

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

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

CLAIMANT, LARENTINNA GOUDY’S, MOTION TO AMEND OR RE-CLASSIFY HER ALLOWED OTHER UNSECURED (MOTOR VEHICLE) CLAIM AS AN ALLOWED CONVENIENCE CLAIM

Claimant, Larentinna Goudy, through her attorneys, the Mike Morse Law Firm, moves this Honorable Court for the entry of an Order requiring the City of Detroit (the “City”) to amend or re-classify her unsecured motor vehicle claim (Allowed Other Unsecured Claim) as an allowed “Convenience Claim” under the City’s Eighth Amended Plan for the Adjustments of Debts of The City of Detroit (the “Plan”) and, in support of her motion, states as follows:

1. On August 11, 2011, Ms. Goudy (now 73 years-old) sustained injury in an automobile crash, which was caused when an officer with the Detroit Police Department (“DPD”) attempted to make a U-turn and collided with her vehicle. The vehicle driven by the DPD officer was owned by the City. (*Exhibit 6.1*, Traffic Crash Report).



2. As a result of the crash, Ms. Goudy sustained injuries, particularly to her neck and right shoulder, and, among other things, required arthroscopic surgery to repair a “high grade tear” in her left shoulder. (*Exhibit 6.2*—Notice of Claim with attachments).

3. Ms. Goudy filed a negligence action against the City in the Wayne County Circuit Court on May 4, 2012 (Wayne County Circuit Court Case No. 12-006069). However, on July 18, 2013, the City Commenced the above-captioned Chapter 9 case, and, on or about August 6, 2013, Ms. Goudy received the Court’s Notice of Automatic Stay. (*Exhibit 6.3*—Notice of Automatic Stay).

4. On or about February 10, 2014, Ms. Goudy timely filed her Notice of Claim with this Honorable Court and provided proofs concerning the injuries she sustained (filed Claim No. 1507).¹ (*Exhibit 6.2*—Notice of Claim with attachments).

5. On September 16, 2014, this Court entered a Stay Modification Notice (Doc. 7516) permitting Ms. Goudy’s negligence action against the City to proceed in accordance with the Court’s December 24, 2013 Order Approving Alternative Dispute Resolution Procedures to Promote the Liquidation of Certain Prepetition Claims (Doc. 2302).

¹ The claim form inadvertently was signed “2/7/13”, which actually preceded the City’s commencement of this matter, but the “Summary of the Case” supplied to the City is dated February 10, 2014. *Id.*

6. Thereafter, Ms. Goudy's action against the City was facilitated on January 6, 2015, and the matter ultimately resolved for the aggregate sum of \$50,000.00, as set forth in ¶3 of the attached Agreement Resolving Claim of Larentinna Goudy:

3. Each of the Filed Claim[s] is deemed amended, modified and allowed, and to be paid as a PPI Claim, a Tort Claim or a Property Claim, as the case may be, in accordance with, and subject to the treatment provided for claims of that type under, any chapter 9 plan for the adjustment of debts confirmed by the Bankruptcy Court (a "Plan"), (any such claim, a "Settled MVA Claim"), in the corresponding amount set forth in the table below under the heading "Settled MVA Claim Amount." **NOTE – if any bankruptcy claim combines two or more types of claims, the claims must be separated in the chart below:**

Claimant	Filed Claim Number	Filed Claim Amount	Filed MVA Claim Type – identify as a PPI, Tort or Property Claim	Settled MVA Claim Amount	Settled MVA Claim Type– identify as a PPI, Tort or Property Claim
Larentinna Goudy	1507	\$200,000	MVA 3 rd party	\$50,000	MVA 3 rd

For any Tort Claims listed, identify all other bankruptcy claims that arise out of the same motor vehicle accident: _____

(*Exhibit 6.4*—1/6/15 Letter from Facilitator; *Exhibit 6.5*—Agreement Resolving Claim of Larentinna Goudy at ¶3).

7. The City forwarded a check to Ms. Goudy in the amount of \$20,000.00 on July 1, 2016 consistent with Art. IV,§S of the Plan (“(2) tort claims permitted by

MCL §500.3135...shall be paid, to the extent valid, only up to the minimum coverages specified by MCL § 500.3009(1), i.e., up to a maximum of (a) \$20,000 because of bodily injury to or death of one person in any one accident...”). (Doc. 8045 at Page 69 of 82; **Exhibit 6.6**—Check).

8. However, the Plan further provides that “...to the extent any valid Claim subject to subsections 2 and 3 above [i.e., a tort claim under MCL 500.3135 or a property damage claim] exceeds the applicable payment limits, the excess claim amount shall be treated as an Other Unsecured Claim or a Convenience Claim (as applicable)....” (Doc. 8045 at Page 70 of 82, Art. IV, §S).

9. Consequently, Ms. Goudy remains the holder of a \$30,000.00 claim, which, to date, has been classified as an Allowed Other Unsecured Claim (“Class 14” claims). The Plan states as follows with regard to the treatment of such claims, “[u]nless such Holder agrees to a different treatment of such Claim, each Holder of an Allowed Other Unsecured Claim, in full satisfaction of such Allowed Claim, shall receive (A) on or as soon as reasonably practicable after the Effective Date, a Pro Rata share of approximately \$16.48 million in New B Notes and (B) distributions in accordance with Section II.B.3.p.i.A.” (Doc. 8045 at Page 51 of 82, Art. II, §B.3.u.).

10. To date, Ms. Goudy has received no distribution or other payment from and/or on behalf of the City in conjunction with her Allowed Other Unsecured Claim.

11. With regard to Convenience Claims (“Class 15” claims), within which excess claims under MCL 500.3135, such as Ms. Goudy’s, can be classified², the Plan also states, “[e]ach Holder of an Allowed Convenience Claim, in full satisfaction of such Allowed Claim, shall receive Cash equal to the amount of 25% of such Allowed Claim (as reduced, if applicable, pursuant to an election by such Holder in accordance with Section I.A.76) on or as soon as reasonably practicable after the Effective Date, unless such Holder agrees to a different treatment of such Claim.” (Doc. 8045 at Page 51 of 82, Art. II, §B.3.v.).

12. “Section I.A.76” as referenced in the preceding paragraph states as follows:

"Convenience Claim" means a Claim that would otherwise be an Other Unsecured Claim that is (a) an Allowed Claim in an amount less than or equal to \$25,000.00; **or (b) in an amount that has been reduced to \$25,000.00 pursuant to an election made by the Holder of such Claim**; provided that, where any portion(s) of a single Claim has been transferred, (y) the amount of all such portions will be aggregated to determine whether a Claim qualifies as a Convenience Claim and for purposes of the Convenience Claim election and (z) unless all transferees make the Convenience Claim election on the applicable Ballots, the Convenience Claim election will not be recognized for such Claim. [Doc. 8045 at Page 14 of 82 (emphasis added)].

13. The Plan contains no restriction as to when a Holder must elect a Convenience Claim and, as such, contains no time-bar beyond which a Holder is prohibited from doing so.

² Doc. 8045 at Page 70 of 82, Art. IV, §S.

14. Similarly, the Plan contains no provision prohibiting a Holder from amending any prior election, to the extent one was even made, and re-classifying an Allowed Other Unsecured Claim as a Convenience Claim.

15. Here, given the amount of Ms. Goudy's excess claim under Art. IV, §S of the Plan (Doc. 8045 at Page 70 of 82), it appears it was automatically classified as an Allowed Other Unsecured Claim.

16. Consistent with Article I, §A.76., however, Ms. Goudy wishes to amend or re-classify her claim from an Other Unsecured Claim to a Convenience Claim, thereby reducing it to \$25,000.00 and making it subject to payment by the City in accordance with Art. II, §B.3.v. of the Plan. (Doc. 8045 at Page 51 of 82).

17. Ms. Goudy has attempted to make this election with the City and amend or re-classify her claim from an Other Unsecured Claim to a Convenience Claim, including most recently on October 31, 2018; however, the City has refused to permit her to do so or otherwise recognize her election, making this motion necessary.

18. This Honorable Court has jurisdiction to consider the relief sought by Ms. Goudy in this motion. Among other things, the Plan directs:

Pursuant to sections 105(c), 945 and 1142(b) of the Bankruptcy Code and notwithstanding entry of the Confirmation Order and the occurrence of the Effective Date, the Bankruptcy Court will retain exclusive jurisdiction over all matters arising out of, and related to, the Chapter 9 Case and the Plan to the fullest extent permitted by law, including, among other things, jurisdiction to:

A. Allow, disallow, estimate, determine, liquidate, reduce, classify, re-classify, estimate or establish the priority or secured or unsecured status of any Claim, including the resolution of any request for payment of any Administrative Claim and the resolution of any and all objections to the amount, allowance, priority or classification of Claims;

* * *

D. Ensure that Distributions to Holders of Allowed Claims are accomplished pursuant to the provisions of the Plan;

* * *

G. Resolve any cases, controversies, suits or disputes that may arise in connection with the consummation, interpretation or enforcement of the Plan or any contract, instrument, release or other agreement or document that is entered into or delivered pursuant to the Plan or any Entity's rights arising from or obligations incurred in connection with the Plan or such documents... [Doc. 8045 at Page 76 and 77 of 82, Art. VII].

WHEREFORE, Claimant, Larentinna Goudy, respectfully requests that this

Honorable Court enter an Order in substantially the same form as the one attached as ***Exhibit 1***, which:

- a. Grants her motion;
- b. requires the City to amend or re-classify her unsecured motor vehicle claim (Allowed Other Unsecured Claim) as an Allowed Convenience Claim under the City's Eighth Amended Plan for the Adjustments of Debts of The City of Detroit; and

- c. grants her all other relief to which she is entitled.

Respectfully submitted,

MIKE MORSE LAW FIRM

Attorneys for Claimant, Larentinna Goudy

By: /s/Stacey L. Heinonen
Stacey L. Heinonen (P55635)
Marc Mendelson (P52798)
24901 Northwestern Highway, Suite 700
Southfield, MI 48075-1816
(248) 350-9050; Fax: 877-537-6447
sheinonen@855mikewins.com

Dated: February 26, 2019

EXHIBIT LIST

Exhibit 1 Proposed Order

Exhibit 2 Notice

Exhibit 3 None

Exhibit 4 Certificate of Service

Exhibit 5 None

Exhibit 6.1 Traffic Crash Report

Exhibit 6.2 Notice of Claim with attachments

Exhibit 6.3 Notice of Automatic Stay

Exhibit 6.4 1/6/15 Letter from Facilitator

Exhibit 6.5 Agreement Resolving Claim of Larentinna Goudy

Exhibit 6.6 Check

EXHIBIT 1 - PROPOSED ORDER

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

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

**[PROPOSED] ORDER GRANTING CLAIMANT, LARENTINNA
GOUDY’S, MOTION TO AMEND OR RE-CLASSIFY HER ALLOWED
OTHER UNSECURED (MOTOR VEHICLE) CLAIM AS AN ALLOWED
CONVENIENCE CLAIM**

This matter having come before the court on Claimant, Larentinna Goudy’s, *Motion to Amend or Re-Classify Her Allowed Other Unsecured (Motor Vehicle) Claim As An Allowed Convenience Claim* (“Motion”), upon proper notice and a hearing, the Court being fully advised in the premises, and there being good cause to grant the relief requested,

THE COURT ORDERS THAT:

1. The Motion is granted.
2. The City of Detroit shall immediately amend or re-classify Larentinna Goudy’s unsecured motor vehicle claim (Allowed Other Unsecured Claim) as an

Allowed Convenience Claim under the City's Eighth Amended Plan for the Adjustments of Debts of The City of Detroit, thereby making it subject to payment by the City in accordance with Art. II, §B.3.v. of the Plan.

3. The Court shall retain jurisdiction over any and all matters arising from the interpretation or implementation of this Order.

EXHIBIT 2 - NOTICE

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

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

**NOTICE OF OPPORTUNITY TO RESPOND TO CLAIMANT,
LARENTINNA GOUDY’S, MOTION TO AMEND OR RE-CLASSIFY HER
ALLOWED OTHER UNSECURED (MOTOR VEHICLE) CLAIM AS AN
ALLOWED CONVENIENCE CLAIM**

Claimant, Larentinna Goudy, has filed her *Motion to Amend or Re-Classify Her Allowed Other Unsecured (Motor Vehicle) Claim As An Allowed Convenience Claim*.

Your rights may be affected. You should read these papers carefully and discuss them with an attorney.

If you do not want the Court to enter an Order granting Larentinna Goudy’s *Motion to Amend or Re-Classify Her Allowed Other Unsecured (Motor Vehicle) Claim As An Allowed Convenience Claim* within 14 days, you or your attorney must:

1. File with the court a written response or an answer, explaining your position at¹:

United States Bankruptcy Court
211 W. Fort St., Suite 1900
Detroit, Michigan 48226

If you mail your response to the court for filing, you must mail it early enough so that the court will **receive** it on or before the date stated above. You must also mail a copy to:

Mike Morse Law Firm
Attn: Stacey L. Heinonen and Marc Mendelson
24901 Northwestern Highway, Suite 700
Southfield, MI 48075-1816

2. If a response or answer is timely filed and served, the clerk will schedule a hearing on the motion and you will be served with a notice of the date, time, and location of that hearing.

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion or objection and may

¹ Response or answer must comply with F.R.Civ.P. 8(b), (c) and (e).

enter an order granting that relief.

MIKE MORSE LAW FIRM
Attorneys for Claimant, Larentinna Goudy

By: /s/Stacey L. Heinonen
Stacey L. Heinonen (P55635)
Marc Mendelson (P52798)
24901 Northwestern Highway, Suite 700
Southfield, MI 48075-1816

Dated: February 26, 2019

EXHIBIT 3 - NONE

EXHIBIT 4 - CERTIFICATE OF SERVICE

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

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

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on February 26, 2019, Claimant, Larentinna Goudy's, *Motion to Amend or Re-Classify Her Allowed Other Unsecured (Motor Vehicle) Claim As An Allowed Convenience Claim* was filed and served via the Court's electronic case filing ("ECF") and notice system, which will serve notice to all ECF participants.

