

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

INDEPENDENT CALENDAR CLERK

325 S. Melrose  
Vista, CA 92083

TO:

RICHARD LEE SAX  
LAW OFFICE OF RICHARD LEE SAX  
2192 PALOMAR AIRPORT RD 2ND FLOOR  
CARLSBAD, CA 92008

RICK A. HOLLIFIELD

Plaintiff(s)

vs.

RICHARD M. BRAUN, M.D.

Defendant(s)

Case No.: GIN003700

NOTICE OF CASE ASSIGNMENT

Judge: THOMAS P. NUGENT

Department: 27

Phone: 760-806-6349

COMPLAINT FILED 03/03/00

IT IS THE DUTY OF EACH PLAINTIFF (AND CROSS-COMPLAINANT) TO SERVE A COPY OF THIS NOTICE WITH THE COMPLAINT (AND CROSS-COMPLAINT).

ALL COUNSEL WILL BE EXPECTED TO BE FAMILIAR WITH SUPERIOR COURT RULES WHICH HAVE BEEN PUBLISHED AS DIVISION II, AND WILL BE STRICTLY ENFORCED.

**TIME STANDARDS:** The following timeframes apply to general civil cases and must be adhered to unless you have requested and been granted an extension of time. General civil consists of all cases except: Appeals from the lower court, small claims appeals and petitions.

**COMPLAINTS:** Complaints must be served on all named defendants, and a CERTIFICATE OF SERVICE (SUPCT CIV-345) filed within 60 days of filing. This is a mandatory document and may not be substituted by the filing of any other document. (Rule 5.6)

**DEFENDANT'S APPEARANCE:** Defendant must generally appear within 30 days of service of the complaint. (Plaintiff may stipulate to no more than a 15 day extension which must be in writing and filed with the Court.) (Rule 5.7)

**DEFAULT:** If the defendant has not generally appeared and no extension has been granted, the plaintiff must request default within 45 days of the filing of the Certificate of Service. (Rule 5.8)

**CASE MANAGEMENT CONFERENCE:** A Case Management Conference will be set within 150 days of filing the complaint.

THE COURT ENCOURAGES YOU TO CONSIDER UTILIZING VARIOUS ALTERNATIVES TO LITIGATION, INCLUDING MEDIATION AND ARBITRATION, PRIOR TO THE CASE MANAGEMENT CONFERENCE. MEDIATION SERVICES ARE AVAILABLE UNDER THE DISPUTE RESOLUTION PROGRAMS ACT THROUGH SAN DIEGO MEDIATION CENTER 619-238-2400. THERE IS NO CHARGE FOR THE FIRST FOUR HOUR SESSION. MEDIATION SERVICES ARE ALSO AVAILABLE THROUGH OTHER ORGANIZATIONS FOR A FEE.

YOU MAY ALSO BE ORDERED TO PARTICIPATE IN MEDIATION OR ARBITRATION PURSUANT TO CCP 1775 OR 1141.10 AT THE CASE MANAGEMENT CONFERENCE. THE \$150 FEE FOR THESE SERVICES WILL BE PAID BY THE COURT IF ALL PARTIES HAVE APPEARED IN THE CASE AND STIPULATE TO AN AVAILABLE MEDIATOR/ARBITRATOR ON THE COURT'S LISTS OF PROVIDERS LOCATED IN THE ARBITRATION DEPARTMENT AT EACH COURT LOCATION. THE CASE MANAGEMENT CONFERENCE WILL BE CANCELLED IF YOU FILE FORM SUPCT CIV-357 OR 358 AT LEAST 10 DAYS PRIOR TO THAT HEARING.

CERTIFICATE OF SERVICE

I, STEPHEN THUNBERG, certify that: I am not a party to the above-entitled case; on the date shown below, I served this notice on the parties shown by personally handing it to the attorney or their personal representative at VISTA California.

