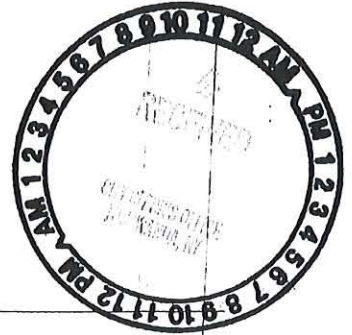


**CITY OF TONAWANDA
Incident Report/Liability Claim**



Your Name: JOANNE RITZ

Address: _____

D.O.B. _____ Phone Number: Home ✓ Work X
(if applicable)

Date of Incident: July 12, 2019 Has a Police Report been filed? NO

Make, model & year of car (if applicable) N/A

Location and Description of Incident (attach any estimates or bills incurred):

I tripped + fell over a
Cover drain. I have pictures
on my phone. On Delaware
across from Niagara St
Right at the St by Jim Norton's
No one stopped to help, ~~to~~ attempt
to get up.

Injuries/if any (include name of doctor and extent of injury):

Both knees were hurt - I was
able bleeding. Dr report said
I had a laceration. It should have

Witness: Name: _____ Address: N/A been stitched. The knee

Phone Number: _____ became infected +
I had to go on
antibiotics

Signature of Claimant: Joanne Ritz Date: 7/24/19

Police Report Attached: Yes _____ No ✓



2019-061 - Ritz, Joanne

PROPERTY DAMAGE CLAIMANT STATEMENT
CLAIMS REPRESENTATIVE / RISK MANAGER
ERIE COUNTY WATER AUTHORITY
 295 MAIN STREET - ROOM 350
 BUFFALO, NEW YORK 14203-2494
 (716) 849-8484 - TELEPHONE
 (716) 849-8463 - FAX

Property Damage Claim Checklist, (the following items must be included for your claim to be processed):

- 1 - Insurance declaration page (If at fault, the Erie County Water Authority or our insurance company will reimburse for uncovered items such as your deductible)
- 2 - Two written estimates
- 3 - Evidence of any other amounts you are claiming

Please Print

Claimant Name	JOANNE RITZ	Social Security #	
Address		Zip Code	14150
Home Phone #		Work Phone #	N/A

Accident / Damage Location	Paymour St + Niagara		
Date of Incident	7/12/19	Time of Incident	a.m. / p.m. - 4:00
Police Contacted?	Yes / No	Police Report Taken?	Yes / No
If NO, why?			

If this is not your property, give the name and address of the owner:

Name	ECWA -		
Address		Zip Code	
Home Phone #		Work Phone #	

Repair Estimates	\$	\$
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Witness(es), if available

Name	N/A	Name	
Address	No one stopped	Address	
Phone	to help me.	Phone	

2019-061 - Ritz, Joanne

Claimant's Statement (please be specific):

I fell in the City of Tonawanda on an ECWA Watch cover (picture attached) I was crossing the street to catch a bus. I tripped & fell because of that cover. I fell on my knees & it took me 2 attempts to get up. I cut both knees, was bleeding thru my clothing. I had to go to Rite-aid to purchase band-aids and anti-septic rinse. Both knees were swollen & scraped. I still had to catch 2 more buses to get home. My right knee was lacerated & needed stitches. As I am a Diabetic it took a long time to heal - because it became (rt. knee) infected. I had to go to immediate care & they gave me a Tetanus shot & anti-fib. (use reverse side if necessary)

VERIFICATION

_____, being duly sworn, deposes and says s/he is the Claimant in this action; that s/he has read the foregoing Notice of Intention to File a Claim and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged upon information and belief, and as to those matters s/he believe it to be true.

Claimant's Signature: Joanne Ritz

Date: Sept 4, 2019

Sworn to before me this 4 day of September 2019
Cynthia A. Paradowski
Notary Public

CYNTHIA A. PARADOWSKI
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN NIAGARA COUNTY
My Commission Expires 12/30/21

I have a picture
of my infected knee
(attached)

I ~~at~~ had a hard
time healing as
the wound was below
my knee cap; Because
I should have had
stitches, there was an
actual hole in my
knee.

I also had to go to
my Primary Dr. because
I developed Thrush
because of the Anti Biotics
I am not getting a
lawyer, I just want
to let ECWA about
that water cover.

I feel I deserve
something for my
pain or suffering



1751 Sheridan Dr
Tonawanda, NY 14223-1211
Phone: 716-541-0234
Fax: 315-317-1977

Visit Date: 07/23/2019

Patient Name: Joanne Ritz
Patient Date of Birth:

Tdap updated

You were seen today by: Michael Brynildsen, PA

Diagnosis:

Contusion of right knee, initial encounter (924.11, S80.01xA)

abrasion right knee with infection (919.0, T14.8xxA)

Discharge Instructions: ABRASION|124151

Follow up with your Primary Care Doctor in 6-7 days

Return to clinic if signs or symptoms persist or worsen.

