

Now comes the Plaintiff, by and through counsel, and for her Complaint state as follows:

FIRST CAUSE OF ACTION

1. Plaintiff, is a resident of Toledo, Lucas County, Ohio.
2. Defendant, is a resident of Maumee, Lucas County, Ohio.
3. On or about July 29, 2007, Plaintiff, Rachel Reynolds was traveling westbound on Airport Highway, Toledo, Lucas County, Ohio when the Defendant pulled into Plaintiff's lane of travel from Sugar Creek Road striking Plaintiff's vehicle causing a collision.
4. Defendant, is under a duty to operate his vehicle in a safe and prudent manner.
5. Defendant breached that duty of care by operating his car in a negligent manner and colliding into the Plaintiff's vehicle.
6. Defendant had the duty of care to Plaintiff to operate his car in such a way so as not to harm the Plaintiff.
7. Defendant breached that duty of care by operating a motor vehicle in a dangerous and negligent way so as to injure the Plaintiff.
8. As a direct and proximate result of the negligence of Defendant, the Plaintiff sustained serious permanent personal injuries.

9. As a direct result of the Defendant's negligence, the Plaintiff sustained injury to her head, neck, shoulder and back, as well as other body parts. The Plaintiff was required to undergo medical care, incurred medical care costs; suffered great pain and suffering, and severe mental anguish and emotional distress. Further, the Plaintiff believes that her injuries are permanent in nature and will require future medical care; future medical care costs, and he will continue to endure great pain, suffering, mental anguish and emotional distress.

WHEREFORE, Plaintiffs respectfully requests judgment in an amount in excess of twenty-five thousand dollars (\$25,000.00) together with costs, interest and reasonable attorney's fees.

Respectfully submitted,

Michael A. Bruno
Attorney for Plaintiff

JURY DEMAND

Now come the plaintiffs by and through counsel and hereby demand a jury trial on all issues triable by right herein.

Michael A. Bruno
Attorney for Plaintiff

TO THE DEFENDANT ROBERT C. HOWARD:

The following Interrogatories and Requests for Production of Documents are submitted herewith to you to be answered in writing within 28 days after the date of service thereof upon you.

INSTRUCTIONS FOR RESPONDING

1. All information is to be divulged which is in your possession or control or within the possession and control of your attorneys, investigators, agents, employees or other representatives of you or your insurance company.
2. Where the word "incident" is used, it refers to the incident which is the basis of this lawsuit unless otherwise specified.
3. Where an interrogatory calls for an answer in more than one part, each part should be separated in the answer so that the answer is clearly understandable.
4. "Medical Practitioner" as used herein includes any medial doctor, osteopathic physician, chiropractor or any other person who performs a type of healing art.
5. You are reminded that all answers must be made separately and fully and that an incomplete or evasive answer is a failure to answer.

6. You are under a continuing duty to reasonably supplement your response with respect to any question directly addressed to the identity and location of persons having knowledge of discoverable matters, the identity of any person expected to be called as an expert witness at trial, and the subject matter on which he or she is expected to testify, and to correct any response which you know or later learn is incorrect.

REQUEST FOR PRODUCTION NO:

1. A certified copy of any/all applicable liability insurance policies of any kind including the face sheet which lists specific policy limits, as requested in Interrogatories numbered six and seven.

REQUEST FOR PRODUCTION NO:

2. Copies of any/all documents, witness statements obtained by the defendant or any of his agents concerning the subject matter of this complaint.

REQUEST FOR PRODUCTION NO:

3. A list of names, addresses, and phone numbers of any witnesses that may have seen the incident which is the subject matter of this complaint.

REQUEST FOR PRODUCTION NO:

4. A copy of any and all reports, notes, and/or memoranda that any expert witness may have produced or authored.

REQUEST FOR PRODUCTION NO.:

5. A duplicate of any/all photographs depicting the damage and copies of any repair estimates for the damage sustained to all vehicles involved in this accident.

INTERROGATORY NO:

1. State your full name, birth date, address, and Social Security number, business address and occupation or title and if the defendant is a corporation the office you hold with the defendant.

Answer:

INTERROGATORY NO:

2. If it is the defendant's contention that the plaintiff's injuries were caused by some person, firm or corporation other than the defendant or any agent or employee of the defendant, please identify each such person, firm corporation fully, giving name, occupation, address, and a complete description of the way in which each such person, firm or corporation caused or contributed to the plaintiffs' injuries.

Answer:

INTERROGATORY NO:

3. Please state the identity and location of each person other than your attorney who has knowledge of discoverable matters relating in any way to the accident asserted by the plaintiffs' complaint.

Answer:

INTERROGATORY NO:

4. Please completely identify each person the defendant expects to call as a witness or expert witness at trial, and state for each such person: the name, address and occupation, the subject matter the person is expected to testify about, the substance of all facts and opinions to which the person is expected to testify, a summary of the grounds for each such opinion, experiences in the area of similar or comparable products and a list of books, treatises, articles and other works which the person regards as authoritative on the subject on which he/she is expected to testify.

Answer:

INTERROGATORY NO:

5. With respect to the vehicle you occupied at the time of the accident state the name and address of the registered owner and who was driving said vehicle. If you were not driving please state the name, address and phone number of said driver.

Answer:

INTERROGATORY NO:

6. On the date of said accident, was the vehicle you were driving and/or owned, covered under a liability insurance policy ? If so, please state the following :

- a. name of insurance company;
- b. named insured;
- c. dates of coverage;
- d. policy number;
- e. limits of liability coverage;
- f. is the insurance company named above defending you under a
“reservation of rights?”

INTERROGATORY NO:

7. With respect to the subject accident, were you covered by any other policies of liability insurance or a financial responsibility bond? If so, please state the following:
- a. name of insurance company;
 - b. names insured;
 - c. dates coverage;
 - d. policy number;
 - e. limits of liability coverage;
 - f. is the insurance company named above defending you under a "reservation of rights?"

INTERROGATORY NO:

8. State whether you were acting for, or on the behalf of, any other person or entity at the time of the accident.

Answer:

INTERROGATORY NO:

9. If the answer to No. 8 was affirmative, state the name and address of the person or entity and the purpose for which you were operating the automobile.

Answer:

INTERROGATORY NO:

10. State whether you had consumed any alcoholic beverages prior to the accident.

Answer:

INTERROGATORY NO:

11. If the answer to No. 10 is affirmative, state: The time such beverages were consumed; the place such beverages were consumed; the quantity or amount of the beverage consumed.

Answer:

INTERROGATORY NO:

12. State whether you had taken any medication or other drug within twenty-four hours (24) immediately preceding the accident.

Answer:

INTERROGATORY NO:

13. If the answer to No. 12 is affirmative, state: The name of each such medication and the time such medication was taken; the quantity of medication taken; the name of the person if any prescribing the medication.

Answer:

INTERROGATORY NO:

14. State whether you were made a defendant in any criminal or traffic case as a result of the accident.

Answer:

INTERROGATORY NO:

15. If the answer to number 14 is affirmative, state: The Court and the case number involved; the charge or charges against you; whether you pleaded guilty thereto; and the ultimate disposition of the case.

Answer:

INTERROGATORY NO:

15. State the full name and address of your employer and state whether you were employed at the time of the accident.

Answer:

Michael A. Bruno
Attorney for Plaintiffs