

**IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

| | | |
|----------------------------|---|-----------------------|
| ----- | X | |
| | : | Chapter 9 |
| In re | : | |
| | : | Case No. 13-53846 |
| CITY OF DETROIT, MICHIGAN, | : | |
| | : | Hon. Thomas J. Tucker |
| Debtor | : | |
| ----- | X | |

**DEBTOR'S REPLY TO RESPONSE TO OBJECTION TO
CLAIM NO. 2730 FILED BY GRETCHEN R. SMITH**

The Debtor, the City of Detroit (the "City"), by and through its undersigned counsel, for its reply (the "Reply") to the Response filed on behalf of Gretchen R. Smith dated May 21, 2015 (the "Response") [Dkt. No. 9586] to the City's Seventeenth Omnibus Objection to Certain Incorrectly Classified Claims ("Seventeenth Omnibus Objection") [Dkt. No. 9741] regarding claim number 2730 (the "Claim"), respectfully states as follows:

BACKGROUND

1. On July 18, 2013 (the "Petition Date"), the City filed this bankruptcy case.
2. On November 21, 2013, this Court entered its *Order, Pursuant to Sections 105, 501, and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing Proofs of Claim and Approving Form and Manner of Notice Thereof* (the "Bar Date Order") [Dkt. No. 1782].
3. On July 9, 2014, this Court entered its Order Pursuant to 11 U.S.C. § 105(a) and Fed. R. Bankr. P. 3007 Approving Claim Objection Procedures [Dkt. No. 5872] (the "Claims Procedures Order"), allowing the City to file an omnibus objection with respect to incorrectly classified claims (Claim Procedures Order at 2).



4. On February 21, 2014, Ms. Smith filed Claim No. 2730 in an undetermined amount as an administrative priority claim.

5. On April 23, 2015, the City filed its Seventeenth Omnibus Objection [Dkt. No. 9741]. As to the claims objected to in the Seventeenth Omnibus Objection, the City determined that they were incorrectly classified as administrative claims.

6. The stated basis of the Claim is “retirement (DPS), property, bus accident, lawsuit for all Detroit Public Schools, appropriate benefits and rights.” It appears that the claim may have arisen from a bus accident in which Ms. Smith apparently was injured.

7. The City filed the Seventeenth Omnibus Objection and objected to the Claim because it is incorrectly classified as an administrative claim.

8. On or about April 23, 2015, Ms. Smith was served notice of the Seventeenth Omnibus Objection [Dkt. No. 9741].

9. On May 21, 2015, Ms. Smith filed her response, stating in part “This Creditor, I, feel this case may or may not be Incorrectly classified.” *Response*, p. 1

10. As set forth more fully below, the Claim is not properly classified as an administrative claim and should be reclassified as a general unsecured claim.

11. Other than seeking reclassification of the incorrectly classified Claim as a general unsecured claim, the Seventeenth Omnibus Objection did not address the substance of the Claim. Accordingly, the City reserves all of its rights to object, on any basis, to the Claim.

ARGUMENT

12. Section 502(a) of the Bankruptcy Code provides that a claim is deemed allowed unless a party in interest objects. 11 U.S.C. § 502(a).¹ Bankruptcy Rule 3007(d) and the Claims

¹ Section 502 of the Bankruptcy Code is applicable to this Chapter 9 case through Section 901 of the Bankruptcy Code. *See* 11 U.S.C. § 901.

Procedure Order allow the City to object to multiple claims in an omnibus objection if the claims are incorrectly classified.

13. Only proofs of claim that comply with Bankruptcy Rule 3001 are presumed to be valid in the amount filed.

14. Ms. Smith apparently argues that her claim is entitled to administrative priority.

15. Section 503(b) allows creditors to file claims seeking administrative expense priority. Claims which meet the requirements of Section 503(b) are entitled to administrative, rather than general unsecured, priority.

16. Courts give “strict construction of the Bankruptcy Code provisions governing requests for priority payment of administrative expenses.” *Woburn Assocs. v. Kahn (In re Hemingway Transport, Inc.)*, 954 F.2d 1, 5 (1st Cir. 1992). “[Administrative expense claims] under § 503(b) are strictly construed because priority claims reduce the funds available for creditors and other claimants.” *National Union Fire Insurance Co. v. VP Buildings, Inc.*, 606 F.3d 835, 838 (6th Cir. 2010) (*quoting In re Federated Dept. Stores, Inc.*, 270 F.3d 994, 1000 (6th Cir. 2001)). “The party seeking the priority ‘has the burden of proving that his claim constitutes an administrative expense.’” *Id. (quoting McMillan v. LTV Steel, Inc.*, 555 F.3d 218, 226 (6th Cir. 2009)).

17. First, Ms. Smith did not properly file her Claim as an administrative priority claim pursuant to the Bar Date Order.

18. Under the Bar Date Order, “all administrative claims under Section 503(b) of the Bankruptcy Code, other than 503(b)(9) claims and the administrative portion of Rejection Damages Claims, shall not be deemed proper if asserted by proof of claim.” Bar Date Order, ¶ 5. If the alleged administrative priority claim did not fall under Section 503(b)(9) and was not the

administrative portion of a Rejection Damages Claim, then it was required to be filed with 45 days after the Effective Date and, pursuant to the Bar Date Order, “shall not be deemed proper if asserted by proof of claim.” *See* Plan Art. II.A.2(a); Bar Date Order ¶ 5.

19. The Claim at issue here was not properly filed as administrative priority claim pursuant to the Bankruptcy Code or the Bar Date Order. Specifically, though the Claim is not a 503(b)(9) or Rejection Damages Claim, it was filed by proof of claim, in direct contravention of the Bar Date Order.

20. For this reason, the Claim should be reclassified as a general unsecured claim.

21. Second, administrative expenses are those “costs and expenses of preserving the estate.” 11 U.S.C. § 503(b). However, in a Chapter 9 case, there is no “estate.” *See* Collier on Bankruptcy § 901.04[13][a]; *In re New York City Off-Track Betting Corp.*, 434 B.R. 131, 141-43 (Bankr. S.D.N.Y. 2010) (“Because a chapter 9 debtor’s property remains its own and does not inure into a bankruptcy estate as provided by section 541 of the Bankruptcy Code, there can be no administrative expenses for ‘the actual and necessary costs of preserving the estate’ as contemplated by section 503(b)(1)(A) of the Bankruptcy Code.”). As such, administrative expenses in a Chapter 9 case, such as this, are limited to those expenses incurred in connection with the administration of the Chapter 9 case. *Id.*

22. Ms. Smith has not provided any support for her arguments that the amounts listed in her proof of claim, which appear to have arisen from a bus accident, were expenses incurred in connection with the administration of the Chapter 9 case. As a result, even if Ms. Smith had properly filed her alleged administrative claim (she did not), the Claim would not qualify as an administrative claim in this Chapter 9 bankruptcy.

