Dawn Calvert
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In Pro Per

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN MATEO - SOUTHERN BRANCH

DAWN CALVERT, : Case No.: 23-CIV-05077
:

Plaintiff,	: **PLAINTIFF'S RESPONSE TO REQUEST**
	: **FOR FORM INTERROGATORIES**
vs.	:
	:
NEWELL'S COCKTAIL LOUNGE, et al., :	
	:
Defendants.	:

Plaintiff responds to the Defendant's request for form interrogatories as follows:

INTERROGATORY 1.1: State the name, ADDRESS, telephone number, and relationship to you of each PERSON who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

RESPONSE TO INTERROGATORY 1.1: The Plaintiff, DAWN CALVERT, prepared these responses for herself; address is 172 Santa Dominga Avenue San Bruno, CA 94066.

INTERROGATORY 2.1: State: (a) your name; (b) every name you have used in the past; and (c) the dates you used each name.

RESPONSE TO INTERROGATORY 2.1: (a) Dawn Calvert. (b) Names previously used include: Dawn Gonsalves, and Dawn Calvert. (c) The specific dates of use for these names are uniquely known to the Plaintiff: * Dawn [Maiden Name]: (See Plaintiff's personal records) * Dawn Gonsalves (Former Married Name): (See Plaintiff's personal records) * Dawn Calvert: (See Plaintiff's personal records).

INTERROGATORY 2.2: State the date and place of your birth.

RESPONSE TO INTERROGATORY 2.2: This information is contained within the Kaiser Permanente Medical Records previously produced to Propounding Party.

INTERROGATORY 2.3: At the time of the INCIDENT, did you have a driver's license? If so, state: (a) the state or other issuing entity; (b) the license number and type; (c) the date of issuance; and (d) all restrictions.

RESPONSE TO INTERROGATORY 2.3: This information is uniquely known to the Plaintiff. (See Plaintiff's personal records)

INTERROGATORY 2.4: At the time of the INCIDENT, did you have any other permit or license for the operation of a motor vehicle? If so, state: (a) the state or other issuing entity; (b) the license number and type; (c) the date of issuance; and (d) all restrictions.

RESPONSE TO INTERROGATORY 2.4: No.

INTERROGATORY 2.5: State: (a) your present residence ADDRESS; (b) your residence ADDRESSES for the past five years; and (c) the dates you lived at each ADDRESS.

RESPONSE TO INTERROGATORY 2.5: (a) Present Residence Address: 172 Santa Dominga Avenue, San Bruno, CA 94066. (Address known to Propounding Party via the Demand Letter) (b) and (c) Residence addresses and dates for the past five years are uniquely known to the Plaintiff. (See Plaintiff's personal records)

INTERROGATORY 2.6: State: (a) the name, ADDRESS, and telephone number of your present employer or place of self-employment; and (b) the name, ADDRESS, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the INCIDENT until today.

RESPONSE TO INTERROGATORY 2.6: (a) Plaintiff is currently unemployed due to injuries sustained in the incident. (b) Employment History from five years before the Incident until today: 1. Name: Epalahame Osai (Employer known to Propounding Party via the Demand Letter); Address, Dates of Employment, and related details are uniquely known to the Plaintiff. (See Plaintiff's personal records and Wage Loss documentation) 2. All other employment information is uniquely known to the Plaintiff. (See Plaintiff's personal records and Wage Loss documentation in the demand letter that was provided)

INTERROGATORY 2.7: State: (a) the name and ADDRESS of each school or other academic or vocational institution you have attended, beginning with high school; (b) the dates you attended; (c) the highest grade level you have completed; and (d) the degrees received.

RESPONSE TO INTERROGATORY 2.7: The information requested is uniquely known to the Plaintiff. (See Plaintiff's personal records)

INTERROGATORY 2.8: Have you ever been convicted of a felony? If so, for each conviction state: (a) the city and state where you were convicted; (b) the date of conviction; (c) the offense; and (d) the court and case number.

RESPONSE TO INTERROGATORY 2.8: No.

INTERROGATORY 2.9: Can you speak English with ease? If not, what language and dialect do you normally use?

RESPONSE TO INTERROGATORY 2.9: Yes, Plaintiff speaks English with ease.

