

**Winnebago County**  
Office of the County Clerk

*The Wave of the Future*

**NOTICE OF CLAIM**

Date: February 25, 2020

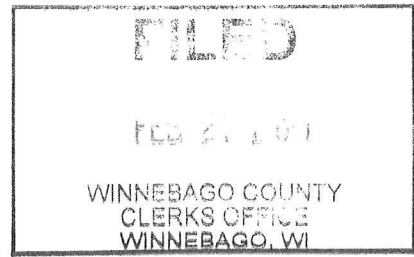
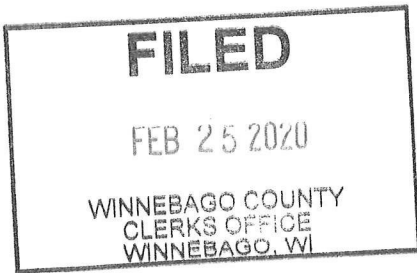
To: Doug, Linda and Joan

Re: Claim from Attorney George Curtis on behalf of his client Mary Jo M. Schroeder for injuries sustained after falling on the icy sidewalk outside of the Winnebago County Sheriff's Department on 02/02/2019.

I have attached the original notice of claim paperwork that was received on 03/04/2019 and am resending the entire claim to you.

This claim will be presented to the County Board at their March 17, 2020 meeting.

attachments



CLAIM FOR DAMAGES

TO: Winnebago County  
112 Otter Avenue  
Oshkosh, WI 54901  
c/o County Clerk, Sue Ertmer

Winnebago County Sheriff's Department  
4311 Jackson Street  
Oshkosh, WI 54901  
c/o Sheriff John Matz

and

Wisconsin County Mutual Insurance Corporation  
c/o County Mutual  
Laurie A. Miskanis-Cisewski  
P.O. Box 63  
Custer, WI 55423-0063

*Paul A. J.*  
1/24/20  
4:07pm

***Via Certified Mail -  
Return Receipt Only***

TO THE ABOVE-NAMED PARTIES  
PLEASE TAKE NOTICE:

Date of Accident: 2/2/19  
Location: Winnebago County Sheriff's Office  
Oshkosh, WI

1. Mary Jo M. Schroeder, is an adult who resides at 1034 School Avenue, Oshkosh, WI 54904.

2. Mary Jo M. Schroeder was injured due to the negligence of Winnebago County and the Winnebago County Sheriff's Department and/or their agents and employees.

3. The circumstances of the injuries are as follows: On or about February 2, 2019 Mary Jo M. Schroeder while entering the Winnebago County Sheriff's Office located at 4311 Jackson Street, Oshkosh, WI, she slipped and fell in the poorly lit, slippery, entryway causing injuries and damages to Mary J. M. Schroeder.

4. As a direct and proximate result of the negligence of Winnebago County, the Winnebago County Sheriff's Department and/or their agents and employees, Mary Jo. M. Schroeder sustained injuries including but not limited to her head resulting in a concussion and

loss of consciousness and disruption to the integrity of the body as a whole, necessitating treatment by hospital and doctor, further resulting in loss of income, loss of future earning capacity, loss of enjoyment of life and continuing pain and suffering.

5. Winnebago County and the Winnebago County Sheriff's Department has previously received actual notice of this incident, as Mary Jo M. Schroeder spoke with the Sergeant on duty at the Winnebago County Sheriff's Department once she gained consciousness and several other employees of the Sheriff's Department.

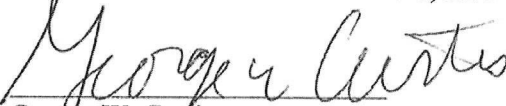
WHEREFORE, Mary Jo M. Schroeder demands satisfaction in the amount of \$32,652.28 against Winnebago County and the Winnebago County Sheriff's Department.

This claim is hereby made pursuant to Wis. Stats. 893.80(1)(b).

Dated this 16th day of January, 2020.

APEX ACCIDENT ATTORNEYS, LLC

By:



George W. Curtis

Attorney for Mary Jo M. Schroeder

3475 Omro Road, Ste. 200

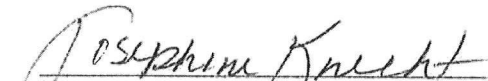
P.O. Box 2845

Oshkosh, WI 54903-2845

(920) 233-1010

State Bar No. 1008548

Subscribed and sworn to before me  
this 16th day of January, 2020.