23. Given all of these factors, the Claim should be reclassified as a general unsecured claim.

WHEREFORE, the City respectfully requests that this Court enter an order reclassifying the Claim as a general unsecured claim, and granting the City such other and further relief as this Court may deem just and proper.

Dated: May 21, 2015

FOLEY & LARDNER LLP

By: /s/ John A. Simon

John A. Simon (P61866)

Tamar N. Dolcourt (P73425)

Leah R. Imbrogno (P79384)

500 Woodward Ave., Ste. 2700

Detroit, MI 48226

313.234.7100

jsimon@foley.com

tdolcourt@foley.com

limbrogno@foley.com

*Counsel for the Debtor, City of Detroit,
Michigan*

EXHIBIT 1: PROOF OF CLAIM NO. 2730

4832-3607-6068.1

Bus accident - 2023 I am physically handicapped with injuries to my neck, mid back, low back, back, both arms, hands, knees, right arm, fracture left knee, patella, sprain. I am seeking counsel to resume and/or pursue counsel. (I still have 90% of intellect). I can function - but not always timely. Trip or fall 5139 chest, neck, back, both arms, hands, knees, right arm, fracture left knee, patella, sprain.

B10 (Official Form 10) (04/13) (Modified)

| UNITED STATES BANKRUPTCY COURT | | EASTERN DISTRICT of MICHIGAN | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of Debtor: City of Detroit, Michigan | | Case Number: 13-53846 | |
| NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. | | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): Gretchen R. Smith | | FILED FEB 21 2014 US Bankruptcy Court MI Eastern District Check this box if this claim amends a previously filed claim. 12-008804 NI Court Claim Number: (if known) | |
| Name and address where notices should be sent: 3901 Grand River Ave #913 Detroit, Mich. 48208 | | | |
| Telephone number: (313) 675-5444 email: realangels13@gmail.com | | Filed on: _____ | |
| Name and address where payment should be sent (if different from above): same Medicare - MSPRC for 500 pages of medical bills 7/1/2011 and 11/27/13 | | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. | |
| Telephone number: same email: same | | | |
| 1. Amount of Claim as of Date Case Filed: \$ 75,000 attached Case elaboration current If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. | | | |
| 2. Basis for Claim: retirement (DPS) - Property - Bus accident law suit for all appropriate benefits and rights. (See instruction #2) Detroit Public Schools | | | |
| 3. Last four digits of any number by which creditor identifies debtor: 2623, 5139, 2623 | | 3a. Debtor may have scheduled account as: (See instruction #3a) A. 32750-005139 claim # A. 32950-002623 | |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. 10035 Winthrop, Det, MI 48227 Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Property 8223 Pierson, Detroit, MI. for injured victims Value of Property: \$ 80,000 total 48228 Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable Amount of Secured Claim: \$ 46,000 Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ 1,000,000 Basis for perfection: insurance Co. has to pay Amount Unsecured: Pain & suffering 1.5 million dollars Address - ORLANDS PL 3.5 million care providing/replacement services. Total 25,000,000 million dollars | | | |
| 5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). Total 25,000,000 million dollars | | | |
| 5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ Total 25,000,000 million dollars | | | |
| 6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6) Total 9460 + 390 (glasses) = 9850 paid on 2623 less 1300 to Christopher Tramer by force and threat, includes interests. | | | |
| 7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of the case of a claim based on an open-end or revolving consumer credit agreement, a claim is secured, box 4 has been completed, and redacted copies of documents providing and the definition of "redacted". DO NOT SEND ORIGINAL DOCUMENTS. 1353846140221000000000146 See Exhibits, A - L, M - S. RECEIVED | | | |
| 8. Signature: (See instruction # 8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.) KURTZMAN CARSON CONSULTANTS I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: Gretchen R. Smith Title: claimant, creditor Company: Address and telephone number (if different from notice address above): Same Telephone number: email: I will submit clarification as able. I have monetary resources, and time, no representation. | | | |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

I am not a lawyer. An unexpected breakdown of effective communication occurred between myself and my lawyer. so I had to do this myself.

Proof of Claim attachment:

p. 1/5

* Addition to this is a medicare lein.

Gretchen Smith
Case: 12-008804

This is a list of:

-(2/20/2014)

amounts of medical bills as a result of the bus accident on 7/1/2011,

The bus I was a passenger on rear ended a car. I was injured,

Service Date: note

amount

| | | | |
|-----------------------------------------------------------------------|-----------------------|----------------------------------------------|----------------------|
| *because of injuries and denied rightful benefits, I have no recourse | 11/13/11 | Aprila | 8.86 |
| | | Det Receiving | 59.40 |
| | 2/9/12 | | 42.21 |
| | 10/27/11 | Dr. Reynolds Assoc. PC | 14.60 |
| | 11/3/11 | Karmanos ^{OR Services} clinical lab | 102.85 |
| | 11/29/11 | DMC Harper Univer H. | 1138.86 |
| (to | — | UNIV INT MED SPEC/AFIN | 23.99 |
| copy the bills. | (4/27/13 - 8/2/13) | Dr. migdal, Dr. Ahmed | 54.77 |
| | 8/2/13 - 8/21/13 | medc pym | 177.02 |
| | 11/02/13 - 11/21/13 | Dr. R. Klein | 177.08 |
| | 2/25/13 | Harper/Hut Care | 72.72 |
| | 1/22/13 - 2/15/13 | mendelson Kornblum | |
| | 10/2/13 | previous bal Dr. R. Klein | 3615.00 ↑ |
| | 10/2/13 | prev bal Dr. R. Klein | 154.69 |
| | (8/9/11 - 10/26/11) | Dr. Gorrepati, MD | 42.98 |
| | (10/26/11 - 11/21/11) | Dr. Gorrepati | 42.98 |
| | (11/21/11 - 1/25/12) | Dr. Gorrepati | 42.98 |
| | (1/10/12 - 2/24/12) | Dr. Gorrepati | 42.98 |

Exhibit A

continue Proof of claim:
DOI: 7/1/2011.

