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NEWELL'S COCKTAIL LOUNGE

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN MATEO - SOUTHERN BRANCH

DAWN CALVERT,

Plaintiff,

v.

NEWELL'S COCKTAIL LOUNGE, et al,

Defendants.

Case No.: 23-CIV-05077
Assigned to Hon. Mark McCannon, Dept 2 for all purposes.

DECLARATION OF THOMAS C. MOISE IN SUPPORT OF MOTION TO COMPEL RESPONSE TO WRITTEN DISCOVERY REQUESTS, SET ONE, AND FOR MONETARY SANCTIONS

Complaint Filed: October 25, 2023
Trial Date: TBD

1. I am an attorney licensed to practice in all courts of the State of California, and I am an attorney of Kronenberg Law, PC, attorneys for Defendant Newell's Cocktail Lounge ("Defendant"). I have personal knowledge of the information set forth herein below, all of which is true and correct of my own personal knowledge, and if called to testify, I could and would testify thereto.

2. On November 5, 2026, my office served Form Interrogatories, Special Interrogatories, Requests for Production of Documents, and Request for Admissions on Plaintiff. A true and correct copy of these requests and interrogatories to Plaintiff Dawn Calvert ("Plaintiff") are attached hereto as **Exhibit A**.

3. As of the filing of this motion, Defendant has yet to receive code compliant responses, specifically responses to Form Interrogatory 17.1, from Plaintiff.

4. I sent a meet and confer letter to Plaintiff on January 12, 2026, regarding the discovery

requests served in November 2025. A true and correct copy of this correspondence is attached hereto as **Exhibit B**.

5. The January 12, 2026, meet and confer letter gave a due date of January 16, 2026 to provide code compliant responses.

6. On January 15, 2026, I contacted Plaintiff, via telephone, and offered an extension to the deadline, making the new deadline January 23, 2026. I sent a confirmation email documenting our discussion. A true and correct copy of this correspondence is attached hereto as **Exhibit C**.

7. As of the filing of this motion, Plaintiff has not responded to my inquiries about written discovery, and code-compliant responses have not been provided. Based on these events and Plaintiff's unreasonable delay, I believe that the filing of this motion to compel has become necessary.

8. My hourly rate in this matter is $280.00 per hour. I spent approximately four hours preparing this motion to compel, including its notice, memorandum of points and authorities, this declaration, proposed order, and coordinating the attached exhibits. I expect that I will spend approximately one hour to appear for the hearing on this matter. My office requests sanctions in the amount of $1,400.00 ($280 x 5 hours), or any other amount the Court believes would be just and reasonable.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: January 26, 2026

KRONENBERG LAW PC

By _____
William S. Kronenberg
Thomas C. Moise
Attorneys for Defendant, NEWELL'S COCKTAIL LOUNGE

EXHIBIT A

ATTORNEY OR PARTY WITHOUT ATTORNEY
STATE BAR NUMBER:
NAME: William S. Kronenberg - SBN 133730 - Thomas C, Moise - SBN 356834
FIRM NAME: Kronenberg Law PC
STREET ADDRESS: One Kaiser Plaza, suite 1675
CITY: Oakland
STATE: CA ZIP CODE: 94612
TELEPHONE NO.: (510) 254-6767
FAX NO.:
EMAIL ADDRESS: (510) 788-4092
ATTORNEY FOR *(name)*: Defendant Newell's Cocktail Lounge

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Mateo

SHORT TITLE OF CASE:
Calvert v. Newell's Cocktail Lounge

FORM INTERROGATORIES—GENERAL

Asking Party: Newell's Cocktail Lounge

Answering Party: Dawn Calvert

Set No.: one

CASE NUMBER:
23-CIV-05077

Sec. 1. Instructions to All Parties

(a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in civil cases.

(b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.

(c) These form interrogatories do not change existing law relating to interrogatories nor do they affect an answering party's right to assert any privilege or make any objection.

Sec. 2. Instructions to the Asking Party

(a) These interrogatories are designed for optional use by parties in unlimited civil cases where the amount demanded exceeds $35,000. Separate interrogatories, *Form Interrogatories—Limited Civil Cases (Economic Litigation)* (form DISC-004), which have no subparts, are designed for use in limited civil cases where the amount demanded is $35,000 or less; however, those interrogatories may also be used in unlimited civil cases.

(b) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that are applicable to the case.

(c) You may insert your own definition of **INCIDENT** in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.

(d) The interrogatories in section 16.0, Defendant's Contentions–Personal Injury, should not be used until the defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.

(e) Additional interrogatories may be attached.

Sec. 3. Instructions to the Answering Party

(a) An answer or other appropriate response must be given to each interrogatory checked by the asking party.

(b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties to the action who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.

(c) Each answer must be as complete and straightforward as the information reasonably available to you, including the information possessed by your attorneys or agents, permits. If an interrogatory cannot be answered completely, answer it to the extent possible.

(d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.

(e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.

(f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.

(g) If you are asserting a privilege or making an objection to an interrogatory, you must specifically assert the privilege or state the objection in your written response.

(h) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(Date) _____ *(SIGNATURE)*

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(a) *(Check one of the following):*

[X] (1) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

Form Approved for Optional Use
Judicial Council of California
DISC-001 [Rev. January 1, 2024]

Code of Civil Procedure,
§§ 2030.010-2030.410, 2033.710
www.courts.ca.gov

☐ **(2) INCIDENT** means *(insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"):*

(b) YOU OR ANYONE ACTING ON YOUR BEHALF includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

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

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

1.0 Identity of Persons Answering These Interrogatories

☒ 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.)*

2.0 General Background Information individual—

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

☒ 2.2 State the date and place of your birth.

☒ 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.

☒ 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.

☒ 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.**

☒ 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.

☒ 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.

☒ 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.

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

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

[x] 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.

[x] 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.**

[x] 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.

3.0 General Background Information—Business Entity

[ ] 3.1 Are you a corporation? If so, state:
(a) the name stated in the current articles of incorporation;
(b) all other names used by the corporation during the past 10 years and the dates each was used;
(c) the date and place of incorporation;
(d) the **ADDRESS** of the principal place of business; and
(e) whether you are qualified to do business in California.

[ ] 3.2 Are you a partnership? If so, state:
(a) the current partnership name;
(b) all other names used by the partnership during the past 10 years and the dates each was used;
(c) whether you are a limited partnership and, if so, under the laws of what jurisdiction;
(d) the name and **ADDRESS** of each general partner; and
(e) the **ADDRESS** of the principal place of business.

[ ] 3.3 Are you a limited liability company? If so, state:
(a) the name stated in the current articles of organization;
(b) all other names used by the company during the past 10 years and the date each was used;
(c) the date and place of filing of the articles of organization;
(d) the **ADDRESS** of the principal place of business; and
(e) whether you are qualified to do business in California.

[ ] 3.4 Are you a joint venture? If so, state:
(a) the current joint venture name;
(b) all other names used by the joint venture during the past 10 years and the dates each was used;
(c) the name and **ADDRESS** of each joint venturer; and
(d) the **ADDRESS** of the principal place of business.