MIKE MORSE LAW FIRM
Attorneys for Claimant, Larentinna Goudy

By: /s/Stacey L. Heinonen
Stacey L. Heinonen (P55635)
Marc Mendelson (P52798)
24901 Northwestern Highway, Suite 700
Southfield, MI 48075-1816
(248) 350-9050; Fax: 877-537-6447
sheinonen@855mikewins.com

Dated: February 26, 2019

EXHIBIT 5 - NONE

EXHIBIT 6 - DOCUMENTARY EXHIBITS

6.1 TRAFFIC CRASH REPORT

Authority: 1949 PA 350, Sec 257.622
Compliance: Required MSP UD-10E
Penalty: \$100 and/or 90 days (Rev 11/2005)

External # 137552
Crash ID

Page 1
Incident # 137552 File Class :

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI8234901	Department Name: Detroit Police Department			Special Checks		
Crash Date: 08/11/2011	Crash Time: 15:00	No. of Units: 02	Crash Type: Angle	Special Circumstances: <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> None <input type="checkbox"/> Hit and Run <input type="checkbox"/> Deer <input type="checkbox"/> Fleeing Police	<input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> GRW/Snowmobile	
County: 82 - Wayne	Traffic Control: Signal	Relation to Roadway: On Road	Special Study: None	Weather: Cloudy	Area: 09 - Intersection related-other	
City/Twp: 99 - Detroit	Construction Zone (if applicable) Type:	Lane Closed:	Activity:	Light: Daylight	Road Condition: Dry	Total Lanes: 05 Speed Limit: 25 Posted: Yes

Prefix: BROADWAY	Road Name: AVE	Road Type: AVE	Suffix: Divided Roadway
Distance (ft): 25.0 Feet N	Traffic Way: 01 - Not physically divided	Access Control: 01 - No access control	
Prefix: GRATIOT	Intersecting Road: GRATIOT	Road Type: GRATIOT	Suffix: Divided Roadway

Unit Number: 01	Unit Known: Yes	State: MI	Driver License Number: K2 [REDACTED]	Date of Birth (Age): [REDACTED]	License Type: <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Operator <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Endorsements: <input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreational	Sex: M	Total Occupants: 01	Hazardous Action: 12 - Unable to stop	
Unit Type: MV	Driver Information: PETER DANIEL KEYES				Injury: 0	Position: 01	Restraint: 09	Hospital: None		
Driver Condition: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10					Interlock: No	Ejected: No	Trapped: No	Airbag Deployed: No	Ambulance: None	
Alcohol: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Test Results: <input type="checkbox"/> No <input type="checkbox"/> Yes					Citation Issued: <input type="checkbox"/> Hazardous <input type="checkbox"/> Other
Vehicle Registration: 087X310					State: MI	Insurance/Policy #: CITY OF DETROIT	Towed To/By #: N/A	Special Vehicles: 1	Private Trailer Type:	Vehicle Defect:
VIN: 2FAFP71W93X221772					Vehicle Description: FORD	Model: CROWN VIC	Color: WHI	Year: 2003	Vehicle Type: Passenger Car	
Location of Greatest Damage: 08					First Impact: 08	Extent of Damage: 02	Driveshaft: Yes	Vehicle Direction: E	Vehicle Use: 08 - Other Government Use	Action Prior: 16 - Making U-turn
Sequence of Events: First					Second	Third	Fourth			
(• Indicates MOST harmful event) • 17 - Motor veh in transport										

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital

Carrier Information	Carrier Source: GVWR	ICCMC	USDOT	JPSC			
Driver's CDL Type	Endorsements: <input type="checkbox"/> OH <input type="checkbox"/> OP <input type="checkbox"/> OT <input type="checkbox"/> ON <input type="checkbox"/> OS <input type="checkbox"/> OX	CDL Exempt: <input type="checkbox"/> Farm <input type="checkbox"/> Other	CDL Restrictions: <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06				
Interstate/Intrastate	Vehicle Type	Type and Axle Per Unit: First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material: <input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill	ID #	Class #

Owner Information: CITY OF DETROIT 1300 BEAUBIEN DETROIT MI 48226 (313)596-5100	Owner Information:
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Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name:	Owner and Phone	
Contact Date:		
Contact Time:		

Unit Number 02	Unit Known Yes	State MI	Driver License Number G [REDACTED]	Date of Birth (Age) [REDACTED] (65)	License Type • Operator • Operator • Operator • Operator	Endorsements • Cycle • Farm • Recreation	Sex F	Total Occupants 01	Hazardous Action 00 - None
Unit Type MV	Driver Information LARENTINNA GOUDY				Injury C	Position 01	Restraint 04	Hospital None	
Driver Condition • 1 02 03 04 05 06 07 08 09 099					Interlock No	Ejected No	Trapped No	Airbag Deployed No	Ambulance 821064
Alcohol • Yes • No • Refused • Not Offered • Blood • Urine					Test Results		Test Results		Citation Issued • Hazardous • Other
Vehicle Registration BNK6537	State MI	Insurance/Policy # GRANGE 6797966-03			Towed To/By # N/A		Special Vehicles	Private Trailer Type	Vehicle Defect
VIN 1G2NF52T31M579346	Vehicle Description PONTIAC	Model GRAND AM	Color TAN	Year 2001	Vehicle Type Passenger Car				
Location of Greatest Damage 06	First Impact 06	Extent of Damage 03	Drivestate Yes	Vehicle Direction N	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead			
Sequence of Events First					Second		Third		Fourth
(* Indicates MOST harmful event) • 17 - Motor veh in transport									

PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC
				Driver's CDL Type	Endorsements • OH • OP • OT • OS • OX	CDL Exempt • Farm • Other	CDL Restrictions • 028 • 029 • 030 • 035 • 036	
Interstate/Intrastate	Vehicle Type	Type and Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material • Placard • Cargo Spill	ID#	Class #	

Owner Information	Owner Information

Witness Information	Witness Information

Investigated at Scene Yes	Reported Date (Time) 08/11/2011 (16:13)	1st Investigator Name (Badge) SCOTT HALL (3653)	2nd Investigator Name (Badge)	Photo By HALL
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Narrative
 VEHICLE #1 WAS MAKING A U-TURN AND STRUCK #2 WHO WAS WEST ON GRATOIT THEN NORTH ON BROADWAY. MEDIC 12 MADE SCENE TREATMENT REFUSED BY DRIVER OF #2 SGT. JEMERSON ON SCENE

External #: 137552
Incident #: 137552

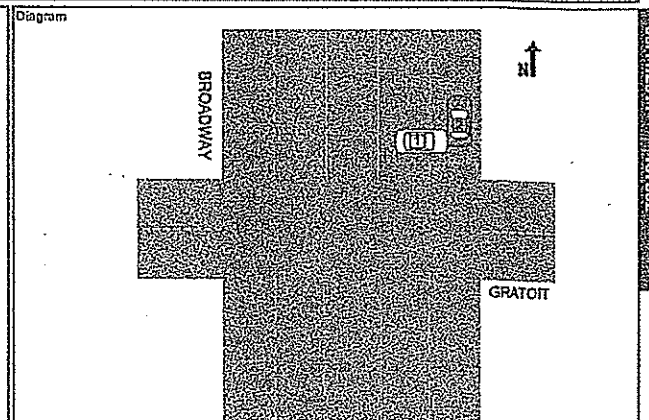
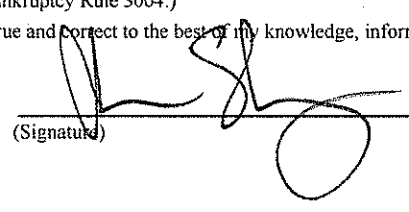


EXHIBIT 6.2 - NOTICE OF CLAIM & ATTACHMENTS

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

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: <u>City of Detroit, Michigan</u>		Case Number: <u>13-53846</u>
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): <u>Goudy, Larentinna</u>		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: <u>12-006069</u> (If known) Filed on: <u>8/30/2011</u>
Name and address where notices should be sent: NameID: 11702479 <u>Goudy, Larentinna</u> <u>Mendelson, Marc J.</u> <u>Michael J. Morse PC</u> <u>24901 Northwestern Hwy Ste 700</u> <u>Southfield, MI 48075</u> Telephone number: <u>(248) 281-9183</u> email: <u>aslingwein@855mikewins.com</u>		
Name and address where payment should be sent (if different from above):		<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: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>200,000.00</u>		
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: <u>PERSONAL INJURY</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>N/A</u>	3a. Debtor may have scheduled account as: <u>N/A</u> (See instruction #3a)	
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.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: <u>N/A</u>		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ <u>N/A</u>
Value of Property: \$ <u>N/A</u>		Basis for perfection: <u>N/A</u>
Annual Interest Rate (when case was filed) <u>N/A</u> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of Secured Claim: \$ <u>N/A</u>
		Amount Unsecured: \$ <u>N/A</u>
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ <u>N/A</u>		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § <u>N/A</u>		
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)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box.		
<input type="checkbox"/> I am the creditor. <input checked="" 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. <div style="text-align: center;">(See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)</div>		
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: <u>ADAM SLINGWEIN</u>		 (Signature)
Title: <u>LAW CLERK</u>		
Company: <u>MICHAEL J. MORSE, P.C.</u>		
Address and telephone number (if different from notice address above):		<u>2/7/2013</u> (Date)
Telephone number: email:		

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

For the convenience of creditors, the Court, Name of Debtor and Case Number already have been completed on this modified proof of claim form.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as listed by the debtor on the Second Amended List of Creditors and Claims, Pursuant to Sections 924 and 925 of the Bankruptcy Code (Docket No. 1059), as it may be amended or supplemented from time to time.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and

value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority as a Administrative Expense Under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).

If any portion of the claim is entitled to priority under U.S.C. §§ 503(b)(9) and 507(a)(2), state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form by sending or delivering the form to one of the addresses provided below.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly

unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority as an Administrative Expense Under 11 U.S.C. §§ 503(b)(9) and 507(a)(2)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims. In a chapter 9 case, 11 U.S.C. § 503(b)(9) may provide priority status to claims for "the value of goods received by the debtor within 20 days before the date of commencement of a case ... in which the goods have been sold to the debtor in the ordinary course of such debtor's business." 11 U.S.C. § 503(b)(9).

Pursuant to 11 U.S.C. § 901(a), the priorities accorded certain claims under 11 U.S.C. § 507(a)(1) and (a)(3-10) are inapplicable in a chapter 9 case.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <http://www.kccllc.net/Detroit>

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

PLEASE SEND OR DELIVER COMPLETED PROOFS OF CLAIM TO:

City of Detroit Claims Processing Center
c/o KCC
2335 Alaska Avenue
El Segundo, CA 90245
Office of the Clerk of Court
United States Bankruptcy Court
for the Eastern District of Michigan
211 West Fort Street, Suite 1700
Detroit, MI 48226

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

LARENTINNA GOUDY,

Case No: 12-006069-NI

Plaintiff,

Hon. Brian R. Sullivan

v.

GRANGE INSURANCE COMPANY OF MICHIGAN,
PETER KEYES and CITY OF DETROIT,

Defendants.

Michael J. Morse P-46895
Perry A. Schneider P-53443
LAW OFFICES OF MICHAEL J. MORSE, P.C.
Attorneys for Plaintiff
25657 Southfield Road
Southfield, Michigan 48075-1816
(248) 350-9050; Fax (866) 855-9117
Perry@855mikewins.com;
mdebski@855mikewins.com

Stacey L. King P-53313
GARAN LUCOW MILLER, P.C.
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1000 Woodbridge Street
Detroit, Michigan 48207-3192
(313) 446-1530; Fax (313) 259-0450
sking@garanlucow.com

David J. Demps P-58494
CITY OF DETROIT LAW DEPARTMENT
Attorney for Defs City of Detroit & Keyes
2 Woodward Avenue, Ste. 500
Detroit, Michigan 48226-3519
(313) 237-3084; Fax (313) 224-5505
dempd@detroitmi.gov

PLAINTIFF'S ARGUMENTS AND PROOF OF CLAIM TO THE CITY
DETROIT

Date: February 10, 2014

I. SUMMARY OF CASE

Cause of Action: This action involves a third-party claim against Defendants, Peter Keyes and the City of Detroit, arising from a collision on August 11, 2011.

August 11, 2011 Collision: Ms. Goudy's vehicle was violently t-boned by a negligent driver who was attempting to complete a U-turn.

Plaintiff: **Larentinna Goudy** is 68 year old mother of one daughter, Felicia, and grandmother of one grandson, Michael. She is a GM retiree after working at the General Motor Technical Center for 26 years in blueprint productions.

Defendants: **Peter Keyes**, negligent driver
The City of Detroit, negligent vehicle owner

Objective evidence: **MRI – Cervical Spine (08/24/11) (Exhibit 2):**

- Herniation at C3/C4 producing impingement of the ventral cord surface
- Herniation at C5/C6 with cord impingement
- Herniation at C7/T1
- Herniations at T1/T2, T2/T3, T3/T4, and T4/T5

MRI – Thoracic Spine (08/24/11) (Exhibit 2):

- Herniated disc at T1/T2 through T7/T8
- Herniation at T11/T12
- Disc displacement at T8/T9 and T9/T10

MRI – Right Shoulder (01/18/2013) (Exhibit 2):

- High grade tear of the supraspinatus tendon superimposed on rotator cuff tendinosis
- Biceps tendinosis
- AC joint arthropathy

Invasive Procedures: **Injection (12/16/2011) (Exhibit 3):**

- Sacroiliac Joint Injection under biplanar fluoroscopy

Injection (01/12/12) (Exhibit 3):

- Sacroiliac joint injection under biplanar fluoroscopy

Injection (07/27/12) (Exhibit 3):

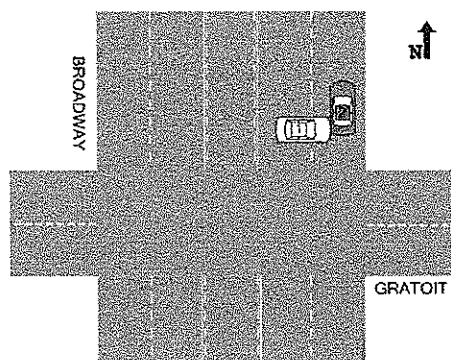
- **Suprascapular Nerve Block to right shoulder**

Arthroscopic Right Shoulder Surgery (04/05/2013) (Exhibit 3):

- **Extensive debridement of the shoulder**
- **Arthroscopic rotator cuff repair**
- **AC resection**
- **Acromioplasty**

II. STATEMENT OF FACTS

On August 11, 2011, Ms. Goudy was on her way to pick up her eleven year old grandson, Michael, who was on an outing at a Detroit children's museum. She was driving northbound on Broadway Street in Detroit, Michigan when Peter Keyes, an officer with the Detroit Police Department, failed to yield while attempting to complete a U-turn and violently t-boned Ms. Goudy's vehicle on the driver's side.



