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Elizabeth A. Brown
Clerk of Supreme Court

IN THE SUPREME COURT OF THE STATE OF NEVADA

VERONICA JAZMIN CASTILLO, AN
INDIVIDUAL,

Appellant,

vs.

ARMANDO PONS-DIAZ, AN
INDIVIDUAL,

Respondent.

Supreme Court Case No. 82267

District Court Case No.A-19-789525-C

APPELLANT'S APPENDIX
VOLUME 5

Appellant VERONICA JAZMIN CASTILLO submits the following Appellant's Appendix in the Appeal from the Eighth Judicial District Court of the State of Nevada in and for the County of Clark, Department 4, the Honorable Nadia Krall

THOMAS A. LARMORE, ESQ.
Nevada Bar No. 7415
DESERT RIDGE LEGAL GROUP
3037East Warm Springs Road, Ste. 300
Las Vegas, Nevada 89120

Attorney for Appellant
Veronica Jazmin Castillo

Appellant VERONICA JAZMIN CASTILLO, by and through her counsel of record, Desert Ridge Legal Group, hereby submit its Appellant's Appendix in compliance with Nevada Rules of Appellate Procedure 30(b)(4).

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The Appendix satisfies NRAP 30(c)(3) (2013), with each volume containing no more than 250 pages.

DATED: September 21st 2021.

/s/ Thomas A. Larmore

THOMAS A. LARMORE, ESQ.
Nevada Bar No. 7415
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Road, Suite 300
Las Vegas, Nevada
89120

CERTIFICATE OF SERVICE

I **HEREBY CERTIFY** that on this 21st day of September 2021, I served a true and complete copy of the foregoing **APPELLANT'S APPENDIX VOLUME 5** **addressed** to the parties below as follows:

- by placing a true and correct copy of the same to be deposited for mailing in the U.S. Mail, enclosed in a sealed envelope upon which first class postage was fully prepaid; and /or
- via facsimile; and or
- by hand delivery to parties listed below; and or
- by electronic service via E Flex through the Supreme Court of the State of Nevada.

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VERNON EVANS, ESQ.
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Attorneys for Respondent

/s/ Jeri L. Roth
Desert Ridge Legal Group

EXHIBIT "4"

EXHIBIT "4"

1 **ERIC R. BLANK, ESQ.**
2 Nevada Bar No. 006910
3 **VERNON EVANS, ESQ.**
4 Nevada Bar. No. 14705
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11 *Attorneys for Plaintiff*

8 **DISTRICT COURT**
9
10 **CLARK COUNTY, NEVADA**

11 ARMANDO PONS-DIAZ, an individual,
12
13 Plaintiff,

CASE NO.: A-19-789525-C
DEPT. NO.: 4

14 vs.

Arbitration Date: March 19, 2020

15 VERONICA JAZMIN CASTILLO, an individual;
16 and DOES I through X, inclusive,

Arbitration Time: 1:00 p.m.

17 Defendants.

18 **PLAINTIFF’S ARBITRATION BRIEF**

19 Plaintiff ARMANDO PONS-DIAZ (hereinafter “Plaintiff”), by and through his counsel, ERIC
20 R. BLANK, ESQ., and VERNON EVANS, ESQ. of ERIC BLANK INJURY ATTORNEYS, submits
21 his Arbitration Brief.

22 This Statement is made and based upon the pleading and papers on file herein, the attached
23 Memorandum of Points and Authorities, and in conjunction with such evidence and further authorities
24 as the Arbitrator may require at the time this matter is considered.

25 ///

26 ///

27 ///

28 ///

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I.**

3 **STATEMENT OF FACTS**

4 On December 15, 2017, Plaintiff was traveling southbound on Arville Street, attempting to
5 make a right turn onto Spring Mountain Road, when his vehicle was crashed into by Defendant
6 VERONICA JAZMIN CASTILLO (“Defendant”), who failed to yield the right of way to Plaintiff
7 (“Subject Incident”). Plaintiff suffered injuries as a result of the collision, and he lost wages while
8 seeking the treatment that was required due to Defendant’s negligence.

9 **II.**

10 **LIABILITY**

11 In order to prevail on a negligence claim in Nevada, a plaintiff must prove that (1) defendant
12 owed a duty of care to plaintiff; (2) defendant breached that duty; (3) the breach was the legal cause of
13 plaintiff’s injuries; and (4) plaintiff suffered damages. Sadler v. PacifiCare of Nev., 340 P.3d 1264
14 (Nev. 2014).

15 **CC 14.60.190 Full attention to driving.**

16 It is unlawful for any person to operate a motor vehicle upon a highway
without giving full time and attention to the operation of the vehicle.

17 **NRS 484B.307 Traffic controlled by official traffic-control**
18 **devices exhibiting different colored lights: Rights and duties of**
19 **vehicular traffic and pedestrians depending upon particular**
20 **signal displayed; exceptions for person driving motorcycle,**
21 **moped or trimobile or riding bicycle, electric bicycle or electric**
22 **scooter; signals placed over individual lanes; certain restrictions**
23 **upon local authorities; additional penalty for violation**
24 **committed in pedestrian safety zone.**

25 **NRS 484B.307(7).** Where the signal is a flashing yellow turn
26 arrow, displayed alone or in combination with another signal:

27 (a) Vehicular traffic facing the signal is permitted to cautiously enter
28 the intersection only to make the movement indicated by the arrow
signal, or other such movement as is permitted by other signal
indications displayed at the same time. Such vehicular traffic must
yield the right-of-way to pedestrians lawfully within the intersection
or an adjacent crosswalk and yield the right-of-way to other traffic
lawfully within the intersection.

///

1	Machuca Family Medicine	\$750.00
2	Shield Radiology Consultants	\$75.00
3	TOTAL:	\$5,675.00
4	Past Pain and Suffering	To Be Determined by the Arbitrator
5	Future Pain and Suffering	To Be Determined by the Arbitrator

6 **1) Meadows Chiropractic**

7 Plaintiff presented to Andrew Mitchell, D.C. for injuries including, but not limited to, neck
8 pain, thoracic pain, muscle pain, headaches, dizziness, difficulty sleeping, fatigue, and anxiety. Plaintiff
9 received an initial consultation, as well as an examination. Plaintiff was diagnosed with a cervical and
10 thoracic sprain, and segmental and somatic dysfunction to the cervical and thoracic regions.
11 Additionally, he received medical treatment, including, but not limited to, chiropractic manipulation,
12 electrical stimulation, hot and cold packs, mechanical traction, myofascial release, and therapeutic
13 exercises. The total cost of Plaintiff's medical treatment with Meadows Chiropractic is \$4,515.00 from
14 12/18/2017 to 3/26/2018. Additionally, Plaintiff was referred to Dr. Strehlow for x-ray review and to
15 Dr. Coppell for pain management by Meadows Chiropractic.

16 **2) Machuca Eastern Pharmacy**

17 Plaintiff presented to Rogelio Machuca, M.D. to fill his prescriptions. Dr. Machuca filled
18 Plaintiff's Ibuprofen 800 mg and Cyclobenzaprine HCL 10 ml prescriptions. The total cost of
19 Plaintiff's pain medication is \$335.00 from the 12/20/2017 visit.

20 **3) Machuca Family Medicine**

21 Plaintiff presented to Maria Machuca, APRN for injuries including, but not limited to, neck
22 pain, thoracic pain, muscle pain, headaches, dizziness, difficulty sleeping, fatigue, and anxiety. Plaintiff
23 received a comprehensive consultation from Ms. Machuca to determine the extent of his injuries.
24 Plaintiff was diagnosed with cervical sprain/strain, cervical pain, bilateral trapezius sprain/strain,
25 thoracic sprain/strain, and thoracic pain. Plaintiff's treatment plan included a follow up in two weeks
26 for evaluation, continue conservative rehabilitation to include passive and active therapy, prescribed
27 Flexeril 10 mg and Ibuprofen 800 mg, and was informed that he may be a candidate for trigger point
28

1 injections if he is not responsive to conservative therapy. The total cost of Plaintiff's treatment with
2 Machuca Family Medicine is \$750.00 for 12/20/2017 and 2/14/2018 visits.

3 **4) Shield Radiology Consultants**

4 Plaintiff presented to Ammon Strehlow, DC, DACBR, for injuries including, but not limited to,
5 neck pain, thoracic pain, muscle pain, headaches, dizziness, difficulty sleeping, fatigue, and anxiety.
6 Plaintiff was given an x-ray to ascertain the extent of his injuries. Dr. Strehlow determined Plaintiff had
7 mild spondylosis deformans of the mid and lower cervical spine, the angle of Plaintiff's cervical curve
8 indicated a decrease in the normally anticipated cervical lordosis. The cervical gravity line indicates
9 anterior weight bearing of the head and cervical spine, and there is a right lateral listing of the cervical
10 spine. The total cost of Plaintiff's treatment with Shield Radiology Consultants is \$75.00 for
11 01/4/2018.

12 **IV.**

13 **DAMAGES**

14 As a direct result of the Subject Incident, Plaintiff was precluded from working as a commercial
15 driver for twenty (23) days. He routinely drives back and forth to California to pick up loads. However,
16 since he was treating with medical providers for injuries he sustained due to the Subject Incident, he
17 was forced to miss approximately a month of work. His total income was \$20,851.00 in 2017/2018.
18 See Exhibit 3 – Armando Pons-Diaz's 2017 Tax Return. Thus, we are asking for reimbursement of
19 \$1,737.58 for his lost wages.

20 Furthermore, Plaintiff's medical records/bills and his arbitration testimony will illustrate his pain
21 and suffering, the inconvenience the motor vehicle collision caused him, and the adverse effects this
22 incident has had on his life, which clearly demonstrate the damages suffered by Plaintiff for which
23 Defendant must now make Plaintiff whole.

24 Based upon the above and foregoing, Plaintiff requests to be compensated for his medical bills,
25 lost wages, and other expenses incurred as the result of the subject incident, a reasonable amount of
26 compensation for his pain and suffering, the reasonable costs associated with the litigation of this matter,
27 and any other compensation the Arbitrator may deem just and proper, including attorney's fees and
28 prejudgment interest. Plaintiff will bring a separate motion for litigation costs, attorney's fees and

1 prejudgment interest, following the Arbitration Hearing.

2 **V.**

3 **PLAINTIFF'S EXHIBITS**

- 4 1. Traffic Accident Report
5 2. First Amended Deposition Notice of Video Deposition for Veronica Jazmin Castillo
6 3. Plaintiff's 2017 Tax Return
7 4. Plaintiff's Complaint
8 5. Defendant's Answer
9 6. Plaintiff's Interrogatories to Defendant
10 7. Plaintiff's Requests for Admissions to Defendant
11 8. Plaintiff's Requests for Production of Documents
12 9. Defendant's Responses to Plaintiff's Request for Admissions
13 10. Plaintiff's medical records and bill from Meadows Chiropractic
14 11. Plaintiff's bill from Machuca Eastern Pharmacy
15 12. Plaintiff's medical records and bill from Machuca Family Medicine
16 13. Plaintiff's medical record and bill from Shield Radiology Consultants

17 **VI.**

18 **CONCLUSION**

19 Plaintiff requests that the Arbitrator to find in favor of Plaintiff and award a reasonable amount
20 for Plaintiff's past medical special damages, lost wages, and a reasonable amount for his past pain and
21 suffering.

