

STATE OF SOUTH CAROLINA)) COUNTY OF CHARLESTON)) Beatrice Youngblood)))) vs.)) Randy Williams Edwards and RWE Trucking) Company)) Defendant.)	IN THE COURT OF COMMON PLEAS FOR THE NINTH JUDICIAL CIRCUIT CASE NO.: 2019-CP-10-00347 MOTION AND ORDER INFORMATION FORM AND COVERSHEET
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Plaintiff's Attorney: Nadia Baig, Bar No. _____ Address: The Lokey Law Firm, LLC 775 Saint Andrews Blvd. Charleston, SC 29407-7167 Phone: (843) 202-0675 Fax (843) 589-1042 E-mail: nsbaig@lokeylawfirm.com; jslee@lokeylawfirm.com Other: _____	Defendant's Attorney: Penn W. Ely Bar No. 100604 Address: CLAWSON and STAUBES, LLC 126 Seven Farms Drive, Suite 200 Charleston, South Carolina 29492- 8144 Phone: (843) 577-2026 Fax: (843) 722-2867 E-mail: pely@clawsonandstaubes.com
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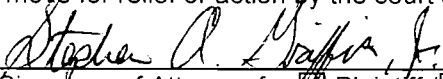
MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III)
 FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)
 PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)

SECTION I: Hearing Information

Nature of Motion: Defendant Motion to Compel
 Estimated Time Needed: 10 min Court Reporter Needed: YES / NO

SECTION II: Motion/Order Type

Written motion attached
 Form Motion/Order
 I hereby move for relief or action by the court as set forth in the attached proposed order.


 Signature of Attorney for Plaintiff / Defendant

Date submitted: 7/12/19

SECTION III: Motion Fee

PAID - AMOUNT: \$ 25
 EXEMPT: (check reason)

Rule to Show Cause in Child or Spousal Support
 Domestic Abuse or Abuse and Neglect
 Indigent Status State Agency v. Indigent Party
 Sexually Violent Predator Act Post-Conviction Relief
 Motion for Stay in Bankruptcy
 Motion for Publication Motion for Execution (Rule 69, SCRCP)
 Proposed order submitted at request of the court; or,
 reduced to writing from motion made in open court per judge's instructions
 Name of Court Reporter: _____
 Other: _____

JUDGE'S SECTION

<input type="checkbox"/> Motion Fee to be paid upon filing of the attached order. <input type="checkbox"/> Other: _____	JUDGE CODE _____ Date: _____
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CLERK'S VERIFICATION

Collected by: _____ Date Filed: _____
 MOTION FEE COLLECTED: \$ _____
 CONTESTED - AMOUNT DUE: \$ _____

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Beatrice Youngblood,

Plaintiff,

vs.

Randy Williams Edwards and RWE
Trucking Company,

Defendant.

IN THE COURT OF COMMON PLEAS
FOR THE NINTH JUDICIAL CIRCUIT

CASE NO.: 2019-CP-10-00347

MOTION TO COMPEL

FILED
2019 JUL 17 PM 1:28
JULIE J. ARMSTRONG
CLERK OF COURT

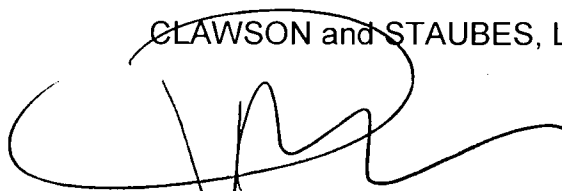
TO: Nadia Baig, Attorney for Beatrice Youngblood

YOU WILL PLEASE TAKE NOTICE that the Defendant, Randy Williams Edwards, above named by her undersigned attorney, will move before the Presiding Judge of the Charleston Court of Common Pleas at the Charleston County Courthouse at 10:00 a.m. on the tenth (10th) day after service hereof, or as soon thereafter as counsel may be heard for an Order compelling Plaintiff to answer discovery requests propounded pursuant to Rule 33 and/or Rule 34 of the South Carolina Rules of Civil Procedure.

The said Motion will be made on the grounds that Plaintiff has failed to answer said discovery in a timely manner. The attached discovery requests were served on May 14, 2019. This information is necessary in order for the Randy Williams Edwards to properly prepare a defense to the Plaintiff's Complaint.

I hereby certify that I have communicated with opposing counsel and attempted in good faith to resolve the matter contained in this motion.

