



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100248

Date Received: 24-JAN-2005
Repository:
Reference No.: 10108713

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: PENSACOLA State: FL Zip Code: _____
Daytime Telephone Number: _____ E-mail Address: _____
Evening Telephone Number: **SAME**

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: **1/15/05**

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1G6DW5275P4
Make: CADILLAC Model: FLEETWOOD Model Year: 1993
Date Purchased: _____ Dealer's Name and Telephone Number: **Pete Moore Chev. 850-456-7000**
Original Owner: Dealer's City: **Pensacola** State: **FL** Zip Code: **32506**
Engine: No. Cylinders: **8** Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 162300 STRUCTURE:BODY:DOOR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-APR-2001 Failure Mileage: 109000 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE DRIVER'S SIDE DOOR UNEXPECTEDLY FELL OFF AS THE OWNER WAS GETTING INTO THE VEHICLE. THIS CAUSED INJURY TO THE DRIVER'S LEG. MANUFACTURER WAS CONTACTED BY OWNER. *JB

**Attachments:
Enclosed**

100117-10000
S.I. 000000000000

BU 000000-000000

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY**

The Privacy Act of 1974 (Public Law 93-578) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1220

Date Received
26-JAN-2005
Repository
Reference No.
10108855

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City PENSACOLA State FL Zip Code _____
Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an objection, NHTSA will provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/26/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
1G6DW5275PR Make CADILLAC Model FLEETWOOD Model Year 1993
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
Original Owner Dealer's City _____ State _____ Zip Code _____ No: Cylinders _____
Transmission Type Antilock Brakes Powertrain _____ Vehicle Component Code
 Cruise Control 182310 STRUCTURE:BODY:DOOR:HINGE AND ATTACHMENTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 25-NOV-2004 Failure Mileage _____ Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/B5R15) _____
DOT No. (Example: DOTM19A8C036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured 1 Number of Deaths 0 Reported to Police N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e. parts repaired or replaced (and if old part is available).

UPON OPENING THE DOOR IT COMPLETELY FELL OFF, BREAKING THE CONSUMER'S LEG. HOWEVER, CADILLAC WILL DO NOTHING TO ASSIST THE CONSUMER. *AK

Attachments:
ENCLOSED

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

250201

PENSACOLA PHYSICAL MEDICINE AND REHABILITATION
5149 N. 9th AVENUE SUITE G42
PENSACOLA, FL 32504

TELEPHONE:

FAX: 850.474.1952

NAME:
SS#:
DOB:

SERVICE DATE: August 4, 2004
PHYS: David E. LeMay, M.D.*

FOLLOWUP NOTE

SUBJECTIVE

returns for followup today regarding his history of bilateral knee osteoarthritis and shoulder pain. I have written for him to have a scooter as he is very limited in his ambulation. He is able to walk about 15 to 20 feet consistently, but that is about the extent of his ambulation. He has right shoulder pain and bilateral knee osteoarthritis. The left side is worse than the right. The Lidoderm has been helpful, but the Neurontin is not quite as helpful at night as it used to be. He also takes Percocet as needed.

PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure is 170/90. Pulse is 88. Respiratory rate is 14.
NEUROMUSCULAR: Crepitus is noted of both knees bilaterally. He is able to forward flex his shoulder to about 130 degrees with discomfort. Extremities are without edema noted.

IMPRESSION

1. Difficulty walking due to bilateral knee osteoarthritis.
2. Shoulder osteoarthritis.

PLAN

1. A scooter prescription has been given and is pending at this time.
2. I will increase his Neurontin to 600 mg at bedtime.
3. We will refill his Lidoderm patches, one patch applied to painful areas 12 hours a day as needed.
4. Refill Percocet 5/325 mg one tablet by mouth three times a day as needed, a total number of 90.
5. I will plan on seeing him back in about six months to see how he is doing. He is apprehensive about having knee surgery, such as a replacement, because of his history of having a pulmonary embolus and deep venous thrombosis.

CC: Nirmal B. Singh, M.D.

CONTINUED...

44/04/04 - He has sent me - He filed suit on Monday, 11/13/01. Dr. St. Louis, 11/13/01

Deborah Johnson

Full Name:
Last Name:
First Name:

Home Address: Pensacola, FL

Home:
Other:

Categories: Client/AI, Client/PreSult
Adversary: Cadillac Motors

GMC
Amount: 0
Case Type: PIPL
Closed: None
D/A: 3/22/2001 8:00:00 AM
Demand Sent: None
File No.: 90111
Filed: None
Guardianship Filed: None
Guardianship needed?: 0
Last Activity: None
Last Demand: 0
Last Offer: 0
Med. Req.: Sent Rec'd
Mediate: None
Need to make UM claim?: 0
Notice for Trial: None
Opened: 7/30/2001 8:00:00 AM
Orig. Atty: RCB
Probate Closed: None
Probate Filed: None
Probate Final Acct. Due: None
Probate Needed?: 0
Prod. Atty: TMO/TAR
Report rec?: 0
Rpt. Req.: None
S/L: 3/22/2005 8:00:00 AM
Settled: None
Settled Amt.: 0
Trial Date: None
UM Claim?: 0
UM Demand Sent: None
UM S/L: None
UM Settlement Amt.: 0
UM Suit Filed: None

D/B: 05/23/49
SSN: 264-96-0118

notes:

05/15/02: t/c from checking to see if we received records from Dr. St. Louis. I checked the file and there are records here for that physician. /a
11/13/01: TMO t/c w/client and updated status. He will call me back after 12/26 appt with Dr. St. Louis.

Deborah Johnson

From: Tim O'Brien
Sent: Wednesday, July 24, 2002 9:22 PM
To: Deborah Johnson
Subject: FW: CAR ACCIDENT CASE

Please take what intake info we need on the "injury case". I don't know what he's referring to. the only case I know we have is his knee injury case involving the car door that fell off on his knee.

—Original Message—[Tim O'Brien]

From:
Sent: Wednesday, July 24, 2002 6:3 PM
To: tbrien@levinlaw
Subject: CAR ACCIDENT CASE

Hi Attorney O'Brien,

I need to know if I have two separate cases? What is the status on the defective car door case? What is the status on the injury case?

I appreciate your care and response in these questions.

THANK YOU

PROGRESS NOTES

Page: 1

Date printed: 02/13/02

Name:

ID: 3442411

SEX:M AGE:

.D:09/28/01:DARNELL,LARRY:3442411

.T:OFFICE VISIT:[ORTHO]

.PV:JSS

returns today for continued evaluation of his left knee.
He is attending physical therapy with good results.

EXAMINATION:

He has 0-125 degrees range of motion. Quadriceps strength is 5/5.
Negative McMurray's, negative Lachman, and no pivot-shift. There is no
calf pain. He has a full range of motion of his hip and ankle.
Neurocirculation is intact throughout the lower extremity.

TREATMENT PLAN:

He will continue the remainder of his physical therapy as this seems to
be helping tremendously. He will return to the office in 6 weeks for
continued evaluation.

R:10/03/01 T:10/05/01 James St.Louis, D.O./efs

SIGNED BY ADMINISTRATOR

RADIOLOGY

Date printed: 02/13/02

Name:

ID: 3442411

SEX:M AGE: 52

.D:09/05/01

.K:Radiology

.T:VENOUS DOPPLER LOWER E

.OP:[RADIOL]

.PV:JSS

Hosp No: 250201 Hosp Name:

Hosp DOB:

Referring Physician: James St.Louis, D.O.

Performing Physician: BEGGS DANIEL

IMAGES OBTAINED AT THE OUTPATIENT IMAGING CENTER

HISTORY: Left lower extremity swelling and pain.

VENOUS DOPPLER LOWER EXTREMITIES 08/31/01: Multiple sonographic images of deep venous structures of both lower extremities were obtained.

Interrogation with color flow and pulse doppler was also performed.

The right common femoral vein, superficial femoral vein, popliteal vein and posterior tibial vein are normal in compression, augmentation and respiratory variation. No intraluminal thrombus is identified within the right system.

The left common femoral vein, superficial femoral vein and popliteal vein are normal in compression, augmentation and respiratory variation. The left posterior tibial vein also exhibits normal compression and color flow examination without evidence of intraluminal thrombus. However, just beyond the popliteal vein and beyond the take-off of the anterior tibial vein there is an area of incompressibility within what appears to be the common peroneal trunk. Color flow examination demonstrates flow within the lumen although the lumen exhibits an area of echogenicity where the color signature does not entirely fill the lumen. These findings are suggestive of thrombus in this region.

IMPRESSION:

Findings suggestive of thrombus within the tibioperoneal trunk just below the level of the take-off of the anterior tibial veins of the left lower extremity. Once again no thrombus is apparent above this level within the popliteal, superficial femoral or common femoral veins.

#

SIGNED BY ADMINISTRATOR

PROGRESS NOTES

Page: 1

Date printed: 02/13/02

Name:

ID: 3442411

SEX: M AGE: 52

.D: 08/31/01: DARNELL, LARRY: 3442411

.T: OFFICE VISIT: [ORTHO]

.PV: JSS

Mr. Darnell returns today for postoperative evaluation of his left knee. He is ambulating with crutches and he complains of increased pain throughout the lower extremity from the knee down.

EXAMINATION:

The knee is normal at this time. There is no erythema or drainage. There is no effusion. Quadriceps strength is 4/5. On exam of the lower extremity there is a positive squeeze of the calf that causes extreme pain and there is a positive Homans sign.

ASSESSMENT:

1. Satisfactory progression status post left knee arthroscopy as far as the knee goes but possible DVT of the left lower extremity.

TREATMENT PLAN:

He will be sent for a STAT venous Doppler. If this is positive he will be admitted to West Florida Hospital.

Received a phone call from the radiologist and there indeed is a thrombosis in the venous system of his left lower extremity. He will be admitted to West Florida Regional Medical Center for treatment of this.

R: 09/04/01 T: 09/05/01 James St. Louis, D.O./efs

SIGNED BY ADMINISTRATOR

H&P/DS/ER - HOSP/ASC

Date printed: 02/13/02

Name:

ID: 3442411

SEX:M AGE:

Will check baseline PT, PTT, CBC and Chem-7. Will also give the patient Lortab 1-2 tablets every 4-6 hours as needed for pain.
2. Recent left knee procedure with mild erythema. No evidence of significant cellulitis. Will continue with Dr. St. Louis' prescription for Keflex 500 milligrams two times a day for the next couple days.

SIGNED BY ADMINISTRATOR

Name:

ID: 3442411

SEX: M AGE:

.D: 08/31/01

3442411

.K: H&P/DS/ER - Hosp/ASC

.T: H&P

Hosp No: 00103614055 Hosp Name:

Performing Physician: St. Louis James

Admit Date: 083101 Discharge Date: NOT GIVEN

HISTORY AND PHYSICAL

CHIEF COMPLAINT

Right lower extremity pain.

HISTORY OF PRESENT ILLNESS

The patient recently had a knee procedure done by Dr. St. Louis on last Tuesday, three days prior to admission. The next few days after the procedure, the patient was either lying down in bed or sedentary sitting in the chair. The patient noted increased swelling in the lower extremity on the right and increased pain just behind the knee in the popliteal area and upper calf area on the left. The patient denies any fever. No nausea or vomiting, no gastrointestinal symptoms.

SOCIAL HISTORY

The patient lives with his wife. He 13 children of his own. The patient smokes about 10 cigarettes a day, drinks alcohol about once or twice a year. No history of alcohol abuse.

FAMILY HISTORY

Noncontributory. No history of deep venous thrombosis in the family.

PAST MEDICAL HISTORY

1. Hypertension.
2. No history of diabetes, chronic obstructive pulmonary disease or asthma.

ALLERGIES

No known drug allergies.

MEDICATIONS

1. Micardis 40 milligrams once a day.
2. Zydone 1 tablet every 4-6 hours for pain.
3. Keflex 500 milligrams two times a day after the knee procedure last Tuesday, given by Dr. St. Louis.

PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure 140/60, pulse 65, heart rate 80, respirations 18, temperature 97.6.

SKIN: Intact. There is some mild erythema around the right knee incision site from the procedure with some mild tenderness.

CHEST: Clear to auscultation.

CARDIOVASCULAR: Regular rate and rhythm.

ABDOMEN: Soft and nontender with good bowel sounds. No organomegaly noted.

EXTREMITIES: Mild left lower extremity swelling, pitting edema with mild tenderness in the upper calf area or the lower popliteal area. Dorsalis pedis pulses bilaterally palpable and brisk.

CENTRAL NERVOUS SYSTEM: The patient awake, alert and oriented times three. He can move all four extremities. Answers questions appropriately. No tremors, no agitation noted.

ASSESSMENT AND PLAN

1. Left lower extremity deep venous thrombosis. Plan is to give the patient Lovenox 1.5 milligrams per kilogram subcu every day. Start Coumadin protocol tomorrow, starting with 5 milligrams of Coumadin.

Name:

ID: 3442411

SEX: M AGE:

.D: 08/22/01: 3442411

.K: Pathology

.T: No History

.OP: [PATHOL]

.PV: NRM

Hosp No: 250201 Hosp Name:

Referring Physician: James St. Louis, D.O.

FINAL DIAGNOSIS: Perf. Physician: NORMAN R. MCFADDEN, M.D.

LEFT KNEE ARTHROSCOPIC SHAVINGS:

DEGENERATED FRAGMENTS OF CARTILAGE WITH HYPERPLASTIC AND INFLAMED SYNOVIAL TISSUE.

CLINICAL INFORMATION: Perf. Physician: NORMAN R. MCFADDEN, M.D.

INTERNAL DERANGEMENT, LEFT KNEE

GROSS DESCRIPTION: Perf. Physician: NORMAN R. MCFADDEN, M.D.

The specimen consists of a curetted aggregate of yellow to glistening, white, soft tissue fragments measuring in aggregate 3.0 x 2.5 x 1.0 cm. Representative portions are submitted in a single cassette.

MICROSCOPIC DESCRIPTION: Perf. Physician: NORMAN R. MCFADDEN, M.D.

SEE FINAL DIAGNOSIS.

SIGNED BY ADMINISTRATOR

Date printed: 02/13/02

Name:

ID: 3442411

SEX:M AGE:

to trim the cleavage tear over the tibial plateau to allow for further stability of the fragment. The meniscus was probed and normal. The remainder of the knee was thoroughly irrigated, and the multiple loose osteocartilaginous fragments were thoroughly irrigated, and 4-0 nylon was used to close the skin, after 20 cc of 0.5% Marcaine and 2 cc of Dalalone was placed.

SIGNED BY ADMINISTRATOR

Name:

ID: 3442411

SEX: M AGE:

.D: 08/21/01

.K: Op Reports - Hosp/ASC

.T: OP Report

Hosp No: 00103552762 Hosp Name:

Performing Physician: St. Louis James

Admit Date: 082101 Discharge Date: NOT GIVEN

DATE OF OPERATION: August 21, 2001

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS

Internal derangement, left knee.

POSTOPERATIVE DIAGNOSIS

Osteochondral defect of lateral tibial plateau with multiple loose osteochondral bone fragments, left knee.

PROCEDURE

1. Arthroscopy, left knee.
2. Arthroscopic abrasion plasty of lateral tibial plateau, left knee.
3. Arthroscopic debridement of plica band syndrome, left knee.

SURGEON

Dr. St. Louis.

COMPLICATIONS

None.

MATERIAL TO LAB

Shavings.

ANESTHESIA

General endotracheal.

INDICATIONS

has had progressive knee pain unresponsive to conservative treatment. He was informed of the risks and benefits of surgery and given a booklet. I explained the booklet to him regarding the arthroscopy, and he agreed to surgery.

FINDINGS

Intraoperative findings showed a 3 x 3 cm osteochondral defect over the lateral tibial plateau and soft articular cartilage over the lateral tibial plateau.

PROCEDURE IN DETAIL

The patient was prepped and draped in the usual sterile manner. Knee examined under anesthesia was normal. The anterior medial and anterior lateral arthroscopic portals were established one centimeter from the patellar tendon and joint line. The suprapatellar pouch was visualized. The undersurface of the patella was normal. The patellofemoral articulating surface was normal. There was a large plica band causing some wear over the medial femoral condyle. This was debrided using the arthroscopic shaver and the Mitek wand.

Valgus stress was placed on the knee. The medial femoral condyle and medial tibial plateau were probed and were normal. The medial meniscus was probed and was normal. There were no fragments behind the posterior aspect of the knee which was visualized arthroscopically going through the anterior notch of the knee.

The anterior and posterior cruciate ligament were probed and normal. Valgus figure-4 was placed on the knee. The meniscus was probed and normal. The tibial plateau had a 2 x 3 cm osteocartilaginous defect. This was found to be loose with a cleavage type tear/crack over the tibial plateau. The shaver was then used to debride the loose edges and

Name:

ID: 3442411

SEX:M AGE:

.D:07/30/01:

.T:OFFICE VISIT: [ORTEHO]

.PV:JSS

returns today for his MRI results. He continues to have knee pain, and this is unchanged from his previous visit. He relates the knee locks and catches. He has tried injections as well as physical therapy, and none of this has helped him.

PHYSICAL EXAMINATION: There is no change. He has positive McMurray. 4/5 quadriceps strength. There is minimal effusion. There is a negative Lachman. No pivot shift.

ASSESSMENT:

1. Severe knee pain.

TREATMENT PLAN: Since he has failed all conservative treatment, we will schedule him for an arthroscopy of the knee. Risks and benefits were explained. He understands this and wishes to proceed with knee arthroscopy. He was given a patient education booklet on knee arthroscopy. He wishes to proceed with this as soon as we can get this scheduled for him.

