

STATE OF INDIANA)	IN THE LAKE SUPERIOR COURT
) ss:	CIVIL DIVISION, ROOM TWO
COUNTY OF LAKE)	EAST CHICAGO, INDIANA
)	
GAIL LEWIS HICKS,)	
LARRY HICKS,)	
Plaintiffs,)	
)	
vs.)	Case No. 45D02-2007-CT-000727
)	
KEITH L. HEAD,)	
AMERICAN FAMILY MUTUAL)	
INSURANCE COMPANY, S.I.,)	
Defendants.)	

VERIFIED MOTION TO CORRECT ERRORS

Come now Plaintiff – GAIL LEWIS HICKS and Plaintiff – LARRY HICKS, substituted by the ESTATE OF LARRY HICKS, through their attorney, John H. Davis and for their *Verified Motion to Correct Errors* set forth the following:

1. On or about November 11, 2024, Defendant AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I. (“American Family”) filed *Defendant, American Family’s, Motion to Dismiss Amended Complaint and Motion for Judgment on the Pleadings and Motion for Sanctions*.

2. On or about September 27, 2024, the trial court ordered plaintiff to file an Amended Complaint as to Plaintiff LARRY HICKS in order to substitute his (plaintiff’s) estate due to his (Larry’s) death prior to the resolution of this case.

On or about October 21, 2024, plaintiffs filed their amended complaint pursuant to the trial court’s order issued September 27, 2024 which stated: “11. *If Plaintiff intends to amend its*

*pleading to reflect the Estate of Larry Hicks (as a party, as a co-plaintiff), this needs to be done on or before **October 31, 2024***. See copy of caption and title of the Amended Complaint which sets forth that the amendment is limited to Plaintiff LARRY HICKS' Estate.

(See copy of trial court's Amended Case Management Order dated **September 27, 2024** *Item #11* regarding filing of amended complaint marked as **EXHIBIT A** *in 1 page* attached and made apart hereto).

Further, in Item #14 of the Amended Complaint, filed on or about October 21, 2024, Plaintiffs clearly set forth that "Defendant American Family was dismissed as a part of the Complaint."

3. The plaintiffs request the Court to grant this Verified Motion to Correct Errors based upon several **fundamental** errors.

4. Defendant American Family's allegation that plaintiffs purposefully sought to re-litigate the claim against Defendant American Family Mutual Insurance Company, S.I. is factually incorrect.

5. The following is a **chronological** history of the case.

6. On or about July 20, 2020, Plaintiff – GAIL LEWIS HICKS and Plaintiff – LARRY HICKS filed their Complaint.

7. On or about August 17, 2020, Attorney Robert O'Dell filed an Appearance for Defendant – AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I. ("American Family").

8. On or about October 10, 2020, Attorney Robert O'Dell filed an Answer for Defendant American Family along with several motions.

9. On or about December 7, 2020, Judge Calvin D. Hawkins in Room Two of the East Chicago, Indiana Superior Court Granted Plaintiffs' motion for judgment on the pleadings.

10. On or about May 18, 2021, American Family filed a motion for summary judgment which was denied by Judge Calvin D. Hawkins.

11. On or about February 7, 2022, the Indiana Court of Appeals reversed the Judge's denial of American Family's motion to dismiss.

12. On or about September 22, 2022, Plaintiffs filed a petition for certiorari regarding the American Family Insurance matter with the United States Supreme Court. Certiorari was denied by the United States Supreme Court.

13. On or about March 9, 2023, Defendants submitted a pleading to the trial court judge—Judge Calvin D. Hawkins—setting forth that the United State Supreme Court ruled in their favor. Plaintiffs' attorney indicated to the trial court that a petition for certiorari is not a denial on the merits of the case and is only based upon a panel of three United States Supreme Court Justices to grant a petition for certiorari after which the United States Supreme Court would entertain briefs and arguments as to the *merits* of the case.

14. On or about May 18, 2023, the trial court judge, Calvin D. Hawkins, stated that he (Judge Hawkins) was not aware that a petition for certiorari involving American Family had been filed with the United States Supreme Court.

15. On or about December 22, 2020, Attorney Bridgett Nelson filed her Appearance for Defendant KEITH L. HEAD.

16. On or about December 8, 2022, Attorney Bridgett Nelson sought to take the Deposition of Plaintiff – GAIL LEWIS HICKS at her (Attorney Nelson's) office rather than at Attorney John H. Davis' office which is located in Merrillville, Indiana.

