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

PAUL DULBERG,

Plaintiff,

vs.

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

Defendants.

No. 12 LA [illegible]

COPY

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PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the 13th day of November, 2013, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S SUPPLEMENTAL ANSWERS TO INTERROGATORIES**

ADDRESSED TO:

Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

Perry Accardo
Law Office of Steven A.Lihosit
200 N. LaSalle Street, Suite 2550
Chicago, IL 60601-1092

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

Barbara Dulberg, s/a/a to testify to the pain and disability experienced by the Plaintiff due to injuries suffered in the accident and the lack of prior symptoms or disability, inability to work, hours and wage history and loss of income from work as a result.

Mike McArtor, to testify to matters contained in his discovery deposition.

Defendants, each of them, David Gagnon and Carolyn and Bill McGuire, will be called as an adverse witness pursuant to Section 2-1102 of the Illinois Code of Civil Procedure, to testify to matters involving the accident including deposition testimony.

All witnesses identified by Defendant and/or deposed, on matters so identified or testified to.

Supervisor: Joe Groves, AMS Screw Products, High View, Spring Grove, Illinois, Approx. $10 per hours. 40 hours a week. Was hired but could not pursue employment due to accident. To testify to loss of job opportunity and income.

Court Reporters present during evidence and/or discovery depositions of those parties and witnesses now or in the future deposed in this or any similar cause to testify to the accuracy of the transcripts and testimony stated therein by each witness including exhibits marked and testified to during the deposition.

All other independent witnesses disclosed by answer to previous interrogatory will testify to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter and those matters specifically disclosed and or to be disclosed in the future.

Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates) and Kathy Kujawa (Alexian Brothers Neuorsciences), are intended to be called as opinion witness(es) to testify to the care and treatment of the Plaintiff to the extent allowed under Rule 213 and to all matters expressly and/or impliedly set forth in the patient's chart including matters flowing therefrom, including, but not limited to, history, exam, diagnostics/findings, exam/findings, diagnosis, treatment, physical therapy, medication, follow-up and continuing treatment through to trial; the nature and extent of injuries sustained by Plaintiff as set forth above and in deposition including injuries, and that such injuries were caused/aggravated by the underlying trauma; that the treatment for such injuries was/is reasonable and medically necessary and causally related to underlying accident, and any other opinions or matters set forth or described in the patients medical file or hospital chart, in addition to any matters and/or ***opinions naturally flowing*** from the witnesses work or personal knowledge and involvement in this matter, in addition to testimony and opinions on the following issues:

- Plaintiff suffered and is diagnosed as having the above injuries, not limited to: traumatic injury to right arm including numbness, neuropathy, scarring, and branch

The accounts/financial services/billing representatives (any or each of them) from each of the facilities whereat the Plaintiff treated, as set forth in his discovery and deposition and Medical Expense Report(s) produced in discovery, including { } will each and themselves testify that based upon their experience and customs and practices and the practices of their internal office and those on their behalf, in their opinion the charges pertaining to Plaintiff's medical treatment in this case, as outlined in the Medical Expense Report, are reasonable and customary in the industry within the area. No one individual has been identified by the facility to testify, but if the defense wants to depose a specific individual before the evidence deposition of the representative is taken, Plaintiff will then designate a person for this purpose, otherwise the evidence deposition notice may simply designate the "representative with knowledge of the customary charges for such treatment" at each facility.

The records keepers from each of the facilities whereat the Plaintiff treated, as set forth in his/her discovery responses and deposition and Medical Expense Report provided throughout the course of this case, will each themselves testify to all foundational matters and requirements for admission of such records into evidence, including testimony as to the custody of the records kept in the ordinary course of business, and history provided by the patient and reliance upon such in the treatment or care of the plaintiff.

Plaintiff reserves the right to update these disclosures in the future in accordance with the order of the court, to add or delete witnesses as may be appropriate and in accordance with the court's order and reserves the right not to call a witness above as may be appropriate at trial.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 06203684

The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street
McHenry, Illinois 60050
Telephone: 815.344.3797
Facsimile: 815.344.5280
www.popovichlaw.com

Thomas J. Popovich
Hans A. Mast
John A. Kornak†
Diana M. Reiter

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

July 24, 2012

Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

RE: ***Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire***
McHenry County Case: 12 LA 178

Dear Mr. Barch:

Pursuant to your Rule 214 Request for Production directed to the Plaintiff, please be advised as follows:

1. See medical expense report itemizing bills (with bills attached) in the amount of $7,313.43. Plaintiff is still treating and bills are coming treaters including Associates in Neurology, Dr. Frank Sek, Fox Lake Dynamic Hand Therapy, Hand Surgery Associates and Dr. Sagerman/Biafora, Mid-America Hand to Shoulder Clinic and Dr. Talerico, Northern Illinois Medical Center and Northwest Community Hospital. Investigation continues.

2. See response to No. 1 above.

3. Attached are photographs of the injuries and/or defendants or parties in the case. Investigation continues.

4. See response to No. 1 above. Medical records are attached obtained thus far from Drs. Karen Levin at Associated Neurology, Northern Illinois Medical Center, Mid-America Hand to Shoulder Clinic and Open Advanced MRI. Investigation continues.

5. See response to No. 4 above.

6. Objection, improper 214 request.

7. None known at this time. Investigation continues.

†Also Licensed in Wisconsin

Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

8. See response to No. 1 above.

9. None, other than the recorded statement of the Defendant, David Gagnon - transcription attached.

10. The undersigned attorney verifies and certifies that the above-responses are true and correct to the best of his belief and knowledge except where investigation continues.

Very truly yours,

HANS A. MAST

smq
Enclosures

MEDICAL EXPENSES

Paul Dulberg

Date of Accident: June 28, 2011
Date of Report: March 19, 2012

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8409
815-344-5000 - Acct. 11179-00323

06/28/11	$1,323.75	$1,323.75

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759
800-355-2470 - Acct. MNI711179003233

06/28/11	$1,346.00	$1,346.00

McHenry Radiologists Imaging Associates
PO Box 220
McHenry, IL 60051-0220
815-759-0800 - Acct. 235130-QMRIG

06/28/11	$50.00	$50.00

Associated Neurology SC
Attn: Dr. Levin
1900 Hollister Drive
Suite 250
Libertyville, IL 60048
847-549-0055 - Chart # 18062

07/28/11	$225.00	
08/10/11	930.00	
Total		$1,155.00

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katohah, NY 10536
866-959-1100 - Acct. 265065

02/03/12	$3,390.00	$3,390.00

Walgreens
3925 W. Elm Street

McHenry, IL 60050
815-363-0722

06/28/11 ..... $48.68 ..... $48.68

TOTAL EXPENSES: $7,313.43

Misc Expenses

Medical Supplies $19.61

Total Misc. Expenses $19.61

TOTAL ALL EXPENSES $7,333.04

MEMORANDUM

TO: File

FROM: Hans

DATE: April 13, 2012

SUBJECT: **PAUL DULBERG - RECORDED PHONE STATEMENT FROM DEFENDANT, DAVID GAGNON**

Recorded statement saved under "Dulberg file - starts 9:16 to 6:03.

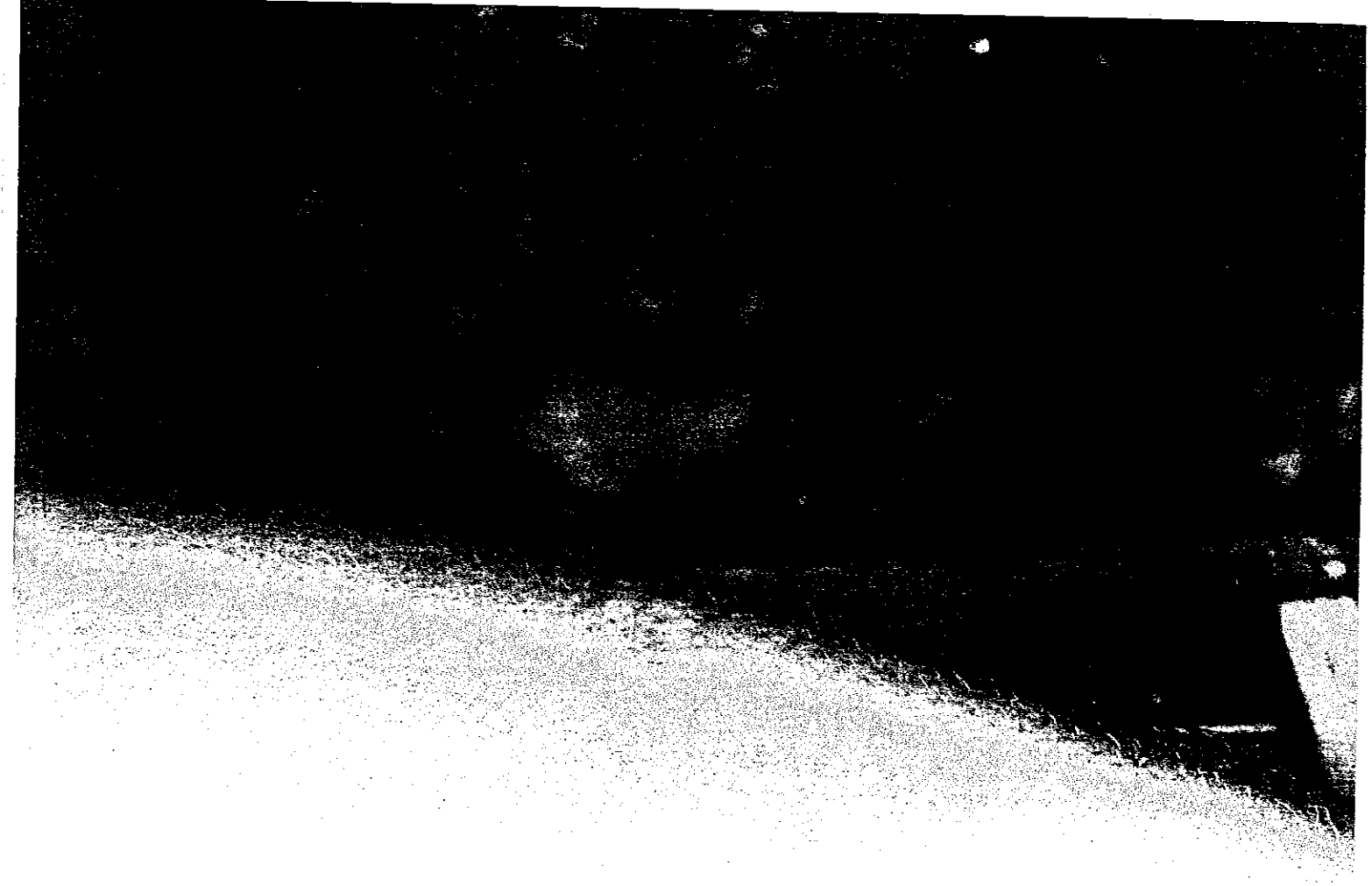
I was turning _____ so that the back was going to cut and an easier go at it. Therefore, the branches that came down, I guess I can say "we" without saying "me" opted to stand the branches up and proceeded to cut. We done this many times, basically scalding off the small branches to make in size of 2 or 3 inch diameter pine needles left, nothing of real value to something to clean up. So, in doing so we had cut probably, I don't know, have a cord of little tiny pieces and had some left and we got to one where I didn't change position, and just so you it was the way that I was operating the saw and it cheeked, in other words, I wasn't free wheeling it out in front of me, always in position and we got to a branch that maybe we shouldn't have tried to cut, it was a little flimsy, so when I hit the crotch it flexed. At that time, yes I was handling the saw, but Paul at the same time and just because we know each other so well, I assumed it would be ok to support it. In doing so, I was already into the cut and the crotch just _____ and I just nicked his arm. So I am wondering at this point, I was there in the operating room I looked into his flesh I was there weeping with him not accepting negligence or responsibility in full but certainly feeling my friend's pain, calling my mother of course she is concerned, she provided for all of the information and such for his medical bills and whatever to be paid and paid for his medication that day for pain and actually gave him some money for, you know, doing the work. I think _____ and he worked and he probably had intentions of getting something and actually I am wondering what is the premise that he is suing on and to what extent if you can answer those questions for me because I have known Paul for a long time, ok, I am going to tell you something else, he helped me roof my roof this summer, he did renovation work for a guy over here in Twins Lakes and ironically we talked and you know and I'm like yeah I know that guy, his name is Mike Thomas and, I mean, what is the premise that is he suing on?

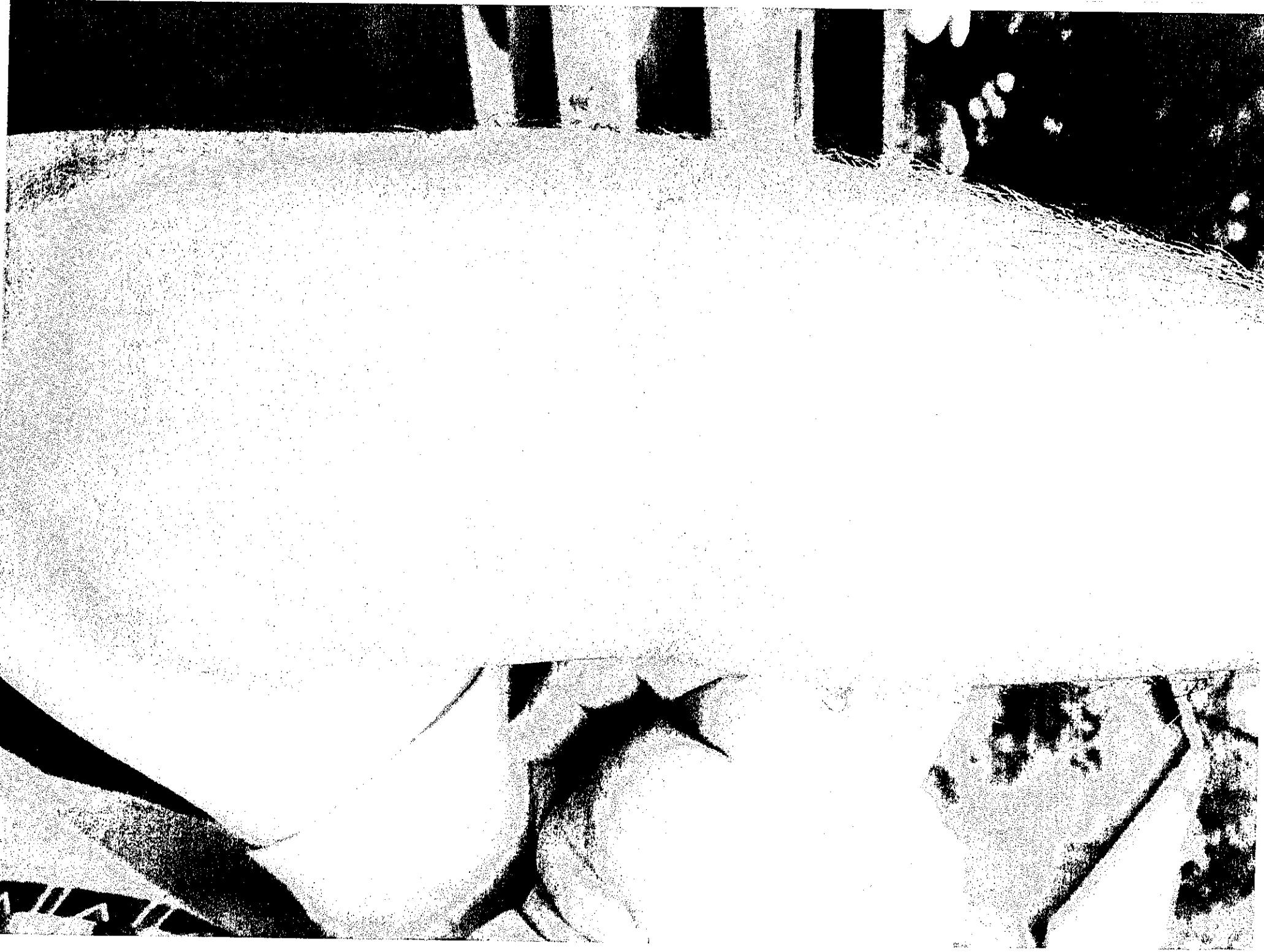
Hans - I would be happy to tell ya, I mean, I don't know if you know this, our lines are recorded, but I don't have to keep it if you don't want me to.

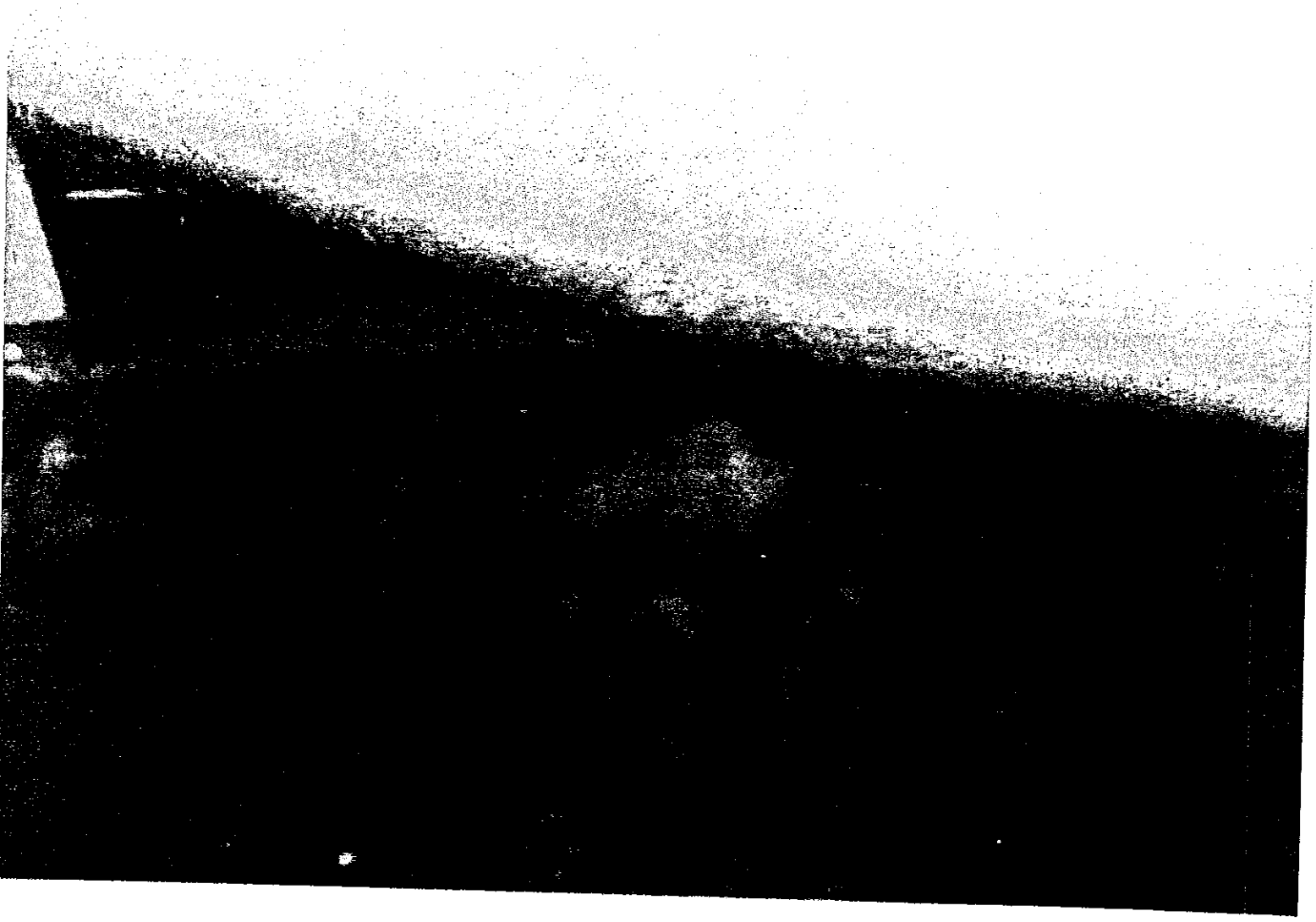
No, I don't care, everything I am saying is the truth and that's the way that I operate and I'm glad that it is recorded and that we are both verified and so continue.

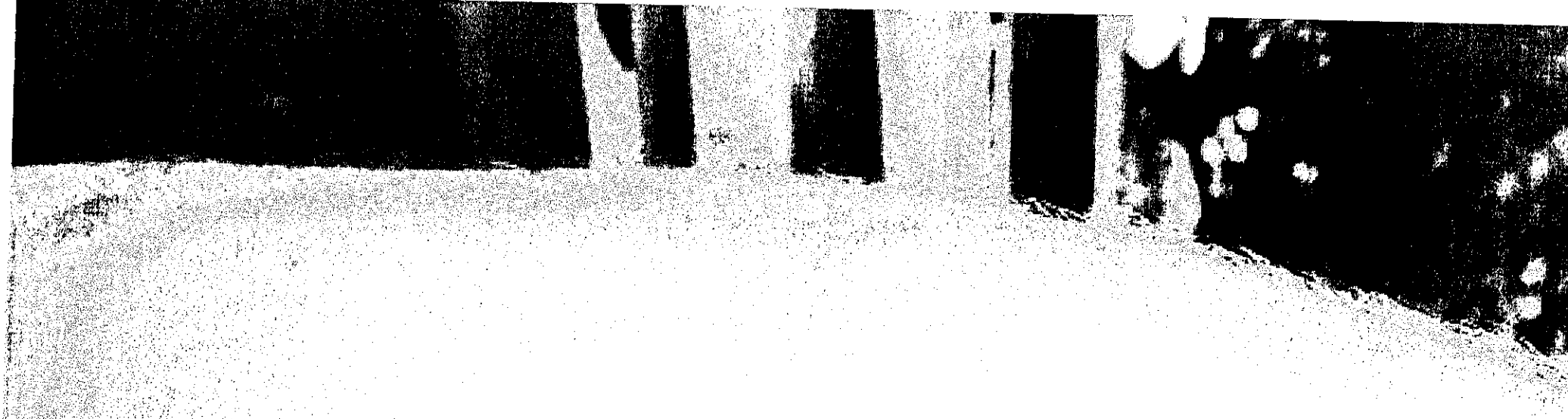
Hans - I don't expect you to tell me anything but the truth anyway, so as long as that is a good deal then fine.

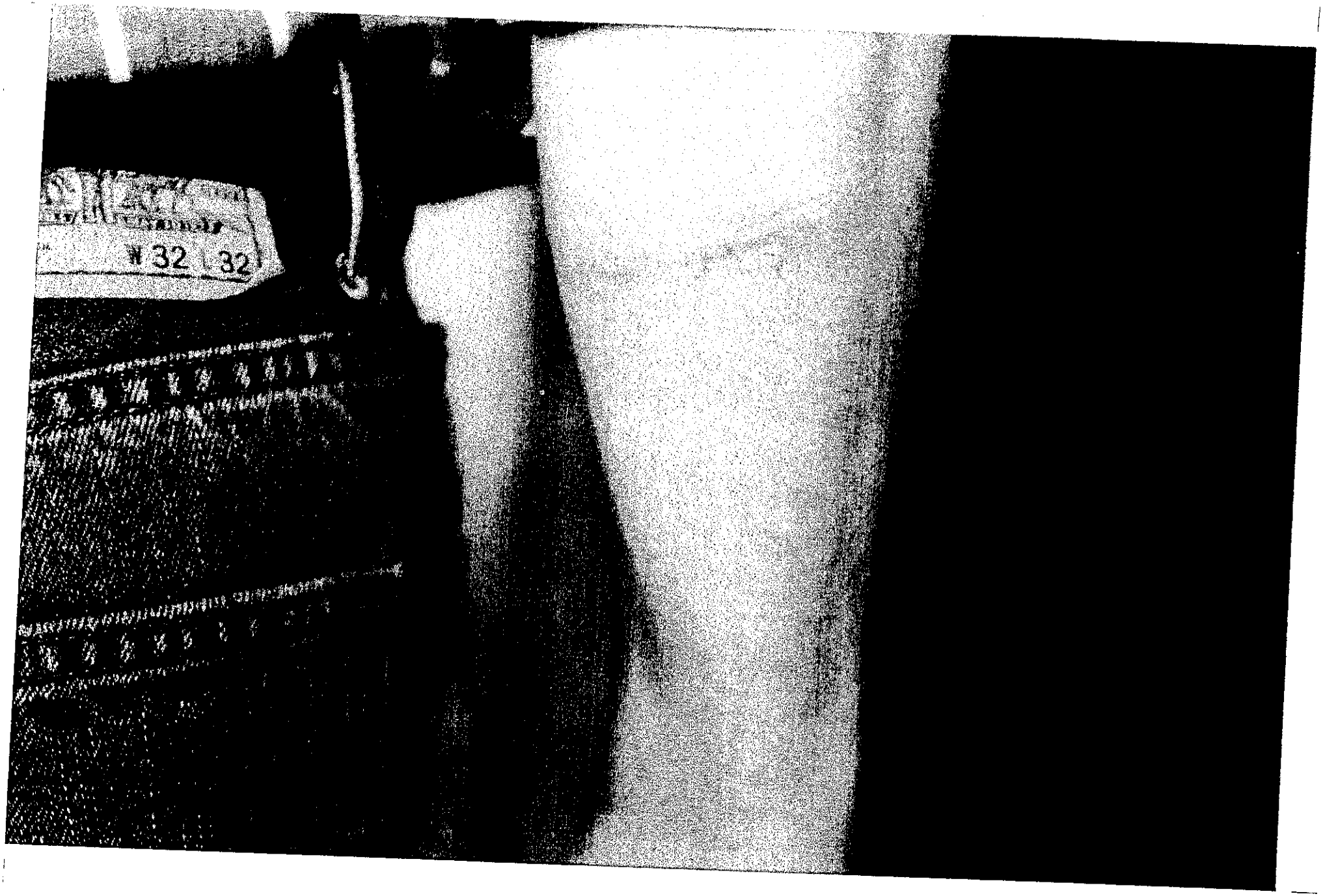
What he said, you know, is that, we can make a lot of money in this, and I said we? I said Paul, I'm still thinking about your arm and getting home and getting your meds and he say ah, we'll talk about it later. So, once again, per law I understand that he is entitled to something but there should be no