[ ] 3.5 Are you an unincorporated association? If so, state:
(a) the current unincorporated association name;
(b) all other names used by the unincorporated association during the past 10 years and the dates each was used; and
(c) the **ADDRESS** of the principal place of business.

[ ] 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:
(a) the name;
(b) the dates each was used;
(c) the state and county of each fictitious name filing; and
(d) the **ADDRESS** of the principal place of business.

[ ] 3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:
(a) identify the license or registration;
(b) state the name of the public entity; and
(c) state the dates of issuance and expiration.

4.0 Insurance

[x] 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 example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT?** If so, for each policy state:
(a) the kind of coverage;
(b) the name and **ADDRESS** of the insurance company;
(c) the name, **ADDRESS,** and telephone number of each named insured;
(d) the policy number;
(e) the limits of coverage for each type of coverage contained in the policy;
(f) whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
(g) the name, **ADDRESS,** and telephone number of the custodian of the policy.

[x] 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.

5.0 *[Reserved]*

6.0 Physical, Mental, or Emotional Injuries

[x] 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).*

[x] 6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.

[x] 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.

[x] 6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) 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.

[x] 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:

(a) the name;

(b) the **PERSON** who prescribed or furnished it;

(c) the date it was prescribed or furnished;

(d) the dates you began and stopped taking it; and

(e) the cost to date.

[x] **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:

(a) the nature;

(b) the date;

(c) the cost; and

(d) the name, **ADDRESS,** and telephone number of each provider.

[x] 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.

7.0 Property Damage

[x] 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:

(a) describe the property;

(b) describe the nature and location of the damage to the property;

(c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and

(d) if the property was sold, state the name, **ADDRESS,** and telephone number of the seller, the date of sale, and the sale price.

[x] 7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:

(a) the name, **ADDRESS,** and telephone number of the **PERSON** who prepared it and the date prepared;

(b) the name, **ADDRESS,** and telephone number of each **PERSON** who has a copy of it; and

(c) the amount of damage stated.

[x] 7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state:

(a) the date repaired;

(b) a description of the repair;

(c) the repair cost;

(d) the name, **ADDRESS,** and telephone number of the **PERSON** who repaired it; and

(e) the name, **ADDRESS,** and telephone number of the **PERSON** who paid for the repair.

8.0 Loss of Income or Earning Capacity

[x] 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).*

[x] 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.

[x] 8.3 State the last date before the **INCIDENT** that you worked for compensation.

[x] 8.4 State your monthly income at the time of the **INCIDENT** and how the amount was calculated.

[x] 8.5 State the date you returned to work at each place of employment following the **INCIDENT.**

[x] 8.6 State the dates you did not work and for which you lost income as a result of the **INCIDENT.**

[x] 8.7 State the total income you have lost to date as a result of the **INCIDENT** and how the amount was calculated.

[x] 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.

9.0 Other Damages

[x] 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.

[x] 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.**

10.0 Medical History

[x] 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.

[x] 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.**)*

[x] 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.

11.0 Other Claims and Previous Claims

[x] 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:

(a) the date, time, and place and location (closest street **ADDRESS** or intersection) of the **INCIDENT** giving rise to the action, claim, or demand;

(b) the name, **ADDRESS,** and telephone number of each **PERSON** against whom the claim or demand was made or the action filed;

(c) the court, names of the parties, and case number of any action filed;

(d) the name, **ADDRESS,** and telephone number of any attorney representing you;

(e) whether the claim or action has been resolved or is pending; and

(f) a description of the injury.

[x] 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:

(a) the date, time, and place of the **INCIDENT** giving rise to the claim;

(b) the name, **ADDRESS,** and telephone number of your employer at the time of the injury;

(c) the name, **ADDRESS,** and telephone number of the workers' compensation insurer and the claim number;

(d) the period of time during which you received workers' compensation benefits;

(e) a description of the injury;

(f) the name, **ADDRESS,** and telephone number of any **HEALTH CARE PROVIDER** who provided services; and

(g) the case number at the Workers' Compensation Appeals Board.

12.0 Investigation—General

[x] 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;**

(b) who made any statement at the scene of the **INCIDENT;**

(c) who heard any statements made about the **INCIDENT** by any individual at the scene; and

(d) who **YOU OR ANYONE ACTING ON YOUR BEHALF** claim has knowledge of the **INCIDENT** (except for expert witnesses covered by Code of Civil Procedure section 2034).

[x] 12.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **INCIDENT?** If so, for each individual state:

(a) the name, **ADDRESS,** and telephone number of the individual interviewed;

(b) the date of the interview; and

(c) the name, **ADDRESS,** and telephone number of the **PERSON** who conducted the interview.

[x] 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:

(a) the name, **ADDRESS,** and telephone number of the individual from whom the statement was obtained;

(b) the name, **ADDRESS,** and telephone number of the individual who obtained the statement;

(c) the date the statement was obtained; and

(d) the name, **ADDRESS,** and telephone number of each **PERSON** who has the original statement or a copy.

[x] 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:
(a) the number of photographs or feet of film or videotape;
(b) the places, objects, or persons photographed, filmed, or videotaped;
(c) the date the photographs, films, or videotapes were taken;
(d) the name, **ADDRESS,** and telephone number of the individual taking the photographs, films, or videotapes; and
(e) the name, **ADDRESS,** and telephone number of each **PERSON** who has the original or a copy of the photographs, films, or videotapes.

[x] 12.5 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) concerning the **INCIDENT?** If so, for each item state:
(a) the type (i.e., diagram, reproduction, or model);
(b) the subject matter; and
(c) the name, **ADDRESS,** and telephone number of each **PERSON** who has it.

[x] 12.6 Was a report made by any **PERSON** concerning the **INCIDENT?** If so, state:
(a) the name, title, identification number, and employer of the **PERSON** who made the report;
(b) the date and type of report made;
(c) the name, **ADDRESS,** and telephone number of the **PERSON** for whom the report was made; and
(d) the name, **ADDRESS,** and telephone number of each **PERSON** who has the original or a copy of the report.

[x] 12.7 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** inspected the scene of the **INCIDENT?** If so, for each inspection state:
(a) the name, **ADDRESS,** and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310); and
(b) the date of the inspection.

13.0 Investigation—Surveillance

[x] 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:
(a) the name, **ADDRESS,** and telephone number of the individual or party;
(b) the time, date, and place of the surveillance;
(c) the name, **ADDRESS,** and telephone number of the individual who conducted the surveillance; and
(d) the name, **ADDRESS,** and telephone number of each **PERSON** who has the original or a copy of any surveillance photograph, film, or videotape.

[x] 13.2 Has a written report been prepared on the surveillance? If so, for each written report state:
(a) the title;
(b) the date;
(c) the name, **ADDRESS,** and telephone number of the individual who prepared the report; and
(d) the name, **ADDRESS,** and telephone number of each **PERSON** who has the original or a copy.

14.0 Statutory or Regulatory Violations

[x] 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.

[x] 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:
(a) the name, **ADDRESS,** and telephone number of the **PERSON;**
(b) the statute, ordinance, or regulation allegedly violated;
(c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered; and
(d) the name and **ADDRESS** of the court or administrative agency, names of the parties, and case number.

