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CLERK, U.S. DISTRICT COURT  
MINNEAPOLIS, MINNESOTA

**MINNESOTA DISTRICT COURT  
DISTRICT OF MINNESOTA**

**Lillian B. Dettle**

Plaintiff(s),

VS.

*Amended Case:  
Complaint*

Case No. **0:17-cv-02327**  
(To be assigned by Clerk of District Court)

① **Treasure Island Resort & Casino**

X

② **Tribal First**

③ **Hudson Insurance Group**

Defendant(s).

DEMAND FOR JURY TRIAL

YES ☒

NO ☐

(Enter the full name(s) of ALL defendants in this lawsuit. Please attach additional sheets if necessary).

*"3" All related Together*

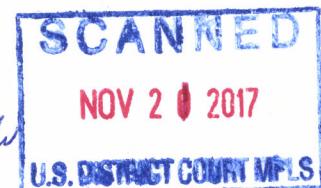
**COMPLAINT**

**PARTIES**

1. List your name, address and telephone number. Do the same for any additional plaintiffs.

a. Plaintiff

Name	<b>Lillian B. Dettle</b>
Street Address	<b>3036 Ardmore Avenue</b>
County, City	<b>Ramsey County St. Paul</b>
State & Zip Code	<b>Minnesota 55112</b>
Telephone Number	<b>(763) 447-7572</b>



*Amended Case*

**THEREFORE, IT IS HEREBY ORDERED** that Plaintiff's request for an extension is **GRANTED** and Plaintiff shall have until **November 20, 2017**, to comply with the Court's Order.

Date: October 16, 2017

s/ Tony N. Leung  
Tony N. Leung  
United States Magistrate Judge  
for the District of Minnesota

*Dettle v. Treasure Island Resort  
& Casino Business*  
Case No. 17-cv-2327 (SRN/TNL)

2. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption.

Now:

a. Defendant No. 1

①

Name **Treasure Island Resort & Casino**

Street Address **5734 Sturgeon Lake Road**

County, City **Goodhue County, Welch**

State & Zip Code **Minnesota 55089**

b. Defendant No. 2

②

Name **Tribal First**  
**P.O. Box 609015**

Street Address **San Diego CA 92160**

County, City

State & Zip Code

c. Defendant No. 3

③

Name **Hudson Insurance Group**  
**17 State Street 29th floor**

Street Address **New York, N.Y. 10004**

County, City

State & Zip Code **Phone 212-978-2800**

**NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.**

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.d., 2.e., etc.)

All "3" "Notified" and  
U.S. mailed Amended Case  
Nov. 20th 2017 2 Complaint

**THEREFORE, IT IS HEREBY ORDERED** that Plaintiff's request for an extension is **GRANTED** and Plaintiff shall have until **November 20, 2017**, to comply with the Court's Order.

Date: October 16, 2017

s/ Tony N. Leung

Tony N. Leung  
United States Magistrate Judge  
for the District of Minnesota

*Dettle v. Treasure Island Resort  
& Casino Business*  
Case No. 17-cv-2327 (SRN/TNL)



## JURISDICTION

Federal courts are courts of limited jurisdiction. Generally, two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount of damages is more than \$75,000 is a diversity of citizenship case.

3. What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal Question      ☐ Diversity of Citizenship

4. If the basis for jurisdiction is Federal Question, which Federal Constitutional, statutory or treaty right is at issue? List all that apply.

**Federal Question: The right to sue a public business due to an injury that happened on their property. It is their responsibility and my civil rights to be safe.**

5. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Each Plaintiff must be diverse from each Defendant for diversity jurisdiction.

Plaintiff Name:      State of Citizenship:

Defendant No. 1:      State of Citizenship:

Defendant No. 2:      State of Citizenship:

**Attach additional sheets of paper as necessary and label this information as paragraph 5.**

**Check here if additional sheets of paper are attached.** ☐

6. What is the basis for venue in the District of Minnesota? (*check all that apply*)

☒ Defendant(s) reside in Minnesota      ☒ Facts alleged below primarily occurred in Minnesota

☐ Other: explain

## STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. The description of facts should include a specific explanation of how, where, and when each of the defendants named in the caption violated the law, and how you were harmed. Each paragraph must be numbered

*A mended Case*  
*Complaint*

separately, beginning with number 7. Please write each single set of circumstances in a separately numbered paragraph.

7.

I was at Treasure Island Resort & Casino on March 24, 2017. While I was in the slot Machine area I came around the corner and my left leg struck the legs of a chair that was slanted and leaning up against a slot machine. I felt immediate pain in my leg. I thought the pain would subside but it got much worse. I finally asked for medics for help. They came to my assistance and provided Ice packs and a wrap. The pain seemed to get worse when I removed the ice pack after I got home. Treasure Island Casino is denying my claim stating they didn't have time to respond to the chairs position.

8.

Over the next week I continued to use Ice packs and Tylonol. I finally went to the doctor on March 31, 2017. My leg was red, sore, bruised and swollen, The doctor put me on Augmentin an oral antibiotic due to possible infection. The pain got worse and I couldn't sleep. I went back to The doctor on April 3, 2017 as my leg was getting worse and the doctor removed a blood clot.

9.

I returned to the doctor on April 6, 14, 22, 24, 2017. I was put on a different anti-biotic for infection. I continued to suffer pain for the next month and finally the infected sore area began to heal and get a little better. it continues to be painful to touch.

10. Treasure Island Casino is aware of my situation and they don't seem to care.

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to as Additional Facts and continue to number the paragraphs consecutively.

#### REQUEST FOR RELIEF

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking.

*# each x 3 punitive damages*

*50,000 plus punitive damages and medical and prescription costs that occurred from my injury over a long period of time. Loss of sleep and worry that I might lose my leg because even with antibiotics it did not seem to get better.*

*No*

*Notices:*

*Hazard*

*They also fail to post*

*"Do Not slant chair on slot machines area."*

*I almost lost my leg and life*

*because of Treasure Island negligence.*

*They could have sent someone to correct chair on corner of multi machine row and they failed to do that and besides they should have immediately*

*seen it on their camera and they failed to do so even today failure*



## LRIS request for a referral Submission

Title Ms.  
First Name \* LILLIAN  
Last Name \* DETTLE  
Address \* 3036 Ardmore Avenue  
City \* St. Paul  
State \* MN  
Zip Code \* 55112  
Email \* n/a  
Phone Number \* 763-447-7572

Brief  
Description  
of Your Legal  
Issue \*

Personal Injury at Treasure Island Casino. I filed a law suit and was told that my case was lacking federal circuit matter and I didn't have enough information. The judge dismissed without prejudice and I was given more time to get an attorney. I must get an attorney that can deal with Tribal injuries at a Casino. I filed a lawsuit on my own because I couldn't find an attorney that was interested in helping me.

A mended Case  
Complaint  
Standby Court  
appointed Attorney  
Requesting

I guess?  
Court  
appointed standby  
attorney?

Signed : Lillian B. Dettle

I will need to represent  
Pro Se IFP myself

11-20-2017

Tiffany  
Sanders  
cant find  
an Attorney  
to represent @  
my case. Pro Se Project

Signed this 28 day of June 2017

Nov.  
11-20-17  
Date

Signature of Plaintiff Lillian B. Dettle  
Mailing Address 3036 Ardmore Avenue  
St Paul, Minnesota  
55112  
Telephone Number 763-447-7572

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.