INTERROGATORY 2.10: Can you read and write English with ease? If not, what language and dialect do you normally use?

RESPONSE TO INTERROGATORY 2.10: Yes, Plaintiff reads and writes English with ease.

INTERROGATORY 2.11: At the time of the INCIDENT were you acting as an agent or employee for any PERSON? If so, state: (a) the name, ADDRESS, and telephone number of that PERSON; and (b) a description of your duties.

RESPONSE TO INTERROGATORY 2.11: No. Plaintiff was present at the LOCATION as a patron. (Plaintiff was employed by Epalahame Osai as a live-in care provider at a separate location, but was not acting as an agent or employee for anyone at the time of the incident).

INTERROGATORY 2.12: At the time of the INCIDENT did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the INCIDENT? If so, for each person state: (a) the name, ADDRESS, and telephone number; (b) the nature of the disability or condition; and (c) the manner in which the disability or condition contributed to the occurrence of the INCIDENT.

RESPONSE TO INTERROGATORY 2.12: No.

INTERROGATORY 2.13: Within 24 hours before the INCIDENT did you or any person involved in the INCIDENT use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state: (a) the name, ADDRESS, and telephone number; (b) the nature or description of each substance; (c) the quantity of each substance used or

taken; (d) the date and time of day when each substance was used or taken; (e) the ADDRESS where each substance was used or taken; (f) the name, ADDRESS, and telephone number of each person who was present when each substance was used or taken; and (g) the name, ADDRESS, and telephone number of any HEALTH CARE PROVIDER who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

RESPONSE TO INTERROGATORY 2.13:

Yes, Plaintiff consumed an alcoholic beverage.
(a) Name, ADDRESS, and telephone number: Dawn Calvert, 172 Santa Dominga Avenue, San Bruno, CA 94066, (See Plaintiff's personal records for phone number).
(b) Nature or description: Alcoholic Beverage.
(c) Quantity: Quantity is unknown, but Plaintiff's blood alcohol content was determined to be $.18$ at 3:50 a.m. the night of the injury (as admitted in RFA No. 5).
(d) Date and time of day: On or about the evening of October 25, 2021, prior to the injury.
(e) ADDRESS where used: Newell's Cocktail Lounge, [ADDRESS of LOCATION].
(f) Persons present: Christopher Bradshaw, Troy Gatlin, Gary Gonsalves, and other patrons of the bar. (Addresses and phone numbers of living persons will be provided as required by separate compliance).
(g) HEALTH CARE PROVIDER: Not applicable; the substance was not prescribed or furnished by a health care provider.

INTERROGATORY 4.1: At the time of the INCIDENT, was there in effect any policy of insurance through which you were or might be insured in any manner... for the damages, claims, or actions that have arisen out of the INCIDENT? If so, for each policy state...

RESPONSE TO INTERROGATORY 4.1: No. (Excluding standard health insurance which

covered Plaintiff's own treatment, the details of which are reflected in the medical bill production).

INTERROGATORY 4.2: Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the INCIDENT? If so, specify the statute.

RESPONSE TO INTERROGATORY 4.2: No.

INTERROGATORY 6.1: Do you attribute any physical, mental, or emotional injuries to the INCIDENT? (If your answer is "no," do not answer interrogatories 6.2 through 6.7).

RESPONSE TO INTERROGATORY 6.1: Yes.

INTERROGATORY 6.2: Identify each injury you attribute to the INCIDENT and the area of your body affected.

RESPONSE TO INTERROGATORY 6.2: The injuries attributed to the incident include:

- Bicondylar Tibial Plateau Fracture (Left Knee/Leg).
- Required Two Surgeries (External fixation and internal plating).
- Permanent alteration of left leg length (Left Leg).
- Chronic Pain and Restricted Mobility (Left Knee/Leg).
- Loss of Consortium (Emotional and relational injury).
- Emotional Distress and Anxiety (Mental/Emotional).

INTERROGATORY 6.3: Do you still have any complaints that you attribute to the INCIDENT? If so, for each complaint state: (a) a description; (b) whether the complaint is subsiding, remaining the same, or becoming worse; and (c) the frequency and duration.