UD-10 Narrative and Diagram (Exhibit 1)

This was a significant accident. Ms. Goudy's car was noted on the police report as having level "3" damage.¹ (Exhibit 1) Furthermore, Defendant Keyes admitted liability for the accident in his deposition, making it clear that he alone caused the crash. (Exhibit 1)

¹ Out of a possible 7, with 1 being the least amount of damage and 7 being the highest.

III. MEDICAL TREATMENT

A. Prior Medical History

Prior to the motor vehicle collision, Ms. Goudy had pre-existing neck and left shoulder injuries. Those injuries were exacerbated in the motor vehicle collision.

B. Motor Vehicle Collision Treatment

On August 18, 2011, Ms. Goudy consulted with Dr. Anthony Oddo, a pain management specialist. Upon examination, Dr. Oddo's impressions were: cervical and thoracic pain, cervical radiculopathy, and chronic pain due to trauma. Injections were deferred. (Exhibit 3)

On August 23, 2011, Ms. Goudy consulted with Dr. Martin Kornblum who ordered updated cervical and thoracic MRI's. Those reads were completed the following day and showed herniations at almost every level from C3/C4 through T11/T12 with cord impingement in the upper cervical area. (Exhibit 2)

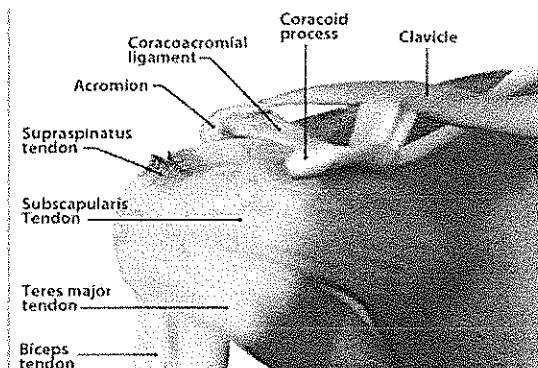
On December 5, 2011, Ms. Goudy was again evaluated by Dr. Oddo in regards to her on-going pain. Ms. Goudy related pain throughout her spine. After a full examination and discussion with patient, sacroiliac joint injections were scheduled. (Exhibit 3)

On December 16, 2011, Dr. Oddo administered at **sacroiliac joint injection under bi-planar fluoroscopy**. (Exhibit 3)

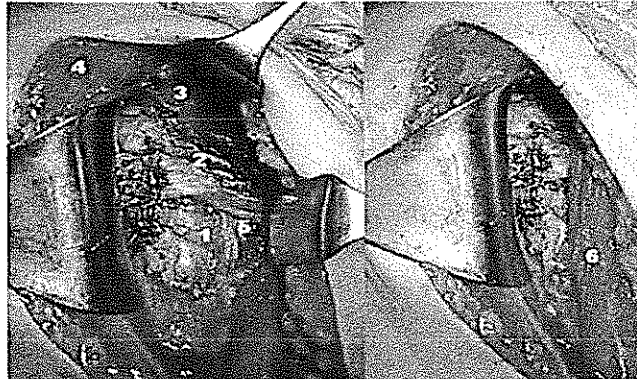
On January 12, 2012, Ms. Goudy returned to Dr. Mendelson in regards to her right shoulder. A second cortisone injection was administered, and the prospects of a forthcoming shoulder arthroscopy were discussed. (Exhibit 3)

On March 19, 2012, Ms. Goudy consulted with Dr. Oddo and reported a reduction in pain post injections. She related continued shoulder pain. (Exhibit 3)

Ms. Goudy continued to treat with Drs. Nelson (Associated Chiropractic), Kornblum, Mendelson, and Oddo for her ongoing injuries. MRIs on 1/18/2013 revealed a **high grade tear of the supraspinatus tendon superimposed on rotator cuff tendinosis; biceps tendinosis; and AC² joint arthropathy**. On January 24, 2013, Dr. Stephen Mendelson recommended surgery to repair the tear in her right shoulder. Pictures of a similar surgical repair are below.



Supraspinatus tendon tear



Surgical Repair of the Supraspinatus tendon

On April 5, 2013, Dr. Mendelson performed arthroscopic surgery on Ms. Goudy's right shoulder. The surgery included **extensive debridement of the shoulder, AC resection, Acromioplasty, and arthroscopic rotator cuff repair**. Following the surgery, Dr. Mendelson prescribed physical therapy and pain medication. (Exhibit 3) Ms. Goudy attended physical therapy from April 2013 to August 2013.

Goudy continues to treat with Dr. Kornblum and Dr. Oddo for her back pain.

VII. CONCLUSION

Ms. Goudy was involved in a significant accident in which she suffered grievous injuries. Defendants Peter Keyes and the City of Detroit are liable for those injuries, as well as the pain and suffering they have caused.

² Inflammation of the acromioclavicular (AC) joint, a joint at the top of the shoulder.

Respectfully Submitted,

LAW OFFICES OF MICHAEL J. MORSE, P.C.
Attorneys for Plaintiff

Perry A. Schneider P-53443
24901 Northwestern Highway
Southfield, Michigan 48075
(248) 350-9050

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

LARENTINNA GOUDY,

Plaintiff,

Case No. 12-003039-NI

-VS-

JANICE SUE BUCK, GRANGE INSURANCE

COMPANY OF MICHIGAN, PETER KEYES

and CITY OF DETROIT,

Defendants.

DEPONENT: PETER KEYES

DATE: Tuesday, January 29, 2013

TIME: 10:32 a.m.

LOCATION: City of Detroit Law Department

2 Woodward, Suite 500

Detroit, Michigan

REPORTER: Timothy M. Floury, CSR-5780

Peter Keyes
1/29/2013

1 but I couldn't really tell you who that person was
2 or anything. It was just a really quick check
3 concern type thing.

4 Q. Do you know if any of those people had seen the
5 accident firsthand?

6 A. No, sir, I don't. I'm not -- I'm not sure about
7 that.

8 Q. And would you know the names of any of those
9 individuals?

10 A. No, I would not. I've been working downtown for
11 quite some time, so I do remember, like I said,
12 other people might have said something to me. They
13 know me by name, but I don't recall.

14 Q. All right. You're not alleging there was anything
15 wrong with your vehicle that contributed to the
16 accident occurring?

17 A. No, sir.

18 Q. And you're not alleging that Ms. Goudy, in any way,
19 shape or form, contributed to the collision
20 occurring?

21 A. No, sir.

22 Q. And are you responsible for the accident happening?

23 A. I tapped Ms. Goudy's vehicle, sir.

24 Q. So that would be a yes?

25 A. Yes. And I felt very bad about that.



silverpine
IMAGING

20475 West 10 Mile Stc 100
Southfield, MI 48075

Phone (248)595-0505
Fax (248)595-0600

PATIENT: GOUDY, LARENTINNA
PATIENT ID: SPI100340
REF. PHYSICIAN: KORNBLUM, MARTIN, MD
DOS: 08/24/2011
DOB: [REDACTED]

MRI OF THE CERVICAL SPINE

HISTORY: Neck pain after a motor vehicle accident in August of 2011.

PROCEDURE: MR imaging through the cervical spine was performed in the sagittal and axial planes utilizing T1 and T2-weighted spin echo and gradient echo pulse sequences. The study is compared to a previous scan from March of 2011.

FINDINGS: The cervical vertebra are normal in signal and height. There is no fracture or pathologic marrow signal.

The cervical spinal cord appears normal in signal and morphology. No syrinx or intraspinal mass.

The paraspinal soft tissues are unremarkable.

At C2-3 there is diffuse disk displacement and without canal or foraminal stenosis.

At C3-4 there is a 4-mm central disk herniation extending to a producing impingement on the ventral cord surface. The canal diameter is reduced to 8 mm. There is right-sided foraminal stenosis.

At C4-5 there is 2 mm diffuse disk displacement. There is effacement of the ventral subarachnoid CSF space. The canal diameter measures 11 mm. There is right-sided foraminal stenosis.

At C5-6 there is canal stenosis with cord impingement due to a 4-mm broad-based herniation. The mid AP canal diameter measures 8 mm. There is bilateral foraminal stenosis.

At C6-7 there is diffuse disk displacement with endplate osteophyte formation producing effacement of the ventral subarachnoid CSF space. No cord impingement.

The canal diameter is reduced to 9 mm. There is bilateral foraminal stenosis.

At C7-T1 there is 1 mm anterior subluxation. There is a 3-mm broad-based herniation. The mid AP canal diameter is adequate. The foramina appear patent.

IMPRESSION: MULTILEVEL DISK FINDINGS AS DESCRIBED ABOVE. PLEASE REFER TO THE BODY OF THE REPORT FOR SPECIFIC DETAILS AT EACH LEVEL.

WHEN COMPARED WITH THE PRIOR STUDY FROM MARCH 17, 2011, THERE HAS BEEN NO SUBSTANTIAL CHANGE.

Michael J. Paley, MD
mjp



silverpine
I M A G I N G

20475 West 10 Mile Ste 100
Southfield, MI 48075

Phone (248)595-0505
Fax (248)595-0600

PATIENT: GOUDY, LARENTINNA
PATIENT ID: SPI100340
REF PHYSICIAN: KORNBLUM, MARTIN, MD
DOS: 08/24/2011
DOB: [REDACTED]

MRI OF THE THORACIC SPINE

History: Back pain after a motor vehicle accident.

Procedure: MR imaging through the thoracic spine was performed in the sagittal, axial and coronal planes utilizing T1 and T2-weighted spin echo pulse sequences.

Findings: The thoracic vertebra are normal in signal, height and alignment. There is no fracture or pathologic marrow signal.

The thoracic spinal cord appears normal in signal and configuration. No evidence for syrinx, mass or other cord signal abnormality.

The paraspinous soft tissues are unremarkable.

At T1-2 there is a 3 to 4-mm broad-based herniated disk. The canal diameter is adequate. There is bilateral foraminal stenosis..

At T2-3 there is a 3 to 4-mm herniated disk. The canal diameter is adequate. There is bilateral foraminal stenosis.

At T3-4 there is a two to 3-mm broad-based herniated disk. The canal diameter is adequate. The foramina are patent.

At T4-5 there is a 2-mm broad-based herniated disk. The canal diameter is adequate.

There is mild right-sided foraminal stenosis.

At T5-6 there is less than 2-mm diffuse disk displacement. The canal and foramina are patent.

At T6-7 there is a two to 3-mm broad-based herniated disk. The canal and foramina are patent.

At T7-8 there is a 2-mm broad-based herniated disk. The canal and foramina are patent.



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IMAGING

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Phone (248)595-0505
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PATIENT: GOUDY, LARENTINNA
PATIENT ID: SPI100340
REF PHYSICIAN: KORNBLUM, MARTIN, MD
DOS: 08/24/2011
DOB: [REDACTED]

MRI OF THE THORACIC SPINE (CONT.)

At T8-9 and T9-10 there is minimal disk displacement without canal or foraminal stenosis.

At T10-11 the disk is normal. The canal and foramina are patent.

At T11-12 there is 2-mm broad-based herniation of the disk. The canal and foramina are patent.

At T12-L1 and L1-2 the disks are normal. The canal and foramina are patent.

IMPRESSION: HERNIATED DISKS AT T1-2 THROUGH T7-8 AND T11-12.
DISK DISPLACEMENT AT T8-9 AND T9-10.

Michael J. Paley, MD
mjp



silverpine
IMAGING

20475 West 10 Mile Ste 100
Southfield, MI 48075

Phone (248)595-0505
Fax (248)595-0600

PATIENT: GOUDY, LARENTINNA
PATIENT ID: SPH00340
REF PHYSICIAN: MENDELSON, STEPHEN
DOS: 01/28/2013
DOB: [REDACTED]

EXAM: MRI of the right shoulder

HISTORY: MVA, pain

TECHNIQUE: Multiplanar, multisequence imaging of the right shoulder. Correlation is made with exam dated July 11, 2011.

FINDINGS: Exam is slightly limited by patient motion.

ROTATOR CUFF TENDONS/MUSCLES: Tendons of the rotator cuff demonstrate increased signal. More focal 0.3 x 0.3 cm high-grade partial thickness tear versus focal full thickness tear of the supraspinatus tendon noted at its insertion. There is no tendinous retraction or muscle atrophy.

LABRUM: No gross evidence of glenoid labral tear or gross glenolabral abnormality on this non-arthrographic exam.

BICEPS TENDON: Long head of biceps tendon is intact within the bicipital groove and inserts at the bicipital anchor at the superior labrum. Biceps tendon demonstrates increased signal.

GLENOHUMERAL JOINT: Osseous and chondral structures are intact. No loose bodies are identified. There is no significant spurring. Bone marrow signal is normal.

ACROMIOCLAVICULAR JOINT: Hypertrophic degenerative change with moderate inferior mass effect.

SOFT TISSUES: No significant joint effusion. Soft tissues and major neurovascular structures are within normal limits. Small amount of subacromial/subdeltoid bursal fluid is present.

IMPRESSION:

1. High grade partial thickness tear versus focal full thickness tear of the supraspinatus tendon. This is superimposed on rotator cuff tendinosis.
2. Biceps tendinosis.
3. AC joint arthropathy.