  
Notary Public, Winnebago Co., WI  
My Commission Expires: 2/18/2022



SUSAN T. ERTMER  
County Clerk

415 JACKSON STREET, P.O. BOX 2808  
OSHKOSH, WISCONSIN 54903-2808



OSHKOSH (920) 236-4890  
FOX CITIES (920) 727-2880  
FAX (920) 303-3025  
E-mail: [countyclerk@co.winnebago.wi.us](mailto:countyclerk@co.winnebago.wi.us)

**Winnebago County**  
Office of the County Clerk

*The Wave of the Future*

**NOTICE OF CLAIM**

Date: March 4, 2019  
To: Doug, Linda and Joan  
Re: Claim from Mary Jo M. Schroeder for injuries sustained after falling on the icy sidewalk outside of the Winnebago County Sheriff's Department.

This claim will be presented to the County Board at their March 19, 2019 meeting.

\* Original claim  
Submitted  
3/4/2019 \*

PJH

3-4-19

On 2-2-19 I Mary Jo M Schroeder  
DOB 7-27-91 was visiting my mom at  
the Winnebago County Sheriff's Dept  
At approximately 6:15pm I went to enter  
the facility. When I stepped on the  
side walk to enter the facility doors  
I (M SCHROEDER) slipped on the ice  
and hit the back of my head.  
At this time I blacked out very  
briefly. When I got myself into the  
facility I told the Correctional  
OFFICER at the window that  
I slipped and hurt myself.  
I started to cry at this time  
and asked to have someone  
call. She told me she wanted  
me to talk to a Sgt.  
At approximately 6:30pm  
LT Roth came and spoke to  
me. He announced "Someone  
fell?" At this time I stated,  
"I did." ~~At~~ Roth asked me  
what happened and I explained.  
He stated, "So you hit your head?"  
I stated "yes! LANDED STRAIGHT on  
my head I hurts really bad.  
There's a huge bump. Would you

72

Like to put a glove on because it pretty large lump already?" He did NOT at this time two other people in the lobby spoke up and stated they almost fell as well (BE NOTED // was also in a medical foot boot on crutches) LT Roth went outside, came back in and stated "I didn't know it was so slippery out" He did SALT. LT Roth later came in during my visit and gave me incident # 194372. ~~When~~ DURING my visit I experienced migraines, earache, Neck & shoulder stiffness, and light sensitivity. My mom encouraged me to get checked out for NO INTERNAL Bleeding when I left the facility I did inform the CO I would be going to the ER. She stated, "Good idea" I went to the ER had Radiology Scan was determined I had a concussion. I was told to be off of work and I had to return to a DR on the 4<sup>th</sup> to be cleared to go back.

Pg 3

I am asking because I fell on County property right outside the facility for my medical bills to be paid

The ER/Radiology bill is \$1516.00 and the follow up appointment to go back to work is \$190.70 totaling \$1706.7

I would like to NOTE when LT Roth came to the lobby to speak to me he asked if I needed medical assistants. At this time I stated, ~~no, I don't know~~  
"NO, well I don't know. (should note I was crying pretty severely at this time) I don't know. I blacked out shortly there's a bump on my head that fits in my palm."

After sitting through my visit as stated earlier severe pain started to occur that's when I informed them I would be going to the ER.

MARY Jo SCHROEDER (920) 573-9224

1034 School Ave  
Oshkosh WI 54901

3/2/2019

Patient Portal - health > care summaries

AMG\_Affinity Medical Group • 2725 JACKSON ST, OSHKOSH WI 54901-1513  
SCHROEDER, MARY JO M (id #204495, dob: 07/27/1991)

*Incident # 194312  
LT ROYN*

AMG\_IM\_JACK  
2725 JACKSON ST  
OSHKOSH, WI 54901-1513  
Phone: (920) 223-7600, Fax: (920) 223-7630

Date: 02/05/2019

Dear Mary Schroeder,

Ascension Medical Group values your partnership and engagement in managing your health. Here is a summary of today's visit. Please use this to actively collaborate with us in your care. If you have any questions, please contact our office.

Sincerely,

LARS V SWANSON, MD

## Patient Care Summary for Mary Jo M Schroeder

### Most Recent Encounter

02/05/2019 Lars V Swanson: 2725 Jackson St, Oshkosh, WI 54901-1513, Ph. tel:+1-920-2237600

### Reason for Visit

Follow up

Patient is here to get cleared for work, was seen in the ER on 02/02/19 due to a fall on black ice. She is still experiencing headaches with some dizziness. BS

### Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. **Depressive disorder**
  - citalopram 20 mg tablet
2. **Influenza vaccination**

Discussion Note: None recorded.