15.0 Denials and Special or Affirmative Defenses

[ ] 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings, and for each:
(a) state all facts on which you base the denial or special or affirmative defense;
(b) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of those facts; and
(c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT.**

16.0 Defendant's Contentions—Personal Injury

[ ] 16.1 Do you contend that any **PERSON,** other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff? If so, for each **PERSON:**
(a) state the name, **ADDRESS,** and telephone number of the **PERSON;**
(b) state all facts on which you base your contention;
(c) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

[ ] 16.2 Do you contend that plaintiff was not injured in the **INCIDENT?** If so:
(a) state all facts on which you base your contention;
(b) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(c) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

☐ 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the **INCIDENT**? If so, for each injury:
(a) identify it;
(b) state all facts on which you base your contention;
(c) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

☐ 16.4 Do you contend that any of the services furnished by any **HEALTH CARE PROVIDER** claimed by plaintiff in discovery proceedings thus far in this case were not due to the **INCIDENT**? If so:
(a) identify each service;
(b) state all facts on which you base your contention;
(c) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

☐ 16.5 Do you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:
(a) identify each cost;
(b) state all facts on which you base your contention;
(c) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

☐ 16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the **INCIDENT**? If so:
(a) identify each part of the loss;
(b) state all facts on which you base your contention;
(c) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

☐ 16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the **INCIDENT**? If so:
(a) identify each item of property damage;
(b) state all facts on which you base your contention;
(c) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

☐ 16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:
(a) identify each cost item;
(b) state all facts on which you base your contention;
(c) state the names, **ADDRESSES,** and telephone numbers of all **PERSONS** who have knowledge of the facts; and
(d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

☐ 16.9 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the **INCIDENT** by a plaintiff in this case? If so, for each plaintiff state:
(a) the source of each **DOCUMENT;**
(b) the date each claim arose;
(c) the nature of each claim; and
(d) the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT.**

☐ 16.10 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a **HEALTH CARE PROVIDER** not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310)? If so, for each plaintiff state:
(a) the name, **ADDRESS,** and telephone number of each **HEALTH CARE PROVIDER;**
(b) a description of each **DOCUMENT**; and
(c) the name, **ADDRESS,** and telephone number of the **PERSON** who has each **DOCUMENT.**

17.0 Responses to Request for Admissions

☒ 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.

18.0 *[Reserved]*

19.0 *[Reserved]*

20.0 How the Incident Occurred—Motor Vehicle

☐ 20.1 State the date, time, and place of the **INCIDENT** (closest street **ADDRESS** or intersection).

☐ 20.2 For each vehicle involved in the **INCIDENT,** state:
(a) the year, make, model, and license number;
(b) the name, ADDRESS, and telephone number of the driver;

(c) the name, **ADDRESS,** and telephone number of each occupant other than the driver;

(d) the name, **ADDRESS,** and telephone number of each registered owner;

(e) the name, **ADDRESS,** and telephone number of each lessee;

(f) the name, **ADDRESS,** and telephone number of each owner other than the registered owner or lien holder; and

(g) the name of each owner who gave permission or consent to the driver to operate the vehicle.

☐ 20.3 State the **ADDRESS** and location where your trip began and the **ADDRESS** and location of your destination.

☐ 20.4 Describe the route that you followed from the beginning of your trip to the location of the **INCIDENT,** and state the location of each stop, other than routine traffic stops, during the trip leading up to the **INCIDENT.**

☐ 20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the **INCIDENT** for the 500 feet of travel before the **INCIDENT.**

☐ 20.6 Did the **INCIDENT** occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.

☐ 20.7 Was there a traffic signal facing you at the time of the **INCIDENT?** If so, state:

(a) your location when you first saw it;

(b) the color;

(c) the number of seconds it had been that color; and

(d) whether the color changed between the time you first saw it and the **INCIDENT.**

☐ 20.8 State how the **INCIDENT** occurred, giving the speed, direction, and location of each vehicle involved:

(a) just before the **INCIDENT;**

(b) at the time of the **INCIDENT;** and

(c) just after the **INCIDENT.**

☐ 20.9 Do you have information that a malfunction or defect in a vehicle caused the **INCIDENT**? If so:

(a) identify the vehicle;

(b) identify each malfunction or defect;

(c) state the name, **ADDRESS,** and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and

(d) state the name, **ADDRESS,** and telephone number of each **PERSON** who has custody of each defective part.

☐ 20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the **INCIDENT?** If so:

(a) identify the vehicle;

(b) identify each malfunction or defect;

(c) state the name, **ADDRESS,** and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and

(d) state the name, **ADDRESS,** and telephone number of each **PERSON** who has custody of each defective part.

☐ 20.11 State the name, **ADDRESS,** and telephone number of each owner and each **PERSON** who has had possession since the **INCIDENT** of each vehicle involved in the **INCIDENT.**

25.0 *[Reserved]*

30.0 *[Reserved]*

40.0 *[Reserved]*

50.0 Contract

☐ 50.1 For each agreement alleged in the pleadings:

(a) identify each **DOCUMENT** that is part of the agreement and for each state the name, **ADDRESS,** and telephone number of each **PERSON** who has the **DOCUMENT;**

(b) state each part of the agreement not in writing, the name, **ADDRESS,** and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;

(c) identify all **DOCUMENTS** that evidence any part of the agreement not in writing and for each state the name, **ADDRESS,** and telephone number of each **PERSON** who has the **DOCUMENT;**

(d) identify all **DOCUMENTS** that are part of any modification to the agreement, and for each state the name, **ADDRESS,** and telephone number of each **PERSON** who has the **DOCUMENT;**

(e) state each modification not in writing, the date, and the name, **ADDRESS,** and telephone number of each **PERSON** agreeing to the modification, and the date the modification was made;

(f) identify all **DOCUMENTS** that evidence any modification of the agreement not in writing and for each state the name, **ADDRESS,** and telephone number of each **PERSON** who has the **DOCUMENT.**

☐ 50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.

☐ 50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.

☐ 50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.

☐ 50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.

☐ 50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.

60.0 *[Reserved]*

CERTIFICATE OF SERVICE

I, Jenilee Rivera, declare:

I am a citizen of the United States, am over the age of eighteen years, and am not a party to or interested in the within entitled cause. My business address is 1 Kaiser Plaza, Suite 1675, Oakland, CA 94612.

On November 5, 2025, I served the following document(s) on the parties in the within action:

- **NEWELL'S COCKTAIL LOUNGE'S FORM INTERROGATORIES TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S SPECIAL INTERROGATORIES TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S REQUESTS FOR ADMISSION TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF DAWN CALVERT, SET ONE**

x	**BY E-MAIL:** Pursuant to CCP 1010.6 and/or based on a court order or an agreement of the parties to accept service by e-mail, I attached the document(s) to an e-mail message, and invoked the send command to transmit the e-mail message to the person(s) at the e-mail address(es) listed below. I did not receive within a reasonable time after the transmission any electronic message or other indication that the transmission was unsuccessful.

DAWN CALVERT 172 Santa Dominga Avenue San Bruno, CA 94066 T: 650-276-9820 E-mail: calvertdawn99@gmail.com	Plaintiff in Pro Per

I declare under penalty of perjury under the laws of the State of California that the foregoing is a true and correct statement and that this Certificate was executed on November 5, 2025.

