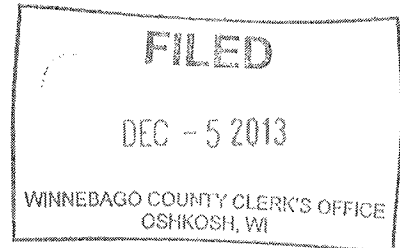


Sud 12/5/13 1055 AM
R Mcgregor

**CLAIM FOR DAMAGES
PURSUANT TO WISCONSIN STATUTE §893.80(1d)(b)**

TO: Susan T. Ertmer
County Clerk, Winnebago County
Winnebago County Courthouse
415 Jackson Street, Room 110
Oshkosh, WI 54903-2808

Winnebago County Solid Waste Management Board
Patrick O'Brien, Chair
100 West County Road Y
Oshkosh, WI 54901



Claimant: Mark Michelic
5575 South Greentree Court
New Berlin, WI 53151

Claimant is represented by: Attorney Scott D. Metz
15 Park Place, Suite 500
Appleton, WI 54914-8250
(920) 739-5665

Itemization of Relief Sought

The undersigned claimant hereby makes a claim against Winnebago County in the amount of \$50,000.00 which is the maximum amount specified in the Wisconsin statutes. The claimed damages include the following:

1. Medical expenses of \$12,403.09; and
2. Past and future loss of earnings and earning capacity in an amount of at least \$50,000.00; and
3. Past and future pain, suffering and disability in an undetermined amount which will likely exceed \$50,000.00.

A copy of the Notice of Injury Pursuant to Wisconsin Statute §893.80(1d)(a) which was previously served upon the appropriate Winnebago County representatives is attached hereto and incorporated herein by reference.

Dated this 3RD day of December, 2013.



Mark Michelic

NOTICE OF INJURY
PURSUANT TO WIS. STAT. §893.80(1d)(a)

TO: Susan T. Ertmer
County Clerk, Winnebago County
Winnebago County Courthouse
415 Jackson Street, Room 110
Oshkosh, WI 54903-2808

Winnebago County Solid Waste Management Board
Patrick O'Brien, Chair
100 West County Road Y
Oshkosh, WI 54901

Russ Bloom
c/o Winnebago County Solid Waste
100 West County Road Y
Oshkosh, WI 54901

THE ABOVE-NAMED PARTIES, PLEASE TAKE NOTICE:

1. The claimant is Mark Michelic, Doc #571346, Winnebago Correctional Center, PO Box 219, Winnebago, WI 54985.
2. On April 24, 2013, Mark Michelic was an inmate at the Winnebago Correctional Center and was assigned to work at the Winnebago County Solid Waste Recycling/Transfer Station. He was assisting in ramp construction by swinging concrete block into place by hand which blocks were being lifted by a backhoe operated by Russ Bloom. A concrete block being lifted by Russ Bloom was dropped on the left foot of Mark Michelic resulting in injuries to his left foot and eventual amputation of his left small toe. Upon information and belief, Russ Bloom was an employee of Winnebago County employed by the Solid Waste Management Board at the time of this incident.
3. Additional details of the accident are set forth in the attached statement and diagram of Mark Michelic.

Dated this 27 day of JULY, 2013.

Mark S. Michelic
Mark Michelic

STATE OF WISCONSIN)
) ss
Winnebago COUNTY)

Personally came before me this 27 day of July, 2013, the above-named Mark Michelic, to me known to be the person who executed the foregoing instrument and acknowledged the same.

Scott D. Metz
Scott D. Metz, Notary Public
State of Wisconsin
My Commission is permanent.

Mark Michellic 571346
Winnebago Correctional Center
P.O. Box 219
Winnebago, WI 54985
May 30, 2013

Ms. Susan Ross, Superintendent
Winnebago Correctional Center
4300 Sheridan Rd.
P.O. Box 128
Winnebago, WI 54985-0402

RE: Injury Report

On April 24, 2013 at 10:15 am, I was injured by a large concrete block while I was employed at the Winnebago County Solid Waste/Recycling Transfer Station, 100 W. County Rd. Y, Oshkosh, WI 54901.

I had been employed as an Inmate at that work site since March 17, 2013. My wage was \$2.00/hr. with 37.5 hours per week. My job was to remove dropped-off trash from the truck ramps, sweep the ramps clean of debris, nails and glass, stack tires in orderly piles, load electronics items and appliances into the designated semi-trailers, sweep the shop and garage and pick up trash on the roadsides and fence-lines in and around the site.

On April 21, Russ Bloom, the site Foreman, assigned me to assist him in constructing a truck ramp made up of 1.6-ton concrete blocks of rectangular shape. I estimate they are 5 feet long with 2-foot by 2-foot square ends. They have matching V-shaped projections and grooves for interlocking. They have a single projecting loop of 3/4-inch rebar; this is a for a chain to hook onto. The rebar loop is centered on one long face and in-line with its projections. I enclose a copy of a pencil sketch that shows the arrangement of blocks at the site and features of a block that provide for interlocking it with others.