Gretchen Smith p. 45
Case: 12-008804

| | <u>Service Date:</u> | <u>note</u> | (2/20/2014) <u>amount</u> |
|-----|---------------------------------------------------------------------------------|---------------------------------------------|------------------------------|
| * | (3/21/12 - 8/3/12) | Dr. Gorrepati | \$ 42.98 |
| | (8/3/12 - | Dr. Gorrepati | 42.98 |
| | 11/20/12 | Dr. t | 42.98 |
| | (11/20/12 - | Dr. Gorrepati | 42.98 |
| | 1/23/13) | | |
| | (6/27/13 - | Dr. migdal | \$ 22.39 |
| | 7/15/13) | | |
| | (9/28/12) | Harper/Hut | \$ 192.68 |
| | (2/25/13) | Harper/Univ Hos | 72.72 |
| Dup | (9/1/13) | Dr. R. Klein ^{bal} _{prev} | (154.69) |
| | (9/28/12) | Lesion Removal Col | 68.27 |
| | (Had accident not occurred, I would not have developed this - due to medicines) | | |
| | Duplicate | Dr. Gorrepati | (42.98) |

I must conclude with this:

The injuries I experienced as a direct result of the DOI 7/1/2011 bus accident (I was a Passenger), are as follows: neck, mid back, lowr back, head, eyes, jaw, hands, kness, shoulders, abdominal, shift resulting in spinal shift, respritory, kidney and heart failure,

heart failure

(could have been Hospital negligence by Dr. Seemon Karmanos) ^{being} still researching

Gretchen Smith

(2/20/2014)

* An estimate of medical expenses to date are approximately \$50,000, I don't know if this estimate comes from all past or/and includes the present and future medical as a result, It is my conclusion that the city of Detroit Law department did it's investigation by telephone without medicare law. ~~The~~ The law I'm told is any denial of benefits must be in writing and give a reason why medical ~~expenses~~ are denied. This was not done by the City of Detroit. The city of Detroit intentionally shucked it's responsibilities and thwarted any and all my efforts to survive this. I am claiming any and all benefits I have a right to. This is so far my research. Lifetime injury related medical

MSPRC

186,620
14,400
201,020

(Unknown amount)

Pain and Suffering \$120,000 or more,
(Life) Care Providing: current \$201,020 (Replacement and services)
Lost Wages: \$210,000 to date

32-8=24

x 600
14,400

186,620

Medical Expense: \$50,000 plus future.

(6020 x 31) Transportation: 354 x 2 = x 8 = 16,256

13-53846-tjt

Doc 9868-1

Filed 05/21/15

Entered 05/21/15 16:56:08

Page 5 of 21

Exhibit C

proof of claim attachment continued:

Case: 12-008804 p.4/5

P/S $\$120,000$ or more (Jury trial requested)
Care Providing/Replacement Sev. $\$261,020$
plus lifetime

Lost wages: $\$210,000$ to date lifetime 21
years $90,000 \times 18 = \$1,620,000$

estimated
retirement
age 72.

AND retirement for such, I don't know
calculation, I am still researching. I claim
28 years @ $\$60,000 = \$1,680,000$

Life
expectancy,
is 100,
runs in
genes.

House / orlans PC $\$50,000$

I am not physically nor financially able to
do copies - see attached: Attn./clint breakdown.

Proof: over 50 police reports of
incidents caused by abusive and
criminal litigation tactics.

(Criminal) Dr. Robert Pizzimenti, Tom Cerskowski,
Kalvin Lenton (abusive - (Criminal)
possibly criminal)

PPO Court order: Annette Thompson

Total Estimates: House $\$50,000$

Retirement: $\$1,680,000$ Detroit Public

DOI: Lost wages $\$1,620,000$ DOI: 7/1/2011 Schools

Pain/Suff: $\$1,500,000$

Medical expense: $\$800,000$

Transportation: $\$294,000$

Care providing/RS: $\$3,500,000$

Permanent injury causing quality of life: $\$5,000,000$
or more. I am seeking counsel.

(2/20/2014)

8

Property (Orlan PC) 50,000

DOI 7/1/2011 Lost Wages ~~1,686,000~~ 1,620,000

Pain/Suff 1,500,000

medical exp 3 800,000

Transportation 294,000

Careproviding/RS 3,500,000

Permanent injury 5,000,000

DOI: 11/21/2013 estimate: 9,000,000 Right arm
Retirement 1,680,000 dominant.

total: 23,444,000

Give or take according to correct
and lawful claim guidelines.

my claim is: 25,000,000

with interest.

25 million dollars

I feel there is an accountability effort
that must be made on my ~~behalf~~ behalf.Even if I have to make it myself at
this time.

Sincerely,

Gretchen R. Smith

Gretchen R. Smith

3901 Grand River Ave #913

Detroit, Mich. 48208

(313) 575-5444 cell

Exhibit B

LAW OFFICES OF
ANDREOPOULOS & HILL, PLLC

Attorneys & Counselors

L. LOUIS ANDREOPOULOS
DAVID T. HILL
TODD RUTLEDGE
EVAN PAPPAS
BRIAN WAGNER

28900 Woodward Avenue
Royal Oak, MI 48067

TELEPHONE: (248) 399-9991
FACSIMILE: 248-399-9996
E-MAIL: andhilllaw@sbcglobal.net

SUPPORT STAFF

FANCY YALDO
AMANDA ARAFAT
SALLYKAYE RAHN
JULIE PALM
SARA FREER
KYLE BRYANT

January 31, 2014

Ms. Gretchen Smith

RE: Gretchen Smith vs. City of Detroit

Dear Ms. Smith:

Let this letter serve to confirm our meeting this afternoon regarding our relationship. Specifically at that time, we mutually agreed to sever our relationship as attorney-client. I advised you and you understood that you should seek other counsel immediately in order to protect your rights.

Further, I advised you that a proof of claim filing deadline with the bankruptcy court is February 21, 2014 by which date you must file said claim to be received by the bankruptcy court or you may forever lose your rights.


At the time of our meeting, I gave you a copy of the above indicated proof of claim form, and instruction booklet, your case evaluation award, case evaluation summary, and voluminous medical records contained in your file. We arraigned for you to pick up the remainder of your file which will be copied and available for you on February 7, 2014 at 12:00 p.m.

Sincerely,


L. Louie Andreopoulos

Acknowledgement

I, Gretchen Smith, on January 31, 2014 acknowledge the above and understand that the firm, Andreopoulos & Hill no longer represents me and will be taking no further action on my behalf. I acknowledge and understand that I should seek new counsel immediately to protect my legal rights.