Dated: 03/03/00

STEPHEN THUNBERG

Clerk of the Superior Court

by PAMELYN SEBRING, Asst. Div. Chief

Responses due 6/7/00

1 DAN H. DEUPREY/BAR NO. 42606  
SOLVEIG STORE DEUPREY/BAR NO. 083000  
2 WINGERT GREBING BRUBAKER & RYAN LLP  
One America Plaza, Seventh Floor  
3 600 West Broadway  
San Diego, CA 92101-3370  
4 (619) 232-8151

5 Attorney(s) for Defendant, RICHARD M. BRAUN, M.D.

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO  
(NORTH COUNTY JUDICIAL DISTRICT DIVISION)

RICK A. HOLLIFIELD, an individual, )  
 )  
 Plaintiff(s), )  
 )  
 vs. )  
 )  
 RICHARD M. BRAUN, M.D., KVAAS )  
 CONSTRUCTION CO.; OLSEN STEEL, )  
 INC., ARGONAUT INSURANCE CO., et )  
 al., )  
 Defendant(s). )  
 \_\_\_\_\_ )  
 )

CASE NO. GIN003700  
**SPECIAL INTERROGATORIES TO  
PLAINTIFF FROM DEFENDANT  
BRAUN (SET NO. ONE)**  
  
Judge: : Hon. Thomas P. Nugent  
Dept: : 27  
Telephone: 760-806-6349  
Complaint Filed: 3-3-2000  
Trial Set: None

18 **PROPOUNDING PARTY: DEFENDANT, RICHARD M. BRAUN, M.D.**

19 **RESPONDING PARTY: PLAINTIFF, RICK A. HOLLIFIELD**

20 **SPECIAL INTERROGATORIES: FIRST SET, NUMBERED 1 THROUGH 25**

21 Defendant **RICHARD M. BRAUN, M.D.**, requests that Plaintiff, **RICK A.**  
22 **HOLLIFIELD**, answer under oath, pursuant to Code of Civil Procedure, Section 2030, the  
23 following written interrogatories separately and fully in writing and that the answers be  
24 signed by the person making them and be served on respondent within thirty (30) days after  
25 service of these interrogatories.

26 In answering the attached interrogatories, furnish all information which is available to  
27 you, including information in the possession of your attorneys, and not merely such known  
28 of your own knowledge.

1 If you cannot answer the following interrogatories in full, after exercising due  
2 diligence to secure the information to do so, so state and answer to the extent possible,  
3 specifying your inability to answer the remainder, and stating whatever information or  
4 knowledge you have concerning the unanswered portions.

### 5 DEFINITIONS

6 Words in boldfaced capitals in these interrogatories are defined as follows:

7 1. **INCIDENT** includes the circumstances and events surrounding the alleged  
8 **INCIDENT**, injury or other occurrence of breach of contract giving rise to this action or  
9 proceeding.

10 2. **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents,  
11 your employees, your insurance companies, their agents, their employees, your attorney/s,  
12 your accountant/s, your investigator/s, and anyone else acting on your behalf.

13 3. **PERSON** includes a natural person, firm, association, organization, partnership,  
14 business, trust, corporation or public entity.

15 4. **DOCUMENT** means a writing, as defined in Evidence Code Section 250 and  
16 includes the original or a copy of the handwriting, typewriting, printing, photocopying,  
17 photographing and every other means of recording upon any tangible thing and form of  
18 communicating or representation, including letters, words, pictures, sounds, and/or  
19 combinations of them.

20 5. **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil  
21 Procedure Section 667.7(e)(3).

22 6. **IDENTIFY** means the name/s, last known residential and business addresses and  
23 telephone numbers of each **PERSON**.

### 24 INTERROGATORIES

25 1. State your social security number.

26 2. Please state the name, address, and telephone number of each medical doctor or  
27 other health care provider who has treated you at any time during the past 15 years.

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1           3.     Please state the name, address and telephone number of each hospital or other  
2 health care institution at which you were treated at any time during the past 15 years.