CLAWSON and STAUBES, LLC



Penn W. Ely
Bar No.: 100604
126 Seven Farms Drive, Suite 200

Charleston, South Carolina 29492-8144
Phone: (843) 577-2026
Email: pely@clawsonandstaubes.com
Attorney for Randy Williams Edwards

Charleston, South Carolina

July 11, 2019

2019-CF-10-347

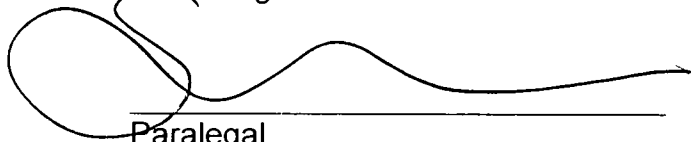
CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing Defendant's Motion to Compel Plaintiff's discovery responses was served upon the following parties on the 12 day of July, 2019, via:

<input checked="" type="checkbox"/>	United States Postal Service
<input type="checkbox"/>	Facsimile
<input checked="" type="checkbox"/>	Electronic Email
<input type="checkbox"/>	Via Hand Delivery

FILED
2019 JUL 17 PM 1:28
CLERK OF COURT
JULIE J. ARWASTROW

Nadia Baig
The Lokey Law Firm, LLC
775 Saint Andrews Blvd.
Charleston, SC 29407-7167
Email Address: nsbaig@lokeylawfirm.com; jslee@lokeylawfirm.com
Attorney For: Beatrice Youngblood



Paralegal



Penn W. Ely
Licensed in SC
pely@clawsonandstaubes.com

June 24, 2019

File No.: 20190593.000

Nadia Baig
The Lokey Law Firm, LLC
775 Saint Andrews Blvd.
Charleston, SC 29407-7167

Re: Beatrice Youngblood vs. Randy Williams Edwards and RWE Trucking Company
Case No.: 2019-CP-10-00347

Dear Nadia:

A review of my file shows that I have not received your responses to my outstanding discovery requests. If you do not require any appreciable additional time to respond, please forward your discovery responses within the next fourteen (14) days so that I will not need to file a Motion to Compel to protect my client's interests.

Very truly yours,

CLAWSON and STAUBES, LLC

Penn W. Ely

PWE/sfh



Penn W. Ely
Licensed in SC
pely@clawsonandstaubes.com

May 13, 2019

File No.: 20190593.000

Nadia Baig
The Lokey Law Firm, LLC
775 Saint Andrews Blvd.
Charleston, SC 29407-7167

Re: Beatrice Youngblood vs. Randy Williams Edwards and RWE Trucking Company
Case No.: 2019-CP-10-00347

Dear Nadia:

Enclosed please find the following:

- 1) Standard and Supplemental Interrogatories; and
- 2) Request for Production of Documents.

Please note CLAWSON and STAUBES, LLC has added an additional interrogatory to our Standard Interrogatories as a result of the recent changes to the Medicare Secondary Payer Act. Per recent legal changes, insurance companies are now required to report to the federal government all settlements in bodily injury cases so that the government may determine whether it possesses any lien against settlement proceeds for any past or future Medicare Part A or Part B benefits related to the accident. The insurance companies are required to report this data even if your client has never been Medicare eligible. We invite you to discuss with us and your client the need to resolve all statutory and other liens from any proceeds.

Very truly yours,

CLAWSON and STAUBES, LLC

/s/ Penn W. Ely

Penn W. Ely

PWE/sfh

Enclosures

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

Beatrice Youngblood,

Plaintiff,

vs.

Randy Williams Edwards and RWE
Trucking Company,

Defendants.

IN THE COURT OF COMMON PLEAS
FOR THE NINTH JUDICIAL CIRCUIT

CASE NO.: 2019-CP-10-00347

**DEFENDANTS' STANDARD
INTERROGATORIES TO PLAINTIFF**

TO: Nadia Baig, ATTORNEY FOR Beatrice Youngblood

YOU WILL PLEASE TAKE NOTICE that you are hereby required to answer in writing the following Interrogatories, pursuant to Rule 33(b) of the South Carolina Rules of Civil Procedure:

1. Give the names and addresses of persons known to the parties or Counsel to be witnesses concerning the facts of the case and indicate whether or not written or recorded statements have been taken from the witnesses and indicate who has possession of such statements.

2. Set forth a list of photographs, plats, sketches or other prepared documents in possession of the parties that relates to the claim or the defense in the case.