Gretchen Smith

DMC
Rehabilitation Institute
of Michigan

Outpatient Physician Clinic
261 Mack Blvd. Detroit, MI 48201-2417
Phone 313-745-4600 Fax 313-745-1165

Date 11/15/13

Patient _____

FIN: 480000422356 PTID: 40010025
SMITH, GRETCHEN DOS: 11/15/13
BD: 12/10/1959 MRN: xxxxx0024
ATTN: AHMED, SYED MOZREI

DX: Cervical facet pain, C5-C6, R/L neck



Case Management Services

Replacement Services

Transportation to Medical Appointments

Attendant Care

No

Yes

☐

☒

☐

☒

☐

☒

☐

☒

due to

has

accident

Hrs per day X 12 Weeks

May return to work

☒

☐ From

11/15/13

To

2/28/14

Comment: _____

Physician Signature: _____

Print Name: _____

revised - mm 11/10

Groundspire Ins. - says
D Ins. / call Ill, Mich
wont take claim - delete

11/27/13 trip N fall
on city sidewalk @ 19550
W. Warren on N side of
street in driveway, hole
about 8" x 8" - I will
recheck - inj. neck & back,
both hands, knees, shoulders,
chest, radial shaft fracture
(R), (L) patella sprain

DMC - Sinai - x-rays,
consultation, then forced
me to IV without back brace
front brace. assault, bruises.

Exhibit 67



KELVIN R. LENTON-LEGAL INVESTIGATOR
CITY OF DETROIT-LAW DEPARTMENT
CAYMC
2 WOODWARD AVENUE
SUITE-500
DETROIT, MICHIGAN 48226
PHONE: (313) 237-0430
FAX: (313) 224-5505

TO: GRETCHEN SMITH
FROM: KELVIN LENTON-Legal Investigator, City of Detroit Law Department.
DATE: 1/17/2014 **CLAIMANT: GRETCHEN SMITH**
RE: REQUEST FOR ADDITIONAL INFORMATION AND/OR
DOCUMENTATION.

Please submit the following documents and/or information to assist our office in the processing of your claim. You have 30 days to submit the following information to our office or your file will be closed.

1. IRS w-9 forms for the attached individuals.

Additional information may be required once processing of your claim begins. Please respond by fax at (313) 224-5505, or Phone (313) 237-0430.

Kelvin Lenton

Legal Investigator

G:\DOCS\CLAIMS\lentk\34000\form\INFO REQUEST-GEN-NEG.wpd

Exhibit H

Exhibit

File



KELVIN R. LENTON-LEGAL INVESTIGATOR
CITY OF DETROIT-LAW DEPARTMENT
CAYMC
2 WOODWARD AVENUE
SUITE-500
DETROIT, MICHIGAN 48226
PHONE: (313) 237-0430
FAX: (313) 224-5505

FACSIMILE TRANSMITTAL
NOTICE REGARDING CLAIM STATUS

TO: ATTY: ANREOPOULOS ATTN: BRIAN WAGNER

FROM: KELVIN R. LENTON-LEGAL INVESTIGATOR
CITY OF DETROIT-LAW DEPARTMENT

DATE: FEBRUARY 06, 2013

FAX No: 248-399-9996

Phone: 248-399-9991

PAGES: 10

RE:

Claimant: GRETCHEN SMITH, A32950.002623

DOI: 5/10/2011

You are herein being placed on notice :

Please be advised that your request for Attendant Care PIP benefits for the above claimant requires further clarification and /or documentation. In order for us to process your request we require that the following items be provided to our office:

1. Certificate of Disability from claimant's treating physician for the time period(s) for which you are seeking Attendant Care benefits.
2. INTERNAL REVENUE SERVICE FORM-W9. FOR ALL THE CARE PROVIDERS LISTED ON YOUR REQUEST FOR ATTENDANT CARE; (DAINA WOLNER, MARSHALL SYMONS, NANCY WILSON, RICARDO TREVINO, MARSHAL SYMONS, JEFF DEBRYUM, BOB CHAPMAN, JOHNNY COLOSEMO, LEONARD ASHLEY, PAUL JARVIS, CLINTON OTIS, DENISE DOTSON, MONA WILLIAMS, MIKE CARNEY, STEVE SABBOLA, TAMMI HANKINS, MR. & MRS. REEVES, RON DALE).

• City of Detroit Law Department.

G:\DOCS\CLAIMS\lentka34000.form\KRL1110.WPD

Exhibit I

Notification of the Results of Case Evaluation

Stayed

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------|
| TITLE | CONSOL. | CASE NUMBER |
| Smith, Gretchin v CITY OF DETROIT , et al. | NO | 12-008804 NI |
| PLEASE APPEAR AT THE SETTLEMENT CONFERENCE OF JUDGE WENDY BAXTER ON AUGUST 26, 2013 AT 2:00 PM. FAILURE TO APPEAR AT THE SETTLEMENT CONFERENCE MAY RESULT IN DISMISSAL OF THIS CASE. | | |

TO: [David Hill
28900 Woodward Ave.
Royal Oak, MI 48067
[

ATTORNEY COPY

AWARD RESULTS SUMMARY

| Award Information | | | Parties Involved | | Result |
|----------------------------------------|-------------|-----------|------------------|---------|----------|
| # | AMOUNT | STATUS | FOR | AGAINST | |
| 1 | \$75,000.00 | Unanimous | 1 | vs. 4 | Rejected |
| \$42,000 PIP CASE / \$32,500 3RD PARTY | | | | | |

ATTORNEY / PARTY AWARD RESPONSES

| Party Information | | Attorney Information |
|-------------------|--------------------------------|----------------------------------------|
| TYPE | # NAME | BAR # / NAME / PHONE # |
| P | 1 Smith Gretchin | P48771 : David Hill : (248) 399-9991 |
| | REJECTS (NO RESPONSE) AWARD #1 | |
| D | 4 CITY OF DETROIT | P47787 : Robyn Brooks : (313) 237-3049 |
| | REJECTS (NO RESPONSE) AWARD #1 | |

PARTIES NOT EVALUATED

| Party Information | | Attorney Information | |
|-------------------|--------------------------|-------------------------------|--|
| TYPE | # NAME | BAR # / NAME / PHONE # | |
| D | 2 Owens Melvina Rosalind | P08888 : No Attorney Required | |
| D | 3 Hill Laverne Renee | P08888 : No Attorney Required | |

Exhibit 3

WARREN CHIROPRACTIC & REHAB CLINIC P.C.

19201 W. Warren
Detroit, MI. 48228

Office (313) 240-7950

Fax (313) 240-7970

5-3-13

Re: Gretchen Smith

Ms. Smith has been disabled since her car accident on 07-01-11. Her injuries are the Neck, Mid, and Low Back. Her diagnosis are multiple herniated disc, multiple Subluxation, sciatica, and sever muscle spasm. Her injuries are permanent and disabling. They severely limit her ability to stand, sit, or walk for long periods of time.

