"SORRY TO HEAR…" *"HOW ARE YOU FEELING?"* *"WE CAN HELP WITH THAT…"*

D: ☐ ***P:*** ☑ ***Ped:*** ☐ ***Date Signed:*** 2/9/23 ***Source:*** Paul ***Type:*** PI

Name: Jayme Castro ☒ F DOA: 2/1/23 8:40a

Address: 1342 Arnett Way, Irvine CA 92618

Phone (H): (Cell): (714) 555-5130 (W): OK To Call? ☐

Date of Birth: 08/09/1967 SS#: 611-18-7952

E-Mail : jaymeca@yahoo.com Check Regularly? ☐

CDL: C6103480 Spouse Name: OK To Discuss? ☐

Nearest Relative: Who knows you best? Joanna

Address: Phone: (323) 876-3203

FACTS ABOUT THE ACCIDENT

Location: Trask and newhope garden grove

Seat Belt? ☑ Report Taken? ☑ Police Dept? Garden Grc Who was CITED?

Witnesses & Phone: None

WHAT HAPPENED?

Jayme was on Gunther Ave heading East crossing Empire St on lane #1, was heading towards Fairview St. Jayme was halfway thru the intersection when the Defendant turned into her hitting the middle of the back driver side door. Jayme swerved to the right lane when she saw the defendant car rapidly turn to avoid being hit on the front of the drivers side door. The Defendant had no lights on and no turn signal. Jayme had the right away, green light all the way going 35mph. Jayme hit her head on the window/door trim as well has his left shoulder and is experiencing left leg pain as well. During impact client passed out and was taken by ambulance to UCI.
Garden Grove Case# 23895757

Did the defendant admit guilt or apologize?: no

Did Body Hit Interior?: Yes, head and left shoulder hit door/window

Client Car: Mk/model: Accord Year: 2016 Plate #: R459U34

Describe Dents/Dam: Driver side front door dent, back door and tire totaled

Where is car now? Tow yard Repair Est?:

Def. Car: Mk/model: Ford F-150 Year: 2020 Plate # C456K98 Repair Est?:

FULLY Describe Dents/Dam:

LOST WORK

Employer: Self Employed How Long? _____

Address: _____ Phone: _____

Position: _____ Hours/Week: _____

Supervisor: _____ Wage: _____

Time Off: _____

INJURIES

Ambulance: ☑ ER Room: ☑ Overnight: ☐ Describe Injuries and Pain/Complaints:

-Head impact YES
-Did your head strike anything in the car? window, door Do you have a bruise or bump on the head? BRUSING
-Do you have headaches? YES
-Do you forget short-term things?
-Has your reading vision gotten worse?
-Are you more irritable than before?

All Providers To Date: Name, Address, Phone, Dates of Treatment:

Name	Address	Phone#	Dates of Treatment
UCI Orange			2/8/23
Traffic Chiropractic	591 Newhope Ave Ste 106	(714) 713-0572	2/2 5:30pm

MEDICAL HISTORY

Previous Auto Accident(s) : Yes Date(s): 2021-2020

Injuries: None, did not get insurance involved

Treatment: _____

Other Previous Injuries: _____

Work Comp Injury? No Injuries: _____

Treatment: _____

Ever See Chiropractor? No Ever See PT? No

FACTS ABOUT THE DEFENDANT

Name: Marie Dawson Ph#: (916) 342-8745

Address: 123 Peace Ave.

Race: blk Sex: F Hair: Blk Eyes: BLk Age: 34

Height: 5'3" Build: Avg. Distinguishing Features:

Insurance: State Farm

Address: PO BOx 462987, Columbus, OH 32748

Adjuster: Neil Druggerhead Phone: 888-337-9888 ext. 23984

Claim # C92848-GO Policy # 3598713940824

Offered:

FACTS ABOUT THE PLAINTIFF

Client Insurance: Mercury Insurance

U/M Limit: Med Pay Limit: 5K

Address: 3529 Mastedon Rd. Ste. 3500, Orange CA 93223

Adjuster: Garfield LaCross Phone: (800) 556-8797 ext. 450

Claim # CA3598234 Policy # 0401 09 170534476

If client is passenger and/or is driving a borrowed vehicle

Insurance of driven vehicle:

Address:

Adjuster: Phone:

Claim #: Policy #:

Health Insurer: Medi Cal

Address/Phone #:

Medical Identification #: 92259951D

Prior Attorney Name:

Phone #: Date Represented: Address:

Patient Name Jayme Castro **Date of Injury** 2/1/2023

Patient Complaints (Check all that apply)

- ☒ Neck pain
- ☒ Lower back pain
- ☒ Headaches
- ☐ Muscle spasm at_____
- ☐ Numbness in_____
- ☐ Tingling in_____
- ☒ Contusion (bruising) face
- ☐ Radiating pain to_____
- ☐ Restriction of motion of_____
- ☐ Blurred vision
- ☐ Anxiety/Depression
- ☐ Fracture of_____
- ☐ Scarring of_____
- ☐

Left thigh pain, left shoulder pain
hit head on window/door trim
face bruising and cuts. air bags deployed
left foot pain, unable to properly walk. Left ear cant hear right, ringing

Treatment History

- ☒ Medication prescribed
- ☐ Immobilization (collar, brace)
- ☐ MRI scan
- ☒ CT scan
- ☐ Injections
- ☐ Other:

Current medication list, Metformin, Januvia, Lisinopril, clopidrogel, aspirin, rosuvastatin, metoprolol.
CT scan and xrays done at hospital.

Disability

- ☐ Placed on disability from_____to_____

Additional Information: