

**IN THE COURT OF COMMON PLEAS
FRANKLIN COUNTY, OHIO**

Kimberly Koons	:	
	:	
Plaintiff,	:	Case No. 18CV002172
	:	
v.	:	Judge Stephen L. McIntosh
	:	
Mount Carmel Health System, et al.,	:	
	:	
Defendants.	:	

**PLAINTIFF'S RESPONSES TO FIRST SET OF INTERROGATORIES TO PLAINTIFF,
KIMBERLY KOONS**

Pursuant to Rules 26 and 33 of the Ohio Rules of Civil Procedure, Defendant submits the following Interrogatories to be answered separately and fully, in writing, under oath, and within twenty-eight (28) days from the date of service hereof. These Interrogatories are of a continuing nature and must be supplemented as soon as new or additional information is available.

(1) Please identify by name, address, and title/relationship to Plaintiff of each person who answered or assisted in answering these interrogatories.

ANSWER:

Kimberly K. Koons, with the assistance of her daughter, Brittani Koons and her attorney, Daniel N. Abraham.

**Kimberly K. Koons (Plaintiff)
7937 Dolmen Drive
Blacklick, Ohio 43004**

**Brittani Koons (Plaintiff's daughter)
7937 Dolmen Drive
Blacklick, Ohio 43004**

**Daniel N. Abraham, Esq. (Attorney for Plaintiff)
Colley Shroyer & Abraham Co., LPA
536 South High Street
Columbus, Ohio 43215**

(2) Please provide your date of birth, any prior names (e.g., maiden, married), and Social Security Number (SSN [REDACTED]s and Medicare/Medicaid reporting if applicable).

ANSWER:

Kimberly K. Koons

DOB: 7-10-1973

SSI [REDACTED]

(3) List names of all individuals with whom you reside, if any, and for each, list their age and relationship to you.

ANSWER:

Brittani N. Koons, age 25 (daughter)
7937 Dolmen Drive
Blacklick, Ohio 43004

Ashley M. Koons, age 24 (daughter)
7937 Dolmen Drive
Blacklick, Ohio 43004

(4) List all addresses at which you have resided for the last ten (10) years.

ANSWER:

7937 Dolmen Drive (since July 2014)
Blacklick, Ohio 43004

581 Meadow Green Circle (2008 – July 2014)
Columbus, Ohio 43230

(5) Provide the name of your high school, date of graduation if any, and the names of any additional educational institutions attended, dates attended, and any degrees or certificates awarded.

ANSWER:

- **Plaintiff graduated from Licking Heights High School in 1991**

- **Plaintiff earned an Associates Degree in Business Management from Columbus State University in 2016.**

(6) If you are employed, provide the name and address of your employer, and state how long you have been employed there.

ANSWER:

Plaintiff has been employed at Landers & Associates since approximately 2000.

**Landers & Associates
10824 Winchcombe Drive
Dublin, Ohio 43016**

(7) If you are claiming lost wages/loss of earning capacity herein, provide former and current wages or salary.

ANSWER:

Plaintiff was earning approximately \$50,000/year at the time of this incident.

(8) Have you ever been convicted of a crime other than a minor traffic offense? If so, please provide the type of offense and date of conviction.

ANSWER:

Objection. Irrelevant. Without waiving objection, Plaintiff has no criminal convictions for crimes of dishonesty.

(9) Please identify by name, address, and area of expertise each and every expert witness you intend to call at the time of trial.

ANSWER:

Objection. Attorney work product. Without waiving objection, this response will be supplemented pursuant to the rule of discovery and/or case management order.

(10) For each individual identified in response to the foregoing interrogatory, please state the facts known and opinions held and state whether the expert has prepared a report.

ANSWER:

Objection. Attorney work product. Without waiving objection, no reports have been obtained. This response will be supplemented, as discovery progresses, pursuant to the rule of discovery and/or case management order.

(11) Please identify by name, address, and relationship to you, if any, of all potential lay witnesses.

ANSWER:

Objection. Attorney work product. Without waiving objection, this has not been fully determined at this time. Plaintiff anticipates that this may include, but shall not be limited to the following:

- **Brittani Koons (Daughter)**
7937 Dolmen Drive
Blacklick, Ohio 43004

It is anticipated that Brittani Koons will testify as to her knowledge of the facts regarding this matter, as well as the injuries subsequently sustained by Kimberly Koons.