3. In cases involving personal injury, set forth the names and addresses of all physicians who have treated the party and all hospitals to which the party has been committed in connection with said injuries and also set forth a statement of all medical costs involved.

4. Set forth the names and addresses of all insurance companies which have liability, uninsured or underinsured insurance coverage on the parties and set forth the number or numbers of the policies involved and the amount or amounts of coverage

provided in each policy.

5. Set forth here a statement of all other damages, exclusive of pain and suffering, claimed to have been sustained by the party.

6. List the names and addresses of any expert witnesses whom the party proposes to use as a witness at the trial of the case.

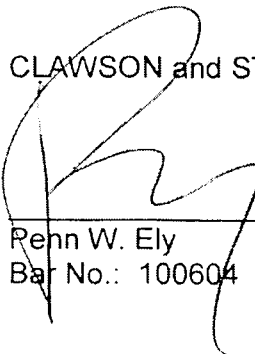
7. For each person known to the parties or counsel to be a witness concerning the facts of the case, set forth either a summary sufficient to inform the other party of the important facts known to or observed by such witness, or provide a copy of any written or recorded statements taken from such witnesses.

8. Please state whether the Plaintiff is currently or has applied to become a Medicare recipient. Please state whether the Plaintiff has applied for or is currently receiving social security disability benefits.

9. If the response is yes to either of the above questions, please state the dates when the Plaintiff began receiving their benefits or expects to receive their benefits. (This information is requested as a result of reporting requirements now required in Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007).

These Interrogatories shall be deemed to continue until the time of trial and the party and party's counsel shall promptly transmit to the opposing party's attorneys any information which comes into their possession subsequent to the answers to the above Interrogatories.

CLAWSON and STAUBES, LLC



Penn W. Ely
Bar No.: 100604

126 Seven Farms Drive, Suite 200
Charleston, South Carolina 29492-8144
Phone: (843) 577-2026
Fax: (843) 722-2867
Email: pely@clawsonandstaubes.com
Attorney for Defendants

Charleston, South Carolina
May 13, 2019

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

Beatrice Youngblood,

Plaintiff,

vs.

Randy Williams Edwards and RWE
Trucking Company,

Defendants.

IN THE COURT OF COMMON PLEAS
FOR THE NINTH JUDICIAL CIRCUIT

CASE NO.: 2019-CP-10-00347

**DEFENDANTS' FIRST
SUPPLEMENTAL INTERROGATORIES
TO PLAINTIFF**

TO: Nadia Baig, ATTORNEY FOR Beatrice Youngblood

Defendants' pursuant to Rule 33 of the South Carolina Rules of Civil Procedure, submit(s) these Interrogatories to Plaintiff(s). Please take notice that a copy of the answers to these Interrogatories must be served upon the undersigned within thirty (30) days from the date of service hereof.

DEFINITIONS AND INSTRUCTIONS

A. The party is required, when answering these Interrogatories, to furnish all information that is available to him/her/them, his/her/their attorneys or agents, or anyone acting on behalf of his/her/their attorneys or agents.

B. These Interrogatories are deemed to be continuing, such as to require the party to file and serve supplemental answers should they learn of additional information called for by these Interrogatories between the time of trial and the time his/her/their answers are filed. Said supplemental answers are required to be served within a reasonable time after the discovery of such additional information.

C. You are under a duty to promptly amend prior responses to these Interrogatories if you obtain information upon the basis of which you know the response was incorrect when made or you know the response, though correct when made, is no

longer true.

BACKGROUND

1. Please state your complete legal name (Legal name as it appears on the Social Security Card or tax returns), as well as all other names you have used including but not limited to alias, maiden name, married names, and nicknames, address, date and place of birth, gender, driver's license number, social security number and the name(s), address(es), telephone number(s) and member number(s) of any health insurance plans for the past ten (10) years.

2. Please list your occupation or job (full and/or part-time) and employer's name and address, the dates of employment, the general nature of your duties, your wage or salary at the time each job ended, and reasons for termination during the last ten years, starting with your present employer.

3. Set forth the names, addresses and telephone numbers of your physicians for the last ten years. Physicians include any health care provider, including but not limited to doctors, chiropractors, osteopaths, dentists, oral surgeons, physical therapists, and pain therapists.

4. In cases involving personal injury, set forth the names and addresses of all pharmacies at which the Plaintiff has had any prescriptions filled or refilled within the previous 10 years.

5. If you have submitted any applications for employment since the date of this accident/incident, please state the name and address of each prospective employer and the position you applied for.