RESPONSE TO INTERROGATORY 6.3: Yes. (a) Description: Constant pain and discomfort in the left knee and leg; inability to walk or stand for more than 30 minutes; inability to extend the left leg fully; difficulty with household chores and social activities; anxiety regarding future employment. (b) Status: Remaining the same or becoming worse. (c) Frequency and Duration: Complaints are constant and daily; the disability is permanent.

INTERROGATORY 6.4: Did you receive any consultation or examination... or treatment from a HEALTH CARE PROVIDER for any injury you attribute to the INCIDENT? If so, for each HEALTH CARE PROVIDER state: (a) the name, ADDRESS, and telephone number; (b) the type of consultation, examination, or treatment provided; (c) the dates you received consultation, examination, or treatment; and (d) the charges to date.

RESPONSE TO INTERROGATORY 6.4: Yes. This information is contained within the complete Kaiser Permanente Medical Records and Bills previously produced to Propounding Party. Please refer to the previously produced records and the medical summaries provided in the Demand Letter.

INTERROGATORY 6.5: Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the INCIDENT? If so, for each medication state...

RESPONSE TO INTERROGATORY 6.5: Yes. This information is contained within the Kaiser Permanente Medical Records and the Medication Administration Charts (Exhibit C to the Demand Letter) previously produced to Propounding Party.

INTERROGATORY 6.6: Are there any other medical services necessitated by the injuries that you attribute to the INCIDENT that were not previously listed (for example,

ambulance, nursing, prosthetics)? If so, for each service state...

RESPONSE TO INTERROGATORY 6.6: Yes. (a) Nature: Ambulance transport (AMR, Royal Ambulance); Home Nursing (Owen Healthcare, LLC); Physical and Occupational Therapy (Crossroads, 21st Century Home Service); Post-Acute Residential Recovery (City View Post Acute). (b), (c), and (d) Date, Cost, and Provider Details: This information is contained within the medical records and billing records previously produced to Propounding Party and summarized in the Demand Letter.

INTERROGATORY 6.7: Has any HEALTH CARE PROVIDER advised that you may require future or additional treatment for any injuries that you attribute to the INCIDENT? If so, for each injury state: (a) the name and ADDRESS of each HEALTH CARE PROVIDER; (b) the complaints for which the treatment was advised; and (c) the nature, duration, and estimated cost of the treatment.

RESPONSE TO INTERROGATORY 6.7: Yes. (a) HEALTH CARE PROVIDER: Aamra Sheikh, M.D. (General Practitioner). (b) Complaints: Ongoing pain, mobility issues, and functional deficits. (c) Nature, Duration, and Cost: Additional physical therapy treatment has been ordered by Dr. Sheikh, which the Plaintiff intends to begin shortly. The full duration and estimated cost are currently unknown but will be supplemented once incurred.

INTERROGATORY 7.1: Do you attribute any loss of or damage to a vehicle or other property to the INCIDENT? If so, for each item of property...

RESPONSE TO INTERROGATORY 7.1: No.

(Interrogatories 7.2 and 7.3 are not answered due to the response to 7.1.)

INTERROGATORY 8.1: Do you attribute any loss of income or earning capacity to the INCIDENT? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).

RESPONSE TO INTERROGATORY 8.1: Yes.

INTERROGATORY 8.2: State: (a) the nature of your work; (b) your job title at the time of the INCIDENT; and (c) the date your employment began.

RESPONSE TO INTERROGATORY 8.2: (a) Nature of work: Providing live-in personal care services. (b) Job title: Live-in Care Provider. (c) Date employment began: (See Plaintiff's personal records and Wage Loss documentation).

INTERROGATORY 8.3: State the last date before the INCIDENT that you worked for compensation.

RESPONSE TO INTERROGATORY 8.3: October 25, 2021.

INTERROGATORY 8.4: State your monthly income at the time of the INCIDENT and how the amount was calculated.

RESPONSE TO INTERROGATORY 8.4: Plaintiff earned $560.00 per week (28 hours at $20.00 per hour), or approximately $2,426.67 per month. The amount was calculated based on her hourly wage and weekly hours worked. (See Plaintiff's Demand Letter and Wage Loss documentation).

INTERROGATORY 8.5: State the date you returned to work at each place of employment following the INCIDENT.

