

STATE OF ILLINOIS)
) SS
 COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
 McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

VS.

DAVID GAGNON, Individually, and as
 Agent of CAROLINE MCGUIRE and
 BILL MCGUIRE, and CAROLINE
 MCGUIRE and BILL MCGUIRE,
 Individually,

Defendant(s).

ANSWERS TO CO-DEFENDANT INTERROGATORIES

The Defendant, DAVID GAGNON, in response to the Interrogatories propounded states as follows:

1. State the full name, present residence address and birth date of the person answering these Interrogatories.

**ANSWER: David A. Gagnon, 39010 90th Place, Genoa City Wisconsin 53128
 DOB: 4/3/1697**

2. State your marital status on the date of the occurrence in question and, if married, your spouse's name and age on said date.

ANSWER: Married; Pamela Gagnon, 39010 90th Place, Genoa City Wisconsin 53128.

3. State the full name and present or last known address (indicating which) of each person who:

- (a) Witnessed or claims to have witnessed the occurrence in question.
- (b) Was present or claims to have been present at the scene immediately before said occurrence.
- (c) Was present or claims to have been present immediately after said occurrence.
- (d) Otherwise has or claims to have any knowledge of the facts or possible causes of the occurrence to include any damages or injuries alleged to have resulted from said occurrence.

ANSWER: David A. Gagnon, 39010 90th Place, Genoa City Wisconsin 53128; Paul Dulberg, 4606 Hayden Ct, McHenry Illinois 60050; Carolyn McGuire, 1016 W. Elder

Avenue, McHenry Illinois 60051; William McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051.

4. State specifically and with certainty the personal injuries and property damage, if any, sustained by PAUL DULBERG as a result of said occurrence.

ANSWER: Defendant has no knowledge regarding the plaintiff's personal injuries and/or property damage claims.

7. State whether PAUL DULBERG was hospitalized or had suffered any illness or personal injury prior to or subsequent to the date of said occurrence, and if so, state the nature and date of each such hospitalization, illness or personal injury.

ANSWER: I do not know.

8. State whether PAUL DULBERG suffered any permanent scarring as a result of the accident alleged in the complaint. If so, state the location of such scar, the width and length of such scar or scars. (Pursuant to Supreme Court Rule 214, please attach any photos of any such scar to your answers hereto.)

ANSWER: I do not know.

9. State whether prior to the accident alleged in the complaint PAUL DULBERG suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of such physical disability or impairment and how PAUL DULBERG came to have such physical disability or impairment.

ANSWER: I do not know.

10. State the location of the alleged occurrence, pinpointing such location in feet, inches and direction from fixed objects or boundaries at the scene of the occurrence.

ANSWER: The accident occurred in ^{back}(front) of my parent's home at 1016 W. Elder Avenue, McHenry Illinois 60051.

11. State with particularity the nature of the alleged defect, object substance or condition which caused the alleged occurrence giving the exact dimensions and physical description of such including the size, shape, color, height, length and depth of such defect or object.

ANSWER: Chainsaw, EFCO, Model # MT3500, 2.38 Cubic Inch, 16" blade.

12. State with particularity what PAUL DULBERG was doing at the time of the accident alleged in the complaint.

ANSWER: He was helping me trim a tree by holding a branch.

13. State with particularity what DAVID GAGNON was doing at the time of the accident alleged in the complaint.

ANSWER: I was cutting through a branch with the chainsaw.

14. State with particularity the address for David Gagnon on June 28, 2011.

ANSWER: 39010 90th Place, Genoa City Wisconsin 53128.

15. State with particularity all the reasons why PAUL DULBERG was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER: I asked him to help me trim the tree at my parents' home.

16. State with particularity all the reasons why DAVID GAGNON was present on the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois on the date of the alleged occurrence.

ANSWER: I was trimming a tree for my parents.

17. State with particularity your basis for alleging that David Gagnon was working under the supervision and control of Defendants Bill McGuire and Carolyn McGuire at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint.

ANSWER: N/A

18. State with particularity your basis for alleging that Defendants Bill McGuire and Carolyn McGuire instructed and/or advised David Gagnon in the use of a chain saw on or before the date of the occurrence, as asserted in your answer to Plaintiff's Complaint.

ANSWER: N/A

19. State with particularity your basis for alleging that David Gagnon was under the supervision and control of Defendants Bill McGuire and Carolyn McGuire and working as their apparent and actual agent on the date of and at the time of the occurrence, as asserted in your answer to Plaintiff's Complaint.

ANSWER: N/A

20. State with particularity any and all defects associated with the chain saw you believe or claim was involved in the occurrence alleged in Plaintiff's Complaint.

ANSWER: None.