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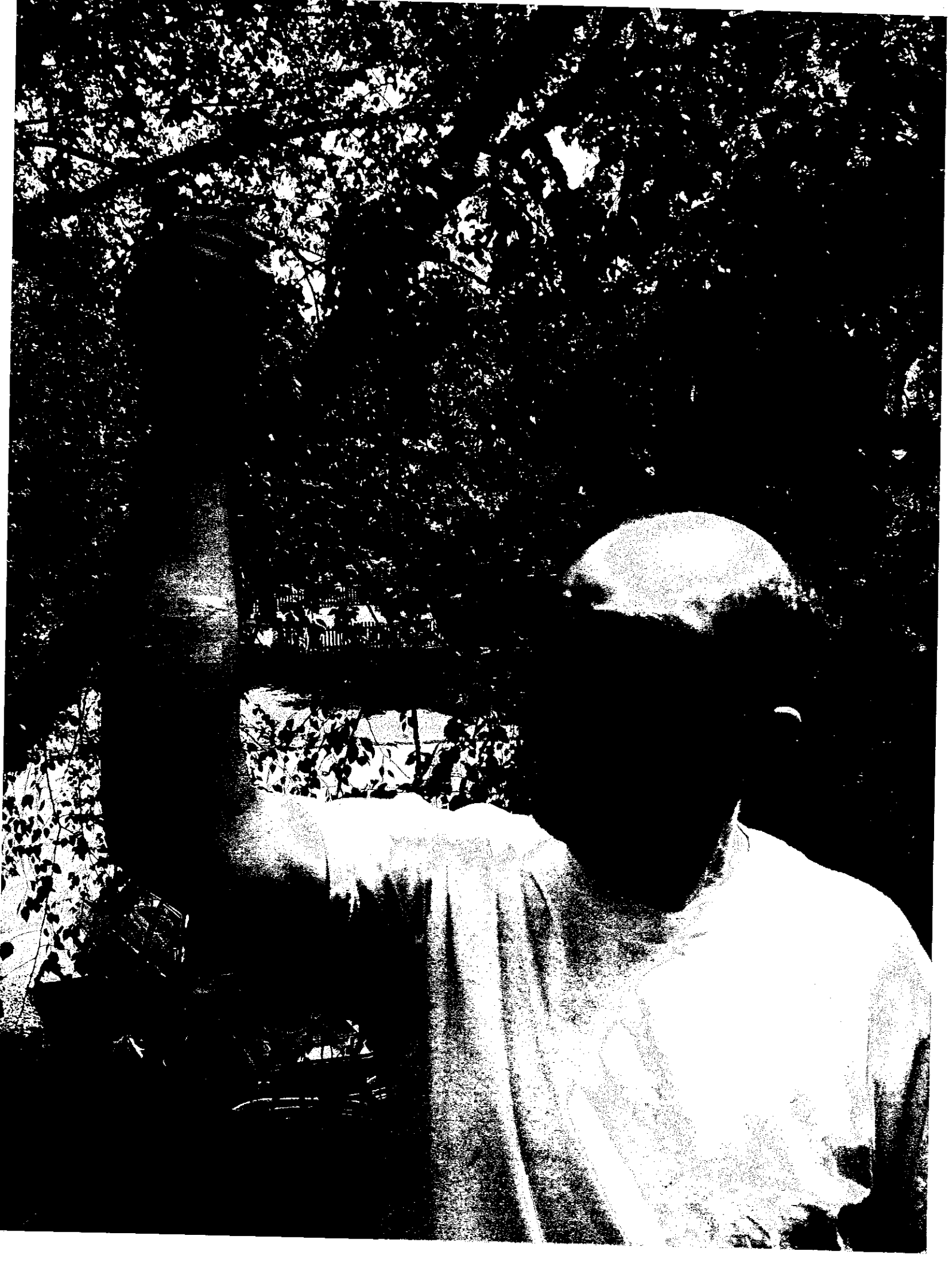

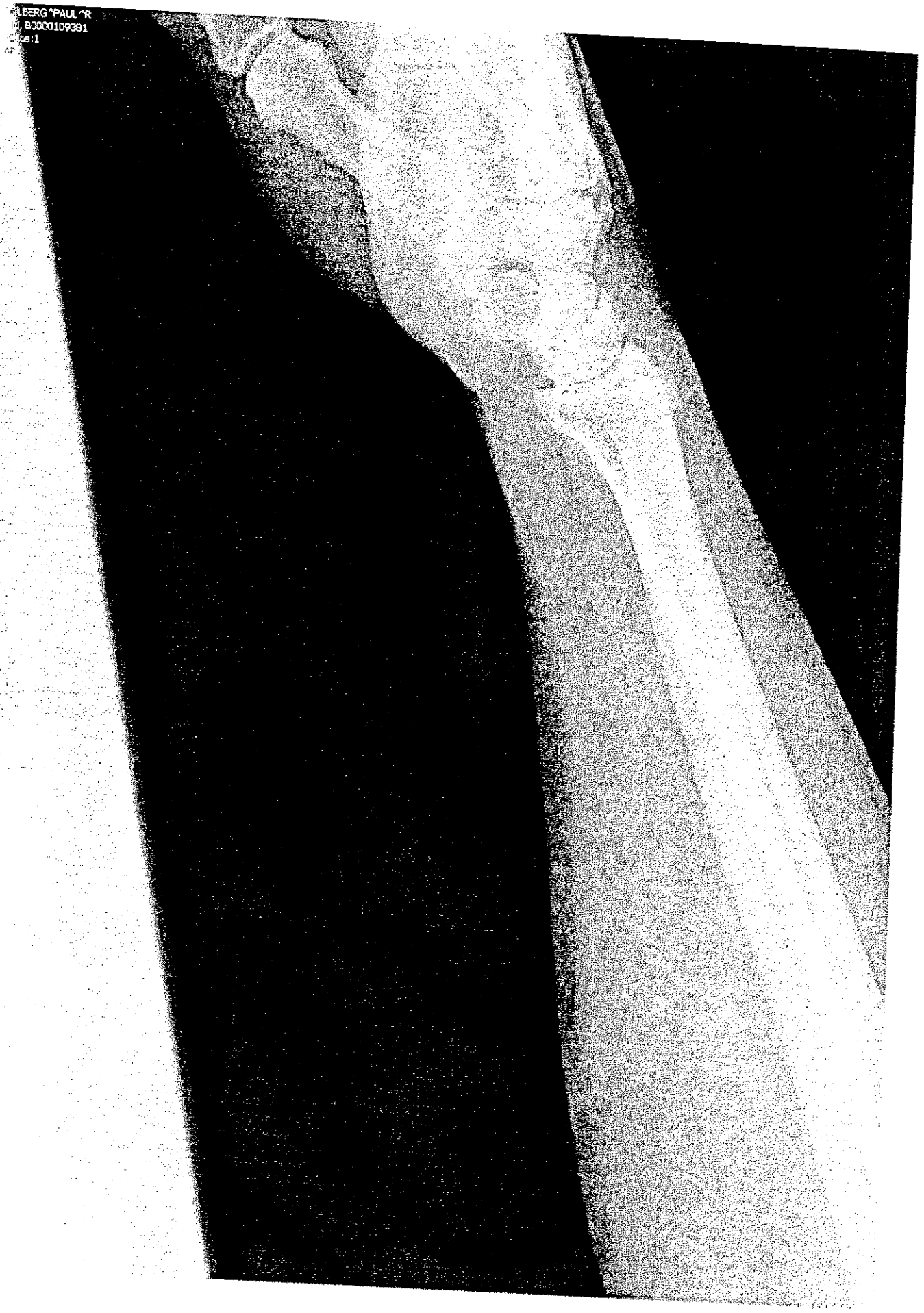
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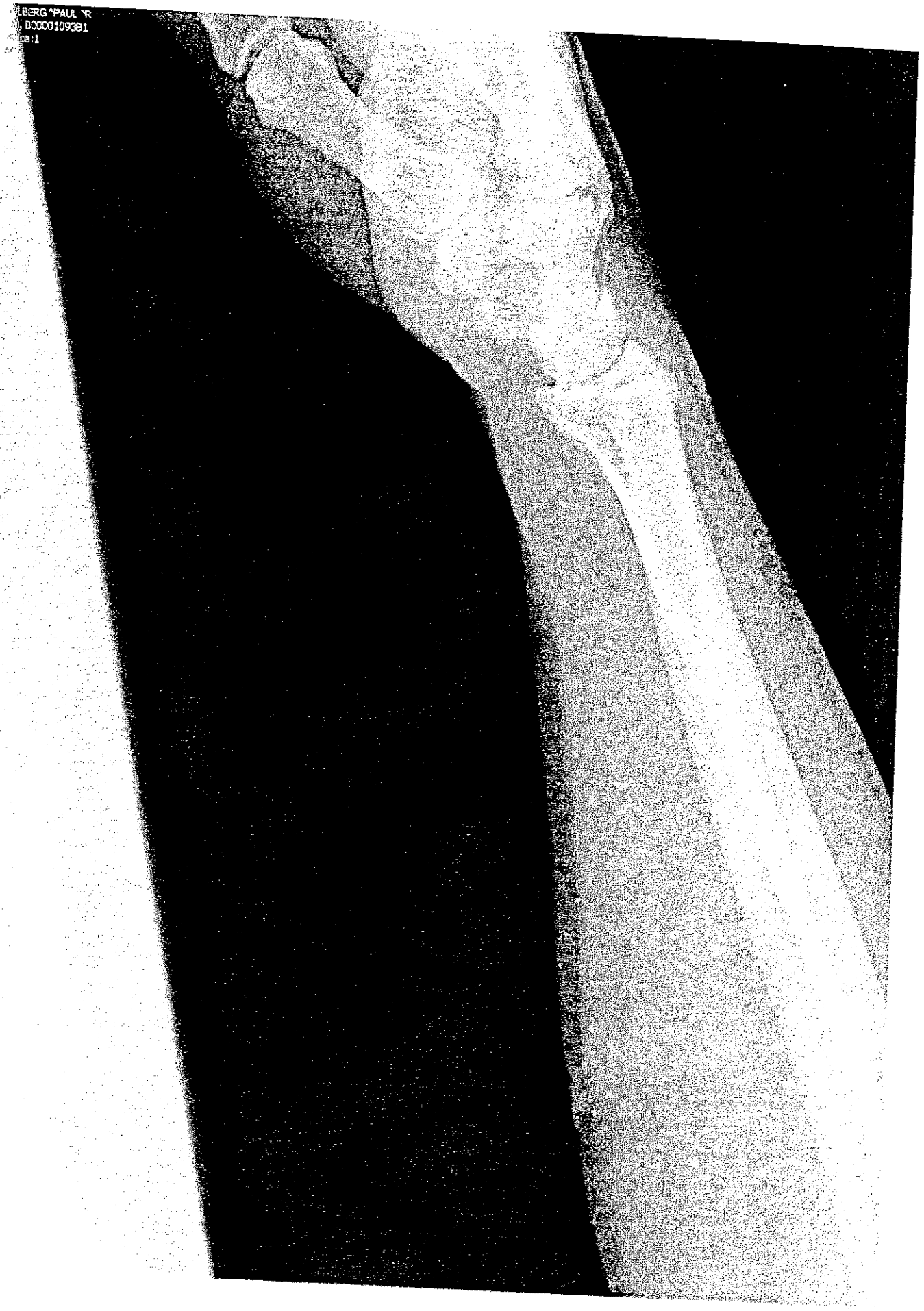
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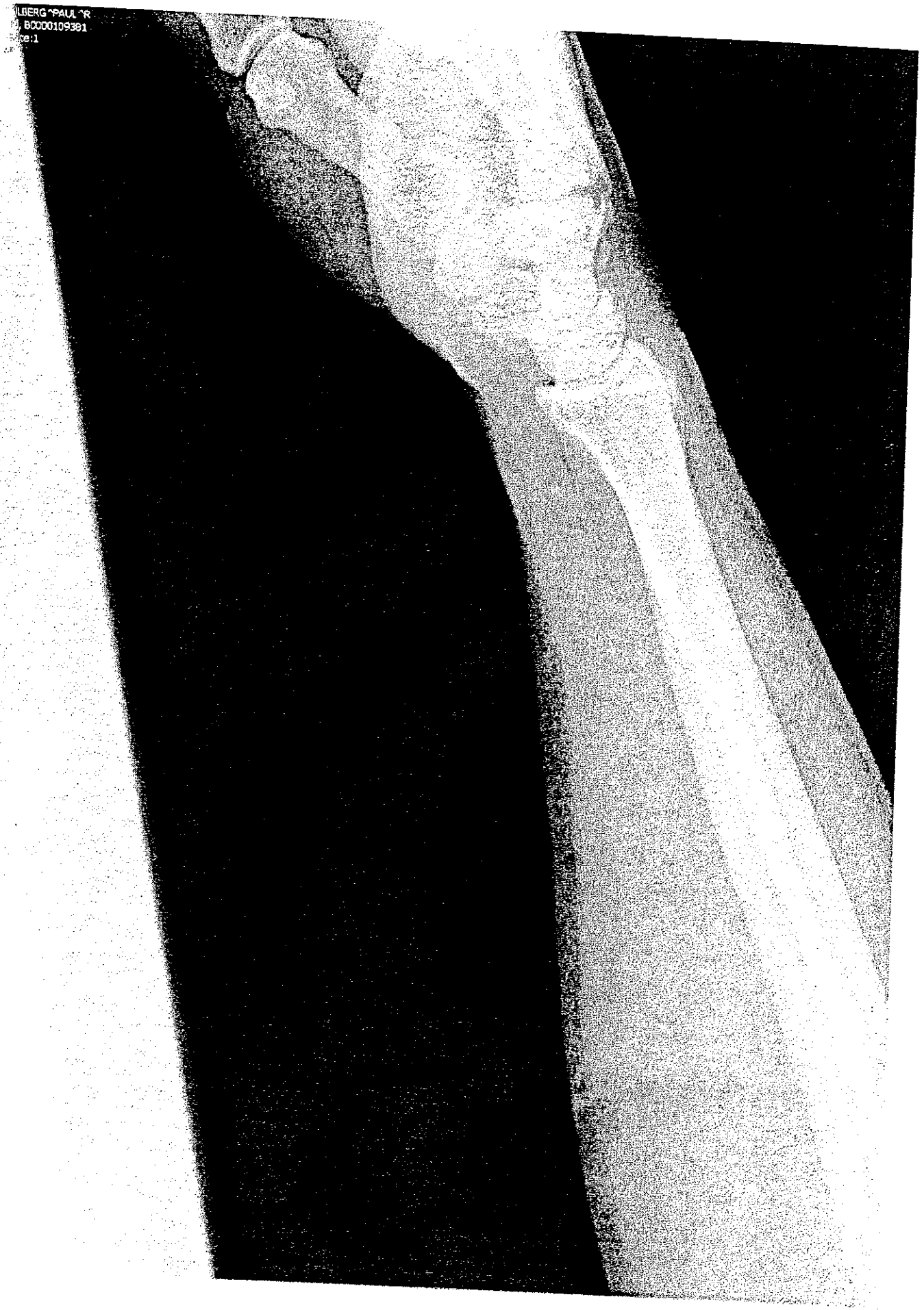
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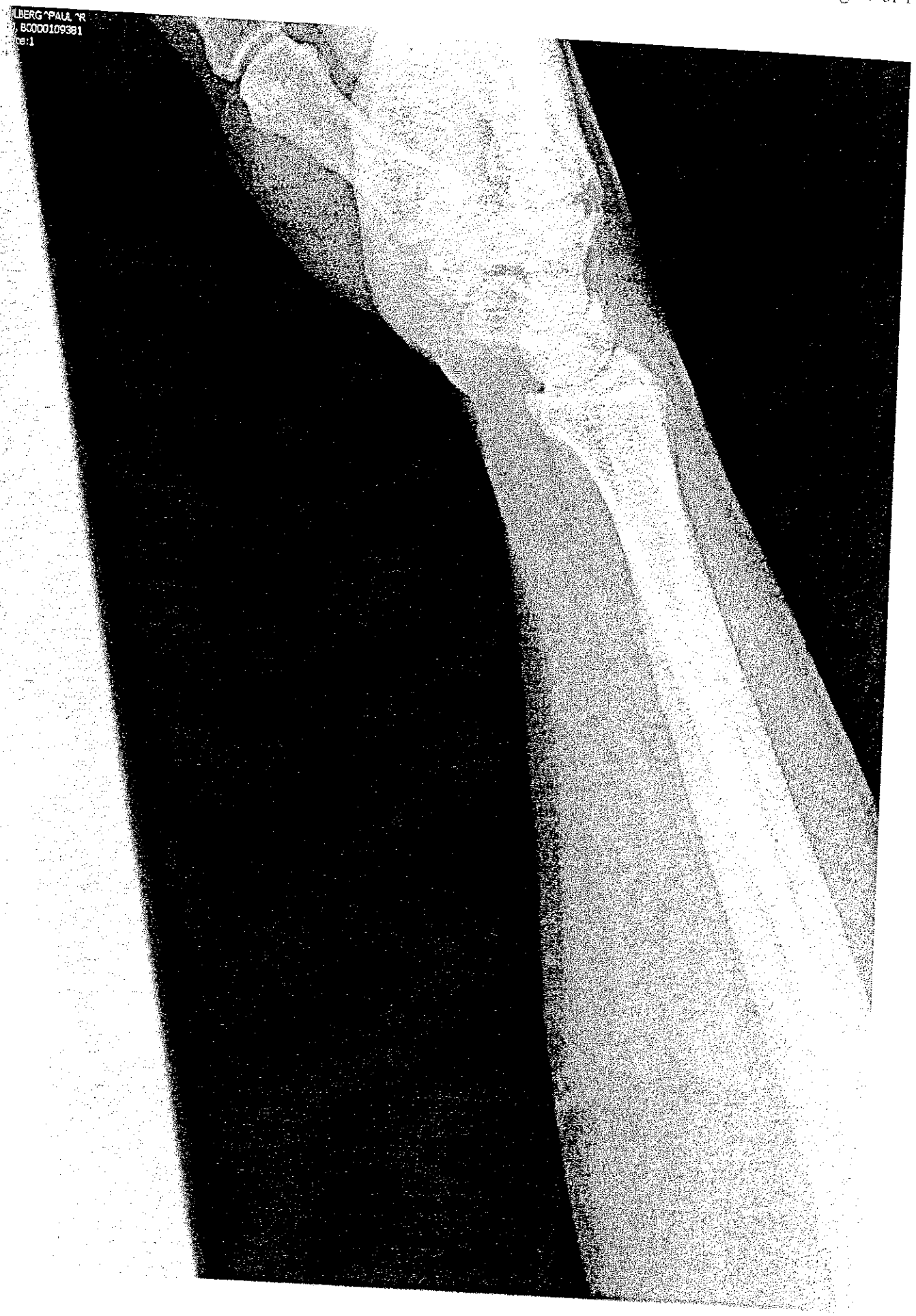
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Open Advanced MRI

PATIENT:	DULBERG, PAUL	**PHYSICIAN:**	LEVIN, MD, KAREN
MRN:	1585839	**EXAM:**	MR FOREARM W/ AND W/O 73220
DOB:	03/19/1970	**DOS:**	02/03/2012

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast infusion..

CLINICAL HISTORY: History of right forearm trauma with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are normal.

There is no cystic or solid mass appreciated. The visualized muscles have normal signal characteristics.

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630.885.2100.

MidAmerica
Hand to Shoulder Clinic

OAKBROOK TERRACE
1 TransAm Plaza Drive,
Ste. 460
Oakbrook Terrace, IL 60181
P 630.317.7007
F 630.317.7088

LOCKPORT
16810 W. 159th St.
Ste. 103
Lockport, IL 60441
P 708.237.7200
F 708.237.7201

PALOS HEIGHTS
10330 S. Roberts Road
Palos Hills, IL 60465
P 708.237.7200
F 708.237.7201

LIBERTYVILLE
1419 Peterson Road
Libertyville, IL 60048
P 847.247.0547
F 847.247.0540

SCHAUMBURG
1990 East Algonquin Rd.
Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

HISTORY & PHYSICAL

PATIENT: Dulberg, Paul **AGE:** 41 years old **EXAM DATE:** 12/02/11

CHIEF COMPLAINT: Right forearm pain.

HPI:

Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound is here it at the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I do not have that study available at this moment. He currently is not working but is a graphic designer by training. He reports using a computer mouse for 20 minutes causes significant forearm pain.

MEDICATION: Patient has no current medications.
ALLERGIES: nkda
REFERRAL SOURCE: Not Referred By

ILLNESSES: Arthritis
OPERATIONS: Ulnar Nerve Transportation: Active
SOCIAL HISTORY: Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker
FAMILY HISTORY: Diabetes
OCCUPATION: Graphic Designer

ROS:

1. Head and Neck: System reported as normal by patient.
2. Heart: System reported as normal by patient.
3. Lungs: System reported as normal by patient.
4. GI: System reported as normal by patient.
5. GU: System reported as normal by patient.
6. Neuro: As per HPI.
7. Musculoskeletal: As per HPI.
8. Abdomen: System reported as normal by patient.
9. Heme/Lymph: System reported as normal by patient.
10. Other:

PHYSICAL EXAM:

Vitals: **No data for Vitals.**

Appearance: No distress, good color on room air. Alert and cooperative.

Skin: Bilateral upper extremities: no open wounds or skin changes.

Neuro: Bilateral upper extremities: Median, radial and ulnar nerves are motor and sensory intact. Light touch intact all digits, no weakness or wasting.

Vascular: Bilateral upper extremities: palpable radial pulses and brisk capillary refill.

Focused Exam: Examination of his right upper extremity reveals his elbow has normal painless range of motion. No focal tenderness to palpation. Collateral ligaments are stable. His forearm compartments are soft. He has a well-healed transverse laceration on the volar medial mid forearm level. There is no erythema, drainage, or fluctuance at the level of the laceration. There is no tenderness to palpation at the laceration site. There is some apparent muscle incongruity. Distally his hand demonstrates no atrophy. He has 5 out of 5 intrinsic strength. 5 out of 5 APB strength. He can make a full fist with full extension of all digits. He does not demonstrate a clawed posture. He has a negative Froment sign. He has a positive Wartenberg sign. Wrist flexion and extension is 5 out of 5 strength. He has a palpable FCU and ECU tendons at the level of the wrist. They have appropriate tension.

IMAGING: None today.

ASSESSMENT:

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM

PROCEDURES: 99203-NEW Detailed, Low Complexity

PLAN:

Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I would like to see the official report of the EMG/NCS. We will obtain this report. There is no evidence of a complete injury to his ulnar nerve on physical exam. His complaints are likely muscular in origin. He may have some superficial sensory complaints as well. I do not think he needs any surgical intervention at this time. I did recommend and provided him with a prescription for occupational therapy to work on strengthening and conditioning of the forearm muscles. They can also perform some pain control modalities. I would like to see him back in 4-6 weeks' time to see if therapy is of some assistance to him. I will contact him by phone if his EMG is significantly abnormal. Otherwise we will discuss it at the next followup visit. Patient was in agreement with the plan.

Prescription: No data for Prescription

Work Status: Not applicable.

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Primary Care Physician: Dr. Sek
Other: n/a

MidAmerica Hand to Shoulder Clinic

OAKBROOK TERRACE
1 TransAm Plaza Drive, Ste. 460
Oakbrook Terrace, IL 60181
P 630.317.7007
F 630.317.7088

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16610 W. 159th St. Ste. 103
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F 847.247.0540

SCHAUMBURG
1990 East Algonquin Rd.
Ste. 200
Schaumburg, IL 60173
P 847.303.5790
F 847.303.5795

PATIENT: Dulberg, Paul R **AGE:** 41 years old **EXAM DATE:** 01/06/12
HOME: 4648 Aden Court
Mchenry, IL 60051

PID: 1002454

CHIEF COMPLAINT: Right forearm pain.

Nurse's Notes: Patient doesn't feel occupation therapy is helping. He complaints of pain/soreness and loss of strength. MT

Referred by: Not Referred By

HPI: Patient is a 41-year-old male who is right-hand dominant. He was referred by Dr. Karen Levin, MD, neurology, for evaluation of an injury he sustained to his right medial forearm in June of 2011. He apparently was using a chain saw when he accidentally struck the volar medial aspect of his right forearm in roughly the mid forearm range with a chain saw. He had a large open wound down to muscle. He was seen in the emergency department where the wound was debrided and the muscle was sewn together and the skin was closed. He followed up with his primary care provider. He has noted persistent pain which he describes as intermittent and shooting in character radiating from the laceration site. He occasionally has intermittent numbness and tingling in the ring and small finger. He reports grip weakness and no endurance with wrist flexion and gripping. He has not had therapy to date. He did have an EMG/NCS performed by Dr.Levin in August of 2011. Per the patient the study was normal. I saw the patient a proximally one month ago recommended a course of occupational therapy. He has attended one or 2 sessions thus far. I also obtained and the EMG nerve conduction study to review. The patient reports no improvement in symptoms. He thinks that therapy is not helpful. He feels he is getting weaker. He feels burning in the forearm region. He also asked me about disability paperwork.

MEDICAL HISTORY: Arthritis
MEDICATION: naproxen (Dosage: 375 mg Tablet, Delayed Release (E.C.) SIG: Take 1 tablet Oral twice a day Oral Dispense: 90 Refills: 2)
ALLERGIES: nkda
SOCIAL HISTORY Alcohol - Denies
Marital Status: Single
Smoking: current every day smoker

PHYSICAL EXAM:
Appearance: No distress. Alert and cooperative.
Skin: Bilateral upper extremities: no open wounds or skin changes. Well-healed laceration in the mid forearm region right side ulnar aspect. No evidence of infection.
Neuro: Bilateral upper extremities: light touch intact all digits, no weakness or wasting.
Focused Exam: Elbow with full and painless motion in the right side. Forearm compartments are soft there is no obvious deformity. He has preserved wrist flexion and extension strength. He can make a full fist and has full extension of all digits. He has no intrinsic or thenar atrophy. He has 5/5 APB and intrinsic strength. He has a negative Froment sign. He does have a positive Wartenberg sign. FDP to the small finger is 5/5.

IMAGING: None today.

Report Date: June 21, 2012 **Patient:** Dulberg, Paul R **DOS:** 01/06/12

DIAGNOSIS: 906.1-LATE EFFECT OPEN WND EXTREM
PROCEDURES: 99213-ESTABLISHED Expanded, Low Complexity

ASSESSMENT & PLAN:

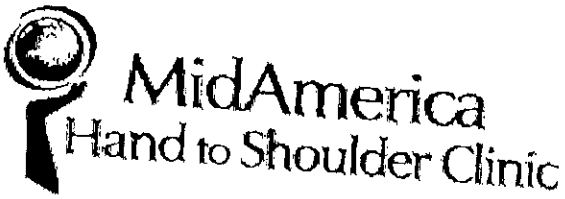
Plan: I reviewed findings, treatment options, and recommendations with the patient concerning the forearm complaints he has. I reviewed the EMG/NCS which is a normal study. There is no evidence of ulnar nerve injury. Given the location of his injury this is the only significant problem I can imagine from this wound. There is no evidence of any nerve or tendon injury. He may have some residual soreness and some superficial sensory abnormalities but this should improve over time. Our recommendation is simply continued therapy. No need for surgical intervention that I can foresee. Unfortunately do not have anything further to offer the patient at this time. I would be happy to see him back in the future on an as needed basis.