R:08/01/01 T:08/02/01 James St.Louis, D.O./dlk

SIGNED BY ADMINISTRATOR

RADIOLOGY

Page: 1

Date printed: 02/13/02

Name:

ID: 3442411

SEX:M AGE:

.D:07/26/01:
.K:Radiology
.T:MRI OF THE LEFT KNEE
.OP:[RADIOL]
.PV:No Docno

Hosp No: 250201 Hosp Name:
Referring Physician: ST. LOUIS JAMES
Performing Physician: BEGGS DANIEL
HISTORY: Left knee pain.

MRI OF THE LEFT KNEE, 07/25/01:

PROCEDURE: Proton density and T2 weighted sagittal images in addition to fast spin echo T2 weighted coronal images and T2 * weighted axial images of the left knee were obtained. Additional fat suppressed fast spin echo T2 weighted sagittal and coronal images were also obtained.

FINDINGS: The medial and lateral menisci are intact. The anterior and posterior cruciate ligaments are normal and the patellar tendon also appears normal. The medial collateral ligament and the lateral collateral ligament complex are intact. The medial and lateral retinaculum structures also appear normal. The patellar articular cartilage is of normal thickness and the patella is in normal position. A small effusion is noted of the deep infrapatellar bursa. On the fat saturation images normal internal marrow signal is demonstrated within the distal femur, proximal tibia and proximal fibula.

IMPRESSION: Small effusion of the deep infrapatellar bursa, otherwise unremarkable MRI of the left knee.

SIGNED BY ADMINISTRATOR

PROGRESS NOTES

Page: 1

Date printed: 02/13/02

Name:

ID: 3442411

SEX: M AGE:

.D: 07/20/01

.T: OFFICE VISIT: [ORTHO]

.FV: JSS

returns today for continued evaluation of his left knee, S/P injection into his left knee. He has had no relief whatsoever with the injection of his knee. His knee continues to buckle and give out on him.

PHYSICAL EXAMINATION: There is continued pain with all aspects of the evaluation. There is no effusion. Range of motion 0-90 degrees with increased medial joint line pain. Negative McMurray, negative Lachman. He is medially and laterally stable. There continues to be a positive patellar apprehension sign.

ASSESSMENT:

1. Torn meniscus, left knee.

TREATMENT PLAN: We will schedule him for an MRI of the left knee. Return to the clinic for followup after that is completed.

R: 07/26/01 T: 07/27/01 James St. Louis, D.O./dlk

SIGNED BY ADMINISTRATOR

RADIOLOGY

Page: 1

Date printed: 02/13/02

Name:

ID: 3442411

SEX: M AGE:

.D: 07/15/01:
.K: Radiology
.T: LEFT KNEE
.OP: [RADIOL]
.PV: No Docno

Hosp No: 250201 Hosp Name:

Referring Physician: ST. LOUIS JAMES

Performing Physician: BEGGS DANIEL

IMAGES OBTAINED AT THE OUTPATIENT IMAGING CENTER

HISTORY: Pain.

LEFT KNEE, 07/06/01:

Two views of the left knee are remarkable for minimal medial compartment joint space narrowing. Mild hypertrophic spurring of the tibial spines is evident. No effusion is evident.

IMPRESSION: Minimal degenerative arthritic of the left knee.

SIGNED BY ADMINISTRATOR

PROGRESS NOTES

Page: 1

Date printed: 02/13/02

Name:

ID: 3442411

SEX:M AGE:

.D:07/06/01: :3442411

.T:OFFICE VISIT:[ORTHO]

.PV:JSS

Comes in for evaluation. In March of this year, he developed significant knee pain when he injured himself on the car door. He fell and landed on the left knee. He has been unable to fully ambulate since that time and has had significant pain. He was sent here by Dr. David Smith. He states his knee hurts on a regular basis and interferes with many of his activities.

REVIEW OF SYSTEMS: Positive for the knee pain and hypertension which he is being managed for by Dr. Smith.

PHYSICAL EXAMINATION: Significant pain over the medial and lateral joint line of the knee. Tenderness with positive patellar apprehension sign. Knee exam has a normal ligamentous exam and normal for no erythema, swelling or redness.

ASSESSMENT:

1. Internal derangement, left knee.

PLAN:

1. Injection with 1 cc of Lidocaine, Marcaine and Dalalone.
2. Therapy on his own continued.
3. Followup in 10 days.

R:07/06/01 T:07/09/01 James St.Louis, D.O./dlk

SIGNED BY ADMINISTRATOR

Explain your complaint fully, describing events in the order they occurred. (Use additional sheets if necessary.) PLEASE TYPE OR PRINT CLEARLY.

Went to get in my car and the door fell off. The door came down on my left leg and shin bone and I hurt my lower back and pulled and hurt myself real bad. The auto belts and some kind of clamps was down on the ground at front drivers of car. I also injured my back holding and keeping the door from falling on my feet. I went to a mechanic his name is Earl McDow and we went to Mitchell Motors and in the parts dept and I was told that someone was not doing their job when the car was put together and that it is a recall and can't be repaired. The parts that came off were welded on and the clamps that came off was not proper and that part came with the car door and it has caused a malfunction in the computer and electrical system problems. GMAC refuse to take care my car accident or repair of my car. They said they spoke with Josh at Mitchell Motor but I know he did not tell them that my car can be repaired. The contact person for GMAC is Ms. Lynn (850)473-4424.

What would satisfy your complaint?

If General Motors can not repair my car. I would like a new car.

Not going thru my suffere of having to get out of the other side of car.

Have you hired a lawyer in this matter? NO If so, you should rely on the advice of your lawyer.

Have you filed a lawsuit in this matter? NO If so, give name and location of the court.

FALSE OFFICIAL STATEMENTS - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 837.08, Florida Statutes.

I understand that the Department does not give legal advice, and cannot take legal action for me. I am filing this complaint to notify the Department of the activities of this business/individual and to seek any assistance available.

My signature authorizes the Department of Agriculture and Consumer Services to take any action deemed necessary for purposes of mediation, investigation or enforcement. Also, I acknowledge that I am aware that all information I provide with my complaint is a matter of public record and is not considered confidential.

Signature of person making this complaint

C

April 4, 2001

Date

RETURN COMPLETED COMPLAINT FORM TO:
FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
DIVISION OF CONSUMER SERVICES, MAYO BUILDING
407 SOUTH CALHOUN STREET-SECOND FLOOR
TALLAHASSEE, FLORIDA 32399-0800

PHONES: 800-HELPFLA (Florida Only) or (850) 488-2221
FAX: (850) 487-4177 WEB: www.800helpfla.com

State of Florida
Department of Agriculture and Consumer Services
BOB CRAWFORD, Commissioner
DIVISION OF CONSUMER SERVICES
CONSUMER COMPLAINT FORM
570.544(3), F. S.

PLEASE TYPE OR PRINT THIS FORM COMPLETELY. ILLEGIBLE FORMS WILL BE DELAYED.

Person Making Complaint:

Complaint is Against:

Miss/Ms. _____ (mm)
 Mrs./Mr. _____
 Last Name, First Name, Middle Initial

CADILLAC
 Use full, legal name

Mailing Address
 Pensacola, Escambia
 City & County
 FL
 State & Zip Code

Mailing Address
 Detroit
 City & County
 MI
 State & Zip Code

Social Security Number
 (Area code) Home phone
 NONE
 (Area code) Work phone

(Area code) Telephone
 TInid Jacobs
 Owner or Contact person

Because certain age groups enjoy specific protections under the law, please circle your age group:

under 25 25-35 36-45 40-55 56-60 over 60

The Product or Service involved: 1993 Fleetwood Cadillac

Date this sale was made: ____ / ____ / ____ This sale was made by? ___ Telephone ___ Mail ___ Other

If you never received your purchase, please complete this statement: "On ____ / ____ / ____ (date) I learned that I would not receive the product or service I purchased."

Amount Paid for the product or service: _____ Payment made by? ___ Credit Card ___ Check ___ Cash

Did you sign a contract or any other similar papers? _____ Date? _____ Where? _____

Attach copies of any letters written to or received from the business. Also attach copies of estimates, invoices, advertisements, warranties, canceled checks (both sides), and other supporting documents. Proof of payment is required. DO NOT SEND ORIGINALS.



Florida Department of Agriculture & Consumer Services
TERRY L. RHODES, Commissioner
The Capitol • Tallahassee, Florida

April 18, 2001

Division of Consumer Services
Second Floor, Mayo Building
Tallahassee, Florida 32399-0800
1-800-HELP-FLA
Fax 850-487-4177

In Reply Refer To:

01-04-11690 / DDJ

PENSACOLA, FL

Re: CADILLAC

This is to acknowledge receipt of your complaint against the above-referenced business and to advise you that we have begun the informal mediation process, as mandated by section 570.544(3), Florida Statutes.

We mailed the business a copy of your complaint, along with a request that the business respond to your grievance. Please be aware that this process may take between 60 and 90 days.

Please include the reference number displayed above on future correspondence, and address any questions or concerns to my attention.

Sincerely,

TERRY L. RHODES
COMMISSIONER OF AGRICULTURE

Diana D. James

Diana D. James
Senior Consumer Complaint Analyst
850-410-3776/1-800-435-7352 (Florida Only)
E-Mail: jamesdd@doacs.state.fl.us



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
The Capitol • Tallahassee, Florida

June 18, 2001

Division of Consumer Services
Second Floor, Maya Building
Tallahassee, Florida 32309-0600
1-800-HELP-FLA
Fax 900-487-4177

01-04-11690 / DDJ

PENSACOLA, FL

Subject: CADILLAC

Dear

The Department has attempted to mediate your complaint against this business; unfortunately, the business has refused to cooperate, and we are unable to assist you further. Therefore, we are closing your complaint and designating it as "unsatisfactorily resolved".

Florida law designates the Department as a clearinghouse for matters relating to consumer protection and information, and grants us the authority to seek settlements using informal mediation. This agency has no authority to order refunds or reimbursements for damages, force a settlement, or provide legal services.

To further pursue this matter, you may consider contacting an attorney for legal advice, or filing a small claims action in county court. A brochure outlining this procedure is enclosed.

Please understand that our inability to be of direct assistance to you in this matter stems from statutory limitation and not from a lack of concern on our part.

Thank you for contacting the Department regarding your complaint. Please contact us if you need assistance on any other consumer-related issue in the future.

Sincerely,

Diana D. James

Diana D. James
Senior Consumer Complaint Analyst
850-410-3776/1-800-435-7352 (Florida Only)
E-Mail: jamesdd@doacs.state.fl.us

Enclosure
cc: CADILLAC
POST OFFICE BOX 33169
DETROIT, MI 48232

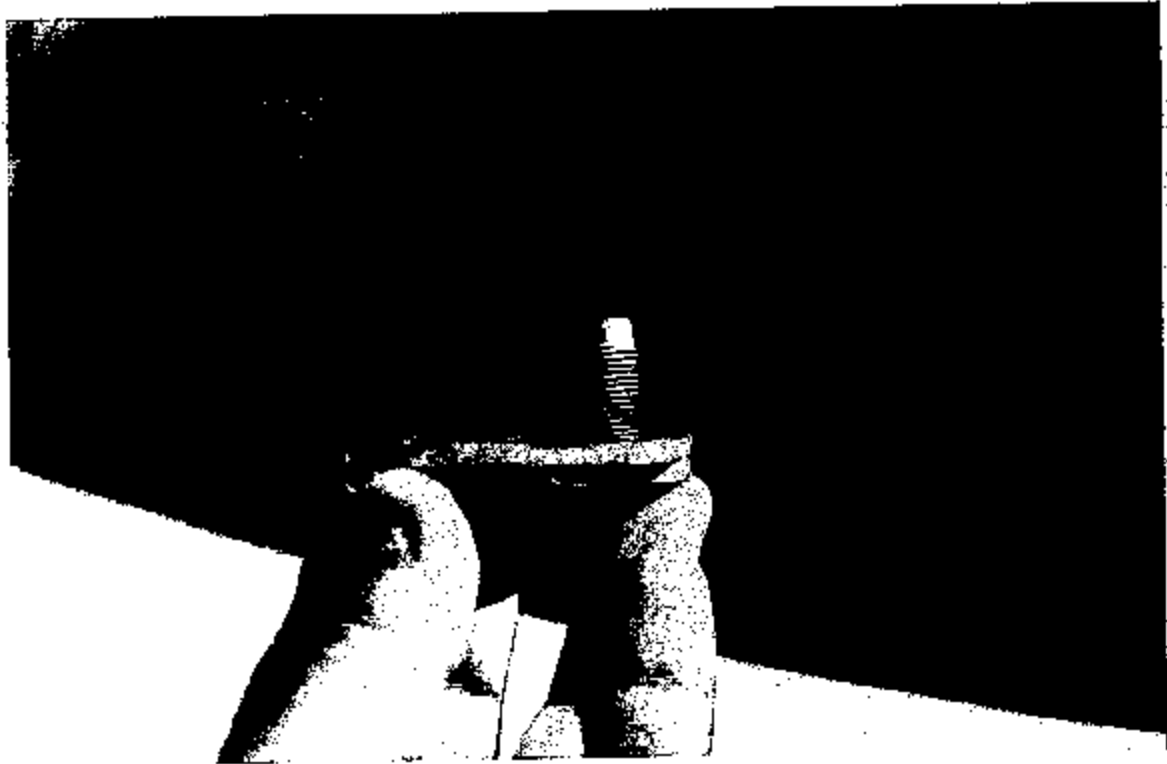
Cadillac/General Motors Corporation
ATTN: Legal Department
Post Office Box 33169
Detroit, Michigan 48232-5169

Re:

Date of Accident: March 22, 2001
Vehicle: 1994 Cadillac Fleetwood
VIN #: 1G6DW5275PR



