

IN THE CIRCUIT COURT OF THE
17TH JUDICIAL CIRCUIT IN AND
FOR BROWARD COUNTY, FLORIDA

Case No. CACE-22-012289 (21)

MYRIAM C. LEAL,

Plaintiff,

v.

CITY OF SUNRISE,

Defendant.

DEFENDANT, CITY OF SUNRISE'S
REQUEST FOR ADMISSIONS TO PLAINTIFF, MYRIAM C. LEAL

COMES NOW the Defendant, **CITY OF SUNRISE**, by and through its undersigned counsel and pursuant to Rule 1.370, Florida Rules of Civil Procedure, requests the Plaintiff, **MYRIAM C. LEAL**, to admit in this action that each of the following statements is true:

1. ADMIT that before the accident which is referenced in your Complaint, you sustained an injury to the same body part(s) as the body part(s) you are alleging injury(ies) to in this lawsuit.

RESPONSE:

2. ADMIT that you have been involved in a motor vehicle accident, slip and fall type of accident or other non-motor vehicle accidents, PRIOR TO the incident referenced in your Complaint either as a driver, passenger or pedestrian.

RESPONSE:

3. ADMIT that one or more of your prior treating physicians opined that you sustained significant and permanent injuries in said prior accident and/or fall.

RESPONSE:

4. ADMIT that you have been involved in an motor vehicle accident, slip and fall type of accident or other non-motor vehicle accidents SUBSEQUENT TO the incident referenced in your Complaint either as a driver, passenger or pedestrian.

RESPONSE:

5. ADMIT that one or more of your prior treating physicians opined that you sustained significant and permanent injuries in said subsequent accident and/or fall.

RESPONSE:

6. ADMIT that you were suffering from a disability prior to the date of the accident which is referenced in your Complaint.

RESPONSE:

7. ADMIT that you have previously been involved in litigation where you sued someone for damages.

RESPONSE:

8. ADMIT that you have previously settled a claim either pre-suit or during litigation for personal injury, and executed a release.

RESPONSE:

9. ADMIT that you have no outstanding medical bills from the accident which is referenced in your Complaint.

RESPONSE:

10. ADMIT that you have not suffered loss of wages as a result of the accident which is referenced in your Complaint.

RESPONSE:

11. ADMIT that you do not have a loss of earning capacity as a result of the accident which is referenced in your Complaint.

RESPONSE:

12. ADMIT that you were not gainfully employed at the time of your subject accident.

RESPONSE:

13. ADMIT that you have turned down work that you were physically able to perform since the date of the subject accident.

RESPONSE:

14. ADMIT that your current employer is willing to pay you as if you had not been injured.

RESPONSE:

15. ADMIT that you do not have any out of pocket expenses as a result of the accident which is referenced in your Complaint.

RESPONSE:

16. ADMIT that you have private health insurance coverage through some source which would provide coverage for the damages that you are seeking in this lawsuit.

RESPONSE:

17. ADMIT that you have received benefits pursuant to a personal or group health insurance policy for medical bills alleged to have been incurred as a result of the incident described in the Complaint.

RESPONSE:

18. ADMIT that you have received other benefits through a collateral source provider, including but not limited to workman's compensation, social security, or Medicaid/Medicare, for all or a portion of the damages you allege resulted from the incident referenced in the Complaint.

RESPONSE:

19. ADMIT that no medical provider has expressed a medical opinion stating that you have sustained a permanent injury as a result of the subject accident.

RESPONSE:

20. ADMIT that you received no permanent and/or significant scarring as a result of the subject accident.

RESPONSE:

21. ADMIT that you have a prior felony conviction and/or conviction involving dishonesty or false statement.

RESPONSE:

22. ADMIT that you had been drinking alcohol during the ten (10) hours prior to the subject accident.

RESPONSE:

23. ADMIT that you had been taking drugs or medications during the ten (10) hours prior to the subject accident.

RESPONSE:

24. ADMIT that you have made one or more worker's compensation claims during your lifetime.

RESPONSE:

25. ADMIT that you had neck and back pain within the year prior to your subject accident.

RESPONSE:

26. ADMIT that you refused medical treatment at the scene of this accident.

RESPONSE:

27. ADMIT that you were not wearing a seatbelt at the time of the accident.

RESPONSE:

28. ADMIT that you did not seek medical treatment related to this incident until after consulting an attorney.

RESPONSE:

29. ADMIT that you were traveling at a high rate of speed at the time of the accident.

RESPONSE:

30. ADMIT that you were traveling at a rate of speed above the posted speed limit at the time of the accident.

RESPONSE:

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy hereof has been served and filed through the Florida Court E-Filing Portal this 16th day of September, 2022 to: **Ian Boettcher, Esq.**, Morgan & Morgan, P.A., iboettcher@forthepeople.com lesquivel@forthepeople.com lmaos@forthepeople.com.



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