22 DATED this 13th day of March, 2020.

23 **ERIC BLANK INJURY ATTORNEYS**

24
25 By: /s/ Vernon Evans
26 **ERIC R. BLANK, ESQ.**
27 **VERNON EVANS, ESQ.**
28 7860 W. Sahara Avenue, Suite 110
Las Vegas, Nevada 89117
Attorneys for Plaintiff

EXHIBIT 1

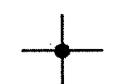
EXHIBIT 1

321142

To: CHOICE

POINT

By:

A1620/P AGENCY NAME LAS VEGAS METRO PD Date: 12/19/2017		PROPERTY DAMAGE ONLY CRASH REPORT Revised 01/2016			EVENT / CRASH NUMBER: LVM171215001538					
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Hit and Run <input type="checkbox"/> Private Property		Crash Date 12 / 15 / 2017		Time 1030	Day FRI	Beat / Sector P4	<input checked="" type="checkbox"/> County CLARK	<input type="checkbox"/> City		
<input type="checkbox"/> Active School Zone <input checked="" type="checkbox"/> At Intersection With _____ Of Cross Street: <u>SPRING MOUNTAIN RD</u>		<input type="checkbox"/> Or _____ Feet: _____ Miles: _____		<input type="checkbox"/> Approximate / <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OR MM: _____						
Work Zone <input type="checkbox"/> Yes <input type="checkbox"/> Lane Closure <input type="checkbox"/> Lane Shift/Crossover <input type="checkbox"/> Work on Shoulder or Median		Type of Work Zone <input type="checkbox"/> Intermittent/Moving Work <input type="checkbox"/> Other		Work Zone Area <input type="checkbox"/> Adv. Warning Area <input type="checkbox"/> Transition Area <input type="checkbox"/> Activity Area <input type="checkbox"/> Termination Area	Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Law Enforcement Present <input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present	Environment Backup Factors <input type="checkbox"/> Backup Prior Crash <input type="checkbox"/> Backup Non Recurring Incident <input type="checkbox"/> Backup Regular Congestion			
Weather Conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> Blowing Sand, Dirt, Soil <input type="checkbox"/> Fog, Smog, Smoke, Ash <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Unknown										
Crash Type: <input type="checkbox"/> Head On <input type="checkbox"/> Rear End <input type="checkbox"/> Backing <input checked="" type="checkbox"/> Angle <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Sideswipe, Meeting <input type="checkbox"/> Sideswipe, Overtaking <input type="checkbox"/> Non-Collision <input type="checkbox"/> Unknown										
Direction of Travel: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Unk. ARVILLE ST		Vehicle Action: <input checked="" type="checkbox"/> Left Turn <input type="checkbox"/> Straight <input type="checkbox"/> Backing <input type="checkbox"/> Leaving Lane		<input type="checkbox"/> Enter Parked <input type="checkbox"/> Wrong Way <input type="checkbox"/> Stopped <input type="checkbox"/> Parked	<input type="checkbox"/> Passing <input type="checkbox"/> Racing <input type="checkbox"/> Lane Change <input type="checkbox"/> Leaving	<input type="checkbox"/> Entering Lane <input type="checkbox"/> Negotiating A Curve <input type="checkbox"/> Unknown				
Driver: (Last Name, First Name, Middle Name Suffix) CASTILLO, VERONICA JAZMIN				Street Address: 6532 STARCREST DR						
City: LAS VEGAS State: <input checked="" type="checkbox"/> NV Zip Code: 89108		<input type="checkbox"/> 1) Male <input checked="" type="checkbox"/> 2) Female	DOB: / / 1982	Phone Number: 7029840614	OLN:	State: <input checked="" type="checkbox"/> NV NV				
Seat Belt: 7	Airbag: 2	Airbag Switch:	Damaged Areas: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right Side <input type="checkbox"/> Rear <input type="checkbox"/> Right		<input type="checkbox"/> Left Side <input type="checkbox"/> Right Rear <input type="checkbox"/> Top <input type="checkbox"/> Under Car <input type="checkbox"/> Unknown	<input type="checkbox"/> Left Front <input type="checkbox"/> Left Rear	<input type="checkbox"/> Other:	Extent of Damage: <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> None <input type="checkbox"/> Total <input type="checkbox"/> Unk.		
Driver Factors: <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Drug Involvement <input type="checkbox"/> Apparently Fatigued/Asleep		<input type="checkbox"/> Obstructed View <input type="checkbox"/> Driver Ill / Injured <input type="checkbox"/> Other Improper Driving <input type="checkbox"/> Driver Inattention / Distracted: <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Unknown	Vehicle Factors: <input checked="" type="checkbox"/> Failed to Yield Right of way <input type="checkbox"/> Disregard Control Device		<input type="checkbox"/> Exceeding Speed Limit <input type="checkbox"/> Wrong way / Direction <input type="checkbox"/> Mechanical Defects <input type="checkbox"/> Drove left of Center <input type="checkbox"/> Failed to Maintain	<input type="checkbox"/> Following Too Close <input type="checkbox"/> Unsafe Lane Change <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Over Correct / Steering <input type="checkbox"/> Other Improper	<input type="checkbox"/> Aggressive <input type="checkbox"/> Careless / Reckless <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Unsafe Backing	<input type="checkbox"/> Hit and Run <input type="checkbox"/> Rd. Defect <input type="checkbox"/> Obj. Avoid. <input type="checkbox"/> Unknown <input type="checkbox"/> Other:		
Vehicle Year: 2003	Vehicle Make: ACURA	Vehicle Model: CL	Type: 2D	Plate / Permit #: 01H022	State: <input checked="" type="checkbox"/> NV NV	Exp. Date: 3/8/2018	Vehicle Color: SIL	VIN: 19UYA42603A010410		
Registered Owner Name: CASTILLO, VERONICA JAZMIN		<input checked="" type="checkbox"/> Same as Driver	Street Address: 6532 STARCREST DR			City: LAS VEGAS	State: <input checked="" type="checkbox"/> NV NV	Zip Code: 89108-2764		
Insurance Company Name: KEY INSURANCE		Policy Number: KNV4214124	Effective Date: 12 / 5 / 2017	Expiration Date: 1 / 4 / 2018	Company Address or Phone Number: 702-889-1229					
Code # 1st 214	<input type="checkbox"/> Collision With Fixed Object	<input checked="" type="checkbox"/> Most Harmful Event	Sequence of Events 1st 214 <input type="checkbox"/> <input type="checkbox"/> 2nd <input type="checkbox"/> <input type="checkbox"/> 3rd <input type="checkbox"/> <input type="checkbox"/> 4th <input type="checkbox"/> <input type="checkbox"/> 5th <input type="checkbox"/> <input type="checkbox"/>							
MOTOR VEHICLE IN TRANSPORT										
Passengers										
Vehicle #	Name (Last Name, First Name, Middle)			Address		Gender <input type="checkbox"/> M <input type="checkbox"/> UNK. <input type="checkbox"/> F	DOB / /	Seat Belt	Airbag	Airbag Sw.
						<input type="checkbox"/> M <input type="checkbox"/> UNK. <input type="checkbox"/> F	/ /			
						<input type="checkbox"/> M <input type="checkbox"/> UNK. <input type="checkbox"/> F	/ /			
						<input type="checkbox"/> M <input type="checkbox"/> UNK. <input type="checkbox"/> F	/ /			
Description of Crash / Narrative BODY CAMERA AVAILABLE. V2 WAS TRAVELING S/B APPROACHING SPRING MTN IN T2. V1 WAS TRAVELING N/B ARVILLE APPROACHING SPRING MTN IN L1. THE DRIVER OF V1 STATED THAT SHE SAW V2 HAD HIS TURN SIGNAL ON SO SHE ATTEMPTED TO MAKE A LEFT TURN ONTO W/B SPRING MTN. THE FRONT OF V1 THEN COLLIDED WITH THE LEFT FRONT OF V2. THE DRIVER OF V2 STATED HE WAS ORIGINALLY IN T1 AND CHANGED LANES PRIOR TO THE INTERSECTION THAT PUT HIM IN T2.										
Accident Field Sketch  Indicate North A.I.C. 32 N/S AND 10 E/W										
Investigation Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Statements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No # 0		Date Notified 12 / 15 / 2017	Time Notified 1032	Arrival Date 12 / 15 / 2017	Arrival Time 1046	Elapsed Time 00:14	Page 1 OF 3	

APP000880

321142

AGENCY NAME LAS VEGAS METRO PD		PROPERTY DAMAGE ONLY CRASH REPORT Revised 01/2016		EVENT / CRASH NUMBER: LVM171215001538			
# <u>Y2</u>	Direction of Travel: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Unk.		Vehicle Action: <input type="checkbox"/> Left Turn <input type="checkbox"/> Enter Parked <input type="checkbox"/> Passing <input type="checkbox"/> Entering Lane				
<input type="checkbox"/> At Fault	ARVILLE ST		<input type="checkbox"/> Straight <input type="checkbox"/> Right Turn <input type="checkbox"/> Wrong Way <input type="checkbox"/> Racing <input type="checkbox"/> Negotiating A Curve				
Driver: (Last Name, First Name, Middle Name Suffix) PONS-DIAZ, ARMANDO			Street Address: 4600 SIRIUS AVE Apt# J151				
City: LAS VEGAS	State: <input checked="" type="checkbox"/> NV	Zip Code: 89102	<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female	DOB: / / 1976	Phone Number: 7025426449		
Seat Belt: 7	Airbag: 2	Airbag Switch:	Damaged Areas: <input type="checkbox"/> Left Side <input type="checkbox"/> Right Rear <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Other:		Extent of Damage:		
		<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Top <input type="checkbox"/> Left Rear	<input type="checkbox"/> Right Side <input type="checkbox"/> Right Front <input type="checkbox"/> Under Carriage <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> None		
Driver Factors:		Vehicle Factors:		Extent of Damage:			
<input checked="" type="checkbox"/> Apparently Normal		<input type="checkbox"/> Exceeding Speed Limit		<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Total <input type="checkbox"/> Unk.			
<input type="checkbox"/> Obstructed View		<input type="checkbox"/> Following Too Close		<input type="checkbox"/> Hit and Run			
<input type="checkbox"/> Driver Ill / Injured		<input type="checkbox"/> Wrong way / Direction		<input type="checkbox"/> Rd. Defect			
<input type="checkbox"/> Other Improper Driving		<input type="checkbox"/> Unsafe Lane Change		<input type="checkbox"/> Obj. Avoid.			
<input type="checkbox"/> Had Been Drinking		<input type="checkbox"/> Failed to Yield Right of way		<input type="checkbox"/> Unknown			
<input type="checkbox"/> Driver Inattention / Distracted:		<input type="checkbox"/> Mechanical Defects		<input type="checkbox"/> Other:			
<input type="checkbox"/> Drug Involvement		<input type="checkbox"/> Disregard Control Device					
<input type="checkbox"/> Physical Impairment		<input type="checkbox"/> Drove left of Center					
<input type="checkbox"/> Apparently Fatigued/ Asleep		<input type="checkbox"/> Too Fast for Conditions					
<input type="checkbox"/> Unknown		<input type="checkbox"/> Failed to Maintain Lane					
<input type="checkbox"/> Other Improper Driving		<input type="checkbox"/> Ran Off Road					
Vehicle Year: 2014	Vehicle Make: TOYOTA	Vehicle Model: CAMRY	Type: 4D	Plate / Permit #: 50G225	State: <input checked="" type="checkbox"/> NV		
Registered Owner Name: PONS-DIAZ, ARMANDO		Street Address: 4600 SIRIUS AVE APT J151		City: LAS VEGAS	State: <input checked="" type="checkbox"/> NV		
Insurance Company Name: STATE FARM		Policy Number: 1273730B0828	Effective Date: 8 / 8 / 2017	Expiration Date: 2 / 8 / 2018	Company Address or Phone Number: 1-800-782-8332		
Code #	Collision With Fixed Object	Most Harmful Event	Sequence of Events				
1st	214	<input checked="" type="checkbox"/>	2nd	<input type="checkbox"/>	<input type="checkbox"/>		
MOTOR VEHICLE IN TRANSPORT			3rd	<input type="checkbox"/>	<input type="checkbox"/>		
			4th	<input type="checkbox"/>	<input type="checkbox"/>		
			5th	<input type="checkbox"/>	<input type="checkbox"/>		
Passengers							
Vehicle #	Name (Last Name, First Name, Middle)	Address	Gender	DOB	Seat Belt	Airbag	Airbag Sw.
			<input type="checkbox"/> M <input type="checkbox"/> UNK	/ /			
			<input type="checkbox"/> F <input type="checkbox"/> UNK	/ /			
			<input type="checkbox"/> M <input type="checkbox"/> UNK	/ /			
			<input type="checkbox"/> F <input type="checkbox"/> UNK	/ /			
Witnesses							
Name (Last Name, First Name, Middle)		Address		Phone Number			
Primary Crash Causing Violation							
Driver #	NRS / County Ordinance / Municipal Code	NRS / County Ordinance / Municipal Code	NOC #	Citation Number			
V1	484B.307.7A <input type="checkbox"/> Pending	FAIL TO YIELD ROW ON FLASHING YELLOW ARR	58775	LVM0346023			
	<input type="checkbox"/> Pending						
Property Damage To Other Than Vehicle							
Describe Property Damage:							
Owner's Name:		<input type="checkbox"/> Owner Notified	Owner's Address:		Phone Number:		
Investigator(s)	ID Number	Date	Reviewed By	Date Reviewed	Page		
Beets	6542	/ /	Stephen Kircher	12 / 19 / 2017	2 OF 3		
*For Additional Passengers Use PDO Occupant/Witness Supplemental Sheet.							

APP000881

321142

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 5/21/03</small>	Accident Number: LVM171215001538
		Agency Name: LAS VEGAS METRO PD

Description of Accident / Narrative Continuation

HERE WERE NO REPORTED INJURIES AT THE SCENE AND MEDICAL WAS REFUSED. BOTH VEHICLES
MOVED APPROX. 5 FT AFTER IMPACT AND CAME TO REST IN THE INTERSECTION. THERE WAS NO SKID
MARKS LEFT BY EITHER VEHICLE. THE DRIVER OF V1 IS AT FAULT FOR FAILING TO YIELD RIGHT
OF WAY ON FLASHING YELLOW ARROW.

321142

CODE LIST			
Seat Belt:			
0 - Not Applicable	7 - Used Shoulder and Lap Belt	16 - Child Restraint System - Rear Facing	
1 - Not installed	8 - Improper Use of Shoulder/Lap Belt	17 - Booster Seat	
2 - Not Used	10 - Improper Use of Child Safety Seat	18 - Child Restraint -Type Unknown	
3 - Used Shoulder Belt Only	12 - Improper Use of Helmet	19 - DOT-compliant Motorcycle Helmet	
4 - Improper Use of Shoulder Belt	13 - Restraint Use Unknown	20 - Other Helmet	
5 - Used Lap Belt Only	14 - Unknown	21 - No Helmet	
6 - Improper Use of Lap Belt	15 - Child Restraint System - Forward Facing		
Inattention / Distraction:			
2 - Electronic Equipment	5 - Eating	8 - Personal Hygiene	11 - Cell Phone (texting)
3 - Radio / CD Player	6 - Children	9 - Reading	12 - Other Inside the Vehicle
4 - Smoking	7 - Animals	10 - Cell Phone (talking)	13 - External Distraction
Airbag:		Airbag Switch:	
0 - Not Applicable	6 - Deployed Unknown	1 - ON-OFF Switch Not Present	5 - Unknown Switch Position
1 - Not installed		2 - Switch in ON Position	
2 - Not Deployed	7 - Deployed - Other	3 - Switch in Off Position	
3 - Deployed, Front	(Knee, Air Belt, etc.)	4 - Unknown if ON-OFF Switch Present	
4 - Deployed, Side			
	8 - Deployed - Combination		
Non-Collision:			
101 - Overturn / Rollover	106 - Equipment Failure (Blown Tire, Brake Failure, etc.)	111 - Other Non-Collision	115 - Cross Centerline
102 - Fire / Explosion		112 - Unknown Non-Collision	116 - Downhill Runaway
103 - Immersion	107 - Separation of Units	113 - Thrown or Falling Object	117 - Fell / Jumped from Moving Vehicle
104 - Jackknife	108 - Ran Off Roadway Right	114 - Cross Median	118 - Re-entering Roadway
105 - Cargo / Equipment Loss or Shift	109 - Ran Off Roadway Left		
Collision with Person, Vehicle, or Movable Object:			
201 - Pedestrian	207 - Deer	213 - Other Animal	217 - Slow / Stopped Vehicle
202 - Pedal Cyclist	208 - Horse	214 - Motor Vehicle in Transport (Moving Vehicle)	218 - Other Movable Object
203 - Railway Vehicle	209 - Bear	215 - Parked Motor Vehicle	219 - Unknown Movable Object
204 - Dog / Coyote	210 - Antelope	216 - Work Zone Maintenance Equipment	220 - Struck by falling, shifting cargo, or anything set in motion by motor vehicle
205 - Burro	211 - Big Horn Sheep		221 - Other Non Motorist
206 - Cattle	212 - Elk		
Collision with Fixed Object:			
301 - Impact Attenuator / Crash Cushion	308 - Median Barrier	315 - Ditch	321 - Work Zone
302 - Bridge Overhead Structure	309 - Roadway Traffic Sign Post	316 - Embankment	322 - Unknown Fixed Object
303 - Bridge Pier or Abutment	310 - Overhead Sign Support	317 - Tree / Shrub	323 - Cable barrier
304 - Bridge Parapet End	311 - Light / Luminary Support	318 - Mailbox	324 - Curb
305 - Bridge Rail	312 - Utility Pole	319 - Fence / Wall	325 - Concrete Traffic Barrier
306 - Guardrail Face	313 - Other Post, Pole or Support	320 - Other Fixed Object (Building, Tunnel, etc.)	326 - Other Traffic Barrier
307 - Guardrail End	314 - Culvert		327 - Traffic Signal Support

APP000883

321142



For Customer Support refer to the appropriate platform below:

OrderPoint
800-934-9698
Orderpoint.support@lexisnexis.com

Accurint for Insurance
866-277-8407
Accurint.support@lexisnexis.com

Lexis.com
Law Firm accounts
800-543-6862

PAGE COUNT: 5

CLIENT : 6625
DIVISION :
ADJUSTER : CLMAPR
CLAIM : 282377J71

TRANSACTION # : 686321142
DATE : 12/21/2017

DATE OF LOSS : 12/15/2017 TIME OF LOSS : 0:0:0
STREET : ARVILLE ST
CITY : LAS VEGAS
COUNTY : CLARK
STATE : NV

INVESTIGATING AGENCY : LAS VEGAS PD
REPORT NUMBER : 171215001538
REPORT TYPE : Auto Accident
PARTY 1 : ARMANDO PONS DIAZ
PARTY 2 :
PARTY 3 :

CAR : CAMRY MAKE : TOYOTA YEAR : 2014
TAG :

DRIVER LICENSE :
ADDITIONAL INFO :

NOTE :

THANK YOU FOR YOUR ORDER!

APP000884

EXHIBIT 2

EXHIBIT 2

1 **ERIC R. BLANK, ESQ.**
2 Nevada Bar No. 6910
3 **VERNON EVANS, ESQ.**
4 Nevada Bar No. 14705
5 **ERIC BLANK INJURY ATTORNEYS**
6 7860 W. Sahara Avenue, Suite 110
7 Las Vegas, Nevada 89117
8 Telephone: (702) 222-2115
9 Facsimile: (702) 227-0615
10 E-mail: service@ericblanklaw.com
11 *Attorneys for Plaintiff*

8 **DISTRICT COURT**

9 **CLARK COUNTY, NEVADA**

11 ARMANDO PONS-DIAZ, an individual,
12
13 **Plaintiff,**

Case No.: A-19-789525-C
Dept. No.: 4

13 vs.

**FIRST AMENDED NOTICE OF VIDEO
DEPOSITION FOR DEFENDANT
VERONICA JAZMIN CASTILLO**

14 VERONICA JAZMIN CASTILLO, an individual;
15 and DOES I through X, inclusive,
16
17 **Defendants.**

[AMENDED as to DATE and TIME]

18 PLEASE TAKE NOTICE that pursuant to the agreement between the Parties, **on the 4th Day of**
19 **March, 2020 at 2:00 pm**, counsel for Plaintiff, VERNON EVANS, ESQ. of ERIC BLANK INJURY
20 ATTORNEYS will take the video deposition of Defendant VERONICA JAZMIN CASTILLO
21 (previously noticed for February 19, 2020), at the office of ERIC BLANK INJURY ATTORNEYS,
22 7860 W. Sahara Avenue, Suite 110, Las Vegas, Nevada 89117, upon oral examination pursuant to rules
23 26 and 30 of the Nevada Rules of Civil Procedure, before a notary public, or before some other officer
24 authorized by the law to administer oaths.

25 Pursuant to NRCP 30(b)(3), take notice testimony will be **recorded by video and audio.**

26 ///
27 ///
28 ///

1 Oral examination will continue from day to day until completed. You are invited to attend and
2 participate.

3 DATED this 18th Day of February, 2020.

4 By: /s/ Eric R. Blank
5 **ERIC R. BLANK, ESQ.** Nevada Bar No. 6910
6 **VERNON EVANS, ESQ.** Nevada Bar No. 14705
7 **ERIC BLANK INJURY ATTORNEYS**
8 7860 W. Sahara Avenue, Suite 110
9 Las Vegas, Nevada 89117
10 *Attorneys for Plaintiff*

11 **CERTIFICATE OF SERVICE**

12 Pursuant to NEFCR 9, NRCPC 5(b) and EDCR 7.26, I certify that on this date, I served the
13 foregoing **FIRST AMENDED NOTICE OF VIDEO DEPOSITION FOR DEFENDANT**
14 **VERONICA JAZMIN CASTILLO** on the following parties, by the selected means:

15 Travis Akin, Esq.
16 PURDY, ANDERSON & STORM
17 3057 E. Warm Springs Road, Suite 400
18 Las Vegas, NV 89120
19 *Attorneys for Defendant*

WIZNET
 FACSIMILE
 U.S. MAIL

20 DATED this 18th Day of January, 2020.

21 /s/ Kristina Marzec
22 An Employee of ERIC BLANK INJURY ATTORNEYS
23
24
25
26
27
28

EXHIBIT 3

EXHIBIT 3

Client Copy

2017

Prepared for:

ARMANDO PONS DIAZ

**4600 SIRIUS AVE APT J151
LAS VEGAS NV 89102**

**Following is a copy of your 2017 Federal and State Income Tax Returns.
Please review the returns, and keep your copy along with your supporting
documents in a safe location.**

Return Printed on 11/10/2018 at 11:33:54 AM

APP000889

Page 01

Business Activities Questionnaire

***** Purpose of worksheet: For tax preparer to document the type of records client posses or can obtain to substantiate amounts used to create a Schedule C, E, F, or Form 4835**

Describe the type of documentation your client has for the following:

Income (Choose ALL that apply)

- | | | |
|---|---|--------------------------------|
| <input checked="" type="checkbox"/> 1099-MISC | <input type="checkbox"/> Bank Documents | <input type="checkbox"/> Other |
| <input type="checkbox"/> 1099-K | <input type="checkbox"/> Invoices | |
| <input checked="" type="checkbox"/> Receipts | <input type="checkbox"/> Taxpayer Log | |

Expenses (Choose ALL that apply)

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Receipts | <input type="checkbox"/> Invoices |
| <input checked="" type="checkbox"/> Bank Documents | <input type="checkbox"/> Taxpayer Log |
| <input checked="" type="checkbox"/> Credit Card Statements | <input type="checkbox"/> Other |

Mileage (Choose ONLY one)

- Mileage Log
- None. How did you come up with the amount of deductible miles for taxpayer?

Basis of Depreciable Assets (Choose ALL that apply)

- Invoices
- Taxpayer Log
- Other

Additional Documentation Not Mentioned Above

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2017 2016 2015 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial: **ARMANDO** Last name: **PONS DIAZ** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: Last name: Spouse's social security number:

Current home address (number and street). If you have a P.O. box, see instructions. **4600 SIRIUS AVE** Apt. no. **J151** Your phone number **702-542-6449**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

LAS VEGAS NV 89102

Foreign country name: Foreign province/state/county: Foreign postal code:

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution.** In general, you can't change your filing status from a joint return to separate returns after the due date.

- Single
- Head of household (If the qualifying person is a child but not your dependent, see instructions.)
- Married filing jointly
- Married filing separately
- Qualifying widow(er)

Full-year coverage.

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No." See instructions.