21. State whether any photographs or videos were taken of the scene of the occurrence or of the persons, objects or premises involved, and if so, state the number of photographs or videos taken, their subject matter and who now has custody of them.

ANSWER: No.

22. Pursuant to Supreme Court Rule 213(f), furnish the identity and addresses of witnesses who will testify at trial and the following information:

(a) For each lay witness, identify the subjects on which the witness will testify.


- (b) For each independent expert witness, identify the subjects on which the witness will testify and the opinions the party expects to elicit.
- (c) For each controlled expert witness, identify:
 - (i) the subject matter on which the witness will testify;
 - (ii) the conclusions and opinions of the witness and the bases therefor;
 - (iii) the qualifications of the witness; and
 - (iv) any reports prepared by the witness about the case.

ANSWER: David A. Gagnon, 39010 90th Place, Genoa City Wisconsin 53128— This witness is expected to testify to any dangerous or defective condition that he saw and/or was aware of; his insurance policy and coverage; maintenance, repair and inspection of the chainsaw; as to any dangerous or defective area on the premises. This witness is also expected to testify regarding his observations of the plaintiff before, during and after the alleged occurrence; his understanding as to the facts of the accident; his observations of the scene and he is expected to testify as to any conversations which took place between the parties and witnesses. This witness is also expected to testify consistent with any testimony he may have given and/or may give at a discovery deposition.

Paul Dulberg, 4606 Hayden Ct, McHenry Illinois 60050—This witness is expected to testify to any dangerous or defective condition that he saw and/or was aware of; his relationship to the tenants of the building; his observations prior, during and after his alleged injury; the nature of his injury, medical bills, medical records and recovery; his understanding of his injury and recovery. This witness is also expected to testify to his understanding as to the facts of the accident; his observations of the scene and he is expected to testify as to any conversations which took place between the parties and witnesses. This witness is also expected to testify consistent with any testimony he may have given and/or may give at a discovery deposition.

Carolyn McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051; William McGuire, 1016 W. Elder Avenue, McHenry Illinois 60051— These witnesses are expected to testify as to their ownership of the property in question; their insurance policy and coverage; their knowledge of the area, chainsaw and tree; maintenance, repair and inspection of the chainsaw; as to any violations the premises; as to any dangerous or defective area on the premises. These witnesses are also expected to testify regarding their observations of the plaintiff before, during and after the alleged occurrence; their understanding as to the facts of the accident; their observations of the scene and they are expected to testify as to any conversations which took place between the parties and witnesses. These witnesses are also expected to testify consistent with any testimony they may have given and/or may give at a discovery deposition.

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.



DAVID GAGNON

I HEREBY CERTIFY that on 1/31/13, a true and correct copy of the foregoing Answers to Interrogatories were filed with the Clerk of the Circuit Court of McHenry County and a copy of same was also mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-538-9821

By: 

PERRY A. ACCARDO

Firm No.: **46878**

E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720

Attorney for Defendant(s):

David Gagnon



Allstate.
You're in good hands.

FAX

Date Thursday, January 31, 2013 12:27:36 PM Central Time

Number of Pages 09
(Including Cover Sheet)

To Ronald Barch

Company _____

Phone _____ **Fax** 8152267701

From Accardo, Perry

Department _____

Phone 312-558-9821 **Fax** _____

Notes: Defendant Gagnon's Responses to Written Discovery

Notice of Confidentiality: The document accompanying this facsimile transmission contains information which is confidential or otherwise protected from disclosure. The information is intended only for the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the return of the original document.

Allstate Insurance Company

Facsimile From The Desk Of

Perry A. Accardo

Law Office of M. Gerard Gregoire

Staff Counsel Allstate Insurance Company and Encompass Insurance

200 N LaSalle St Ste 2650

Chicago, IL 60601

312-558-9821 (phone)

847-345-5016 (cell)

312-558-9357 (fax)

Perry.Accardo@Allstate.com

Notice of Confidentiality: The document(s) accompanying this transmission may contain information that is Confidential and/or legally privileged. The information contained herein is intended only for the individual named in this transmission. If you are not the intended recipient, be aware that any disclosure, copying, distributing, or use of the contents of any of this information is strictly prohibited. If you have received this transmission in error, please notify me immediately.

0245281968.1/SKO/ACCARDO/PAA

STATE OF ILLINOIS)
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ANSWER: Married; Pamela Gagnon, 39010 90th Place, Genoa City Wisconsin 53128.

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ANSWER: The accident occurred in front of my parent's home at 1016 W. Elder Avenue, McHenry Illinois 60051.

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ANSWER: N/A

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ANSWER: N/A

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ANSWER: None.

