

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA

MONIQUE MORRIS,

CASE NO.: 50-2022-CA-002526

Plaintiff,

vs.

TIMOTHY WILLIAM WARREN and POWERCORE,  
INC.

Defendants. \_\_\_\_\_/

**DEFENDANT, POWERCORE, INC.'S REQUESTS FOR ADMISSIONS TO PLAINTIFF**

The Defendant, POWERCORE, INC., by and through undersigned counsel and pursuant to Fla.R.Civ.P. 1.370, requests the Plaintiff, MONIQUE MORRIS, to admit or deny the truth of the following matters of fact within the time proscribed by said Rule:

1. At the time of the accident alleged in the Complaint, the vehicle in which you were riding had a fully operational seat belt that was available for your use.
2. At the time of the accident alleged in the Complaint, you were not wearing the available and fully operational seat belt.
3. Your failure to use the seat belt as set forth above was unreasonable under the circumstances.
4. Your failure to use a seat belt produced or contributed substantially to at least a portion of your claimed damages.
5. At the time of the accident alleged in the Complaint, you were not wearing your prescribed glasses or contact lenses.
6. At the time of the accident alleged in the Complaint, you had a cellphone with you.
7. At the time of the accident alleged in the Complaint, you were using a cellphone.

8. You saw the Defendant's motor vehicle before the accident alleged in the Complaint occurred.

9. You took no action to avoid the accident alleged in the Complaint.

10. Had you been paying reasonable care to your surroundings; you would have been able to prevent the accident.

11. The injuries you allege as a result of the accident alleged in the Complaint do not meet the threshold requirements of §627.737(2), Fla. Stat.

12. Prior to the accident alleged in the Complaint, you sought medical care and/or treatment to one or more of the same body part(s) that you allege was injured in accident alleged in the Complaint.

13. Prior to the accident alleged in the Complaint, you received medical care and/or treatment for one or more of the same body part(s) that you allege was injured in accident alleged in the Complaint.

14. Prior to the accident alleged in the Complaint, you had diagnostic testing performed on one or more of the same body part(s) that you allege was injured in accident alleged in the Complaint.

15. Prior to the accident alleged in the Complaint, you received physical therapy on one or more of the same body part(s) that you allege was injured in accident alleged in the Complaint.

16. You are entitled to receive benefits from a collateral source, as defined by §768.76, Fla. Stat., for medical bills alleged to have been incurred as a result of the accident alleged in the Complaint.

17. You received benefits from a collateral source, as defined by §768.76, Fla. Stat., for medical bills alleged to have been incurred as a result of the accident alleged in the Complaint.

18. You are entitled to receive benefits from a collateral source, as defined by §768.76, Fla. Stat., for loss of wages or income alleged to have been sustained as a result of the accident alleged in the Complaint.

19. You received benefits from a collateral source, as defined by §768.76, Fla. Stat., for loss of wages or income alleged to have been sustained as a result of the accident alleged in the Complaint.

20. You are entitled to receive benefits pursuant to personal or group health insurance policy, for medical bills alleged to have been incurred as a result of the accident alleged in the Complaint.

21. You received benefits pursuant to personal or group health insurance policy, for medical bills alleged to have been incurred as a result of the accident alleged in the Complaint.

22. You are entitled to receive benefits pursuant to health insurance with Medicare and with a secondary Medicare insurance provider, for medical bills alleged to have been incurred as a result of the accident alleged in the Complaint.

23. You received benefits pursuant to health insurance with Medicare and with a secondary Medicare insurance provider, for medical bills alleged to have been incurred as a result of the accident alleged in the Complaint.

24. You did not incur any out-of-pocket expenses as a result of the accident alleged in the Complaint.

25. You have no outstanding medical expenses for any medical treatment received that you allege was a result of the accident alleged in the Complaint.

26. Your attorney and/or a representative from the law firm representing you referred one or more of the medical doctor/providers you saw relating to treatment for any of the injuries that you allege in the Complaint.

27. You did not report any injuries at the scene of the accident alleged in the Complaint.

28. You declined medical treatment at the scene of the accident alleged in the Complaint.

29. You declined to be transported from the scene to the hospital by Fire-Rescue.

### **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the foregoing was sent via email/eportal only on June 13, 2022, to: **Ian Boettcher, Esq.**, Morgan and Morgan, 8151 Peters Rd., Ste. 4000, Plantation, FL 33324  
*Attorney for Plaintiff*, email: [iboettcher@forthepeople.com](mailto:iboettcher@forthepeople.com); [lesquivel@forthepeople.com](mailto:lesquivel@forthepeople.com).

By: /s/ **Richard S. Otruba**  
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