Yes No

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1	Adjusted gross income. If net operating loss (NOL) carryback is included, check here	17,332	3,074	20,406
2	Itemized deductions or standard deduction	9,350		9,350
3	Subtract line 2 from line 1	7,982	3,074	11,056
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	8,100		8,100
5	Taxable income. Subtract line 4 from line 3		2,956	2,956

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): <u>Table</u>		296	296
7	Credits. If general business credit carryback is included, check here			
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-		296	296
9	Health care: individual responsibility (see instructions)			
10	Other taxes	423	467	890
11	Total tax. Add lines 8, 9, and 10	423	763	1,186

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions)	315		315
13	Estimated tax payments, including amount applied from prior year's return			
14	Earned income credit (EIC)			
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):			
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed			108
17	Total payments. Add lines 12 through 15, column C, and line 16			423

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS			
19	Subtract line 18 from line 17 (If less than zero, see instructions)			423
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference			763
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return			
22	Amount of line 21 you want refunded to you			
23	Amount of line 21 you want applied to your (enter year): estimated tax 23			

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24 Yourself and spouse. Caution. If someone can claim you as a dependent, you can't claim an exemption for yourself	24			
25 Your dependent children who lived with you	25			
26 Your dependent children who didn't live with you due to divorce or separation	26			
27 Other dependents	27			
28 Total number of exemptions. Add lines 24 through 27	28			
29 Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form	29			

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

SOLE PROPRIETORSHIP LLC HAVE TO FILE TOGETHER AS PERSONAL TAX

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

▶ _____ CDL DRIVER
Your signature Date Your occupation

▶ _____
Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation

Paid Preparer Use Only

▶ _____
Preparer's signature Date Firm's name (or yours if self-employed)

Print/type preparer's name Firm's address and ZIP code

Check if self-employed

PTIN Phone number EIN

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning 2017, ending 20. See separate instructions. Your first name and initial ARMANDO Last name PONS DIAZ Your social security number [REDACTED] If a joint return, spouse's first name and initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. 4600 SIRIUS AVE Apt. no. J151 Make sure the SSN(s) above and on line 6c are correct. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). LAS VEGAS NV 89102 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 [] Single 2 [] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [x] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) (see instructions)

Exemptions 6a [x] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [] Spouse Boxes checked on 6a and 6b 1 No. of children on 6c who: • lived with you 01 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 02

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 14,552 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 6,299 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 20b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 20,851

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 445 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 445 37 Subtract line 36 from line 22. This is your adjusted gross income 37 20,406

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	20,406
	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. if: <input type="checkbox"/> Spouse was born before Jan. 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked ▶ 39a <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
Standard Deduction for - •People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. •All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying wider(er), \$12,700 Head of household, \$9,350	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,350
	41	Subtract line 40 from line 38	41	11,056
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	8,100
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	2,956
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	296
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	296
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	296
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	890
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	1,186	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	315
	65	2017 estimated tax payments and amount applied from 2016 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Form 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	315	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	
	b	Routing number <u>XXXXXXXXXX</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77			
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	871
	79	Estimated tax penalty (see instructions)	79	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name ▶ _____ Phone no. ▶ _____ Personal Identification number (PIN) ▶ _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>[Signature]</i>		CDL DRIVER	702-542-6449
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid preparer use only

Print/type preparer's name: BLANCA GONZALEZ (RTRP) Preparer's signature: _____ Date: _____

Firm's name ▶ BP MULTI EXPRESS Firm's EIN ▶ _____

Firm's address ▶ 716 S 10TH ST LAS VEGAS NV 89101 Phone ▶ 702-542-6449

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor ARMANDO PONS DIAZ		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) CDL DRIVER	B Enter code from instructions ▶ 484120	
C Business name. If no separate business name, leave blank. VELAZCO AND PONS LLC	D Employer ID number (EIN), (see instr.)	
E Business address (including suite or room no.) ▶ 4600 SIRIUS AVE City, town or post office, state, and ZIP code LAS VEGAS NV 89102		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here		<input type="checkbox"/>
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	28,935
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	28,935
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	28,935
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	28,935

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	236
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	256
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	7,182	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	512
15 Insurance (other than health)	15		23 Taxes and licenses	23	1,254
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	9,892
17 Legal and professional services	17	1,000	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	9,320
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		32a <input checked="" type="checkbox"/> All investment is at risk.		
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32b <input type="checkbox"/> Some investment is not at risk.		
					(717)

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for: a Business _____ b Commuting (see instructions) _____ c Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

_____	_____
_____	_____
GPS	326
CLOTHING	1,245
SHOES	845
HAIR CUT	452
SHOWER	6,452
_____	_____
48 Total other expenses. Enter here and on line 27a	48 9,320

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor ARMANDO PONS DIAZ		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) TRANSPORTATION	B Enter code from instructions ▶ 484120	
C Business name. If no separate business name, leave blank. VELAZCO AND PONS TRUCKING LLC	D Employer ID number (EIN), (see instr.) [REDACTED]	
E Business address (including suite or room no.) ▶ 4600 SIRIUS AVE City, town or post office, state, and ZIP code LAS VEGAS NV 89102		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here		<input type="checkbox"/>
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	149,078
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	149,078
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	149,078
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	149,078

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	326	18 Office expense (see instructions)	18	7,304
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	16,928	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	5,874
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	28,141
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	7,845
15 Insurance (other than health)	15		23 Taxes and licenses	23	3,659
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	563
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	2,837
17 Legal and professional services	17	1,500	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	67,085
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	7,016			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for: a Business _____ b Commuting (see instructions) _____ c Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

_____	_____
CARD WASH	478
PARKING	3,305
SALARIES	27,930
SCALE	87
DIESEL	35,161
UPS	124
48 Total other expenses. Enter here and on line 27a	48 67,085

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017
Attachment
Sequence No. 17

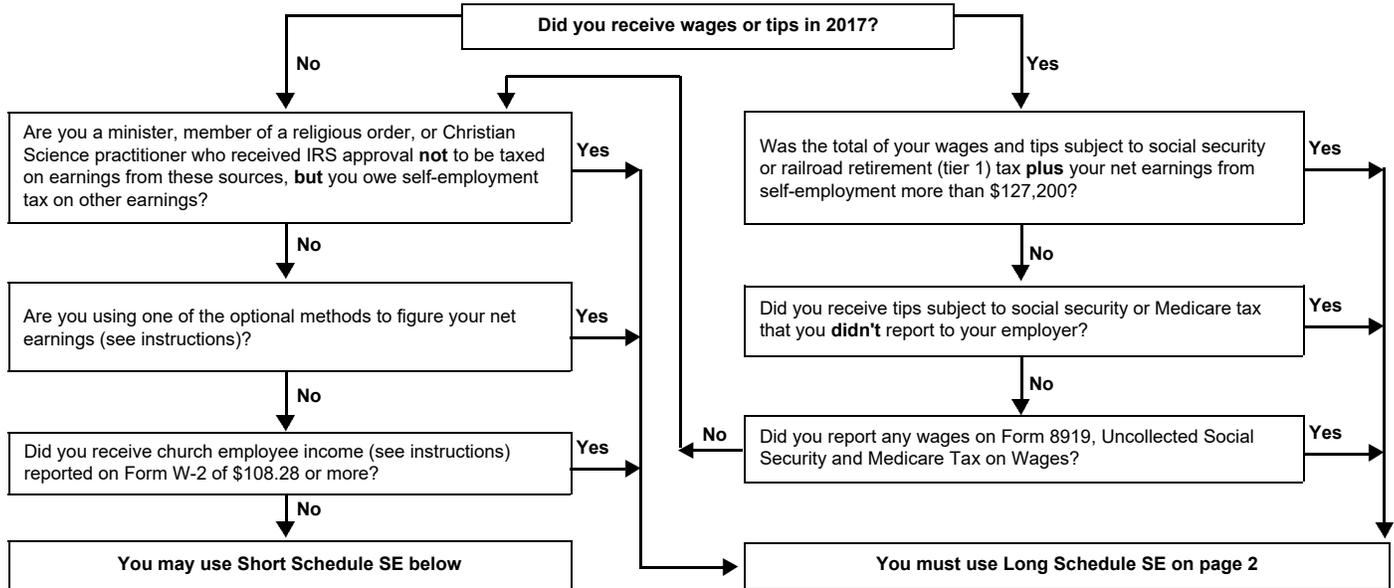
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)
ARMANDO PONS DIAZ

Social security number of person with **self-employment** income ►

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b ()	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	6,299
3 Combine lines 1a, 1b, and 2	3	6,299
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ►	4	5,817
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	890
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50) . Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	445

SPA For Paperwork Reduction Act Notice, see your tax return instructions.

1037 PEI 7US171

Schedule SE (Form 1040) 2017

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

Name(s) shown on return ARMANDO PONS DIAZ	Business or activity to which this form relates CDL DRIVER	Identifying number <div style="background-color: black; width: 100px; height: 20px;"></div>
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000																											
2 Total cost of section 179 property placed in service (see instructions)	2	7,182																											
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000																											
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4																												
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">6 (a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 20%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>TOYOTA CAMRY</td> <td style="text-align: right;">21,548</td> <td style="text-align: right;">7,182</td> </tr> <tr> <td>7 Listed property. Enter the amount from line 29</td> <td style="text-align: center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7</td> <td style="text-align: center;">8</td> <td style="text-align: right;">7,182</td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td style="text-align: center;">9</td> <td style="text-align: right;">7,182</td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td style="text-align: center;">11</td> <td style="text-align: right;">28,033</td> </tr> <tr> <td>12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11</td> <td style="text-align: center;">12</td> <td style="text-align: right;">7,182</td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶</td> <td style="text-align: center;">13</td> <td></td> </tr> </tbody> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	TOYOTA CAMRY	21,548	7,182	7 Listed property. Enter the amount from line 29	7		8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	7,182	9 Tentative deduction. Enter the smaller of line 5 or line 8	9	7,182	10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10		11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	28,033	12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	7,182	13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost																											
TOYOTA CAMRY	21,548	7,182																											
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8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	7,182																											
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11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	28,033																											
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	7,182																											
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13																												

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,182
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Includes rows 37-41.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

EXHIBIT 4

EXHIBIT 4

1 **COMP**

2 **ERIC R. BLANK, ESQ.**

3 Nevada Bar No. 006910

4 **S. DENISE McCURRY, ESQ.**

5 Nevada Bar No. 007085

6 **ERIC BLANK INJURY ATTORNEYS**

7 7860 W. Sahara Avenue, Suite 110

8 Las Vegas, Nevada 89117

9 Telephone: (702) 222-2115

10 Facsimile: (702) 227-0615

11 E-mail: service@ericblanklaw.com

12 *Attorneys for Plaintiff*

13 **DISTRICT COURT**

14 **CLARK COUNTY, NEVADA**

15 ARMANDO PONS-DIAZ, an individual,

16 Plaintiff,

17 vs.

18 VERONICA JAZMIN CASTILLO, an individual;
19 and DOES I through X, inclusive,

20 Defendants.

Case No.:

Dept. No.:

COMPLAINT

21 COMES NOW, Plaintiff ARMANDO PONS-DIAZ, (hereinafter "Plaintiff") by and through his
22 counsel, ERIC R. BLANK, ESQ., of ERIC BLANK INJURY ATTORNEYS hereby alleges and avers
23 as follows:

24 **PARTIES**

25 1. All the events alleged in this Complaint took place in Clark County, Nevada.

26 2. Plaintiff, is, and at all times mentioned in this complaint was, a resident of Clark
27 County, Nevada.

28 3. Upon information and belief, that Defendant, VERONICA JAZMIN CASTILLO was a
resident of the County of Clark, State of Nevada at the time of the incident.

4. That Plaintiff is unaware of the true names and capacities of Defendants sued in this
Complaint as DOES I through X, inclusive, and will amend this Complaint to insert their true names

1 and capacities when known. Plaintiff is informed and believes, and on that basis alleges, that each of
2 the Defendants sued in this Complaint as a Doe defendant is in some manner responsible for the acts
3 and conduct alleged in this Complaint.

4 5. Upon information and belief, that, at all times relevant, each of the Defendants were
5 acting as an agent and/or employee of each of the other Defendants and, in performing the acts and
6 conduct alleged in this Complaint, was acting within the course and scope of such agency and/or
7 employment.

8 **FIRST CAUSE OF ACTION**

9 **(Negligence)**

10 6. Plaintiff repeats and re-alleges the allegations contained in paragraphs 1 through 5 of the
11 Complaint as if fully set forth herein.

12 7. That on or about December 15, 2017, Plaintiff was traveling southbound on Arville
13 Street, attempting to make a right turn on Spring Mountain Road, when Defendant failed to yield when
14 making a left turn on to Spring Mountain Road, impacting the left side of Plaintiff's vehicle.

15 8. As a result of the accident, Plaintiff suffered serious physical, emotional, and financial
16 injury, as more fully set forth herein.

17 9. That it was the duty of Defendant VERONICA JAZMIN CASTILLO to operate her
18 motor vehicle so as not to carelessly or negligently cause injury or damage to others lawfully operating
19 vehicles on the roadways, but Defendant was negligent in the following particulars:

20 (a) Defendant VERONICA JAZMIN CASTILLO failed to keep her vehicle under proper
21 control at all times;

22 (b) Defendant VERONICA JAZMIN CASTILLO was inattentive and failed to keep a
23 proper lookout for Plaintiff who was lawfully driving on Spring Mountain Road and Arville Street in
24 Clark County, Las Vegas, Nevada;

25 (c) Defendant VERONICA JAZMIN CASTILLO failed to afford Plaintiff proper and
26 sufficient notice and warning of approach of Defendant's vehicle sufficient for Plaintiff to properly
27 protect himself.
28

1 10. That as a direct and proximate result of the aforementioned negligence, carelessness and
2 recklessness of Defendant, Plaintiff sustained injuries to his body, including neck and upper back, and
3 shock and injury to his nervous system and person, all of which caused and will continue to cause
4 Plaintiff physical, mental, and nervous pain and suffering.