Interpreted and signed by Falgun M. Rathod, M.D., Diplomate ABR

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (62263)

DATE OF SERVICE: August 18, 2011

CHIEF COMPLAINT: Neck and thoracic pain.

HISTORY OF PRESENT ILLNESS: I had the pleasure of seeing the patient today in the clinic for evaluation of neck and thoracic pain. As you are aware, she is a 65-year-old African-American female. She states that the pain began following a motor vehicle accident first on 02/07/2011 and then recently on 08/11/2011. She was involved in another motor vehicle accident, which has flared her pain, and she was doing somewhat better before when she was involved in the motor vehicle accident with a police officer just recently. She describes the pain as an aching constant pain in bilateral shoulders. She did have some pain in the neck prior to the accident but it has been much worse following the accident. She does have some shoulder pain bilaterally as well. She did do the injections, which seemed to help from Dr. Mendelson for the shoulder pain. Currently the pain is an 8/10, at best 6/10, and at worst an 8/10. She denies any numbness or tingling or weakness. She has not been in physical therapy until she was reevaluated. She has gotten chiropractic treatments in the past and reevaluated and referred to my office. She denies any injections done at therapy and is not interested outside of her shoulder at this time. She denies any change in bowel or bladder.

PAST MEDICAL HISTORY: Significant for lupus, high blood pressure, hypothyroidism, anxiety, and depression.

PAST SURGICAL HISTORY: Includes a hemorrhoidectomy, hysterectomy, a cyst removal, and surgery on gums.

MEDICATIONS: Please see medication list. Above that she is also taking Flexeril, Naprosyn, and gabapentin currently for her pain.

ALLERGIES: LISINOPRIL and SULFA.

SOCIAL HISTORY: She is on disability and retirement. She denies any tobacco use, occasional alcohol use. She denies any illicit drug use.

FAMILY HISTORY: Her brother had a history of colon cancer.

REVIEW OF SYSTEMS: A 12-point review of systems was completed and found to be negative except as noted above in HPI.

GOUDY, LARENTINNA # 62263
August 18, 2011
Page Two

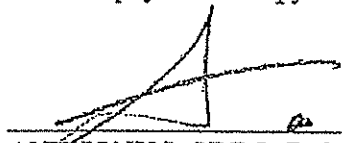
A urine drug screen was done today and it was positive for TCA.

Today a review of the images of her cervical spine and thoracic spine and reports are in list.

IMPRESSION:

1. Cervical pain.
2. Thoracic pain.
3. Cervical radiculopathy.
4. Chronic pain due to trauma.

PLAN: Treatment plan and options were discussed with the patient. The patient is not interested in injections at this time. We will try medications. She recently was in a second accident, which seems to have flared her pain to quite a greater degree. Secondary to this I will continue with the Flexeril at this time and the gabapentin. I would like her to titrate back after taking it regularly up to three times a day. With regards to the Naprosyn, she is having some GI upset with that, so likely she can discontinue with that use. I did write for her Tylenol #3 #90 to take every 8 hours to try and help with some of her symptomatology. I will see her back in one month's time and see how she is doing at that time and whether physical therapy would be an option.



ANTHONY J. ODDO, D.O.
AJO:psp:sib
DT: 08/23/2011
AOM10029

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (62263)

DATE OF SERVICE: August 23, 2011

HISTORY: The patient returns to see us. She is here ahead of schedule because of the new motor vehicle accident which occurred on 08/11/2011. She was a restrained driver hit on the rear driver side of her vehicle by another car. She had pain ever since. Her pain is really cervical and thoracic pain. It is quite intense. It is up to an 8 today but even worse when the accident happened. She has had quite a bit of setbacks since the last time we saw her because of the accident. Currently, she is having no numbness or tingling down the extremities. She has no headaches. It is cervical and thoracic pain that is pretty severe. She has seen Dr. Oddo who placed her on gabapentin, Flexeril, and Tylenol No. 3.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; MEDICATIONS; ALLERGIES; FAMILY HISTORY, AND SOCIAL HISTORY: Please refer to notes from April 2, 2011.

REVIEW OF SYSTEMS: As above, otherwise, non-contributory.

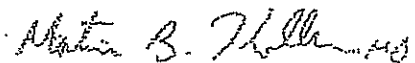
PHYSICAL EXAMINATION: Height 5'6". Weight 135 lbs. She has quite a bit of neck and mid back pain more severe than last time we saw her. It is a lot of midline paraspinal pain in both the neck and back area. She is actively showing spasm and tenderness in that area. Extremity exam is benign with no neurovascular change. No paresthesias. No atrophy or weakness.

IMPRESSION:

1. Cervical and thoracic strain.
2. History of cervical radiculopathy.

PLAN: The patient has been hurting since the motor vehicle accident. The pain is worse than ever. There is an issue as to how we proceed at this point and my concern is how much damage this new accident caused. Certainly, it caused a very big increasing amount of pain she is having. She is quite uncomfortable. I will go ahead and update her MRI studies regarding this new accident to determine what the new pathology is. Based on the MRIs, it will guide us as to how proceed from here.

I will see her back in the office once the test is completed.



MARTIN B. KORNBLUM, M.D.
ORTHOPEDIC SPINE SURGEON
MBK:sha:srh
DT: 08/25/2011
MKM50587

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: **GOUDY, LARENTINNA (62263M)**

DATE OF SERVICE: **December 5, 2011**

CHIEF COMPLAINT: Low back pain and neck pain.

HISTORY OF PRESENT ILLNESS: I had the pleasure of seeing the patient today in the clinic for evaluation of her current pain complaints. She is a pleasant 65-year-old female who I last saw on 10/17/2011. She is now having pain since this weekend and being in the bath on her bilateral hips and SI region and also noticed some numbness and tingling on the sole of the right foot. She denies any change in bowel or bladder. No new injury or trauma that started all this pain. She continues to have thoracic pain and cervical pain, but really the pain in her back and knee. The right foot numbness is more concerning for her today. She rates that pain as a 6/10 and the neck and thoracic spine is more of a 4-4.5/10. She denies any change in bowel or bladder. No new weakness. She does have numbness and tingling in the right dorsum of the foot, which started on Saturday, but again no change in bowel or bladder. She has been using the Flexeril as well as the gabapentin and Tylenol No. 3 as needed.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; SOCIAL HISTORY; FAMILY HISTORY, ALLERGIES; MEDICATIONS: Reviewed with no interval changes.

REVIEW OF SYSTEMS: A 12-point review of systems was negative except as stated above in HPI.

PHYSICAL EXAMINATION:

General: The patient is alert and oriented times three, in no acute distress.
Heart: Regular rate.
Lungs: Breathing is non-labored.
Gait: Gait is somewhat antalgic. She is able to toe and heel walk without any difficulty. She does have decreased sensation in the right dorsum of the foot.
Spine: Straight leg raise testing is negative. Spurling's maneuver does cause some neck pain. Patrick's test does cause some SI tenderness and there is SI tenderness on exam. She has decreased range of motion of lumbar spine secondary to pain.
Extremities: No lower extremity edema or calf tenderness is noted. Strength in both upper extremities and lower extremities reveals 5/5 strength throughout. Sensation is grossly intact to light touch. Deep tendon reflexes are equal and symmetrical in both upper extremities and lower extremities.

GOUDY, LARENTINNA # 62263M

December 5, 2011

Page Two

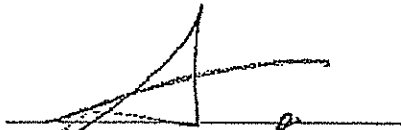
ASSESSMENT:

1. Chronic pain due to trauma.
2. Cervical pain.
3. Thoracic pain.
4. Lumbar pain.
5. Cervical radiculopathy.
6. Thoracic herniated disc and discogenic pain.
7. Sacroiliitis.

PLAN:

1. Treatment plan options were discussed with the patient at this point. Considering the amount of pain that she is having is in the sacroiliac region, I did offer her sacroiliac joint injections under fluoroscopy. I do think this is a good option for her going forward to try and help with her recurrent symptomatology. Risks, benefits, and alternatives were discussed and the patient would like to proceed with this for her current pain complaints.
2. With regards to medications, I did refill her gabapentin 300 mg three times a day as well as Flexeril and Tylenol No. 3, which she is taking appropriately. We will schedule her for the injection and go forward from there. The patient is in agreement with this plan of action.

Thank you very much for allowing me to participate in the care of your patient.



ANTHONY J. ODDO, D.O.

AJO:drs:jen

DT: 12/07/2011

AOM20174

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☒ Macomb Orthopedics Surgeons
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Warren, Michigan 48093
(586) 261-1960 – Fax (586) 261-1961

Date of Procedure: 12/16/2011

Patient Name: GOUDY, LARENTINNA

DOB: [REDACTED]

SSN: [REDACTED]

Diagnosis: low back pain, sacroilitis

Procedure: Sacroiliac Joint Injection under biplanar fluoroscopy

Surgeon: Dr. Oddo D.O., Anthony

Assistant: Dr.

Anesthesia: Local; IV sedation with

Given for: ☐ Difficulty laying prone ☐ Anxiety ☐ Pain Management

The patient was seen and examined by Mendelson Orthopedics, PC. Procedure risks and benefits were fully reviewed with patient. Informed consent for procedure obtained from patient.

The patient was taken into the office fluoroscopy procedure room and placed prone on the table. A pillow was placed under the abdomen to reduce lumbar lordosis. Vital signs were closely monitored during the procedure. AP and oblique views of the sacral spine and pelvis were obtained under fluoroscopy and entry site(s) over the sacroiliac joint(s) were marked. Skin was prepped with Betadine X 3 and draped in usual sterile manner. Sterile technique was observed throughout procedure.

Fluoroscopy was used to visualize the B/L S.I. joint(s). A 25 gauge spinal needle was introduced into the inferior one-third of the sacroiliac joint under fluoroscopic guidance. A mixture of 12 mg Betamethasone in 4 cc 0.25% Marcaine was injected after negative aspiration. The needle was then withdrawn intact. No complications were noted during the procedure.

The patient tolerated the procedure well. The patient was placed in supine position for observation in the recovery room for observation and remained stable until discharged home. Home discharge instructions were given to the patient by the staff. The patient will schedule an appointment in 2 weeks.

Additional Comments:

Physician Signature:



CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (62263M)

DATE OF SERVICE: January 12, 2012

HISTORY: The patient returns here in followup today. Right shoulder is still a real issue for her. She is feeling as though it is very difficult to perform her ADLs. It is really inhibiting her lifestyle. She has been through some non-operative treatments thus far with continued pain.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; MEDICATIONS; ALLERGIES; FAMILY HISTORY, AND SOCIAL HISTORY: Unchanged from prior notes.

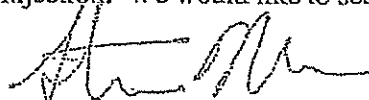
REVIEW OF SYSTEMS: As above, otherwise noncontributory.

PHYSICAL EXAMINATION: She continues to have some impingement pain with examination. The shoulder itself is located and stable. She is neurovascularly intact.

RADIOGRAPHS: No x-rays are taken and reviewed today. We have films from prior visits for review.

IMPRESSION: Continued right shoulder pain with complicated past history.

PLAN: The patient is still having right shoulder. It is complicated. It is difficult to determine true causality. She has had a couple of different automobile accidents and did not have any right shoulder pain prior to the accident. Today we are going to try another cortisone injection. We have discussed the option of a shoulder arthroscopy. She is not quite ready to proceed with surgery yet. Today under ultrasound guidance using 12.5 KHz transducer and a linear probe, images were obtained of the right shoulder. No significant fluid was present. AC joint was visualized. Biceps groove was located. Images of the rotator cuff were obtained. Under sterile conditions, we aspirated and infiltrated Celestone and Depo-Medrol from posterior subacromial portal. Bandage was applied. She tolerated the injection. We would like to see her back in three months. She will maintain other current treatments.



STEPHEN MENDELSON, M.D.

SARAH HAVENS, PA-C

SM:aks:sib

DT: 01/18/2012

SHM20173

ST JOHN
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Alice Mendelson, M.D. Andres Munk, M.D. Ferras Zeni, M.D. Giuseppe Paese, D.O. Anthony J. Oddo, D.O.

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: **GOUDY, LARENTIN (62263M)**

DATE OF SERVICE: **March 19, 2012**

CHIEF COMPLAINT: Back pain and bilateral shoulder pain.

HISTORY OF PRESENT ILLNESS: I had the pleasure of seeing the patient today in the clinic for evaluation of her current pain complaints. We did do a bilateral SI joint injection. She states she got 80% improvement from that injection. She is having more shoulder pain at this point. She is supposed to see Dr. Stephen and is considering whether or not to have surgery for her shoulder. She rates the pain as about 4-4.5/10. She is really not having any back pain at this point. She is having no change in bowel or bladder. No new weakness. She uses the cane just because she feels that her gait is off some but has not had any falls or other problems.

She continues to use the Flexeril, gabapentin, and Tylenol No. 3 as needed. She has had those refilled just a week ago.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; SOCIAL HISTORY; FAMILY HISTORY, ALLERGIES; MEDICATIONS: Reviewed with no interval changes.

REVIEW OF SYSTEMS: A 12-point review of systems was negative except as stated above in HPI.

PHYSICAL EXAMINATION:

General: The patient is alert and oriented times three, in no acute distress.
Heart: Regular rate.
Lungs: Breathing is non-labored.
Extremities: Strength in both upper extremities and lower extremities reveals 5/5 strength throughout. Sensation is grossly intact to light touch.
Gait: The patient has normal heel-toe progression gait. She is able to toe and heel walk without any difficulties. She does use a cane but otherwise is able to go up on her toes and heels without any difficulty.
Spine: There is really no SI tenderness. Patrick's exam is negative. She has mild tenderness in the thoracic spine as well as in the cervical spine on exam. Spurling maneuver causes some local neck pain. Strength in the upper and lower extremities is essentially 5/5 throughout.