6. List all of the crimes of any nature, excluding minor traffic offenses, of which you have pled guilty, no contest, been convicted, or forfeited bond, give dates and

offenses, including the sentence imposed, the court (including city, county and state).

7. (a) If you have ever sued anyone before for personal injury or property damage or been sued for personal injury or property damage, please state the full title of each suit, the court in which the action was instituted, the number of the action, the name of your attorney, the name of the adverse attorney, the nature and extent of the injury or damage, and the disposition of the action. If you have never sued anyone or been sued by anyone for personal injury or property damage, please state "No."
- (b) If you have ever made a claim for personal injury, whether a first-party claim, third-party claim, worker's compensation claim, medical payments claim, PIP claim or disability claim, please state the date of the claim, the carrier against which said claim was made, the nature and extent of the injury or damage, and the amount of the claim paid. If you have never made any such claim, please state "No."
- (c) Have you ever injured, had any pain or discomfort, or sought treatment to any area of your body which you claim was injured as a result of this accident/incident, regardless of whether or not you have ever made a claim? If so, please state the date of onset, the duration of injury, pain and/or treatment, including the name and address of the doctor, osteopath, chiropractor, physical therapist or other health care provider that rendered treatment.

THE ACCIDENT/INCIDENT

8. Describe with particularity exactly what occurred in the five minutes prior to the accident/incident which is the subject of the above action, what occurred during the accident/incident, and what occurred during the ten minutes after the accident/incident, including anything said by or to you, or by or to any party, witness, police officer, EMS, etc.

9. Please state the facts upon which you allege that the opposing party was negligent and the source of proof for each fact alleged. (Restating allegations contained in the Parties' Pleadings is not sufficient).

10. For any conversations or admissions of any person or persons concerning

the accident/incident, please state:

- (a) Your best recollection of the conversation.
- (b) When and where it occurred and the names and addresses of all persons present.

DAMAGES

11. State the extent and nature of the damage to the vehicle which you occupied at the time of the accident, and the cost of repairs, if any, including the name and address of the shop which repaired the vehicle or prepared any estimate of repairs. (Please answer even if property damage is not claimed in this suit).

12. Please state all physical and/or mental injuries you claim as a result of the accident/incident herein. If you do not claim to have any physical and/or mental injuries, please state "No."

13. Please state whether or not you sustained any injury or disability, including, but not limited to, injury to your head, neck, shoulders, legs or back, either before or after the date of the incident in question; and, if so, please furnish the following information with respect to any occasion on which such injury was sustained:

- (a) The date or your best estimate of the date of the injury;
- (b) A brief description of the circumstances under which the injury was incurred;
- (c) A description of the injury; and
- (d) The name and address of each provider of health care services who examined or treated you with respect to such injury.

14. List individually all medical and/or ancillary expenses you incurred as a result of the accident/incident, including, but not limited to, hospital and therapy costs; the names and addresses of those who provided the service and who made the payment for

such services; and the amount of payment made.

15. Since the time of the accident/incident, if you have any surgery performed on any part of your body, please state the nature and extent of the surgery.

16. If you have not had any surgery performed on any part of your body since the time of the accident/incident, please state "No."

17. To the best of your knowledge or that of your attorney, has any doctor advised you or your attorney as to the diagnosis of any of your injuries? If so, state the diagnosis made of each injury and the name and address of the doctor making said diagnosis. (NOTE: A medical report may be submitted in lieu of a written answer to this question.)

18. To the best of your knowledge or that of your attorney, has any doctor advised you or your attorney as to the prognosis of any of your injuries? If so, state:

- (a) Which injuries you have been advised are probably temporary and the doctor making said statement and his/her address.
- (b) Which injuries you have been advised are probably permanent and the doctor making said statement and his/her address.

19. With respect to the injuries you received as a result of the accident/incident herein, state the nature, extent and location of any cuts or lacerations, fractures, dislocations, bruises and/or visible injuries.

20. If you have been able to resume your normal schedule of activities since the date of the accident/incident, please state the date. If you have not been able to resume your normal schedule of activities since the date of the accident/incident, please state, "No" and, state the date when you felt you had achieved full recovery.

21. If you are still suffering from any effects of the accident/incident, please

state the symptoms, complaints and/or other disabilities you claim resulted from the accident/incident. If you are not still suffering from any effects of the accident/incident, please state "No."