- **Ashley Koons (Daughter)**
7937 Dolmen Drive
Blacklick, Ohio 43004

It is anticipated that Ashley Koons will testify as to her knowledge of the facts regarding this matter, as well as the injuries subsequently sustained by Kimberly Koons.

- **Martha Humphries (Mother)**
1134 Willow Creek Circle
Marysville, Tennessee 37804

It is anticipated that Martha Humphries will testify as to her knowledge of the facts regarding this matter, as well as the injuries subsequently sustained by Kimberly Koons.

- **Cecil Humphries (Father)**
1134 Willow Creek Circle
Marysville, Tennessee 37804

It is anticipated that Cecil Humphries will testify as to his knowledge of the facts regarding this matter, as well as the injuries subsequently sustained by Kimberly Koons.

- **Tony McLaurin (Friend of Plaintiff)**
2538 Pratt Place
Ft. Eustis, VA 23604

It is anticipated that Tony McLaurin will testify as to his knowledge of the facts regarding this matter, as well as the injuries subsequently sustained by Kimberly Koons.

- **Khyrell Baggoo (former boyfriend of Ashley Koons)**
284 N. Gould Road
Apt. 3C
Columbus, Ohio 43209

It is anticipated that Khrell Baggoo will testify as to his knowledge of the facts regarding this matter, as well as the injuries subsequently sustained by Kimberly Koons.

Plaintiff will supplement this response, pursuant to the rules of discovery and/or case management order.

(12) For each individual listed in response to the foregoing interrogatory, state whether you or your representative have secured a statement in any form, whether written or recorded.

ANSWER:

Objection. Attorney work product. Without waiving objection, no statements have been secured.

(13) Please state the name and address of each and every health care provider, including but not limited to physicians and hospitals, by whom or at which you have been treated or examined for any reason over the past ten (10) years.

ANSWER:

Objection. Irrelevant, overbroad and burdensome. Without waiving objection, Plaintiff states that to the best of Plaintiff's recollection, she received medical from the following medical care providers and/or facilities within the past 10 years:

- **Kimberly Hooper, M.D. (Primary Care Physicians)**
Patricia Bacon, M.D.
1045 Beecher Crossing
Gahanna, OH 43230
 - **General well-being checks, physical exams, colds, etc.**

- **Jon Walker, M.D. (Gastroenterologist - 2013)**
OSUWMC
3900 Stoneridge Lane
Dublin, Ohio
 - **Treatment for ulcerative colitis**

- **Dr. Marrawi (Hematologist - 2015)**
OSUWMC – James Care East
1800 Taylor Avenue
Columbus, Ohio 43203
 - **Treatment for anemia**

- **Podiatrist in Gahanna – cannot recall name and/or location**
 - **Plantar Fasciitis, which has resolved.**

- **Westerville Urgent Care (2015)**
 - **Ankle injury**

- **St. Ann's ER (2014)**
 - **Fractured nose**

- **Premiere Allergy (2016-2017)**
 - **Allergy treatments**

(14) For each individual or institution named in response to the foregoing interrogatory, please state the date(s) of care, the reason(s) for the care, and the outcome in terms of your health.

ANSWER:

See responses to Interrogatory above.

(15) State, in layman's terms, in what respect you believe Defendants were negligent and how such negligence caused you to be injured (this interrogatory does not seek a medical or legal opinion, but a lay opinion regarding your personal belief as to what went wrong and why).

ANSWER:

Plaintiff contends that among other acts of negligence, Defendants improperly inserted a right internal jugular catheter into Plaintiff's right carotid artery and that Defendants also failed to recognize that the right internal jugular catheter had been inserted into Plaintiff's right internal jugular. Please also see Plaintiff's Complaint which was filed in the Franklin County Court of Common Pleas. This response will be supplemented as discovery progresses, pursuant to the Rules of Discover and/or Case Management Order.

(16) Do you claim any permanent disability as a result of these Defendants' alleged negligence? If so, please describe, in layman's terms, the nature of your disability and identify anyone/anything that supports your allegation that it is permanent (again, this interrogatory seeks your understanding and opinion of the matter, not a legal or medical opinion or diagnosis).