JENILEE RIVERA

William S. Kronenberg – SBN 133730
Thomas C. Moise - SBN 356834
KRONENBERG LAW PC
1 Kaiser Plaza, Suite 1675
Oakland, CA 94612-3699
Tel: 510-254-6767
Fax: 510-788-4092
wkronenberg@krolaw.com
tmoise@krolaw.com

Attorneys for Defendant,
NEWELL'S COCKTAIL LOUNGE

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN MATEO - SOUTHERN BRANCH

DAWN CALVERT,

Plaintiff,

v.

NEWELL'S COCKTAIL LOUNGE, et al,

Defendants.

Case No.: 23-CIV-05077
Assigned to Hon. Susan Greenberg, Dept 3 for all purposes.

DEFENDANT NEWELL'S COCKTAIL LOUNGE'S SPECIAL INTERROGATORIES TO PLAINTIFF DAWN CALVERT

Complaint Filed: October 25, 2023
Trial Date: TBD

PROPOUNDING PARTY: Defendant NEWELL'S COCKTAIL LOUNGE

RESPONDING PARTY: Plaintiff DAWN CALVERT

SET NUMBER: ONE (1)

Pursuant to C.C.P. §2030.010 *et seq.*, please answer the following interrogatories under oath within thirty days, plus two court days. In answering these interrogatories, you must furnish all information known or available to you regardless of whether this information is possessed directly by you, your attorneys, your agents, employees, representatives, or investigators.

If any of these interrogatories cannot be answered in full, please answer to the fullest extent possible specifying the reasons for your inability to completely respond and stating whatever information, knowledge, or belief you have concerning the unanswered portion.

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Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response or referred to in the response. If a document is more than one page, please refer to the page and section in the answer to the interrogatory.

The following definitions are used throughout these special interrogatories:

DEFINITIONS

1. "YOU" and "YOUR" defined as the party responding to this set of discovery, Plaintiff DAWN CALVERT and shall also include their agents, attorneys, investigators, and anyone acting on their behalf.
2. "DOCUMENTS" is defined as any handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing, any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored. Evidence Code Section 250. This definition of the term "DOCUMENTS" includes, but is not limited to, any and all information stored in electronic medium. Code of Civil Procedure Section 2016.020.
3. "LOCATION" is defined as Newell's Cocktail Lounge, 497 San Mateo Ave, San Bruno, CA 94066, and the surrounding areas where the subject incident occurred as described in YOUR Complaint in San Mateo County Superior Court action number 23-CIV-05077.
4. "INCIDENT" is defined as the subject incident which occurred at the LOCATION on October 25, 2021, which resulted in personal injury claimed to have been suffered by YOU, which is the subject of this action as described in YOUR Complaint in San Mateo County Superior Court action number 23-CIV-05077.
5. "COMPLAINT" is defined as YOUR Complaint in San Mateo County Superior Court action number 23-CIV-05077.
6. The term "IDENTIFY" when used in reference to an individual person, means to state the person's full name, present or last known residence and/or business address, present or last known telephone number, and present or last known business affiliation or position.

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7. The term "IDENTIFY" when used in reference to an entity, means to state the entity's name, as registered with the Secretary of State or other regulatory authority.

8. The term "IDENTIFY" when used with reference to a document, file or report, means to describe the item and to state the name, address and phone number of the preparer, the date of preparation, present location and custodian of the item sufficiently for a subpoena duces tecum containing such description.

SPECIAL INTERROGATORIES

SPECIAL INTERROGATORY NO. 1:

Please IDENTIFY the exact place inside the LOCATION YOU tripped and fell.

SPECIAL INTERROGATORY NO. 2:

Please IDENTIFY what YOU were doing immediately prior to the INCIDENT.

SPECIAL INTERROGATORY NO. 3:

Please IDENTIFY the specific faulty features of the LOCATION that YOU claim led to YOUR injuries.

SPECIAL INTERROGATORY NO. 4:

Do YOU contend that NEWELL'S COCKTAIL LOUNGE is legally responsible for YOUR injuries?

SPECIAL INTERROGATORY NO. 5:

If YOUR answer to the preceding Interrogatory is in the affirmative, describe all facts on which you base your contention.

SPECIAL INTERROGATORY NO. 6:

If YOUR answer to Interrogatory No. 4 is in the affirmative, list all witnesses YOU contend to have witnessed the INCIDENT.

SPECIAL INTERROGATORY NO. 7:

If YOUR answer to Interrogatory No. 4 is in the affirmative, list all documents YOU contend to support your allegations pertaining to the INCIDENT.

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SPECIAL INTERROGATORY NO. 8:

Do YOU contend there was a hazardous area in the LOCATION the night of YOUR injury?

SPECIAL INTERROGATORY NO. 9:

If YOUR answer to the preceding Interrogatory is in the affirmative, describe all facts on which you base your contention.

SPECIAL INTERROGATORY NO. 10:

If YOUR answer to Interrogatory No. 8 is in the affirmative, list all witnesses YOU contend to have witnessed the INCIDENT.

SPECIAL INTERROGATORY NO. 11:

If YOUR answer to Interrogatory No. 8 is in the affirmative, list all documents YOU contend to support your allegations pertaining to the INCIDENT.

SPECIAL INTERROGATORY NO. 12:

Do YOU contend that YOU fell inside the LOCATION the night YOU were injured?

SPECIAL INTERROGATORY NO. 13:

If YOUR answer to the preceding Interrogatory is in the affirmative, describe all facts on which you base your contention.

SPECIAL INTERROGATORY NO. 14:

If YOUR answer to Interrogatory No. 12 is in the affirmative, list all witnesses YOU contend to have witnessed the INCIDENT.

SPECIAL INTERROGATORY NO. 15:

If YOUR answer to Interrogatory No. 12 is in the affirmative, list all documents YOU contend to support your allegations pertaining to the INCIDENT.

SPECIAL INTERROGATORY NO. 16:

When is the last time YOU consumed heroin?

SPECIAL INTERROGATORY NO. 17:

When is the last time YOU consumed methamphetamine?

SPECIAL INTERROGATORY NO. 18:

When is the last time YOU were enrolled in a drug rehabilitation treatment?

SPECIAL INTERROGATORY NO. 19:

When is the last time YOU were enrolled in an alcohol rehabilitation treatment?

SPECIAL INTERROGATORY NO. 20:

When is the last time YOU were evaluated for a mental health disorder?

SPECIAL INTERROGATORY NO. 21:

Have YOU ever been diagnosed with mental health disorder?

SPECIAL INTERROGATORY NO. 22:

If YOUR answer to the preceding Interrogatory is in the affirmative, describe all facts on which you base your contention.

SPECIAL INTERROGATORY NO. 23:

If YOUR answer to Interrogatory No. 21 is in the affirmative, list all witnesses YOU contend to have witnessed the INCIDENT.

SPECIAL INTERROGATORY NO. 24:

If YOUR answer to Interrogatory No. 21 is in the affirmative, list all documents YOU contend to support your allegations pertaining to the INCIDENT.