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Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

DAVID GAGNON

I HEREBY CERTIFY that on 1/31/13, a true and correct copy of the foregoing Answers to Interrogatories were filed with the Clerk of the Circuit Court of McHenry County and a copy of same was also mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Ciccero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M^CGERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: 

PERRY A. ACCARDO

Firm No.: 46878

E-MAIL ADDRESS:

ILLINOISLEGAL@ALLSTATE.COM

Attorney Bar No.: 6228720

Attorney for Defendant(s):

David Gagnon

Perry A. Accardo
Mary Jo Bonamino
Joseph P. Callahan
Christine Chrobak-Wastyn
Adam J. Coombe
Valerie E. Davis
Tammy S. Doran
Martin D. Kennelly
David Killen
Stephen G. Loverde

Law Office of M. Gerard Gregoire

200 North LaSalle Street, Suite 2650

Chicago, Illinois 60601-1092

Fax (312) 558-9357

STAFF COUNSEL

Allstate Insurance Company

Encompass Insurance

Esurance Insurance Company

All Attorneys are Employees of

Allstate Insurance Company

This Office is not a Partnership or a Corporation

Attorney
312-558-9821

Administrative Assistant
312-558-9849

Shannon M. McCabe
Lucia Montaño
Terry A. Mueller
John H. Mullen
Shoshan E. Reddington
James J. Rosemeyer
Mark A. Sukacz
Sal C. Tramontana
Stacy B. Walker
Stewart M. Zeimar

Paralegal
312-558-9846

January 31, 2013

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd
Rockford, IL 61114

Re: Dulberg vs. Gagnon, et al.
Court Number: 12LA000178
Date of Loss: June 28, 2011
Our File Number: 0245281968.1 SKO

Dear Counsel:

In response to your Notice to Produce, dated 10/1/2012, please be advised that we have none of the material requested except the following:

1. None other than those received via Compex subpoena; parties had notice of said subpoena.
2. Please see response to request number 1 above.
3. None.
4. None.
5. Please see response to request number 1 above.
6. None.
7. None.
8. None.
9. None.

I, Perry A. Accardo, regarding my letter to Ronald A. Barch, Attorney(s) at Law, dated January 31, 2013, state that it is complete and in compliance with Supreme Court Rule 214 in disclosing discovery material in my possession requested by the Production Notice propounded on 10/1/2012, by Ronald A. Barch.

Sincerely,


Perry A. Accardo

PAA

cc: Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.*
3416 W Elm St
McHenry, IL 60050

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS**

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as
Agent of CAROLINE MCGUIRE and
BILL MCGUIRE, and CAROLINE
MCGUIRE and BILL MCGUIRE,
Individually,

Defendant(s).

NOTICE OF SERVICE OF INTERROGATORIES TO CO-DEFENDANT

Co-Defendant, BILL MCGUIRE, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Interrogatories propounded by the Defendant(s), DAVID GAGNON. The Co-Defendant is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Notice together with the Interrogatories were mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: 

PERRY A. ACCARDO

Firm No.: 46878

Attorney Bar No.: 6228720

Attorney for Defendant(s):

David Gagnon

INTERROGATORIES TO CO-DEFENDANT

BILL MCGUIRE

INSTRUCTIONS: Please insert your answers in the space provided following each question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. State the full name of the Defendant answering as well as your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number, and, if different, give the full name as well as the current address, date of birth, marital status, driver's license number and issuing state, and social security number of the individual signing the answers.

ANSWER:

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit.

ANSWER:

3. State the full name, and current residence address of each person not named (in 2) above who was present or claims to have been present at the scene immediately before, at the time of or immediately after said occurrence.

ANSWER:

4. As a result of said occurrence were you made a Defendant in any criminal or traffic case? If so, state the court, the case number, the charge or charges placed against you and whether or not you pleaded guilty thereto and the final disposition.

ANSWER:

5. Were you the owner of the chainsaw used in the alleged occurrence? If so, was said chainsaw repaired and, if so, when, where, and by whom and what was the cost of said repairs?

ANSWER:

6. If you were the owner of the chainsaw in question, were you named or covered under any policy of liability insurance effective on the date of said occurrence and, if so, state the name of each such company, the policy number, the effective period, and the maximum liability limits for each person and each occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

ANSWER:

7. Do you have any information tending to indicate:

- (a) That any Plaintiff was, within the five years immediately prior to said occurrence confined in a hospital, treated by a physician or x-rayed for any reason other than

personal injury? If so, state the Plaintiff so involved and give the name and address of each hospital, physician, technician or clinic, the approximate date of such confinement or service and state, in general the reason for such confinement or service.