ANSWER:

As a result of the actions of Defendants, Plaintiff Kimberly Koons suffered large right MCA ischemic stroke, causing residual left sided weakness, as well causing Plaintiff to be more emotional (e.g. cries, laughs easily often without provocation, anxious, angers easily).

(17) Please identify all special damages, by amount, reason, and date, including any reasonably anticipated future special damages, alleged to be a result of your claims herein.

ANSWER:

Plaintiff objects as to attributing her losses/damages/injuries to individual Defendants, as she is not a medical expert and this question calls for the opinion(s) of medical experts. Without waiving objection, Plaintiff currently believes that all of her losses are attributable to all of the Defendants. Plaintiff further identifies her losses/damages/injuries as follows:

LOST WAGE INFORMATION:

Plaintiff has been unable to return to work since the date of this incident. At the time of this incident, she was earning approximately \$50,000/ year or \$4,166.67/month:

Plaintiff has been unable to work for the past 13 months = \$54,166.71

Approximate loss of earning capacity through retirement age =
 \$1,150,000.00

Plaintiff reserves the right to supplement and/or amend this response, pursuant to the rules of discovery and/or case management order.

MEDICAL EXPENSE INFORMATION:

To the best of Plaintiff's current knowledge, medical expenses include but are not limited to:

<u>Date Incurred</u>	<u>Provider</u>	<u>Amount Billed</u>	<u>Amount Accepted by Provider as Payment in Full</u>
3-10-17	Mt. Carmel East	\$8,862.60	\$5,944.00
3-10-17	Mr. Carmel St. Anns	\$50,432.75	\$28,265.07
4-7-17	Mt. Carmel St. Anns	\$18,713.90	\$11,452.91
3-28-17	Critical Care Transport	\$2,670.25	0.00
3-10-17	David Healy DO	\$975.00	?
4-7-17	David Healy DO	\$1475.00	?
	MedOne Hospital Physicians	TBD	TBD
	OSU Medical Center	TBD	TBD
	Heartland of Westerville	TBD	TBD
	CMS Home and Vehicle Mobility Aids	\$6,500.00	\$6,500.00
	Radiology Inc.		

Plaintiff is in the process of obtaining itemized statements relative to this matter and will supplement this response upon receipt of this information.

Also, see attached Life Care Plan for Plaintiff, in the amount of \$4,060,526.59, which itemizes all of Plaintiff anticipated future medical expenses throughout the anticipated duration of her life.

Plaintiff reserves the right to supplement and/or amend this response, pursuant to the rules of discovery and/or case management order.

OTHER LOSSES:

- 1. As a further result of Plaintiff's subsequent injury and lengthy hospitalization, she has been unable to return to work and thus, her car was repossessed and many of her bills have gone into collection status.**
- 2. Additionally, prior to Plaintiff's injury and subsequent hospitalizations, Plaintiff had initiated a Ch. 13 bankruptcy. However, as a result of her lengthy hospitalizations and inability to continue to work, Plaintiff was unable to comply with the plan, as was determined by the Bankruptcy Court. Thus, her bankruptcy was terminated and the case was closed.**
- 3. Plaintiff is currently unable to re-pay her student loans, as a result of her inability to continue working.**
- 4. Plaintiff had previously maintained life insurance policies on herself and her two daughters, each in the amount of \$100,000. Due to her inability to pay the premiums, as a result of injury and subsequent hospitalizations, these policies lapsed and were terminated. As a further result of her injuries, it will now be very difficult for Kim Koons to obtain similar life insurance coverage for a similar premium rate.**

Plaintiff reserves the right to supplement this response, pursuant to the rules of discovery and/or case management order.

(18) Were any of the damages listed above covered (paid for) by insurance? If so, please specify which were paid by insurance and which were paid by you.

ANSWER:

Objection. Collateral source rule. Without waiving objection, yes, some plaintiff's medical expenses were paid for by insurance. The exact amounts are unknown at this time. Plaintiff is in the process of obtaining this information and will supplement this response upon receipt of the requested documentation.

(19) For damages covered by insurance, please identify the insurance company and policy number, and indicate whether said insurance company claims to be a real party in interest herein by way of subrogation or lien.

ANSWER:

Anthem Blue Cross/Blue Shield. Policy Number: YRP567M55326.

Also, Medicaid has paid for some of Plaintiff's medical expenses. Plaintiff's Medicaid Number is 6651694. Her Caresource Number is 109012481-00. The amount of their subrogation claim is unknown at this time. This information has been requested and will be supplemented upon receipt.