Mr. Bloom was using a backhoe to lift and move the blocks into place by a single chain, 8 feet long, attached to the rebar loop. My job was to hook the chain to the rebar loop, wait until the suspended block was brought near position, and swing it into alignment with the blocks previously assembled. I would stand aside until Mr. Bloom set the block down and tipped the block over on its side, away from me. Then I would unhook the chain from the rebar and Mr. Bloom would use the backhoe to nudge the block to interlock it with the others. And so on for the next block

The accident occurred on the third day of work. Mr. Bloom and I were the only ones there when it happened. Mr. Bloom had positioned a block and let it down a few feet before me, onto the layer of blocks previously assembled. I expected Mr. Bloom would then tip the block over on its side, away from me. But I saw the block as it jerked up and moved jerkily towards me, a couple of inches off the underlying layer. I backed away to

down on my left boot. I yanked my boot away from the block. The block then jerked away from me, back to where it had been placed.

The block had severely compressed my left foot. It was bleeding and the small toe was crushed. No ambulance was called. I had to wait at the work site for one and a half hours to be picked up by a prison van. I was taken first to Mercy Hospital but they did not look at my foot. They said to take me to an Urgent Care facility. There, the staff recognized the need for hospital surgery and provided protection for my left foot. They said to take me back to the Hospital, and so I was sent back. There I first got a shot for my excruciating pain; this was three and a half hours after the injury. Dr. Donald Miller amputated the small toe on my left foot completely under general anesthetic at Mercy Hospital in Oshkosh. I was kept at the Hospital overnight.

I question these delays before receiving proper medical treatment. I question whether OSHA work-safety rules were followed at the work site. I was not given a hardhat or protective boots to wear. I wore work gloves and my State-issued leather boots, boots not equipped with protective inserts.

Since the accident I have been recuperating with no work assignments at WCC. I have not been compensated for my inability to work during my healing time.

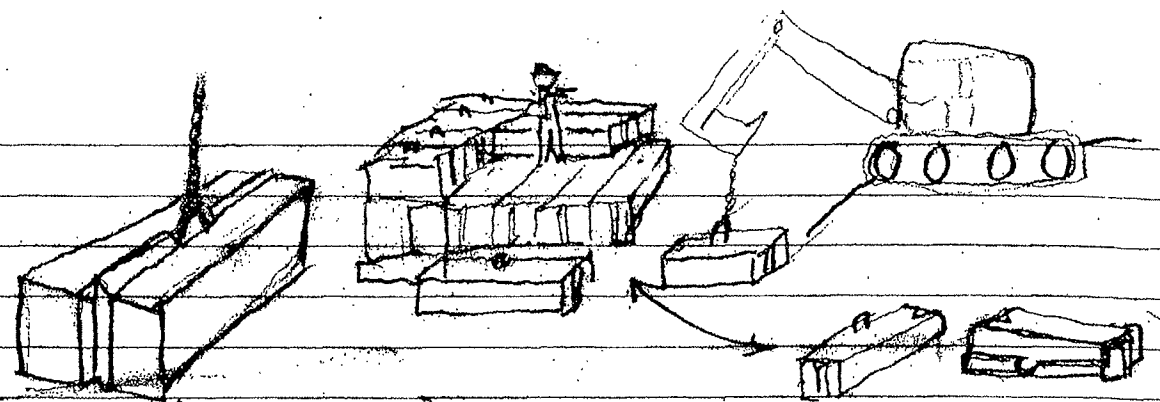
Sincerely,

Mark L. Michelic

Note: prepared by Edward Michelic for Mark Michelic, from his handwritten and oral description.

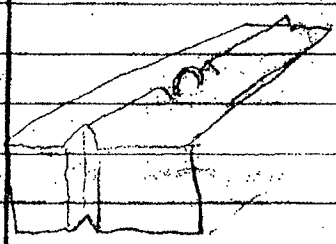
extra

3rd Day. Approx. 40 blocks in place



I could see and hear the operator when the block was brought up and set on the pile, it jerked up and towards me, a couple inches off the ground and slid into me as I was backing away trying to avoid it. The block came back down on my foot, I yanked it away then the block jerked back to where it had been.

Started work there on the 22nd of March, informed of the assignment 3-20.