RESPONSE TO INTERROGATORY 8.5: Plaintiff has not returned to work following the

incident due to her injuries.

INTERROGATORY 8.6: State the dates you did not work and for which you lost income as a result of the INCIDENT.

RESPONSE TO INTERROGATORY 8.6: Plaintiff has not worked and has lost income continuously from October 26, 2021, to the present date.

INTERROGATORY 8.7: State the total income you have lost to date as a result of the INCIDENT and how the amount was calculated.

RESPONSE TO INTERROGATORY 8.7: Total lost wages through May 31, 2025, are $109,836.03. The calculation is based on her weekly rate of $560.00, adjusted annually for a 2% cost of living increase. (See Plaintiff's Demand Letter and Wage Loss documentation).

INTERROGATORY 8.8: Will you lose income in the future as a result of the INCIDENT? If so, state: (a) the facts on which you base this contention; (b) an estimate of the amount; (c) an estimate of how long you will be unable to work; and (d) how the claim for future income is calculated.

RESPONSE TO INTERROGATORY 8.8: Yes. (a) Facts: Plaintiff's physician advised that she can no longer perform her physically demanding job. She requires vocational retraining to enter a new line of work, which she has not yet been able to undertake due to continued physical limitations and pain. This has resulted in a loss of earning capacity. (b) Estimate: $209,801.13 (The reduced estimate of 50% loss of earning capacity). (c) Duration: Plaintiff contends that the reduction in earning capacity is permanent until

she successfully retrains in a less physically demanding occupation. (d) Calculation: The claim is based on 50% of the projected wages from June 1, 2025, through her projected retirement age of 67 (April 3, 2037), factored with a minimum 2% annual cost of living increase. (See Plaintiff's Demand Letter and Wage Loss documentation).

INTERROGATORY 9.1: Are there any other damages that you attribute to the INCIDENT? If so, for each item of damage state: (a) the nature; (b) the date it occurred; (c) the amount; and (d) the name, ADDRESS, and telephone number of each PERSON to whom an obligation was incurred.

RESPONSE TO INTERROGATORY 9.1: Yes. The Plaintiff claims loss of consortium and emotional distress. (a) Nature: Emotional Distress (b) Date: Continuous from October 26, 2021 (c) Amount: See Plaintiff's Demand Letter, which sets forth the total damages demanded, including General Damages (d) Obligation Incurred: Not applicable, as these are non-economic damages.

INTERROGATORY 9.2: Do any DOCUMENTS support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.

RESPONSE TO INTERROGATORY 9.2: Yes. The existence and amount of general damages are supported by the medical records and billing (reflecting the severity and permanence of the injury) previously produced to Propounding Party, as well as the Plaintiff's testimony and the testimony of lay witnesses (listed in the response to Interrogatory 12.1).

INTERROGATORY 10.1: At any time before the INCIDENT did you have complaints or injuries that involved the same part of your body claimed to have been injured in the INCIDENT? If so, for each state: (a) a description of the complaint or injury; (b) the dates it began and ended; and (c) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER whom you consulted or who examined or treated you.

RESPONSE TO INTERROGATORY 10.1: No.

INTERROGATORY 10.2: List all physical, mental, and emotional disabilities you had immediately before the INCIDENT. (You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the INCIDENT.)

RESPONSE TO INTERROGATORY 10.2: Plaintiff had no physical disabilities immediately before the incident. Plaintiff claims emotional injuries resulting from the incident, but asserts the psychotherapist-patient privilege regarding any non-relevant mental or emotional history.

INTERROGATORY 10.3: At any time after the INCIDENT, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state: (a) the date and the place it occurred; (b) the name, ADDRESS, and telephone number of any other PERSON involved; (c) the nature of any injuries you sustained; (d) the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER who you consulted or who examined or treated you; and (e) the nature of the treatment and its duration.

RESPONSE TO INTERROGATORY 10.3: No.

INTERROGATORY 11.1: Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state...

RESPONSE TO INTERROGATORY 11.1: No.

INTERROGATORY 11.2: In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state...

RESPONSE TO INTERROGATORY 11.2: No.