GOUDY, LARENTIN # 62263M

March 19, 2012

Page Two

ASSESSMENT:

1. Chronic pain due to trauma.
2. Cervical pain.
3. Thoracic pain.
4. Lumbar pain.
5. Sacroiliitis.

PLAN:

1. Treatment plan options were discussed with the patient at this point. The SI injections gave her significant relief about 80% from the injections and doing relatively well and that has been maintained.
2. She is having a lot of shoulder pain at this point and she is supposed to see Dr. Mendelson for it next month and is considering a surgical intervention.
3. With regards to medications, she has plenty of the gabapentin and Flexeril and Tylenol No. 3 at this point. She is taking it appropriately and having no side effects to medications. I do want her to continue with some of the exercise that she has learned. She is going to follow up with Dr. Stephen Mendelson, and I will see her back in two months for followup and progress from there.

Thank you very much for allowing me to participate in the care of your patient.



ANTHONY J. ODDO, D.O.

AJO:drs:rao

DT: 03/21/2012

AOM20496

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CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: **GOUDY, LARENTINNA (11714- MPT62263M)**

DATE OF SERVICE: **April 16, 2012**

HISTORY: The patient returns to see us. We had last seen her on 11/21/2011.

She has a variety of different previous issues.

She has lupus as well as the multiple medical conditions.

She had a litigated worker's compensation auto injury.

She had an accident on February 7th, 2011 and a separate accident on August 11th, 2011.

She has been continuing to have pain in her shoulders.

Her previous MRI showed a right-sided full thickness tear of her supraspinatus tendon. On her left side she had a cyst of her humeral head.

I do have some portion of Dr. Walkiewicz examination that was performed at which time he felt that she had had essentially normal examinations of both of her shoulders.

Today she is complaining of 5-6/10 pain. She attributes this primarily to her right shoulder.

PHYSICAL EXAMINATION: Today she complains of pain and will not raise her arms above about 100 degrees. She will guard extensively when we attempt to raise her above that amount.

In reviewing, she tells me that the previous injection that I have her in her right shoulder did not offer her a significant amount of relief of pain.

IMPRESSION:

1. History of multiple medical conditions including lupus.
2. History of worker's compensation injury related to the left shoulder.
3. Previous automobile injury on February 7th, 2011.
4. New automobile injury on August 11th, 2011.

GOUDY, LARENTINNA # 11714-MPT62263M

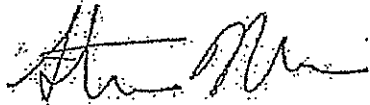
April 16, 2012

Page Two

PLAN: She is complaining of pain in her shoulder. She is 65 and there is small full thickness cuff tear.

She, however, did not respond well to a cortisone injection. Therefore my recommendation at this point is to have her continue with pain management treatments. I am not going to recommend surgery for her shoulder at this point in time. Typically the best results in shoulders are in persons who do have positive responses to cortisone injections and she has not had that. I am going to have her continue to see Dr. Oddo and I will see her back in my office p.r.n.

I also made a recommendation that she undergo another continue injection into her shoulder to see if she obtains any relief from Dr. Oddo and if she does, we might reconsider our treatment plan.



STEPHEN MENDELSON, M.D.

SM:psp:pst

DT: 04/18/2012

SMM31346 & SMM31347

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**CONFIDENTIAL
MEDICAL/PROGRESS REPORT**

PATIENT NAME: GOUDY, LARENTINNA (11714-MPT62263M)

DATE OF SERVICE: May 21, 2012

HISTORY: The patient returns to the office today in follow-up about her neck and low back. She has gone through SI joint injections in the past and these did help her significantly. Today she complains mostly about the pain in her shoulders. She states that the pain in her neck and upper back is uncomfortable for her; however the pain in her shoulders is worse. Currently she is working with Dr. Oddo and is looking into pursuing a nerve block for her shoulders. She is currently taking Flexeril, gabapentin, as well as Tylenol #3. She has no new injury or new weakness since her last visit.

PAST MEDICAL HISTORY, PAST SURGICAL HISTORY, MEDICATIONS, ALLERGIES, FAMILY HISTORY AND SOCIAL HISTORY: Unchanged from prior notes.

REVIEW OF SYSTEMS: As above, otherwise noncontributory.

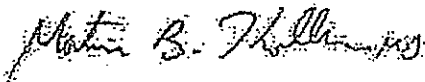
PHYSICAL EXAMINATION: Examination finds that the patient is seated about the exam room table. There is some tenderness in her cervical and thoracic spine. No tenderness about her lumbar spine. She has some mild paraspinal tenderness but no active spasm. Upper and lower extremity strength is grossly intact. Grip strength is equivalent. She is neurovascularly stable.

RADIOGRAPHS: Images of her cervical and lumbar spine are obtained and reviewed today. They do show no obvious new fracture or dislocation. There is some baseline spondylosis that is unchanged from prior films.

IMPRESSION:

1. Cervical and thoracic strain.
2. History of cervical radiculopathy.

PLAN: This is a pleasant female who comes into the office today for follow-up about her neck and her back. At this time, we will have her continue to work with Dr. Oddo and Dr. Mendelson regarding further treatments about her shoulder, as this is her most significant complaint at this time. She will continue to take her pain medication as needed and I will see her back in follow-up.



MARTIN B. KORNBLUM, M.D.
ORTHOPEDIC SPINE SURGEON
BRITTANY CLOS, PA-C
MBK:aks:jcn
DT: 05/24/2012
BCM20259

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (11714-MPT62263M)

DATE OF SERVICE: May 21, 2012

CHIEF COMPLAINT: Neck pain, low back pain, and shoulder pain.

HISTORY OF PRESENT ILLNESS: I had the pleasure of seeing the patient today in the clinic for evaluation of her current pain complaints. She is a pleasant 65-year-old female who I last saw on 03/19/2012. She continues to have a lot of pain right now. She is rating her pain right now overall as essentially 4-5/10. She is not having as much SI pain. She did get good relief from those injections we had done. She has seen Dr. Mendelson with regards to the shoulder and at this point does not think surgery is a good option. She is still having a lot of shoulder pain, she did not respond all that well to the injections. She has had two injections in the shoulder, which have not given much relief. She has never had any suprascapular nerve blocks in the past for the shoulder. She is using the medications appropriately without any side effects. She has been using the Flexeril and the gabapentin up to three times a day and Tylenol # 3 as needed for pain. It does help to control the pain. She has been through physical therapy. It has only helped marginally. She continues to do the exercises at home.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; SOCIAL HISTORY; FAMILY HISTORY, ALLERGIES; MEDICATIONS: Reviewed with no interval changes.

REVIEW OF SYSTEMS: A 12-point review of systems was negative except as stated above in HPI.

PHYSICAL EXAMINATION:

General: The patient is alert and oriented times three, in no acute distress.
Heart: Regular rate.
Lungs: Breathing is non-labored.
Gait: She has normal heel-toe progression gait. She is able to toe and heel walk.
Spine: Spurling maneuver causes some local neck pain without radicular symptoms.
Extremities: Strength in both upper extremities and lower extremities is 5/5 throughout. There is no SI tenderness on exam today. There is shoulder tenderness on exam. She has decreased range of motion secondary to pain. Sensation is grossly intact to light touch.

GOUDY, LARENTINNA # 11714-MPT62263M

May 21, 2012

Page Two

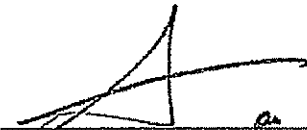
ASSESSMENT:

1. Chronic pain due to trauma.
2. Cervical pain.
3. Thoracic pain.
4. Right shoulder pain.
5. Sacroiliitis.

PLAN:

1. Treatment plan options were discussed with the patient at this juncture. The sacroiliac joints continue to do very well from the injections. She is not having as much pain in the low back and continues to do relatively well from these injections.
2. She continues to have a lot of right shoulder pain. She is seeing Dr. Mendelson, but surgery right now is not a good option for her. We discussed whether or not suprascapular nerve block will be appropriate. She would like to consider this going forward and see whether or not it will be an option. She has had the intraarticular injections. This may be a different type of injection and may help with some of that shoulder pain. I do want her to continue with exercises that she has learned from physical therapy and did show her some more exercises with regards to range of motion regarding the adhesive capsulitis type symptoms.
3. With regards to medications, I did refill both the gabapentin and the Tylenol #3 and the Flexeril that she had been taking that appropriately without any side effects. I would like to see her back in the clinic in two months' time and see where we are at going forward.

Thank you very much for allowing me to participate in the care of your patient.



ANTHONY J. ODDO, D.O.

AJO:drs:jen

DT: 05/23/2012

AOM30618

: 00024

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: **GOUDY, LARENTINNA (11714-MPT62263M)**

DATE OF SERVICE: **July 9, 2012**

CHIEF COMPLAINT: Neck, low back and shoulder pain.

HISTORY OF PRESENT ILLNESS: I had the pleasure of seeing the patient today in the clinic. She is a pleasant 65-year-old female who I last saw on 05/21/2012. She continues to have pain and most of the pain is actually in the shoulder right now. She has had injection in the shoulder joint. We discussed about suprascapular nerve block in the past and that is actually something she is interested in pursuing. She denies any change in bowel or bladder. No new weakness. The back pain has been relatively stable. She has been using the Tylenol #3 as needed, gabapentin three times a day as well as the Flexeril as needed, without any side effects from these medications. At this point, we did check a preliminary urine, but she would like to repeat that. She denies adamantly using any marijuana. I would wait for the final results anyway and it is reasonable to check and I have no issue with that at this point, but she denies adamantly using any marijuana or any other medications besides the medications she is using currently. She denies any side effects from the medicines right now. They do seem to be helping with some of the pain. No new weakness at this point. There is pain with range of motion of the shoulder as well as anything, which is doing hygiene over the head and shoulder activities.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; SOCIAL HISTORY; FAMILY HISTORY; ALLERGIES; MEDICATIONS: Reviewed with no interval changes.

REVIEW OF SYSTEMS: A 12-point review of systems was negative except as stated above in HPI.

PHYSICAL EXAMINATION:

General: The patient is alert and oriented times three, in no acute distress.
Heart: Regular rate.
Lungs: Breathing is non-labored.
Gait: She has normal heel-toe progression of gait.
Spine: Spurling's maneuver causes local neck pain without any radicular symptomatology.
Extremities: There is pain with range of motion of the shoulder end range of abduction and forward flexion. Scaption does have normal strength of the rotator cuff throughout which is 5/5. Sensation is grossly intact.

GOUDY, LARENTINNA # 11714-MPT62263M

July 9, 2012

Page Two

IMPRESSION:

1. Chronic pain due to trauma.
2. Neck pain.
3. Thoracic pain.
4. Right shoulder pain.
5. Sacroiliitis much improved following SI injections.

PLAN:

1. Treatment plan options were discussed with the patient. At this juncture, she is doing relatively well with the pain medications without any side effects and they continue with the Tylenol #3, the Flexeril, as well as the gabapentin. She has been taking these medications and they have been giving good relief up to this juncture.
2. I do want to continue with the exercises she learned from physical therapy. We did discuss the potential of suprascapular nerve block and I do think this is a very good option for her going forward. Risks, benefits and alternatives were discussed with the patient and I do think this is a good option for her. I would like to get that scheduled and see how she is doing with medications and progress from there.

Thank you very much for allowing me to participate in the care of this patient.



ANTHONY J. ODDO, D.O.

AJO:vbp:rao

DT: 07/10/2012

AOM20803

Consent for Procedure/Injection

Patient Name: GOUDY, LARENTINNA

Physician Performing Injection: Oddo D.O., Anthony

Procedure/Injection to be Performed: RT SHOULDER

PREGNANT WOMEN SHOULD NOT UNDERGO THIS PROCEDURE AS THE INJECTION IS DONE UNDER X-RAY GUIDANCE. IF YOU ARE OR THINK YOU MAY BE PREGNANT, PLEASE CANCEL THE PROCEDURE/INJECTION.

Risks:

Potential risks include:

- A temporary worsening of symptoms for a few days
- A sense of fatigue
- Some redness or flushing of the face and chest for a few days
- A small possibility of a spinal headache

Very rare risks include:

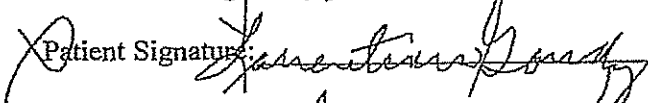
- Infection
- Allergic reaction
- Bleeding or hematoma
- Nerve injury
- Avascular necrosis of the hip
- Paralysis
- Other serious complications, including death


Expected results:

- There may be immediate relief of pain
- Sometimes it may take a week or two to get relief
- It may take two or three injections to get desired relief
- The injection can be diagnostic as well as therapeutic
- There may not be any relief of the pain

CONSENT:

The procedure, risks and benefits have been discussed with me. I understand what is involved and I give my permission to perform the procedure.

Patient Signature:  Date: 07/27/2012

RPPC Signature:  Date: 07/27/2012

Post Procedure/Injection Instructions

Procedure/Injection Performed:

- ☒ Lumbar Epidural Steroid
- ☐ Cervical Epidural Steroid
- ☐ Caudal Epidural Steroid
- ☐ Facet Block
- ☐ SI Joint Injection
- ☐ Other: RT SHOULDER INJ

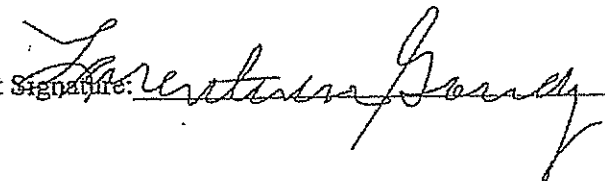
Physician Performing Injection: DR. ODDO

Office Phone Number: 586-261-1960

Instructions

1. Following your procedure you may resume all prior medications.
2. If you experience any local soreness at the injections site you may use ice for 10/15 minutes on and 10/15 minutes off repeating for 1 hour after the procedure. Do not apply ice directly to your skin, use an ice bag or a wash cloth between the ice and your skin.
3. If you are diabetic your blood sugars may be slightly elevated for approximately 24-48 hours which will resolve.
4. If you experience new onset symptoms such as:
 - Severe headache, back or neck pain
 - Fever (more than 100.4 degrees)
 - Increased weakness or numbness from longer than 24 hoursCall our office if during business hours or go to an urgent care or hospital ER for assistance. Take these post procedure instructions with you so the attending ER physician will know the procedure you had.
5. Follow-Up with Dr. ODDO AS DIRECTED

I have been instructed in and I understand the above information.