Affinity Medical Group Detail Report

Received 6/17/13

Patient: MICHELIC, MARK L

WINNEBAGO CORRECTIONAL CENTER

Guarantor: MICHELIC, MARK

1801-L E ROBIN WAY

Account #: LC04151981

Run Date: Friday, June 14, 2013

WINNEBAGO, WI 54985

APPLETON, WI 54915

From Date: 4/1/2013

Thru Date: 6/14/2013

ID	Date	Procedure	Procedure Description	Provider	Location	Amount	Amt Due
31	6/7/2013	PWCC	Pay Dept of Corrections	BEGGENDINE MICHAEL C	500 S OAKWOOD RD OSHKOSH	\$40.00	\$0.00 PP
32	6/7/2013	AWCC	Adj Dept of Corrections			-7.77	
33	6/7/2013	PWCC	Pay Dept of Corrections	MILLER D M DAVIDE	500 S OAKWOOD RD OSHKOSH	\$235.00	\$0.00 PP
34	6/7/2013	AWCC	Adj Dept of Corrections			-70.71	
33	6/7/2013	PWCC	Pay Dept of Corrections	MILLER D M DAVIDE	500 S OAKWOOD RD OSHKOSH	\$202.00	\$0.00 PP
34	6/7/2013	AWCC	Adj Dept of Corrections			-164.29	
33	6/7/2013	PWCC	Pay Dept of Corrections	MILLER D M DAVIDE	500 S OAKWOOD RD OSHKOSH	\$202.00	\$0.00 PP
34	6/7/2013	AWCC	Adj Dept of Corrections			-381.12	
33	6/7/2013	PWCC	Pay Dept of Corrections	MILLER D M DAVIDE	151 S MADISON ST APPLETON	\$0.00	\$0.00 PP
34	6/7/2013	AWCC	Adj Dept of Corrections			-1,639.88	
33	6/7/2013	PWCC	Pay Dept of Corrections	MILLER D M DAVIDE	151 S MADISON ST APPLETON	\$247.00	\$247.00 WCC
34	6/7/2013	AWCC	Adj Dept of Corrections				
33	6/7/2013	PWCC	Pay Dept of Corrections	MILLER D M DAVIDE	151 S MADISON ST APPLETON	\$0.00	\$0.00 PP
34	6/7/2013	AWCC	Adj Dept of Corrections				
33	6/7/2013	PWCC	Pay Dept of Corrections	MILLER D M DAVIDE	151 S MADISON ST APPLETON	\$0.00	\$0.00 PP
34	6/7/2013	AWCC	Adj Dept of Corrections				

Outstanding Amounts Due

\$0.00 PP
 \$247.00 WCC
 \$247.00

Physician
Documentation

Mercy Medical Center

Name: Mark Michelic

Age: 52 years Sex: Male DOB: 06/13/1960

Arrival Date: 04/24/2013 Time: 13:01

Bed T2

ED Physician Hallock, R Jason

Disposition:

MRN: 0000372682

Account#: 003344238

Private MD:

04/24 Attestation: The patient's history, exam findings, diagnostics, and a summary of any interventions or procedures was reviewed in detail with Megan Milloy PA-C After interviewing the patient, I agree with HPI as documented. My personal exam reveals findings consistent with those documented. All diagnostic studies were reviewed and discussed. I confirm diagnosis as documented by the NP/PA. My conclusion is that the patient requires in-patient care. We will notify an admitting physician. on exam there is little viable tissue over the small toe fracture and it is devitalized. surgery met with the patient and wil perform amputation. iv antibiotics given for active early bone infection and soft tissue infection and cellulitis... rjh

Disposition:

04/24/13 15:10 Admit ordered for MILLER, DAVID. Preliminary diagnosis are Crush Injury to Toe, Toe Fracture.

- Bed requested for OR.
- Condition is Stable.
- Problem is new.
- Symptoms have improved.

HPI:

13:19 This 52 years old White Male presents to ED via Unassigned with complaints of left foot pain. mem

13:19 The patient presents with a crush injury, from a heavy object. The complaints affect the left foot. Context: The problem was sustained at work, resulted from a heavy object falling, concretet block, the patient is not able to bear weight, the patient is not able to ambulate. Modifying factors: The symptoms are alleviated by elevation of extremity, the symptoms are aggravated by movement. Associated signs and symptoms: Pertinent positives: tingling heavy bleeding, Pertinent negatives: calf tenderness, fever, nausea, warmth, weakness. Severity of symptoms: in the emergency department the symptoms a "10" out of "10". The patient has not experienced similar symptoms in the past. Patient was initially seen at an ugent care facility. Due to the extent of the injury and suspicion for an open fracture, he was sent here for definitive care. He did not have x-rays or receive any medications or wound care. mem

13:34 Patient was working during the injury. He is currently an inmate and on the work release program. mem

14:26 weight of the concrete block was 1.6 tons. mem

Historical:

- Allergies: No known drug Allergies;
- Home Meds:
 1. venlafaxine Oral 150 mg daily for
 2. buspirone Oral 15 mg twice a day for
 3. Simvastatin Oral 20 mg daily for
- PMHx: HOH; BACK AND JOINT PROBLEMS

- Source of Medication List:: medical records. Medication list obtained from records from April 24, 2013.
- Immunization history: Last tetanus immunization: unknown..
- Social history:: Smoking status: Former Smoker Patient/guardian denies using alcohol, No barriers to communication noted. The patient speaks fluent English..

ROS:

14:12 Ten point review of systems performed and is negative except where otherwise noted. mem

Exam:

14:12 mem

Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute distress.

Head/Face: Normocephalic, atraumatic.

Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Periorbital areas with no swelling, redness, or edema.

Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full