Work Status: Not applicable.

Marcus G. Talerico, MD

Marcus G. Talerico, M.D.

Referred by: Dr. Karen Levin
Other: Hans Mast(Attorney)



Fax

To:	Hans Mast	**From:**	Tish
Fax:	8153445280	**Pages:**	6 (Including Cover Letter)
Phone:		**Date:**	3/26/2012
		Phone:	847-720-7114
Re:	Paul Dulberg	**Fax:**	847-720-7344

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

▪ **Comments:**

Attached please find a ledger for the amount due for injury sustained by Mr. Paul Dulberg.

ASSOCIATED NEUROLOGY, S.C.

MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.

July 28, 2011

Mr. Hans Mast
3416 W. Elm Street
McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast,

Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulnar neuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor when the chainsaw came up and cut his right forearm. He was taken to Northern Illinois Medical Center where they put in inner stitches in the muscle and outer stitches. He originally had very significant pain, but as the pain was getting better, he started noticing that he had numbness in his fifth digit in the inner aspect of his forearm. He had not been dropping things. It was mostly just a tingling and a numb feeling. He denies ever having any right-sided symptoms or right-sided injuries. His examination was significant for a healing scar in the right forearm and for decreased light touch, pinprick, and temperature sensation in the ulnar distribution of the right arm. His strength was normal. Given the distribution, it was felt that this was a branch neuropathy to the sensory nerves. I did have him undergo nerve conductions to make sure that the median and ulnar nerves were all without involvement and they were. I recommended that he see a hand surgeon as well just to be certain that there were no other treatment options for him; however, most likely this was just a sensory branch neuropathy that may improve or may result in permanent numbness in the distribution that he was showing numbness. Mr. Dulberg should followup if any additional symptoms develop or if he wished to try any neuropathic pain treatment if it became painful and not just numb.

Sincerely,

Karen Levin, MD (mdm)

Karen F. Levin, M.D.

KFL/klm

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 549-0055 • FAX (847) 549-0404

CENTEGRA
Health System

PATIENT

ACCOUNT NO.	ADMISSION DATE/TIME	BY	STATION ROOM	ACC	SERVICE	TYPE	AT	AS	DISCHARGE DATE	DISCHARGE TIME
B1179-00323	06/28/11 0246PM	MSC	EDB -		EMD	EDB	1	1		

SEX	RC	MS	BIRTHDATE	SOC SEC NO	CLERGY	AD	OD	INJURY	UNIT NO/ANE DIGAL RECORD NO
M	3	S	03/19/70 41Y	323-76-4001		N		AT WORK	B00001029381

PATIENT NAME AND ADDRESS
DULBERG, PAUL R
4606 HAYDEN CT
MCHENRY IL 60051-7918
ENGLISH
(847)497-4250
CELL#
*MCHENRY CNTY, IL

FIN CLASS
1 LIAB-MVA/M

PREVIOUS NAME

GUARANTOR

GUARANTOR NAME AND ADDRESS
DULBERG, PAUL R
4606 HAYDEN CT
MCHENRY IL 60051-7918
(847)497-4250
SELF
CELL#

SOC SEC NO 323-76-4001
PHI CONTACT: Y

EMERGENCY CONTACT / RELATIVE 1
DULBERG, HERBERT
4606 HAYDEN CT
MCHENRY IL 60051-7918
(847)497-4250
*FATHER

SOC SEC NO
PHI CONTACT: Y

EMERGENCY CONTACT 2
DULBERG, BARBARA
4606 HAYDEN CT
MCHENRY IL 60051-7918
(847)497-4250
*MOTHER
PHI CONTACT: Y

EMPLOYERS

PATIENT EMPLOYER
SHARP PRINTING
4606 HAYDEN CT
MCHENRY IL 60050
(847)497-4250
SELF EMP

GUARANTOR EMPLOYER
SHARP PRINTING
4606 HAYDEN CT
MCHENRY IL 60050
(847)497-4250
SELF EMP

RELATIVE 1 EMPLOYER

PATIENT ALTERNATE ADDRESS

INSURANCE

INSURANCE 1
PAUL DULBERG/ACCIDENT
4606 HAYDEN CT
JOHNSBURG IL 60051
ACCIDENT
99999
1 601067
DULBERG, PAUL R
999999999
(847)497-4250
DOB: 03/19/70

INSURANCE 2
DOB:

INSURANCE 3
DOB:

INSURANCE 4
DOB:

MISC.

DIAGNOSIS/COMPLAINT
ER

COMMENT

ATTENDING PHYSICIAN
FORD, APIWAT W

ADMITTING PHYSICIAN
FORD, APIWAT W

PRIMARY CARE PHYSICIAN
SEK, FRANK

ADDITIONAL PHYSICIAN

PRINCIPAL DIAGNOSIS

STN: ERA

COMPLICATIONS AND COMORBIDITIES

PRINCIPAL PROCEDURE & DATE

OTHER PROCEDURES & DATE

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES & THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

PRINTED BY: SJS0422

SIGNATURE _____ M D DATE _____

RESTRICTIONS / RELEASE FORM

☒ Northern Illinois Medical Center
Emergency Department
4201 Medical Center Drive
McHenry, Illinois 60050
(815) 344-5000

☐ Memorial Medical Center
3701 Doty Rd.
Woodstock, Illinois 60098
(815) 334-3900

PATIENT NAME Paul Dulberg DATE 12/28/2011

PHYSICIAN SIGNATURE [signature]

1117900323
DULBERG, PAUL R
M 41Y 03/19/1970
06/28/2011 B 0000109381

☐ May return to ☐ work ☐ school ☒ gym without restriction.

☒ May not return to ☒ work ☐ school ☐ gym for 2 day(s).

☐ May return to school with the following restrictions:

- ☐ Gym/Sports restrictions are _____ for _____ day(s).
- ☐ Must take prescription medication for _____ day(s).

☐ May return to work with the following restrictions:

- ☐ No lifting greater than _____ lbs. for _____ day(s).
- ☐ Machinery/Driving restriction while on medication that can cause drowsiness.
- ☐ No continuous ☐ standing ☐ sitting for _____ day(s).
- ☐ Must keep _____ elevated for _____ day(s).
- ☐ Sedentary work only for _____ day(s).
- ☐ Must use crutches for _____ day(s).
- ☐ No overhead work for _____ day(s).
- ☐ No bending or twisting for _____ day(s).
- ☐ Must wear immobilizer for _____ day(s).
- ☐ No climbing on ladder or stairs for _____ day(s).
- ☐ Other _____

☐ LIMITED WORK WITH
☐ NO WORK WITH

☐ Right Hand	☐ Left Hand
☐ Arm	☐ Arm
☐ Foot	☐ Foot
☐ Leg	☐ Leg

For _____ Days

☐ See your physician in _____ days for reevaluation.

All patients are referred to their personal physicians or a doctor on the staff of this hospital. Release from restriction must be obtained from that doctor and not the Emergency Department.

I (or responsible person) have/has received and understand(s) the instructions to follow as noted above.

Patient signature (or responsible person): Paul Dulberg

PRINTED BY: SJS0422
DATE 12/08/2011

EMCARE, INC

ED 102 NIMC/MMC

MEDICAL RECORDS COPY

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Patient: PAUL DULBERG, Med. Rec. #: B0000109381, Visit #: B1117900323, Date: 06/28/2011 Time: 17:02

Home Care Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W..

After your visit to our Emergency Department, you may receive a survey in the mail. We want to be sure we have given you very good care and we ask that you please fill out the survey and return it in the mail.

After you leave, please follow the instructions below.

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)
Your wound was closed with stitches. These are small threads that keep the skin closed to help it heal. You have 3 internal and 11 external stitches. These should be removed in 10 days.

At home, please follow these instructions:
- Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Put a light dressing on it if it rubs or there is drainage.

Call your doctor if:
- you have redness, pain, or swelling in the area of your stitches.
- your wound drains pus.
- your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:
- sleepiness or dizziness
- upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. Allergy would show up as: rash or itching, facial or throat swelling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

Follow these instructions:
- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or allergies. Severe drowsiness may occur
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine:
  - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
  - Include extra fiber in your diet.
  - Exercise daily.
- Watch for signs of dependence:
  - feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- **Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.**

Call your doctor if you have:
- any sign of dependence or allergy.
- increased pain not helped by the pain medicine.
- slow, weak breathing.
- seizures.
- slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- any new or severe symptoms.

CEFADROXIL (Duricef)

Take this medicine until gone in the following dose: 500 mg by mouth 2 times a day for 5 days.

PRINTED BY: SJS0422
DATE 06/28/2011

Patient Name, PAUL R
Account Number, B1117900323

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Cefadroxil is an antibiotic used to treat infections caused by bacteria. Antibiotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- diarrhea
- upset stomach, nausea or vomiting
- headache

Other side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as **rash or itching, facial or throat swelling, wheezing or shortness of breath.**

Follow these instructions:

- Space your medicine doses evenly throughout the day. This medicine works best if there is a constant amount in your blood.
- Take this medicine **with food** to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions.

- Store the tablet or capsule form of this medicine away from heat, moisture or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid well before each use.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- **Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.**

Call your doctor if you have:

- any sign of allergy.
- no improvement after you've taken all the medicine.
- a seizure.
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- ongoing nausea, vomiting or stomach pain.
- white patches in your mouth.
- women: itching in or change in discharge from your vagina.
- inflammation (pain and swelling) in your intestine during treatment or up to weeks after you've finished this medicine:
  - ongoing diarrhea
  - stomach pain or cramping
  - blood or mucus in your bowel movements
- any new or bothersome symptoms.

SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking related deaths in America each year are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after quitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked!

If you or someone you love is interested in quitting, consider joining our "Freedom From Smoking "classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (877-236-8347) for more information regarding this program. To speak with a counselor immediately, call the Illinois Tobacco line at 1-866-QUIT-YES.

PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can I do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, over stimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re: pain. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type of medicaton.
- What if I feel I'm not getting enough pain control? Talk to your physician or home health nurse about it. Together you may be able to develop a plan to prevent or ease your pain. Depending on the cause of your pain, your health-care provider may suggest exercise, use of heat/cold, massage, repositioning, immobilization of the affected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

If you have problems that we have not discussed, or your problem changes or gets worse. Call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconciliation was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

Paul Dulberg
PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Person has received this information and tells me that all questions have been answered.

RN Staff Signature

Pain 4
Time 1713.

PRINTED BY: SJS0422
DATE
PATIENT NAME: PAUL R
Account Number, B1117900323

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.
Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose,.

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)
one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).
CEFADROXIL (Duricef)
500 mg by mouth 2 times a day for 5 days.

1. How are you and/or your family doing today?
2. Is your pain/or symptoms better today?
3. Did you understand your discharge instructions?
4. Are you following up with a Doctor?

PRINTED BY: SJS0422
DATE 12/08/2011
Patient Name, PAUL R
Account Number, B1117900323

5. Comments:

Signature of nurse making phone call;_____
Date:_____Time;_____

FORM GOES TO MEDICAL RECORDS

PRINTED BY: SJS0422
DATE: 12/08/2011
Patient Name, PAUL R
Account Number, B1117900323

CentegraHealthSystem

1117800326
WELTER, KAITLYN D
F 10Y 11/28/2000
06/28/2011 B 0000297787

Initials

RELEASE FROM LIABILITY FOR VALUABLES

I understand my belongings are my responsibility and I have been advised to send any items of value home. I release CHS from any liability for the loss, damage to, or theft of any of my belongings. Safes or lockers are available at the hospital facilities and may be used to store valuables.

PATIENT PRE-CERTIFICATION RESPONSIBILITY

I understand I am responsible for the notification to my insurance company to obtain authorization before service is rendered. I further understand that if I do not pre-certify I may incur a reduction or loss of paid benefits to the hospital for which I will be liable.

ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

I hereby authorize payment to be made directly to CHS and to the independent professional(s) for all insurance benefits otherwise payable to me. I understand I am financially responsible to CHS and independent professionals for all charges incurred. Patient "out-of-pocket" amounts will be requested prior to or upon discharge. In the event of default or non-payment, CHS shall be entitled to the right of recovery of all collection expenses, including court costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed CHS by the guarantor/responsible party, or any open account for his/her dependent family.

PATIENT INFORMATION OFFERED

- Patient Rights/Responsibilities ..... Yes Declined If No, Explain: _____
- Advance Directive Information ..... Yes Declined If No, Explain: _____
- Notice of Privacy Practices. ..... Yes Declined If No, Explain: _____
- Patient Billing Information ..... Yes Declined If No, Explain: _____

PATIENT CERTIFICATION

By signing this General Consent and Acknowledgement Form, I acknowledge I have read and understand the information contained in this form and accept its terms. I also acknowledge I have received a copy of this form for my records.

INPATIENTS ONLY:

TRICARE (Military) Insurance PATIENTS ____Yes, I have received TRICARE "Important Message"

Amanda J Welter
Patient/ Authorized Person

Mother
Relationship

6/28/11
Date

Witness

I, _____, have interpreted/translated the above form to the patient. The patient has informed me he/she fully understands and agrees to the terms set out in this consent form.

Interpreter/Translator (Please Print Name) _____ Language _____ Interpretation/Translation Provider (Company name or Relationship to Patient)

PRINTED BY: SJS0422

1117900326
WELTER, KAITLYN D
F 10Y 11/28/2000
06/28/2011 B 0000297787

CentegraHealthSystem

☑ CH - M ☐ CH - W
☐ Other (Specify) _____

GENERAL CONSENT AND ACKNOWLEDGMENT

Account Number/Effective Date: _____ _____

CONSENT FOR MEDICAL TREATMENT

I have come to Centegra Health System (CHS) for medical treatment and consent to the customary examinations, tests, and procedures performed on patients in my condition. I understand and consent that independent professionals (such as my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists) may participate in my care as deemed necessary.

I agree to follow the Patient Rights & Responsibilities of CHS and to participate with independent professionals and CHS personnel in my care and treatment.

I understand the practice of Medicine is not an exact science and, therefore, no guarantees have been made regarding the likelihood of success or outcomes of any diagnosis, treatment, test, surgery or examination performed at CHS.

I understand this General Consent and Acknowledgement will remain in effect for this episode of care and will be provided to those areas of CHS where I receive care.

I understand the language in this Consent guides and controls all other forms and consents I may sign during my treatment with Centegra Health System and any inconsistencies shall be interpreted consistent with terms of this document.

_____ PATIENT ACKNOWLEDGMENT OF INDEPENDENT PHYSICIANS
Initials

I acknowledge the independent professional(s) who provide services to me at CHS are not employees or agents of CHS, but are independent medical practitioners who have been permitted to use its facilities for the care and treatment of their patients. They include but are not limited to, my attending physician, on-call physicians, emergency medicine physicians, radiologists, anesthesiologists, pathologists, surgeons, obstetricians, consultants, nurse practitioners, physician assistants, certified registered nurse anesthetists and other specialists. My decision to seek care is not based upon any representation or advertisement of the independent professionals and I understand they are not employees or agents of CHS. CHS bills do not include physician, surgeon, or other independent professional services and I understand I will receive a separate bill directly from the independent professional. I have read and understand the above terms and confirm I am the patient or am authorized to sign on the patient's behalf.

_____ PATIENT ACKNOWLEDGMENT OF INDEPENDENT SERVICES
Initials

During the course of my hospital stay, my physician may determine I require care at another medical facility, or I may request care at an alternate facility. I acknowledge that all transportation services provided in connection with my transfer to another facility are provided by an independent third party and I will receive a separate bill directly from the service provider for which I may be responsible.

USE AND DISCLOSURE OF HEALTH INFORMATION

Unless I request otherwise, CHS will provide my room location or telephone number to visitors and callers.

I understand CHS will use and disclose my health information for the purposes of treatment, payment, and health care operations, as permitted by law as described in the CHS Notice of Privacy Practices. Certain information can be used without obtaining my consent. I fully understand that the use or disclosure of my health information may include history, diagnosis and /or diagnostic treatment of mental health/ developmental disabilities conditions, alcohol or drug abuse and Acquired Immune Deficiency Syndrome (AIDS/ HIV).

I understand that if I refuse to allow disclosure of my health information to process my insurance claim, I may be financially responsible for all costs incurred by me for treatment. I agree to release and hold harmless CHS, its agents, and employees from any liability that may arise from the use or disclosure of my health information.

_____ PICTURES/IMAGES
Initials

I understand photographs, videotapes or other images may be taken to document my care. These images may be kept by CHS and/or by the independent professional involved in my care. I understand I have the right to view or obtain copies of these materials which are in possession of CHS upon written request. It is my responsibility to confirm if such photographs, videotapes or other images have been taken. I understand images identifying me will only be released as allowable under law or with my written authorization.

PRINTED BY: SJS0422
DATE 12/08/2011

CentegraHealthSystem

☑ CH - M ☐ CH - W

☐ Other (Specify) _____

1117900323
DULBERG, PAUL R
M | 41Y 03/19/1970
06/28/2011 B 0000109381

GENERAL CONSENT AND ACKNOWLEDGMENT

Account Number/Effective Date: _____ _____

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I agree to follow the Patient Rights & Responsibilities of CHS and to participate with independent professionals and CHS personnel in my care and treatment.

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VV
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VV
Initials

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PRINTED BY: SJS0422

DATE 12/08/2011

CentegraHealthSystem

1117900323
DULBERG, PAUL R
M 41Y 09/19/1970
06/28/2011 8 0000109381

Initials

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ASSIGNMENT OF BENEFITS/ AGREEMENT FOR PAYMENT

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PATIENT INFORMATION OFFERED

- Patient Rights/Responsibilities . . . . . Yes ~~Declined~~ If No, Explain: _____
- Advance Directive Information . . . . . Yes ~~Declined~~ If No, Explain: _____
- Notice of Privacy Practices. . . . . Yes ~~Declined~~ If No, Explain: _____
- Patient Billing Information . . . . . Yes ~~Declined~~ If No, Explain: _____

PATIENT CERTIFICATION

By signing this General Consent and Acknowledgement Form, I acknowledge I have read and understand the information contained in this form and accept its terms. I also acknowledge I have received a copy of this form for my records.

INPATIENTS ONLY:

TRICARE (Military) Insurance PATIENTS ____Yes, I have received TRICARE "Important Message"

Patient/ Authorized Person _____ Relationship _____ Date 6/28/11

Witness _____

I, _____, have Interpreted/translated the above form to the patient. The patient has informed me he/she fully understands and agrees to the terms set out in this consent form.

Interpreter/Translator (Please Print Name) _____ Language _____ Interpretation/Translation Provider (Company name or Relationship to Patient) _____

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Northern Illinois Medical Center

06/28/2011 10135 RIGHT FOREARM 2139703

HISTORY: Chain saw versus forearm, forearm laceration.

IMPRESSION: Right forearm films demonstrate no fracture or radiopaque foreign body. There is deep soft tissue laceration along the ventral surface of the mid forearm.

FINDINGS: This exam consists of two views of the right forearm which demonstrate deep laceration on the ventral aspect of the mid forearm as best visualized on the lateral view. No fracture or radiopaque foreign body is identified.

CC: Apiwat W. Ford, D.O.
Donald R Kennard, M.D.
Frank Sek, M.D.

Electronically Authenticated
Donald R Kennard, M.D. 06/28/2011 18:18
815-759-4683

D 06/28/2011
T 06/28/2011 5:19 P / LBA
Northern Illinois Medical Center NIMC Radiology

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DATE 12/08/2011

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Centegra Hospital - McHenry

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06/28/2011
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EMERGENCY ADMISSION ASSESSMENT

TIME TRIAGED: 1450
TIME TO TREATMENT AREA: 1455
ED BED#: 18
EXPRESS BED #:
ESI: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5
Primary Physician: Sek
Height: 5'9" Weight: 165 #

BROUGHT BY: ☐ Self ☐ Relative ☐ Police ☒ Friend ☐ Other
Ambulance:

MODE OF ARRIVAL: ☒ WC ☐ Stretcher ☐ Carried ☐ Walked

TREATMENT PTA: ☐ Ice ☐ Elevate ☐ O2 ☐ IV ☐ Med:

☒ Patient Band applied ☐ Hand Off Communication Band applied ☐ Security watch

GCS: 15 RTS: 12 BP: 133 P 75 R 16 T 97.4 SPO2 97 ☒ Room air ☐ O2 Time of Injury: Pain Level: 9 - 10

Chief complaint/reason for visit: States chainsaw vs Rt arm 15 min ago & hasnt ate feeling lightheaded

Triage RN

CURRENT MEDS ☒ Denies		ALLERGIES ☒ NKA	REACTION
		Medications: 9703	
		Food:	
		Other: ☐ Latex ☐ Dye	

Meds reviewed by:

Language barrier ☐ Yes Interpreter Name/ATT Number:

Residence: ☐ Private ☒ Family ☐ Alone ☐ Nursing home ☐ Group home ☐ Other:

Do you feel safe at home? ☒ Yes ☐ No Is there anyone in your life that threatens, intimidates or harms you in any way? ☐ Yes ☒ No

Crisis/Social Worker ☐ Notified: ☐ Hero: ☐ DNR Resources called: Time:

Past Medical History ☐ None

Yes
☐ Autoimmune
☐ Asthma
☐ Back problems
☐ Blood disorders
☐ Cancer
☐ Cardiovascular
☐ CHF
LMP:
☐ Pregnant

Yes
☐ Dementia/ Alzheimer's
☐ Endocrine
☐ GI problems
☐ GU Problems
☐ Glaucoma
☐ HEENT problems
☐ Heart murmur
☐ Normal ☐ Abnormal
☐ No ☐ Unsure

Yes
☐ Headaches/ migraines
☐ Head inj past 3 months
☐ Hypertension
☐ MusculoSkeletal problems
☐ Neuro problems
☐ PsychoSocial problems

Yes
☐ Pressure Ulcer
☐ Recent exposure
☐ Reproductive problems
☐ Respiratory problems
☐ Seizures
☐ Skin problems
☐ Vision problems

Yes
☐ Infectious diseases
☐ MRSA
☐ VRE
☐ Chicken Pox
☐ Measles
☐ Shingles
☐ Strep Throat
☐ Other:

Expanded/surgical history: Lt arm surg

Grava Para Ab FHT

Implanted medical device: ☐ Pacemaker ☐ IV access ☐ Eye ☐ Knee ☐ Hip ☐ AICD ☐ Other:

TB History
☐ None Ever had a positive TB test? ☐ Yes ☒ No ☐ Self-history of TB ☐ Family history of TB ☐ Cough ☐ Fever ☐ Bloody sputum ☐ Weight loss ☐ Night sweats ☐ Loss of appetite ☐ Fatigue ☐ Recent international travel ☐ Denies signs & symptoms

Vaccine
☐ Flu Tetanus ☐ N/A ☒ Up to date ☐ >5 years ☐ Unsure Pediatric immunization ☐ Up to date ☐ No ☐ Unsure

06

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EMERGENCY PHYSICIAN RECORD
Upper Extremity Injury (4)

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DATE: 6/28/11 TIME: 1457 ☐ on arrival
ROOM: 18 EMS Arrival
EMS treatments ordered
HISTORIAN: (patient) spouse paramedics
__HX / __EXAM LIMITED BY:

HPI

chief complaint: Injury to: (right) / left
hand wrist (forearm) elbow arm
shoulder collar-bone area

duration / occurred:
just prior to arrival
today
yesterday
days ago

where:
home school
neighbor's park
work street

severity of pain:
mild moderate severe
worse / persistent since
pain intermittent / lasting

context: fall blow incised crushed burn

associated symptoms: tingling / numbness distally

ROS

suspected FB (skin lac)
(loss feeling) / power arms / legs
headache / neck pain
double vision / hearing loss
nausea / vomiting
trouble breathing / chest pain
loss of bladder function
recent fever / illness
other injuries
☐ all systems neg except as marked

SOCIAL HX smoker +
recent ETOH
lives at home +
drug use / abuse —
lives alone
lives in nursing home
FAMILY HX (negative)

PAST HX ✓ negative R / L HANDED prior injury
diabetes Type 1 Type 2 diet / oral / insulin
HTN heart disease DEGENERATIVE DISC
Meds- (none) / see nurses note
Allergies- (NKDA) / see nurses note

☐ Nursing Assessment Reviewed ☑ Vitals Reviewed ☐ Tetanus immun. UTD

PHYSICAL EXAM

GENERAL APPEARANCE __c-collar (PTA / in ED) / backboard
__no acute distress __mild (moderate) severe distress
(alert) __anxious

EXTREMITIES

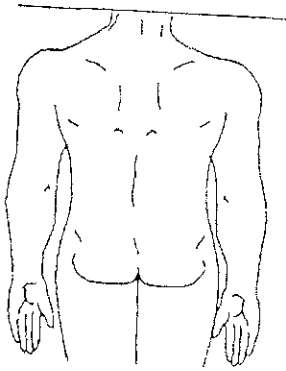
HAND
(nml inspection)
(non-tender)
__see diagram
__tenderness soft-tissue / bony
__swelling / ecchymosis
__deformity

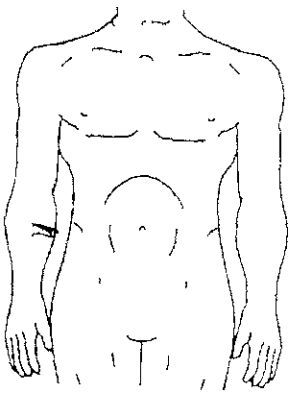
WRIST
(nml inspection)
(non-tender)
(nml ROM*)
__see diagram
__tenderness soft-tissue / bony
__tenderness in anatomical snuff box
__wrist pain on axial thumb load
__swelling / ecchymosis
__limited ROM
__deformity

FOREARM / ELBOW
__nml inspection
__non-tender
(nml ROM*)

ARM / SHOULDER
(nml inspection)
(non-tender)
(nml ROM*)

✓ see diagram SEE LOCATION (R FOREARM BELOW)
__tenderness soft-tissue / bony
__swelling / ecchymosis
__limited ROM
__deformity
__see diagram
__tenderness soft-tissue / bony
__swelling / ecchymosis
__limited ROM
__deformity





T=Tenderness PrT=Point Tenderness S=Swelling E=Ecchymosis B=Burn C=Contusion
L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
(Ø=without m=mild mod=moderate sev=severe)
Example: Tm = Tenderness on palpation (severe)

NEURO / VASC / TENDON
(sensation intact)
(motor intact)
(no vascular compromise)
(tendon function normal)
__sensory / motor deficit
__pallor / cool skin / abnml cap refill
__pulse deficit radial ulnar
__deficit in tendon function

Numb and tingling @ times

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SKIN
__warm, dry __diaphoretic / cool / cyanotic

HEAD / ENT
__nml inspection __tenderness
__pharynx nml __swelling / ecchymosis

NECK / BACK
__nml inspection __tenderness
__non-tender __swelling / ecchymosis

RESPIRATORY
__chest non-tender __tenderness
__breath snds nml __swelling / ecchymosis / abrasions
__crepitus / subcutaneous emphysema
__decreased breath sounds
__wheezes / rales / rhonchi

CVS
__heart sounds nml __tachycardia / bradycardia

GI (ABDOMEN)
__non-tender __tenderness / guarding
__no organomegaly
__nml bowel snds*

PROCEDURES

Wound Description / Repair
length 8cm location R FOREARM Belly
linear irregular flap stellate
superficial *subcut muscle through-and-through
contused tissue lip laceration
clean contaminated minimally moderately / *heavily
with

distal NVT: neuro & vascular status intact no tendon injury
anesthesia: local LET / tetracaine / adrenaline / cocaine
marcaine 0.25% 0.5% lidoc 1% 2% epi / bicarb digital / metacarpal block 15 mL
☐ moderate sedation required; see attached 23d template
prep: Betadine / scrub SURGICLENS TOWN
irrigated / washed w/ saline 1L NACL
minimal / mod. / *extensive
wound explored
foreign material removed
partially completely
minimal / mod. / *extensive
no foreign body identified
debrided
minimal / *mod. / * / ^extensive
undermined
minimal / mod. / *extensive
*wound margins revised
multiple flaps aligned

repair: Wound closed with: wound adhesive / steri-strips
SKIN- # 11 interrupted 4-0 nylon / prolene / staples running simple mattress (h / v)
*SUBCUT-# 3 interrupted 4-0 vicryl / chromic running simple mattress (h / v)
OTHER- # ____ interrupted ____-0 material running simple mattress (h / v)
*may indicate intermediate repair ^may indicate complex repair

splint Velcro OCL / Ortho-glass / Plaster Aluminum-foam
Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Colles
applied by ED Physician / Orthopedist / Tech
examined post splint application NV intact alignment good
deformity reduced no compartment syndrome
sling
nursemaid's elbow reduced with supination
foreign body removed with forceps with incision
closed reduction finger traps traction

Underline indicates organ system
* equivalent or minimum required for organ system exam

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XRAYS
☐ Interp. by me ☐ Reviewed by me ☐ Discard w/ radiologist

R / L hand wrist forearm elbow humerus shoulder
__normal / NAD __DJD
__no fracture __dislocation
__nml alignment __soft-tissue swelling
__no foreign body __positive anterior fat-pad sign
__positive posterior fat-pad sign
__foreign body
__fracture non-displaced displaced
transverse oblique comminuted angulated
impacted torus

Other study:
☐ See separate report

PROGRESS
Time
unchanged improved re-examined
__initial fracture care provided: follow-up on
__Rx given
__referred to / discussed with Dr.
will see patient in: ED / hospital / office in ____ days

CLINICAL IMPRESSION
Fall Alleged Assault

Contusion R / L shoulder forearm wrist
Hematoma arm elbow hand
Sprain / Strain
Dislocation
Laceration
Fracture R / L radius distal / shaft / proximal
ulna distal / shaft / proximal / ulnar styloid
humerus distal / shaft / proximal / supracondylar
Colles fracture stabilized / restorative

DISPOSITION: ☐ transferred ☑ home ☐ admitted ☐ expired
Time ☐ AMA
CONDITION: ☐ good ☑ fair ☐ poor ☐ critical ☑ improved
☐ stable ☐ unchanged

RESIDENT / PA / NP SIGNATURE

ATTENDING NOTE:
__Resident / PA / NP's history reviewed, patient interviewed and examined.
Briefly, pertinent HPI is:
My personal exam of patient reveals:
Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show:
I confirm the diagnosis of:
__Care plan reviewed. Patient will need:
Please see resident / midlevel note for details.

Rutted 9025
Physician Signature RTI # turned care over at

Physician Signature RTI # assumed care at
☐ Template Complete ☐ Additional T-Sheet

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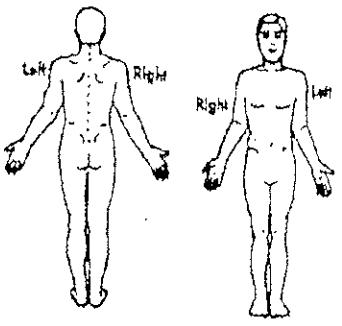
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes 9-10 (1-10) ☐ No If yes, Is it ☐ Chronic ☐ New Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other:_____
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type:_____ Amount: _____ Last Drink:_____
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type:_____ Amount: _____ Last Used: _____
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: 1 PK Amount: _____ Date Quit:_____

Mark drawing with number:
1. Abrasion
2. Amputation
3. Avulsion
4. Bleeding
5. Burn
6. Bruise
7. Deformity
8. Fracture
9. GSW
10. Hematoma
11. Laceration
12. Pain
13. Stab wound
14. Foreign body
15. Pressure ulcer
16. Leg ulcer



Neurological ☐ NA
LOC ☐ Yes ☐ No
☒ Conscious ☐ Unconscious
☒ Alert ☒ Oriented X 3
☐ Crying ☐ Lethargic ☐ MAE
☐ Slurred speech
☐ Irritable
☐ Combative
Pupils ☐ NA ☒ PERL R L
Reactive ☐ ☐
Sluggish ☐ ☐
Fixed ☐ ☐
Nonreactive ☐ ☐
Pupil size
AVPU ☐ A ☐ V ☐ P ☐ U
GCS ___

Cardiac/Circulatory: ☐ NA
☒ Pink ☐ Warm ☐ Dry ☐ Cool
☐ Hot ☐ Flushed ☐ Diaphoretic
☐ Dusky ☐ Ashen ☐ Jaundice
☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present ☒ ☒
Absent ☐ ☐
PEDAL Present: ☒ ☒
Absent ☐ ☐
Cap Refill ☐ <2Sec ☐ >2 Sec
Ankle edema ☐ Yes ☒ No
Monitor: _____

Respiratory ☒ NA
☐ Distress ☐ None ☐ Mild
☐ Moderate ☐ Severe
☐ Stridor ☐ Nasal Flaring
☐ Retractions
☐ Productive cough: _____
☐ Unproductive cough

Lung Sounds ☐ NA R L
Clear ☒ ☒
Rales ☐ ☐
Wheezing ☐ ☐
Rhonchi ☐ ☐
Diminished ☐ ☐
Absent ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY ☐ NA
L _____ R: _____
☐ Correction ☐ No Correction
Ear Drainage: ☐ Yes ☐ No
Describe: _____
Epistaxis: ☐ NA R L
Controlled ☐ ☐
Uncontrolled ☐ ☐
THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☐ Denies
☒ Soft ☐ Distended ☐ Firm
☒ Nontender ☐ Tender
Bowel sounds: ☐ Present ☐ Absent
☐ Hypoactive ☐ Hyperactive
Last BM: _____
☐ Diarrhea x _____ ☒ Denies
☐ Vomiting x _____ ☒ Denies
☐ Nausea ☐ Yes ☒ No
Last oral intake: _____
Comments: _____

Genito-Urinary: ☐ NA ☒ Denies
URINARY ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CUD
VAGINAL/PENILE ☐ NA
☐ Discharge ☐ Bleeding
Character: _____
Amount: _____

FALL RISK ASSESSMENT
☐ Medically unsafe to be independently mobile
☐ Unaware or forgetful of physical limitations
☐ Recent history of falls
ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

1455 Pt accompanied to ED by co-worker for Lac Laceration by chainsaw to (R) forearm. Pt out to xray (1500) Pt back in ED (1522) Pt medicated as ordered for wound irrigated and cleaned. Dr Ford for suturing. (1713) D/C instructions to pt. All questions addressed Pt verbalized understanding

Associate Signature/Initials: WDotson Associate Signature/Initials: _____

EMERGENCY ADMISSION ASSESSMENT

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EMERGENCY ADMISSION ASSESSMENT

Time	Blood pressure	Pulse	Resp	Temp	SpO2	O2	GCS E/VIM	Monitor	Intake	Output
							/ \			
							/ \			
							/ \			
							/ \			
							/ \			
							/ \			
	Orthostatic Lying:		Sitting:		Standing:					

Treatments/Procedures:

☐ O_2 Therapy: _____ ☐ Intubated _____ ☐ Respiratory treatment: _____ Neb Tx: _____ ☐ Cont Pulse Ox _____
☐ Chest tube: _____ ☐ Time Out: _____ ☐ Eye Irrigation: _____ ☐ Ear Irrigation: _____
☐ NG tube # _____ @ _____ Character: _____ ☐ Gastric lavage: _____
☐ Lumbar puncture: _____ ☐ Time Out: _____
☐ Pelvic exam: _____ Straight Cath/CUD @ _____ ☐ See neuro assessment sheet
Blood Glucose value: _____ Time: _____ By: _____ ☐ Bladder scan Amount: _____
☐ Continuous Cardiac Monitoring
Normal Values Age 60 or more (80-99 mg/dl), 13-60 yr. (75-99), 1 mo.-13 yr. (60-99) **Critical Value less than 40 or more than 400**
Normal Value: Age newborn to 1d (40-60 mg/dl) 1d-1 Mo. (50-99) **Critical Value less than 40 or more than 200**

☐ Wound Care
X ☐ Irrigation: 1 Liter NS
☐ Soak: _____
X ☐ Antiseptic Wash
☐ Other: _____

Isolation Type: _____

☐ Dressing: _____
☐ Antibiotic
☐ Adaptic
☐ 4X4
☐ Kling
☐ Tube gauze
☐ Steristrip
☐ Burn dressing

☐ Ortho Care: _____
☐ Ice Time: _____
☐ Elevate Time: _____
☐ Splint: _____
☐ Knee Immobilizer: _____
☐ Shoulder Immobilizer
☐ Ace Wrap
☐ SMV's after immobilization

☐ Cast
☐ Sling
☐ Tubi Grip

☐ Crutches
☐ Patient's own crutches
☐ Crutch walking instr/ret demo
☐ Velcro Splint: _____
☐ Posterior mold: _____
☐ Location: _____
☐ Width: _____
☐ Length: _____

DISPOSITION: X Home ☐ Jail ☐ Nursing home/ECC
☐ Other facility: _____ ☐ Expired ☐ AMA
Mode: ☐ W/C X Walk ☐ Carry ☐ Ambulance: _____
☐ Other _____
LEFT WITH ☐ Self ☐ Family X Friend ☐ Police
X Discharge Instructions given-expresses understanding
X Discharge Pain Level: 4 (0-10) GCS 15 RTS: ___
X Discharge by: WHEELCHAIR @ 1713

Discharge Vital Signs _____
Discharge Summary _____
RN: WHEELCHAIR Initials: WHC
Tech: Rebecca Koltz Initials: RKOLTZ

☐ Inpatient ☐ Observation ☐ Surgical
☐ Mode: _____ Time: _____ Accompanied by: _____
☐ ER hold from ____ to ____
☐ To unit/room # _____
☐ No old chart ☐ Old chart in ED ☐ Chart to floor
☐ Discharge Pain Level: _____ (0-10)
GCS: _____ RTS: _____

Skin Integrity Intact ☐ Yes ☐ No (see documentation)

RN: _____ Initials: _____

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ADMISSION ASSESSMENT

Lab	MD/DO Order Time MD/DO Initials	Lab	MD/DO Order Time MD/DO Initial	Lab	MD/DO Order Time MD/DO Initial	Medical Imaging	MD/DO Order Time MD/DO Initial
☐ ABG		☐ PTT		☐ wound culture		☐ T Spine	
☐ Amylase		☐ RSV		☐		☐ LS Spine	
☐ Blood Culture		☐ Salicylate				☐ Ultrasound-	
☐ BMP		☐ Sputum culture				☐ CT Scan-Brain	
☐ BNP		☐ Strep				☐ CT Scan-C Spine	
☐ CBC w/diff		☐ Trichimonas				☐ CT Scan-Chest	
☐ CMPL		☐ Troponin ☐ POC		**Other/Miscellaneous**		☐ CT Scan-Chest PE	
☐ D. Dimer		☐ Tylenol		☐ O_2		☐ CT Scan-Abd/Pelvis	
☐ Digoxin Level		☐ Type & screen		☐ EKG Time Acquired		☐ MRI	
☐ ETOH		☐ Type & cross of units		Time Read		☐ FAST Scan	
☐ GC/Chlamydia		☐ UA		☐ EKG Time Acquired		☐ ED Preg Ltd US	
☐ Hepatic Panel		☐ UA/Reflex culture		Time Read		☐ ED Preg follow up US	
☐ HCG Qualitative		☐ Urine Culture		**Medical Imaging**		☐ ED Pelvis Ltd US	
☐ HCG Quantitative		☐ Urine Drug Screen		☐ Chest PA/Lat		☐ ED Abd Aorta US	
☐ Influenza Screen		☐ Urine HCG		☐ Chest Port		☐ ED Doppler pelvis	
☐ Lipase		☐ Pos ☐ Neg ☐ POC		☐ C-Spine		☐ ED Venous Duplx Ext	
☐ MRSA		☐ Urine Dip ☐ POC		☐ X-Table		☐ ED Trauma trans echo	
☐ PT		☐ Wet prep		☐ Pelvis		☐ ED Trauma abd ltd	

Rt Portacath

MD/DO Order Time & Initials	ORB	Start Time	Stop Time	IV Solution & Amount	Warm Y/N	Additives	Site	Cath Size	Rate	Amt Infused	Initials

Pt Height: 5'09" Pt Weight: 165 Allergies: NKDA

MD/DO Order Time & Initials	ORB	Time Given	Stop Time	Pain Scale	Medication/Order	Dosage	Route	Site	Initials	Time	Effects	Pain Scale	Initials
[illegible]		1522		10	Norco	10mg	PO		[illegible]		[illegible]	4	[illegible]
		1522			[illegible]	500mg	PO		[illegible]				
					Bupivacaine	0.25%	per Dr [illegible]						

☐ Td 0.5mL ☐ Tdap 0.5mL ☐ TT 0.5mL Time:___ Site:___ RN:___ Lot# ___ Exp___ Mfr ___ ☐ VIS Given

☐ Nursing Assessment and Medication Reconciliation Reviewed
☐ Vitals Reviewed ___

Tech: ___ Initials: ___ Tech: ___ Initials: ___
RN: [signature] Initials: [signature] Physician: [signature] Initials: [signature]
RN: [signature] Initials: [signature] 0723 Physician: ___ Initials: ___

Rev 04/04/11

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CONTINUATION

NAME Dulberg, Paul

ADDRESS

8-10-11 here for NCV's → normal.
This is branch nerve injury
main median & ulnar nerves are nl
Already had improve. somewhat
f/u next several months
To see hand surgeon as well

1-30-12 here because has thought about that he'd re-evaluated. still getting numbness & tingling & burning on spots down the ulnar side of arm & hand
if he lends his little finger it aggravates the pain & pins & NT all day
He is filing for disability for disc disease & wanted to make sure this was related to that

Exam: ↓ strength ~~entire~~ (R) 4th digit abduction
in
normal adduction
c flexion of 5th digit ↑ pain in arm
scar is raised ? bump or end.

Imp will √ MRI forearm to R/o neuroma
R/o disruption of tendon or nerve
FU p MRI. 15 min spent c pt

[illegible] 07-0576231 A

DATE: 7-28-2011

ASSOCIATED NEUROLOGY, S.C.

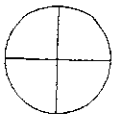
NAME Dulberg, Paul ☑ M ☐ F ☐ R ☐ L HANDED

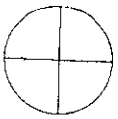
MENTAL STATUS

CRANIAL NERVES

☐ R ☐ L

- ☐ SMELL
- ☐ VISION
- ☐ ACUITY
- ☐ FIELDS





- ☐ FUNDUS
- OPTIC DISC
- VESSELS
- FOVEA
- ☐ LIDS
- ☐ OCULAR MOVEMENT
- ☐ CONVERGENCE
- ☐ NYSTAGMUS
- ☐ PUPILS
- ☐ SIZE / SHAPE
- ☐ LIGHT
- ☐ CONSENSUAL
- ☐ AFFERENT PUPIL
- ☐ CORNEAL REFLEX
- ☐ FACIAL SENSATION
- ☐ PIN
- ☐ LIGHT TOUCH
- ☐ MUSC. OF MASTIC.
- ☐ FACIAL MUSCLES
- ☐ UPPER
- ☐ LOWER
- ☐ TASTE
- ☐ AUDITORY ACUITY
- ☐ SOFT PALATE
- ☐ GAG
- ☐ STERNOMASTOID
- ☐ TRAPEZIUS
- ☐ TONGUE

COORDINATION

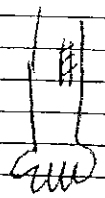
☐ R ☐ L

- ☐ FNF
- ☐ HKS

RAPID ALTERNATING MOVEMENTS

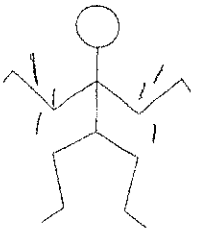
- ☐ TONGUE
- ☐ HANDS
- ☐ FINGERS
- ☐ FOOT

EXPLANATORY NOTES



REFLEXES

☐ R ☐ L



- ☐ HOFFMAN
- ☐ TROMNER
- ☐ PM
- ☐ GRASP
- ☐ SUCK
- ☐ SNOUT
- ☐ GLABELLAR
- ☐ JAW

GAIT

☐ R ☐ L

- ☐ SPONTANEOUS
- ☐ ON TOES
- ☐ ON HEELS
- ☐ ARM SWING
- ☐ BASE
- ☐ TANDEM
- ☐ POSTURE
- ☐ STABILITY
- ☐ ROMBERG
- ☐ TANDEM ROMBERG

GENERAL

- ☐ CAROTID PULSE
- ☐ CAROTID BRUIT
- ☐ PERIPHERAL PULSE
- ☐ TINEL
- ☐ PHALEN
- ☐ NECK ROM
- ☐ ROM AT WAIST
- ☐ STRAIGHT LEG RAISING
- ☐ PARASPINAL TENDERNESS
- ☐ CARDIAC MURMUR
- ☐ KERNIG
- ☐ BRUDZINSKI
- ☐ L'HERMITTES

	SUPINE (Sitting)	STANDING
BP	104/68	
HR	72 16	

HEALTH QUESTIONNAIRE

ASSOCIATED NEUROLOGY, S.C.

Patient's Name: Dellberg, Paul Date: 7/28/11 Handedness: ☒ Right ☐ Left

REASON FOR VISIT Chainsaw To Right Forearm AGE: 41

MEDICAL HISTORY

If you have had any of the following symptoms or diseases, please check (✓) and indicate at what age.

- ☐ Headaches
- ☐ Dizzy or ☐ Fainting Spells
- ☐ Decreased Hearing
- ☐ Ringing in Ear
- ☐ Failing Vision ☐ Eye Pain
- ☐ Double or ☐ Blurred Vision
- ☐ Hoarseness
- ☐ Difficulty Swallowing
- ☐ Convulsions/Seizures
- ☐ Stroke ☐ Head Injury
- ☐ Tremor/Hands Shaking
- ☒ Muscle Weakness
- ☒ Numbness/Tingling Sensations
- ☐ Sack Pain
- ☐ Foot Pain ☐ Cold Numb Feet
- ☐ Difficulty Sleeping
- ☐ Memory Loss ☐ Phobias
- ☐ Difficulty Walking
- ☐ Difficulty Speaking
- ☐ Imbalance
- ☒ Neck Pain ☐ Facial Pain
- ☐ Meningitis/Encephalitis
- ☐ Weight Loss or ☐ Gain
- ☐ Unusual Fatigue/Loss of Energy
- ☐ Frequent Ear Infections
- ☐ Glaucoma ☐ Cataracts
- ☐ Frequent Nosebleeds
- ☐ Sinus Pain ☐ Sore Throat
- ☐ Teeth/Gum Pain/Bleeding
- ☐ Chronic Cough
- ☐ Hay Fever/Allergies
- ☐ Pneumonia/Pleurisy
- ☐ Bronchitis/Emphysema
- ☐ Asthma/Wheezing
- ☐ Shortness of Breath:
  - ☐ On Exertion ☐ Lying Flat
- ☐ Chest Pain or Tightness
- ☐ High Blood Pressure
- ☐ Heart Murmur
- ☐ Irregular Pulse ☐ Palpitations
- ☐ High Cholesterol/Fat
- ☐ Swollen Ankles ☐ Blood Clots
- ☐ Calf Pain When Walking
- ☐ Varicose Veins/Phlebitis
- ☐ Loss of Appetite (recent)
- ☐ Indigestion/Heartburn
- ☐ Persistent Nausea/Vomiting
- ☐ Peptic Ulcer/Abdominal Pain
- ☐ Gall Bladder Trouble
- ☐ Jaundice/Hepatitis
- ☐ Change in Bowel Habits
- ☒ Diarrhea ☒ Constipation
- ☐ Bowel Polyps ☐ Crohn's/Colitis
- Stools: ☐ Bloody ☐ Black ☐ Pale
- ☐ Hemorrhoids ☐ Hernia
- ☐ Urine Infections (frequent)
- Urination: ☐ Overnight > twice
  - ☐ Painful ☐ Bloody ☐ No Control
  - ☐ D e in Force/Flow
- ☐ Kidn ies
- ☐ Venereal Disease/Genital Warts
- ☐ Urethral Discharge
- ☐ Anemia ☐ Bruise Easily
- ☐ Cancer (Type) _____
- ☐ Diabetes ☐ Excessive Thirst
- ☐ Thyroid Disease
- ☐ Arthritis/Rheumatism
- ☐ Bone Fracture/Joint Injury
- ☐ Gout ☐ Osteoporosis
- ☐ Rashes ☐ Hives
- ☐ Eczema ☐ Psoriasis
- ☐ Nervousness ☐ Depression
- ☐ Moodiness ☐ Excessive Stress
- ☐ Mental Illness
- ☐ Chicken Pox ☐ Polio ☐ Mumps
- ☐ Measles ☐ German Measles
- ☐ Lyme Disease
- ☐ Rheumatic Fever ☐ Scarlet Fever
- ☐ Tuberculosis
- ☐ Herpes ☐ AIDS (HIV)
- ☐ Contact w/Blood or Body Fluids
- ☐ Blood Transfusions
- ☐ Sexual Problems

Males: ☐ Prostate ☐ PSA Test

Females: *Please complete rest.*

Menstrual Flow:

Age Started _____

☐ Reg. ☐ Irreg. ☐ Pain/Cramps

Days of Flow _____

Length of Cycle _____ Days

1st Date of Last Period _____

Number of:

____ Pregnancies ____ Abortions

____ Miscarriages ____ Live Births

☐ Pain/Bleeding During Sex

Birth Control Method _____

If B.C. Pill, Name _____

☐ Infertility History

☐ Flushing/Menopause

Date of Last PAP Test _____

☐ Normal ☐ Abnormal

Date of Last Mammogram

☐ Normal ☐ Abnormal

HOSPITAL ADMISSIONS

Indicate the year of hospitalization and the reason. Do not include normal pregnancies.

YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION	YEAR	ILLNESS OR OPERATION
	Left Arm Ulnar Nerve Trans				

MEDICATIONS

List all that you take include those you buy without a prescription.

Naproxin

DRUG ALLERGIES

None

FAMILY HISTORY

If any blood relative has suffered any of the following, please check below and indicate which relative.

- ☐ Epilepsy (Seizures)
- ☐ Migraine Headaches
- ☐ Stroke
- ☐ Other Neurologic Disease
- ☐ Mental Illness
- ☐ Glaucoma
- ☐ Diabetes
- ☐ Thyroid Goiter
- ☐ Hay Fever
- ☐ Asthma
- ☐ Anemia
- ☐ Bleeds Easily
- ☐ Clotting Disorder
- ☐ Arthritis
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Alcoholism
- ☐ Genetic Disease
- ☐ Cancer (Type) _____

HABITS

Cigarettes: 1 Packs/Day for 20 Years Alcohol: 0 Drinks/Week Coffee: 2 Cups/Day Regular Exercise: ☐ Yes ☒ No

Quit Smoking: ___ Years Ago Street Drugs: None

TESTS/EXAMS (Year of Last One)

Cholesterol _____ Sugar _____ Other Blood Tests _____

Rectal _____ Chest X-Ray _____ Cardiogram _____

T.B. Test _____ Eye Exam _____ Dental Exam _____

Have you had any of these tests done? If so, please check and indicate year.

- ☐ Angiogram _____
- ☐ CT Scan of Head _____
- ☐ CT Scan of Neck _____
- ☐ CT Scan of Lower Back _____
- ☐ MRI Scan of Head _____
- ☐ MRI Scan of Neck _____
- ☐ MRI Scan of Lower Back _____
- ☐ Neck X-Rays _____
- ☐ Lumbar Puncture (Spinal Tap) _____
- ☐ EEG (Brain Wave) _____
- ☐ EMG _____
- ☐ Myelogram _____

ASSOCIATED NEUROLOGY, S.C.

MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.

July 28, 2011

Mr. Hans Mast
3416 W. Elm Street
McHenry, IL 60050

RE: Paul Dulberg

Dear Mr. Mast,

Mr. Dulberg was previously seen by my associate, Dr. Mitchell Grobman, in 2002 for left ulnar neuropathy, and had surgery and essentially became asymptomatic by 2007 and who had never had difficulty in his right arm. Approximately a month prior to the evaluation, he had been holding a branch for a neighbor when the chainsaw came up and cut his right forearm. He was taken to Northern Illinois Medical Center where they put in inner stitches in the muscle and outer stitches. He originally had very significant pain, but as the pain was getting better, he started noticing that he had numbness in his fifth digit in the inner aspect of his forearm. He had not been dropping things. It was mostly just a tingling and a numb feeling. He denies ever having any right-sided symptoms or right-sided injuries. His examination was significant for a healing scar in the right forearm and for decreased light touch, pinprick, and temperature sensation in the ulnar distribution of the right arm. His strength was normal. Given the distribution, it was felt that this was a branch neuropathy to the sensory nerves. I did have him undergo nerve conductions to make sure that the median and ulnar nerves were all without involvement and they were. I recommended that he see a hand surgeon as well just to be certain that there were no other treatment options for him; however, most likely this was just a sensory branch neuropathy that may improve or may result in permanent numbness in the distribution that he was showing numbness. Mr. Dulberg should followup if any additional symptoms develop or if he wished to try any neuropathic pain treatment if it became painful and not just numb.