X Patient Signature:  Date: 07/27/2012

Intake Note

Patient Name: GOUDY, LARENTINNA

Today's Date: 07/27/2012

PROCEDURE- RT SHOULDER INJ

PAIN LEVEL- 6

PT REPORTS- _____

POST PAIN LEVEL- 3-4

PRE BP- 124/86

PULSE- 70

POST BP- 116/76

PULSE- 68

O2- 97%

DRUG ALLERGIES- LISINOPRIL, SULFA

IODINE/LATEX ALLERGY- DENIES

BLOOD THINNER- DENIES

DIABETIC- DENIES

IF YES, INSULIN DEPENDENT- _____

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Warren, Michigan 48093
(586) 261-1960 – Fax (586) 261-1961

Date of Procedure: 07/27/2012

Patient Name: GOUDY, LARENTINNA

DOB: [REDACTED]

SSN: [REDACTED]

Diagnosis: Suprascapular Neuralgia and Shoulder Pain

Procedure: Suprascapular Nerve Block: ☐ Bilateral ☐ Left ☒ Right

Surgeon: Dr. Oddo D.O., Anthony

Assistant: Dr.

The patient was seen and examined by Mendelson Orthopedics, PC. Procedure risks and benefits were fully reviewed with patient. Informed consent for procedure obtained from patient.

The patient was placed in a sitting position. The skin was prepped with Betadine X 3 and alcohol. Sterile technique was observed throughout procedure.

The suprascapular nerve was injected in the following way: the nerve was identified by palpation. A 22 gauge, 3 1/2 inch spiral needle was introduced through the skin wheal, the tip of the needle laying close to the nerve, then after negative aspiration, a total of 3 cc 0.25% Marcaine with Kenalog 40 mg/1 cc was injected slowly. The needle was withdrawn intact. This was preformed on R side(s). No complications were noted during the procedure.

The patient tolerated the procedure well and discharged home in stable condition. Follow up instructions were given to the patient. The patient will schedule a follow up in the clinic in 4 weeks.

Additional Comments:

Physician Signature:



CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: **GOUDY, LARENTINNA (11714-MPT62263M)**

DATE OF SERVICE: **August 30, 2012**

CHIEF COMPLAINT: Right shoulder pain and neck pain.

HISTORY OF PRESENT ILLNESS: I had the pleasure of seeing the patient today in the clinic. She is a pleasant 66-year-old female who I had last done a suprascapular nerve block on the patient. She states she got about a week relief, but then the pain is back. She does not want to pursue any further injections at this point. She still has the neck pain as well as the shoulder pain. She is frustrated with where she is at right now. She uses the Tylenol No.3 as well as the gabapentin and the Flexeril without any side effects from medications. She has tried using them sparingly and it does seem to be helping up to this point. She denies any change in bowel or bladder. No new weakness at this juncture. She has been doing the leg and all the exercises but any time she is doing any hygiene activities with her upper extremity she has pain into that shoulder and she gets the pins and needles feeling as well. She is still adamant that she does not want to pursue any cervical injections.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; SOCIAL HISTORY; FAMILY HISTORY; ALLERGIES; MEDICATIONS: Reviewed with no interval changes.

REVIEW OF SYSTEMS: A 12-point review of systems was negative except as stated above in HPI.

PHYSICAL EXAMINATION:

General: The patient is alert and oriented times three, in no acute distress.
Heart: Regular rate.
Lungs: Breathing is non-labored.
Gait: She has a normal heel-toe progression of gait. She is able to toe and heel walk.
Spine: Spurling's maneuver causes local neck pain without any symptomatology into the upper extremity and radicular symptoms.
Extremities: Strength of upper extremities is 5/5 throughout. Sensation is grossly intact to light touch.

IMPRESSION:

1. Chronic pain due to trauma.
2. Neck pain.
3. Thoracic pain.
4. Right shoulder pain.
5. Possible cervical radiculopathy.

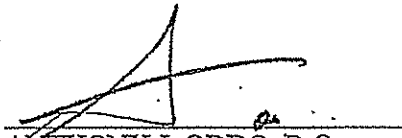
GOUDY, LARENTINNA # 11714-MPT62263M

August 30, 2012

Page Two

PLAN: Treatment plan options were discussed with the patient. At this juncture, we tried multiple injections in the shoulders and she did not get any relief. I did refill the Tylenol No.3 with one refill as well as the gabapentin and Flexeril. These medications seem to be allowing her to be more functional. I will continue with the same dosing. I will see her back in a couple of months and see what our options are for her. She continues to be adamant that she does not want to pursue any injections in the cervical spine. I will see her back in follow-up and progress from there.

Thank you very much for allowing me to participate in the care of this patient.



ANTHONY J. ODDO, D.O.

AJO:vbp:sib

DT: 08/31/2012

AOM31058

ST JOHN
Health System

Macomb Orthopedic Surgeons

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David Mendelson, M.D. Jeffrey Mendelson, M.D. Martin Kornblum, M.D. Stephen Mendelson, M.D.
Alice Mendelson, M.D. Andres Munk, M.D. Ferras Zeni, M.D. Giuseppe Paese, D.O. Anthony J. Oddo, D.O.

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: **GOUDY, LARENTINNA (11714-MPT62263M)**

DATE OF SERVICE: **August 31, 2012**

HISTORY: The patient does come in today for evaluation of her right shoulder. She does continue to hurt. She has been through physical therapy, as well as injection-based therapy and she tells me she is not getting any symptomatic relief. She does continue to take Tylenol #3 as well as gabapentin and Flexeril, which only mildly relieve her symptoms.

PAST MEDICAL HISTORY, PAST SURGICAL HISTORY, MEDICATIONS, ALLERGIES, SOCIAL HISTORY, AND FAMILY HISTORY: Unchanged from prior notes.


REVIEW OF SYSTEMS: As above, otherwise noncontributing.

PHYSICAL EXAMINATION: Examination of the right shoulder finds the patient has forward flexion to 160 degrees. She can externally rotate. She does have hesitation with some internal rotation. Her grip strength is equal.

RADIOGRAPHS: I do have x-rays available of the right shoulder, which do show humerus is reduced. No obvious fracture, deformity, or dislocation is noted.

IMPRESSION: Right shoulder pain.

PLAN: The patient does come in today for follow up regarding her right shoulder. She does continue to hurt. I have offered her cortisone injections. She does not want any injections at this time. I have offered her a Medrol Dosepak. The patient also does not want any other medications at this time. I will have her continue working with Dr. Oddo. We will see her back p.r.n.



STEPHEN MENDELSON, M.D.

NIDHI DUA, PA-C

SM:aks:vns

DT: 09/01/2012

NDM10278

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: **GOUDY, LARENTINNA (11714-MPT62263M)**

DATE OF SERVICE: **September 17, 2012**

HISTORY: The patient returns to the office in follow up for her neck and lower back. She states since last visit she is still hurting, but has had improvement after undergoing bilateral SI joint injections with Dr. Oddo. She also received a right suprascapular injection that provided only a few hours of relief where symptoms returned. Both her neck and her back she rates at about a 4/10. Pain is increased with activity. At this time, her neck is worse than her back since improvement from the SI joint injections. She has had resolution of lower extremity radiating symptoms after having treatment. She also complains of bilateral shoulder pain, right worse than left. At this time, she continues to work with Dr. Mendelson, and has had persistent pain. She continues to take Tylenol #3, Flexeril and gabapentin to reduce her discomfort.

PAST MEDICAL HISTORY, PAST SURGICAL HISTORY, MEDICATIONS, ALLERGIES, SOCIAL HISTORY, AND FAMILY HISTORY: Unchanged from prior notes.

REVIEW OF SYSTEMS: As stated above, otherwise noncontributory.

PHYSICAL EXAMINATION: Examination finds the patient ambulates independently. She does have some cervical and lumbar paraspinal tenderness, but no step-off, no deformity. No visible ecchymosis or edema. She has no active spasm at today's visit. She has full motion of the neck and lumbar spine with no restrictions. She has a negative Spurling's and a negative straight leg raise. She has good strength and tone in the upper and lower extremity. Neurovascular exam is stable.

RADIOGRAPHS: X-rays are obtained of the cervical and lumbar spine. Images are reviewed, reveal no acute changes. There is straightening of the cervical spine indicating spasm. No fracture. There is a spondylolisthesis seen at L4-L5, grade I. Images stable from prior x-rays.

IMPRESSION:

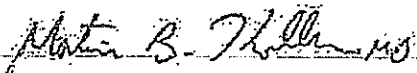
1. Cervical and thoracic strain.
2. Cervical radiculopathy.

GOUDY, LARENTINNA # 11714-MPT62263M

September 17, 2012

Page Two

PLAN: The patient returns to the office in follow up. At this time, she does continue to have pain and discomfort. Her neck is more painful than her back. She is having more radiating symptoms into both shoulders as well. She does continue to work with Dr. Oddo, receiving pain management and injection treatments. I have discussed with her that there are further injections that may be beneficial for her and I would like her to continue to work with Dr. Oddo regarding this. I will see her back in the office in two months in follow up.



MARTIN B. KORNBLUM, M.D.
ORTHOPEDIC SPINE SURGEON
ELIZABETH COTSONIKA, PA-C

MBK:aks:vns

DT: 09/18/2012

ECM20691



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Stephen Mendelson, MD	Anthony Oddo, DO
Alice Mendelson, MD	Ferras Zeni, MD

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (11714-MPT62263M)

DATE OF SERVICE: November 2, 2012

HISTORY: The patient returns to see me. She is a 66-year-old female. She has neck and back pain. She has had injections earlier this year and in fact may end up going for more injections because those are starting to wear off. She tells me her pain currently is about a 4 on a scale of 0 to 10. It is more in the neck than the back area, but this fluctuates based on the activity level and different days affect her differently. She takes medications through Dr. Oddo.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; MEDICATIONS; ALLERGIES; FAMILY HISTORY, AND SOCIAL HISTORY: Please refer to notes from April 2, 2011.

REVIEW OF SYSTEMS: As above, otherwise, noncontributory.

PHYSICAL EXAMINATION: Height 5'6". Weight 135 lbs. Neurologic exam is unchanged. She has no weakness. She has no current spasm involving the neck and back area. She denies any numbness.

IMPRESSION:

1. Cervical and lumbar pain.
2. History of radiculopathy.

PLAN: The patient has been hurting. We are going to recommend that she see us in the office after the holidays. I have updated her handicap parking pass. She is really not interested in pursuing surgical options and her pain level is generally under 5. She seems to be stable.

MARTIN B. KORNBLUM, M.D.
ORTHOPEDIC SPINE SURGEON

MBK:sha:jen

DT: 11/03/2012

MKM51554

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Alice Mendelson, MD	Ferris Zeni, MD

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (11714-MA COMB)

DATE OF SERVICE: January 4, 2013

HISTORY: The patient does return today for followup regarding her low back. She tells me today she is not feeling too well. She is rating her pain in her neck to be a 4/10 and pain in her low back to be a 5/10. The patient tells me she has noticed correlation with the cold weather lately. She also tells me that the furnace went out in her house and this has been causing her body to be overall achier. She had gone through a recent course of injections with Dr. Oddo, however, she tells me her symptoms are not bad enough to consider repeat injections at this time. She continues to take Flexeril as well as Tylenol No. 3. She is not requesting a refill of this medication today.

Her right shoulder also continues to bother her. She has been working with Dr. Stephen Mendelson regarding this, in fact she has an appointment with him later on this month.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; MEDICATIONS; ALLERGIES; FAMILY HISTORY; AND SOCIAL HISTORY: Unchanged from prior notes.

REVIEW OF SYSTEMS: As above, otherwise noncontributing.

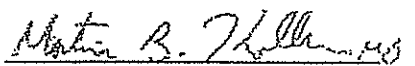
PHYSICAL EXAMINATION: Exam finds that there is no obvious pain to palpation along the cervical, thoracic, or lumbar region. She does have pain at bilateral SI joints, left is more painful than right, however. Her grip strength is equal and intact. Lower extremity examination finds that her hips are non-irritable throughout range of motion. Her calves are supple. Neurovascular exam is stable. She does have a negative straight leg raise bilaterally at this time.

RADIOGRAPHS: X-rays have been reviewed today of the cervical and thoracic spine, which do show no obvious fracture, deformity, or dislocation is noted.

IMPRESSION:

1. History of cervical and lumbar pain.
2. Sacroiliitis, left more symptomatic than right.

PLAN: At this point, we will have the patient continue with conservative care. We may consider injections later on down the road when her symptoms warrant them. I would like to see her back in followup in one to two months' time, certainly earlier if needed.


MARTIN B. KORNBUM, M.D.
ORTHOPEDIC SPINE SURGEON
NIDHI DUA, PA-C
MBK:aks:vns
DT: 01/05/2013
NDM20450



Mendelson Kornblum
Orthopedic & Sports Associates

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Jeffrey Mendelson, MD	Giuseppe Paese, DO
Stephen Mendelson, MD	Anthony Oddo, DO
Alice Mendelson, MD	Ferris Zeni, MD

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (11714-MACOMB)

DATE OF SERVICE: January 15, 2013

HISTORY: The patient returns today for followup of the right shoulder. The shoulder continues to be a major source of discomfort. Pain is 5 on a scale of 0/10. It is achy and sore. She has a difficult time with repetitive motions overhead. She states that the previous shoulder injection did help her for a week. The pain then returned and has continued.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; MEDICATIONS; ALLERGIES; FAMILY HISTORY; AND SOCIAL HISTORY: All have been reviewed, please see prior notes.

REVIEW OF SYSTEMS: As stated above, otherwise noncontributory.

PHYSICAL EXAMINATION: Exam finds she has some impingement type pain. There is a positive O'Brien's test today. She does lack 5 degrees of full flexion. Internal rotation is to the level of T12. She is neurovascularly stable.