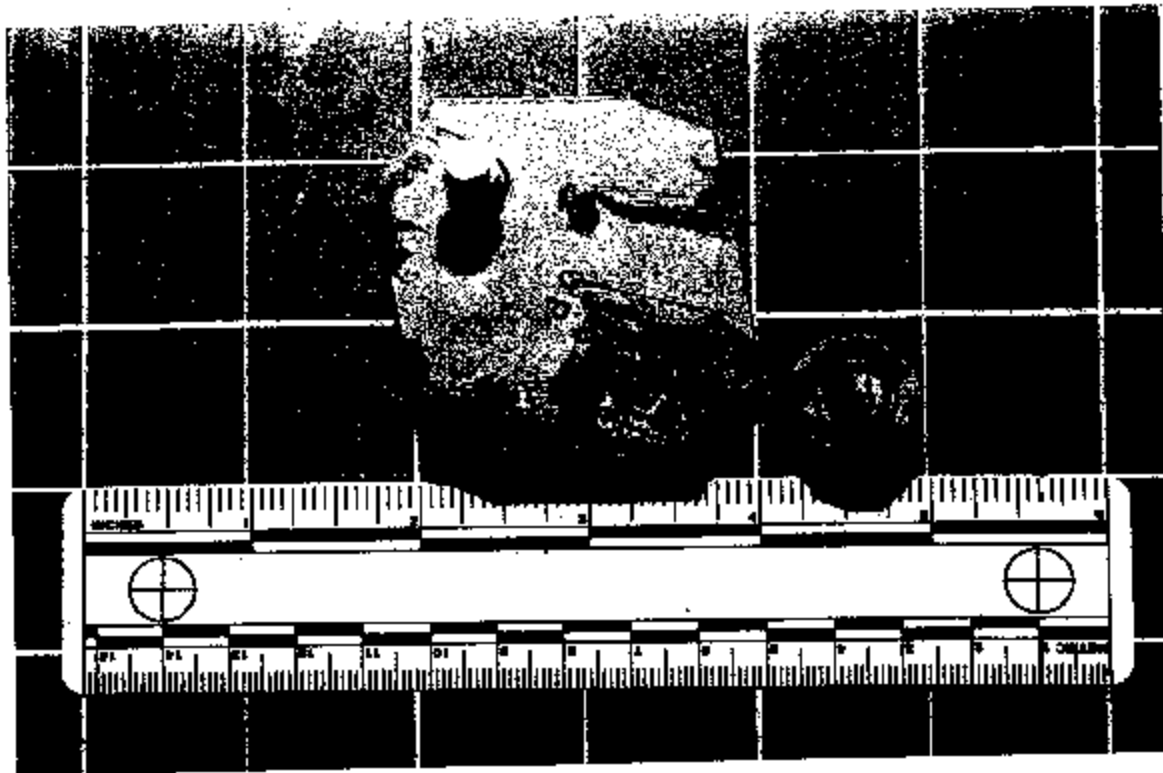
VEHICLE
Door Assembly Hinge Bolt



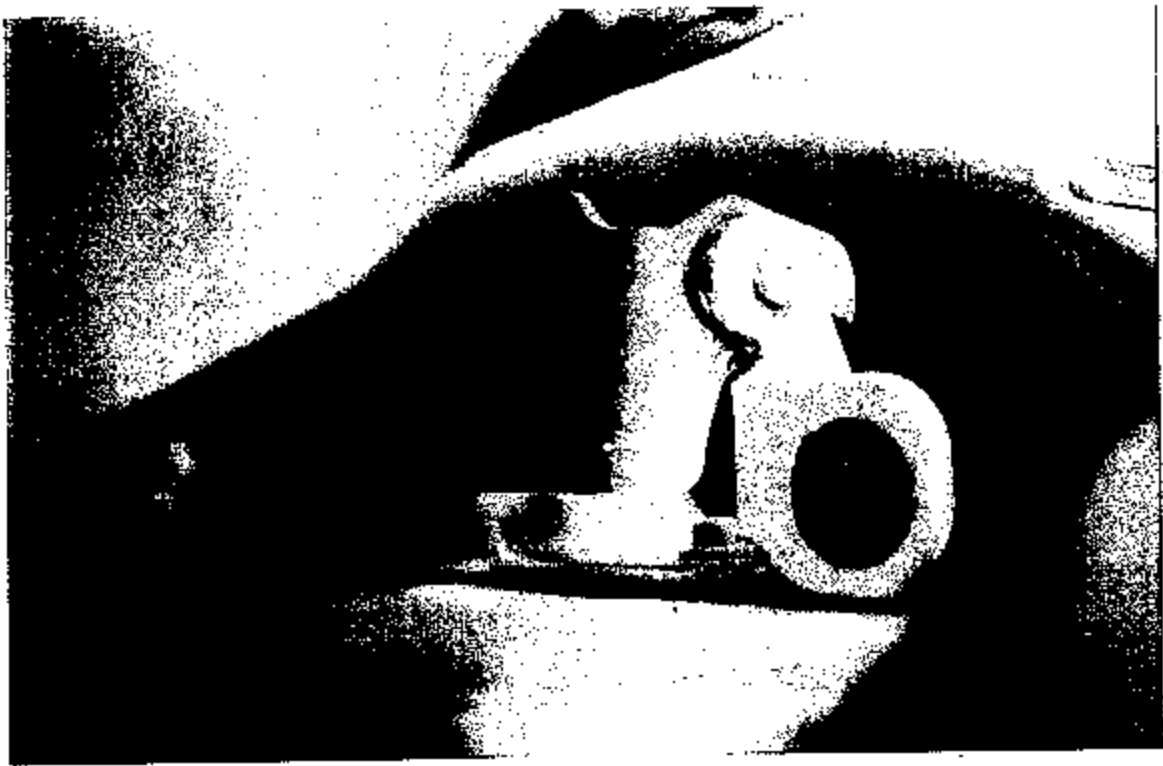
VEHICLE
Door Assembly Hinge Bolt



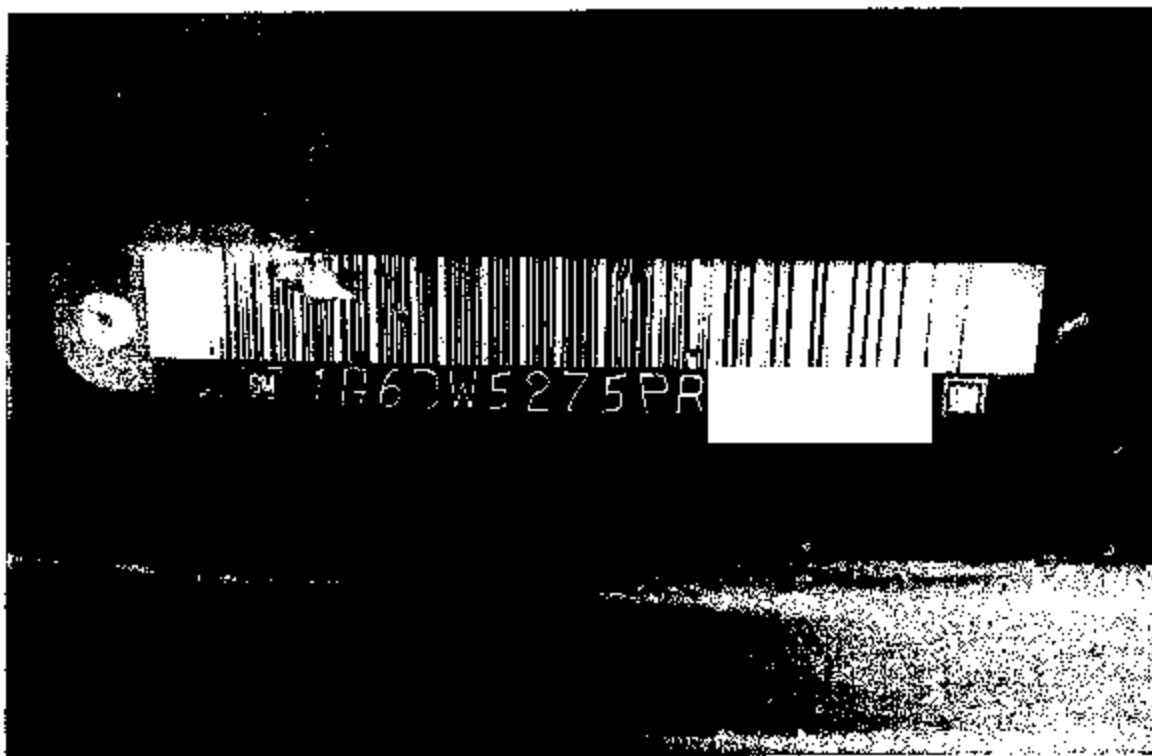
VEHICLE
Door Assembly Hinge Bolt



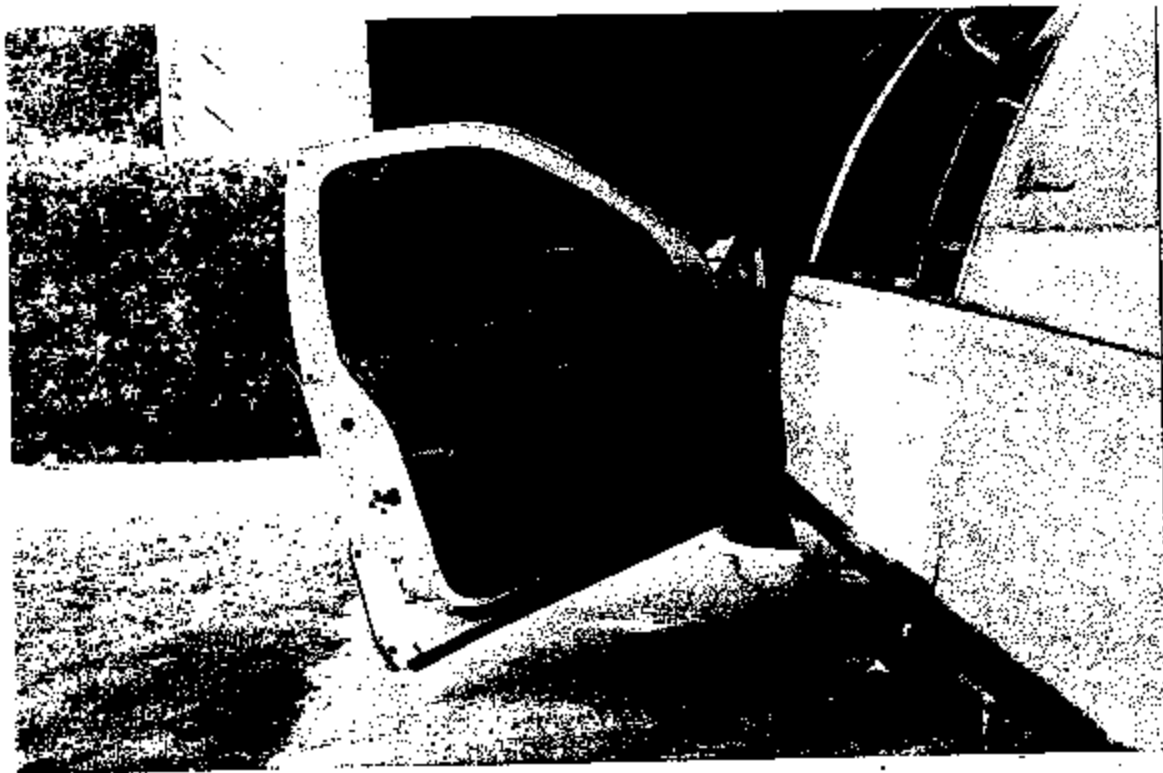
VEHICLE
Door Assembly Hinge Bolt



VEHICLE
Door Assembly Hinge



VEHICLE
Vehicle Identification Plate



VEHICLE
1994 Cadillac Fleetwood



VEHICLE
1994 Cadillac Fleetwood

*6/2004
1-504*

3-MAY-1949 (54 yr)
Male Black

Rest. rate	60	BPM
PR interval	194	ms
QRS duration	94	ms
QT/QTc	410/410	ms
P-R-T axes	59 24	46