- (b) That any Plaintiff had suffered serious personal injury prior to the date of said occurrence? If so, state each Plaintiff so involved and state when, where and, in general, how he or she was injured and describe, in general, the injuries suffered.
- (c) That any Plaintiff has suffered either (a) any personal injury or (b) serious illness, since the date of said occurrence? If so, state each Plaintiff so involved and, for (a) state when, where and, in general how he or she was injured and describe, in general, the injuries suffered and for (b) state when he or she was ill and describe, in general the illness.
- (d) That any Plaintiff has ever filed any other suit for his or her own personal injuries? If so, state each Plaintiff so involved and give the court in which filed, the year filed and the title and docket number of said case.

ANSWER:

8. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subjects thereof and who now has custody of them, and the name, address and occupation and employer of the person taking them.

ANSWER:

9. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by Plaintiff or the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:

- (a) The date or dates of such conversations and/or statements;
- (b) The place of such conversations and/or statements;
- (c) All persons present for the conversations and/or statements;
- (d) The matters and things stated by the person in the conversations and/or statements;
- (e) Whether the conversation was oral, written and/or recorded; and
- (f) Who has possession of the statement if written and/or recorded.

ANSWER:

10. Do you know of any statements made by any person relating to the occurrence complained of by the Plaintiff? If so, give the name and address of each such witness and the date of the statement, and state whether such statement was written and/or oral.

ANSWER:

11. Had you consumed any alcoholic beverage within twelve (12) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

ANSWER:

12. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered a conviction.

ANSWER:

13. Had you used drugs or medications within twenty-four (24) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

ANSWER:

14. Were you employed on the date of the occurrence? If so, state the name and address of your employer, and the date of employment and termination, if applicable. If your answer is in the affirmative, state the position, title and nature of your occupational responsibilities with respect to your employment.

ANSWER:

15. What was the purpose and/or use for which the chainsaw was being operated at the time of the occurrence?

ANSWER:

16. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

ANSWER:

17. Do you have any medical and/or physical condition which required a physician's report and/or letter of approval in order to drive? If so, state the nature of the medical and/or physical condition, the physician or other health care professional who issued the letter and/or report, and the names and addresses of any physician or other health care professional who treated you for this condition prior to the occurrence.

ANSWER:

18. State the name and address of any physician, ophthalmologist, optician or other health care professional who performed any eye examination of you within the last five years and the dates of each such examination.

ANSWER:

19. State the name and address of any physician or other health care professional who examined and/or treated you within the last 10 years and the reason for such examination and/or treatment.

ANSWER:

20. Pursuant to Illinois Supreme Court Rule 213(f), provide the following:

- (a) List the name(s) and address(s) of each lay witness(s) and identify the subjects on which the witness(s) will testify;
- (b) List the name(s) and address(s) of each independent witness(s) and identify the subjects on which the witness(s) will testify and the opinions the party expects to elicit;
- (c) List the name(s) and address(s) of each controlled expert witness(s) and identify:
 - (i) The subject matter on which the witness(s) will testify;
 - (ii) The conclusions and opinions of the witness(s) and the bases therefore;
 - (iii) The qualifications of the witness(s), and
 - (iv) Any reports prepared by the witness(s) about the case.

ANSWER:

21. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or of the injuries and damages claimed to have resulted therefrom.

ANSWER:

22. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be the work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

ANSWER:

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

BILL MCGUIRE

STATE OF ILLINOIS)
) SS
 COUNTY OF MCHENRY)

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
 McHENRY COUNTY, ILLINOIS**

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as
 Agent of CAROLINE MCGUIRE and
 BILL MCGUIRE, and CAROLINE
 MCGUIRE and BILL MCGUIRE,
 Individually,

Defendant(s).

**CONSOLIDATED NOTICE TO PRODUCE PURSUANT TO
 SUPREME COURT RULE 214 AND SUPREME COURT RULE 237**

Pursuant to Illinois Supreme Court Rule 214, you are requested and directed to produce within twenty-eight (28) days the following items for inspection and copying. You are further requested and directed pursuant to Illinois Supreme Court Rule 237 to produce at the time of commencement of trial and arbitration the following items:

1. Produce for the purpose of adverse examination at trial and arbitration, pursuant to 735 ILCS 5/2-1102, Co-Defendants, CAROLINE MCGUIRE and BILL MCGUIRE.
2. All copies of damage bills, estimates of repair or replacement for any property claimed to have been damaged in the occurrence in question, including, but not limited to, estimates, cancelled checks, receipts or other documentary evidence representing payment for such damages.
3. All photographs or video, images, of any of the parties to this suit, of vehicles, property, or physical objects involved in the occurrence, scene of the occurrence. For each item produced, identify the date the item was originally produced, the identity and contact information of the photographer, videographer, filmmaker or other individual who produced the item described and the identity and contact information of the current custodian of the original item described.
4. Any statement, memoranda, or other writing recording of any interview with any party, other person, or witness who has knowledge of the facts alleged in the Complaint or who

has opinions relating to any of the issues alleged in the Complaint, except those protected by privilege.