17. On or about January 13, 2023, the trial court ruled that Attorney Bridgett Nelson must take Plaintiff's (GAIL LEWIS HICKS') deposition at the Law Office of Attorney John H. Davis on or before February 17, 2023.

18. On or about May 18, 2023, Attorney Bridgett Nelson requested that a question that was certified during the deposition of Plaintiff – GAIL LEWIS HICKS in February of 2023 should be answered by Plaintiff – GAIL LEWIS HICKS.

19. On or about October 12, 2023, Attorney Bridgett Nelson questioned Plaintiff – GAIL LEWIS HICKS at Attorney John H. Davis' office regarding the above-mentioned certified question. In that same deposition, a copy of the Police Report regarding the accident of July 22, 2018, was made Plaintiffs' exhibit in said Deposition.

(See copy of self-authenticating Indiana Officer's Standard Crash Report created in the normal course of business marked as **EXHIBIT B** in 6 pages attached and made apart hereto.)

20. In Item #1 of the trial court's September 27, 2024 Amended Case Management Order, said Order set forth that "The parties stipulate to **Michael Tolbert** to serve as civil mediator herein."

On or about October 16, 2024, Attorney Michael Tolbert sent email requesting availability for Mediation from both parties' attorneys. On or about **October 16, 2024**, Attorney Bridgett Nelson—who was ordered by the trial court to set up the Mediation—indicated to the Mediator (Michael Tolbert) that defendant would be available for a December 16, 2024 Mediation.

Subsequently, plaintiffs' attorney contacted the Mediation to confirm the December 16, 2024 date for Mediation and the Mediator – Michael Tolbert indicated he reserved December 16, 2024.

(See copy of email dated October 16, 2024 marked as **EXHIBIT C** in 2 pages attached and made apart hereto.)

21. The case history supports the fact that the trial court, defendant's attorney, plaintiffs, and plaintiff's attorney were all aware that the amended case management order involved **only** the Defendant KEITH HEAD in that Defendant American Family had been dismissed all the way up to, and including, all hearings and appeals which left only the Defendant KEITH HEAD—thus supporting the fact that no pleading of plaintiff would include Defendant American Family.

Defendant American Family never requested that Defendant KEITH HEAD be included in any dismissal. Defendant's proposed Order specifically requested that Defendant American Family be dismissed as a Defendant. Neither party asked the trial court that Defendant KEITH HEAD be dismissed, given all parties knew that Defendant American Family was dismissed in May of 2023.

The Defendant American Family was dismissed as a part of the Complaint.

22. Plaintiffs request that the trial court reset scheduling pursuant to Indiana Trial Rule 16 as to Defendant KEITH HEAD.

23. Plaintiffs include the following argument supporting this Verified Motion to Correct Errors.

BRIEF

24. The previous statements—#1 through Item #23—are included concomitantly as though directly set forth herein.

25. The trial court committed fundamental error in that Defendant American Family filed a motion on November 11, 2024 upon which the trial court ruled on November 12, 2024—within one (1) day of Defendant American Family’s filing of said motion. This ruling denied plaintiffs the same fundamental rights that were granted to Defendant American Family regarding a fifteen (15) day period to respond to plaintiff’s filing in December of 2020.

26. On or about September 27, 2024, during a Hearing, plaintiffs requested the trial court to substitute Plaintiff, LARRY HICKS, for the ESTATE OF LARRY HICKS in that LARRY HICKS passed away prior to the completion of this case. The trial court denied that request.

27. *Federal Rules of Civil Procedure* can be appropriately applied in state court proceedings. Pursuant to *Federal Rule of Civil Procedure 25(a)(1)(2)*—Substitution of Parties, “If a party dies and the claim is not extinguished, the court may order substitution of the proper party ... After a party’s death, if the right sought to be enforced survives only to or against the remaining parties, the action does not abate, but proceeds in favor of or against the remaining parties ...”

28. The trial court refused to grant substitution of parties—as mentioned above—which constitutes fundamental error.

29. The rule, as set forth above, essentially provides that the ESTATE OF LARRY HICKS’ substitution left the remaining parties—GAIL LEWIS HICKS and her daughter Diamond.

30. As mentioned above, all parties to the litigation, including the trial court, were aware that the scheduling as set forth by the trial court referred to Defendant KEITH HEAD thus an argument seeking to claim that plaintiffs were seeking to re-litigate the case as to Defendant American Family is facially false and therefore should be subject to granting plaintiff legal or attorneys fees for responding to Defendant American Family's motion to dismiss and motion for judgment on the pleadings. It should also be subject to sanctions for purposefully filing frivolous motions without due diligence.

31. Plaintiffs' amendment was intended only to substitute the ESTATE OF LARRY HICKS for LARRY HICKS and was not intended to amend or change any wording or substantive portions of the original Complaint thus the amendment clearly points out that nothing is being amended other than or limited to the substitution of the ESTATE OF LARRY HICKS which is why it sets forth all the elements of the original Complaint and was not seeking to re-litigate the entire matter as indicated in Item #14 of the amended Complaint where the amended complaint—limited to the ESTATE OF LARRY HICKS—states "... The Defendant American Family was dismissed as a part of the Complaint."

32. The trial court could not grant a summary judgment for Defendant American Family since all parties, including the trial court, was aware that Defendant American Family Mutual Insurance Company, S.I. had been dismissed thus the granting of a judgment on the pleadings pursuant to Indiana Trial Rule 12(C) has to be contradictory given the known facts of Defendant American Family's status in the case. Additionally, a motion for judgment on the pleadings is the same as a motion for summary judgment and must reflect that there are no issues for trial. Plaintiffs submitted self authenticating evidence that the police report was made in the normal cause of business.

(See copy of self-authenticating Indiana Officer's Standard Crash Report created in the normal course of business marked as **EXHIBIT B** in 6 pages.)

That exhibit (**EXHIBIT B**) provides evidence that there is a triable issue which must be present to the Trier of Fact.

33. Defendant American Family's argument that the plaintiff has not presented an issue where the plaintiffs did not state a claim where the trial court can grant relief is clearly inaccurate. As stated above, the police crash report a statement (**EXHIBIT B, Page 2 of 5**) by the driver of Defendant KEITH HEAD's car that she "looked down and was distracted" when her vehicle impacted plaintiff's vehicle.

34. This same self-authenticating crash report (**EXHIBIT B, Page 1 of 5**) also indicates that Plaintiff GAIL LEWIS HICKS had no contributory negligence or acts that caused the accident.

35. Therefore, there is a claim in which the trial court can grant relief to the plaintiffs.

36. All the Rhetorical Allegations of the amended Complaint which were taken from the original Complaint clearly sets forth liability of Defendant KEITH HEAD.

37. Finally, Defendant KEITH HEAD insured himself regarding any accidents or damages that he may cause and specifically insured the driver of the vehicle—Pamela Dickerson. This fact supports Defendant KEITH HEAD's taking responsibility for the accident caused by the driver of his vehicle—Pamela Dickerson.

38. The WHEREFORE clause—as submitted in the amended Complaint—should be considered a scrivener's error in that plaintiffs requested "damages and Judgment against

Defendant – AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I., including punitive damages for **bad faith** in settlement, attorney’s fees, ...”—all of scrivener’s error in the WHEREFORE clause—came from the original Complaint.

39. The trial court committed fundamental error when it failed to provide plaintiffs fifteen (15) days to respond to defendant’s motions pursuant to *Lake County Local Rule 45-TR7*.

40. The trial court committed fundamental error when it refused to substitute the ESTATE OF LARRY HICKS for LARRY HICKS.

41. The trial court committed fundamental error when the trial court cancelled all previously scheduled dates including the Order for Mediation which was not requested by defendants or by plaintiffs.

42. The trial court was made aware that plaintiffs’ attorney—John H. Davis—placed on record accommodations under ADA (Americans with Disabilities Act). This accommodation did not become necessary in that the trial court denied the normal fifteen (15) day period in which to respond to defendant’s motion. Apparently, this accommodation was not taken into consideration by the trial court’s rulings.