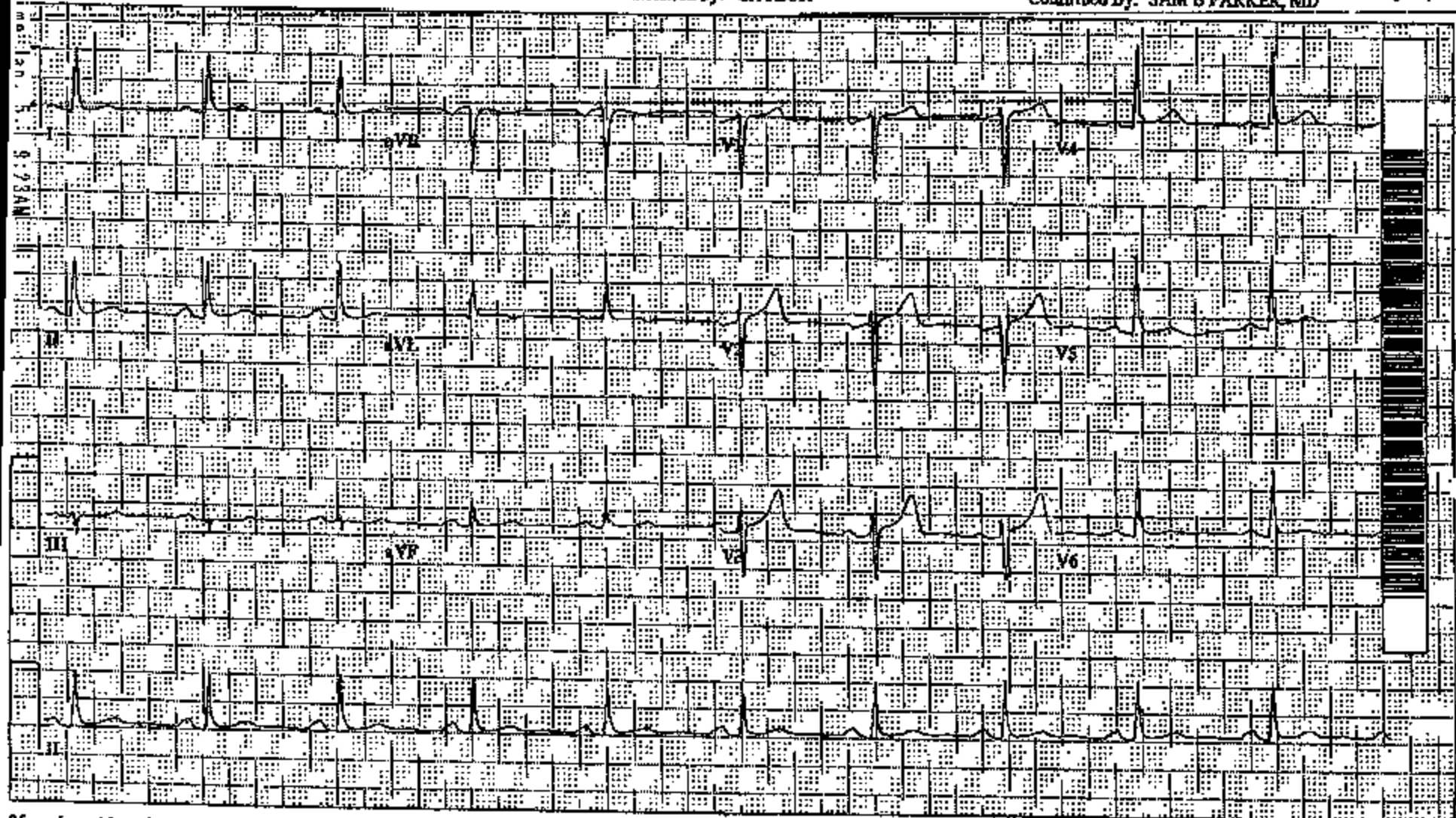
Normal sinus rhythm
Nonspecific T wave abnormality
No previous ECGs available

room: PATC
oc: 2

Technician: KMN

Referred by: CAYLOR

Confirmed By: SAM B PARKER, MD



TI: 94776021

P. 2/2

Run date: 01/03/04
 Run time: 0101

WEST FLORIDA HOSPITAL
 8385 North Davis Highway, Pensacola, FL 32514 850-494-5500
 OUTPATIENT REPORT

Page: 1
 1/2/04

Norman McFadden M.D.

Thomas King M.D.
 Michael O'Brien M.D.

Name: Age/Sex: Attend Dr: Caylor, Mark T
 Acct#: H00107913318 Unit#: H000250201 Status: PRE SDC Location: H.SNUOP
 Reg: 01/08/04 Disch: MCC#: 3442411 DOB: 05231949

SPEC #: 0102:WR:C00149R COLL: 01/02/04-0930 STATUS: COMP REG #: 01272266
 RECD: 01/02/04-1009 SUBM DR: Caylor, Mark T

ENTERED: 01/02/04-0911 OTHR DR:

ORDERED: CHEM 14
 COMMENTS: Comments To Phlebotomist: PATC-NEED DRAW

Test	Result	Flag	Reference	Site
CHEM 14				
NA	140		135-146 mEq/L	
K	3.9		3.5-5.0 mEq/L	
CL	105		95-108 mEq/L	
CO2	25		24-34 mEq/L	
GLUCOSE	99		70-110 mg/dL	
BUN	18		10-26 mg/dL	
CREATININE	1.2		0.5-1.5 mg/dL	
TOTAL PROTEIN	7.6		6.0-8.4 gm/dL	
ALBUMIN	3.9		2.6-5.2 gm/dL	
CALCIUM	9.1		8.5-10.5 mg/dL	
BILIRUBIN TOTAL	0.3		0.1-1.3 mg/dL	
SGOT/AST	21		7-40 IU/L	
SGPT/ALT	54		17-65 IU/L	
ALK PHOS TOTAL	70		30-115 IU/L	

SPEC #: 0102:WR:H00083R COLL: 01/02/04-0935 STATUS: COMP REG #: 01272266
 RECD: 01/02/04-1009 SUBM DR: Caylor, Mark T

ENTERED: 01/02/04-0911 OTHR DR:

ORDERED: CBC
 COMMENTS: Comments To Phlebotomist: PATC-NEED DRAW

Test	Result	Flag	Reference	Site
CBC				
WBC	6.7		4.2-10.8 K/mm3	
RBC	5.42		4.40-5.80 M/mm3	
HGB	13.9		13.4-17.0 gm/dL	
HCT	43.3		40.0-50.0 %	
MCV	79.8	L	82-96 um3	
MCH	25.7	L	27.0-32.0 pg	
MCHC	32.2		32.0-36.0 %	
RDW	13.9		<14.5	
PLT	234		150-400 K/mm3	
MPV	8.7		6.0-10.0 um3	
NEUT %	54.9		50-70 %	
LYMPH %	33.3		20-40 %	
MONO %	8.3		0-12 %	
EOS %	3.2		0-5 %	

West Florida Hospital
Diagnostic Imaging Services
8383 North Davis Highway
Pensacola, Florida 32514-6088
Phone #: (850)494-5360
Fax #: (850)494-5393

Name:
Phys: Caylor, Mark T
Dob: 05/23/1949 Age: Sex: M
Acct: H00107913318 Loc: H.SMUOP
Exam Date: 01/02/2004 Status: PRE SDC
Radiology No: 3442411
Unit No: H000250201

Mark T Caylor, M.D.
5147 North 9th Ave
Suite 322
Pensacola, FL 32504
(850)474-9995

Exams:
000901136 CHEST PA AND LATERAL

CPT CODE:
71020

HISTORY: Preop for degenerative disease.

PA AND LATERAL CHEST, 01/02/04:

No previous studies for comparison.

Cardiac silhouette is within the upper limits of normal in size. Pulmonary vasculature and mediastinum are unremarkable. Multiple small shotgun pellets are seen overlying the right upper hemithorax and lower cervical region. Lungs are well expanded and clear and costophrenic angles are sharply seen.

IMPRESSION: There is no active disease of the chest.

** Electronically Signed by Paul Roesler M.D. on 01/02/2004 at 1747 **
Reported and Signed by: Paul Roesler, M.D.

CC: Mark T Caylor, M.D.; Nirmal B Singh, M.D.

Technologist: GYORKOS, CHRISTINE R
Transcribed Date/Time: 01/02/2004 (1319)
Transcriptionist: HRADTRT
Electronic Signature Date/Time: 01/02/2004 (1747)
Printed Date/Time: 01/03/2004 (1548) Batch No: 6206

Page 2

40995AA

CONCLUSION:

1. Type II SLAP tear as well as small chondral defect, less than 5 mm, inferior glenoid.
2. Supraspinatus tendinosis with probable intrasubstance partial-thickness tear, but a full-thickness rotator cuff tear was not identified.
3. Degenerative hypertrophy acromioclavicular joint. JSjh



John Sowers, M.D.

DD: 12/08/03

DE: 12/08/03

JOB#: 65485

12/15

THE IMAGING CENTER OF PENSACOLA, INC.
4996 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503
PHONE: 850-475-9040
FAX: 850-475-9049

RADIOLOGY CONSULTATION REPORT

PATIENT NAME:
DOB:
DATE OF SERVICE: 12/08/03
ORDERING PHYSICIAN: CAYLOR
X-RAY NUMBER: 40995AA
SS#:

HISTORY: Motor vehicle accident with shoulder pain, suspected rotator cuff tear.

PROCEDURE: MR arthrograms right shoulder.

TECHNIQUE: Procedure, risks and benefits explained to the patient with written informed consent obtained. The skin over the shoulder was sterilely prepped and draped. Local anesthesia achieved with 1% lidocaine. A 22-gauge needle was directed into the glenohumeral joint. Gadolinium and saline (1:200 dilution) injected into the joint. Sagittal, axial, and coronal T1 weighted as well as coronal fat suppressed T2 weighted images obtained. Patient could not tolerate ABER images.

FINDINGS:

Separation of the superior labrum from the bony glenoid continues posterior to the biceps anchor and is slightly irregular and I believe best categorized as a type II SLAP tear. A small focus of irregularity is located within the mid anterior labrum. The anterior labrum is otherwise intact. However, a focal chondral defect is located in the anterior inferior glenoid. Glenohumeral ligaments are normal. No paralabral cyst formation.

No evidence of full-thickness rotator cuff tear with no leakage of contrast into the subacromial or subdeltoid bursa. T2 weighted images do suggest a partial-thickness intrasubstance tear, which is not apparent on the contrasted T1 weighted images, since it does not communicate with the inferior surface. Evidence of tendinosis is also thought to be present. Subscapularis, infraspinatus, and biceps tendons are normal.

Prominent hypertrophy of the acromioclavicular joint indents the supraspinatus. Are there clinical findings of impingement? No occult bone lesions detected.

NAME:
PAGE 3 OF 3

MR#: H000250201
ACCT#: H00107995625

A lateral portal was then established with an 11 blade and the shaver is introduced from this side and the under surface of the acromion and the acromioclavicular joint is débrided of the soft tissue.

Then switching the camera to the lateral portal and a Helicut bur is used to perform a subacromial decompression from the posterior portal following natural guide of the acromion as a guide for resection. Once this is done, the camera is then placed back in the posterior portal and the Helicut bur is brought in from the lateral side and the clavicle is then co-planed at the same level with the acromion. Then coming from the anterior portal, the shaver is introduced into the acromioclavicular joint and again alternating with the shaver and the bur, the distal clavicle is then resected back approximately a full centimeter.

Once this is done, the pictures are taken to assure we have good resection and then all instruments are removed from the shoulder. Prior to removing at the bursal side, the rotator cuff was inspected as well, and there were no signs of any tear. Water was exsanguinated from the shoulder and three portals were closed with Prolene sutures. Xeroform, 4 X 4s and a dressing, was taken to the recovery room in stable condition.

Dictated by
Mark T. Caylor, M.D.*

2929/cep
DD: 01/22/2004
DT: 01/22/2004
JOB#: 10399

NAME:
PAGE 2 OF 3

MR#: H000250201
ACCT#: H00107995625

INDICATIONS

This is a -year-old male who presented with complaints of pain in the shoulder for a number of years now, reports that it first began back in April 2001 when he was involved in an MVA. He states he had some therapy and did improve somewhat but has really never been completely normal again and as of the last several months prior to seeing me, he had been having increasing pain and problems with the shoulder. MRI was performed and it was found the patient had impingement syndrome and degenerative joint disease of acromioclavicular joint, partial thickness rotator cuff tear as well as a possible detachment of the labrum. These were discussed with the patient in detail and he wished to proceed with arthroscopic intervention and possible mini open rotator cuff repair if it was indicated. Consent form is signed and placed on the chart.

DESCRIPTION OF OPERATION

The patient was brought to the operating room, where he undergoes general anesthesia without complications. He is then brought up into the lateral position and has an axillary roll and all bony prominences are well padded and positioned and bean bag is deflated. The patient then has the right shoulder and arm prepped and draped in a sterile fashion.

The anatomy of the shoulder was marked out with a marking pen and then our posterior portal was established with an 11 blade. This is introduced into the shoulder joint and the camera is introduced and the patient is noted to have some generalized synovitis and some fraying of the labrum. Under direct visualization, anterior cannula is placed and a probe is placed in this. The biceps tendon has some slight fraying right at its insertion around the labrum but it appears well attached. The labrum also just appears to have some degenerative changes. There is no obvious complete detachment of the labrum. This is all débrided with the shaver.

A camera is then brought up into the superior aspect and the actual under-surface of the rotator cuff is without any signs of any rotator cuff tear or defect. At this point, the scope was removed from the shoulder and placed into the subacromial space.

CONTINUED...

CONFIDENTIAL PRIVILEGED INFORMATION FURTHER REDISCLOSURE
STRICTLY PROHIBITED

Charged
01/27/04 AKWEST FLORIDA HOSPITAL
8383 North Davis Highway
Pensacola, FL 32514

NAME:
ATTENDING PHYSICIAN: Mark T. Caylor, M.D.*
MR#: H000250201 DOS: 01/22/2004
MCC#: ACCT#: H00107995625
DOB: 05/23/1949 STATUS: SDC
SS#: 264-96-0118 ROOM#: DC DATE:
SEX: M

OPERATIVE REPORT

DATE OF OPERATION: 01/22/04

PREOPERATIVE DIAGNOSES

1. Right shoulder impingement syndrome.
2. Degenerative labral tear.
3. Acromioclavicular joint degenerative joint disease.

POSTOPERATIVE DIAGNOSES

1. Right shoulder impingement syndrome.
2. Degenerative labral tear.
3. Acromioclavicular joint degenerative joint disease.

OPERATION

1. Video arthroscopy of the shoulder with debridement of labrum.
2. Arthroscopic subacromial decompression.
3. Arthroscopic Mumford.

SURGEON

Mark T. Caylor, M.D.

ASSISTANTS

None

ANESTHESIA

General.

COMPLICATIONS

None.

CONTINUED..

PENSACOLA ORTHOPAEDICS & SPORTS MEDICINE

R. Barry Lurate, M.D. & Mark T. Caylor, M.D.

(850) 474-9995 Fax: (850) 474-9073

NAME:

DATE: 2/6/04

HISTORY: is here for follow-up of his arthroscopy of the right shoulder where he underwent subacromial decompression and a distal clavicle resection. He was thought to possibly have a rotator cuff tear, but visualization showed no signs of any tear of the rotator cuff.


PHYSICAL EXAM: His portal sites are healing well. Sutures are removed.

IMPRESSION: Status-post subacromial decompression and distal clavicle resection, doing well.

PLAN: We'll get him set up to begin therapy next week for range of motion and strengthening. We'll see him back here after completion of this.

Mark T. Caylor, M.D.

MTC/SEI/phs
2/9/04



PENSACOLA ORTHOPAEDICS & SPORTS MEDICINE

R. Barry Lurate, M.D. & Mark T. Caylor, M.D.

(850) 474-9995 Fax: (850) 474-9073

DATE: 12/15/03

NAME:

HISTORY: . is here for follow-up of his MRI of the right shoulder.

DIAGNOSTIC STUDIES: MRI/arthrogram is reviewed and shows that patient has some detachment of the superior labrum. It also shows that he has some marked degenerative changes causing some impingement at the AC joint. Although there is no leakage of the dye, the patient appears to have some detachment of his supraspinatus on the undersurface, as seen on exam.

IMPRESSION: #1: Degenerative changes of the AC joint. #2: Impingement syndrome.
#3: Possible labral detachment. #4: Undersurface rotator cuff tear.

DISCUSSION: I've discussed findings with patient and he wishes to proceed with arthroscopic intervention.

PLAN: We will plan for a subacromial decompression and distal clavicle resection with evaluation of the labrum and cuff at the time of surgery. He is aware that if the cuff is more than just an undersurface tear and needs any fixation, we may proceed to a mini-open procedure for that. He voices agreement with this. We'll see him back here in my office postoperatively. His out-patient history and physical form is completed today.

Mark T. Caylor, M.D.

MTC/SEI/phs
12/16/03

M

11/2/03

UM Suit Filed:

None

D/B: 05/23/49

SSN: 264-96-0118

notes:

05/15/02: t/c from checking to see if we received records from Dr. St. Louis. I checked the file and there are records here for that physician. /a

11/13/01: TMO t/c w/client and updated status. He will call me back after 12/26 appt with Dr. St. Louis.

11/13/01-Cl called, he's finished w/PT at Healthworks. They told him there's nothing else they can do for him. He saw Dr. St. Louis who had fitted for a leg brace which he got at Gulf Medical on Creighton

Road. He thinks he might have to permanently wear the brace.

He would like to know if you've heard anything about the car door.

He said the other car door is acting up like the other one did.

It's squeaking, but the other one just came off.

He made another payment this month on the car and wants to know if he should continue to pay on it until you've reviewed the paperwork.

He'd faxed some paperwork re. this.

He's on Darvocet 5 for pain and another medication that helps him rest. He couldn't think the name of it.

His next appt. w/Dr. St. Louis is 12/26.

11/01/01- He has appt. w/re. his blood clot on Monday; will also see Dr. St. Louis (did surgery) on the 9th/dhr

cl called; has overpd on his car, can't get title, they want add'l pymts/dhr

09/04/01-Client called, WFH financial counselor asked him to complete form for Tri Care, told if Tri Care pays on this claim, they will have a right to be reimbursed/dhr

08/31/01- called, left vmm that ; in WFH, Rm. 405-A, has blood clots from surgery,

but he's doing fine; still trying to get t/c w/Dr. St. Louis/dhr

He will be having knee arthroscopic surgery on Tuesday.

Dr. St. Louis will be doing the surgery at WFH.

They don't know the time yet.