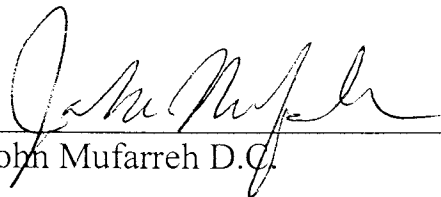

Dr. John Mufarreh D.C.

Exhibit K



COB CONTRACTG.. INFORMATION

Please review the information in the column titled "What CMS Says You Have". If this information is not correct, please write the correct information in the column titled "Corrections".

Other Insurance Instance 1: GRETCHEN SMITH - 906541444*01

| Information provided by COB Contractor | Definition | What CMS Says You Have | Corrections |
|-------------------------------------------|----------------------------------------------------|------------------------------------|-------------|
| Insurance Company Name | Name of Insurance company | CITY OF DETRIOT LAW DAPT CLAIMS | |
| Member Identification Number Ending In | Last 4 digits of the member number of your Plan | XXXXXXXXXX2623 | |
| Group Policy Number | Your group number of your Plan | | |
| Effective Date | MM/DD/YYYY | 02/01/2012 | |
| Termination Date | MM/DD/YYYY | | |

I never had this coverage

Signature _____

Date _____

Exhibit 1

Authority: 1949 PA 300, Sec. 257.622
Compliance: Required MSP UD-10
Penalty: \$100 and/or 90 days (Rev 1/04)

Do Not Use

| | | | |
|----------------------|---------|--------|----------|
| Page | 1 | Of | 2 |
| Incident # | 1489-11 | | |
| File Class | 9300 | | |
| Incident Disposition | Open | Closed | Reviewer |

STATE OF MICHIGAN TRAFFIC CRASH REPORT

| | | |
|----------------|-----------------|--------------------|
| ORI MI-8247100 | Department Name | HIGHLAND PK POLICE |
|----------------|-----------------|--------------------|

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Crash Date Month: 06, Day: 31, Year: 2011 | Crash Time Hour: 04, Minute: 37 | No. of Units 02 | Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input checked="" type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown | Special Circumstances <input checked="" type="radio"/> None <input type="radio"/> School Bus <input type="radio"/> Hit and Run <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown | Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile |
| County: 82 | Traffic Control <input type="radio"/> None of These <input checked="" type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign | Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown | Weather (Mark Only One) <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown | Light (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy | Area: 00, Total Lanes: 7 |
| Construction Zone (if applicable) (Mark One from Each Group) Type: <input type="radio"/> Const./Maint. <input type="radio"/> Utility <input type="radio"/> Lane Closed: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Activity: <input checked="" type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None | | | Road Condition (Mark Only One) <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy | Road Type: AVE | Speed Limit: 30, Posted: Yes |

| | | | | |
|--------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------|---------|
| Prefix: ND | Road Name: WOODWARD | Divided Roadway: <input checked="" type="radio"/> S <input checked="" type="radio"/> E <input checked="" type="radio"/> W | Road Type: AVE | Suffix: |
| Distance: 75 | Intersecting Road: MANCHESTER | Divided Roadway: <input checked="" type="radio"/> S <input checked="" type="radio"/> E <input checked="" type="radio"/> W | Road Type: PKWY | Suffix: |

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unit Number: 1 | State: MI | Driver License Number: 0520599744356 | Date of Birth: 08/08/1971 | License Type: <input type="radio"/> O <input type="radio"/> CY <input checked="" type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R | Sex: <input type="radio"/> M <input checked="" type="radio"/> F | Total Occup: 04 | Hazard Action: 12 |
| Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train) | Name: MELVINA ROSALIND OWENS | Street Address: 6411 MACKENZIE | City: DETROIT | State: MI | Zip: 48204 | Phone Number: (313) 675-3101 | Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O |
| Driver Condition: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 | Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No | Refused: <input type="radio"/> Yes <input checked="" type="radio"/> No | Not offered: <input type="radio"/> Yes <input checked="" type="radio"/> No | Second Results To TMS When Available | Alcohol: <input type="radio"/> Yes <input checked="" type="radio"/> No | Test Type: <input type="radio"/> Blood <input type="radio"/> Urine | Test Results: |
| Drugs: <input type="radio"/> Yes <input checked="" type="radio"/> No | Test Type: <input type="radio"/> Blood <input type="radio"/> Urine | Test Results: | Vehicle Registration: 08ZX565 | State: MI | Insurance: FLEET INS CERT#695 | Towed To By: NOT NEEDED | Vehicle Description: 82VN |
| VIN: 4RKMNTGA9YR835159 | Make: HONDA | Model: 2000 | Color: WH/GRN | Year: 2000 | Vehicle Direction: <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West | Special Vehicles: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 | Private Trailer Type: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 |
| Location of Greatest Damage: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 | First Impact: 01 | Extent of Damage: 1 | Driveable: <input checked="" type="radio"/> Yes <input type="radio"/> No | Vehicle type: <input type="radio"/> PA <input type="radio"/> VA <input type="radio"/> PU <input type="radio"/> ST <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> GC <input type="radio"/> SM <input checked="" type="radio"/> Truck/Bus | Vehicle Use: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 | Vehicle Defect: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 | Vehicle Defect: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 |

| | | | | | | | |
|--------------------------------------------------------------------------------|------------------|-------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| First Name: GRETCHEN | Middle: ROSE | Last: SMITH | Date of Birth: 12/01/1959 | Sex: <input type="radio"/> M <input checked="" type="radio"/> F | Position: 06 | Restraint: 01 | Hospital: REFUSED |
| Street Address: 2640 TRUMBULL | | | City: DETROIT | State: MI | Zip: 48204 | Phone Number: (313) 675-3101 | Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O |
| Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No | | | Not Equipped: <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| First Name: AYUB | Middle: MOHAMMED | Last: CARR | Date of Birth: 04/08/1983 | Sex: <input type="radio"/> M <input checked="" type="radio"/> F | Position: 04 | Restraint: 01 | Hospital: REFUSED |
| Street Address: 1824 YOSMITE | | | City: DETROIT | State: MI | Zip: 48204 | Phone Number: (313) 730-1401 | Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O |
| Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No | | | Not Equipped: <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |

| | | | | | |
|---------------------------------------------------------|-----------------------|----------|--------|--------|---------|
| Owner: <input checked="" type="radio"/> City of Detroit | Name: CITY OF DETROIT | Address: | Age: * | Pos: * | Rest: * |
| Uninjured Passenger: <input type="radio"/> | Name: | Address: | Age: | Pos: | Rest: |
| Witness: <input type="radio"/> | Name: | Address: | Age: | Pos: | Rest: |
| Uninjured Passenger: <input type="radio"/> | Name: | Address: | Age: | Pos: | Rest: |
| Witness: <input type="radio"/> | Name: | Address: | Age: | Pos: | Rest: |

| | | | | |
|-----------------------------------------------------------------------------|-------------------------|-----------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Person Advised of Damaged Traffic Control: <input checked="" type="radio"/> | Date: JULY 01, 2011 | Time: 4:30 pm | Damaged Property: <input type="radio"/> Yes <input checked="" type="radio"/> No | Public: <input type="radio"/> Y <input checked="" type="radio"/> N |
| Owner & Phone: | | | | |
| UD-10 SERIAL NUMBER: 9673931 | Serial Override Number: | Do Not Write or Mark In This Area | | |