INTERROGATORY 12.1: State the name, ADDRESS, and telephone number of each individual: (a) who witnessed the INCIDENT or the events occurring immediately before or after the INCIDENT... (d) who YOU OR ANYONE ACTING ON YOUR BEHALF claim has knowledge of the INCIDENT...

RESPONSE TO INTERROGATORY 12.1: (a), (b), (c), and (d): Plaintiff refers Propounding Party to the response to Special Interrogatory No. 6, which lists the following individuals with knowledge:

INTERROGATORY 12.1: State the name, ADDRESS, and telephone number of each individual: (a) who witnessed the INCIDENT or the events occurring immediately before or after the INCIDENT... (d) who YOU OR ANYONE ACTING ON YOUR BEHALF claim has knowledge of the INCIDENT...

RESPONSE TO INTERROGATORY 12.1: (a), (b), (c), and (d): Plaintiff refers Propounding Party to the response to Special Interrogatory No. 6, which lists the following individuals with knowledge:

- Christopher Bradshaw (Contact information is uniquely known to the Plaintiff. See Plaintiff's personal records.)
- Troy Gatlin (Contact information is uniquely known to the Plaintiff. See Plaintiff's personal records.)
- Gary Gonsalves (Contact information is uniquely known to the Plaintiff. See Plaintiff's personal records.)
- Shawna (Last name and identifying information currently unknown to Plaintiff, but to be supplemented upon discovery.)
- Tom (Bartender on duty who assisted Plaintiff, now deceased.)

INTERROGATORY 12.2: Have YOU OR ANYONE ACTING ON YOUR BEHALF interviewed any individual concerning the INCIDENT? If so, for each individual state...

RESPONSE TO INTERROGATORY 12.2: Yes. Plaintiff spoke with the individuals listed in Interrogatory 12.1 regarding the incident. The details of these communications (date, time, exact location) are uniquely known to the Plaintiff. (See Plaintiff's personal records.)

INTERROGATORY 12.3: Have YOU OR ANYONE ACTING ON YOUR BEHALF obtained a written or recorded statement from any individual concerning the INCIDENT? If so, for each statement state...

RESPONSE TO INTERROGATORY 12.3: Yes. Written statements were obtained from the lay witnesses. The statements themselves will be produced in response to Request for

Production of Documents No. 20. The specific details regarding the persons involved in obtaining the statement are uniquely known to the Plaintiff. (See Plaintiff's personal records.)

INTERROGATORY 12.4: Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any photographs, films, or videotapes depicting any place, object, or individual concerning the INCIDENT or plaintiff's injuries? If so, state...

RESPONSE TO INTERROGATORY 12.4: Yes. (a) Number: Approximately 10-15 photographs (b) Subjects: Plaintiff's left leg injury, surgical sites, and X-rays/Imaging (c) Date: Various dates throughout treatment (d) Individual Taking: Plaintiff or medical staff (e) Custodian: Plaintiff and the relevant medical providers (Kaiser Permanente). (These documents have been produced as Exhibit B and in the full medical file.) Plaintiff notes the video surveillance of the fall is unavailable, as per information provided by Defendant.

INTERROGATORY 12.5: Do YOU OR ANYONE ACTING ON YOUR BEHALF know of any diagram, reproduction, or model... concerning the INCIDENT? If so, for each item state...

RESPONSE TO INTERROGATORY 12.5: No.

INTERROGATORY 12.6: Was a report made by any PERSON concerning the INCIDENT? If so, state...

RESPONSE TO INTERROGATORY 12.6: Yes. (a) PERSON who made the report: AMR/EMT Personnel (b) Date and Type: October 26, 2021, Patient Care Report (c) Person for whom made: Medical Providers/Kaiser Permanente (d) Custodian: Plaintiff, Kaiser

Permanente, and the Propounding Party (as the document was previously produced as Exhibit A).

INTERROGATORY 12.7: Have YOU OR ANYONE ACTING ON YOUR BEHALF inspected the scene of the INCIDENT? If so, for each inspection state...

RESPONSE TO INTERROGATORY 12.7: No, aside from Plaintiff's observations at the time of the incident.

INTERROGATORY 13.1: Have YOU OR ANYONE ACTING ON YOUR BEHALF conducted surveillance of any individual involved in the INCIDENT or any party to this action? If so, for each surveillance state...