43. The defendant pointed out that the trial court should take a position that is most favorable to the plaintiffs in considering defendant’s motions. The test to be applied on a motion to dismiss for failure to state a claim is whether, in the light most favorable to the Plaintiffs and with every intendment regarded in their favor, whether the Complaint sufficiently states a valid claim. *Roberts v. State*, 307 N.E.2d 501 (Ind.App. 1974); *Mobile Enterprises, Inc. v. Conrad*, 380 N.E.2d 100 (Ind.App. 1978). (*See* P. 6, Item #20 of defendant’s November 11, 2024 motion).

WHEREFORE, Plaintiffs – GAIL LEWIS HICKS and the ESTATE OF LARRY HICKS request that the trial court Reset scheduling dates regarding Defendant – KEITH HEAD, Re-order mediation regarding Defendant – KEITH HEAD, and Grant plaintiffs motion to correct errors, and for all other just and proper relief in the premises.

Date: **November 20, 2024**

Respectfully submitted

/s/ John H. Davis

John H. Davis

Attorney for Plaintiffs,
GAIL LEWIS HICKS and
ESTATE OF LARRY HICKS

John H. Davis
P. O. Box 43
Crown Point, Indiana 46308-0043
(219) 884-2461

VERIFICATION

I, John H. Davis, being duly sworn upon my oath and subject to the penalties for perjury, do state that I have prepared and read the foregoing averments and that said averments are true and correct to the best of my information, knowledge and belief.

Dated: **November 20, 2024**

/s/ John H. Davis

John H. Davis
Attorney at Law

CERTIFICATE OF SERVICE

I certify that on **20th** day of **November 2024**, I electronically filed the foregoing document using the Indiana E-Filing System (**IEFS**). I also certify that on **20th** day of **November 2024**, a service of a true and complete copy of the above and foregoing pleading was made upon each party or attorney of record herein using the Indiana –E-Filing System (**IEFS**).

By: */s/ John H. Davis*
John H. Davis

EXHIBIT A

(In 1 page)

STATE OF INDIANA)
) SS: LAKE SUPERIOR COURT
COUNTY OF LAKE) CIVIL DIVISION, ROOM TWO
 EAST CHICAGO, INDIANA

GAIL LEWIS HICKS, LARRY HICKS,
Plaintiffs,

v.

KEITH L HEAD,
Defendant.

Filed in Open Court

SEP 27 2024

Michael A. Brown
CLERK LAKE SUPERIOR COURT

CAUSE NO. 45D02-2007-CT-000727

AMENDED CASE MANAGEMENT ORDER

Plaintiff(s) appeared by counsel **John Davis**. The Defendant(s) appeared by counsel **Bridgett Nelson** and **Jeffrey Bick**.

1. The parties stipulate to Michael Tolbert to serve as civil mediator herein. Counsel for the Defendant to contact said mediator within seven days to coordinate and schedule mediation. Mediation to be completed as expeditiously as possible.
2. The parties anticipate trial lasting (4) days.
3. This matter is currently set for **Jury Trial** as follows: **Primary: March 3, 2025** Counsel to check in with the Court's Bailiff by **8:30 a.m.** Counsel shall contact the Court 30 days prior to the primary trial setting to advise the Court of trial readiness. Should this case settle prior to any trial setting, counsel shall advise the Court as soon as possible.
4. Defendant's counsel shall prepare a Pre-trial Order as required. Said Pre-trial Order shall be signed by all counsel and shall be filed with the Court on or before **January 31, 2025**.
5. All discovery to be completed by NA.
6. All dispositive motions to be filed by **December 1, 2024**.
7. Final witness lists exchanged by **February 21, 2025**.
8. Motions in Limine to be filed by **February 21, 2025**.
9. Final Pre-trial Conference set **February 27, 2025, at 1:30 p.m.** Any Motions in Limine filed will be addressed at the Final Pre-trial Conference.
10. Seven days prior to trial, counsel for the parties shall submit their proposed final jury instructions (no more than ten per side) and proposed forms of verdict, along with a jointly prepared and signed Preliminary Instruction on the issues herein. Counsel shall email same in electronic format to pankoja@lakecountyin.org, the Court Reporter of Lake Superior Court, Civil Division, Room Two. No PDF files. Said Instructions shall be in conformity with the Indiana Trial Rules.
11. If Plaintiff intends to amend its pleading to reflect the Estate of Larry Hicks (as a party, as a co-plaintiff), this needs to be done on or before **October 31, 2024**.