DATED: November 5, 2025

KRONENBERG LAW PC

By _____
William S. Kronenberg
Thomas C. Moise
Attorneys for Defendant, NEWELL'S COCKTAIL LOUNGE

CERTIFICATE OF SERVICE

I, Jenilee Rivera, declare:

I am a citizen of the United States, am over the age of eighteen years, and am not a party to or interested in the within entitled cause. My business address is 1 Kaiser Plaza, Suite 1675, Oakland, CA 94612.

On November 5, 2025, I served the following document(s) on the parties in the within action:

- **NEWELL'S COCKTAIL LOUNGE'S FORM INTERROGATORIES TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S SPECIAL INTERROGATORIES TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S REQUESTS FOR ADMISSION TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF DAWN CALVERT, SET ONE**

x	**BY E-MAIL:** Pursuant to CCP 1010.6 and/or based on a court order or an agreement of the parties to accept service by e-mail, I attached the document(s) to an e-mail message, and invoked the send command to transmit the e-mail message to the person(s) at the e-mail address(es) listed below. I did not receive within a reasonable time after the transmission any electronic message or other indication that the transmission was unsuccessful.

DAWN CALVERT 172 Santa Dominga Avenue San Bruno, CA 94066 T: 650-276-9820 E-mail: calvertdawn99@gmail.com	Plaintiff in Pro Per

I declare under penalty of perjury under the laws of the State of California that the foregoing is a true and correct statement and that this Certificate was executed on November 5, 2025.

JENILEE RIVERA

William S. Kronenberg – SBN 133730
Thomas C. Moise - SBN 356834
KRONENBERG LAW PC
1 Kaiser Plaza, Suite 1675
Oakland, CA 94612-3699
Tel: 510-254-6767
Fax: 510-788-4092
wkronenberg@krolaw.com
tmoise@krolaw.com

Attorneys for Defendant,
NEWELL'S COCKTAIL LOUNGE

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN MATEO - SOUTHERN BRANCH

DAWN CALVERT,

Plaintiff,

v.

NEWELL'S COCKTAIL LOUNGE, et al,

Defendants.

Case No.: 23-CIV-05077
Assigned to Hon. Susan Greenberg, Dept 3 for all purposes.

DEFENDANT NEWELL'S COCKTAIL LOUNGE'S REQUEST FOR PRODUCTION OF DOCUMENTS PROPOUNDED TO PLAINTIFF DAWN CALVERT SET ONE

Complaint Filed: October 25, 2023
Trial Date: TBD

PROPOUNDING PARTY: Defendant NEWELL'S COCKTAIL LOUNGE

RESPONDING PARTY: Plaintiff DAWN CALVERT

SET NUMBER: ONE (1)

Responding party is requested to identify and produce for inspection and copying, per Civil Procedure Code sections 2031.010, et seq., the writings and things in the below-numbered demands. The production shall take place no later than 30 days from the date of service of this demand at the law offices of Kronenberg Law, P.C., 1 Kaiser Plaza, Suite 1675, Oakland, CA 94612. All writings shall be produced in electronic format. Per Civil Procedure Code Section 2031.280, request is hereby made that any and all electronically stored information (as defined in Civil Procedure Code Section 2016.020) shall be produced in its native format.

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Responding party is required to serve a written response, under oath, identifying all writings and things falling within the below-numbered demands as provided by Civil Procedure Code sections 2031.010, et seq. The written response shall be served no later than 30 days from the date of service of this demand.

If any writing or thing is no longer in responding party's possession, custody or control, the responding party shall state whether it was lost, destroyed or otherwise disposed of, and describe the circumstances of such disposition in accordance with Civil Procedure Code sections 2031.010, et seq.

If responding party contends that any writing or thing which otherwise comes within the purview of this demand is privileged, and not subject to production, responding party shall identify such writing or thing in responding party's written response by describing each such writing or thing sufficiently to allow propounding parties to move the court to compel its disclosure per Civil Procedure Code section 2031.240(c)(1). The description should include, but not be limited to, the following:

1. The name of the person who prepared the writing or thing;
2. The name of each person to whom the writing or thing was addressed and distributed;
3. The date of the writing or thing;
4. The description of the general nature of the writing or thing;
5. The specific privileges which you contend apply to the writing or thing;
6. The grounds which responding party claims establishes the privilege as to the writing or thing; and;
7. Identify and produce any portion of such writing or thing which responding party does not contend is privileged.

If responding party objects to production of any writing or thing on any other ground, such objection must be fully and specifically stated, including the grounds therefor.

DEFINITIONS

1. "YOU" and "YOUR" defined as the party responding to this set of discovery, Plaintiff DAWN CALVERT and shall also include their agents, attorneys, investigators, and anyone acting on their behalf.
2. "DOCUMENTS" is defined as any handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other

means of recording upon any tangible thing, any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored. Evidence Code Section 250. This definition of the term "DOCUMENTS" includes, but is not limited to, any and all information stored in electronic medium. Code of Civil Procedure Section 2016.020.

3. "LOCATION" is defined as Newell's Cocktail Lounge, 497 San Mateo Ave, San Bruno, CA 94066, and the immediate surrounding areas, where the subject incident occurred as described in YOUR Complaint in San Mateo Superior Court action number 23-CIV-05077.
4. "INCIDENT" is defined as the subject incident which occurred at the LOCATION on October 25, 2021, which resulted in personal injury claimed to have been suffered by YOU, which is the subject of this action as described in YOUR Complaint in San Mateo Superior Court action number 23-CIV-05077.
5. "COMPLAINT" is defined as YOUR Complaint in San Mateo County Superior Court action number 23-CIV-05077.

REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 1:

Any and all DOCUMENTS identified in YOUR responses to Propounding Party's Form and Special Interrogatories, set one, concurrently served herewith.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 2:

Any and all DOCUMENTS which YOU contend support and/or evidence YOUR injuries resulting from the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 3:

Any and all DOCUMENTS which YOU contend support and/or evidence all damages suffered by YOU as a result of the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 4:

Any and all DOCUMENTS which YOU contend support and/or evidence YOUR claim for wage loss resulting from the INCIDENT.

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REQUEST FOR PRODUCTION OF DOCUMENTS NO. 5:

Any and all DOCUMENTS which YOU contend support and/or evidence YOUR claim for loss of earning capacity resulting from the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 6:

Any and all DOCUMENTS which YOU contend support and/or evidence YOUR claim for hospital and medical expenses.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 7:

Any and all DOCUMENTS which YOU contend support and/or evidence YOUR claim for general damages.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 8:

Any and all DOCUMENTS used by YOU to calculate, support and/or evidence YOUR claim for any damages resulting from the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 9:

Any and all DOCUMENTS used by YOU to calculate, support and/or evidence YOUR claim for past wage loss resulting from the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 10:

Any and all DOCUMENTS used by YOU to calculate, support and/or evidence YOUR claim for claim for loss of earning capacity resulting from the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 12:

Any and all DOCUMENTS used by YOU to calculate, support and/or evidence YOUR claim for past wage loss resulting from the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 13:

Any and all DOCUMENTS used by YOU to calculate, support and/or evidence YOUR claim for general damages.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 14:

Any and all DOCUMENTS which support and/or evidence any treatment for injuries suffered by YOU as a result of the INCIDENT, including but not limited to medical records, charts, imaging reports of any kind, imaging records themselves, discharge instructions, and billing records.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 15:

Any and all DOCUMENTS which support and/or evidence the total amount billed for the treatment of any injury suffered by YOU as a result of the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 16:

Any and all DOCUMENTS which support and/or evidence all insurance payments for the treatment of any injury suffered by YOU as a result of the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 17:

Any and all DOCUMENTS which support and/or evidence all out-of-pocket payments for the treatment of any injury suffered by YOU as a result of the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 18:

Any and all DOCUMENTS which support and/or evidence YOUR claim for premises liability.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 19:

Any and all photographs and/or videos of the location of the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 20:

Any and all witness statements regarding the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 21:

Any and all reports regarding the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 22:

Any and all DOCUMENTS between YOU and PROPOUNDING PARTY regarding the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 23:

Any and all DOCUMENTS evidencing YOUR alleged fall the in the LOCATION the night of YOUR injury.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 24:

Any and all DOCUMENTS between YOU and anyone else, exclusive of YOUR attorneys, regarding the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 25:

Any and all photographs of YOUR injuries.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 26:

Any and all DOCUMENTS evidencing YOUR enrollment in any drug rehabilitation program in the past 10 years.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 27:

Any and all DOCUMENTS evidencing YOUR enrollment in any alcohol rehabilitation program in the past 10 years.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 28:

Any and all DOCUMENTS evidencing YOUR enrollment in any unhoused programs in the past 10 years.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 29:

Any and all DOCUMENTS evidencing YOUR blood alcohol level the night of the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 30:

Any and all DOCUMENTS evidencing YOUR statements made to Kaiser Permanente employees the night of the INCIDENT.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 31:

Any and all DOCUMENTS evidencing any mental health evaluations or diagnosis of YOU in the past ten years.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 32:

Any and all DOCUMENTS evidencing a hazardous area in the LOCATION the night of YOUR injury.

REQUEST FOR PRODUCTION OF DOCUMENTS NO. 33:

Any and all DOCUMENTS evidencing DEFENDANT was on notice for a hazardous area in the LOCATION the night of YOUR injury.

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DATED: November 5, 2025

KRONENBERG LAW PC

By _____
William S. Kronenberg
Thomas C. Moise
Attorneys for Defendant, NEWELL'S COCKTAIL LOUNGE

CERTIFICATE OF SERVICE

I, Jenilee Rivera, declare:

I am a citizen of the United States, am over the age of eighteen years, and am not a party to or interested in the within entitled cause. My business address is 1 Kaiser Plaza, Suite 1675, Oakland, CA 94612.

On November 5, 2025, I served the following document(s) on the parties in the within action:

- **NEWELL'S COCKTAIL LOUNGE'S FORM INTERROGATORIES TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S SPECIAL INTERROGATORIES TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S REQUESTS FOR ADMISSION TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF DAWN CALVERT, SET ONE**

x	**BY E-MAIL:** Pursuant to CCP 1010.6 and/or based on a court order or an agreement of the parties to accept service by e-mail, I attached the document(s) to an e-mail message, and invoked the send command to transmit the e-mail message to the person(s) at the e-mail address(es) listed below. I did not receive within a reasonable time after the transmission any electronic message or other indication that the transmission was unsuccessful.

DAWN CALVERT 172 Santa Dominga Avenue San Bruno, CA 94066 T: 650-276-9820 E-mail: calvertdawn99@gmail.com	Plaintiff in Pro Per

I declare under penalty of perjury under the laws of the State of California that the foregoing is a true and correct statement and that this Certificate was executed on November 5, 2025.

JENILEE RIVERA

William S. Kronenberg – SBN 133730
Thomas C. Moise - SBN 356834
KRONENBERG LAW PC
1 Kaiser Plaza, Suite 1675
Oakland, CA 94612-3699
Tel: 510-254-6767
Fax: 510-788-4092
wkronenberg@krolaw.com
tmoise@krolaw.com

Attorneys for Defendant,
NEWELL'S COCKTAIL LOUNGE

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF SAN MATEO - SOUTHERN BRANCH

DAWN CALVERT,

Plaintiff,

v.

NEWELL'S COCKTAIL LOUNGE, et al,

Defendants.

Case No.: 23-CIV-05077
Assigned to Hon. Susan Greenberg, Dept 3 for all purposes.

DEFENDANT NEWELL'S COCKTAIL LOUNGE'S REQUEST FOR ADMISSIONS TO PLAINTIFF DAWN CALVERT SET ONE

Complaint Filed: October 25, 2023
Trial Date: TBD

PROPOUNDING PARTY: Defendant NEWELL'S COCKTAIL LOUNGE

RESPONDING PARTY: Plaintiff DAWN CALVERT

SET NUMBER: ONE (1)

Pursuant to California Code of Civil Procedure § 2030.030, Defendant Newell's Cocktail Lounge requests that Plaintiff Dawn Calvert admit the truthfulness of the following Requests for Admissions fully in writing and under oath, and that the responses be served upon Newell's Cocktail Lounge attorneys of record within thirty (30) days after service of said Requests for Admissions.

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The following definitions are used throughout these Request for Admissions:

DEFINITIONS

1. "YOU" and "YOUR" defined as the party responding to this set of discovery, Plaintiff DAWN CALVERT and shall also include their agents, attorneys, investigators, and anyone acting on their behalf.
2. "DOCUMENTS" is defined as any handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing, any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored. Evidence Code Section 250. This definition of the term "DOCUMENTS" includes, but is not limited to, any and all information stored in electronic medium. Code of Civil Procedure Section 2016.020.
3. "LOCATION" is defined as Newell's Cocktail Lounge, 497 San Mateo Ave, San Bruno, CA 94066, and the surrounding areas where the subject incident occurred as described in YOUR Complaint in San Mateo County Superior Court action number 23-CIV-05077.
4. "INCIDENT" is defined as the subject incident which occurred at the LOCATION on October 25, 2021, which resulted in personal injury claimed to have been suffered by YOU, which is the subject of this action as described in YOUR Complaint in San Mateo County Superior Court action number 23-CIV-05077.
5. "COMPLAINT" is defined as YOUR Complaint in San Mateo County Superior Court action number 23-CIV-05077.
6. The term "IDENTIFY" when used in reference to an individual person, means to state the person's full name, present or last known residence and/or business address, present or last known telephone number, and present or last known business affiliation or position.
7. The term "IDENTIFY" when used in reference to an entity, means to state the entity's name, as registered with the Secretary of State or other regulatory authority.
8. The term "IDENTIFY" when used with reference to a document, file or report, means to describe the item and to state the name, address and phone number of the preparer, the date of

preparation, present location and custodian of the item sufficiently for a subpoena duces tecum containing such description.

REQUEST FOR ADMISSIONS

REQUEST FOR ADMISSION NO. 1:

Admit the night of YOUR injury YOU told Kaiser Permanente employees that YOU fell out of a cart pushed by YOUR friend.

REQUEST FOR ADMISSION NO. 2:

Admit the night of YOUR injury YOU told Kaiser Permanente employees that YOU fell out of a wagon pushed by YOUR friend.

REQUEST FOR ADMISSION NO. 3:

Admit the night of YOUR injury YOU told Kaiser Permanente employees that YOU fell off of a barstool while inside the LOCATION.