08/17/01- called, husb will have knee arthroscopic surgery on Tues. @WFH, Dr. St. Louis is performing surgery/dhr

07/30/01-initial cl interview

Angel Jordan

Full Name:

Home Address:

Pensacola, FL

Home:

Other:

Categories:

Client/All, Client/PreSuit

Adversary:

Cadillac Motors

GMC

Amount:

0

Case Type:

PIPL

Closed:

None

D/A:

03/22/2001 8:00:00 AM

Demand Sent:

None

File No.:

90111

Filed:

None

Guardianship Filed:

None

Guardianship needed?:

0

Last Activity:

None

Last Demand:

0

Last Offer:

0

Med. Req.:

Sent

Rec'd

Mediate:

None

Need to make UM claim?:

0

Notice for Trial:

None

Opened:

07/30/2001 8:00:00 AM

Orig. Atty:

RCB

Probate Closed:

None

Probate Filed:

None

Probate Final Acct. Due:

None

Probate Needed?:

0

Prod. Atty:

TMO/TAR

Report rec?:

0

Rept. Req.:

None

S/L:

03/22/2005 8:00:00 AM

Settled:

None

Settled Amt.:

0

Trial Date:

None

UM CLaim?:

0

UM Demand Sent:

None

UM S/L:

None

UM Settlement Amt.:

0

Angel Jordan

From: Tim O'Brien
Sent: Thursday, June 06, 2002 3:05 PM
To: Dannie Ragland
Cc: Angel Jordan
Subject: RE: T/C -

I believe he's left town so he probably won't do it. Angel, go ahead and do DMD PKG checklist and place in priority as if it came in in early April 2002. We'll do w/o MMI letter.

—Original Message—

From: Dannie Ragland
Sent: Thursday, June 06, 2002 2:59 PM
To: Tim O'Brien
Subject: T/C -
Importance: High

She's asking if we've gotten the report in from Dr. St. Louis.

I told her i'd find out from you what you want me to do.

We've sent a request and a follow up request.

Dannie H. Ragland
Legal Secretary to Timothy M. O'Brien, Esq.
Levin, Papantonio, Thomas, Mitchell, Ecksner & Proctor, P.A.
316 South Baylan Street, Suite 600
Pensacola, FL 32501
850-435-7084 V
850-436-6084 F

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, DO NOT READ IT. PLEASE IMMEDIATELY REPLY TO THE SENDER THAT YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR. THEN DELETE IT. THANK YOU.

90111

DEMAND CHECKLIST

Tricare

Client Name: _____ Date: 6.6.02

MMI letter from: none to date; was requested ✓

PIP Log (updated) from: requesting from GMAC ✓

BI Insurance Limits: _____ UM Insurance Limits: _____

Accident report from: N/A ✓

Requested updated medical bills from all providers: ✓
(except EMS, ER and Radiology)

NO

Wage loss claim (if so) confirm dates/amounts: N/A

Call client and confirm all medical providers: 470.0218 ✓
(let info from client on bottom of this sheet)

- West FL Hospital
- Healthworks @ WFL Hospital
- Dr. St Louis
- Dr. Smith

✓ - Dr. ^{Nirmal} Singh > WFL Senior Health > requesting RIB ✓
 Steroid injection (recently) > 6.10.02 AKJ
 WFL MEC

8333 N. Davis Hwy.

MEDICAL BILL SUMMARY

— Page 2

CLIENT NAME:

D/A:

D/B:

SSN:

DATE:

PROVIDER	TOTAL BILL	TOTAL PAID BY INS. CO.	TOTAL PAID BY CLIENT	TOTAL DUE	PROTECTED
Nirmal Singh, M.D.	\$ 988.50				
Rehabiliticare	\$ 3,683.00				
West Fla. Medical Center Clinic	\$ 462.00				
West Fla. Hospital 8/31/01	\$ 8,094.25				
TOTALS	\$38,833.00				

MEDICAL BILL SUMMARY

CLIENT NAME:

D/A: 3/22/01 D/B:

SSN:

DATE:

<u>PROVIDER</u>	<u>TOTAL BILL</u>	<u>TOTAL PAID BY INS. CO.</u>	<u>TOTAL PAID BY CLIENT</u>	<u>TOTAL DUE</u>	<u>PROTECTED</u>
David Smith, M.D.	\$ 252.00				
Jim St. Louis, M.D.	\$ 3,803.00				
West Florida Hospital 4/13/01	\$ 2,637.50	1,471.60 GMAC			
West Florida Hospital 5/17/01	\$ 1,832.25	1,121.00 GMAC			
West Florida Hospital 6/18/01	\$ 1,207.50				
West Florida Hospital 7/6/01	\$ 261.25	112.80 GMAC			
West Florida Hospital 7/25/01	\$ 2,794.50				
West Florida Hospital 8/21/01	\$ 12,817.25				
TOTALS — OVER					

James St. Louis, M. D.	\$ 3,803.00
David Smith, M. D.	\$ 252.00
West Florida Hospital (4/13/01)	\$ 2,637.50
West Florida Hospital (5/17/01)	\$ 1,832.25
West Florida Hospital (8/18/01)	\$ 1,207.50
West Florida Hospital (7/6/01)	\$ 261.25
West Florida Hospital (7/25/01)	\$ 2,794.50
West Florida Hospital (8/21/01)	\$12,817.25
West Florida Hospital (8/31/01)	\$ 8,094.25
Nirmal Singh, M. D.	\$ 988.50
West Florida Medical Center	\$ 462.00
Rehabicare	\$ 3,683.00
TOTAL	\$38,833.00

was years old and in relative good health for his age at the time of the accident. He and his wife, have been married for 4 years and have two children, ages 12 and 13. Vocationally, was retired from the United States Air Force following 24 years of military service to his country.

As a result of his injuries, has undergone extensive medical treatment which included intense physical therapy and surgery.

Under Florida law, Cadillac/General Motors Corporation is strictly liable for vehicle and the damages caused by the defective door assembly.

Please review this claim and the information and documentation provided and tender a reasonable offer of settlement within 30 days of receipt of this letter.

Sincerely,



TIMOTHY M. O'BRIEN

TMO/DKJ/dkj
Enclosures
cc:

was first seen by Dr. St. Louis on July 6, 2001. At that time he continued to have significant pain over the medial and lateral joint line of the knee. Physical examination revealed tenderness with positive patellar apprehension sign and Dr. St. Louis' assessment was internal derangement, left knee. Treatment consisted of injection with 1 cc of Lidocaine, Marcaine and Dalalone and was advised to follow-up in ten days.

On July 20, 2001, returned for continued evaluation of his left knee and advised Dr. St. Louis that he had no relief whatsoever with the injection therapy. On physical examination, there was continued pain with all aspects of the left knee. Assessment at that time was torn meniscus, left knee and Dr. St. Louis recommended that be scheduled for an MRI.

MRI of the left knee on July 26, 2001 revealed small effusion of the deep infrapatellar bursa.

When returned to Dr. St. Louis on July 30, 2001, he continued to have complaints of severe left knee pain. He was advised that since he has failed to improve with conservative treatment such as injection therapy and physical therapy, he would be scheduled for an arthroscopy of the left knee.

On August 21, 2001, underwent arthroscopic surgery to his left knee by Dr. St. Louis. Ten days following the arthroscopy of his left knee, he developed left lower extremity deep venous thrombosis requiring hospitalization for extensive medical treatment.

With regard to the personal injury damages sustained by my client, please find enclosed the following documentation:

- (3) Medical records David R. Smith, M. D.
- (4) Medical records from James St. Louis, M. D.
- (5) Medical expenses from West Florida Medical Center Clinic
- (6) Medical records from West Florida Hospital
- (7) Medical expenses from West Florida Hospital
- (8) Medical records from Nirmal Singh, M. D.
- (9) Medical expenses from Nirmal Singh, M. D.
- (10) Medical expenses and records from Rehabillicare

Medical expenses total more than \$38,833.00 for the medical treatment has received from the date of the accident to the present. medical expenses are itemized as follows:



**LEVIN • PAPANTONIO
THOMAS • MITCHELL
ECHSNER & PROCTOR • P.A.**

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September 4, 2002

Cadillac/General Motors Corporation
ATTN: Legal Department
Post Office Box 33169
Detroit, Michigan 48232-5169

Re: My Clients:

Date of Accident: March 22, 2001
Vehicle: 1994 Cadillac Fleetwood
VIN #: 1G6DW5275PR

Dear Sir/Madam:

This firm represents _____ and his wife, _____. On behalf of our clients, I submit the following information and documentation to resolve all past and future claims against Cadillac as a result of the accident that occurred on March 22, 2001 in Pensacola, Florida.

On March 22, 2001, _____ severely injured his left leg and knee when he opened the driver side door of his 1994 Cadillac Fleetwood. The mechanics of the accident were such that after he sat down in the drivers seat with his left leg outside the driver compartment and began to close the vehicle door, it broke away from the door assembly hinges and landed on _____ left knee and leg.

Documentation regarding liability and property damages are enclosed as follows:

- (1) Photographs of the 1994 Cadillac Fleetwood
- (2) State of Florida Consumer Complaint

As a result of the accident, _____ injured his left lower back and left leg and knee. He was initially treated by his family physician, David Smith, M. D. who ordered physical therapy and ultimately referred him to James St. Louis, M. D., a orthopaedic specialist at West Florida Medical Center Clinic.