ENTERED: September 27, 2024



CALVIN D. HAWKINS, Judge
Lake Superior Court, Civil Division, Room 2
East Chicago, Indiana

EXHIBIT B

(In 6 pages)



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903188984

Page 1 of 5

Local ID
18ME14789

Date of Crash 07/22/2018	Day of Week Sun	Actual Local Time 1:15 PM	County LAKE	Township ROSS	# Motor Vehicles 2	# Injured 4	# Dead 0	# Commercial Vehicles 0	# Door 0
Road Crash Occurred On SR53			Nearest/Intersecting Road/Highway/Marker/Interchange 57TH AVE		If not an intersection, number of feet from	Direction	Road Classification STATE ROAD		
Inside Corporate Limits? YES	City/Town or Nearest City/Town MERRILLVILLE			Property?	Crash Latitude	Crash Longitude			
Driver #1 DICKERSON, PAMELA, R		Driver #2 HICKS, GAIL, L		Driver #3	Driver #4				

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
<input type="checkbox"/> Driver Contributing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vehicle Contributing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engine Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accelerator Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brake Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driver Asleep or Fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tire Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driver Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Headlight(s) Defective or Not On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unsafe Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other Lights Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Failure to Yield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steering Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disregard Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Window/Windshield Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Left of Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oversize/Oversight Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insecure/Loose Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improper Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tow Hitch Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improper Lane Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Following Too Closely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unsafe Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Environment Contributing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overcorrecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Glare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ran off Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Roadway Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrong Way on One Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Holes/Ruts in Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pedestrian's Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Passenger Distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Road Under Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Restriction Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Severe Crosswinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jackknifing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Obstruction Not Marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cell Phone Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lane Marking Obscured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Tofomatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View Obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driver Distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Animal/Object in Roadway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speed/Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Traffic Ctl Inop/Missing/Obscure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unsafe Lane Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Utility Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Area Information	
Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	URBAN
Light Condition	DAYLIGHT
Weather Conditions	CLOUDY
Surface Condition	DRY
Type of Median	
Type of Roadway Junction	FOUR-WAY INTERSECTION
Road Character	STRAIGHT/GRADE
Roadway Surface	ASPHALT
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	TRAFFIC CONTROL SIGNAL
Traffic Control Device Operational?	YES
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash: \$2501 TO \$5000		
Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant			Non-Motorist		
<input type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)		
<input type="checkbox"/> Other Participant					
Address etc.			Non-Motorist Type	Non-Motorist Action	
Phone #	Location at Time of Crash		Apparent Physical Condition		
<input type="checkbox"/> Witness	#	Name	Cited?	Direction	
<input type="checkbox"/> Other Participant					
Address etc.			Street/Highway		
Phone #	Location at Time of Crash		Traffic Control?	If yes, was traffic control operational?	

Exhibit B

MERRILLVILLE POLICE
DEPARTMENT
CERTIFIED DOCUMENT

Local ID
18ME14789

903188984

Page 2 of 5

Type of Crash REAR END					
Time Notified 1:15 PM	Time Arrived 1:20 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 07/22/2018	
Investigating Officer MISKUS, J		ID No. 325	Agency MERRILLVILLE PD	Reviewing Officer	

Narrative

Vehicle #1 was traveling southbound on State Road 53 just north of the intersection of 57th Avenue. Driver #1 stated that she looked down and was distracted when Vehicle #1 impacted the rear bumper of Vehicle #2.

Vehicle #2 was traveling southbound on State Road 53 just north of the intersection of 57th Avenue when Vehicle #1 impacted the rear bumper of Vehicle #2.