3           4.     Please describe in detail all of the events that occurred which constitute the  
4 incident which is the subject of your complaint.

5           5.     Please describe in detail all injuries and complaints which you allege to have  
6 sustained as a result of the **INCIDENT**.

7           6.     For each and every injury and complaint which you allege to have sustained as  
8 a result of the **INCIDENT** referred to in your complaint, did you have any similar injuries or  
9 complaints before this **INCIDENT**?

10          7.     For each similar injury or complaint which you had before this incident, please  
11 state all such injuries and complaints and **IDENTIFY** each and every **HEALTH CARE**  
12 **PROVIDER** who treated you for those injuries and complaints.

13          8.     Itemize the present amount of all expenses (including, but not limited to,  
14 doctor, hospital, clinic, pharmaceutical, medical appliance and incidental) which you claim to  
15 have incurred as a result of the incident referred to in your Complaint on file herein.

16          9.     Identify (including name, address and telephone number) who paid each  
17 expense which you claim to have incurred as a result of the incident referred to in your  
18 Complaint on file herein.

19          10.    Please itemize any and all out-of-pocket expenses you have incurred as a result  
20 of the subject incident.

21          11.    Please specifically state how your injuries from the subject incident affects  
22 your ability to perform your occupation.

23          12.    Identify each employer (including name, address and telephone number) from  
24 whom you claim to have incurred lost wages or earnings as a result of the incident referred to  
25 in your Complaint on file herein.

26          13.    State your rate of pay at each employment from whom you claim to have  
27 incurred lost wages or earnings as a result of the incident referred to in your Complaint on  
28 file herein.

1           14. List the dates you were off work from each employment from whom you claim  
2 to have incurred lost wages or earnings as a result of the incident referred to in your  
3 Complaint on file herein.

4           15. Please state each and every fact known to you, your agents, and/or your  
5 attorneys upon which you base your allegation that this Respondent was negligent. Your  
6 answer should state specifically what you contend that this Respondent did or failed to do in  
7 the alleged negligence.

8           16. Please provide the name, address and telephone number of any and all  
9 witnesses in support of your contentions that this Respondent is legally responsible for your  
10 injuries or damages.

11           17. Please specifically identify any and all documents which support your  
12 contentions of liability against this Respondent.

13           18. Please state the first date that you or anyone on your behalf became aware of  
14 the facts of the care provided by this propounding Respondent was negligent.

15           19. With respect to your awareness of the facts of the care provided by this  
16 propounding Respondent was negligent, what was your source of information?

17           20. If you personally formed the opinion that you received negligent care by this  
18 propounding Respondent, what specific information did you obtain which led to your said  
19 opinion.

20           21. If you received any criticisms from any health care provider about the care and  
21 treatment provided to you specifically by this Respondent, please identify the name, address  
22 and telephone number of said health care providers (specifically excluding any expert  
23 witnesses retained on your behalf).

24           22. If you state the name of any person in your answer to Interrogatory No. 21,  
25 please set forth with specificity the details of each person's opinion.

26           23. Please state the name and address of each person or entity other than this  
27 Respondent who contributed to the alleged injuries or damages.

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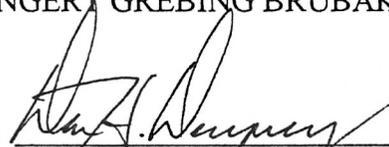
1           24.    If you state the name of any person in your answer to Interrogatory No. 23,  
2 please set forth each and every fact to support your contention that said person or entity  
3 contributed to the alleged injuries or damages.

4           25.    Please state each written authority upon which you rely to support your  
5 contentions that this Respondent was negligent.

6 Dated: 5-1-00

WINGERT GREBING BRUBAKER & RYAN LLP

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By:   
DAN H. DEUPREY  
SOLVEIG STORE DEUPREY  
Attorneys for Defendant,  
RICHARD M. BRAUN, M.D.