(20) State whether any of the medical expenses which you claim to have incurred as a result of these Defendants' alleged negligence were paid by any third-party payor (aside from any insurers indicated in the previous interrogatory).

ANSWER:

Objection. Collateral source rule. Without waiving objection, at this time, plaintiff does not believe that any of her medical expenses were paid for by any additional third-party payors. Plaintiff will supplement this response, if necessary, as discovery progresses.

(21) For damages paid by a third party, please identify the third party, and indicate w

ANSWER:

Plaintiff cannot determine what information this Interrogatory is seeking, as the question appears to be incomplete.

(22) Please state your last date of treatment with this Defendant.

ANSWER:

Plaintiff was in a coma and does not know with certainty. However, Plaintiff was transferred from Mount Carmel St. Anns to OSUWMC for medical care and treatment on March 13, 2017.

(23) For the injuries which you allege were caused by Defendant's negligence, state the name and address of each physician or other healthcare provider, including hospitals, who has rendered care for these injuries.

ANSWER:

The Ohio State Wexner Medical Center (3-13-17 through 8-22-17)
410 W. 10th Avenue
Columbus, Ohio

- **Removal of CVC and repair to artery, as well a post-stroke care and treatment.**

Andrew Slivka, M.D. (3-13-17 through present)
OSUWMC
410 W. 10th Avenue
Columbus, Ohio

- **Post-stroke neurological care**

Yousef Hannawi, M.D. (3-13-17 through 3-24-17)
OSUWMC
410 W. 10th Avenue
Columbus, Ohio

- **Post-stroke neurological care**

New Albany Rehabilitation Center (3-24-17 through 4-17-17)
5691 Thompson Road
Columbus, Ohio 43230

- **Post acute care and physical rehabilitation**

Heartland of Uptown Westerville (8-22-17 through 11-3-17)
140 Old County Line Rd
Westerville, OH 43081

- **Post acute care and physical rehabilitation**

Plaintiff reserves the right to supplement this response, if necessary, pursuant to the rules of discovery.

(24) For the individuals and institutions listed above, provide the dates of treatment and the nature of treatment rendered.

ANSWER:

See response above.

(25) Do you claim that you lost wages or lost earning capacity as a result of the injuries alleged here?

ANSWER:

Yes.

(26) If your response to the foregoing interrogatory is yes, please document such lost wages/ earning capacity by identifying the relevant employers, the dates you were unable to work, the rate of pay which you received immediately prior to and after the injury in question, and the total amount of income which Plaintiff claims to have lost.

ANSWER:

LOST WAGE INFORMATION:

Plaintiff has been unable to return to work since the date of this incident. At the time of this incident, she was earning approximately \$50,000/ year or \$4,166.67/month:

Plaintiff has been unable to work for the past 13 months = \$54,166.71

**Approximate loss of earning capacity through retirement age =
\$1,150,000.00**

Plaintiff reserves the right to supplement and/or amend this response, pursuant to the rules of discovery and/or case management order.

(27) Identify any damages not already enumerated in your answers to previous interrogatories.

ANSWER:

See Plaintiff's response to Interrogatory #17. Also see attached Life Care Plan for Plaintiff, in the amount of \$4,060,526.59, which itemizes all of Plaintiff anticipated future medical expenses throughout the anticipated duration of her life.

As a further result of Plaintiff's subsequent injury and lengthy hospitalization, she has been unable to return to work and thus, her car was repossessed and many of her bills have gone into collection status.

Additionally, prior to Plaintiff's injury and subsequent hospitalizations, Plaintiff had initiated a Ch. 13 bankruptcy. However, as a result of her lengthy hospitalizations and inability to continue to work, Plaintiff was unable to comply with the plan, as was determined by the Bankruptcy Court. Thus, her bankruptcy was terminated and the case was closed.

Also, Plaintiff is currently unable to re-pay her student loans, as a result of her inability to continue working.

Prior to her injury and subsequent hospitalizations, Plaintiff had previously maintained life insurance policies on herself and her two daughters, each in the amount of \$100,000. Due to her inability to pay the premiums, as a result of injury and subsequent hospitalizations, these policies lapsed and were terminated. As a further result of her injuries, it will now be very difficult for Kim Koons to obtain similar life insurance coverage for a similar premium rate.