Sincerely,

Karen Levin, MD (mdm)

Karen F. Levin, M.D.

KFL/klm

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 549-0055 • FAX (847) 549-0404

ASSOCIATED NEUROLOGY, S.C. Round Lake

Mitchell S. Grobman, M.D. Karen F. Levin, M.D.
1900 Hollister Drive, Suite 250, Libertyville, IL 60048
Phone (847) 549-0055
Fax (847) 549-0404

Patient Name: Paul Dulberg (847)546-3000

D.O.B.: 3/19/70 **SS#**

Phone #: Home: (847) 497-4250 **Work:**

Send additional copy of report to: 729-5

Diagnosis s/p trauma R/o neuroma or nerve or tendon disruption

☐ **MRI**
- ☐ Brain
- ☐ C-Spine
- ☐ T-Spine
- ☐ LS-Spine
- ☐ With Contrast
- ☐ Without Contrast
- ☐ anesthesiology administer sedation is medically necessary because of

☐ **MRA**
- ☐ Intracranial
- ☐ Extracranial

☒ MRI upper ext (R) non joint c & s gad

☐ **Ultrasound**

☐ **X-Ray**

☐ **CT**

☐ With Contrast ☐ Without Contrast

☐ **Echo** ☐ **TEE** ☐ **24 Hour Holter** ☐ **Tilt Table** **To be read by Dr.**

☐ **EEG** may sedate using _____ gram(s) chloral hydrate if necessary ☐ Other

☐ **Labs**

☐ carbamazepine	☐ phenytoin	☐ phenobarbital
☐ valproic acid	☐ gabapentin	☐ lupus anticoagulant
☐ protein C	☐ protein S	☐ antithrombin III
☐ CBC w/plts	☐ folate	☐ activated protein C resistance
☐ thyroid profile	☐ TSH	☐ anticardiolipin antibody
☐ hepatic profile	☐ PTT	☐ sedimentation rate
☐ basic metabolic profile	☐ B12	☐ ANA with reflex testing
☐ glycohemoglobin	☐ RPR	☐ comprehensive metabolic profile
☐ immunofixation	☐ homocysteine	☐ Acetylcholine receptor antibodies
☐ _____	☐ _____	☐ _____

☐ Mitchell S. Grobman, M.D. ☒ Karen F. Levin, M.D.

1-30-12
Date

Faxed mdw

Associated Neurology, S.C.

MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.

NEUROPHYSIOLOGY REPORT

Name: Dulberg, Paul Test No.: 11-0802 Date of Exam: 10 Aug 11

Motor Nerve Conduction:

Nerve and Site	Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R						
Wrist	3.9 ms	9.1 mV				
Elbow	8.8 ms	6.1 mV	Wrist-Elbow	4.9 ms	255 mm	52 m/s
Ulnar.R						
Wrist	2.9 ms	10.7 mV				
Below elbow	6.2 ms	10.1 mV	Wrist-Below elbow	3.3 ms	180 mm	55 m/s
Above elbow	7.7 ms	9.5 mV	Below elbow-Above elbow	1.5 ms	100 mm	67 m/s

F-Wave Studies:

Nerve	M-Latency	F-Latency
Median.R	3.8 ms	30.9 ms
Ulnar.R	2.9 ms	27.3 ms

Sensory Nerve Conduction:

Nerve and Site	Onset Latency	Peak Latency	Amplitude	Segment	Latency Difference	Distance	Conduction Velocity
Median.R							
Digit II (index fing	2.3 ms	2.9 ms	22 µV	Wrist-Digit II (index finger)	2.3 ms	130 mm	57 m/s
Ulnar.R							
Digit V (little fing	2.0 ms	2.6 ms	28 µV	Wrist-Digit V (little finger)	2.0 ms	110 mm	55 m/s

Interpretation: NCV: Motor: Right median and ulnar motor responses are within normal limits. F-wave: Right median and ulnar f-waves are within normal limits. Sensory: Right median and ulnar responses are within normal limits.

Conclusions: No electrophysiologic evidence of diffuse neuropathy.

Karen F. Levin, M.D.

1900 HOLLISTER DRIVE, SUITE 250, LIBERTYVILLE, IL 60048
PHONE (847) 549-0055 • FAX (847) 549-0404

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

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Supreme Court Rule 237(b), demands the production of the following at the commencement of trial and/or arbitration:

1. Defendant, BILL McGUIRE, to be called as an adverse witness under the applicable rules.

2. Defendant, CAROLINE McGUIRE, to be called as an adverse witness under the applicable rules.

3. Any and all documents previously requested pursuant to Supreme Court Rule 214.

HANS A. MAST, Attorney for the Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684

HIPAA RECORDS RELEASE AUTHORIZATION

I, the undersigned, hereby authorize and allow release of medical and personal health information and records pertaining to Plaintiff, PAUL DULBERG (DOB: March 19, 1970), to the parties, and attorneys for those parties, in the action that has been filed entitled *Paul Dulberg, Plaintiff, v. David Gagnon, individually and as agent of Caroline McGuire and Bill McGuire, and Caroline McGuire and Bill McGuire, individually, Defendants,* Case No. 12 LA 178, in the Circuit Court of the 122nd Judicial Circuit, McHenry County, Illinois ("the litigation").

I understand that the information that can be obtained by presentation of this Authorization includes copies of any and all hospital, clinic or doctor's records, notes, memoranda, pathology, radiology, surgical or other specialists or consultant reports, lab or test results, physical therapy records, inpatient and outpatient records, index cards, patient information or history sheets, prescription information, correspondence, billing and payment records, insurance information, photographs and all other related information and documents concerning this patient.

This Authorization may be used by my attorney to obtain any of the above information. This Authorization may also be used by any party to this litigation, to obtain any of the above information; however, this Authorization can only be used by other parties if accompanied by a valid subpoena or production request for those records with notice of that subpoena or production request to my attorney.

I understand that this Authorization may be used to obtain records of any health care provider or health insurer that may have medical information about me.

I understand that this Authorization is being provided for purposes of the litigation. The records and information obtained by use of this Authorization may be used in that litigation by the parties, including providing this material to experts or consultants, use of it at depositions and other discovery, as well as filing such records in court with pleadings or discovery documents.

This Authorization, unless otherwise revoked, shall be valid during the course of this litigation and until its resolution.

I understand that I may revoke this Authorization by instructing my attorney to advise all parties in writing that this Authorization is revoked.

By accepting and honoring this Authorization, any entity covered by the Health Insurance Portability and Accounting Act (hereinafter referred to as "HIPAA") agrees that the disclosure of the information will have no effect on my ability or inability to receive treatment, payment, enrollment or benefits from the entity providing the records.

I understand that by signing this Authorization otherwise protected health information about me may be disclosed by the parties that receive it and that those parties are not restricted by HIPAA or its regulation as to how they may disclose the information that is provided pursuant to this Authorization.

I understand that a photocopy of this Authorization shall have the same force and effect as the original.

It is my earnest desire to move forward with the prosecution of the lawsuit as expeditiously as possible and I do not want to have to sign multiple authorizations as additional medical providers to myself are identified. Therefore, I specifically request that all of my medical providers honor this authorization, even though they are not specifically identified herein.

Paul Dulberg
PAUL DULBERG, Plaintiff

Dated this 20th day of August, 2012.

Subscribed and sworn to before me this 20th day of August, 2012.

Sheila M Quinlan
Notary Public

OFFICIAL SEAL
SHEILA M QUINLAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/13/14

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

PAUL ULBERG,

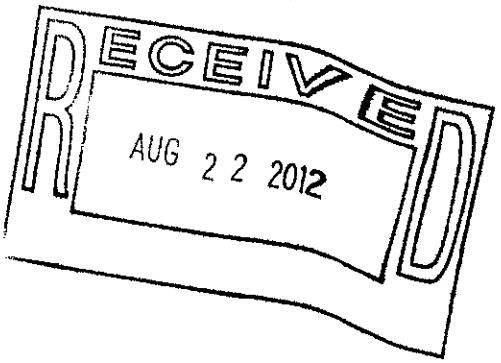
Plaintiff,

DAVID AGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually,

Defendants.

No. 12 LA 178

COPY



PROOF OF SERVICE

The undersigned, being first duly sworn on oath, deposes and states that on the **21st day of August, 2012**, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail at McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S ANSWERS TO DEFENDANTS' SUPPLEMENTAL INTERROGATORIES**

ADDRESSED:
Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm
McHenry, IL
815-344-3
Attorney

S:\Main\DULBERG, PAUL\Discovery\Proof of Svc 8-20-12.wpd

ANSWER: No

5. Do you have any documentation in your poss4ession and/or control regarding Medicare's right to recover payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit, including but not limited to Medicare conditional payment letters, lien notices from Medicare and/or lien notices from a MSPRC.

ANSWER: No

6. State all healthcare benefits you have received or will eligible to receive as a result of injuries you attribute to the occurrence alleged in your Complaint.

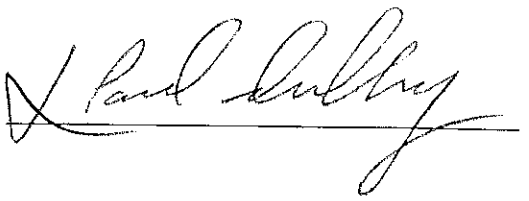
ANSWER: None

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney Registration No. 06203684

Verification by Certification

Under penalties as provided by law pursuant to Section 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 verily believes the same to be true.



DATE: _____

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

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S REQUEST FOR PRODUCTION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., pursuant to Illinois Supreme Court Rule 201(b) and 214, and requests the production of the following documents within 28 days of service:

Definition: The word "document" as used in the following requests shall be defined as defined in Supreme Court Rule 201 (b)(1).

1. All statements (oral, written, or transcribed, signed or unsigned) by parties to this action given to some person or entity other than their attorney or insurer.

2. All statements (oral, written, or transcribed, signed or unsigned) from any person who:

   a) Witnessed or claims to have witnessed the occurrence specified in the Plaintiff's Complaint;

   b) Was present at the scene of the occurrence;

   c) Has or claims to have knowledge of any of the facts of the occurrence specified in the Plaintiff's Complaint;

   d) Has or claims to have knowledge of the condition of the Plaintiff; or

   e) Has or claims to have knowledge of the location specified in the Plaintiff's Complaint.

3. All photographs, slides, motion pictures, videotapes, or other photographic reproductions taken subsequent to the alleged occurrence of the Plaintiff, any physical objects involved in the occurrence, the scene of the occurrence, and/or the occurrence itself.

4. All documents pertaining to the physical or mental condition of the Plaintiff prior and subsequent to the alleged occurrence including injuries sustained in other accidents.

5. Complete, unedited, and unabridged copies of any and all medical reports and documents pertaining to the Plaintiff, and purporting to diagnose, analyze and/or otherwise evaluate any and all injuries allegedly sustained by the Plaintiff in the occurrence specified in the Plaintiff's Complaint.

6. Complete unedited, and unabridged copies of any and all police, accident or incident documents and reports, including any supplementary or reconstruction reports prepared in conjunction with the occurrence set forth in the Plaintiff's Complaint.

7. All documents, articles, papers and textbooks you intend to use during the trial of this cause.

8. All rules, regulations, bylaws, guidelines of any public authority, inspecting or reviewing authority or other private body, which you intend to use during the trial of this cause.

9. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the condition of the Plaintiff existing both prior to and subsequent to the incident in question or the matters in question.

10. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the occurrence in question.

11. A certified copy of all liability insurance policies and declaration pages that covered the Defendant for the acts or omissions, as alleged in the Plaintiff's Complaint including the policies of members of the Defendant's household.

12. Each and every document, record, report, writing memorandum, physical object and the like revealed or referenced in this Defendant's Answers to Supreme Court Rule 213.

13. All maintenance or inspection schedules, records, logs, notes, charts, calenders, or other tangible evidence concerning the maintenance or inspection of the exterior of the premises described in the complaint including dates, locations, employees, and nature of such work.

14. All maintenance or inspection schedules, records, logs, notes, charts, calenders, or other tangible evidence concerning the maintenance or work described in the

complaint on the premises including dates, locations, employees, and nature of such work.

15. All incident reports, investigation or other tangible evidence concerning the accident alleged, witnesses etc.

16. Preserve and maintain the chain saw and any other instrumentalities of the accident or scene.

17. Any written invoices, payments or writings concerning hiring, retaining for use f David Gagnon for work at the premises.

Defendant is requested to preserve and protect the stairs at the premises described in the complaint from alteration, modification or destruction until further order of the court.

If any of the documents requested are in existence, but not in the possession, custody or control of a party, please indicate the names and addresses of the persons or firms in whose possession custody or control they presently reside.

If any document(s) requested are no longer in existence, please state whether such document: (a) is missing or lost, (b) has been destroyed, (c) has been transferred voluntarily or involuntarily to others, or (d) has been otherwise disposed of, and in each instance explain the circumstances surrounding the reason for and manner of such disposition and state the date or approximate date thereof.

If any document called for in this request has been destroyed intentionally at any time during the past ten years, such document should be identified and the reasons and date of its destruction noted.

Pursuant to Supreme Court Rule 201(n), if any documents called for in this request are not produced because of claim of common law or statutory privilege, please state the exact privilege being claimed together with the nature of the withheld information.

It is further requested that the parties in compliance with this request for production shall furnish an affidavit stating whether the production is complete in accordance with this request.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797 Attorney No. 6203684
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IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S RULE 237(b) NOTICE TO PRODUCE AT TRIAL AND/OR ARBITRATION TO DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Supreme Court Rule 237(b), demands the production of the following at the commencement of trial and/or arbitration:

1. Defendant, BILL McGUIRE, to be called as an adverse witness under the applicable rules.

2. Defendant, CAROLINE McGUIRE, to be called as an adverse witness under the applicable rules.

3. Any and all documents previously requested pursuant to Supreme Court Rule 214.

HANS A. MAST, Attorney for the Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney No. 6203684
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IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S INTERROGATORIES TO
DEFENDANTS, BILL McGUIRE AND CAROLINE McGUIRE

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Illinois Supreme Court Rule 213, propounds the following interrogatories to Defendants, to be answered under oath, including full information known to you, your agents, and attorneys within 28 days of service:

In construing these Interrogatories:

1. If any discovery request cannot be answered in full after exercising due diligence to secure the information to do so, please so state and answer the request to the extent possible, specify an inability to answer the remainder of any such request and state whatever information or knowledge is presently available to you concerning the unanswered portion of said request.

2. All objections or answers to these Interrogatories that fail or refuse to respond to any Interrogatory on the ground of any claim of privilege of for any other reason shall:

a. State the nature of the claim or other ground of objection;
b. State all facts relied upon in support of the claim of privilege or other ground of objection;
c. Identify all documents related to the claim of privilege or other ground of objection;

d. Identify all persons having knowledge of any facts related to the claim of privilege or other ground of objection; and

e. Identify all events, transactions, or occurrences related to the claim of privilege or other ground of objection.

1. State the full name of the defendant(s) answering, as well as your current residence address, date of birth, marital status, and social security number, and, if different, give the full name, as well as the current residence address, date of birth, marital status, and social security number of the individual(s) signing these Answers.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the accident to the Plaintiff on the premises as described in the complaint.

3. State the full name and current residence address of each person who witnessed or claims to have witnessed the work and/or conditions existing as described in the complaint at the location of the accident on the date of the accident described.

4. State the name and address of the person(s) or entity that owned the property premises whereat the accident occurred as alleged, as of the date in question.

5. State the name and address of the person(s) or entity that was involved in the work and/or maintenance of the exterior of the premises as alleged on the date in question.

6. State the name and address of the person(s) or entity that decided or chose to undertake the work and/or maintenance of the exterior of the premises as alleged on the date in question, including chain saw use and activity.

7. State the name and address of the person(s) or entity that was to supervise or oversee the work and/or maintenance at the exterior of the premises as alleged on the date in question including chain saw use and activity.

8. State the full name and current residence address of each person, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after said occurrence.

9. State the name and address of each witness that knows or claims to know the circumstances of the alleged accident, how it occurred or how the Plaintiff became injured - as alleged in the complaint.

10. With respect to the chain saw that was being operated on the premises at the time of the alleged injury, state as follows:

    a. Who was operating the chain saw at the time of Plaintiff's alleged injury;

    b. Who owned the chain saw at the time of Plaintiff's alleged injury:

    c. Who requested that the chain saw be used to perform work at the time of Plaintiff's injury.

11. With respect to David Gagnon's experience in use of a chain saw prior to the date of the alleged accident, state as follows:

    a. How many times had David Gagnon operated the same or similar chain saw prior to the date of alleged accident;

    b. What formal training did David Gagnon received in use or operation of a chain saw prior to the occurrence alleged;

    c. Who, if any, (names and addresses) trained David Gagnon in use or operation of a chain saw prior to the occurrence;

12. What was the scope of work or task David Gagnon was engaged in with use of the chain saw at or about the time of the alleged accident.

13. Who (names and addresses) requested or chose to engage Gagnon in the "task" of use and operation of the chain saw at or about the time of the alleged accident.

14. What instructions or guidance, if any, was given to Gagnon prior to Plaintiff's alleged injury/accident with regard to how he was to perform the chain saw work at the premises.

15. Were you (Defendant) covered under any policy of insurance at the time of the occurrence. If so, were you named or covered under any policy, or policies, of liability insurance effective on the date of said occurrence, and: State the name of each such company or companies, the policy number or numbers, the effective period(s) occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

16. Do you have any information:

    (a) That any plaintiff was, within the 5 years immediately prior to said occurrence, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state each plaintiff so involved, the name and address of each such hospital and/or clinic, physician, technician and/or other health care professional, the approximate date

of such confinement or service and state the reason for such confinement or service;

(b) That any plaintiff has suffered any serious personal injury and/or illness prior to the date of said occurrence? If so; state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(c) That any plaintiff has suffered any serious personal injury and/or illness since the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(d) That any plaintiff has ever filed any other suit for his or her own personal injuries? if so, state each plaintiff so involved, state the court, and caption in which filed, the year filed, the title and docket number of said case.

17. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons 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, the name, address and occupation and employer of the person taking them.

18. Have you (or 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 said statement if written and/or recorded.

19. 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, the date of said statement, and state whether such statement was written and/or oral.

20. State the name and address of each person having knowledge of Plaintiff's activities on the premises PRIOR to the accident in question.

21. State the name and address of each person having knowledge of Plaintiff's activities on the premises AFTER the accident in question.

22. Had the Plaintiff ever used or operated a chain saw on the premises or for the Defendant's prior to his alleged accident. If so, state the dates and times such occurred.

23. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial, and state the subject of each witness' testimony, giving the following information:

(a) The subject matter on which the opinion witness is expected to testify;
(b) The conclusions and/or opinions of the opinion witness and the basis therefore, including reports of said witness, if any;
(c) The qualifications of each opinion witness, including a Curriculum Vitae and/or resume, if any; and
(d) Identify any written reports of the opinion witness regarding this occurrence.

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

25. Identify any statements, information and/or documents known to you and requested by any of the foregoing Interrogatories which you claim to be 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 Supreme Court Rule 201(n).

26. State the name and address of each person at the premises (although maybe at different location or not a witness to the incident) described at the time of the occurrence.

27. Was the Plaintiff struck and injured by the chain saw while in operation on the date and time alleged. If so, what caused the chain saw to strike the Plaintiff.

28. Describe what, if any, of the Plaintiff's conduct caused or contributed to his injury on the date and time in question.

29. Did the chain saw malfunction at any time during its use prior to Plaintiff's alleged injury.

30. Prior to Plaintiff's alleged injury, was the subject chain saw operating safely and properly.

Demand to Supplement: Pursuant to Supreme Court Rule 213(i), the party answering these interrogatories is hereby requested to seasonably supplement or amend any prior answer or response whenever new or additional information subsequently becomes known to that party or the party's attorneys or agents.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, Illinois 60050
815/344-3797
Attorney ID No.: 06203684

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STATE OF ILLINOIS)
) SS
COUNTY OF McHENRY)

_____ being first duly sworn on oath, deposes and states that he/she is a Defendant in the above-captioned matter; that he/she has read the foregoing document entitled Answers to Interrogatories; and the answers made therein are true, correct and complete to the best of his/her knowledge and belief.

_____
Defendant

SUBSCRIBED AND SWORN to
before me this _____ day of
_____, 2012.

_____
NOTARY PUBLIC

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

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S REQUEST FOR
PRODUCTION TO DEFENDANT, DAVID GAGNON

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., pursuant to Illinois Supreme Court Rule 201(b) and 214, and requests the production of the following documents within 28 days of service:

Definition: The word "document" as used in the following requests shall be defined as defined in Supreme Court Rule 201 (b)(1).

1. All statements (oral, written, or transcribed, signed or unsigned) by parties to this action given to some person or entity other than their attorney or insurer.

2. All statements (oral, written, or transcribed, signed or unsigned) from any person who:

   a) Witnessed or claims to have witnessed the occurrence specified in the Plaintiff's Complaint;

   b) Was present at the scene of the occurrence;

   c) Has or claims to have knowledge of any of the facts of the occurrence specified in the Plaintiff's Complaint;

   d) Has or claims to have knowledge of the condition of the Plaintiff; or

   e) Has or claims to have knowledge of the location specified in the Plaintiff's Complaint.

3. All photographs, slides, motion pictures, videotapes, or other photographic reproductions taken subsequent to the alleged occurrence of the Plaintiff, any physical objects involved in the occurrence, the scene of the occurrence, and/or the occurrence itself.

4. All documents pertaining to the physical or mental condition of the Plaintiff prior and subsequent to the alleged occurrence including injuries sustained in other accidents.

5. Complete, unedited, and unabridged copies of any and all medical reports and documents pertaining to the Plaintiff, and purporting to diagnose, analyze and/or otherwise evaluate any and all injuries allegedly sustained by the Plaintiff in the occurrence specified in the Plaintiff's Complaint.

6. Complete unedited, and unabridged copies of any and all police, accident or incident documents and reports, including any supplementary or reconstruction reports prepared in conjunction with the occurrence set forth in the Plaintiff's Complaint.

7. All documents, articles, papers and textbooks you intend to use during the trial of this cause.

8. All rules, regulations, bylaws, guidelines of any public authority, inspecting or reviewing authority or other private body, which you intend to use during the trial of this cause.

9. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the condition of the Plaintiff existing both prior to and subsequent to the incident in question or the matters in question.

10. All reports or documents which may contain the opinions, theories, conclusions, or estimates regarding the occurrence in question.

11. A certified copy of all liability insurance policies and declaration pages that covered the Defendant for the acts or omissions, as alleged in the Plaintiff's Complaint including the policies of members of the Defendant's household.

12. Each and every document, record, report, writing memorandum, physical object and the like revealed or referenced in this Defendant's Answers to Supreme Court Rule 213.

13. All maintenance or inspection schedules, records, logs, notes, charts, calenders, or other tangible evidence concerning the maintenance or inspection of the exterior of the premises described in the complaint including dates, locations, employees, and nature of such work.

14. All maintenance or inspection schedules, records, logs, notes, charts, calenders, or other tangible evidence concerning the maintenance or work described in the

complaint on the premises including dates, locations, employees, and nature of such work.

15. All incident reports, investigation or other tangible evidence concerning the accident alleged, witnesses etc.

16. Preserve and maintain the chain saw and any other instrumentalities of the accident or scene.

17. Any written invoices, payments or writings concerning hiring, retaining or otherwise with respect to David Gagnon and his work at the premises.

Defendant is requested to preserve and protect the stairs at the premises described in the complaint from alteration, modification or destruction until further order of the court.

If any of the documents requested are in existence, but not in the possession, custody or control of a party, please indicate the names and addresses of the persons or firms in whose possession custody or control they presently reside.

If any document(s) requested are no longer in existence, please state whether such document: (a) is missing or lost, (b) has been destroyed, (c) has been transferred voluntarily or involuntarily to others, or (d) has been otherwise disposed of, and in each instance explain the circumstances surrounding the reason for and manner of such disposition and state the date or approximate date thereof.

If any document called for in this request has been destroyed intentionally at any time during the past ten years, such document should be identified and the reasons and date of its destruction noted.

Pursuant to Supreme Court Rule 201(n), if any documents called for in this request are not produced because of claim of common law or statutory privilege, please state the exact privilege being claimed together with the nature of the withheld information.

It is further requested that the parties in compliance with this request for production shall furnish an affidavit stating whether the production is complete in accordance with this request.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797 Attorney No. 6203684
S:\Main\DULBERG, PAUL\Discovery\Request for Prod to Def Gagnon 9-27-12.wpd

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

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S INTERROGATORIES TO DEFENDANT, DAVID GAGNON

NOW COMES the Plaintiff, PAUL DULBERG, by and through his attorneys, LAW OFFICES OF THOMAS J. POPOVICH, P.C., and pursuant to Illinois Supreme Court Rule 213, propounds the following interrogatories to Defendant, to be answered under oath, including full information known to you, your agents, and attorneys within 28 days of service:

In construing these Interrogatories:

1. If any discovery request cannot be answered in full after exercising due diligence to secure the information to do so, please so state and answer the request to the extent possible, specify an inability to answer the remainder of any such request and state whatever information or knowledge is presently available to you concerning the unanswered portion of said request.

2. All objections or answers to these Interrogatories that fail or refuse to respond to any Interrogatory on the ground of any claim of privilege of for any other reason shall:

a. State the nature of the claim or other ground of objection;
b. State all facts relied upon in support of the claim of privilege or other ground of objection;
c. Identify all documents related to the claim of privilege or other ground of objection;

d. Identify all persons having knowledge of any facts related to the claim of privilege or other ground of objection; and

e. Identify all events, transactions, or occurrences related to the claim of privilege or other ground of objection.

1. State the full name of the defendant answering, as well as your current residence address, date of birth, marital status, and social security number, and, if different, give the full name, as well as the current residence address, date of birth, marital status, and social security number of the individual(s) signing these Answers.

2. State the full name and current residence address of each person who witnessed or claims to have witnessed the accident to the Plaintiff on the premises as described in the complaint.

3. State the full name and current residence address of each person who witnessed or claims to have witnessed the work and/or conditions existing as described in the complaint at the location of the accident at the time and on the date of the accident described.

4. State the name and address of the person(s) or entity that owned the property premises whereat the accident occurred as alleged, as of the date in question.