5 11. That as a direct and proximate result of the aforementioned negligence, carelessness
6 and recklessness of Defendant, Plaintiff was required to incur medical bills and will be required in the
7 future to incur expenses for and to employ physicians, nurses, physical therapists, and to procure
8 hospitalization, medicine, and general medical care and attention.

9 12. That as a direct and proximate result of the aforesaid negligence of Defendants, and each
10 of them, Plaintiff's vehicle sustained significant property damage, with a resultant loss of use in an
11 unknown amount.

12 13. That as a further direct and proximate result of the Defendant and Doe Defendants'
13 negligence, Plaintiff has sustained loss of earnings and earning capacity in an amount to be determined
14 at trial.

15 14. That Plaintiff has secured the services of an attorney in order to prosecute this action
16 and Plaintiff is entitled to reasonable attorney's fees and costs incurred.

17 15. That as a direct and proximate result of the aforesaid negligence of the Defendant,
18 Plaintiff has incurred all of the injuries and damages in excess of FIFTENN THOUSAND DOLLARS
19 (\$15,000.00) as alleged herein.

20 ///

21 ///

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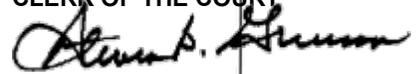
26 ///

27 ///

28 ///

EXHIBIT 5

EXHIBIT 5



1 ANSC
2 Mark Anderson, Esq.
3 Nevada Bar No. 606
4 PURDY & ANDERSON
5 3057 E. Warm Springs Rd., Suite 400
6 Las Vegas, Nevada 89120
7 Telephone: 702-765-0976
8 Fax: 702-765-0981
9 Email: manderson@purdyandanderson.com
10 Attorney for Defendant

DISTRICT COURT
CLARK COUNTY, NEVADA

11 ARMANDO PONS-DIAZ, an individual;
12
13 Plaintiff,

14 vs.

15 VERONICA JAZMIN CASTILLO, an
16 individual; and DOES I through X, inclusive;
17
18 Defendants

) CASE NO.: A-19-789525-C
) DEPT NO.: 4

21
22
23 **DEFENDANT VERONICA JAZMIN CASTILLO'S**
24 **ANSWER TO PLAINTIFF'S COMPLAINT**

25 COMES NOW, Defendant VERONICA JAZMIN CASTILLO by and through her
26 attorney of record, MARK ANDERSON, ESQ. of PURDY & ANDERSON, and for her Answer
27 to Plaintiff's Complaint on file herein, states as follows:

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///

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PARTIES

1. Answering Defendant is without knowledge and information sufficient to form a belief as to the truth of the allegations contained in Paragraphs 1, 2, 3, 4 and 5 of Plaintiffs' Complaint, and therefore denies the same.

FIRST CAUSE OF ACTION

(Negligence)

2. Answering Defendant repeats and realleges, by reference, her answers to all preceding paragraphs of Plaintiff's Complaint as if fully set forth herein.

3. Answering Defendant is without knowledge and information sufficient to form a belief as to the truth of the allegations contained in Paragraph 7 of Plaintiffs' Complaint, and therefore denies the same

4. Answering Defendant denies the allegations contained in Paragraphs 8, 9, 10, 11, 12, 13, 14 and 15 of Plaintiffs' Complaint.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

Plaintiff's Complaint on file herein fails to state a claim against answering Defendant upon which relief can be granted.

SECOND AFFIRMATIVE DEFENSE

Answering Defendant alleges that the damages, if any, suffered by Plaintiff was caused in whole or in part or were contributed to by reason of the negligence of Plaintiff.

THIRD AFFIRMATIVE DEFENSE

Defendant alleges that the negligence of the Plaintiff exceeds that of the Defendant, if any, and that the Plaintiff is thereby barred from any recovery.

FOURTH AFFIRMATIVE DEFENSE

Defendant alleges the injuries, if any, suffered by the Plaintiff as set forth in the Plaintiff's Complaint were caused in whole or in part by the negligence of a third party over which Defendant had no control.

1 **FIFTH AFFIRMATIVE DEFENSE**

2 Plaintiff has failed to mitigate his damages; including but not limited to, failing to wear a
3 seatbelt and/or reducing costs of alleged medical, chiropractic and physical therapy treatments.

4 **SIXTH AFFIRMATIVE DEFENSE**

5 Defendant alleges that Plaintiff is estopped because of his unreasonable delay in filing
6 their Complaint, and therefore prejudiced the rights of Defendant.

7 **SEVENTH AFFIRMATIVE DEFENSE**

8 Defendant alleges that this Court lacks jurisdiction of the subject matter set forth herein
9 and the parties hereto by virtue of the provisions set forth in N.R.S. 698, et seq.

10 **EIGHTH AFFIRMATIVE DEFENSE**

11 Defendant alleges that Plaintiff's Claims for Relief as set forth in the Complaint are
12 barred by the Statute of Limitations as contained in Chapter 11 of the Nevada Revised Statutes.

13 **NINTH AFFIRMATIVE DEFENSE**

14 Plaintiff's Claims for Relief should be dismissed for Plaintiff's failure to timely perfect
15 service of process on Defendant pursuant to N.R.C.P. 4.

16 **TENTH AFFIRMATIVE DEFENSE**

17 Defendant alleges that Plaintiff assumed whatever risk or hazard existed at the time of the
18 accident and was, therefore, responsible for the alleged injuries suffered, and, further, that
19 Plaintiff was guilty of negligence on her own part which caused or contributed to any injuries
20 suffered by Plaintiff.

21 **ELEVENTH AFFIRMATIVE DEFENSE**

22 Defendant alleges that at the time and place alleged in the Complaint, Plaintiff was
23 engaged in a joint venture and the negligence, if any, of Defendant is thereby imputed to Plaintiff.

24 **TWELFTH AFFIRMATIVE DEFENSE**

25 Defendant alleges that Plaintiff has failed to timely plead this matter and has thereby
26 delayed the litigation and investigation of this claim to the prejudice of Defendant, and
27 accordingly, this action should be dismissed as Plaintiff has waived his rights.
28

1 amend her answer to allege additional affirmative defenses, delete or change the same as
2 subsequent investigation warrants.

3 **TWENTIETH AFFIRMATIVE DEFENSE**

4 The answering Defendant is not jointly and severally liable with any other Defendant.

5
6 **PRAYER FOR RELIEF**

7 WHEREFORE, Defendant VERONICA JAZMIN CASTILLO prays for relief as follow:

- 8 1. That Plaintiff take nothing by way of his Complaint on file herein;
9 2. For reasonable attorney's fees;
10 3. For costs of suit incurred herein; and,
11 4. For such other and further relief as the Court may deem just and proper.

12 DATED this 16th day of August, 2019.

13
14 PURDY & ANDERSON.

15
16 

17 _____
18 Mark Anderson, Esq.
19 Nevada Bar No. 606
20 PURDY & ANDERSON
21 Las Vegas, Nevada 89120
22 Telephone: 702-765-0976
23 Fax: 702-765-0981
24 Email: manderson@purdyandanderson.com
25 Attorney for Defendant
26
27
28

1 **CERTIFICATE OF SERVICE**

2 I HEREBY CERTIFY that on the 20th day of August, 2019, I forwarded a true and
3 correct copy of the above foregoing **DEFENDANT VERONICA JAZMIN CASTILLO' S**
4 **ANSWER TO PLAINTIFF'S COMPLAINT** made as follows:

5 _____ by depositing in the United States Mail, first-class postage prepaid, at
6 Las Vegas, Nevada enclosed in a sealed envelope;

7 _____ by facsimile transmission as indicated below; or

8 _____ both U.S. Mail and facsimile TO:

9 _____ e-mail

10 X By e-service through WIZNET at District Court
11

12 ERIC R. BLANK, ESQ.
13 JOHN R. HOLIDAY, ESQ.
14 ERIC BLANK INJURY LAWYERS
15 7860 W. Sahara Avenue, Ste. 110
16 Las Vegas, NV 89117
17 Tel: (702) 222-2115
18 Fax: (702) 227-0615
19 service@ericblanklaw.com
20 Attorneys for Plaintiff
21
22
23
24
25
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27
28



An Employee of PURDY & ANDERSON

EXHIBIT 6

EXHIBIT 6

1 **ERIC R. BLANK, ESQ.**
Nevada Bar No. 006910
2 **VERNON EVANS, ESQ.**
Nevada Bar. No. 14705
3 **ERIC BLANK INJURY ATTORNEYS**
4 7860 W. Sahara Avenue, Suite 110
Las Vegas, Nevada 89117
5 Telephone: (702) 222-2115
Facsimile: (702) 227-0615
6 E-mail: service@ericblanklaw.com
7 *Attorneys for Plaintiff*

8 **DISTRICT COURT**

9 **CLARK COUNTY, NEVADA**

10 ARMANDO PONS-DIAZ, an individual,
11
12 Plaintiff,

13 vs.

14 VERONICA JAZMIN CASTILLO, an individual;
15 and DOES I through X, inclusive,
16 Defendants.

CASE NO.: A-19-789525-C
DEPT. NO.: 4

**ARMANDO PONS-DIAZ'S FIRST SET
OF INTERROGATORIES TO
DEFENDANT VERONICA JAZMIN
CASTILLO**

17 TO: VERONICA JAZMIN CASTILLO, Defendant.

18 TO: MARK ANDERSON, Esq., attorney for Defendant.

19 Plaintiff ARMANDO PONS-DIAZ, (hereinafter "Plaintiff"), by and through his counsel of
20 record, ERIC R. BLANK, ESQ., of ERIC BLANK INJURY ATTORNEYS, hereby requests that
21 Defendant, VERONICA JAZMIN CASTILLO, answer under oath, pursuant to Nevada Rules of Civil
22 Procedure, Rule 33, the following Interrogatories within thirty (30) days from the date of service
23 hereof.
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1 **INSTRUCTIONS**

2 1. These Interrogatories call for information (including information contained in any document or
3 writing) that is known or available to you, including all information in the possession or control of any
4 of your attorneys, accountants, employees, agents or representatives.

5 2 In answering these Interrogatories, furnish all information, however obtained, that is available
6 to you and information known by or in the possession of yourself, your agents, and your attorneys, or
7 appearing in your records.

8 3. If you cannot answer any of these Interrogatories fully and completely, after exercising
9 reasonable effort and due diligence to secure the information requested, you should so state and answer
10 each such request to the fullest extent possible, specifying your inability to answer the remainder,
11 stating whatever information or knowledge you have concerning the unanswered portion, and detailing
12 what you did in attempting to secure the unknown information. You have a continuing duty to
13 supplement your answers herein in a prompt and timely manner.

14 4. If you should make any objection(s) to any Interrogatories on the grounds that it calls for the
15 disclosure of a communication or information protected from discovery by any privilege or doctrine,
16 including, but not limited to, the attorney-client privilege or attorney work product doctrine, you must
17 specify the nature of the privilege or doctrine claimed, describe the precise ground of your claim of
18 privilege, and identify with specificity the communication or information that you claim is privileged.

19 5. Whenever the context permits, the masculine refers to and includes the feminine and the neuter.
20 The singular refers to and includes the plural, the plural refers to and includes the singular, and the
21 conjunctive shall include the disjunctive and vice versa (e.g., the word "and" as well as the word "or"
22 shall mean and include "and/or").

23 6. Each Interrogatory must be answered completely and fully without reference to any other
24 Interrogatory.

25 **DEFINITIONS**

26 1. "You" and "your" means VERONICA JAZMIN CASTILLO.

27 2. "Plaintiff" means ARMANDO PONS-DIAZ and/or any other parties named as "Plaintiff."
28

1 3. "Defendant" means VERONICA JAZMIN CASTILLO, and/or any other parties named as
2 "Defendant."

3 4. "Complaint" means the Complaint filed by Plaintiff(s) in the Eighth Judicial District Court
4 of Nevada, Case No. A-19-789525-C, filed on or about 2/15/2019.

5 5. "Identify" with respect to persons, means list the name, business or home address and
6 telephone number of the person.

