | GLR 000262212 |
| PAYMENT DUE BY | SHOW AMOUNT PAID HERE | |
| 9/20/2003 | | |

OFFICE HOURS: MONDAY 7:00AM to 5:30PM
 TUES,WED,THURS 7:00AM to 3:30PM
 FRIDAY 7:00AM to 12:00PM
 PHONE: (262)780-0355

PRIMARY INSURANCE: ** SELF PAY/NO INSUR
 SECONDARY INSURANCE:

ADDRESSEE:
 KERRY M KRAEMER
 2429 S 94TH ST
 WEST ALLIS WI 53227-2331

REMIT TO:
 GREAT LAKES RADIOLOGISTS, S.C.
 P.O. BOX 511400
 NEW BERLIN, WI 53151-3200

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

Please Detach and Return This Portion with Payment

PS LOCATIONS

11) OFFICE 21) INPATIENT HOSPITAL 22) OUTPATIENT HOSPITAL 23) EMERGENCY ROOM - HOSPITAL 31) SKILLED NURSING FACILITY

| DATE | DR NO | PATIENT NAME | PS | CPT CODE | DIAG CODE | SERVICE DESCRIPTION | AMOUNT |
|------------------|-------|--------------|----|----------|-----------|-------------------------|--------|
| 08/29/03 | 1 | KERRY | 23 | 71020/26 | 959.1 | CHEST PA & LATERAL | 46.00 |
| 08/29/03 | 1 | KERRY | 23 | 70150/26 | 959.09 | FACIAL BONES MIN 3 VIEW | 53.00 |
| 08/29/03 | 1 | KERRY | 23 | 72050/26 | 959.09 | CERVICAL SPINE FOUR VIE | 64.00 |
| 08/29/03 | 1 | KERRY | 23 | 72110/26 | 959.1 | LUMBAR SPINE MINIMUM 4 | 64.00 |
| Total for Claim: | | | | | | | 227.00 |

STATEMENT

| CURRENT | OVER 30 DAYS | OVER 60 DAYS | OVER 90 DAYS | OVER 120 DAYS | LAST PAYMENT DATE | STATEMENT DATE | BALANCE DUE |
|---------|--------------|--------------|--------------|---------------|-------------------|----------------|-------------|
| 227.00 | .00 | .00 | .00 | .00 | | 9/05/03 | 227.00 |

| DOCTORS LEGEND | COMMENTS |
|-----------------------------------|--|
| 1 ELSON, MARK M.D. 2 3 4 | *IF YOU HAVE INSURANCE, PLEASE CALL OUR *OFFICE WITH YOUR INSURANCE INFORMATION* ****FOR THE ABOVE DATE(S) OF SERVICE*****WE ACCEPT VISA AND MASTERCARD***** |

For Billing Inquiries: GREAT LAKES RADIOLOGISTS, S.C.
 P.O. BOX 511400
 NEW BERLIN, WI 53151-3200
 PHONE: (262)780-0355

DATE OF INJURY: 00/00/00
 EMPLOYER: RACE MOVERS
 REFERRING PHYSICIAN: GROSSMAN, RONALD E M.D.
 LOCATION OF SERVICE: WEST ALLIS MEMORIAL

TAX ID NUMBER: TAX ID#: 301026262



CITY OF WEST ALLIS

WISCONSIN



City Clerk/Treasurer Office

October 2, 2003

Paul M. Ziehler
*City Administrative Officer
Clerk/Treasurer*

Dorothy E. Steinke
Deputy City Treasurer

Monica Schultz
Assistant City Clerk

Linda A. Niebuhr
Patricia A. Kraemer
1021 S. 103 St.
West Allis, WI 53214-2533

Dear Ms. Niebuhr and Ms. Kraemer:

This acknowledges receipt of your communication on behalf of Kerry M. Kraemer, 2429 S. 94 St., regarding injuries which allegedly occurred on or about August 29, 2003.

The original document will be submitted to the Common Council at its meeting of October 7, 2003.

It is not anticipated that a decision regarding this matter will be made on this date. Generally, all communications are directed to the City Attorney's office for investigation. Common Council action regarding your communication will not be taken until the City Attorney's investigation is completed. Any questions you may have regarding this matter should be directed to their attention.

Sincerely,

Monica Schultz
Assistant City Clerk

/hc

cc: City Attorney