IMPRESSION:

1. Partial right shoulder supraspinatus and infraspinatus rotator cuff tears.
2. Right shoulder bursitis/tendonitis.

PLAN: It has been a year and a half since her accident. I would like to update her MRI to see if there is any further rotator cuff or labral pathology. We will see her back next week to review this with her. She is utilizing Tylenol #3 for pain relief and I have refilled this for her today. She does see Dr. Oddo for her neck and back. She tells me she has an upcoming appointment and may be undergoing cervical injections. We will defer further treatment regarding the neck to Dr. Oddo.

STEPHEN MENDELSON, M.D.

KELLEY GRAY-ALLEN, PA-C

SM:aks:vns

DT: 01/16/2013

KAM21080



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Stephen Mendelson, MD	Anthony Oddo, DO
Alice Mendelson, MD	Ferraz Zeni, MD

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (11714-MACOMB)

DATE OF SERVICE: January 24, 2013

HISTORY: The patient returns today for follow up for her right shoulder. It has been nearly two years since her auto accident. She has continued pain and discomfort about the right shoulder, particularly with repetitive and overhead motions. This is affecting every aspect of her life. She is not able to enjoy the things that she likes to do to include bowling, gardening and so forth. She has a young grandson who she helps take care of. We have tried several courses of physical therapy which help her temporarily but the pain persists. Pain generally is 5 on a scale of 0 to 10. It can go all the way up to a 6, maybe even a 7 on a scale of 0 to 10 depending upon her activity. We have also tried injections which helped her briefly with her discomfort, though it would always return thereafter.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; MEDICATIONS; ALLERGIES; FAMILY HISTORY; AND SOCIAL HISTORY: All have been reviewed, please see prior notes.

REVIEW OF SYSTEMS: As stated above, otherwise noncontributory.

PHYSICAL EXAMINATION: Exam of right shoulder finds she does have full motion about the shoulder though there is irritability and impingement type pain. She has internal rotation to the level of L5 with some pain and pain over the bicipital groove. Strength is maintained though again with attempted resistance there is pain anteriorward.

RADIOGRAPHS: The patient has undergone another MRI of the right shoulder. MRI suggests a partial thickness versus full thickness supraspinatus tendon tears. There is also biceps tendinosis.

IMPRESSION:

1. Right rotator cuff tendonitis, bursitis.
2. Right shoulder rotator cuff tears.

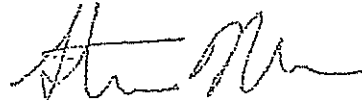
PLAN: We have discussed all the options. We can do a number of things to include continued physical therapy and conservative treatment. Ultimately, we can consider scoping the shoulder and repairing the rotator cuff tendon if it is torn at that time. The patient would like to think about all of her options. She will let us know if she decides to proceed with surgery, though she is leaning toward it at this time. We have discussed the surgery in itself in detail.

GOUDY, LARENTINNA # 11714-MACOMB

January 24, 2013

Page Two

She understands that there are risks of every surgery to include risk of infection, risk of failure and continued pain after surgery. There is no guaranteed success of the surgery itself. She understands that she will stay overnight at the hospital if she proceeds and will need extensive physical therapy in the postoperative phase. She had no further questions at the end of the visit and will consider all of her options and call us when she has made a decision.



STEPHEN MENDELSON, M.D.

KELLEY GRAY-ALLEN, PA-C

SM:aks:jen

DT: 01/25/2013

KAM31265



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Stephen Mendelson, MD	Anthony Oddo, DO
Alice Mendelson, MD	Ferris Zani, MD

CONFIDENTIAL
MEDICAL/PROGRESS REPORT

PATIENT NAME: GOUDY, LARENTINNA (11714-MACOMB)

DATE OF SERVICE: February 15, 2013

HISTORY: The patient returns to the office in followup for her neck and back. She states at this time her pain is about a 3/10. She reports to me she is scheduled for shoulder surgery with Dr. Stephen Mendelson in April. She states she does continue to have pain. She is using gabapentin, Flexeril, and Tylenol #3 as needed. She tells me she only takes a half tablet of the Tylenol #3 due to causing drowsiness. She reports no new weakness. She states at this time she is experiencing mostly pain focused in the neck and the lower back as well as her right shoulder, but denies any numbness or tingling.

PAST MEDICAL HISTORY; PAST SURGICAL HISTORY; MEDICATIONS; ALLERGIES; FAMILY HISTORY; AND SOCIAL HISTORY: Unchanged from prior notes.

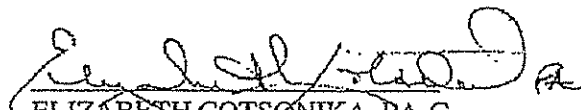
REVIEW OF SYSTEMS: As stated above, otherwise noncontributory.

PHYSICAL EXAMINATION: Exam of the cervical and lumbar spine finds the patient does have some paraspinal tenderness, both of the cervical and lumbar spine, but no stepoff, no deformity. She is point tender with palpation of bilateral SI joints, left worse than right, but a negative straight leg raise. Her hips are non-irritable to internal and external rotation. Her calves are supple. She has no focal weakness on exam. Neurovascular exam is stable.

IMPRESSION:

1. Cervical and lumbar pain.
2. Sacroiliitis, left worse than right.

PLAN: The patient returns to the office in followup. She has undergone injections in the past, but at this time would like to hold off. She does continue her home exercise program and is currently awaiting surgery for her right shoulder. At today's visit, she does require refills of her Flexeril. She is only using the Tylenol #3 as needed and does not require refills at this time. We will have her keep her followup appointment in the office in six weeks for reevaluation.


ELIZABETH COTSONIKA, PA-C
EC:aks:vms
DT: 02/16/2013
ECM70733

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Mendelson .com



St John Macomb Hospital
11800 E. Twelve Mile Road
Warren, MI 48093

Patient Name: GOUDY, LARENTINNA
MRN: 7169956
FIN: 71699563086
Admit Date: 04/05/2013

OPERATIVE REPORT

Document Name Operative Report
Document Status Auth (Verified) Mendelson, Stephen D MD 04/12/2013 07:40 EDT
Authored By Mendelson, Stephen D MD 04/05/2013 09:00 EDT

S01

Date of Service:

PREOPERATIVE DIAGNOSES:

1. Full-thickness rotator cuff tear.
2. AC joint arthrosis.
3. Impingement.

POSTOPERATIVE DIAGNOSIS:

1. Full-thickness rotator cuff tear.
2. AC joint arthrosis.
3. Impingement.
4. Labral fraying and type 1 SLAP.

PROCEDURES:

1. Extensive debridement of shoulder.
2. AC resection.
3. Acromioplasty.
4. Arthroscopic rotator cuff repair.
5. Placement of antibiotic pump.

SURGEON: STEPHEN MENDELSON, M.D.

ASSISTANT: Elaine McCallister, PA.

IMPLANTS: A 4.75 self punching swivel lock from Arthrex.

DESCRIPTION OF THE PROCEDURE: The patient was brought to the operating room. The operative site, antibiotics, consent were verified. The patient was then prepped and draped in the usual sterile fashion. We did make a posterior, posterolateral, lateral and anterior portal which are standard portals.

The glenohumeral joint was entered. There was no synovitis seen. The subscap was intact. The biceps was intact, extra-articularly, there were no loose bodies in the biceps groove. The labrum had a type 1 SLAP tear that was debrided. The labrum had fraying inferiorly that was debrided as well. Posterior, anterior hemispheres of the glenoid were intact. There were no loose bodies, no HAGGLE lesion was seen. We did not have any evidence of capsular contracture or looseness. The undersurface of the supraspinatus was probed and there was a full thickness tear that measured approximately 8 mm.

Print Date/Time: 5/28/2013 10:08

Chart Request ID: 12874402



St John Macomb Hospital
11800 E. Twelve Mile Road
Warren, MI 48093

Patient Name: GOUDY, LARENTINNA
MRN: 7169956
FIN: 71699563086
Admit Date: 04/05/2013

OPERATIVE REPORT

Document Name Operative Report
Document Status Auth (Verified) Mendelson, Stephen D MD 04/12/2013 07:40 EDT
Authored By Mendelson, Stephen D MD 04/05/2013 09:00 EDT

We then went in the subacromial space. We performed a bursectomy and then acromioplasty and an AC resection to free up any spacial issues.

I then debrided and visualized the edge of the greater tuberosity, we burred this, placed 2 inverted horizontal mattresses in the cuff and then secured them with 4.5 swivel lock laterally. This afforded a complete repair of the cuff. Following this, the portals were closed and an antibiotic pump was placed.

Dictating Clinician: STEPHEN MENDELSON, MD

D: 04/05/2013 09:00:08

T: 04/05/2013 15:18:03

Job: 7661706

SM/ja

cc:

Electronically Signed on 04/12/2013 07:40 EDT

Mendelson, Stephen D MD, MD

Print Date/Time: 5/28/2013 10:08

Chart Request ID: 12874402

EXHIBIT 6.3 - NOTICE OF AUTOMATIC STAY

Bundy

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In re	:	Chapter 9
CITY OF DETROIT, MICHIGAN,	:	Case No. 13-53846
Debtor.	:	Hon. Steven W. Rhodes

**NOTICE OF COMMENCEMENT OF CASE UNDER CHAPTER 9, NOTICE OF AUTOMATIC STAY
AND PURPOSES OF CHAPTER 9, NOTICE OF DEADLINE AND PROCEDURES FOR FILING
OBJECTIONS TO THE CHAPTER 9 PETITION AND NOTICE OF CITY'S MOTION TO LIMIT NOTICE**

**TO ALL CREDITORS OF THE CITY OF DETROIT, MICHIGAN, AND TO OTHER PARTIES IN INTEREST:
PLEASE TAKE NOTICE OF THE FOLLOWING:**

Commencement of Chapter 9 Case

1. On July 18, 2013, the City of Detroit, Michigan commenced a case (the "Chapter 9 Case") under chapter 9 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Eastern District of Michigan, Southern Division (the "Bankruptcy Court"). The City's Chapter 9 Case was commenced pursuant to an order issued by Kevyn D. Orr, in his capacity as emergency manager of the City (in such capacity, the "Emergency Manager") under section 18 of Public Act 436 of 2012 ("PA 436"). The Chapter 9 Case is pending before the Honorable Steven W. Rhodes, United States Bankruptcy Judge.

Automatic Stay

2. Pursuant to sections 362 and 922 of the Bankruptcy Code, the filing of the City's chapter 9 petition operates as an automatic stay of actions against the City, including, among other things: (a) the enforcement of any judgment; (b) any act to obtain property from the City; (c) any act to create, perfect or enforce any lien against property of the City; (d) any act to collect, assess or recover a claim against the City; and (e) the commencement or continuation of any judicial, administrative or any other action or proceeding against the City, the Emergency Manager or any other officer or inhabitant of the City that seeks to enforce a claim against the City (the "Chapter 9 Stay").

3. On July 25, 2013, the Bankruptcy Court entered discrete orders: (a) confirming that the protections of the Chapter 9 Stay apply to the City and its officers and inhabitants, including the Emergency Manager (Docket No. 167); and (b) extending the Chapter 9 Stay to (i) the Governor of the State of Michigan (the "Governor"), the Treasurer of the State of Michigan and the Local Emergency Financial Assistance Loan Board of the State of Michigan, together with each entity's staff, agents and representatives, (ii) employees of the City that are neither City officers nor inhabitants of the City and (iii) agents and representatives of the Governor and the Emergency Manager (Docket No. 166).

Purpose of the Chapter 9 Filing

4. Chapter 9 of the Bankruptcy Code provides a means for a municipality (such as the City) that has encountered financial difficulty to work with its creditors to adjust its debts. The primary purpose of chapter 9 is to allow the municipality to continue its operations and its provision of services while it adjusts or restructures creditor obligations. In a chapter 9 case, the jurisdiction and powers of the Bankruptcy Court are limited such that it may not interfere with any of the political or governmental powers of the City or the City's use or enjoyment of any income-producing property. During this Chapter 9 Case, the Emergency Manager will continue to manage the affairs of the City according to his authority under PA 436. Under section 18(1) of PA 436, the Emergency Manager acts exclusively on the City's behalf in this Chapter 9 Case.

5. The City intends to propose a plan for the adjustment of its debts. Future notice concerning any such plan will be provided to all known creditors.

Deadline for Objections to Petition and Entry of an Order for Relief

6. The City has filed papers in support of its eligibility to be a debtor under chapter 9 of the Bankruptcy Code (the "Documentary Support").¹ Objections to the City's chapter 9 petition may be filed by a creditor or party in interest by August 19, 2013 (the "Eligibility Objection Deadline"). Any such objection shall state the facts and

¹ The Documentary Support includes: (a) a Statement of Qualifications Pursuant to Section 109(c) of the Bankruptcy Code (Docket No. 10); (b) an accompanying memorandum of law (Docket No. 14); (c) supporting declarations of Kevyn D. Orr (Docket No. 11), Gaurav Malhotra (Docket No. 12) and Charles M. Moore (Docket No. 13); and (d) the accompanying exhibits for each of the foregoing. The City reserves the right to file additional papers in support of its eligibility for chapter 9 relief and in opposition to any objections thereto.

legal authorities in support of such objection; shall comply with the Bankruptcy Code, the Federal Rules of Bankruptcy Procedure and the Local Rules of the Bankruptcy Court; and shall be filed with the Bankruptcy Court.

7. If any Eligibility Objections are filed on or before the Eligibility Objection Deadline in accordance with the above procedures, the following schedule shall apply to the adjudication of the Eligibility Objections:

- August 23, 2013 shall be the deadline for the City and any party that files a timely and proper Eligibility Objection to serve written discovery requests;
- September 6, 2013 shall be the deadline for the City to file responses to the Eligibility Objections;
- September 13, 2013 shall be the deadline for compliance with written discovery requests;
- September 23, 2013 shall be the deadline to complete non-expert depositions;
- September 23, 2013 shall be the deadline to designate expert witnesses and submit expert reports;
- October 3, 2013 shall be the deadline for the counter-designation of experts and submission of reports;
- October 10, 2013 shall be the deadline for the completion of expert depositions; and
- October 17, 2013 shall be the deadline for the filing of any pre-trial briefs.

