

IN THE COMMON PLEAS COURT OF WOOD COUNTY, OHIO

MATTHEW SMITH

5360 Secor Road
Apt 207
Toledo, Ohio 43623

Plaintiff,

vs.

WENDY HARRIS

807 West Center Street
Fostoria, Ohio 44830

and

PROGRESSIVE INSURANCE

2260 Levis Commons Blvd
Perrysburg, Ohio 43551

and

CHAD POLLOCK

9355 Howard
Waterville, Ohio 43566

Defendants.

) Case No.:

)

) Judge

)

) **COMPLAINT WITH JURY DEMAND**

)

) Michael A. Bruno (0033780)

) Charles E. Boyk (0000494)

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) Attorney for Plaintiff

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Now comes the Plaintiff, by and through counsel, and for his Complaint states as follow:

FIRST CAUSE OF ACTION

1. Plaintiff, is a resident of Toledo, Lucas County, Ohio.
2. Defendant Harris, is a resident of Fostoria, Wood County, Ohio.
3. Defendant Progressive Insurance does business in Wood County, Ohio.
4. On or about January 27, 2006 Plaintiff, was a passenger in a vehicle that was traveling northbound on I-75, Wood County Ohio when the Defendant Harris failed to stop in traffic, striking the vehicle in the rear, causing a collision.
5. Defendant Harris is under a duty to operate her vehicle in a safe and prudent manner.
6. Defendant Harris breached that duty of care by operating her car in a negligent manner and colliding into the Plaintiff's vehicle.
7. Defendant Harris has the duty of care to Plaintiff to operate her car in such a way so as not to harm the Plaintiff.
8. Defendant Harris breached that duty of care by operating a motor vehicle in a dangerous and negligent way so as to injure the Plaintiff.
9. As a direct and proximate result of the negligence of Defendant Harris, the Plaintiff sustained serious permanent personal injuries.

10. As a direct result of the Defendant Harris' negligence, the Plaintiff, sustained injury to his head, neck, 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 his 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.

SECOND CAUSE OF ACTION

For the Second cause against the Defendants, the Plaintiff states:

11. Plaintiff incorporates by reference the allegations contained in paragraphs one through ten as though fully restated herein.
12. At all times relevant, Defendant Progressive Insurance Company, was and is an insurance company doing business in the State of Ohio and had a contractual duty to Plaintiff under the Progressive Policy provided to the driver of the vehicle in which Plaintiff was a passenger through the uninsured and medical payments coverage.
13. Defendant Progressive Insurance Company is contractually liable, up to its policy limits, for damages caused by the aforementioned accident

involving Plaintiff. A copy of said policy though requested, has not been made available to Plaintiff at this time.

14. Upon information and belief, Defendant Harris operated her vehicle without liability insurance, therefore requiring payment by Defendant Progressive Insurance Company under its contractual obligation to Plaintiff.

THIRD CAUSE OF ACTION

For the Third cause against the Defendants, the Plaintiff states:

15. On or about October 16, 2006 Plaintiff, was traveling east on Central Avenue, Lucas County Ohio when the Defendant Pollock failed to stop in traffic, striking the vehicle in the rear, causing a collision.

16. Defendant Pollock is under a duty to operate his vehicle in a safe and prudent manner.

17. Defendant Pollock breached that duty of care by operating his car in a negligent manner and colliding into the Plaintiff's vehicle.

18. Defendant Pollock has the duty of care to Plaintiff to operate his car in such a way so as not to harm the Plaintiff.

19. Defendant Pollock breached that duty of care by operating a motor vehicle in a dangerous and negligent way so as to injure the Plaintiff.

20. As a direct and proximate result of the negligence of Defendant Pollock, the Plaintiff sustained serious permanent personal injuries.
21. As a direct result of the Defendant Pollock's negligence, the Plaintiff, sustained injury to his head, neck, 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 his 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.

FOURTH CAUSE OF ACTION

For the Third claim of relief against both Defendants, Plaintiff states:

22. Plaintiff incorporates by reference the allegations contained in paragraphs one through twenty-one as though fully restated herein.
23. The negligence of Defendant Harris on January 27, 2006 and the negligence of Defendant Pollock on October 16, 2006 combined to cause a single injury to Plaintiff Matthew Smith, incapable of division, each Defendant having been a substantial factor in bringing about the injury to the Plaintiff.
24. As a result of the combined negligence of Defendant Harris and Defendant Pollock, Plaintiff has suffered the injuries above stated.

WHEREFORE, The plaintiff prays for a judgment against the Defendants in the following matter:

1. On the First Cause of Action Plaintiff prays for compensatory damages against Defendant Harris in excess of \$25,000, interest, costs, and attorney fees as allowed by law;
2. On the Second Cause of Action Plaintiff prays for compensatory damages against Defendant Progressive Insurance Company in excess of \$25,000, interest, costs, and attorney fees as allowed by law;
3. On the Third Cause of Action Plaintiff prays for compensatory damages against Defendant Pollock in excess of \$25,000, interest, costs, and attorney fees as allowed by law.

Respectfully submitted,

Michael A. Bruno
Attorney for Plaintiff

JURY DEMAND

Now comes the plaintiff 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 WENDY HARRIS:

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:

Respectfully submitted,

Michael A. Bruno
Attorney for Plaintiff

TO THE DEFENDANT CHAD POLLOCK:

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

8. 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.
9. Where the word "incident" is used, it refers to the incident which is the basis of this lawsuit unless otherwise specified.
10. 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.
11. "Medical Practitioner" as used herein includes any medial doctor, osteopathic physician, chiropractor or any other person who performs a type of healing art.
12. You are reminded that all answers must be made separately and fully and that an incomplete or evasive answer is a failure to answer.

13. 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:

5. 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 :

- g. name of insurance company;
- h. named insured;
- i. dates of coverage;
- j. policy number;
- k. limits of liability coverage;
- l. is the insurance company named above defending you under a
“reservation of rights?”

INTERROGATORY NO:

14. 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:

Respectfully submitted,

Michael A. Bruno
Attorney for Plaintiff