7 6. "Document" refers to any written, recorded or graphic representation, invoices, e-mail or
8 voice-mail, and documents that have been optically scanned and/or stored on CD-ROM. However and
9 by whoever prepared, disseminated or made, produced or reproduced, and all copies and drafts thereof,
10 including but not limited to, all correspondence, telexes, written communications, notes, jottings,
11 memoranda, telegrams, records, reports, computer printouts, calculations, worksheets, written
12 agreements, diaries, summaries, tape recordings or transcripts of conversations or meetings, statistics,
13 studies, receipts, invoices, checks and bills in your possession, custody or control from whatever
14 source, whether or not prepared by you. Document shall also refer to any electronic recording or
15 representation of information including, but not limited to, computer tapes, computer files whether on
16 magnetic disk or magnetic tape, videotapes, films and photographs and any draft or carbon or
17 photographic copy of any such material, the content of which differs in any respect from the original.
18 Any copy of a document differing in any respect from the original. Any copy of a document differing
19 in any respect from the original shall be deemed a separate copy.

20 7. "Address" means the street address including the city, state and zip code.

21 8. "Lawsuit" includes all matters before any state, federal or international administrative
22 agencies, criminal suits in any state, federal or international court or tribunal, and civil suits in any
23 state, federal or international court or tribunal or before any court or administrative agency of any
24 country.

25 NOTE: When used in these Interrogatories, the terms "Plaintiff" and "Defendant," their plural or any
26 synonyms thereof, are intended to and shall embrace and include in addition to the named party or
27 parties, counsel for said party, and all agents, servants, employees, representatives, and investigators,
28

1 who are in possession of, or may have obtained information for or on behalf of the named party
2 Plaintiff and/or Defendant.

3
4 **INTERROGATORIES**

5 **INTERROGATORY NO. 1:**

6 Please state the following information:

- 7 (a) Your full name, including all names by which you have ever been known;
8 (b) Your birth date and place of birth;
9 (c) Your social security number;
10 (d) Your current address and your addresses for the last ten (10) years, with the dates

11 resided at each address;

12 (e) Your current telephone number and service carrier, and, if that information has changed
13 since December 15, 2017 your telephone number and service carrier at the time of the subject collision.

14 **INTERROGATORY NO. 2:**

15 Please describe in your own words, without legal conclusions, how the subject collision on
16 December 15, 2017, occurred, including, but not limited to, the speed, direction and location of each
17 vehicle involved therein, what was happening and what you heard and observed just prior to the
18 collision, during the collision, and just after the collision. Please include the time, location, traffic
19 conditions, and any other details of the collision you may recall.

20 **INTERROGATORY NO. 3:**

21 Please identify if you have ever been named as a Defendant in a lawsuit other than the present
22 matter, for an incident that allegedly occurred in Nevada. If you have been a named Defendant in any
23 lawsuit, other than the subject litigation, please identify the case by name, the court and trial docket
24 number, and indicate the substance of the allegations lodged against you, as well as the outcome of the
25 case. Be sure to include the terms of any settlement.

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1 **INTERROGATORY NO. 4:**

2 Please identify any injury, disease or medical condition suffered by Plaintiff and known to
3 Defendant, which the Defendant contends was not related to, caused by, or occurred as a result of the
4 collision that occurred on December 15, 2017, which is the subject of this litigation.

5 **INTERROGATORY NO. 5:**

6 Please describe, in detail, any injury, disease or medical condition suffered by Defendant as a
7 result the subject collision that occurred on December 15, 2017, which is the subject of this litigation,
8 regardless of whether Defendant sought medical care or not.

9 **INTERROGATORY NO. 6:**

10 Please state each and every fact upon which you base each denial pled in Defendant's Answer
11 and identify with sufficient specificity for a Request for Production of Documents, all documents
12 which purport to support such Affirmative Defense.

13 **INTERROGATORY NO. 7:**

14 If, at the time of the collision that occurred on December 15, 2017, you received a citation for
15 violation of any traffic laws, please state the citation number, offense with which you were charged,
16 date and place of any appearance in any court regarding the citations and disposition, if any, regarding
17 the citation.

18 **INTERROGATORY NO. 8:**

19 Identify the registered owner of the vehicle you were driving that was involved in the subject
20 incident on December 15, 2017, which is the subject of the Complaint, indicating registration number
21 of vehicle, name of owner, last known address and telephone number of owner, whether such owner is
22 an individual or a business. If such owner is a business, please state whether the business is a sole
23 proprietorship, partnership or corporation and the percentage of ownership of each individual that owns
24 the business.

25 **INTERROGATORY NO. 9:**

26 If you contend that you were not the driver of the subject vehicle at the time of the collision on
27 December 15, 2017, which is the subject of the Complaint, please state "I was not driving the subject
28 vehicle at the time of the collision" and identify the driver sufficiently to serve a subpoena.

1 **INTERROGATORY NO. 10:**

2 Please list any and all insurance policies (including but not limited to: primary, pro rata,
3 umbrella or excess liability coverage) which were in place at the time of the subject collision at issue
4 herein and which would provide coverage for any of the named defendants and/or owner of the vehicle
5 driven by a named defendant.

6
7 DATED this 17th day of January, 2020.

8 By: /s/ *Eric R. Blank*

9 **ERIC R. BLANK, ESQ.**

VERNON EVANS, ESQ.

ERIC BLANK INJURY ATTORNEYS

7860 W. Sahara Avenue, Suite 110

Las Vegas, Nevada 89117

Attorneys for Plaintiff

CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this date, I served the foregoing **ARMANDO PONS-DIAZ’S FIRST SET OF INTERROGATORIES TO DEFENDANT VERONICA JAZMIN CASTILLO** on the following parties, by the selected means:

Mark Anderson, Esq.
Nevada Bar No. 606
PURDY & ANDERSON
3057 E. Warm Springs Rd., Suite 400
Las Vegas, Nevada 89120
manderson@purdyandanderson.com

- Odyssey eFileNV**
- FACSIMILE**
- U.S. MAIL**

DATED this 17th day of January, 2020

/s/Luz T. Macias
An Employee of Eric Blank Injury Attorneys

EXHIBIT 7

EXHIBIT 7

1 **ERIC R. BLANK, ESQ.**
2 Nevada Bar No. 006910
3 **VERNON EVANS, ESQ.**
4 Nevada Bar. No. 14705
5 **ERIC BLANK INJURY ATTORNEYS**
6 7860 W. Sahara Avenue, Suite 110
7 Las Vegas, Nevada 89117
8 Telephone: (702) 222-2115
9 Facsimile: (702) 227-0615
10 E-mail: service@ericblanklaw.com
11 *Attorneys for Plaintiff*

8 **DISTRICT COURT**
9
10 **CLARK COUNTY, NEVADA**

11 ARMANDO PONS-DIAZ, an individual,
12
13 Plaintiff,

14 vs.

15 VERONICA JAZMIN CASTILLO, an individual;
16 and DOES I through X, inclusive,
17
18 Defendants.

CASE NO.: A-19-789525-C
DEPT. NO.: 4

**ARMANDO PONS-DIAZ'S FIRST SET
OF REQUESTS FOR ADMISSIONS TO
DEFENDANT VERONICA JAZMIN
CASTILLO**

18 TO: VERONICA JAZMIN CASTILLO, Defendant.

19 TO: MARK ANDERSON, Esq., attorney for Defendant.

20 Plaintiff ARMANDO PONS-DIAZ, (hereinafter "Plaintiff"), by and through his counsel of
21 record, ERIC R. BLANK, ESQ., of ERIC BLANK INJURY ATTORNEYS, hereby request that
22 Defendant, VERONICA JAZMIN CASTILLO, (hereinafter "Defendant") answer under oath, pursuant
23 to Nevada Rules of Civil Procedure, Rule 36, the following REQUESTS FOR ADMISSIONS within
24 thirty (30) days from the date of service hereof.
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INSTRUCTIONS

1
2 1. These Requests for Admissions call for information (including information contained in
3 any document or writing) that is known or available to you, including all information in the possession
4 or control of any of your attorneys, accountants, employees, agents or representatives.

5 2. In answering these Requests for Admissions, furnish all information, however obtained,
6 that is available to you and information known by or in the possession of yourself, your agents, and
7 your attorneys, or appearing in your records.

8 3. If you cannot answer any of these Requests for Admissions fully and completely, after
9 exercising reasonable effort and due diligence to secure the information requested, you should so state
10 and answer each such request to the fullest extent possible, specifying your inability to answer the
11 remainder, stating whatever information or knowledge you have concerning the unanswered portion,
12 and detailing what you did in attempting to secure the unknown information. You have a continuing
13 duty to supplement your answers herein in a prompt and timely manner.

14 4. If you should make any objection(s) to any Request for Admission on the ground that it
15 calls for the disclosure of a communication or information protected from discovery by any privilege or
16 doctrine, including, but not limited to, the attorney-client privilege or attorney work product doctrine,
17 you must specify the nature of the privilege or doctrine claimed, describe the precise ground of your
18 claim of privilege, and identify with specificity the communication or information that you claim is
19 privileged.

20 5. Whenever the context permits, the masculine refers to and includes the feminine and the
21 neuter. The singular refers to and includes the plural, the plural refers to and includes the singular, and
22 the conjunctive shall include the disjunctive and vice versa (e.g., the word "and" as well as the word
23 "or" shall mean and include "and/or").

24 6. Each Request for Admission must be answered completely and fully without reference
25 to any other request for production of documents. This means that you cannot refer the propounding
26 party to any prior disclosures in providing responses to these requests without specifically identifying
27 the document on which you rely.
28

DEFINITIONS

1
2 1. “You” and “your” means VERONICA JAZMIN CASTILLO.

3 2. “Plaintiff” means ARMANDO PONS-DIAZ and/or any other parties named as “Plaintiff.”

4 3. “Defendant” means VERONICA JAZMIN CASTILLO, and/or any other parties named as
5 “Defendant.”

6 4. "Complaint" means the Complaint filed by Plaintiff(s) in the Eighth Judicial District Court
7 of Nevada, Case No. A-19-789525-C Dept. 4, filed on or about 2/15/2019.

8 5. "Identify" with respect to persons, means list the name, business or home address and
9 telephone number of the person.

10 6. “Document” refers to any written, recorded or graphic representation, invoices, e-mail or
11 voice-mail, and documents that have been optically scanned and/or stored on CD-ROM. However and
12 by whoever prepared, disseminated or made, produced or reproduced, and all copies and drafts thereof,
13 including but not limited to, all correspondence, telexes, written communications, notes, jottings,
14 memoranda, telegrams, records, reports, computer printouts, calculations, worksheets, written
15 agreements, diaries, summaries, tape recordings or transcripts of conversations or meetings, statistics,
16 studies, receipts, invoices, checks and bills in your possession, custody or control from whatever
17 source, whether or not prepared by you. Document shall also refer to any electronic recording or
18 representation of information including, but not limited to, computer tapes, computer files whether on
19 magnetic disk or magnetic tape, videotapes, films and photographs and any draft or carbon or
20 photographic copy of any such material, the content of which differs in any respect from the original.
21 Any copy of a document differing in any respect from the original. Any copy of a document differing
22 in any respect from the original shall be deemed a separate copy.

23 7. “Address” means the street address including the city, state and zip code.

24 8. “Lawsuit” includes all matters before any state, federal or international administrative
25 agencies, criminal suits in any state, federal or international court or tribunal, and civil suits in any
26 state, federal or international court or tribunal or before any court or administrative agency of any
27 country.
28

1 NOTE: When used in these Interrogatories, the terms “Plaintiff” and “Defendant,” their plural or any
2 synonyms thereof, are intended to and shall embrace and include in addition to the named party or
3 parties, counsel for said party, and all agents, servants, employees, representatives, and investigators,
4 who are in possession of, or may have obtained information for or on behalf of the named party
5 Plaintiff and/or Defendant.

6
7 **REQUESTS FOR ADMISSIONS**

8 **REQUEST FOR ADMISSION NO. 1:**

9 Admit that on December 15, 2017, an automobile collision occurred between an automobile
10 driven by you and an automobile driven by Plaintiff in Clark County, Nevada.

11 **REQUEST FOR ADMISSION NO. 2:**

12 Admit that you were the driver of the vehicle on December 15, 2017, which is the subject of
13 Plaintiff’s lawsuit on file herein.

14 **REQUEST FOR ADMISSION NO. 3:**

15 Admit that you have been correctly named as a Defendant in the above-entitled action.

16 **REQUEST FOR ADMISSION NO. 4:**

17 Admit that you and/or your representative or insurance carrier paid for the repairs to Plaintiff’s
18 vehicle pursuant to the property damage estimate your representative created.