Resp. due  
6/7/00

1 DAN H. DEUPREY/BAR NO. 42606  
SOLVEIG STORE DEUPREY/BAR NO. 083000  
2 WINGERT GREBING BRUBAKER & RYAN LLP  
One America Plaza, Seventh Floor  
3 600 West Broadway  
San Diego, CA 92101-3370  
4 (619) 232-8151

5 Attorney(s) for Defendant, RICHARD M. BRAUN, M.D.

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7

8 SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO  
9 (NORTH COUNTY JUDICIAL DISTRICT DIVISION)

10 RICK A. HOLLIFIELD, an individual, )  
11 Plaintiff(s), )  
12 vs. )  
13 RICHARD M. BRAUN, M.D., KVAAS )  
CONSTRUCTION CO.; OLSEN STEEL, )  
14 INC., ARGONAUT INSURANCE CO., et )  
al., )  
15 Defendant(s). )  
16 \_\_\_\_\_ )  
17 )

CASE NO. GIN003700  
**REQUEST FOR PRODUCTION OF  
DOCUMENTS AND THINGS FOR  
COPYING AND/OR INSPECTION  
(FIRST SET)**  
Judge: : Hon. Thomas P. Nugent  
Dept: : 27  
Telephone: 760-806-6349  
Complaint Filed: 3-3-2000  
Trial Set: None

18 **PROPOUNDING PARTY: DEFENDANT, RICHARD M. BRAUN, M.D.**

19 **RESPONDING PARTY: PLAINTIFF, RICK A. HOLLIFIELD**

20 **REQUEST FOR PRODUCTION: FIRST SET**

21 Defendant, **RICHARD M. BRAUN, M.D.**, hereby requests that Plaintiff, **RICK A.**  
22 **HOLLIFIELD**, produce the items described herein below, pursuant to Section 2031 of the  
23 California Code of Civil Procedure. The scheduled production date is **[DATE]**, in the law  
24 offices of WINGERT, GREBING, BRUBAKER & RYAN, located at One America Plaza,  
25 600 West Broadway, 7th Floor, San Diego, CA.

26 If any of the requested items are withheld on the basis of privilege or other objection,  
27 you are required to respond with sufficient particularity for the purposes of a motion to  
28 compel production.

1 If arrangements are made in advance of the date of the production, it is anticipated  
2 that a mutually agreeable date for means of production may be scheduled. However, if  
3 arrangements are not agreed to prior to the scheduled production date, the Plaintiff is  
4 required to comply fully with the terms of this production request.

5 The requested documents are as follows:

6 **REQUEST FOR PRODUCTION NO. ONE:**

7 Any and all documents which support, reference, or relate to your claim of injury,  
8 including but not limited to, all hospital records, such as emergency room records, admission  
9 reports, doctors' notes, nurses' notes, daily records, operation reports/records, discharge  
10 summaries, treating physicians' reports, records of examination and treatment, laboratory  
11 tests, x-ray reports, consultations and/or reports by any other physicians, chiropractors,  
12 therapists, osteopaths or other health care providers.

13 **REQUEST FOR PRODUCTION NO. TWO:**

14 Any and all documents which support, reference, or relate to your claim of medical  
15 expenses, including but not limited to prescription bills, physicians' bills, hospital bills,  
16 ambulance bills, therapists' bills, chiropractors' bills, osteopaths' bills and bills for medical  
17 appliances.

18 **REQUEST FOR PRODUCTION NO. THREE:**

19 Any and all documents which support, reference, or relate to your claims for special  
20 damages other than medical expenses .

21 **REQUEST FOR PRODUCTION NO. FOUR:**

22 Any and all Explanation of Benefits (EOB) forms or other writings as defined by  
23 Evidence Code Section 250 which are evidence of collateral source payments made on behalf  
24 of the Plaintiff in connection with medical expenses claimed as special damages in this  
25 lawsuit. "Collateral sources" refers to payments by health insurance companies,  
26 governmental entities, or other persons or entities other than Plaintiff.