Plaintiff reserves the right to supplement this response, pursuant to the rules of discovery and/or case management order.

(28) Did you or anyone acting on your behalf conduct any investigation regarding the allegations in your complaint?

ANSWER:

Plaintiff is currently unaware of any investigations that may have occurred.

(29) If your response to the foregoing interrogatory is yes, please describe the investigation, including who was interviewed, what documents were reviewed, when the investigation occurred, and whether any documents or recordings from such investigation exist.

ANSWER:

See response to Interrogatory above.

(30) Are you eligible for or did you ever receive any benefits from Medicare, Medicaid, Social Security, or Social Security Disability? (PLEASE NOTE: If you are not currently a Medicare-eligible beneficiary but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare Regulations. See 45 U.S.C. 1395(y)(b)(8), also known as Section III of the Medicare, Medicaid & SCHIP Extension Act of 2007.)

ANSWER:

Yes.

(31) If your answer to the foregoing interrogatory is yes, please state the plan number, health information claim number, the date you began receiving benefits, the date you applied for benefits, and/or the date any Medicare, Medicaid, Social Security, or Social Security Disability was denied.

ANSWER:

Plaintiff's Medicaid Number is 6651694. Her Caresource Number is 109012481-00. While hospitalized for long-term nursing and rehabilitation at Heartland of Westerville, Plaintiff began receiving Medicaid benefits due to her extensive hospitalization. Medicaid coverage began in approximately July or August of 2017.

(32) Identify all exhibits you will use at trial.

ANSWER:

Objection. Attorney work product. Without waiving objection, this has not been fully determined at this time. Plaintiff anticipates that this may include, but shall not be limited to the following:

- **Plaintiff's medical records and imaging studies**
- **Plaintiff's medical expense itemizations**
- **Plaintiff's income tax returns**
- **Life Care Plan**
- **Vocational Report**

- **Lost wage/Loss of earning capacity report**

Plaintiff reserves the right to supplement this response, pursuant to the rules of discovery and/or case management order.

(33) Identify any documents used or relied upon to answer any of these Interrogatories that have not already been identified herein.

ANSWER:

Documents used/relied upon in responding to the Interrogatories are attached as follows:

- **Plaintiff's medical records and imaging studies**
- **Plaintiff's medical expense itemizations**
- **Plaintiff's income tax returns**
- **Life Care Plan**

Additional documents have been requested and will be supplemented upon receipt:

- **Plaintiff's income tax returns**
- **Subrogation itemization(s)**

Plaintiff reserves the right to supplement this response, additional information may become available.

(34) If you use any social media sites, such as Facebook, Instagram, LinkedIn, or any others, please state which of these sites you use as well as the name(s) under which your postings can be located.

ANSWER:

Objection. Irrelevant, overly broad and burdensome, inadmissible, and not reasonably calculated to lead to the discovery of admissible evidence relative to this matter. Without waiving objection, to the best of Plaintiff's recollection, Plaintiff has used the following social medial sites. Her user name/ID's follow and her profiles can be viewed on-line:

**Facebook – Kim Koons
Instagram – dwadefan1021
Snapchat – Kim Koons**

Linked-In – Kim Koons

(35) Is all or any part of your case herein being financed by a third party?

ANSWER:

Objection. Irrelevant. Attorney-Client privileged information. Without waiving objection, no.

(36) If the response to interrogatory #35 is yes, provide the name, address, and relationship of the third party (or parties if there is more than one) to the plaintiff (e.g., is it a private third-party litigation-financing firm, parent, friend, etc.).

ANSWER:

See response to Interrogatory #35.

(37) If the response to interrogatory #35 is yes, does plaintiff have the authority to settle plaintiff's claims without the third party's input or consent?

ANSWER:


See response to Interrogatory #35.

(38) If the response to interrogatory #35 is yes, does the third party have the authority to settle plaintiff's claims without plaintiff's input or consent?


ANSWER:

See response to Interrogatory #35.

As to all objections:


Daniel N. Abraham (0023457)

Respectfully submitted,



Daniel N. Abraham (0023457)
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536 South High Street
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Tele: (614) 228-6453
Fax: (614) 228-7122
Trial Counsel for Plaintiff


CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing, has been served upon the following, via email and ordinary U.S. Mail, this 5 day of July, 2018:

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