EXHIBIT M

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: M-8247100

Department Name HIGHLAND PARK POLICE

Crash Date: Month 11 Day 01 Year 2015
Crash Time: Hour 06 Minute 00
No. of Units: 1
County: Wayne
Traffic Control: ☐ None of These
☐ Signal
☐ Stop Sign
☐ Yield Sign
Relation to Roadway: (Location of First Impact)
☐ Shoulder
☐ Outside of Shoulder/Curb
☐ On Road
☐ Median
☐ Gore
☐ Other/Unknown

Crash Type
☐ Single Motor Vehicle
☐ Head On
☐ Head On-Left Turn
☐ Angle
☐ Rear End
☐ Rear End-Left Turn
☐ Rear End-Right Turn
☐ Sideswipe-Same
☐ Sideswipe-Opposite
☐ Other/Unknown

Special Circumstances: ☐ None ☐ Deer
☐ School Bus ☐ Hit and Run
☐ Local On ☐ State
Weather (Mark Only One): ☐ Clear ☐ Severe Wind
☐ Cloudy ☐ Snow/Blowing Snow
☐ Fog/Smoke ☐ Sleet/Hail
☐ Rain ☐ Other/Unknown
Light (Mark Only One): ☐ Daylight ☐ Dark-Lighted
☐ Dawn ☐ Dark-Unlighted
☐ Dusk ☐ Other/Unknown
Road Condition (Mark Only One): ☐ Dry ☐ Snowy ☐ Debris
☐ Wet ☐ Muddy ☐ Other/Unknown
☐ Icy ☐ Slushy

Special Checks
☐ Fatal (Report All)
☐ Corrected Copy
☐ Replace (Entire Report)
☐ Delete (Entire Report)
☐ Non-Traffic Area
☐ QRV/Snowmobile
Area: 1 Total Lanes: 2
Speed Limit: 30 Posted: ☐ Yes ☐ No

Construction Zone (if applicable) (Mark One From Each Group)
Type: ☐ Const./Maint. ☐ Lane Closed ☐ Activity
☐ Utility ☐ No ☐ On Road ☐ Off Road ☐ None

Prefix: 1 Road Name: 1 Divided Roadway: ☒ (N) ☒ (S) ☒ (E) ☒ (W)
Distance: 1 ☐ FT ☐ North ☐ East ☐ Beginning of Ramp
☐ MI ☐ South ☐ West ☐ End of Ramp
Trafficway: 1 2 3 4 Access Control: 1 2 3

Prefix: 1 Intersecting Road: 1 Divided Roadway: ☒ (N) ☒ (S) ☒ (E) ☒ (W)
Road Type: 1 Suffix: 1

Unit Number: 1 State: MI Driver License Number: 1 Date of Birth: MMDDYYYY
Unit Type: ☐ MV ☐ B ☐ P ☐ E (train)
Name: 1
Street Address: 1
City: 1 State: 1 Zip: 1 Phone Number: 1
Driver Condition: ☐ Yes ☐ No ☐ Refused ☐ Not offered (Submit Results To TARS When Available)
Alcohol: ☐ Yes ☐ No Test Type: ☐ Blood ☐ Urine ☐ Test Results: 1
Drugs: ☐ Yes ☐ No Test Type: ☐ Blood ☐ Urine ☐ Test Results: 1
Vehicle Registration: 1 State: 1 Insurance: 1
Towed To/By: 1
VIN: 1 Vehicle Description: 1 Make: 1 Model: 1 Color: 1 Year: 1

Location of Greatest Damage: 1 2 3 4 5 6 7 8 9 10 11 12
First Impact: 1 Extent of Damage: 1 Driveable: ☐ Yes ☐ No
Vehicle Type: ☐ PA ☐ CY ☐ OR ☐ VA ☐ MO ☐ Other ☐ PU ☐ GC ☐ Truck/Bus ☐ ST ☐ SM (Complete Truck/Bus Section)
Vehicle Direction: ☐ North ☐ South ☐ East ☐ West
Special Vehicles: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Private Trailer Type: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
Vehicle Defect: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Vehicle Use: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

First Name: MICHELLE Date of Birth: MMDDYYYY Sex: ☒ M ☐ F Position: 0401 Restraint: ☒ Hospital: HENRY
Middle: 1 Street Address: 2124 SCHOOLCRAFT Ambulance: 1
Last: LANGFORD City: DETROIT Ejected: ☐ Yes ☐ No Trapped: ☐ Yes ☐ No
Injury: ☐ K ☐ A ☐ B ☐ C ☒ O Airbag Deployed: ☐ Yes ☐ No ☒ Not Equipped
State: MI Zip: 48223 Phone Number: 313358-4041

First Name: 1 Date of Birth: MMDDYYYY Sex: ☐ M ☐ F Position: 1 Restraint: ☐ Hospital: 1
Middle: 1 Street Address: 1 Ambulance: 1
Last: 1 City: 1 Ejected: ☐ Yes ☐ No Trapped: ☐ Yes ☐ No
Injury: ☐ K ☐ A ☐ B ☐ C ☐ O Airbag Deployed: ☐ Yes ☐ No ☐ Not Equipped
State: 1 Zip: 1 Phone Number: 1

Owner: ☐ Name: 1 Address: 1
Uninjured Passenger: ☐ Name: 1 Age: 1 Pos: 1 Rest: 1
Witness: ☐ Name: 1 Age: 1 Pos: 1 Rest: 1
Uninjured Passenger: ☐ Name: 1 Age: 1 Pos: 1 Rest: 1
Witness: ☐ Name: 1 Age: 1 Pos: 1 Rest: 1

Person Advised of Damaged: 1 Date: 1 Damaged Property: 1 Public: ☐ Y ☐ N
Traffic Control: 1 Time: 1 Owner & Phone: 1
Name: 1

UD-10 SERIAL NUMBER: 9673932 Serial Override Number: 9673931
Do Not Write or Mark In This Area: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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EXHIBIT N