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1 **REQUEST FOR PRODUCTION NO. FIVE:**

2 Any and all documents reflecting income, including but not limited to, earnings from  
3 employment, sick leave, vacations, state disability, workers' compensation, social security  
4 disability, and private pay or disability from 1990 through the present.

5 **REQUEST FOR PRODUCTION NO. SIX:**

6 Any and all employment and/or personnel records from 1990 through the present.

7 **REQUEST FOR PRODUCTION NO. SEVEN:**

8 Any and all employment benefit handbooks, employee statements, or other  
9 documentation setting forth your fringe benefits from 1990 through the present.

10 **REQUEST FOR PRODUCTION NO. EIGHT:**

11 All diaries, journals, notes, personal calendars prepared by plaintiff which refer to  
12 defendant's medical treatment of plaintiff and/or any claimed injuries which are the subject  
13 of this lawsuit.

14 **REQUEST FOR PRODUCTION NO. NINE:**

15 Any and all photographs, slides, negatives and videotapes, if any, depicting plaintiff's  
16 claimed injuries.

17 **REQUEST FOR PRODUCTION NO. TEN:**

18 A copy of your birth certificate.

19 **REQUEST FOR PRODUCTION NO. ELEVEN:**

20 A copy of your California Driver's License.

21 **REQUEST FOR PRODUCTION NO. TWELVE:**

22 A copy of your Social Security card.

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1 **REQUEST FOR PRODUCTION NO. THIRTEEN:**

2 Any and all O-R-I-G-I-N-A-L x-rays, films, and/or radiological studies or any kind,  
3 including any and all reports relating thereto, if any, depicting plaintiff's claimed injuries.

4 Dated: May 4, 2000

WINGERT GREBING BRUBAKER & RYAN LLP

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By: *Dan H. Deuprey*  
DAN H. DEUPREY  
SOLVEIG STORE DEUPREY  
Attorneys for Defendant,  
RICHARD M. BRAUN, M.D.

Resp. due 5/19/00

1 DAN H. DEUPREY/BAR NO. 42606  
2 SOLVEIG STORE DEUPREY/BAR NO. 083000  
3 WINGERT GREBING BRUBAKER & RYAN LLP  
4 One America Plaza, Seventh Floor  
5 600 West Broadway  
6 San Diego, CA 92101-3370  
7 (619) 232-8151

8 Attorney(s) for Defendant, RICHARD M. BRAUN, M.D.

9 SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO  
10 (NORTH COUNTY JUDICIAL DISTRICT DIVISION)

11 RICK A. HOLLIFIELD, an individual,  
12 Plaintiff(s),  
13 vs.  
14 RICHARD M. BRAUN, M.D., KVAAS  
15 CONSTRUCTION CO.; OLSEN STEEL,  
16 INC., ARGONAUT INSURANCE CO., et  
17 al.,  
18 Defendant(s).

CASE NO. GIN003700  
**REQUEST FOR STATEMENT OF DAMAGES**  
Judge: : Hon. Thomas P. Nugent  
Dept: : 27  
Telephone: 760-806-6349  
Complaint Filed: 3-3-2000  
Trial Set: None

18 TO: PLAINTIFF AND TO HIS COUNSEL OF RECORD:

19 Defendant, RICHARD M. BRAUN, M.D., hereby requests that Plaintiff, RICK A.  
20 HOLLIFIELD, serve on defendant a statement setting forth the nature and amount of damages, both  
21 special and general, being sought in the action, pursuant to Section 425.11 of the Code of Civil  
22 Procedure, within 15 days of the service of this request upon you.

23 Dated: May 4, 2000 WINGERT GREBING BRUBAKER & RYAN LLP

24 By: Solveig Store Deuprey  
25 DAN H. DEUPREY  
26 SOLVEIG STORE DEUPREY  
27 Attorneys for Defendant,  
28 RICHARD M. BRAUN, M.D.