REQUEST FOR ADMISSION NO. 4:

Admit the night of YOUR injury YOU told Kaiser Permanente employees that as of the night of YOUR injury YOU were homeless.

REQUEST FOR ADMISSION NO. 5:

Admit YOUR blood alcohol level was .18 at 3:50 a.m. the night of YOUR injury.

REQUEST FOR ADMISSION NO. 6:

Admit YOU have enrolled in drug rehabilitation programs in the past 10 years.

REQUEST FOR ADMISSION NO. 7:

Admit YOU have enrolled in alcohol rehabilitation programs in the past 10 years.

REQUEST FOR ADMISSION NO. 8:

Admit YOU have been homeless in the past 10 years.

REQUEST FOR ADMISSION NO. 9:

Admit YOU have abused heroin in the past 10 years.

REQUEST FOR ADMISSION NO. 10:

Admit YOU have abused methamphetamine in the past 10 years.

///

REQUEST FOR ADMISSION NO. 11:

Admit YOU have presented no evidence proving there was a hazardous condition inside the LOCATION the night of YOUR alleged fall.

REQUEST FOR ADMISSION NO. 12:

Admit YOU are unaware of evidence proving there was a hazardous condition inside the LOCATION the night of YOUR alleged fall.

REQUEST FOR ADMISSION NO. 13:

Admit there is no evidence proving there was a hazardous location inside the LOCATION the night of YOUR alleged fall.

REQUEST FOR ADMISSION NO. 14:

Admit YOU are unaware of evidence proving DEFENDANT was on notice for any type of hazardous condition inside the LOCATION the night of YOUR alleged fall.

REQUEST FOR ADMISSION NO. 15:

Admit YOU have presented no evidence proving DEFENDANT was on notice for any type of hazardous condition inside the LOCATION the night of YOUR alleged fall.

REQUEST FOR ADMISSION NO. 16:

Admit there is no evidence proving DEFENDANT was on notice for any type of hazardous condition inside the LOCATION the night of YOUR alleged fall.

REQUEST FOR ADMISSION NO. 17:

Admit the night of YOUR injury YOU told conflicting accounts of what happened to Kaiser Permanente employees.

REQUEST FOR ADMISSION NO. 18:

Admit YOUR Complaints account of the evening YOU were INJURED conflicts with the accounts YOU told Kaiser Permanente employees the night of YOUR INJURY.

REQUEST FOR ADMISSION NO. 19:

Admit YOU are currently enrolled in a drug rehabilitation program.

REQUEST FOR ADMISSION NO. 20:

Admit YOU are currently enrolled in an alcohol rehabilitation program.

REQUEST FOR ADMISSION NO. 21:

Admit YOU are currently unhoused.

REQUEST FOR ADMISSION NO. 22:

Admit YOU have been diagnosed with a mental health condition in the past 10 years.

REQUEST FOR ADMISSION NO. 23:

Admit at the time of YOUR injury YOU were enrolled in drug rehabilitation treatment.

REQUEST FOR ADMISSION NO. 24:

Admit at the time of YOUR INJURY YOU were addicted to heroin.

REQUEST FOR ADMISSION NO. 25:

Admit at the time of YOUR INJURY YOU were addicted to methamphetamine.

REQUEST FOR ADMISSION NO. 26:

Admit at the time of YOUR INJURY YOU were an alcoholic.

REQUEST FOR ADMISSION NO. 27:

Admit at the time of YOUR INJURY YOU were diagnosed with a mental health disorder.

REQUEST FOR ADMISSION NO. 28:

Admit at the time of YOUR INJURY YOU were enrolled in an alcohol rehabilitation treatment.

REQUEST FOR ADMISSION NO. 29:

Admit YOU have presented no evidence proving YOU fell in the LOCATION the night of YOUR injury.

REQUEST FOR ADMISSION NO. 30:

Admit YOU are unaware of any evidence proving YOU fell in the LOCATION the night of YOUR injury.

REQUEST FOR ADMISSION NO. 31:

Admit there is no evidence proving YOU fell in the LOCATION the night of YOUR injury.

REQUEST FOR ADMISSION NO. 32

Admit YOU did not fall in the LOCATION the night of YOUR injury.

REQUEST FOR ADMISSION NO. 33:

Admit DEFENDANT is not liable for YOUR INJURIES.

DATED: November 5, 2025

KRONENBERG LAW PC

By _____
William S. Kronenberg
Thomas C. Moise
Attorneys for Defendant, NEWELL'S COCKTAIL LOUNGE

CERTIFICATE OF SERVICE

I, Jenilee Rivera, declare:

I am a citizen of the United States, am over the age of eighteen years, and am not a party to or interested in the within entitled cause. My business address is 1 Kaiser Plaza, Suite 1675, Oakland, CA 94612.

On November 5, 2025, I served the following document(s) on the parties in the within action:

- **NEWELL'S COCKTAIL LOUNGE'S FORM INTERROGATORIES TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S SPECIAL INTERROGATORIES TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S REQUESTS FOR ADMISSION TO PLAINTIFF DAWN CALVERT, SET ONE**
- **NEWELL'S COCKTAIL LOUNGE'S REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF DAWN CALVERT, SET ONE**

x	**BY E-MAIL:** Pursuant to CCP 1010.6 and/or based on a court order or an agreement of the parties to accept service by e-mail, I attached the document(s) to an e-mail message, and invoked the send command to transmit the e-mail message to the person(s) at the e-mail address(es) listed below. I did not receive within a reasonable time after the transmission any electronic message or other indication that the transmission was unsuccessful.

DAWN CALVERT 172 Santa Dominga Avenue San Bruno, CA 94066 T: 650-276-9820 E-mail: calvertdawn99@gmail.com	Plaintiff in Pro Per

I declare under penalty of perjury under the laws of the State of California that the foregoing is a true and correct statement and that this Certificate was executed on November 5, 2025.

JENILEE RIVERA

EXHIBIT B

KRONENBERG LAW
a professional corporation

William S. Kronenberg
Direct: 510-254-6761
wkronenberg@krolaw.com

Thomas C. Moise
Direct: 510-254-6768
tmoise@krolaw.com

January 12, 2026

Re: Calvert, Dawn v Newell's Pub.

Dear Ms. Calvert:

I write pursuant to Code of Civil Procedure §§ 2016.040, CCP 2017.010, 2030.210–2030.300, and 2033.220 to meet and confer regarding the deficient responses you served to Form Interrogatory 17.1, which were triggered by your responses to Request for Admission Nos. 1-4, and 6-33.

Additionally, you have yet to provide verification for any of the responses to our discovery requests. Please provide verifications for your responses to the FORM INTERROGATORIES, SPECIAL INTERROGATORIES, REQUEST FOR PRODUCTION OF DOCUMENTS, AND REQUEST FOR ADMISSIONS that our office served on you.

CCP 2033.220

As you may be aware, CCP 2033.220 controls the appropriate and inappropriate responses to a Request for Admission. The exact wording of the statute is relayed below.