5. Any releases, hold harmless, or any other type of settlement agreements between Plaintiff(s) and any other party which may have been responsible for the damages claimed by Plaintiff(s).
6. All policies of insurance providing collateral source of payments to the Plaintiff(s), including, but not limited to, medical payment insurance, disability insurance, PIP insurance, and/or employment related insurance. Please attach any/all policies of insurance referred to above.
7. Any and all medical hospital, medication, therapeutic, clinical records, bills and reports. Any Social Security records relating to applications for disability claims, along with documentary evidence.
8. All incident reports pertaining to the incident including but not limited to reports to employer and/or insurance company.
9. Any and all employment records of the Plaintiff.
10. Any and all school, vocational or educational records of the Plaintiff.
11. Any and photographs, recordings, charts, graphs, sketches, documents, papers or any other tangible item or documentary evidence which you intend to use and/or introduce at trial and arbitration.
12. The names and addresses of all witnesses you intend to call at the trial and arbitration of this matter.
13. The names, address, and specialties of all opinion witnesses other than those claimed as a consultant that you intend to call at the trial and arbitration of this matter.
14. Copies of all reports and qualifications for each opinion witness you intend to call at the trial and arbitration of this matter.
15. Copies of any and all subpoenas issued for arbitration and trial of this cause, with this request continuing throughout the pendency of this action.
16. If the party or his attorney responding to this Request to produce knows of the existence or location of any document or items requested, even though they are not within the current possession of the party or his/her attorney, identify the location, the custodian and the nature of the document or items.
 - a. The date on which said document or tangible object was created;
 - b. The name and last known address of the author of the document or maker of the tangible object;
 - c. The name and last known address of the recipient of the document or tangible object or item;

- d. A brief description of the subject matter of the document or description of the tangible object or item;
 - e. The basis of the claim of privilege.
17. An affidavit of the responding party of their attorney stating whether the production is complete in accordance with this Request pursuant to Supreme Court Rule 214 and Supreme Court Rule 237.
18. Copies of all individual United States and applicable individual state income tax returns, including any and all W2 forms and supporting documents for the year before, the year of and each year after the occurrence at issue. Further if any claim of lost income is based on self employment, produce and a all business and accounting records, including the name, address and telephone number of the accountant keeping or maintaining said records, for the year before, the year of and each year after the occurrence at issue.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Request for Production was filed with the Clerk of the Circuit Court of McHenry County and was mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M/GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: 

PERRY A. ACCARDO

Firm No.: **46878**

Attorney Bar No.: 6228720

Attorney for Defendant(s):

David Gagnon

STATE OF ILLINOIS)
) SS
 COUNTY OF MCHENRY)

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
 McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as
 Agent of CAROLINE MCGUIRE and
 BILL MCGUIRE, and CAROLINE
 MCGUIRE and BILL MCGUIRE,
 Individually,

Defendant(s).

**CONSOLIDATED NOTICE TO PRODUCE PURSUANT TO
 SUPREME COURT RULE 214 AND SUPREME COURT RULE 237**

Pursuant to Illinois Supreme Court Rule 214, you are requested and directed to produce within twenty-eight (28) days the following items for inspection and copying. You are further requested and directed pursuant to Illinois Supreme Court Rule 237 to produce at the time of commencement of trial and arbitration the following items:

1. Produce for the purpose of adverse examination at trial and arbitration, pursuant to 735 ILCS 5/2-1102, Plaintiff, Hans A. Mast.
2. All copies of damage bills, estimates of repair or replacement for any property claimed to have been damaged in the occurrence in question, including, but not limited to, estimates, cancelled checks, receipts or other documentary evidence representing payment for such damages.
3. All photographs or video, images, of any of the parties to this suit, of vehicles, property, or physical objects involved in the occurrence, scene of the occurrence. For each item produced, identify the date the item was originally produced, the identity and contact information of the photographer, videographer, filmmaker or other individual who produced the item described and the identity and contact information of the current custodian of the original item described.
4. Any statement, memoranda, or other writing recording of any interview with any party, other person, or witness who has knowledge of the facts alleged in the Complaint or who

has opinions relating to any of the issues alleged in the Complaint, except those protected by privilege.