BACK

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|----------------------------|
| Unit Number Z | State MI | Driver License Number H400488734022 | Date of Birth 01/07/1988 | License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R | Sex <input type="radio"/> M <input checked="" type="radio"/> F | Total Occup 01 | Hazard Action 13 |
| NCS | | | | Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O <input type="radio"/> Ejected <input type="radio"/> Trapped <input type="radio"/> Airbag Deployed <input checked="" type="radio"/> No <input type="radio"/> Citation issued <input type="radio"/> Hazardous <input type="radio"/> Other | | | |
| Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train) Name LAVERNE RENEE HILL Street Address 23540 CONDON ST City OAK PK State MI Zip 48237 (312) Phone Number | | | | Position 01 Restraint 04 Hospital REFUSED Ambulance NOT NEEDED Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No Airbag Deployed <input checked="" type="radio"/> Yes <input type="radio"/> No Citation issued <input type="radio"/> Hazardous <input type="radio"/> Other | | | |
| Driver Condition 1 2 3 4 5 6 7 8 9 99 Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input checked="" type="radio"/> Not offered (Submit Results To FARS When Available) Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine Test Results | | | | Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine Test Results | | | |
| Vehicle Registration BW B3450 State MI Insurance BRISTOL WEST INS. CO Towed To/By NOT NEEDED | | | | VIN 1GNEK13TOYJ208839 Vehicle Description CHEVROLET Make TAHOE Model BLUE Year 02 | | | |
| Location of Greatest Damage <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 First Impact 05 Extent of Damage 1 Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section) | | | |
| Vehicle Direction <input checked="" type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West | | | | Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 | | | |
| First Name Middle Last Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped | | | | Date of Birth Sex <input type="radio"/> M <input type="radio"/> F Position <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 Restraint <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 Hospital <input type="radio"/> Yes <input type="radio"/> No | | | |
| First Name Middle Last Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped | | | | Date of Birth Sex <input type="radio"/> M <input type="radio"/> F Position <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 Restraint <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 Hospital <input type="radio"/> Yes <input type="radio"/> No | | | |
| Owner <input type="radio"/> Witness <input type="radio"/> Name LAVERNE RENEE HILL Address 23540 CONDON ST Phone Number 43 Age 1 Pos. 4 Rest. 4 Uninjured Passenger <input type="radio"/> Owner <input type="radio"/> Witness <input type="radio"/> Name Address Phone Number Age Pos. Rest. | | | | Uninjured Passenger <input type="radio"/> Owner <input type="radio"/> Witness <input type="radio"/> Name Address Phone Number Age Pos. Rest. | | | |

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Unit Reported on Front Action Prior Sequence of Events First Second Third Fourth 01 17 Most Harmful <input checked="" type="radio"/> (M) (M) (M) | | Unit Reported Above Action Prior Sequence of Events First Second Third Fourth 01 07 Most Harmful <input checked="" type="radio"/> (M) (M) (M) | |
| Unit Number Carrier Name Address City State Zip GVWR/GOWR ICCMC USDOT MPSC Type & Axes Per Unit Cargo Body Type 1 2 3 4 5 6 7 8 ID # | | Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS Medical Card <input type="radio"/> Y <input type="radio"/> N Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill Class # | |
| UD-10 SERIAL NUMBER 9673931 | | Investigated at Scene Reported Date/Time JULY 01, 2011 4:33PM Investigator Name(s) & Badge # (Print Only) CRUG D. CLAYTON #7 | |

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| North NOTE: VEHICLE #2 WAS TRAVEL- (NG N/B ON US-1 WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE #1 WOODWARD AVE MANCHESTER PKWY WALGREENS PKWY WG EXIT WG ENTR. WALGREENS PKWY |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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BACK

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|--|-------------------|--|------------------|--|----------------------|--|--|--|------|--|--|--|-------|--|--|--|-------|--|--|--|
| Unit Number | | State | | Driver License Number | | Date of Birth | | License Type | | Sex | | Total Occup | | Hazard Action | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | MMDDYYYY | | <input type="radio"/> O <input type="radio"/> CY <input type="radio"/> M <input type="radio"/> C <input type="radio"/> F <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R | | <input type="radio"/> M <input type="radio"/> F | | | | | | | | | | | | | | | | | | | | | | | | | |
| NCS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Type | | Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train) | | Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Condition | | City | | State | | Zip | | Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interlock | | Yes | | No | | Refused | | Not offered | | Submit Results To FARS When Available | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol | | Yes | | No | | Test Type | | Field | | PBT | | Breath | | Blood | | Urine | | Test Results | | | | | | | | | | | | | | | | | |
| Drugs | | Yes | | No | | Test Type | | Blood | | Urine | | Test Results | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Registration | | | | State | | Insurance | | | | Towed To/By | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIN | | | | | | Vehicle Description | | | | Make | | Model | | Color | | Year | | | | | | | | | | | | | | | | | | | |
| Location of Greatest Damage | | | | First Impact | | Extent of Damage | | Driveable | | Yes | | No | | Vehicle Type | | Vehicle Direction | | Special Vehicles | | Private Trailer Type | | | | | | | | | | | | | | | |
| <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section) | | | | <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West | | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 | | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 | | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 | | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | Date of Birth | | | | Sex | | Position | | Restraint | | Hospital | | | | | | | | | | | | | | | | | | | | | |
| Middle | | | | Street Address | | | | <input type="radio"/> M <input type="radio"/> F | | | | | | Ambulance | | | | | | | | | | | | | | | | | | | | | |
| Last | | | | City | | | | State | | Zip | | Phone Number | | Ejected | | Trapped | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O | | | | Airbag Deployed | | | | Yes | | No | | Not Equipped | | Yes | | Yes | | | | | | | | | | | | | | | | | | | |
| First Name | | | | Date of Birth | | | | Sex | | Position | | Restraint | | Hospital | | | | | | | | | | | | | | | | | | | | | |
| Middle | | | | Street Address | | | | <input type="radio"/> M <input type="radio"/> F | | | | | | Ambulance | | | | | | | | | | | | | | | | | | | | | |
| Last | | | | City | | | | State | | Zip | | Phone Number | | Ejected | | Trapped | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O | | | | Airbag Deployed | | | | Yes | | No | | Not Equipped | | Yes | | Yes | | | | | | | | | | | | | | | | | | | |
| Owner | | | | Witness | | | | Name | | | | Address | | | | Phone Number | | | | Age | | | | Pos. | | | | Rest. | | | | | | | |
| Uninjured Passenger | | | | Owner | | | | Witness | | | | Name | | | | Address | | | | Phone Number | | | | Age | | | | Pos. | | | | Rest. | | | |
| Uninjured Passenger | | | | Owner | | | | Witness | | | | Name | | | | Address | | | | Phone Number | | | | Age | | | | Pos. | | | | Rest. | | | |

| | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Unit Reported on Front Action Prior: First Second Third Fourth Most Harmful: (M) (M) (M) (M) | | | | | | | | | | Unit Reported Above Action Prior: First Second Third Fourth Most Harmful: (M) (M) (M) (M) | | | | | | | | | |
| Unit Number | | | | | | | | | | Carrier Name | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | State | | | | | | | | | |
| Zip | | | | | | | | | | GVWR/GCWR | | | | | | | | | |
| ICCMC | | | | | | | | | | Driver's CDL Type | | | | | | | | | |
| USDOT | | | | | | | | | | <input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X | | | | | | | | | |
| MPSC | | | | | | | | | | CDL Restrictions | | | | | | | | | |
| Type & Axles Per Unit | | | | | | | | | | <input type="radio"/> Interstate <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> Intra (MI Only) | | | | | | | | | |
| Cargo Body Type | | | | | | | | | | CDL Exempt | | | | | | | | | |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 | | | | | | | | | | <input type="radio"/> Farm <input type="radio"/> Other | | | | | | | | | |
| Class # | | | | | | | | | | Vehicle Type | | | | | | | | | |
| <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS | | | | | | | | | | <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> Other | | | | | | | | | |
| Medical Card | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | | | | | | | | |
| Hazardous Material | | | | | | | | | | <input type="radio"/> Placard <input type="radio"/> Cargo Spill | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|
| UD-10 SERIAL NUMBER | | | | | | | | | | Investigated at Scene | | | | | | | | | | Reported Date/Time | | | | | | | | | | Photos By | | | | | | | | | |
| 9673932 | | | | | | | | | | | | | | | | | | | | JULY 01, 2011 4:33 PM | | | | | | | | | | | | | | | | | | | |
| Investigator Name(s) & Badge # (Print Only) | | | | | | | | | | CRAIG D. CLAYTON #7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

 Do Not Write or Mark On This Side of The Line
 Michigan State Police, Traffic Crash Reporting Section,
 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

Exhibit P

Shawn C. Cabot
Amy J. DeRouin
Ryan A. Ford
Susan J. Fronath
Daniel A. Groves
Timothy M. Hartner
Thomas F. Norton
Clay B. Perkins
Christopher J. Trainor

Of Counsel
Shawn J. Coppins
Vincent M. Farough

To: Also Christopher 4/6/2013
Trainer

a. C. Andreopoulos

CHRISTOPHER TRAINOR
& ASSOCIATES



9750 Highland Road
White Lake, Michigan 48386

Tel (248) 886-8650
Toll Free (800) 961-8477
Fax (248) 698-3321
MichiganLegalCenter.com

November 18, 2011

Gretchen Smith
2640 Trumbull
Detroit, Michigan 48216

Dear Ms. Smith:

Enclosed please find a copy of the application for benefits that was submitted to the City of Detroit on your behalf. Also, please find the Attendant Care and Replacement Service Affidavits that you recently sent to our office, for October 1, 2011 through October 31, 2011. Please note that the Affidavits have not been submitted to the insurance company as they were just received in our office.

At this time any and all pending claims you had with our office have now been closed.

Please keep in mind that according to laws of Statute of Limitations, you must commence a lawsuit for your claims within a certain period of time. A claim for No-Fault benefits must be filed within one (1) year from the date of the accident, which in your case this would be **July 1, 2012**. Once the claim is established, any and all expenses incurred (i.e. wage loss, replacement services, attendant care, prescription costs, medical mileage, medical bills, etc.) must be submitted and paid by the insurance carrier within one (1) year of the date each expense was incurred. If they are not paid timely, you must file your lawsuit within that same one (1) year in order to protect your right to outstanding benefits. Further if you wish to continue pursuing your Bodily Injury claim against the owner and/or driver who was at fault, you must file a lawsuit within three (3) years from the date of the accident which in your case would be, **July 1, 2014**.

If you choose not to pursue either or both of these claims within the time frame allotted by the State of Michigan, you will be barred from receipt of any potential benefits owed. If you wish to pursue your claim, you should contact another attorney immediately and check these time limitations as they relate specifically to your case with that attorney.

Thank you for your attention to this matter.

Sincerely,

CHRISTOPHER TRAINOR & ASSOCIATES

Timothy M. Hartner, Esq.

MH/rjr
Enclosures (12 Pages)

10/29



Medicare Summary Notice

November 30, 2011



8DD75 00000041

GRETCHEN R SMITH
APT 913
3901 GRAND RIVER AVE
DETROIT MI 48208-2854



BE INFORMED: Protect your Medicare number as you would a credit card number.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-7032A

If you have questions,
Call: 1-800-MEDICARE
(1-800-633-4227)
(#08202)

Ask For Doctor's Services

TTY for hearing impaired: 1-877-486-2048

This is a summary of claims processed on 09/14/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 11-11243-435-740 | | | | | | |
| Dr L Reynolds Assoc PC, Suite 100, 24500 Northwestern Hwy , Southfield, MI 48075-2402 | | | | | | |
| Referred by: Gorrepati, Uma D Dr. AL Hihi, Maysoon M.D. | | | | | | |
| 08/09/11 | 1.0 X-ray exam of lower spine (72110-26) professional charge | \$53.00 | \$17.26 | \$13.81 | \$3.45 | a |

Notes Section:

a As requested, this is a duplicate copy of your Medicare Summary Notice.

Exhibit R



Medicare Summary Notice

November 30, 2011

8DD75 00000042

GRETCHEN R SMITH
APT 913
3901 GRAND RIVER AVE
DETROIT MI 48208-2854



BE INFORMED: Protect your Medicare number
as you would a credit card number.

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-7032A

If you have questions,
Call: 1-800-MEDICARE
(1-800-633-4227)
(#08202)

Ask For Doctor's Services

TTY for hearing impaired: 1-877-486-2048

This is a summary of claims processed on 09/14/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------|----------------------|------------------------------|-------------------------|-------------------------|
| Claim number 11-11243-435-750 | | | | | | |
| Dr L Reynolds Assoc PC, Suite 100, 24500 Northwestern Hwy , Southfield, MI 48075-2402 | | | | | | |
| Referred by: Gorrepati, Uma D. | | | | | | |
| Dr. AL Hihi, Maysoon M.D. | | | | | | |
| 08/09/11 | 1.0 X-ray exam of neck spine (72050-26) professional charge | \$58.00 | \$17.26 | \$13.81 | \$3.45 | a |

Notes Section:

a As requested, this is a duplicate copy of your Medicare Summary Notice.

Take on A/H
Friday 1/24