> *(a) Each answer in a response to requests for admission shall be as complete and straightforward as the information reasonably available to the responding party permits.*
>
> *(b) Each answer shall:*
>
> > *(1) Admit so much of the matter involved in the request as is true, either as expressed in the request itself or as reasonably and clearly qualified by the responding party.*
> >
> > *(2) Deny so much of the matter involved in the request as is untrue.*
> >
> > *(3) Specify so much of the matter involved in the request as to the truth of which the responding party lacks sufficient information or knowledge.*

> *(c) If a responding party gives lack of information or knowledge as a reason for a failure to admit all or part of a request for admission, that party shall state in the answer that a reasonable inquiry concerning the matter in the particular request has been made, and that the information known or readily obtainable is insufficient to enable that party to admit the matter.*

In plain language, the options allowed under CCP 2033.220 allow for admission, denial, or a statement that the responding party is unable to admit or deny based on a lack of information.

Response to Request for Admissions 1-4 and 6-33

You responded to the above refenced mentioned RFAs by objecting and denying, which constitutes anything *other than an unqualified admission*. As you know, California law requires a complete response to Form Interrogatory 17.1 for each RFA not unequivocally admitted.

Form Interrogatory 17.1 explicitly mandates that the responding party provide:

- (a) all facts supporting the objection, denial, or qualified response;
- (b) the names, addresses, and telephone numbers of all persons with knowledge;
- (c) the identification and Bates numbers of all documents supporting the response; and
- (d) the identification of all documents provided to the propounding party relating to the response.

You did not provide this information for requests 6-10 and 19-28.

These requests pertain to any history of homelessness, drug addiction, alcohol addiction, and mental health issues. Your response, written in Response to Form Interrogatory 17.1, to these requests' states "Asserting such history would be highly prejudicial and irrelevant to the cause of the fall."

Prejudice

California case law has repeatedly found that a mere objection based on prejudice without a recognized legal principle or explanation is insufficient.

CCP 2017.010 sets the presumption in favor of discovery, as spelled out below.

> *"Any party may obtain discovery regarding any matter, not privileged, that is relevant to the subject matter involved in the pending action… if the matter either is itself admissible in evidence or* ***appears reasonably calculated to lead to the discovery of admissible evidence****."*

The statute does not carve out an exception for "prejudice." Any claim of prejudice must overcome this broad entitlement, which your claim does not.

As such, your objections based on prejudice are not valid. Please provide code compliant discovery responses without prejudicial objections.

Irrelevance

California case law has repeatedly found the bar for relevance in a discovery request to be whether the request related to the subject matter of the litigation or may reasonably assist a part in evaluating, preparing, or trying the case.

As such, the Request for Admissions our office propounded to you regarding alcohol use, drug use, or any history of homelessness is relevant to the subject matter of the present matter, which involves alcohol use.

Therefore, your objections based on irrelevance to the above-mentioned matter are not valid. Please provide code compliant discovery responses without irrelevance objections.

Form Interrogatories 17.1

Even if you maintain your objections, once you deny or otherwise fail to admit the RFA, a full 17.1 response is still required unless the objection has been affirmatively sustained by the court. (See C.C.P. §§ 2030.210, 2033.220.)

Your responses improperly refuse to provide 17.1 information by relying solely on objections. This is not permitted by statute nor accepted by California courts. Your responses to FI 17.1 for RFA Nos. 1-4, and 6-33 essentially state "Responding Party objects to the Request for Admission, therefore no response to Form Interrogatory 17.1 is required."

This is legally incorrect and constitutes a failure to respond within the meaning of C.C.P. § 2030.300. Please confirm whether you will provide verified, code-compliant supplemental responses without objection and including all required information under FI 17.1(a)–(d).

To avoid needless motion practice, please provide supplemental verified responses to Form Interrogatory 17.1 for RFA Nos. 1-4 and 6-33 no later than five (5) calendar days from the date of this letter.

If we do not receive complete responses by that date, we will have no choice but to pursue a motion to compel further responses and seek monetary sanctions pursuant to C.C.P. §§ 2030.300 and 2023.010 et seq.

Verifications and Signature of Discovery Responses

As stated above, you have yet to provide verifications for the discovery responses you served on our office on December 3, 2025, as well as not signed the individual pleading papers that contain your discovery responses. As such, please send our office signed verifications and signed discovery responses no later than five (5) calendar days from the date of this letter.

I hope we can resolve this informally. Please let me know if you wish to discuss. Thank you for your anticipated cooperation in this matter. Should you have any questions upon receipt of this correspondence, please feel free to contact me at any time.

Very truly yours,

Thomas C. Moise

EXHIBIT C

Outlook

Calvert v. Newell's - Meet and Confer/Motion to compel deadline

From Thomas Moise <tmoise@krolaw.com>
Date Thu 1/15/2026 12:24 PM
To Dawn Calvert <calvertdawn99@gmail.com>

Hello:

This email confirms our conversation that just took place regarding the above referenced matter.
We have agreed to extend the deadline for you to respond to my meet and confer, making the new date January 23, 2026.
We have further agreed the deadline for filing a motion to compel your discovery answers, making the new date January 26, 2026.

Thank you,

Kronenberg Law
One Kaiser Plaza, Suite 1675
Oakland, CA 94612

510-254-6768 P
510-788-4092 F

tmoise@krolaw.com
www.Krolaw.com

Thomas C. Moise, Attorney at Law

CERTIFICATE OF SERVICE

I, Jenilee Rivera, declare:

I am a citizen of the United States, am over the age of eighteen years, and am not a party to or interested in the within entitled cause. My business address is 1 Kaiser Plaza, Suite 1675, Oakland, CA 94612.

On January 26, 2026, I served the following document(s) on the parties in the within action:

- **NEWELL'S COCKTAIL LOUNGE'S NOTICE OF MOTION AND MOTION TO COMPEL RESPONSE TO WRITTEN DISCOVERY REQUESTS, SET ONE, AND FOR MONETARY SANCTIONS; MEMORANDUM OF POINTS AND AUTHORITIES**
- **DECLARATION OF THOMAS C. MOISE IN SUPPORT OF MOTION TO COMPEL RESPONSE TO WRITTEN DISCOVERY REQUESTS, SET ONE, AND FOR MONETARY SANCTIONS**
- **[PROPOSED] ORDER IN SUPPORT OF MOTION TO COMPEL RESPONSE TO WRITTEN DISCOVERY REQUESTS, SET ONE, AND FOR MONETARY SANCTIONS**

XX	**BY E-MAIL:** Pursuant to CCP 1010.6 and/or based on a court order or an agreement of the parties to accept service by e-mail, I attached the document(s) to an e-mail message, and invoked the send command to transmit the e-mail message to the person(s) at the e-mail address(es) listed below. I did not receive within a reasonable time after the transmission any electronic message or other indication that the transmission was unsuccessful.
XX	**BY MAIL**: I enclosed the documents in a sealed envelope or package addressed to the persons at the addresses listed below, and placed the envelope for collection and mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

DAWN CALVERT 172 Santa Dominga Avenue San Bruno, CA 94066 T: 650-276-9820 Calvertdawn99@gmail.com	Plaintiff in Pro Per: Dawn Calvert

I declare under penalty of perjury under the laws of the State of California that the foregoing is a true and correct statement and that this Certificate was executed on January 26, 2026.

JENILEE RIVERA