5. Any releases, hold harmless, or any other type of settlement agreements between Plaintiff(s) and any other party which may have been responsible for the damages claimed by Plaintiff(s).
6. All policies of insurance providing collateral source of payments to the Plaintiff(s), including, but not limited to, medical payment insurance, disability insurance, PIP insurance, and/or employment related insurance. Please attach any/all policies of insurance referred to above.
7. Any and all medical hospital, medication, therapeutic, clinical records, bills and reports. Any Social Security records relating to applications for disability claims, along with documentary evidence.
8. All incident reports pertaining to the incident including but not limited to reports to employer and/or insurance company.
9. Any and all employment records of the Plaintiff.
10. Any and all school, vocational or educational records of the Plaintiff.
11. Any and photographs, recordings, charts, graphs, sketches, documents, papers or any other tangible item or documentary evidence which you intend to use and/or introduce at trial and arbitration.
12. The names and addresses of all witnesses you intend to call at the trial and arbitration of this matter.
13. The names, address, and specialties of all opinion witnesses other than those claimed as a consultant that you intend to call at the trial and arbitration of this matter.
14. Copies of all reports and qualifications for each opinion witness you intend to call at the trial and arbitration of this matter.
15. Copies of any and all subpoenas issued for arbitration and trial of this cause, with this request continuing throughout the pendency of this action.
16. If the party or his attorney responding to this Request to produce knows of the existence or location of any document or items requested, even though they are not within the current possession of the party or his/her attorney, identify the location, the custodian and the nature of the document or items.
 - a. The date on which said document or tangible object was created;
 - b. The name and last known address of the author of the document or maker of the tangible object;
 - c. The name and last known address of the recipient of the document or tangible object or item;

- d. A brief description of the subject matter of the document or description of the tangible object or item;
 - e. The basis of the claim of privilege.
- 17. An affidavit of the responding party of their attorney stating whether the production is complete in accordance with this Request pursuant to Supreme Court Rule 214 and Supreme Court Rule 237.
- 18. Copies of all individual United States and applicable individual state income tax returns, including any and all W2 forms and supporting documents for the year before, the year of and each year after the occurrence at issue. Further if any claim of lost income is based on self employment, produce and a all business and accounting records, including the name, address and telephone number of the accountant keeping or maintaining said records, for the year before, the year of and each year after the occurrence at issue.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Request for Production was filed with the Clerk of the Circuit Court of McHenry County and was mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: _____

PERRY A. ACCARDO

Firm No.: 46878

Attorney Bar No.: 6228720

Attorney for Defendant(s):

David Gagnon

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS**

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as
Agent of CAROLINE MCGUIRE and
BILL MCGUIRE, and CAROLINE
MCGUIRE and BILL MCGUIRE,
Individually,

Defendant(s).

NOTICE OF SERVICE OF INTERROGATORIES TO PLAINTIFF

Plaintiff, PAUL DULBERG, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Interrogatories propounded by the Defendant(s), DAVID GAGNON. The Plaintiff is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Notice, together with the Interrogatories, were mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-538-9821

By: 

PERRY A. ACCARDO

Firm No.: **46878**

Attorney Bar No.: 6228720

Attorney for Defendant(s):

David Gagnon

INTERROGATORIES TO PLAINTIFF

INSTRUCTIONS: Please insert your answers in the space provided following each question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. State your full name, your current residence address, date of birth, marital status, driver's license number and issuing state, and the last four digits of your social security number.

ANSWER:

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the occurrence that is the subject of this suit (hereinafter referred to simply as the occurrence).

ANSWER:

3. State the full name and current residence address of each person, not named in interrogatory No. 2 above, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after the occurrence.

ANSWER:

4. As a result of the occurrence, were you made a Defendant in any criminal or traffic case? If so, state the court, the caption, the case number, the charge or charges filed against you, whether you pleaded guilty thereto and the final disposition.

ANSWER:

5. Describe the personal injuries sustained by you as a result of the occurrence.

ANSWER:

6. State whether you have recovered from the injuries you allege to have suffered in the occurrence complained of. If not, describe the nature and extent of any continuing complaint or disability and state the name and address of each health care provider with whom you treat or consult for any continuing complaint or disability.

ANSWER:

7. State the name and address of your primary care physician or any other physician or health care provider who examined and/or treated you within the last 10 years. State the reason for such examination or treatment.

ANSWER:

8. With regard to your injuries, state:

(a) The name and address of each attending physician and/or health care professional;

- (b) The name and address of each consulting physician and/or other health care professional;
- (c) The name and address of each person and/or laboratory taking any X-ray, MRI and/or other radiological tests of you;
- (d) The date or inclusive dates on which each of them rendered you service;
- (e) The amounts to date of their respective bills for services; and
- (f) From which of them you have written reports.

ANSWER:

9. As the result of your personal injuries, were you a patient or outpatient in any hospital and/or clinic? If so, state the names and addresses of all hospitals and/or clinics, the amounts of their respective bills and the date or inclusive dates of their services.