RESPONSE TO INTERROGATORY 13.1: No.

INTERROGATORY 13.2: Has a written report been prepared on the surveillance? If so, for each written report state...

RESPONSE TO INTERROGATORY 13.2: No.

INTERROGATORY 14.1: Do YOU OR ANYONE ACTING ON YOUR BEHALF contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the INCIDENT? If so, identify the name, ADDRESS, and telephone number of each PERSON and the statute, ordinance, or regulation that was violated.

RESPONSE TO INTERROGATORY 14.1: Yes. Plaintiff contends that NEWELL'S COCKTAIL LOUNGE violated the general duty of care under premises liability law (California Civil Code 1714 and common law) by failing to maintain the premises in a reasonably safe

condition, specifically by failing to timely remedy or warn of the liquid spill on the floor and failing to provide adequate lighting.

INTERROGATORY 14.2: Was any PERSON cited or charged with a violation of any statute, ordinance, or regulation as a result of this INCIDENT? If so, for each PERSON state...

RESPONSE TO INTERROGATORY 14.2: No.

INTERROGATORY 17.1: Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission: (a) state the number of the request; (b) state all facts on which you base your response; (c) state the names, ADDRESSES, and telephone numbers of all PERSONS who have knowledge of those facts; and (d) identify all DOCUMENTS and other tangible things that support your response and state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT or thing.

RESPONSE TO INTERROGATORY 17.1: No. The Plaintiff's responses to Requests for Admission Nos. 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, and 33 are not unqualified admissions.

For each request that was DENIED or OBJECTED TO AND DENIED, the following response applies:

(a) Request Numbers: All requests for admission, except RFA No. 5 (which was ADMITTED), are subject to this response.

(b) Facts on which response is based: * RFAs 1, 2, 3, 4, 17, 18 (Conflicting Accounts of

Fall/Status): The Plaintiff's response is based on the fact that Plaintiff's true account is that she fell due to a liquid spill inside the LOCATION, as stated in the Complaint. Any other accounts allegedly given to Kaiser Permanente employees (cart, wagon, barstool) were either misunderstood, inaccurately recorded, or were the product of confusion immediately following a severe, traumatic injury. Plaintiff was not homeless at the time of the injury. * RFAs 6, 7, 8, 9, 10, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 (History of Abuse/Rehab/Homelessness/Mental Health): The response is based on the fact that the claims asserted in the requests are untrue. The Plaintiff did not have the substance abuse history, homelessness history, or rehabilitation history as alleged in the requests, and asserting such history would be highly prejudicial and irrelevant to the cause of the fall. * RFAs 11, 12, 13, 14, 15, 16, 29, 30, 31, 32, 33 (Evidence and Liability): The response is based on the fact that Plaintiff did fall in the LOCATION due to the negligence of the Defendant (Newell's Cocktail Lounge) in creating and/or failing to remedy the hazardous condition. The evidence supporting this contention (the liquid spill, inadequate lighting, Defendant's constructive notice, and the fall itself) is being developed through discovery.

(c) Persons with knowledge of those facts: * Witnesses to the Fall/Scene/Immediate Aftermath: Christopher Bradshaw, Troy Gatlin, Gary Gonsalves, Shawna (witnesses' contact information is uniquely known to the Plaintiff. See Plaintiff's personal records.), and Defendant's Employees (Bartender "Tom," who is now deceased, and others whose identities are known only to Defendant). * Witnesses to Injuries/Lack of Prior History:

Plaintiff Dawn Calvert, and the treating physicians/healthcare providers listed in the response to Interrogatory 6.4.

(d) Documents and tangible things that support the response: * Incident/Fall: Witness Statements (produced in response to RFPD No. 20), and the Complaint filed in this matter. * Injuries/Lack of Prior Injury: Plaintiff's complete Kaiser Permanente Medical Records (previously produced), which document the mechanism of the injury and the resulting diagnosis of a left tibial plateau fracture, and which do not support the existence of any pre-existing injury to the left knee. * Liability: The Demand Letter and the facts asserted therein, and all photos/imaging produced in response to RFPD No. 19.

DATED: December 2, 2025 Respectfully Submitted,