Patient educational handouts: No information available.

### Plan of Care

#### Patient Instructions

Plan: Restart Citalopram at 20 mg daily. Follow up with Dr. Andrasko in 2 months. Call with any concerns.

#### Reminders

Appointments

None recorded.

Provider



Patient Name: Mary Schroeder

Service Provided: LEVEL 4 ESTAB PT VISIT E&M

Date of Service: 02/05/2019

Provider: Lars Swanson MD

Primary Payer: UMR - UNITED HEALTHCARE OPTIONS (PPO)

LEVEL 4 ESTAB PT VISIT E&M		Total	Your Responsibility and Payments
		\$261.00	
02/06/2019	Copay Due		\$25.00
02/06/2019	Patient Payment		-\$25.00
02/22/2019	Contractual Adjustment from Primary Payer	-\$45.30	
02/22/2019	Deductible		\$190.70
		Amount Due From You	\$190.70

Service Provided: BRIEF EMOT/BEHAV ASSESSMENT

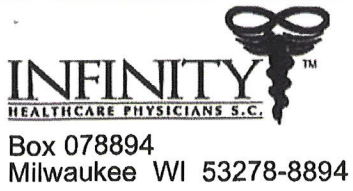
Date of Service: 02/05/2019

Provider: Lars Swanson MD

Primary Payer: UMR - UNITED HEALTHCARE OPTIONS (PPO)

BRIEF EMOT/BEHAV ASSESSMENT		Total	Your Responsibility and Payments
		\$17.00	
02/22/2019	Contractual Adjustment from Primary Payer	-\$4.50	
02/22/2019	Deductible		\$12.50
		Amount Due From You	\$12.50

INC# 194312  
LT Retn



INC #  
194312  
LT BOTM

COMPLETE AND RETURN IF PAYING BY CREDIT CARD.

CARD NUMBER \_\_\_\_\_

NAME ON CARD (PLEASE PRINT) \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ AMOUNT \_\_\_\_\_

STATEMENT DATE	ACCOUNT #	AMOUNT DUE
02/28/19	IHC554136	\$1,516.00

0043



02039

Customer Service Hours: M - F 7am - 4:30pm CST  
Phone: 414-290-6720 888-290-6720

**These Charges Are For The Physician Services Only**

00IHC0000000554136500151600022820190

02039

MARYJO M SCHROEDER IHC554136  
1034 School Ave  
Oshkosh WI 54901-5315

**MAKE CHECK PAYABLE AND REMIT TO:**  
**Infinity Healthcare Physicians SC**  
 Box 078894  
 Milwaukee WI 53278-8894

DETACH TOP PORTION AND RETURN WITH PAYMENT IN ENCLOSED ENVELOPE

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE
02/02/19	LEVEL 5: EVALUATION Location: MERCY MEDICAL CENTER	\$1,516.00			
02/27/19	UMR INSURANCE AWAITING INFORMATION FROM PATIENT/SUBSCRIBER. PLEASE CONTACT YOUR INSURANCE		\$0.00	\$0.00	
02/27/19	UMR CARRIER. BALANCE DUE ON THIS CHARGE		\$0.00	\$0.00	\$1,516.00

**PLEASE HELP US GO GREEN!**  
 To receive future statements or to pay this statement electronically go to  
[www.ePayitOnline.com](http://www.ePayitOnline.com) or scan the barcode below with your mobile device or tablet.



<p><b>Account Information</b></p> <p>Statement Date: 02/28/2019          Patient Name: MARYJO M SCHROEDER          Account: IHC554136          Total Balance: \$1,516.00          * = Insurance Pending: \$0.00  <b>Patient Balance: \$1,516.00</b></p>	<p><b>DUE NOW</b></p> <p><b>\$1,516.00</b></p>	<p><b>Pay Online At:</b></p> <p><a href="http://www.ePayitOnline.com">www.ePayitOnline.com</a>          Code ID: INFHC001 Access#: 8236988-1-795          Or Call 414-290-6720 or 888-290-6720</p> <p> </p> <p>SCAN FOR MOBILE PAYMENT</p>
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Your check will be processed electronically upon receipt (ACH Debit) and will not be returned to you by us or your bank. You may choose not to have your check processed electronically by calling Customer Service.

**Infinity Healthcare Physicians SC**  
 Box 078894  
 Milwaukee WI 53278-8894  
 414-290-6720 or 888-290-6720