ANSWER:

10. As a result of your personal injuries, were you unable to work? If so, state:

- (a) The name and address of your employer, if any, at the time of the occurrence, your wage and/or salary, and the name of your supervisor and/or foreperson;
- (b) The date or inclusive dates on which you were unable to work;
- (c) The amount of wage and/or income lost claimed by you; and
- (d) The name and address of your present employer and your wage and/or salary.

ANSWER:

11. State any and all other expenses and/or losses you claim as a result of the occurrence. As to each expense and/or loss, state the date or dates it was incurred, the name of the person, firm and/or company to whom such amounts are owed, whether the expense and/or loss in question has been paid and, if so, by whom it was so paid, and describe the reason and/or purpose for each expense and/or loss.

ANSWER:

12. Had you suffered any personal injury or prolonged, serious and/or chronic illness prior to the date of the occurrence? If so, state when and how you were injured and/or ill, where you were injured and/or ill, describe the injuries and/or illness suffered, and state the name and address of each physician, or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

ANSWER:

13. Are you claiming any psychiatric, psychological and/or emotional injury as a result of this occurrence? If so, state:

- (a) The name of any psychiatric, psychological and/or emotional injury claimed, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury;
- (b) Whether you had suffered any psychiatric, psychological and/or emotional injury prior to the date of the occurrence; and
- (c) If (b) is in the affirmative, please state when and the nature of any psychiatric, psychological and/or emotional injury, and the name and address of each psychiatrist, physician, psychologist, therapist or other health care professional rendering you treatment for each injury.

ANSWER:

14. Have you suffered any personal injury or prolonged, serious and/or chronic illness since the date of the occurrence? If so, state when you were injured and/or ill, where and how you were injured and/or ill, describe the injuries and/or the illness suffered, and state the name and address of each physician or other health care professional, hospital and/or clinic rendering you treatment for each injury and/or chronic illness.

ANSWER:

15. Have you ever filed any other suits for your own person injuries? If so, state the nature of the injuries claimed, the courts and the captions in which filed, the years filed, and the titles and docket numbers of the suits.

ANSWER:

16. Have you ever filed a claim for and/or received any workers' compensation benefits? if so, state the name and address of the employer against whom you filed for and/or received benefits, the date of the alleged accident or accidents, the description of the alleged accident or accidents, the nature of you injuries claimed and the name of the insurance company, if any, who paid any such benefits.

ANSWER:

17. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons and/or vehicles involved? If so, state the date or dates on which such photographs, movies and/or videotapes were taken, the subject thereof, who now has custody of them, and the name, address occupation and employer of the person taking them.

ANSWER:

18. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the occurrence complained of occurred, or have you overheard any statements made by any person at any time with regard to the injuries complained of by Plaintiff or to the manner in which the occurrence complained of occurred? If the answer to this interrogatory is in the affirmative, state the following:

- (a) The date or dates of such conversations and/or statements;

- (b) The place of such conversations and/or statements;
- (c) All persons present for the conversations and/or statements;
- (d) The matters and things stated by the person in the conversations and/or statements;
- (e) Whether the conversation was oral, written and/or recorded; and
- (f) Who has possession of the statement if written and/or recorded.

ANSWER:

19. Do you know of any statements made by any person relating to the occurrence? If so, give the name and address of each such witness, the date of the statement, and state whether such statement was written and/or oral.

ANSWER:

20. Had you consumed any alcoholic beverage within twelve (12) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was consumed, the particular kind and amount of alcoholic beverage so consumed by you, and the names and current residence addresses of all persons known by you to have knowledge concerning the consumption of the alcoholic beverages.

ANSWER:

21. Have you ever been convicted of a misdemeanor involving dishonesty, false statement or a felony? If so, state the nature thereof, the date of the conviction, and the court and the caption in which the conviction occurred. For the purpose of this interrogatory, a plea of guilty shall be considered a conviction.

ANSWER:

22. Had you used drugs or medications within twenty-four (24) hours immediately prior to the occurrence? If so, state the names and addresses of those from whom it was obtained, where it was used, the particular kind and amount of drug or medication so used by you, and the names and current addresses of all persons known by you to have knowledge concerning the use of the drug or medication.

ANSWER:

23. Have you received any payment and/or other consideration from any source in compensation for the injuries alleged in your complaint? If your answer is in the affirmative, state:

- (a) The amount of such payment and/or other consideration received;
- (b) The name of the person, firm, insurance company and/or corporation making such payment or providing other consideration and the reason for the payment and/or other consideration; and

- (c) Whether there are any documents evidencing such payment and/or other consideration received.

ANSWER:

24. State the names and addresses of all persons who have knowledge of the purpose for which the vehicle was being used at the time of the occurrence.