If your condition worsens we recommend that you receive another evaluation at the emergency room immediately or contact your primary medical clinic to discuss your concerns.

You must understand that you've received an Urgent Care treatment only and that you may be released before all of your medical problems are known or treated. You, the patient, will arrange for follow up care as instructed.

Discharge disposition: Patient discharged to home or self care (routine discharge). Recorded on 07/23/2019 4:11 PM by mbrynildsen.ny024

Prescribed cephalexin 500 mg capsule: Take 1 capsule (oral) 3 times per day for 7 days; Total Qty: 21 (Twenty One) capsule; No refills; Allow substitutions; Earliest Fill Date: 07/23/19

* Prescription sent by e-prescribing to CVS/pharmacy #0598, 1717 SHERIDAN DRIVE, TONAWANDA, NY 14223 Phone (716) 875-4131 on 07/23/2019 16:11:43 by mbrynildsen.ny024



Kenmore

2780 Delaware Avenue, Suite 201
Kenmore, NY 14217-2740

PH# 716-839-8000 Fax: (716)-839-8009
www.primarycarewny.com

Clinical Visit Summary of Today's Visit

Have you signed up for the Patient Portal?

Using the Patient Portal allows you to:

- Request an appointment
- Obtain Results
- Request Prescription Refills
- Update address/phone numbers/insurance/pharmacy information
- Ask general non-urgent questions

Call the office to activate your account and make your requests easier!!

08/05/2019 Visit with MADELYN GEIL, PA-C

Joanne Ritz

DOB: Sex: F Race:
Ethnicity: Not Hispanic / Latino Preferred Language: English

Reason For Visit

Patient presents for possible oral thrush

*due to Antibiotics
I took for my infection
on my knee*

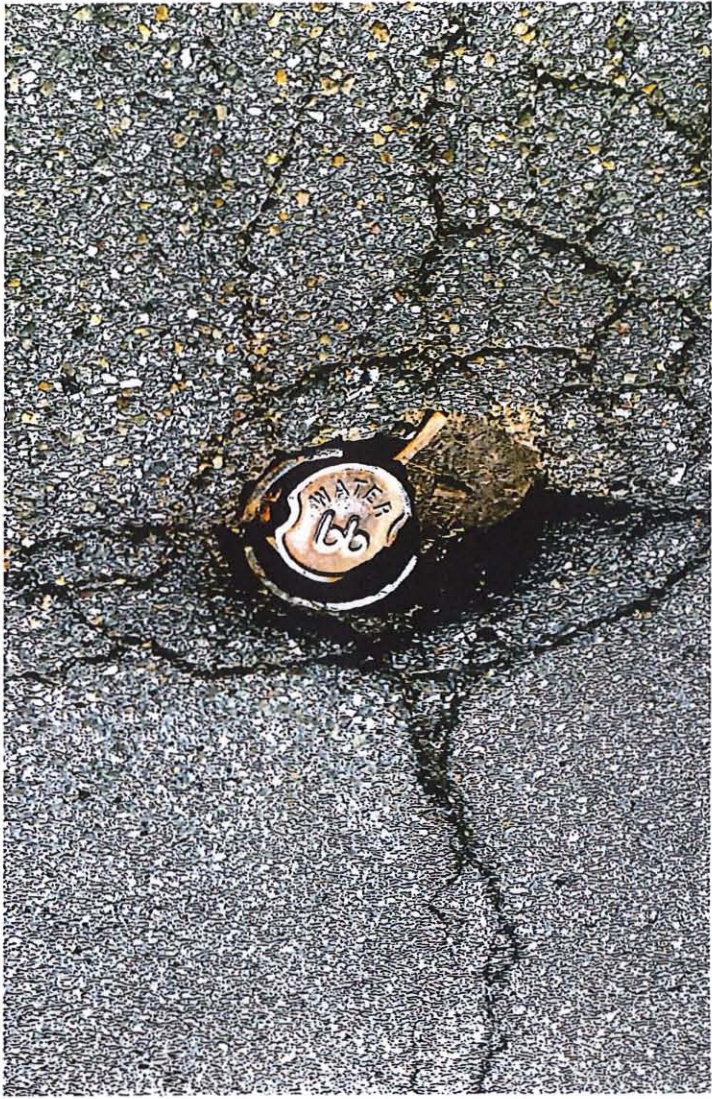
Vitals

Today's Diagnosis

Candidal stomatitis (B37.0)

Body mass index (BMI)

1, adult (z68.22)





Ms. Joanne Ritz

05 SEP 2009 PM 5 L



ERIE COUNTY WATER AUTH
9 SEP 19 AM 9:16

Erie County Water Authority
995 Main St.
Room 350
Buffalo, N.Y. 14203-2494

Attn: Anthony J. DiVito