19 **REQUEST FOR ADMISSION NO. 5:**

20 Admit that on the date in question December 15, 2017 you caused your vehicle to collide with the
21 Plaintiff’s vehicle when you failed to yield while making a left turn onto Spring Mountain Road,
22 impacting the left side of Plaintiff’s Vehicle.

23 **REQUEST FOR ADMISSION NO. 6:**

24 Admit that your negligence on December 15, 2017 was the proximate cause of Plaintiff’s injuries
25 and damages.

CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCF 5(b) and EDCR 7.26, I certify that on this date, I served the foregoing **ARMANDO PONS-DIAZ’S FIRST SET OF REQUESTS FOR ADMISSIONS TO DEFENDANT VERONICA JAZMIN CASTILLO** on the following parties, by the selected means:

Mark Anderson, Esq.
Nevada Bar No. 606
PURDY & ANDERSON
3057 E. Warm Springs Rd., Suite 400
Las Vegas, Nevada 89120
manderson@purdyandanderson.com

- Odyssey eFileNV**
- FACSIMILE**
- U.S. MAIL**

DATED this 17th day of January, 2020

/s/Luz T. Macias
An Employee of Eric Blank Injury Attorneys

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EXHIBIT 8

EXHIBIT 8

1 **ERIC R. BLANK, ESQ.**
Nevada Bar No. 006910
2 **VERNON EVANS, ESQ.**
Nevada Bar. No. 14705
3 **ERIC BLANK INJURY ATTORNEYS**
4 7860 W. Sahara Avenue, Suite 110
Las Vegas, Nevada 89117
5 Telephone: (702) 222-2115
Facsimile: (702) 227-0615
6 E-mail: service@ericblanklaw.com
7 *Attorneys for Plaintiff*

8 **DISTRICT COURT**

9 **CLARK COUNTY, NEVADA**

10 ARMANDO PONS-DIAZ, an individual,
11
12 **Plaintiff,**

CASE NO.: A-19-789525-C
DEPT. NO.: 4

13 vs.

**ARMANDO PONS-DIAZ'S FIRST SET
OF REQUESTS FOR PRODUCTION OF
DOCUMENTS TO DEFENDANT
VERONICA JAZMIN CASTILLO**

14 VERONICA JAZMIN CASTILLO, an individual;
15 and DOES I through X, inclusive,
16 **Defendants.**

17 TO: VERONICA JAZMIN CASTILLO, Defendant.

18 TO: MARK ANDERSON, Esq., attorney for Defendant.

19
20 Plaintiff ARMANDO PONS-DIAZ, (hereinafter "Plaintiff"), by and through his counsel of
21 record, ERIC R. BLANK, ESQ., of ERIC BLANK INJURY ATTORNEYS, hereby request that
22 Defendant, VERONICA JAZMIN CASTILLO, answer under oath, pursuant to Nevada Rules of Civil
23 Procedure, Rule 34, the following Requests for Production of Documents within thirty (30) days from
24 the date of service hereof.

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INSTRUCTIONS

1. These Requests call for information (including information contained in any document or writing) that is known or available to you, including all information in the possession or control of any of your attorneys, accountants, employees, agents or representatives.

2. In answering these Requests, furnish all information, however obtained, that is available to you and information known by or in the possession of yourself, your agents, and your attorneys, or appearing in your records.

3. If you cannot answer any of these Requests fully and completely, after exercising reasonable effort and due diligence to secure the information requested, you should so state and answer each such request to the fullest extent possible, specifying your inability to answer the remainder, stating whatever information or knowledge you have concerning the unanswered portion, and detailing what you did in attempting to secure the unknown information. You have a continuing duty to supplement your answers herein in a prompt and timely manner.

4. If you should make any objection(s) to any Request on the ground that it calls for the disclosure of a communication or information protected from discovery by any privilege or doctrine, including, but not limited to, the attorney-client privilege or attorney work product doctrine, you must specify the nature of the privilege or doctrine claimed, describe the precise ground of your claim of privilege, and identify with specificity the communication or information that you claim is privileged.

5. Whenever the context permits, the masculine refers to and includes the feminine and the neuter. The singular refers to and includes the plural, the plural refers to and includes the singular, and the conjunctive shall include the disjunctive and vice versa (e.g., the word "and" as well as the word "or" shall mean and include "and/or").

6. Each Request must be answered completely and fully without reference to any other request for production of documents. This means that you cannot refer the propounding party to any prior disclosures in providing responses to these requests without specifically identifying the document on which you rely.

27
28

DEFINITIONS

1. "You" and "your" means VERONICA JAZMIN CASTILLO.

1 2. "Plaintiff" means ARMANDO PONS-DIAZ and/or any other parties named as "Plaintiff."

2 3. "Defendant" means VERONICA JAZMIN CASTILLO, and/or any other parties named as
3 "Defendant."

4 4. "Complaint" means the Complaint filed by Plaintiff(s) in the Eighth Judicial District Court
5 of Nevada, Case No. A-19-789525-C, filed on or about 2/15/2019.

6 5. "Identify" with respect to persons, means list the name, business or home address and
7 telephone number of the person.

8 6. "Document" refers to any written, recorded or graphic representation, invoices, e-mail or
9 voice-mail, and documents that have been optically scanned and/or stored on CD-ROM. However and
10 by whoever prepared, disseminated or made, produced or reproduced, and all copies and drafts thereof,
11 including but not limited to, all correspondence, telexes, written communications, notes, jottings,
12 memoranda, telegrams, records, reports, computer printouts, calculations, worksheets, written
13 agreements, diaries, summaries, tape recordings or transcripts of conversations or meetings, statistics,
14 studies, receipts, invoices, checks and bills in your possession, custody or control from whatever
15 source, whether or not prepared by you. Document shall also refer to any electronic recording or
16 representation of information including, but not limited to, computer tapes, computer files whether on
17 magnetic disk or magnetic tape, videotapes, films and photographs and any draft or carbon or
18 photographic copy of any such material, the content of which differs in any respect from the original.
19 Any copy of a document differing in any respect from the original. Any copy of a document differing
20 in any respect from the original shall be deemed a separate copy.

21 7. "Address" means the street address including the city, state and zip code.

22 8. "Lawsuit" includes all matters before any state, federal or international administrative
23 agencies, criminal suits in any state, federal or international court or tribunal, and civil suits in any
24 state, federal or international court or tribunal or before any court or administrative agency of any
25 country.

26 NOTE: When used in these Interrogatories, the terms "Plaintiff" and "Defendant," their plural or any
27 synonyms thereof, are intended to and shall embrace and include in addition to the named party or
28 parties, counsel for said party, and all agents, servants, employees, representatives, and investigators,

1 who are in possession of, or may have obtained information for or on behalf of the named party
2 Plaintiff and/or Defendant.

3
4 **REQUESTS FOR PRODUCTION**

5 **REQUEST NO. 1:**

6 Please produce any and all documents referred to and identified in your answers to Plaintiff's
7 Interrogatories to Defendant.

8 **REQUEST NO. 2:**

9 Please provide all documents relied upon, reviewed or considered by you and all experts who
10 will testify on behalf of the Defendant, including, but not limited to, scientific studies, journals, reports,
11 articles, charts audio storage, disc, cassette or tape, video storage disc, cassette or tape, computer
12 storage disc, cassette or tape and photographs.

13 **REQUEST NO. 3:**

14 Please produce any and all documents that support, corroborate, and/or relate to the Defendant's
15 allegations, affirmative defenses, denials or rebuttals.

16 **REQUEST NO. 4:**

17 Please produce any and all documents relating to insurance, property damage, medical
18 payments and liability claims made by the Defendant relating to the accident which is the basis for
19 Plaintiffs' Complaint on file herein, including, but not limited to, witness sheets, investigative reports,
20 appraisals or estimates of damage, medical records, adjustor memorandum and correspondence.

21 **REQUEST NO. 5:**

22 Please produce every written and/or recorded statement of any individual having any
23 knowledge or information regarding the accident at issue in this case in the possession of the
24 Defendant, the Defendant's insurance company or any person acting on Defendant's behalf.

25 **REQUEST NO. 6:**

26 Please produce every sketch, map, photograph, digital picture, moving pictures, and/or video
27 tape in possession of the Defendant, Defendant's insurance company or any person or entity acting on
28

1 the Defendant's behalf which in any way relates to the accident which is the basis for Plaintiff's
2 Complaint on file herein.

3 **REQUEST NO. 7:**

4 Please produce every medical record relating to the injuries sustained by Plaintiff as a result of
5 the accident which is the basis for Plaintiff's Complaint on file herein, which are in the possession of
6 the Defendant, Defendant's insurance company, or any person or entity acting on the Defendant's
7 behalf.

8 **REQUEST NO. 8:**

9 Please produce any and all documents relating to any insurance claim, including but not
10 limited to bodily injury, workers compensation, and health claims made by Plaintiff, which are known
11 to the Defendant, Defendant's insurance company, or any person or entity acting on the Defendant's
12 behalf.

13 **REQUEST NO. 9:**

14 Please produce a complete copy of Defendant's insurance carrier's pre-litigation
15 investigation/claims file. (If you are claiming that any of these documents are privileged, please attach an
16 informative privilege log which includes: 1) the author of said document; 2) the recipients of said
17 document (including cc's); 3) other individuals with access to the document and their capacities; 4) the
18 type of document; 5) the subject matter of the document; 6) the purpose(s) for the production of the
19 document; 7) the date on the document; and 8) a detailed, specific explanation as to why the document is
20 privileged or otherwise immune from discovery, including a presentation of all factual grounds and legal
21 analysis in a non-conclusory fashion. See, Discovery Commissioner #10 (November, 2001) citing,
22 Vaughn v. Rosen, 484 F. 2.d 820 (D.C. Cir. 1973); Diamond State Ins. Co. v. Rebel Oil Co., Inc., 157
23 F.R.D. 691 (D. Nev. 1994); Nevada Power Co. v. Monsanto Co., 151 F.R.D. 118 (D. Nev. 1993).

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1 **REQUEST NO. 10:**

2 Please produce any other evidence, in any form, that was or is in your possession, or the
3 possession of your agents or representatives at any time that is related to the December 15, 2017 incident,
4 which has yet to be produced.

5
6 DATED this 17th day of January, 2020.

7 By: /s/ *Eric R. Blank* _____

8 **ERIC R. BLANK, ESQ.**

9 **VERNON EVANS, ESQ.**

10 **ERIC BLANK INJURY ATTORNEYS**

11 7860 W. Sahara Avenue, Suite 110

12 Las Vegas, Nevada 89117

13 *Attorneys for Plaintiff*

EXHIBIT 9

EXHIBIT 9

ANDERSON STORM
3057 E. Warm Springs Rd., Ste., 400
Las Vegas, Nevada 89120-3150
Tel. (702) 765-0976 * Fax (702) 765-0981

1 **RESP**
2 **ANDERSON STORM**
3 **MARK ANDERSON, ESQ.**
4 Nevada Bar No.: 606
5 3057 East Warm Springs Road, Suite 400
6 Las Vegas, Nevada 89120
7 Telephone: (702) 765-0976
8 Facsimile: (702) 765-0981
9 Email:manderson@keyinsco.com
10 *Attorneys for Defendant*

11 **EIGHTH JUDICIAL DISTRICT COURT**
12 **CLARK COUNTY, NEVADA**

13 ARMANDO PONS-DIAZ, an individual
14
15 Plaintiff,

16 vs .

17 VERONICA JAZMIN CASTILLO, an
18 individual; DOES I through X, inclusive, and
19 ROE CORPORATIONS I through X,
20 inclusive
21 Defendants.

CASE NO.: A-19-789525-C
DEPT. NO.: IV

DEFENDANT MACIAS-DIAZ' S
RESPONSES TO PLAINTIFF'S
REQUEST FOR ADMISSIONS

22 COMES NOW Defendant, VERONICA JAZMIN CASTILLO, by and through her
23 attorney, MARK ANDERSON, ESQ., and pursuant to N.R.C.P. 36, hereby responds to
24 Plaintiff's Request for Admissions as follows:

25 **REQUEST NO. 1:**

26 Admit that on December 15, 2017, an automobile collision occurred between an
27 automobile driven by you and an automobile driven by Plaintiff in Clark County, Nevada..

28 **RESPONSE TO NO. 1:**

Admit, upon information and belief.

///

1 **REQUEST NO. 2:**

2 Admit that you were the driver of the vehicle on December 15, 2017, which is the
3 subject of Plaintiff's lawsuit on file herein.