22. If you claim to have any permanent injuries as a result of the accident/incident, please state the nature and location of each such injury. If you do not claim to have any permanent injuries as a result of the accident/incident, please state "No."

23. State the nature and amount of all future expenses, including, but not limited to, medical expenses, you anticipate will be incurred as a result of the accident/incident. If you do not expect further expense, please state "No."

24. Do you claim that you lost any income or missed any time away from any employment as a result of the incident in question? If so, please state:

- (a) The date (or your best estimate of the dates) on which you missed time from your employment;
- (b) The amount of salary or wages you claim you lost on each date and the name of your supervisor or any other individual who can verify your employment status and wage-loss claims; and
- (c) The reason for missing work on all such dates (for example, injuries, lack of transportation, hospitalization, visits to the doctor, etc.).

25. If you contend your wage earning capacity was diminished in any way as a result of the accident in question, please describe the method you use to compute a monetary value for such loss of earning capacity and identify any document you prepared or relied upon in computing such loss of earning capacity. Please further state the complete name, business address and telephone number of any expert witness you have consulted or intend to use at the trial of this action to offer testimony of any diminution in

your earning capacity and identify any document prepared by such expert.

26. If you allege there was any loss of consortium as a result of this accident/incident, please itemize with specificity what activities are limited, the frequency and duration of said activities prior to this accident/incident and the frequency/duration of said activities after the accident/incident. Please itemize all damages you claim in connection with a loss of consortium claim. If no loss of consortium is claimed, please state "No loss of consortium claimed".

27. If you claim any aggravation of a pre-existing condition as a result of the accident/incident, please state:

- (a) The nature of the pre-existing condition and how long it had existed prior to the accident/incident. If you do not claim any aggravation of a pre-existing condition as a result of the accident/incident, please state "No" and
 - (b) The date, name and address of all persons and institutions treating you for pre-existing conditions prior to the time of the accident/incident.
28. (a) State your general physical condition, including every physical or mental ailment, allergies and defects in vision or hearing, if any, immediately prior to the day of the accident/incident.
- (b) Describe in detail all ailments from which you are now suffering which you do not believe resulted from the accident/incident.

29. If your activities, other than those involving your work, have been restricted as a result of the accident/incident, please state what activities that have been or will be restricted or curtailed as a result of the accident/incident. (It should include hobbies, sports, recreation, household and yard activities, and other leisure activities.) If your activities have not been restricted as a result of the accident/incident, please state "No."

CLAWSON and STAUBES, LLC



Penn W. Ely
Bar No.: 100604
126 Seven Farms Drive, Suite 200
Charleston, South Carolina 29492-8144
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Fax: (843) 722-2867
Email: pely@clawsonandstaubes.com
Attorney for Defendants

Charleston, South Carolina
May 13, 2019

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

Beatrice Youngblood,

Plaintiff,

vs.

Randy Williams Edwards and RWE
Trucking Company,

Defendants.

IN THE COURT OF COMMON PLEAS
FOR THE NINTH JUDICIAL CIRCUIT

CASE NO.: 2019-CP-10-00347

**DEFENDANTS' REQUEST FOR
PRODUCTION TO PLAINTIFF**

TO: Nadia Baig, ATTORNEY FOR Beatrice Youngblood

Pursuant to Rule 34 of the South Carolina Rules of Civil Procedure, Defendants request Plaintiff herein, to produce and permit Defendants, or someone acting in Defendants' behalf, to inspect and copy the following enumerated documents in Plaintiff's possession, custody or control within thirty (30) days after service hereof:

1. Copies of any and all statements given by the parties which are in the possession of the parties or parties' attorneys, whether written or recorded or on a tape recorder or otherwise.

2. A copy of the Affidavit of Service.

3. Copies of any and all statements given by either eye witnesses or other witnesses to the incidents and matters complained of herein which are in the possession of the parties or parties' attorneys, whether written or recorded or on a tape recorder or otherwise.

