

NOTICE OF INJURY

AND

CLAIM FOR DAMAGES

TO: COUNTY OF WINNEBAGO
c/o County Clerk
415 Jackson Street, Room 110
Oshkosh, WI 54901

WINNEBAGO COUNTY SHERIFF'S DEPARTMENT
4311 Jackson Street
Oshkosh, WI 54901

6-20-12
WINNEBAGO COUNTY CLERK'S OFFICE
1050
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PLEASE TAKE NOTICE that on February 29, 2012, Winnebago County Sheriff Department's employee, Joshua McCormick who resides at W4051 Artesian Road, Fond du lac, Wisconsin was involved in an automobile collision at the location of West 9th Avenue and South Koeller Street, City of Oshkosh, Winnebago County, State of Wisconsin.

PLEASE TAKE FURTHER NOTICE that as a proximate result of said automobile collision, Joshua McCormick 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:

On the date of said incident, Joshua McCormick was operating a 2010 Ford Crown Victoria, owned by the Winnebago County Sheriff's Department, within the scope of his employment. At the time of incident, an uninsured motor vehicle driven by Blaine Wolff failed to yield at the intersection and collided with the vehicle driven by Joshua McCormick.

Upon information and belief, the County of Winnebago has uninsured motorist coverage through a policy issued by Wisconsin County Mutual Insurance, HRH of Wisconsin, and/or some unknown insurance entity, which provides coverage to its employees, including, Joshua McCormick, for injuries caused by an uninsured motorist. Alternatively, the County of Winnebago is self-insured for uninsured motorist coverage mandated by state law, and must indemnify Joshua McCormick for expenses and injuries caused by the uninsured motorist, up to the minimum uninsured motorist coverage required by law.

As a proximate result of the above-described incident, Joshua McCormick sustained personal injuries including but not limited to his neck, right shoulder, lower back, right side rib bruising, muscle soreness, dizziness and nausea, causing him to incur medical bills and expenses, as well as future expenses, and pain and suffering all to his damage in the amount of:

MEDICAL BILLS TO DATE:

Aurora Medical Center	\$ 5,000.00
Aurora ER Physicians Billing	\$ 1,000.00
Aurora Health Care/Occupational Health	\$ 6,000.00
Bauer Chiropractic	\$ 2,000.00

PAST LOSS OF EARNING CAPACITY: \$ 5,000.00

FUTURE LOSS OF EARNING CAPACITY: \$ 5,000.00

FUTURE MEDICAL EXPENSES: \$ 10,000.00

PAIN AND SUFFERING:

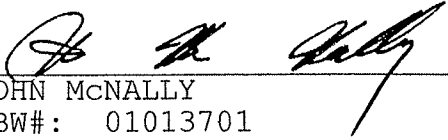
Past pain and suffering and disability	\$ 10,000.00
Future pain and suffering and disability	\$ 10,000.00

TOTAL CLAIM: \$ 54,000.00

WHEREFORE, Joshua McCormick, demands FIFTY FOUR THOUSAND AND 00/100 DOLLARS (\$54,000.00) from said County of Winnebago, and Winnebago County Sheriff's Department and/o Wisconsin County Mutual Insurance, HRH of Wisconsin, and/or unknown insurance entity.

DATED at Milwaukee, Wisconsin this 5 day of June, 2012.

BY: _____


JOHN 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, Joshua McCormick, at 633 West Wisconsin Avenue, Suite 2000, Milwaukee, WI 53203. (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 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 Notice of Injury and Claim for Damages.



JOHN F. McNALLY
SBW#: 01013701

Subscribed and sworn to before me
this ___ day of _____, 2012.

Notary Public, State of Wisconsin
My Commission Expires: _____