UNIT INFORMATION

Local ID
18ME14789

903188984

1 Driver's Name (Last, First, MI) DICKERSON, PAMELA, R		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip) 690 CAPITOL DRIVE HOBART IN 46342		Safety Equipment Effective? YES	
Date of Birth	Age 69	Gender FEMALE	Ejector/Trapped NOT EJECTED OR TRAPPED
Driver's License # 8923530542	Lic Type OP	CDL Class	Lic State IN
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medical/on <input type="checkbox"/> Unknown		Restrictions <input checked="" type="checkbox"/> Glasses/Contact Lenses <input checked="" type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tol/From Employment	
Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Taxi Only Power Steering Special Restrictions Probation DWI Probation HTO None		Nature of Most Severe Injury	
Test Given NONE	Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	Location of Most Severe Injury	
Alcohol Results PBI Certified Test <input type="checkbox"/> Pending		If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Drug Results		IC Codes	
Veh # 1	Color WHITE	Vehicle Year 2013	Make Chrysler
Model 200		Style 4D	
# Occupants 1	Lic Year 2019	License # 817NKA	License State IN
# Axles 2	Speed Limit 35	Insured By AMERICAN FAMILY	Phone Number N/A
Vehicle Identification # 1C3CCBCG7DNS60093		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Registered Owner's Name (Last, First, MI) HEAD, KEITH L		Area Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Address (Street, City, State, Zip) 690 CAPITOL DRIVE HOBART IN 46342		Vehicle Use PERSONAL (FARM, COMPANY)	
Towed? NO	By	Due to Disabling Damage	Emergency Run? NO
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) Same as Driver	Fire?
License #		Address (Street, City, State, Zip)	
Veh Year	Make	Vehicle Type PASSENGER CAR/STATION WAGON	
Pre-Crash Vehicle Action GOING STRAIGHT		Direction of Travel SOUTH	
Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier		<input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp	
HAZMAT Proper Shipping Name:		State DOT #	
US DOT #	ICC #	CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type	
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID #	Hazard Class #
Event Collision With 1. ANOTHER MOTOR VEHICLE			

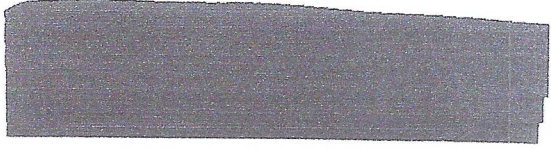
UNIT INFORMATION

Local ID
18ME14789

903188984

Page 4 of 5

2		Driver's Name (Last, First, MI) HICKS, GAIL, L			Safety Equipment Used LAP + HARNESS		
Address (Street, City, State, Zip) 8200 PIERCE PLACE		MERRILLVILLE IN 46410			Safety Equipment Effective? YES		
Date of Birth	Age 55	Gender FEMALE		EMS No. 1142	Injured Attn YES	Driver Injury Status INCAPACITATING - TRANSPORTED	
Driver's License # 2360005332		Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury COMPLAINT OF PAIN		
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll/From Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTD <input checked="" type="checkbox"/> None			Location of Most Severe Injury BACK		
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> BFAST <input type="checkbox"/> PBT		If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony			
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results			
Veh # 2	Color WHITE	Vehicle Year 2011	Make DODGE	Model CHARGER	Style 4D	Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
# Occupants 4	Lic Year 2019	License # 269AKT	License State IN	Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Rear			
# Axles 2	Speed Limit 35	Insured By AAA	Phone Number N/A	Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Rear			
Vehicle Identification # 2B3CL3CG6BH591482		Registered Owner's Name (Last, First, MI) HICKS, GAIL, L <input type="checkbox"/> Same as Driver			Areas Damaged (Multipliers) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Address (Street, City, State, Zip) 8200 PIERCE PLACE		MERRILLVILLE IN 46410			Vehicle Use PERSONAL (FARM, COMPANY)		
Towed? NO	To By	Due to Disabling Damage		Emergency Run?	Fire? NO		
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			Vehicle Type PASSENGER CAR/STATION WAGON		
License #		Address (Street, City, State, Zip)			Pre-Crash Vehicle Action GOING STRAIGHT		
Veh Year	Make				Direction of Travel SOUTH		
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input checked="" type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Ramp		
License #		Address (Street, City, State, Zip)			Event Collision With 1. ANOTHER MOTOR VEHICLE		
Veh Year		Make					
Commercial Vehicle: Carrier's Name and Address							
HAZMAT Proper Shipping Name:		State DOT#					
US DOT#	ICC#	CMV Inspection	If Yes				
Gross Vehicle Weight Rating		Cargo Body Type					
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #				



NON-DRIVER INJURED INFORMATION

903188984

Page 5 of 5

Local ID
18ME14789

Injured Pre-crash Location: Veh# 2 INJURED		Safety Equipment Used LAP + HARNESS																						
Name (Last, First, MI) HAMILTON, MARY		Safety Equipment Effective? YES																						
Address (Street, City, State, Zip) 4600 DELAWARE STREET		Ejection/Trapped NOT EJECTED OR TRAPPED																						
GARY		EMS No. 1142	Injured Attn YES																					
Date of Birth	Age 80	Injury Status INCAPACITATING -																						
Gender FEMALE		Nature of Most Severe Injury COMPLAINT OF PAIN																						
Position in or on Vehicle		Location of Most Severe Injury HEAD																						
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Front</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Rear</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	Front	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rear	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	
<input type="checkbox"/>	Front	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rear	<input type="checkbox"/>																		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																		
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending <input type="checkbox"/> Drug Results																						

Injured Pre-crash Location: Veh# 2 INJURED		Safety Equipment Used LAP + HARNESS																						
Name (Last, First, MI) L M		Safety Equipment Effective? YES																						
Address (Street, City, State, Zip) 8200 PIERCE PLACE		Ejection/Trapped NOT EJECTED OR TRAPPED																						
MERRILLVILLE		EMS No. 1142	Injured Attn NO																					
Date of Birth	Age 10	Injury Status POSSIBLE																						
Gender FEMALE		Nature of Most Severe Injury COMPLAINT OF PAIN																						
Position in or on Vehicle		Location of Most Severe Injury HEAD																						
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Front</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Rear</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	
<input type="checkbox"/>	Front	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear	<input type="checkbox"/>																		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																		
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending <input type="checkbox"/> Drug Results																						

Injured Pre-crash Location: Veh# 2 INJURED		Safety Equipment Used LAP + HARNESS																						
Name (Last, First, MI)		Safety Equipment Effective? YES																						
Address (Street, City, State, Zip) 8200 PIERCE PLACE		Ejection/Trapped NOT EJECTED OR TRAPPED																						
MERRILLVILLE		EMS No. 1142	Injured Attn NO																					
Date of Birth	Age 9	Injury Status POSSIBLE																						
Gender FEMALE		Nature of Most Severe Injury COMPLAINT OF PAIN																						
Position in or on Vehicle		Location of Most Severe Injury HEAD																						
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Front</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Rear</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	Front	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rear	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	
<input type="checkbox"/>	Front	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rear	<input type="checkbox"/>																		
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<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																		
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending <input type="checkbox"/> Drug Results																						

Injured Pre-crash Location: Veh#		Safety Equipment Used																						
Name (Last, First, MI)		Safety Equipment Effective?																						
Address (Street, City, State, Zip)		Ejection/Trapped																						
		EMS No.	Injured Attn																					
Date of Birth	Age	Injury Status																						
Gender		Nature of Most Severe Injury																						
Position in or on Vehicle		Location of Most Severe Injury																						
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<input type="checkbox"/>	Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear	<input type="checkbox"/>																		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																		
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending <input type="checkbox"/> Drug Results																						

EXHIBIT C

(In 2 pages)

Hicks v Head

4 messages

legal1 <legal1@tolbertlegal.com>

Wed, Oct 16, 2024 at 12:17 PM

To: "Nelson, Bridgett J" <BNELSON3@amfam.com>, John Davis <attyhdavis@gmail.com>, "JBICK@amfam.com" <JBICK@amfam.com>

Good morning,

Thank you for selecting Michael Tolbert as mediator. Below are some dates and times he has open to schedule the mediation.

- Thursday, December 12th at 9:30 a.m. or 1:30 p.m.
- Monday, December 16th at 9:30 a.m.
-

2025

- Monday, January 6th at 9:30 a.m.
- Monday, January 13th at 2:00 p.m.
- Tuesday, January 14th at 1:30 p.m.

Please be advised any dates that have been given have most likely been given to multiple parties in other cases and can book up quickly.

Regards,



TOLBERT & TOLBERT LLC
ATTORNEYS AT LAW

Yvette C. Brown

Legal Assistant

Tolbert & Tolbert LLC

1085 Broadway, Suite B
Gary, Indiana 46402

Phone: (219) 427-0094

Fax: (219) 427-0783

web | email | map

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Nelson, Bridgett J <BNELSON3@amfam.com>

Wed, Oct 16, 2024 at 12:21
PM

To: legal1 <legal1@tolbertlegal.com>, John Davis <attyhdavis@gmail.com>, "Bick, Jeff R" <JBICK@amfam.com>

Cc: "Wagner, Melanie A" <Melanie.Wagner@amfam.com>

I can do Monday, December 16th at 9:30 a.m.

Thank you,

Bridgett
