

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY
CIVIL DIVISION
CASE NO: 22-14164-CA-01**

CARLOS NOLASCO,

Plaintiff,

-v-

**JONATHAN GALLEGOS AND
FEDERAL EXPRESS
CORPORATION,**

Defendant.

_____ /

PLAINTIFF'S RESPONSE TO REQUEST FOR ADMISSIONS

Plaintiff, CARLOS NOLASCO, by and through the undersigned attorney, responds to the Request for admissions of Defendant, FED EX, INC., served the 28th day of September, 2022, as follows:

1. ADMIT that the injuries that you claim are a result of the accident referenced in your Complaint pre-date and pre-exist the date of the accident.

ANSWER: Deny.

2. 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.

ANSWER: Deny.

3. ADMIT that you have been involved in an automobile accident which predates the incident referenced in your Complaint either as a driver, passenger or pedestrian.

ANSWER: Admit.

4. ADMIT that one (1) or more of your prior treating physicians opined that your sustained significant and permanent injuries in said prior motor vehicle accident.

ANSWER: **Deny.**

5. ADMIT that you have been involved in an automobile accident subsequent to the incident referenced in your Complaint either as a driver, passenger or pedestrian.

ANSWER: **Deny.**

6. ADMIT that one (1) or more of your prior treating physicians opined that you sustained significant and permanent injuries in said subsequent motor vehicle accident.

ANSWER: **Deny.**

7. ADMIT that you have been involved in one (1) or more slip and fall type or other non- motor vehicle accidents prior to the subject incident.

ANSWER: **Deny.**

8. ADMIT that one (1) or more of your prior treating physicians opined that you sustained significant and permanent injuries in the prior slip and fall type or other non-motor vehicle accident(s).

ANSWER: **Deny.**

9. ADMIT that you have been involved in one (1) or more slip and fall type or other non- motor vehicle accidents subsequent to the subject incident.

ANSWER: **Deny.**

10. ADMIT that one (1) or more of your prior treating physicians opined that you sustained significant and permanent injuries in the subsequent slip and fall type or other non-motor vehicle accident(s).

ANSWER: **Deny.**

11. ADMIT that you have been involved in any other type of accident, which pre-date the accident in your Complaint.

ANSWER: **Admit.**

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

ANSWER: **Deny.**

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

damages.

ANSWER: **Admit.**

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

ANSWER: **Deny.**

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

ANSWER: **Deny.**

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

ANSWER: **Deny.**

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

ANSWER: **Admit.**

18. 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.

ANSWER: **Admit.**

19. 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 that you allege resulted from the incident referenced in the Complaint.

ANSWER: **Admit.**

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

ANSWER: **Deny.**

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

ANSWER: **Deny.**

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

ANSWER: **Deny.**

23. ADMIT that your normal physical abilities were impaired at the time of the subject accident.

ANSWER: **Deny.**

24. ADMIT that you had been drinking alcohol and/or drugs/medications within six (6) hours prior to the subject accident.

ANSWER: **Deny.**

25. ADMIT that you are solely responsible for the subject accident.

ANSWER: **Deny.**

26. ADMIT that you are, at least in part, responsible for the subject accident.

ANSWER: **Deny.**

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished, by email, this 18th day of October, 2022 to: Jacob Liro, Esquire, Micholas D. Prudeniano, Esquire miactrpleadings@wickersmith.com; lacuna@wickersmith.com; agaitan@wickersmith.com.

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