5. State the name and address of the person(s) or entity that was involved in performing the work during which the accident occurred on the date in question, as alleged.

6. State the name and address of the person(s) or entity that decided or chose to undertake the work at the time, as alleged on the date in question, including chain saw use and activity.

7. State the name and address of the person(s) or entity that was to supervise or oversee the work at the premises at the time, as alleged on the date in question including chain saw use and activity.

8. State the full name and current residence address of each person, who was present and/or claims to have been present at the scene immediately before, at the time of, and/or immediately after said occurrence.

9. State the name and address of each witness that knows or claims to know the circumstances of the alleged accident, how it occurred or how the Plaintiff became injured - as alleged in the complaint.

10. With respect to the chain saw that was being operated on the premises at the time of the alleged injury, state as follows:

    a. Who was operating the chain saw at the time of Plaintiff's alleged injury;

    b. Who owned the chain saw at the time of Plaintiff's alleged injury:

    c. Who requested that the chain saw be used to perform work at the time of Plaintiff's injury.

    d. Purpose for the use of the chain saw at the time.

11. With respect to David Gagnon's experience in use of a chain saw prior to the date of the alleged accident, state as follows:

    a. How many times had David Gagnon operated the same or similar chain saw prior to the date of alleged accident;

    b. What formal training did David Gagnon received in use or operation of a chain saw prior to the occurrence alleged;

    c. Who, if any, (names and addresses) trained David Gagnon in use or operation of a chain saw prior to the occurrence;

12. What was the scope of work or task David Gagnon was engaged in with use of the chain saw at or about the time of the alleged accident.

13. Who (names and addresses) requested or chose to engage Gagnon in the "task" of use and operation of the chain saw at or about the time of the alleged accident.

14. What instructions or guidance, if any, was given to Gagnon prior to Plaintiff's alleged injury/accident with regard to how he was to perform the chain saw work at the premises.

15. Were you (Defendant) covered under any policy of insurance at the time of the occurrence. If so, were you named or covered under any policy, or policies, of liability insurance effective on the date of said occurrence, and: State the name of each such company or companies, the policy number or numbers, the effective period(s) occurrence, including umbrella or excess insurance coverage, property damage and medical payment coverage.

16. Do you have any information:

    (a) That any plaintiff was, within the 5 years immediately prior to said occurrence, confined in a hospital and/or clinic, treated by a physician and/or other health professional, or x-rayed for any reason other than personal injury? If so, state each plaintiff so involved, the name and address of each such hospital and/or clinic,

physician, technician and/or other health care professional, the approximate date of such confinement or service and state the reason for such confinement or service;

(b) That any plaintiff has suffered any serious personal injury and/or illness prior to the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(c) That any plaintiff has suffered any serious personal injury and/or illness since the date of said occurrence? If so, state each plaintiff so involved, state when, where and how he or she was injured and/or ill and describe the injuries and/or illness suffered;

(d) That any plaintiff has ever filed any other suit for his or her own personal injuries? if so, state each plaintiff so involved, state the court, and caption in which filed, the year filed, the title and docket number of said case.

17. Were any photographs, movies and/or videotapes taken of the scene of the occurrence or of the persons 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, the name, address and occupation and employer of the person taking them.

18. Have you (or 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 said statement if written and/or recorded.

19. 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, the date of said statement, and state whether such statement was written and/or oral.

20. State the name and address of each person having knowledge of Plaintiff's activities on the premises PRIOR to the accident in question.

21. State the name and address of each person having knowledge of Plaintiff's activities on the premises AFTER the accident in question.

22. Had the Plaintiff ever used or operated a chain saw on the premises or for the Defendant or others prior to his alleged accident. If so, state the dates and times such occurred.

23. Pursuant to Illinois Supreme Court Rule 213(f), provide the name and address of each witness who will testify at trial, and state the subject of each witness' testimony, giving the following information:

(a) The subject matter on which the opinion witness is expected to testify;
(b) The conclusions and/or opinions of the opinion witness and the basis therefore, including reports of said witness, if any;
(c) The qualifications of each opinion witness, including a Curriculum Vitae and/or resume, if any; and
(d) Identify any written reports of the opinion witness regarding this occurrence.

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

25. Identify any statements, information and/or documents known to you and requested by any of the foregoing Interrogatories which you claim to be 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 Supreme Court Rule 201(n).

26. State the name and address of each person at the premises (although at different location or not a witness to the incident) described at the time of the occurrence.

27. Was the Plaintiff struck and injured by the chain saw while in operation on the date and time alleged. If so, what caused the chain saw to strike the Plaintiff.

28. Describe what, if any, of the Plaintiff's conduct caused or contributed to his injury on the date and time in question.

29. Did the chain saw malfunction at any time during its use prior to Plaintiff's alleged injury.

30. Prior to Plaintiff's alleged injury, was the subject chain saw operating safely and properly.

Demand to Supplement: Pursuant to Supreme Court Rule 213(i), the party answering these interrogatories is hereby requested to seasonably supplement or amend any prior answer or response whenever new or additional information subsequently becomes known to that party or the party's attorneys or agents.

HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH, P.C.
3416 West Elm Street
McHenry, Illinois 60050
815/344-3797
Attorney ID No.: 06203684

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STATE OF ILLINOIS)
) SS
COUNTY OF McHENRY)

_____ being first duly sworn on oath, deposes and states that he/she is a Defendant in the above-captioned matter; that he/she has read the foregoing document entitled Answers to Interrogatories; and the answers made therein are true, correct and complete to the best of his/her knowledge and belief.

_____
Defendant

SUBSCRIBED AND SWORN to
before me this _____ day of
_____, 2012.

_____
NOTARY PUBLIC

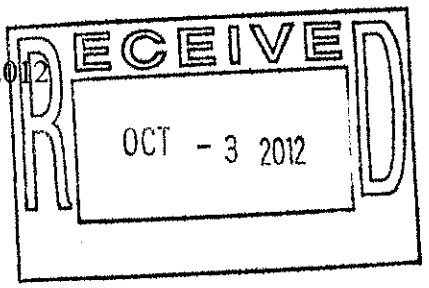
The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street
McHenry, Illinois 60050
Telephone: 815.344.3797
Facsimile: 815.344.5280
www.popovichlaw.com

Thomas J. Popovich
Hans A. Mast
John A. Kornak
Diana M. Reiter

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

October 2, 2012



Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

RE: ***Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire***
McHenry County Case: 12 LA 178

Dear Mr. Barch:

Pursuant to your request, please find color copies of my client's injuries in reference to the above-referenced matter.

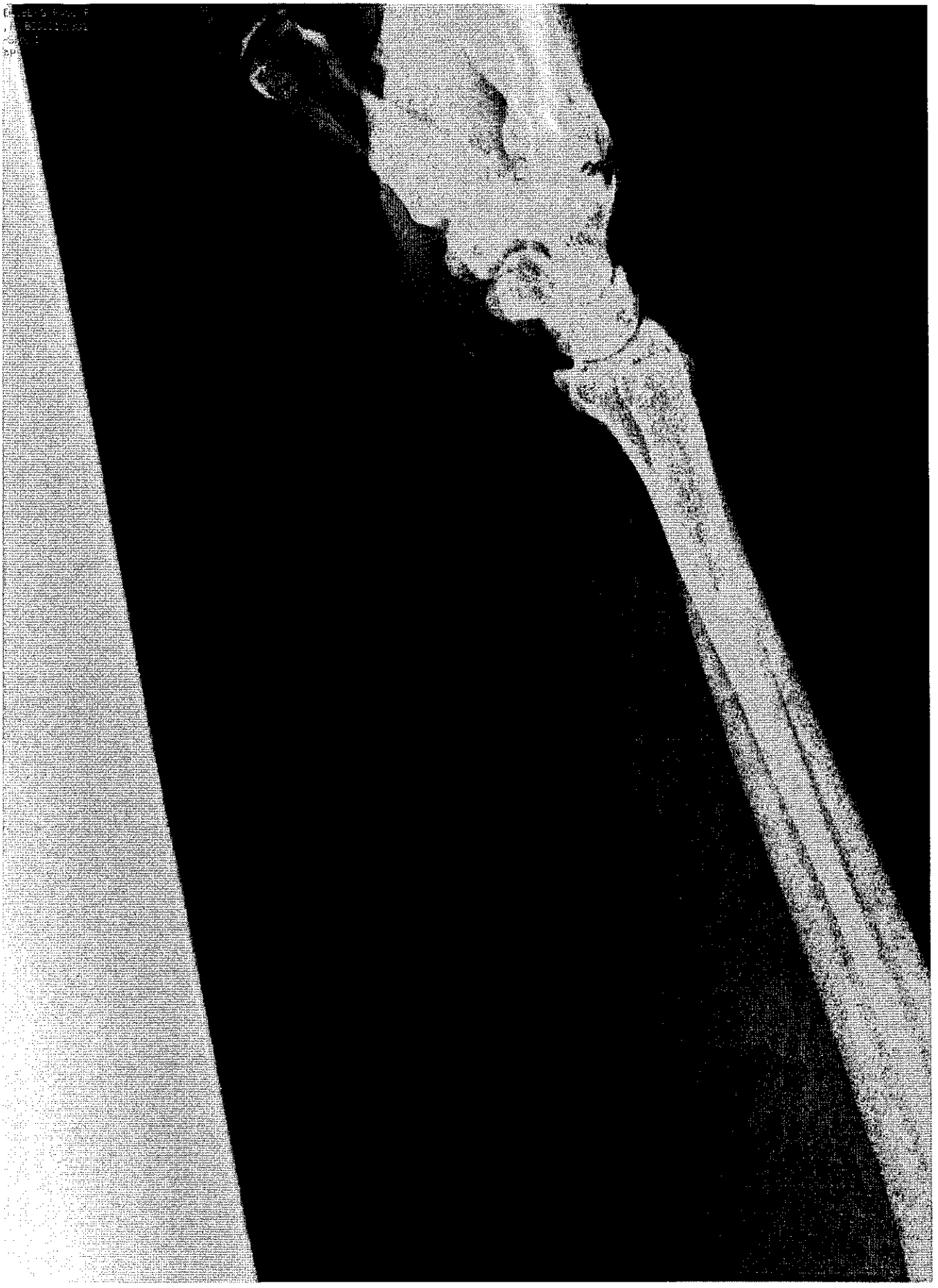
Very truly yours,

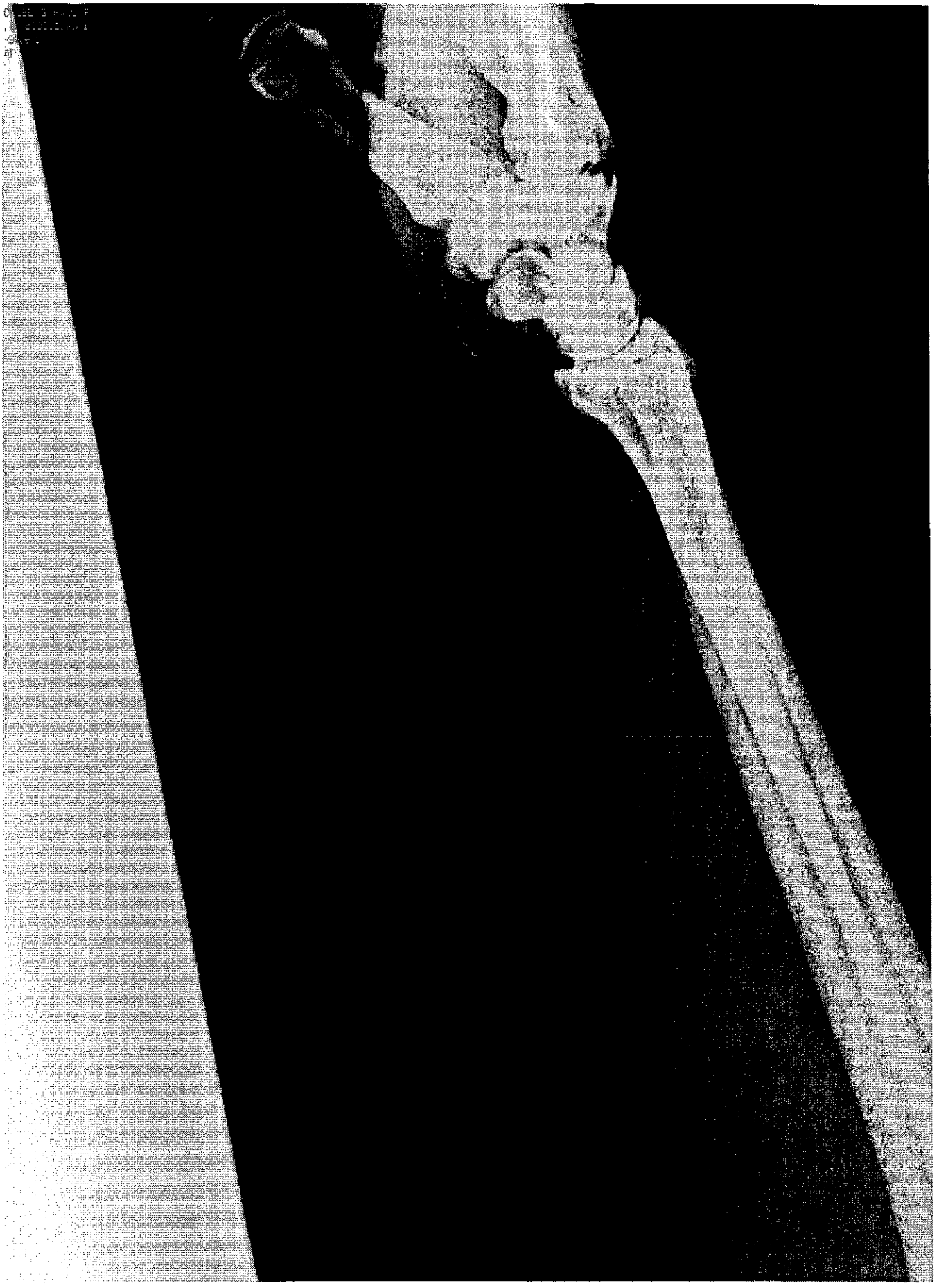
HANS A. MAST

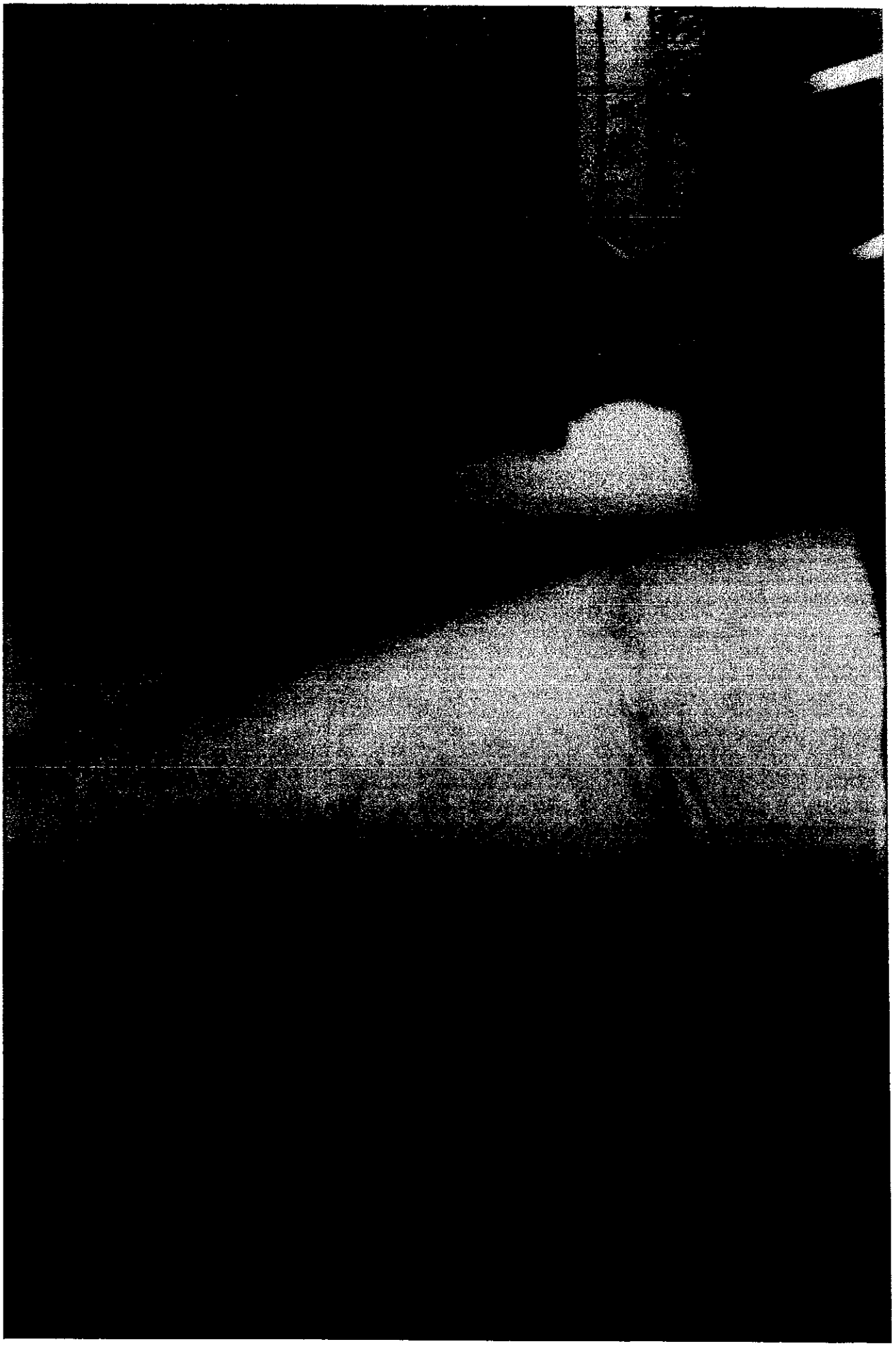
smq
Enclosure

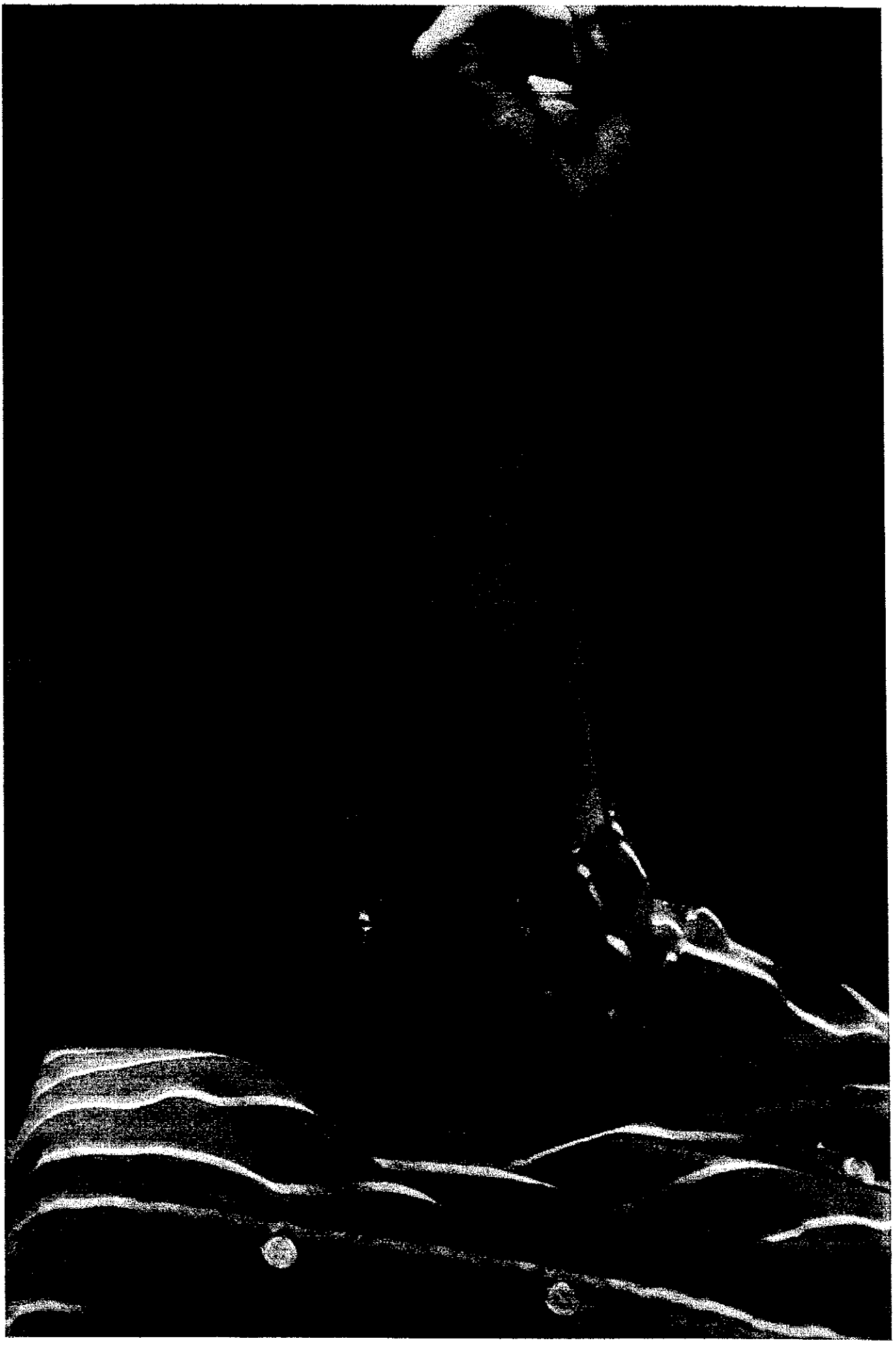
S:\Main\DULBERG, PAUL\Letters\Letter to Atty Barch 10-2-12.wpd

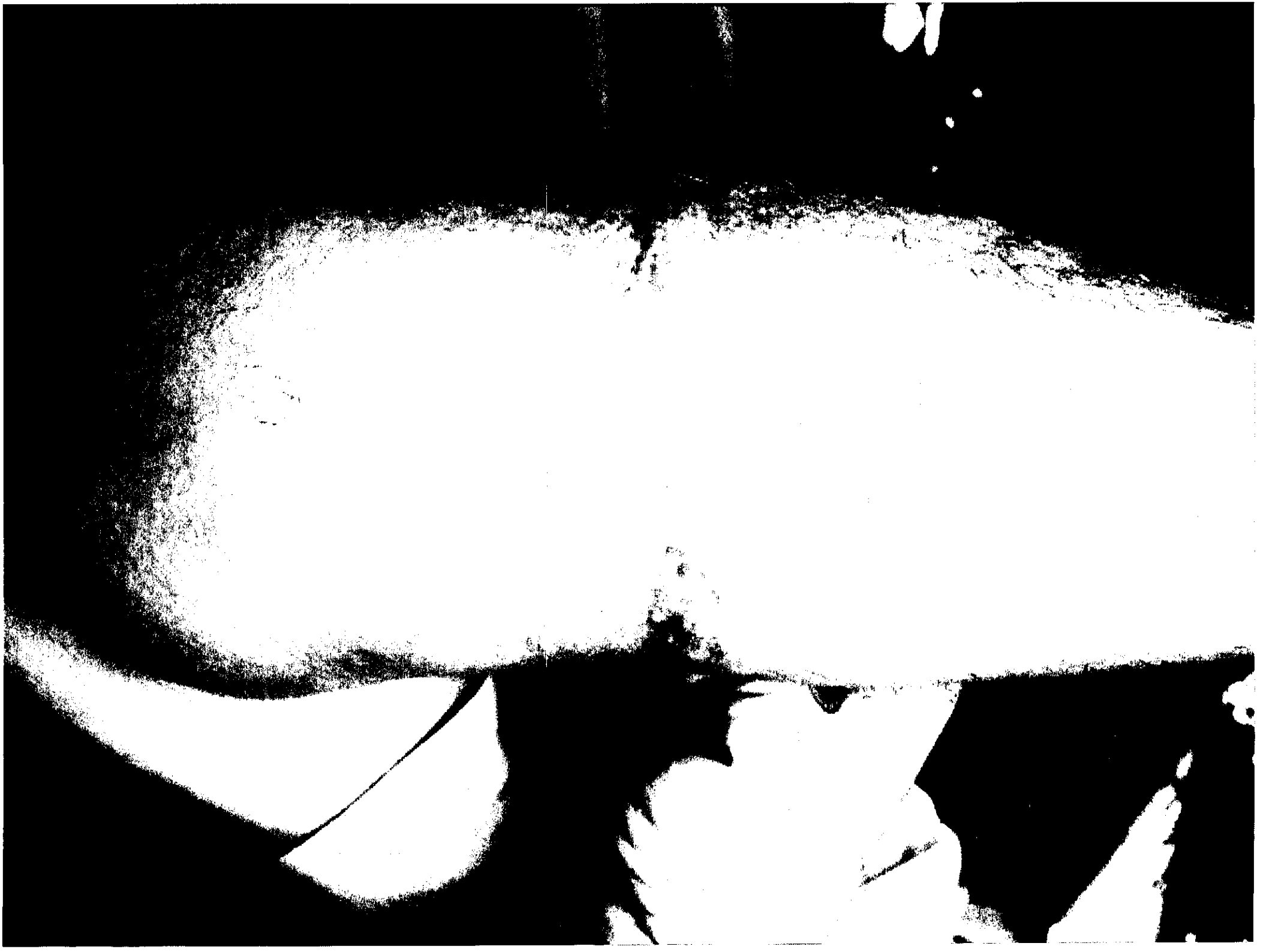
Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

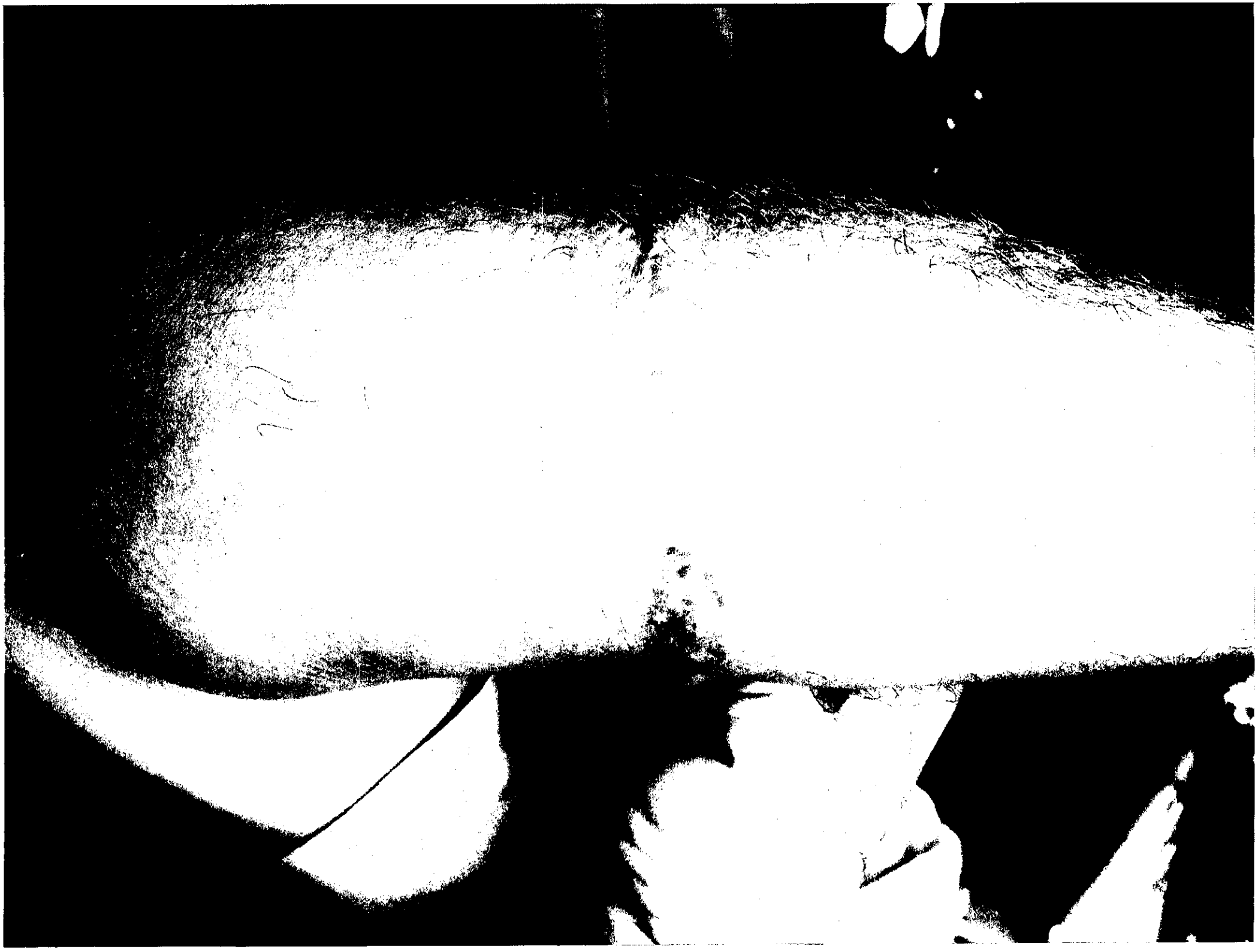


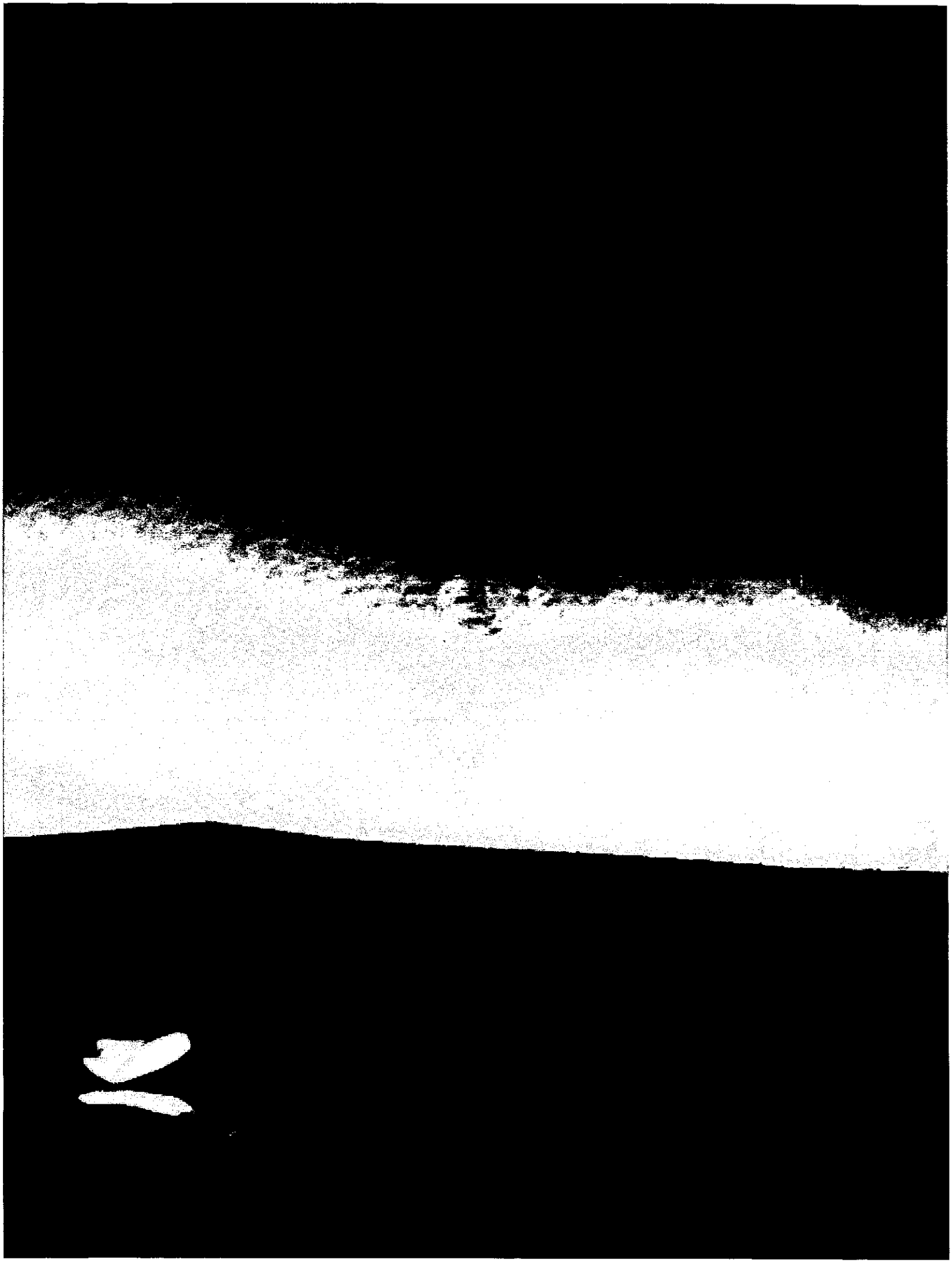


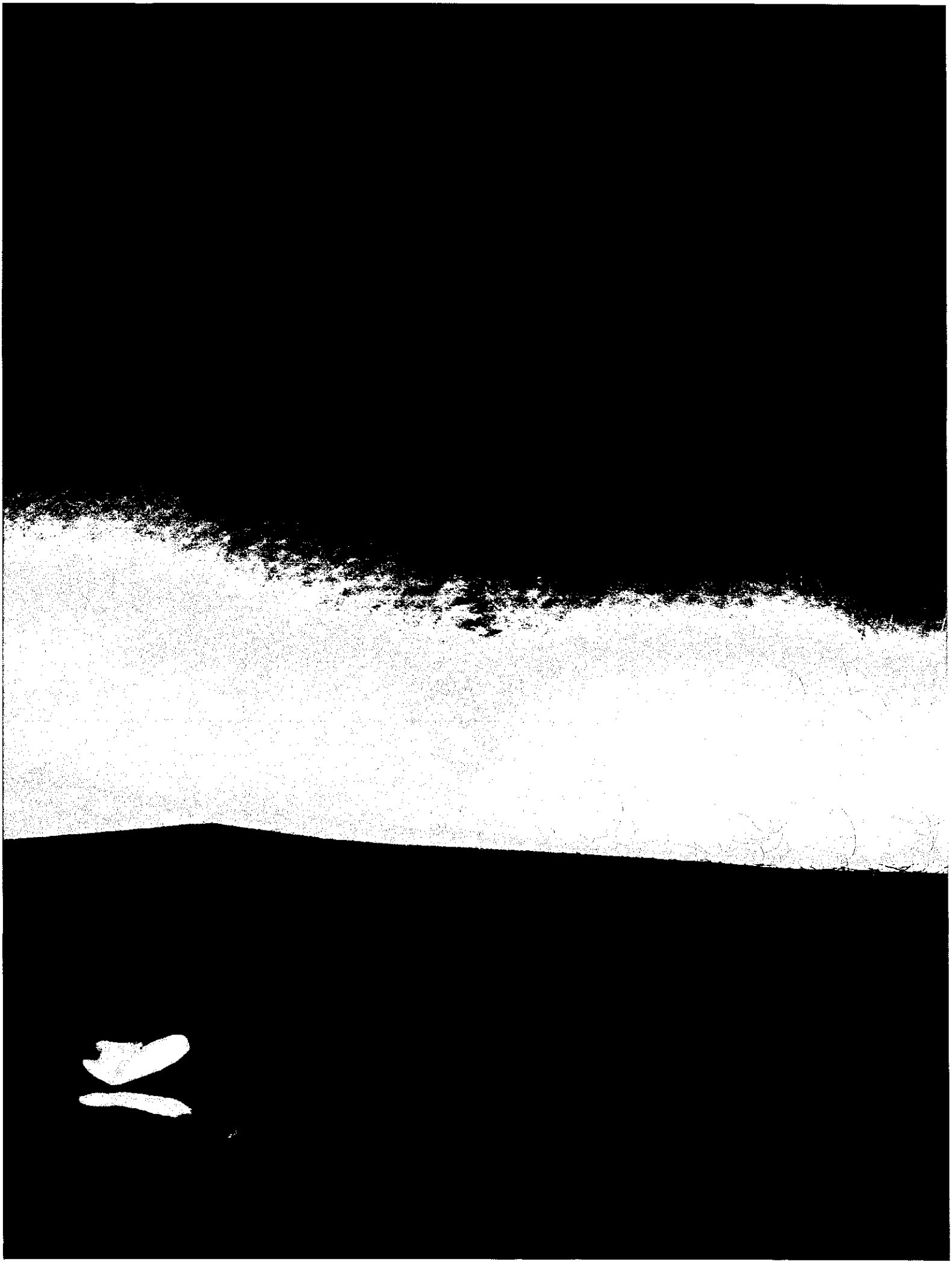


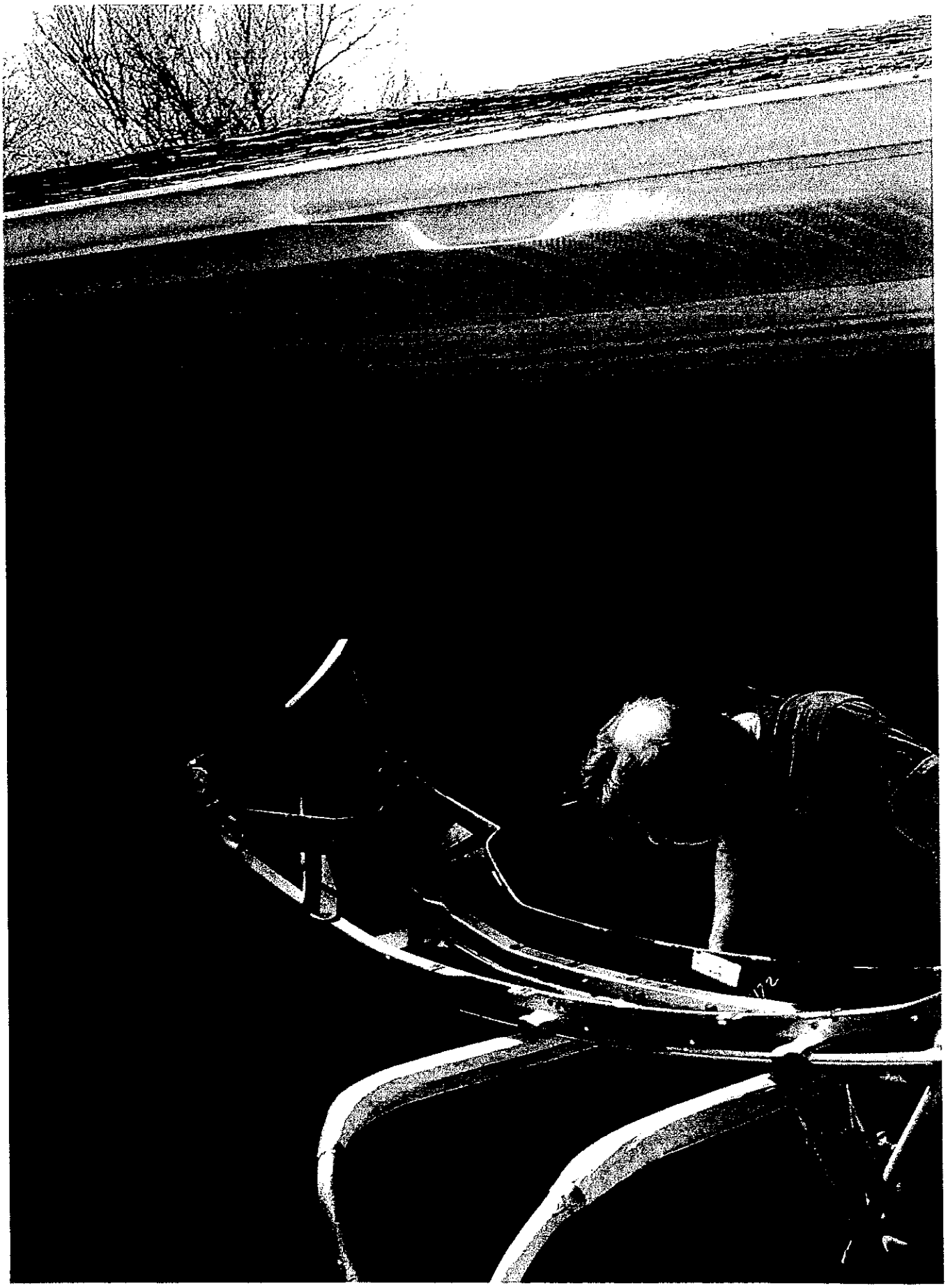


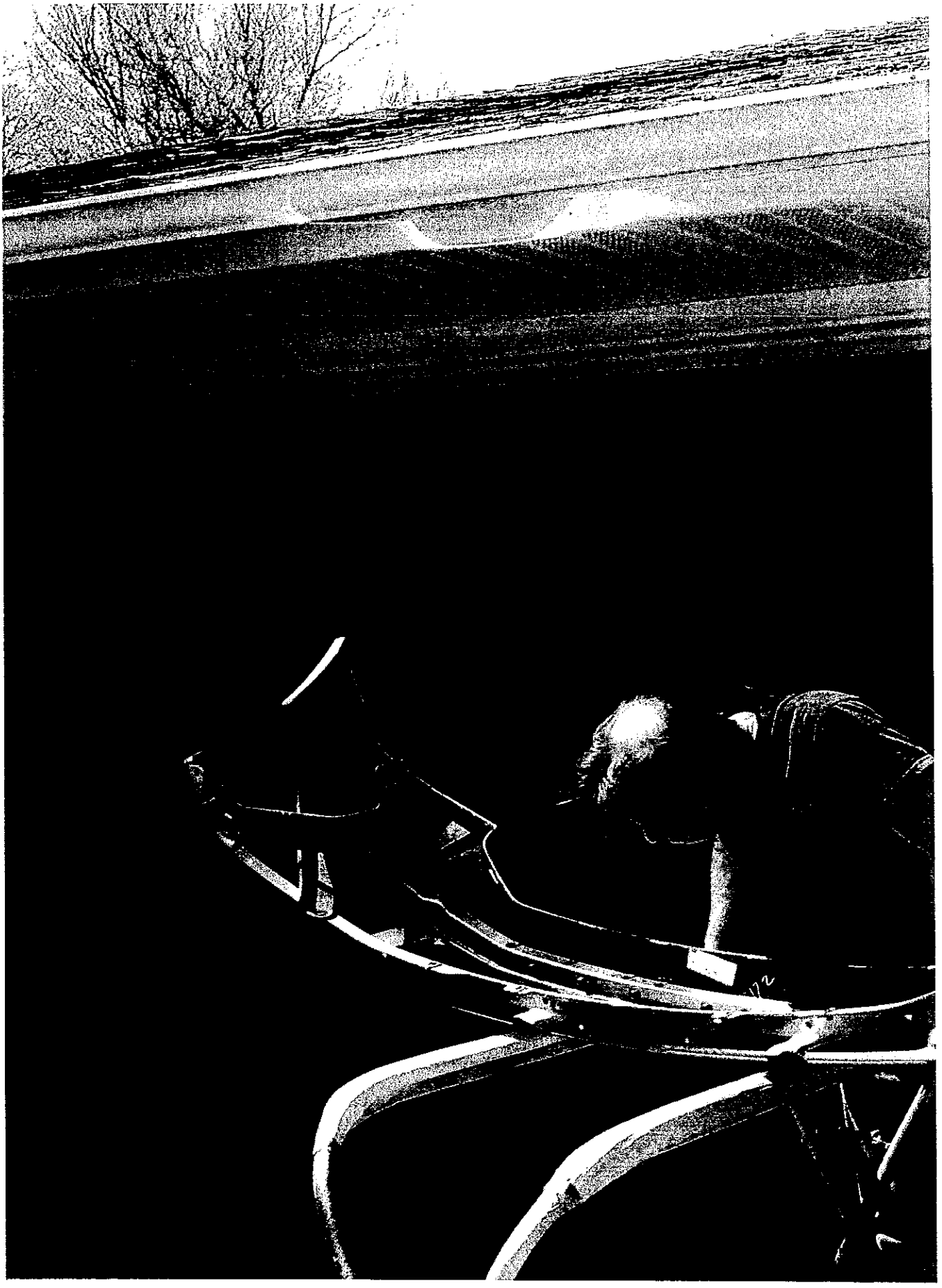












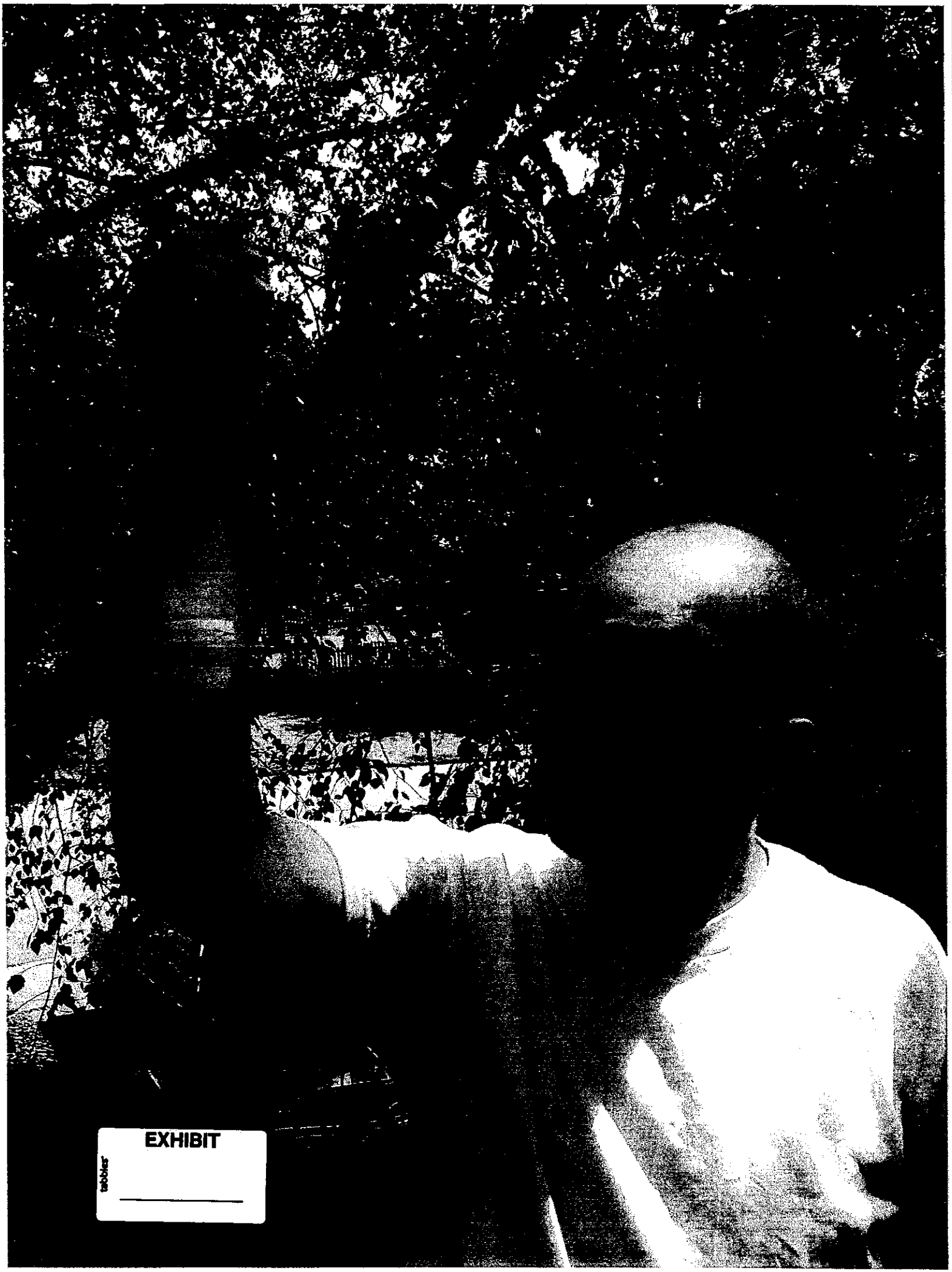
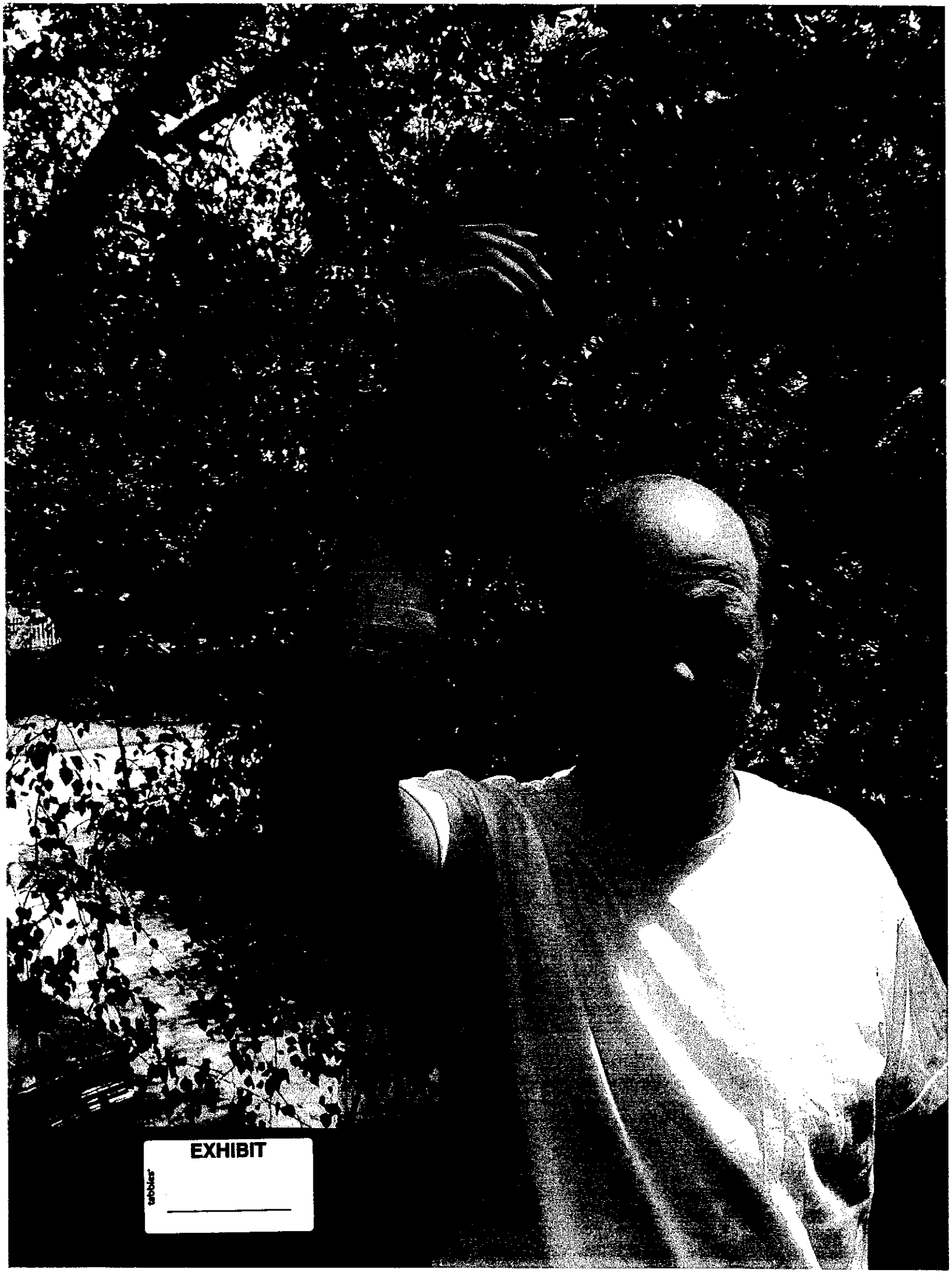


EXHIBIT
tabbies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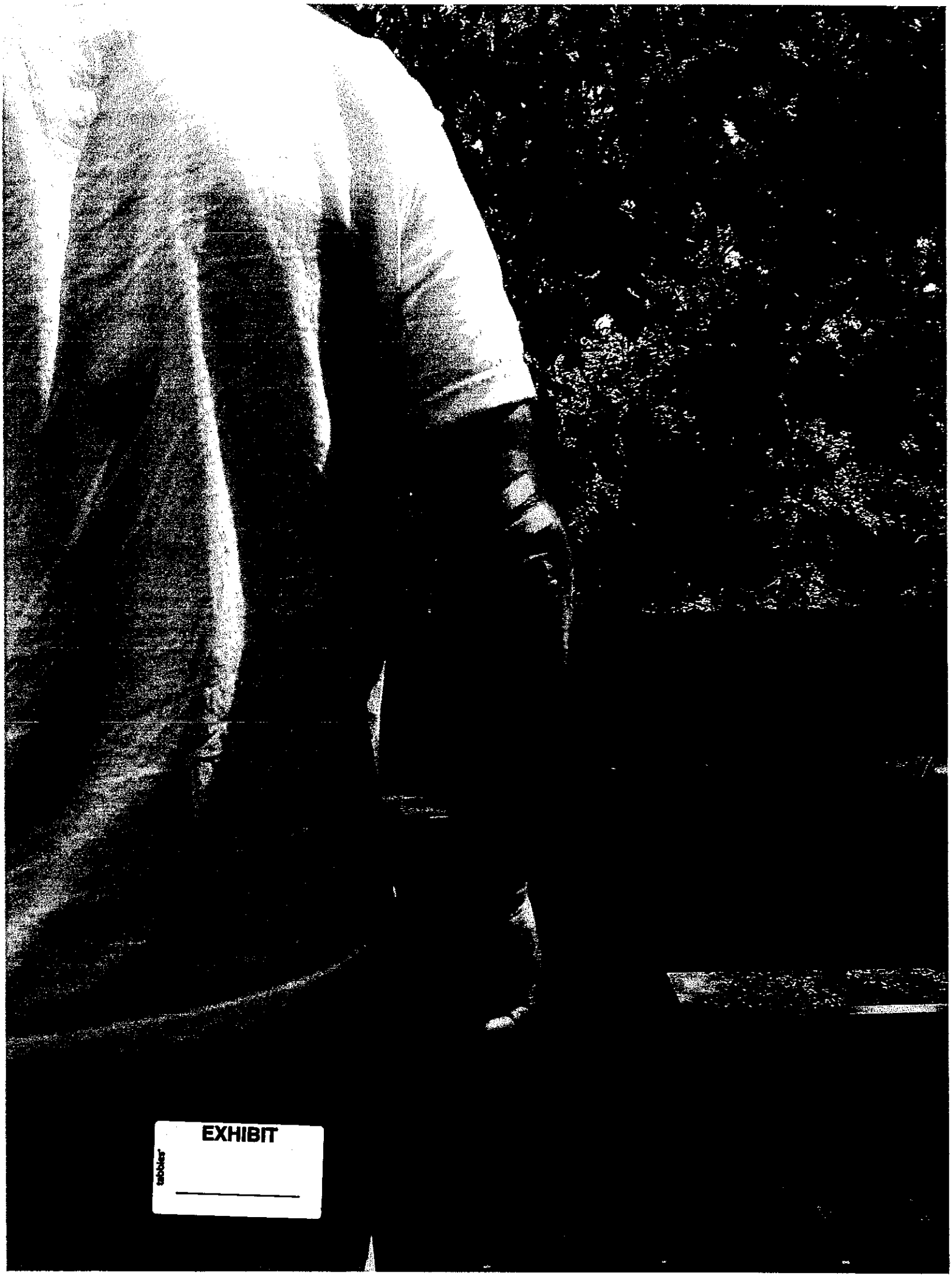
EXHIBIT
tabbies

The Law Offices of Thomas J. Popovich P.C.