8. A pre-trial conference shall be conducted on October 21, 2013 at 10:00 a.m., Eastern Time, in Courtroom 100 at the United States Bankruptcy Court for the Eastern District of Michigan, 231 West Lafayette Street, Detroit, Michigan 48226.

9. A hearing on the Eligibility Objections (an "Eligibility Hearing") shall be conducted on October 23, 2013 at 9:00 a.m., Eastern Time, in Courtroom 100 at the United States Bankruptcy Court for the Eastern District of Michigan, Southern Division, 231 West Lafayette Street, Detroit, Michigan 48226 (with additional days to be scheduled as necessary).

10. Any Eligibility Objections must be advocated in person at all hearings on such objections, including, without limitation, the Eligibility Hearing, or the Court in its discretion may not consider such Eligibility Objections.

11. Proceedings in this Chapter 9 Case will not be stayed pending the Court's adjudication of any Eligibility Objections and entry of an order for relief.

12. If no timely and proper Eligibility Objections are filed and served in accordance with this Order, no Eligibility Hearing will be conducted and the City's request for relief under chapter 9 of the Bankruptcy Code will be deemed granted.

IF NO OBJECTIONS ARE TIMELY AND PROPERLY FILED, OR IF ALL TIMELY AND PROPER ELIGIBILITY OBJECTIONS ARE OVERRULED BY THE COURT OR RESOLVED, THE FILING OF THE CITY'S CHAPTER 9 PETITION SHALL BE DEEMED AN ORDER FOR RELIEF UNDER CHAPTER 9 OF THE BANKRUPTCY CODE, AND THIS NOTICE SHALL BE DEEMED NOTICE OF SUCH ORDER FOR RELIEF.

Motion to Limit Notice

13. The City also has requested that the Bankruptcy Court enter an order limiting notice of certain initial filings in the City's bankruptcy case to certain creditors and interested parties. If you wish to receive further notices in this case, you are encouraged to appear formally in this Chapter 9 Case and file with the Bankruptcy Court a written request for service of papers pursuant to the Federal Rules of Bankruptcy Procedure.

Case Information

14. All documents filed in this case are available free of charge at the City's restructuring website at www.kccelle.net/Detroit; the court's website, www.mieb.uscourts.gov; or, on a paid subscription basis, through the Bankruptcy Court's PACER system at ecf.mieb.uscourts.gov. Additional information about the City's restructuring is available at the Emergency Manager's page on the City's website at www.detroitmi.gov/EmergencyManager. Inquiries about this case also may be directed to the City's Chapter 9 Information Hotline at (877) 298-6236.

Dated August 6, 2013

/s/ Katherine B. Gullo
Clerk of Court

EXHIBIT 6.4 - 1/6/15 LETTER FROM FACILITATOR

WEINER & RANDALL

LAW GROUP PLC

32100 TELEGRAPH ROAD, SUITE 200
BINGHAM FARMS, MICHIGAN 48025

TELEPHONE (248) 433-2300

TOLL FREE (866) 320-0065

FACSIMILE (248) 642-7557

www.wrplc.com

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DAVID S. HAMMOND
dhammond@wrplc.com

407 E. GRAND RIVER AVE.

HOWELL, MICHIGAN 48843

TELEPHONE (517) 518-8807

FACSIMILE (517) 518-8854

WAYNE COUNTY OFFICE

TELEPHONE (313) 963-2700

October 27, 2014

Perry Schneider
Attorney at Law
24901 Northwestern Highway, #700
Southfield, MI 48075

Stacey L. King
Attorney at Law
1000 Woodbridge Street
Detroit, MI 48207

Re: Larentinna Goudy -v- Grange
Insurance Company
FACILITATION

Dear Counselors:

Please be advised that the Facilitation Hearing in the above mater will take place on **Tuesday, January 6, 2015 at 1:00 p.m. in my Bingham Farms office.**

I look forward to working with both of you on this matter.

Very sincerely yours,

Stuart S. Weiner

SSW/smm

PAS

EXHIBIT 6.5 - AGREEMENT RESOLVING CLAIMS OF LARENTINNA GOUDY

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

-----X	:	
In re	:	Chapter 9
	:	
CITY OF DETROIT, MICHIGAN,	:	Case No. 13-53846
	:	
Debtor.	:	Hon. Steven W. Rhodes
	:	
-----X		

AGREEMENT RESOLVING CLAIM OF LARENTINNA GOUDY

THIS FORM IS FOR MOTOR VEHICLE CLAIMS ONLY

The City of Detroit (the "City") and the claimant identified in paragraph 3 below (the "Claimant") and, together with the City, the "Parties"), by and through their respective authorized representatives, do hereby agree as follows:

RECITALS

A. On July 18, 2013, the City commenced the above-captioned case (the "Chapter 9 Case") by filing a petition for relief under chapter 9 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Eastern District of Michigan (the "Bankruptcy Court"). On December 5, 2013, following its determination that the City met all of the applicable requirements and is eligible to be a debtor under chapter 9 of the Bankruptcy Code, the Bankruptcy Court entered the Order for Relief Under Chapter 9 of the Bankruptcy Code (Docket No. 1946) with respect to the City.

B. Pursuant to section 904 of the Bankruptcy Code, the City may continue to exercise its political and governmental powers, manage its property and revenues and use and enjoy its income-producing property without interference from the Bankruptcy Court.

C. On December 24, 2013, the Bankruptcy Court entered the Order, Pursuant to Sections 105 and 502 of the Bankruptcy Code, Approving Alternative Dispute Resolution Procedures to Promote the Liquidation of Certain Prepetition Claims (Docket No. 2302) (the "ADR Order") establishing certain alternative dispute resolution procedures (collectively, the "ADR Procedures") to promote the resolution of certain claims designated by the City.

D. The Claimant is the current record holder of the proof[s] of claim identified under the heading "Filed Claim Number" in the table in paragraph 3 below (the "Filed Claim[s]").

E. The City (i) reviewed the Filed Claim[s] and the facts and circumstances of the alleged liabilities asserted therein and (ii) designated the Filed Claim[s] for potential resolution through the ADR Procedures.

F. The City believes that the resolution of the Filed Claim[s] as set forth in this Agreement is fair, reasonable and appropriate and will allow the Parties to avoid the cost, delay and burden of litigating potential disputes related to the Filed Claim[s]. In accordance with the ADR Order, the resolution of the Filed Claim[s] set forth in this Agreement terminates the ADR Procedures with respect to the Filed Claim[s] pursuant to section II.A.7 of the ADR Procedures.

G. Pursuant to section 904 of the Bankruptcy Code, the City is authorized to propose and enter into this Agreement without further order of the Bankruptcy Court.

H. The Parties have agreed to the terms set forth in this Agreement, as indicated by the signatures of their respective authorized representatives below.

AGREEMENT

1. The Claimant represents and warrants to the City that it has not sold, assigned, factored or otherwise transferred any portion of or interest in the Filed Claim[s] and is the sole holder of the Filed Claim[s], with full authority to enter into this Agreement. The Claimant further agrees to indemnify and hold the City harmless for any damages, including without limitation actual and reasonable out of pocket costs, resulting from a breach of its representations and warranties set forth in this paragraph.

2. The Eighth Amended Plan for the Adjustment of Debts Of The City of Detroit, approved by the Bankruptcy Court on November 12, 2014, provides different payment provisions for each of the three following category of claims arising from operation of City motor vehicles: (1) claims for personal protection benefits as provided by MCL 500.3107 and MCL 500.3108, for which insurance coverage is required by MCL 500.3101(1), ("PPI Claims"); (2) tort claims permitted by MCL 500.3135, for which residual liability insurance coverage is required by MCL 500.3101(1) and MCL 500.3135, ("Tort Claims"); and (3) claims for property protection benefits under MCL 500.3121 and MCL 500.3123 ("Property Claims"). Accordingly, it is necessary that this Settlement Agreement properly identify each type of claim.

3. Each of the Filed Claim[s] is deemed amended, modified and allowed, and to be paid as a PPI Claim, a Tort Claim or a Property Claim, as the case may be, in accordance with, and subject to the treatment provided for claims of that type under, any chapter 9 plan for the adjustment of debts confirmed by the Bankruptcy Court (a "Plan"), (any such claim, a "Settled MVA Claim"), in the corresponding amount set forth in the table below under the heading "Settled MVA Claim Amount."

" NOTE – if any bankruptcy claim combines two or more types of claims, the claims must be separated in the chart below:

Claimant	Filed Claim Number	Filed Claim Amount	Filed MVA Claim Type – identify as a PPI, Tort or Property Claim	Settled MVA Claim Amount	Settled MVA Claim Type– identify as a PPI, Tort or Property Claim
Larentinna Goudy	1507	\$200,000	MVA 3rd party	\$50,000	MVA 3 rd

For any Tort Claims listed, identify all other bankruptcy claims that arise out of the same motor vehicle accident: _____

4. The Parties agree that any Filed Claim identified in paragraph 3 above for which there is no corresponding Settled Claim (or such amount is listed as \$0.00) is hereby withdrawn and deemed disallowed and expunged, pursuant to section 502 of the Bankruptcy Code.

5. The Claimant will not further amend the Filed Claim[s] (or the Settled MVA Claim[s]) or file any additional proofs of claim with respect to the liabilities asserted in the Filed Claim[s]. Any further amendments to the Filed Claim[s] (or the Settled MVA Claim[s]) or any additional claims filed by the Claimant or their successors or assigns with respect to the liabilities asserted in the Filed Claim[s] shall be null, void and of no effect.

6. The Parties agree that any Settled MVA Claim shall be paid in accordance with, and subject to the treatment provided for claims of that type under, any chapter 9 plan for the adjustment of debts confirmed by the Bankruptcy Court (a "Plan").

7. Any distribution made to the Claimant pursuant to a Plan is referred to herein as a "Plan Distribution." If the Claimant or its successors or assigns receive payment of any portion of the Settled Claims from any source, including from the City, other than through the Plan (a "Non-Plan Payment"), the portion of the Settled MVA Claim[s] equal to the amount of the Non-Plan

Payments shall be deemed fully satisfied, and the Claimant, for itself and any successors or assigns, hereby prospectively waives and disclaims the right to receive Plan Distributions on account of the portion of the Settled MVA Claim[s] satisfied by any Non-Plan Payments.

8. Nothing in this Agreement will have any impact on any proof(s) of claim that the Claimant has filed or holds other than the Filed Claim[s]. The Parties retain all of their respective claims, defenses, objections, counterclaims and any and all rights in respect of any proofs of claim that the Claimant has filed or holds other than the Filed Claim[s].

9. As to the Filed Claims and Settled MVA Claims described herein, the Claimant releases the City from any and all liability, actions, damages and claims (including claims for attorney fees, expert fees or court costs), known and unknown, arising or accruing at any time prior to and after the date of this Agreement, that the Claimant has or may have against the City; provided, however, for PPI Claims, Claimant does not release claims arising after July 18, 2013, except to the extent such claims have been paid. The Claimant acknowledges that this Agreement represents the compromise of a disputed claim and is not to be construed as an admission of liability on the part of the City. As used in this Agreement, the Claimant and the City include each of their respective servants, agents, contractors, attorneys, employees, representatives, family members, heirs, elected officials, appointed officials, related corporations, subsidiaries, divisions, affiliates, directors and officers, if any. Where required by the City, the Claimant has executed the Medicare Reporting and Indemnification Affidavit[s], if any, attached as Exhibit A.

10. The Claimant stipulates to the entry of an order dismissing with prejudice, and without costs or fees, any civil action[s] related to the Filed Claim[s] or Settled Claim[s].

11. This Agreement may be executed in identical counterparts, and/or by facsimile or e-mail scan, each of which when so executed and delivered will constitute an original, but all of which taken

together will constitute one and the same instrument. This Agreement constitutes the entire agreement between the Parties with respect to the matters addressed herein and may not be modified except in a writing signed by the Parties.

WHEREFORE, the undersigned have executed this Agreement on behalf of the parties hereto.

City of Detroit

Larentinna Goudy

By: _____

Claimant

Name: _____
(printed)

Date: _____

Title: _____

Date: _____

Claimant(s) counsel:

Signature
P-53443

Name: **Perry A. Schneider**
(printed)

Date: _____

EXHIBIT 6.6 - CHECK

NET TOTAL: 20,000.00

ATTENTION
NO INVOICE WILL BE HONORED WITHOUT A VALID CONTRACT OR PURCHASE ORDER.

ALL INVOICES MUST GO DIRECTLY TO ACCOUNTS PAYABLE OR YOUR INVOICE WILL NOT BE HONORED

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CITY OF DETROIT

9-9
 720

CHECK TYPE	ACCOUNTS PAYABLES	CHECK DATE	CHECK NUMBER	CHECK AMOUNT
		07-01-2016	3363371	*****20,000.00

PAY EXACTLY Twenty Thousand Dollars And Zero Cents*****

VOID UNLESS
 PRESENTED
 WITHIN 90 DAYS

PAY TO THE
 ORDER OF: MICHAEL MORSE PC
 AND LARENTINNA GOUDY
 24901 NORTHWESTERN HWY STE 700
 SOUTHFIELD, MI, 48075
 UNITED STATES

David D. Grynchuk

TREASURER

COMERICA BANK
 Detroit, Michigan

⑈ 3363371⑈ ⑆072000096⑆ 1852275682⑈

11-4184 085

CITY OF DETROIT
 FINANCE DEPARTMENT, SUITE 120
 COLEMAN A. YOUNG MUNICIPAL CENTER
 DETROIT MI 48226

MICHAEL MORSE PC
 AND LARENTINNA GOUDY
 24901 NORTHWESTERN HWY STE 700
 SOUTHFIELD, MI, 48075

SEE OTHER SIDE FOR
 OPENING INSTRUCTIONS

SEE OTHER SIDE FOR
 OPENING INSTRUCTIONS