ANSWER:

25. Pursuant to Illinois Supreme Court Rule 213(f), provide the following:

- (a) List the name(s) and address(s) of each lay witness(s) and identify the subjects on which the witness(s) will testify;
- (b) List the name(s) and address(s) of each independent witness(s) and identify the subjects on which the witness(s) will testify and the opinions the party expects to elicit;
- (c) List the name(s) and address(s) of each controlled expert witness(s) and identify:
 - (i) The subject matter on which the witness(s) will testify;
 - (ii) The conclusions and opinions of the witness(s) and the bases therefore;
 - (iii) The qualifications of the witness(s), and
 - (iv) Any reports prepared by the witness(s) about the case.

ANSWER:

26. List the names and addresses of all other persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the occurrence and/or the injuries and damages claimed to have resulted therefrom.

ANSWER:

27. Identify any statements, information and/or documents known to you and requested by any of the foregoing interrogatories which you claim to be the work product or subject to any common law or statutory privilege, and with respect to each interrogatory, specify the legal basis for the claim as required by Illinois Supreme Court Rule 201(n).

ANSWER:

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

PAUL DULBERG

STATE OF ILLINOIS)
) SS
COUNTY OF MCHENRY)

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL DISTRICT
McHENRY COUNTY, ILLINOIS**

PAUL DULBERG,

Plaintiff(s),

CASE NO. 12LA000178

vs.

DAVID GAGNON, Individually, and as
Agent of CAROLINE MCGUIRE and
BILL MCGUIRE, and CAROLINE
MCGUIRE and BILL MCGUIRE,
Individually,

Defendant(s).

**NOTICE OF SERVICE OF MEDICARE SUPPLEMENTAL INTERROGATORY TO
PLAINTIFF**

Plaintiff, PAUL DULBERG, is hereby requested and required to answer, under oath, in writing, and within the time allowed by the Illinois Supreme Court Rules, the attached Medicare Supplemental Interrogatory propounded by the Defendant(s), DAVID GAGNON. The Plaintiff is further requested to serve said answers in accordance with the Illinois Rules of the Supreme Court.

I HEREBY CERTIFY that on September 5, 2012, a true and correct copy of the foregoing Notice together with the Supplemental Interrogatory were mailed to:

Hans A. Mast
Law Offices of Thomas J. Popovich, P.C.
3416 W Elm St
McHenry IL 60050

Attorney for Plaintiff(s) Paul Dulberg

Cicero, France, Barch & Alexander PC
6323 East Riverside Blvd
Rockford, IL 61114

Attorney for Co-Defendants, Caroline and Bill McGuire

LAW OFFICE OF M. GERARD GREGOIRE
200 N LaSalle St Ste 2650
Chicago, IL 60601-1092
Telephone: 312-558-9821

By: _____

PERRY A. ACCARDO

Firm No.: 46878

Attorney Bar No.: 6228720

Attorney for Defendant(s):

David Gagnon

**MEDICARE SUPPLEMENTAL INTERROGATORY TO PLAINTIFF, PAUL
DULBERG**

INSTRUCTIONS: Please insert your answer in the space provided following the question. If additional space is needed, so indicate in the space provided, prepare your answer on a separate paper and attach.

1. As of January 1, 2010, the Federal Government is requiring all insurance companies that pay out for injuries, whether it be for at-fault (liability), no fault or medical expense payments from an accident, product liability, workers' compensation or the like, to report whether or not the claimant is a Medicare or Medicaid recipient. A person who is 65 years or older, a person with certain disabilities, or a person with end-stage renal failure may qualify for Medicare. In compliance with that request, we are requesting the following information, which must be updated throughout the claim and will be re-asked upon closing of the claim (pursuant to Supreme Court Rule 213 and the federal law):

Has Plaintiff/Plaintiff's decedent/the minor or disabled adult for which an injury is claimed, received payments or benefits from Medicare or Medicaid? If yes, please provide the name of the recipient, the recipient's gender, the recipient's Medicare Health Insurance Card Number or Social Security Number and the recipient's date of birth. In the case where the Medicare/Medicaid recipient is a minor or disabled adult or for another reason has a guardian, custodian, conservator, or other person who makes his/her medical decisions, please provide the name of the guardian, custodian, conservator, or other person who makes the medical decisions for the minor, disabled adult, or other Medicare recipient. Please be advised that pursuant to federal law these questions must be answered in their entirety or Defendant's insurance company will not be able to issue payments out of the claim. If while this claim is pending, Plaintiff, petitioner, Plaintiff's decedent, or the minor or disabled adult for which a claim of injury is advanced in this lawsuit becomes a Medicare recipient, please update this interrogatory.

ANSWER:

Under penalties as provided by law pursuant to 735 ILCS 5/1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

PAUL DULBERG