4. Copies of any and all written reports by examining and/or treating physicians of the parties or for the parties' attorneys or other medical practitioners relating to the parties' injuries, and/or any other expert witnesses retained for use at trial or identified as witnesses at trial in response to the Interrogatories, including but not limited

to the following:

- a. All documents, including draft notes, preliminary reports, and/or final reports, prepared in whole or in part by the expert on the subject matter and in connection with those matters about which the expert is expected to testify at trial;
 - b. All documents sent to the expert by the party or their counsel in reference to this litigation;
 - c. All documents upon which the expert will rely for the opinion or opinions that the expert will express at trial;
 - d. All documents utilized, relied upon, consulted and/or reviewed by the expert in connection with this litigation to the best of the expert's recollection;
 - e. All documents setting forth any compensation agreement between the party and the expert;
 - f. Identification by court, term, number and date, any and all litigation wherein the expert was either a party or testified as a witness;
 - g. All documents used or relied upon by the expert in preparing answers to expert Interrogatories;
 - h. All documents that have been or will be shown to the expert during or in preparation of the expert's testimony at deposition or trial;
 - i. All documents, including a curriculum vitae, that the party contends will establish the expert's qualifications for trial purposes.
5. Copies of any and all statements, memoranda, bills or other materials which substantiate or relate to the damages sustained by the party herein.
 6. Copies of any and all statements, memoranda or other materials which substantiate or relate to lost wages of the party if the same is claimed herein.
 7. Copies of any and all statements, memoranda, reports or other materials which in any other way might relate to the party's claim herein which are within the possession of the party or party's attorney, whether written or recorded or on a tape

recorder or otherwise.

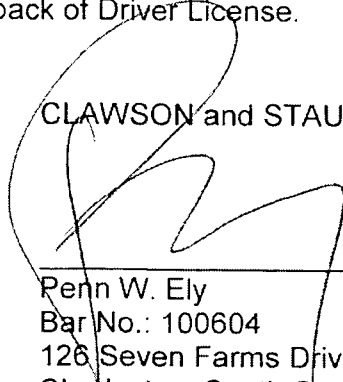
8. A copy of each and every document in any way or manner relevant to the computation of the party's income for the period of five (5) years prior to the accident/incident in question and copies of all state and federal income tax returns, including all schedules and attachments, if any, as well as W-2 forms, filed by or on behalf of the party for the past 5 years.

9. To permit the opposing party to inspect, to photograph and otherwise copy any and all photographs, plats, or diagrams which the party or the party's attorney may have which relate to the matters alleged herein, including, but not limited to, the photographs, plats or diagrams of the scene of the accident/ incident complained of, to include negatives of such photographs.

10. Any documents (as defined in SCRPC 34(a)), and tangible things of whatever nature and description which you intend to introduce into evidence or to use as impeachment or evidence at trial of this case.

11. A copy of the front and back of Driver License.

CLAWSON and STAUBES, LLC



Penn W. Ely
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126 Seven Farms Drive, Suite 200
Charleston, South Carolina 29492-8144
Phone: (843) 577-2026
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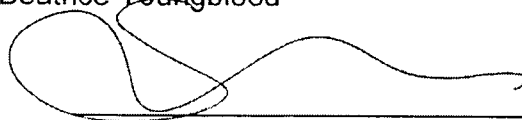
May 13, 2019

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing Defendant's Standard and Supplemental Interrogatories and Request for Production to Plaintiff was served upon the following parties on the 14 day of May, 2019, via:

<input checked="" type="checkbox"/>	United States Postal Service
<input type="checkbox"/>	Facsimile
<input type="checkbox"/>	Electronic Email
<input type="checkbox"/>	Via Hand Delivery

Nadia Baig
The Lokey Law Firm, LLC
775 Saint Andrews Blvd.
Charleston, SC 29407-7167
Email Address: nsbaig@lokeylawfirm.com
Attorney For: Beatrice Youngblood



Paralegal

July 11, 2019

File No.: 20190593.000

The Honorable Julie J. Armstrong
Charleston County Clerk of Court
100 Broad St Ste 106
Charleston, SC 29401-2210

Re: Beatrice Youngblood vs. Randy Williams Edwards and RWE Trucking Company
Case No.: 2019-CP-10-00347

Dear Ms. Armstrong:

Enclosed please find the original and one (1) copy of Defendant's Motion to Compel to be filed in the above-referenced case. Please file the original and return a stamped, filed copy of the Defendant's Motion to Compel in the self-addressed, stamped envelope provided for your convenience. Also enclosed is our check in the amount of Twenty-five (\$25.00) Dollars representing the administrative fee for this request as well as the docketing form required by your office.

By copy of this letter, I am serving a copy of the Defendant's Motion to Compel upon counsel of record, along with a Certificate of Service.

Very truly yours,

CLAWSON and STAUBES, LLC

P.P. Stephen A. Griffin, Jr.
Penn W. Ely

PWE/sfh

Enclosure

cc: Nadia Baig