IN THE CIRCUIT COURT 4TH JUDICIAL CIRCUIT IN AND FOR DUVAL COUNTY, FLORIDA

CASE NO: 2006-CC-016592

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY,

Plaintiff,

VS.

LINCOLN GENERAL INSURANCE COMPANY and JACKSONVILLE TRANSPORATION GROUP, LLC.



FILED

DEC 0 1 2006

LIFE CIRCUIT COURT

Defendants.

DEFENDANT'S FIRST REQUEST FOR ADMISSIONS TO PLAINTIFF

COME(S) NOW Defendant, LICOLN GENERAL INSURANCE COMPANY and JACKSONVILLE TRANSPORTATION GROUP, LLC, (hereinafter referred to as "Defendant"), by and through its undersigned counsel and pursuant to Florida Rule of Civil Procedure 1.370, request(s) that Plaintiff, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY admit or deny the following statements:

- 1. The assignor/insured has received personal injury protection benefits as a result of the subject accident.
- 2. The assignor/insured sustained no permanent injury as the result of the subject accident.
- 3. You have not expressed as a medical provider a medical opinion that the assignor/insured sustained a permanent injury as a result of the subject accident.

- 4. The assignor/insured received no permanent and/or significant scarring as a result of the subject accident.
- 5. The assignor/insured was not gainfully employed at the time of the subject accident.
- 6. The assignor/insured did not lose any wages or income as a result of the subject accident.
- 7. The assignor/insured had been involved in one (1) or more motor vehicle accidents prior to the subject accident.
- 8. The assignor/insured sustained significant and permanent injuries in said prior motor vehicle accidents.
- 9. The assignor/insured has been involved in one (1) or more motor vehicle accidents subsequent to the subject accident.
- 10. The assignor/insured sustained significant and permanent injury in said subsequent motor vehicle accidents.
- 11. The assignor/insured had been involved in one (1) or more slip and fall type or other non-motor vehicle accidents prior to the subject accident.
- 12. The assignor/insured sustained significant and permanent injuries in the prior slip and fall type or other non-motor vehicle type accidents.
- 13. The assignor/ insured has been involved in one (1) or more slip and fall type or other non motor vehicle accidents subsequent to the subject accident.
- 14. The assignor/insured sustained significant and permanent injuries in the subsequent slip and fall type or other non-vehicle accidents.

- 15. Some or all of the injuries of the assignor/insurer is claiming damages for in this matter pre-existed the subject accident.
 - 16. The assignor/insured has a prior felony conviction.
- 17. The assignor/insured has a prior conviction involving dishonesty or false statement.
 - 18. A portion of the medical bills claimed in this matter was not reasonable.
 - 19. All of the medical bills claimed in this matter were not reasonable.
- 20. A portion of the insured's/assignor's medical treatment claimed in this matter was not necessary.
- 21. All of the assignor's /insured's medical treatment claimed in this matter was not necessary.
- 22. A portion of the assignor's /insured's medical treatment claimed in this matter was not related to the subject accident.
- 23. All of the assignor's /insured's medical treatment claimed in this matter was not related to the subject accident.
- 24. A portion of the treatment the assignor/insured received was not lawfully rendered.
- 25. All of the assignor's/insured's medical treatment received was not lawfully rendered.
 - 26. You had a less than a 50% likelihood of success at the onset of this case.
 - 27. Your likelihood of success at the onset of this case was even.
 - 28. You had a greater than 50% likelihood of success at the onset of this case.

29. The insured/assignor was referred by his/her attorney to your offices as a medical provider with whom they sought treatment in this claim.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing was provided, via ☐ First Class U.S. Mail; ☐ facsimile transmission, and/or ☐ hand-delivery, to: David B. Kampf, Esq., 701 W. Kennedy Blvd, Tampa, FL 33606, (*f:813-241-0205*) on this the _______ of October, 2006.

WADSWORTH & KING, LLLP. Attorneys for Defendants 21 S.E. 1st Avenue 8th Floor (305) 777-1000 - Telephone (305) 777-1001 - Facsimile

CHRISTOPHER W. WADSWORTH

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