3416 W. Elm Street
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Telephone: 815.344.3797
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www.popovichlaw.com

Thomas J. Popovich
Hans A. Mast
John A. Kornak

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

March 18, 2013

VIA FACSIMILE: 815/226-7701

Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

RE: ***Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire***
McHenry County Case: 12 LA 178

Dear Mr. Barch:

In response to your March 13, 2013 correspondence, enclosed is the billing from Moraine Emergency Physicians, McHenry Radiologists, Open Advanced MRI of Round Lake and Walgreens.

With regard to Paul's "tennis elbow" he has been treating with Dr. Sagerman and Dynamic Hand Therapy. I am still updating the medical expense report and hopefully will have some additional bills to provide to you.

In the meantime, if you have any questions, please feel free to call.

Very truly yours,

HANS A. MAST

smq
Enclosures

c: Perry Accardo (fax: 312/558-9357)

Waukegan Office
210 North Martin Luther
King Jr. Avenue
Waukegan, IL 60085

MORAINE EMERGENCY PHYSICIANS
PO BOX 8759
PHILADELPHIA, PA 19101-8759

ACCOUNT NUMBER: MNI711179003233
Patient Name: PAUL R DULBERG

Tax ID #: 75-2896896
Account Balance: $1,346.00
Amount Pending Insurance: $0.00
Amount Due From Patient (Current): $1,346.00
Amount Due From Patient (Past Due): $0.00
Pay This Amount: $1,346.00

131409-071117900323 3-05
#BWNJFDB
#00000MNI11606478#
PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE. THANK YOU. Please refer to coupon below for payment instructions.

Pay your bill securely online anytime at www.MyMedicalPayments.com

Date	#	Description	Charge	Paid By First Ins.	Paid By Other Ins.	Paid By Patient	Amount Adjusted	Due From Insurance	PATIENT BALANCE
06/28/11	1	99283-25 EMERG INJURY EVAL & MGMT-LVL 3 DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENRY	$537.00						$537.00
06/28/11	2	12004 WOUND REP 7.6-12.5CM SCALP ETC DX:880.03 DR. FORD/CENTEGRA HOSPITAL MCHENRY	$809.00						$809.00
		THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS YOU MADE AT TIME OF SERVICE							
		TOTALS:	$1,346.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,346.00

Important Messages:

This statement is for the direct treatment and/or supervision of care you recently received from an Emergency Physician at Centegra Hospital McHenry. The fees for this private physician are billed separately from any hospital charges or other professional fees for which you may also be responsible. Therefore, should you receive a bill from the hospital or other physicians for charges in connection with this visit, it will not include the items listed on this statement.

"Payment Plans" Accepted
Questions about this statement?/Llame de Lunes a Viernes?
Call 1-800-355-2470 Monday through Friday 9:30AM - 4:00PM.
Your automated system access code is 0230-711179003233, or you can send email to billing_questions@emcare.com.

91384-01-9426 **Please detach and return bottom portion with your remittance.**

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD
PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

MORAINE EMERGENCY PHYSICIANS
PO BOX 8759
PHILADELPHIA, PA 19101-8759

STATEMENT OF ACCOUNT

Statement Date: July 16, 2011

ACCOUNT NUMBER: MNI711179003233
Patient Name: PAUL R DULBERG

Payment Due By: 08/05/11
Amount Due: $1,346.00
Amount Enclosed:

Go Green - pay online at
www.MyMedicalPayments.com
PROMPT PAY DISCOUNTED
BALANCE : $ 807.60

Insurance information not on file

40% Discount Offer
In consideration of your uninsured status, we are willing to extend a 40% prompt pay discount.

☐ If your address has changed, check this box, and complete the reverse side of this form

13140907111790032330013460000000000000006

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

CARD NUMBER	SEC. CODE	AMOUNT
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		

STATEMENT DATE	ACCOUNT #	PAY THIS AMOUNT
07/07/2011	235130-QMRIG	$50.00

AMOUNT PAID

Office Hours: 9:00am - 4:00pm, Monday - Friday
Phone: 815/759-0800 IRS# 36-3907435

Pay online at **www.ePayitOnline.com**
CodeID: **MCHENRY5** Access #: **2038252-1-63**
Guarantor: PAUL R DULBERG
Invoice #: 833112

MAKE CHECK PAYABLE & REMIT TO

01518

Paul R Dulberg
4606 Hayden Court
McHenry IL 60051-7918

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

MCHENRY5-0280287-0000000-2038252-001-000063-#007210-0001
PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE ENCLOSED ENVELOPE PROVIDED

DATE	CODE	DESCRIPTION OF SERVICES	AMOUNT
		CHARGES FOR PATIENT: PAUL DULBERG (235130-QMRIG)	
06/28/11	73090-26	X-RAY EXAM OF FOREARM	$50.00
		07/07/11 GUARANTOR RESPONSIBILITY DATE (ChargeID: 1275862)	
		ADDITIONAL INFORMATION CONCERNING YOUR ACCOUNT	
		IF YOU HAVE INSURANCE COVERAGE FOR THIS CLAIM, PLEASE CALL OUR OFFICE.	
		REFERRING PROVIDER 043 IS APIWAT FORD - UPIN: C69043	

BALANCE DUE: $50.00
NET DUE 30 DAYS: 8/6/2011

Guarantor: PAUL R DULBERG   Account Number: 235130-QMRIG   Statement Date: 07/07/2011

Invoice #: 833112

McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry IL 60051-0220

Phone: 815/759-0800 IRS# 36-3907435

MCHENRY5-0280287-0000000-2038252-001-000063-#007210-0001

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

MEDCHEX
PO BOX 502
KATONAH, NY 10536

PICA

1 MEDICARE ☐ (Medicare #) MEDICAID ☐ (Medicaid #) TRICARE CHAMPUS ☐ (Sponsor's SSN) CHAMPVA ☐ (Member I.D. #) GROUP HEALTH PLAN ☐ (SSN or ID) FECA BLK LUNG ☐ (SSN) OTHER ☒ (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 265065

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Dulberg, Paul

3. PATIENT'S BIRTH DATE: MM 3 DD 19 YY 1970 SEX M ☐ F ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Dulberg, Paul

5. PATIENT'S ADDRESS (No., Street): 46 Hayden Ct

6. PATIENT RELATIONSHIP TO INSURED: Self ☒ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street): 46 Hayden Ct

CITY: Mchenry STATE: IL

8. PATIENT STATUS: Single ☐ Married ☐ Other ☒; Employed ☐ Full-Time Student ☐ Part-Time Student ☐

CITY: Mchenry STATE: IL

ZIP CODE: 60051 TELEPHONE (Include Area Code):

ZIP CODE: 60051 TELEPHONE (INCLUDE AREA CODE):

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER:

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

a. EMPLOYMENT? (CURRENT OR PREVIOUS) Yes ☐ No ☒

a. INSURED'S DATE OF BIRTH: MM 3 DD 19 YY 1970 SEX M ☐ F ☐

b. OTHER INSURED'S DATE OF BIRTH: MM DD YY SEX M ☐ F ☐

b. AUTO ACCIDENT? Yes ☐ No X PLACE (State):

b. EMPLOYER'S NAME OR SCHOOL NAME:

c. EMPLOYER'S NAME OR SCHOOL NAME:

c. OTHER ACCIDENT? X Yes ☐ No

c. INSURANCE PLAN NAME OR PROGRAM NAME: MEDCHEX BILLING PROGRAM

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? Yes ☐ No ☒ If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE 2/3/2012

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: MM 6 DD 28 YY 2011 ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE: Karen Levin MD

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? Yes ☐ No ☒ $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)

1. 2. 3. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	2	3	2012	2	3	2012	11		73220			3390 00	1		NPI	
2															NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 134214889 EIN ☒

26. PATIENT'S ACCOUNT NO.: 265065

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ☒ NO ☐

28. TOTAL CHARGE: $ 3390 00

29. AMOUNT PAID: $ 00 00

30. BALANCE DUE: $ 3390 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
MedChex

32. SERVICE FACILITY LOCATION INFORMATION
Open Advanced MRI of Round Lake, LLC
720 East Rollins Road
Round Lake Beach, Illinois 60073

33. BILLING PROVIDER INFO & PH #
MEDCHEX
PO BOX 502
KATONAH, NY 10536
(866) 959-1100

SIGNED /forms/ DATE 02/3/2012

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

PAUL DULBERG
4506 Hayden Ct, McHenry, IL 600517918
(847)497-4250
RX # 2132245-05469 DATE: 06/28/11

HYDROCODONE/APAP 10MG/325MG TABS
QTY: 20 NO REFILLS - DR. AUTH REQUIRED
New NDC: 00591-0853-05

$ 20.69

DR A. FORD
MFG: WATSON
SMC/TNT/TNT/ /TNT

Walgreens 3025 W ELM ST MCHENRY, IL 60050-4931
PH: (815)363-0722

Customer Receipt

PAUL DULBERG
4608 Hayden Ct. McHenry, IL 600517816
(847)497-4250
RX # 2132246-05469

DATE: 06/28/11

CEFADROXIL 500MG CAPSULES
QTY: 10 NO REFILLS - DR. AUTH REQUIRED
New NDC:00093-3196-01

$ 27.99

DR A. FORD
MFG:TEVA
SMC/TNT/TNT/ /TNT

Walgreens 3912 W BUNKER MCHENRY, IL 600502436
PH:(815)363-0722

Customer Receipt

MEDICAL EXPENSE REPORT

PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: AUGUST 31, 2012

05/15/12 ..... 360.00
05/17/12 ..... 113.00
05/24/12 ..... 274.00
05/25/12 ..... 274.00
05/31/12 ..... 274.00
06/04/12 ..... 360.00
07/16/12 ..... 327.00
07/19/12 ..... 301.00
07/23/12 ..... 301.00
07/26/12 ..... 274.00
07/30/12 ..... 301.00
08/02/12 ..... 220.00
08/06/12 ..... 274.00
08/09/12 ..... 274.00
Total $14,645.00

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katohah, NY 10536
866-959-1100 - Acct. 265065
02/03/12 ..... $3,390.00 ..... $3,390.00

Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005
847-956-0099 - Acct. 80330
04/02/12 ..... $116.00
05/14/12 ..... 90.00
05/17/12 ..... 116.00
06/06/12 ..... 171.00
07/09/12 ..... 8,338.00
Total $8,831.00

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673
847-618-4747 - Acct. 71265382
07/09/12 ..... $6,366.00 ..... $6,366.00

Northwest Suburban Anesthesiologist, Ltd
8163 Solutions Center
Chicago, IL 60677-8001
800-709-2715 - Acct. 71265382

The Law Offices of Thomas J. Popovich P.C.

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McHenry, Illinois 60050
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Thomas J. Popovich
Hans A. Mast
John A. Kornak

Mark J. Vogg
James P. Tutaj
Robert J. Lumber
Theresa M. Freeman

March 12, 2013

VIA FACSIMILE: 815/226-7701

Ronald A. Barch
Cicero, France, Barch & Alexander, PC
6323 E. Riverside Blvd.
Rockford, IL 61114

VIA FACSIMILE: 312/558-9357

Perry Accardo
Law Office of M. Gerard Gregoire
200 N. LaSalle Street, Suite 2650
Chicago, IL 60601-1092

RE: ***Paul Dulberg vs. David Gagnon, Caroline McGuire and Bill McGuire***
McHenry County Case: 12 LA 178

Dear Mr. Barch:

Please find enclosed a copy of my client's medical expense report itemizing his medical bills related to the underlying occurrence in the amount of $40,633.21.

Very truly yours,

HANS A. MAST

smq
Enclosure

S:\Main\DULBERG, PAUL\Letters\Letter to Atty Barch 3-11-13.wpd

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

PAUL DULBERG, Plaintiff, vs. DAVID GAGNON, Individually, and as Agent of CAROLINE McGUIRE and BILL McGUIRE and CAROLINE McGUIRE and BILL McGUIRE, Individually, Defendants.	)	No. 12 LA 178

PLAINTIFF'S ANSWERS TO INTERROGATORIES

1. State the full name, present residence address, birthdate, birthplace and Social Security number of the person answering these Interrogatories; and state PAUL DULBERG's full name, present residence address, birthdate, birthplace and Social Security number.

ANSWER: Paul Dulberg
4606 Hayden Ct.
McHenry
DOB: 3-19-70
SS: 323-76-4001
Born: Elk Grove Village

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: Single

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: Plaintiff and Defendant Gagnon. McGuires were on the premises.

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

ANSWER: Objection, requires medical narrative. Without waiving, Plaintiff suffered deep laceration of right arm with nerve involvement. Investigation continues.

5. With regard to said injuries, state:
   (a) The name and address of each treating and/or consulting practitioner.
   (b) The name and address of each hospital or clinic where PAUL DULBERG was treated and the date or inclusive dates on which each hospital or clinic rendered PAUL DULBERG service.
   (c) The amount to date of their respective bills for services.
   (d) Those from whom you have written reports. (Pursuant to Supreme Court Rule 214, please attach a legible copy of said report to the answers hereto.)

ANSWER: See attached Medical Expense Report. Additional bills and records to be obtained from Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates) and Fox Lake Dynamic Hand Therapy.

6. As a result of said personal injuries to PAUL DULBERG, are you claiming any loss of income including, but not limited to, wages or salaries? If so, state:

   (a) The name and address of your employer at the time of the occurrence.
   (b) The dates or inclusive dates on which you were unable to work and the amount of income loss claimed.

ANSWER: AMS Screw Products, High View, Spring Grove, Illinois.
Supervisor: Joe Groves
Approx. $10 per hours. 40 hours a week.
Was hired but could not pursue employment due to accident.
Investigation continues.

7. State the name and address of each witness or defendant from whom you have obtained statements, indicating whether such statements are written or oral, who has possession of such statements, and pursuant to Supreme Court Rule 214, attach legible copies of any written statements hereto.

ANSWER: Gagnon gave a statement to Plaintiff's counsel and it will be transcribed and produced.

8. State the name and address of PAUL DULBERG's family practice physician.

ANSWER: Dr. Sek, 4601 W. Rt. 120, McHenry

9. 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: Prior: Last 20 years. Involved in auto accident in 2002, I suffered neck injury and left arm. Treated with Northern Illinois Medical Center and left arm surgery with Dr. Sagerman and Grobman (Libertyville).
Since: no

10. 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: Yes. On right arm. Investigation continues.

11. 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: Yes, as it concerns my above auto accident. The degree of any disability is to be determined by my physician.

12. 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: Behind the garage of the Defendant's home - as alleged.

13. 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: Objection, irrelevant - improperly worded. Defect is Gagnon's conduct. See Complaint.

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

ANSWER: Holding a branch at the request of Mr. Gagnon.

15. State with particularity your basis for alleging that on or about June 28, 201 1, David Gagnon living and/or staying at the premises known commonly as 1016 W. Elder Avenue, City of McHenry, County of McHenry, Illinois.

ANSWER: He was at his mother's residence.

16. 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: Dave invited me.

17. State with particularity your basis for alleging that David Gagnon was contracted and/or hired by Defendants Bill McGuire and Carolyn McGuire to cut down, trim and/or maintain the trees and brush at their premises. as further alleged in Plaintiffs Complaint.

ANSWER: Dave told me.

18. 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 alleged in Plaintiffs Complaint.

ANSWER: He was working at their property under their control.

19. 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 alleged in Plaintiffs Complaint.

ANSWER: It was the McGuires chain saw.

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

ANSWER: Unknown

21. State whether you have any information indicating or otherwise suggesting that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint. If your answer is in the affirmative, further state with particularity the bases for your contention that Defendants Bill McGuire and/or Carolyn McGuire knew or should have known that PAUL DULBERG was about to assist and/or was assisting David Gagnon with tree cutting and/or trimming on the date and in the location of the occurrence alleged in Plaintiff's Complaint.

ANSWER: The McGuires saw me with Mr. Gagnon.

22. 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: Not on the date in question, but I will be produced photos of my injury.

23. 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: PLAINTIFF'S RESPONSE TO 213 INTERROGATORIES

Plaintiff will testify to all matters concerning the circumstances of the accident and injury including, but not limited to, all matters set forth in any discovery responses, affidavit, statements and/or deposition testimony, and to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter, and will testify to matters including, but not limited to the following: date, time and location of accident, observations at the accident scene, *weather,* defendant's negligence in X; *continuing medical care to date; medical expense as set forth in updated Medical Expense Reports*; payment of bills; lack of prior related symptoms, treatment; need for past and future treatment including, if applicable; pain and suffering and disability; lost time at work, including rate of pay, time lost, income and benefits lost; ongoing treatment during pending case including **recent exam** by treating physician(s); all other foundational requirements for admitting photos and medical bills into evidence.

Barabara Dulhberg, s/a/a to testify to the pain and disability experienced by the Plaintiff due to injuries suffered in the accident and the lack of prior symptoms or disability, inability to work, hours and wage history and loss of income from work as a result.

Defendants, each of them, will be called as an adverse witness pursuant to Section 2-1102 of the Illinois Code of Civil Procedure, to testify to matters involving the accident.

All witnesses identified by Defendant and/or deposed, on matters so identified or testified to.

Court Reporters present during evidence and/or discovery depositions of those parties and witnesses now or in the future deposed in this or any similar cause to testify to the accuracy of the transcripts and testimony stated therein by each witness including exhibits marked and testified to during the deposition.

All other independent witnesses disclosed by answer to previous interrogatory will testify to those matters and opinions naturally flowing from their personal knowledge and involvement in this matter and those matters specifically disclosed and or to be disclosed in the future.

Drs. Marcus Talerico (Mid America Hand to Shoulder) and Karen Levin/Mitchell Grobman (Associated Neurology), Biofora/Sagerman (Hand Surgery Associates), are intended to be called as opinion witness(es) to testify to the care and treatment of the Plaintiff to the extent allowed under Rule 213 and to all matters expressly and/or impliedly set forth in the patient's chart including matters flowing therefrom, including, but not limited to, history, exam, diagnostics/findings, exam/findings, diagnosis, treatment, physical therapy, medication, follow-up and continuing treatment through to trial; the nature and extent of injuries sustained by Plaintiff as set forth above and in deposition including injuries, and that such injuries were caused/aggravated by the underlying trauma; that the treatment for such injuries was/is reasonable and medically necessary and causally related to underlying accident, and any other opinions or matters set forth or described in the patients medical file or hospital chart, in addition to any matters and/or opinions naturally flowing from the witnesses work or personal knowledge and involvement in this matter, in addition to testimony and opinions on the following issues:

- Plaintiff suffered and is diagnosed as having the above injuries, not limited to: traumatic injury to right arm including numbness, neuropathy, scarring, and branch nerve involvemnt;
- Plaintiff's injury is consistent with mechanism of injury/history;
- Plaintiff's injury was caused/aggravated by the underlying accident based upon history and findings and experience;
- Plaintiff's injury is confirmed through exam and diagnostics;
- Plaintiff will require ongoing and continual treatment for the injury(s);
- Plaintiff's conservative treatment did not resolve symptoms, requiring surgery and chronic pain;
- Plaintiff's symptoms and disability are permanent;
- Review and interpretation of all diagnostics;
- Plaintiff may require surgery to correct the condition(s);
- Plaintiff's surgery and costs is medically necessitated and causally related to the accident;
- Plaintiff's symptoms are disabling from activities;
- Plaintiff's injury is pain producing;
- Plaintiff's injury limits and will limit in the future Plaintiff's activity at home and at work;
- Plaintiff's injury disabled him/her from work for a period of time causing a loss in income;
- The charges or expense for the medical treatment received from each and every treater or facility referenced by Plaintiff in deposition or by Medical Expense Report was/is customary, reasonable, and medically necessary and due to the auto

accident based upon his/her expertise and experience and knowledge of the billing/charges for the same or similar treatment;

- Plaintiff is susceptible to re-injury in the future due to injury sustained in case, requiring future care and treatment, surgery and expense;
- Plaintiff will require future medical treatment and care and expense due to injury, estimate of $10,000 annually;
- That Doctors' practice involves treating patients with similar injuries under similar settings and causes;
- The witnesses report(s) are contained in medical records produced in discovery;
- This witnesses opinions are based upon the witnesses expertise, experience, education, treatment of same and similar injuries, review of history, records of all treating physicians and care providers, films/reports, and exam - all which is customary for the witness to rely upon in his/her practice.
- Foundational matters for purposes of admission of medical records into evidence;
- The testimony is also based upon a **recent exam** conducted before arbitration and/or trial.

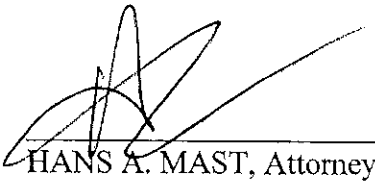
Plaintiff expressly reserves the right to withdraw and/or not to call any 213 witnesses heretofore disclosed (or fewer than those disclosed) depending on counsel's legal determination at the time of trial and his judgment on the necessity of such testimony given the issues and evidence to be presented at the time of trial.

The accounts/financial services/billing representatives (any or each of them) from each of the facilities whereat the Plaintiff treated, as set forth in his discovery and deposition and Medical Expense Report(s) produced in discovery, including { } will each and themselves testify that based upon their experience and customs and practices and the practices of their internal office and those on their behalf, in their opinion the charges pertaining to Plaintiff's medical treatment in this case, as outlined in the Medical Expense Report, are reasonable and customary in the industry within the area. No one individual has been identified by the facility to testify, but if the defense wants to depose a specific individual before the evidence deposition of the representative is taken, Plaintiff will then designate a person for this purpose, otherwise the evidence deposition notice may simply designate the "representative with knowledge of the customary charges for such treatment" at each facility.

The records keepers from each of the facilities whereat the Plaintiff treated, as set forth in his/her discovery responses and deposition and Medical Expense Report provided throughout the course of this case, will each themselves testify to all foundational matters and requirements for admission of such records into evidence, including testimony as to the custody of the records kept in the ordinary course of business, and history provided by the patient and reliance upon such in the treatment or care of the plaintiff.

Plaintiff reserves the right to update these disclosures in the future in accordance with the order of the court, to add or delete witnesses as may be appropriate and in accordance with the court's order and reserves the right not to call a witness above as may be

appropriate at trial.



HANS A. MAST, Attorney for Plaintiff

LAW OFFICES OF THOMAS J. POPOVICH
3416 West Elm Street
McHenry, IL 60050
815-344-3797
Attorney Registration No. 06203684

Verification by Certification

Under penalties as provided by law pursuant to Section 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 verily believes the same to be true.

Paul Dulberg

PAUL DULBERG

DATE: 7-20-12

MEDICAL EXPENSE REPORT

PAUL DULBERG

DATE OF ACCIDENT: JUNE 28, 2011

DATE OF REPORT: MARCH 19, 2012

MEDICAL EXPENSES

Paul Dulberg

Date of Accident: June 28, 2011
Date of Report: March 19, 2012

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8409
815-344-5000 - Acct. 11179-00323

06/28/11	$1,323.75	$1,323.75

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759
800-355-2470 - Acct. MNI711179003233

06/28/11	$1,346.00	$1,346.00

McHenry Radiologists Imaging Associates
PO Box 220
McHenry, IL 60051-0220
815-759-0800 - Acct. 235130-QMRIG

06/28/11	$50.00	$50.00

Associated Neurology SC
Attn: Dr. Levin
1900 Hollister Drive
Suite 250
Libertyville, IL 60048
847-549-0055 - Chart # 18062

07/28/11	$225.00	
08/10/11	930.00	
Total		$1,155.00

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katohah, NY 10536
866-959-1100 - Acct. 265065

02/03/12	$3,390.00	$3,390.00

Walgreens
3925 W. Elm Street

McHenry, IL 60050
815-363-0722

06/28/11 ..... $48.68 ..... $48.68

TOTAL EXPENSES: $7,313.43

Misc Expenses

Medical Supplies $19.61

Total Misc. Expenses $19.61

TOTAL ALL EXPENSES $7,333.04