4 **RESPONSE TO NO. 2:**

5 Admit, upon information and belief.

6 **REQUEST NO. 3:**

7 Admit that you have been correctly named as a Defendant in the above entitled action..

8 **RESPONSE TO NO. 3:**

9 Objection. Vague and ambiguous as to time and the term "correctly named". Without
10 waiving said objection, admit upon information and belief.

11 **REQUEST NO. 4:**

12 Admit that you and/or your representative or insurance carrier paid for repairs to
13 Plaintiff's vehicle pursuant to the property damage estimate your representative created.

14 **RESPONSE TO NO. 4:**

15 Objection, This request is compound and makes inadmissible references to liability
16 insurance as precluded under NRS 48.135. Furthermore, references to compromises are
17 precluded under NRS 48.105.

18 **REQUEST NO. 5:**

19 Admit that on the date in question December 15, 2017 you caused your vehicle to
20 collide with the Plaintiff's vehicle when you failed to yield while making a left turn onto Spring
21 Mountain Road, impacting the left side of Plaintiff's vehicle..

22 **RESPONSE TO NO. 5:**

23 Objection. This Request is unreasonable and improper as it seeks to have Defendant
24 address both legal and factual issues which cannot be clearly addressed without qualification.
25 See Morgan adv DeMille, 106 Nev. 671 (1990). This request is also compound, consisting of
26 several distinct parts within a single request.

27

28

1 **REQUEST NO. 6:**

2 Admit that your negligence on December 15, 2017 was the proximate cause of
3 Plaintiff's injuries and damages.

4 **RESPONSE TO NO. 6:**

5 Objection. This Request is unreasonable and improper as it seeks to have Defendant
6 address both legal and factual issues which cannot be clearly addressed without qualification.
7 See Morgan adv DeMille, 106 Nev. 671 (1990). This request further calls for a legal
8 conclusion and assumes facts not in evidence, to wit, that Plaintiff sustained any injuries and/or
9 damages by reason of the subject motor vehicle collision.

10 **REQUEST NO. 7:**

11 Admit that Plaintiff's medical treatment as disclosed in Plaintiff's 16.1 and
12 supplements thereto was reasonable and necessary..

13 **RESPONSE TO NO. 7:**

14 Objection. This Request is unreasonable and improper as it seeks to have Defendant
15 address both legal and factual issues which cannot be clearly addressed without qualification.
16 See Morgan adv DeMille, 106 Nev. 671 (1990). Furthermore, this request calls for an expert
17 medical opinion. Defendant has no medical training or experience which would qualify her to
18 make such an expert opinion. See Grover C. Dils Med.Ct adv Menditto, 121 Nev. 278 (Nev.
19 2005) and Morsicato adv Sav On Drug Stores, Inc. 121 Nev. 153 (Nev. 2005). This request s
20 further vague and ambiguous, particularly with respect to the term "reasonable". Defendant
21 puts Plaintiff to his burden of proof as to her claimed medical treatments and expenses.

22 **REQUEST NO. 8:**

23 Admit that Plaintiff's costs for medical care as disclosed in Plaintiff's 16.1 and
24 supplements thereto were customary and in keeping with standards in the community..

25 **RESPONSE TO NO. 8:**

26 Objection. This Request is unreasonable and improper as it seeks to have
27 Defendant address both legal and factual issues which cannot be clearly addressed without
28 qualification. See Morgan adv DeMille, 106 Nev. 671 (1990). Furthermore, this request calls for

1 an expert medical opinion. Defendant has no medical training or experience which would
2 qualify her to make such an expert opinion. See Grover C. Dils Med.Ct adv Menditto, 121 Nev.
3 278 (Nev. 2005) and Morsicato adv Sav On Drug Stores, Inc. 121 Nev. 153 (Nev. 2005). This
4 request s further vague and ambiguous, particularly with respect to the term “reasonable”.
5 Defendant puts Plaintiff to his burden of proof as to her claimed medical treatments and
6 expenses..

7 **REQUEST NO. 9:**

8 Admit that you breached the duty of care that you owed Plaintiff in the moments prior
9 to the subject collision on December 15, 2017..

10 **RESPONSE TO NO. 9:**

11 . Objection. This Request is unreasonable and improper as it seeks to have Defendant
12 address both legal and factual issues which cannot be clearly addressed without qualification.
13 See Morgan adv DeMille, 106 Nev. 671 (1990). This request further calls for a legal
14 conclusion and assumes facts not in evidence, to wit, that a duty of care was owed by
15 Defendant to Plaintiff.

16 **REQUEST NO. 10:**

17 Admit that in the moments prior to the subject collision on December 15, 2017, you
18 owed Plaintiff a duty of care to operate your vehicle in a safe and reasonable manner..

19 **RESPONSE TO NO. 10:**

20 Objection. This request calls for Defendant to render an opinion and provide a
21 legal conclusion rather than admit or deny facts. Furthermore, this Request is unreasonable and
22 improper as it seeks to have Defendant address both legal and factual issues which cannot be
23 clearly addressed without qualification. See Morgan adv DeMille, 106 Nev. 671 (1990).)

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Defendant reserves the right to supplement these responses as discovery in this matter continues.

DATED this 22 day of January, 2020



MARK ANDERSON, ESQ.
Nevada Bar No.: 606
3057 East Warm Springs Road, Suite 400
Las Vegas, Nevada 89120
Telephone: (702) 765-0976
Facsimile: (702) 765-0981
Attorneys for Defendant

ANDERSON STORM
3057 E. Warm Springs Rd., Ste., 400
Las Vegas, Nevada 89120-3150
Tel. (702) 765-0976 * Fax (702) 765-0981

ANDERSON STORM
3057 E. Warm Springs Rd., Ste., 400
Las Vegas, Nevada 89120-3150
Tel. (702) 765-0976 * Fax (702) 765-0981

CERTIFICATE OF SERVICE

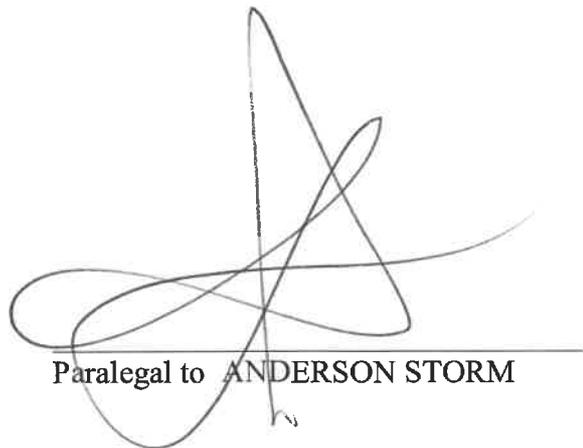
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I HEREBY CERTIFY that on this 13 day of ^{Feb} ~~January~~, 2020, I served a true and complete copy of the foregoing, **DEFENDANT MACIAS-DIAZ' S RESPONSES TO PLAINTIFF'S REQUEST FOR ADMISSIONS** addressed to the parties below, to be served as follows:

- by placing a true and correct copy of the same to be deposited for mailing in the U.S. Mail, enclosed in a sealed envelope upon which first class postage was fully prepaid; and/or
- via facsimile; and or
- by hand delivery to the parties listed below; and or
- by electronic service via WIZNET through the District Court.

Eric R. Blank, Esq.
Vernon Evans, Esq.
ERIC BLANK INJURY LAWYERS
NV INJURY LAW, LLC.
7860 W. Sahara Ave., Suite 110
Las Vegas, NV 89117
Attorneys for Plaintiff

.....



Paralegal to ANDERSON STORM

EXHIBIT 10

EXHIBIT 10

Andrew Mitchell, D.C. & Jason Chong, D.C.
Meadows Chiropractic
3441 W. Sahara, Suite C-7
Las Vegas, NV 89102
Phone: (702) - 220 - 9191 Fax: (702) - 220 - 9292

3/23/2018

Eric Blank Law Offices
8960 W. Tropicana Ave.
Suite 300
Las Vegas, NV 89147

Patient #: 99945377
Date of Loss: 12/15/2017
Our patient: Armando Pons-Diaz

To Whom It May Concern;

Mr. Pons-Diaz presented himself to Meadows Chiropractic for evaluation of injuries sustained in an automobile accident on the said date above. Mr. Pons-Diaz was the driver of the vehicle. It was a front driver side impact collision. Mr. Pons-Diaz was wearing his seatbelt. All injuries stated below are a result of the said auto accident.

Date of Birth: 11/10/1976
Gender: Male

First Treatment: 12/18/2017

Medical Specials: \$4,515.00

INITIAL COMPLAINTS

1. Neck pain
2. Thoracic pain
3. Muscle pain
4. Headache
5. Dizziness
6. Sleeping difficulty
7. Fatigue/Malaise
8. Anxiety/Nervousness

INJURIES

APP000945

1. Neck and Back Injuries
2. Nonallopathic lesion cervical
3. Nonallopathic lesion thoracic
4. Sprains and strains of Cervical
5. Sprains and strains of Thoracic
6. Cervicalgia
7. Thoracicalgia
8. Driver

The following is a summary of the ICD10 Injury Codes:

M54.2, M99.01, S13.4xxA, M54.6, M99.02, S23.3xxA, M54.5, V43.52xA

The following is a summary of the CPT Treatment Codes:

98940 (A1), 97010, 97014, 97140, 97112, 97012, 97035, 97110

NECK AND BACK INJURIES

Treatments: 23
 Prognosis: Complaints/treatment recommended
 Provider: Andrew Mitchell
 Last Chart Date: 3/6/2018

<u>History of Complaints</u>	<u>Physician</u>	<u>Last Date Noted</u>
Range of Motion	Andrew Mitchell	3/6/2018
Spasms	Andrew Mitchell	3/6/2018
Headaches	Andrew Mitchell	3/6/2018
Dizziness	Andrew Mitchell	3/6/2018
Sleep Disturbance	Andrew Mitchell	3/6/2018
Anxiety/Depression	Andrew Mitchell	3/6/2018

<u>Treatments</u>	<u>Physician</u>	<u>Last Date Noted</u>
Chiropractic Manipulation	Andrew Mitchell	3/6/2018
Elec. Stimulation (unattended)	Andrew Mitchell	3/6/2018
Hot or Cold packs	Andrew Mitchell	3/6/2018
Mechanical Traction	Andrew Mitchell	3/6/2018
Myofacial Release	Andrew Mitchell	3/6/2018
Neuromuscular reeducation	Andrew Mitchell	3/6/2018
Therapeutic Exercises	Andrew Mitchell	3/6/2018
Ultrasound	Andrew Mitchell	3/6/2018

<u>Therapies</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Duration</u>
Exercise Rehabilitation	Andrew Mitchell	3/6/2018	Prolonged
Bed Rest	Andrew Mitchell	3/6/2018	Short-Term

<u>Testings</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Test Result</u>
X-Ray	Andrew Mitchell	1/4/2018	Positive

OTHER INJURIES

Nonallopathic lesion cervical

Injury Type: Sprain/Strain

Duration: 4 to 6 months
 Prognosis: Complaints/treatment recommended
 Physician: Andrew Mitchell
 Last Date Noted: 3/6/2018

<u>History of Complaints</u>	<u>Physician</u>	<u>Last Date Noted</u>
Range of Motion	Andrew Mitchell	3/6/2018
Spasms	Andrew Mitchell	3/6/2018
Headaches	Andrew Mitchell	3/6/2018
Dizziness	Andrew Mitchell	3/6/2018
Sleep Disturbance	Andrew Mitchell	3/6/2018
Anxiety/Depression	Andrew Mitchell	3/6/2018

<u>Treatments</u>	<u>Physician</u>	<u>Last Date Noted</u>
Chiropractic Manipulation	Andrew Mitchell	3/6/2018
Elec. Stimulation (unattended)	Andrew Mitchell	3/6/2018
Hot or Cold packs	Andrew Mitchell	3/6/2018
Mechanical Traction	Andrew Mitchell	3/6/2018
Myofacial Release	Andrew Mitchell	3/6/2018
Neuromuscular reeducation	Andrew Mitchell	3/6/2018
Therapeutic Exercises	Andrew Mitchell	3/6/2018
Ultrasound	Andrew Mitchell	3/6/2018

<u>Therapies</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Duration</u>
Exercise Rehabilitation	Andrew Mitchell	3/6/2018	Prolonged
Bed Rest	Andrew Mitchell	3/6/2018	Short-Term

<u>Testings</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Test Result</u>
X-Ray	Andrew Mitchell	1/4/2018	Positive

Nonallopathic lesion thoracic

Injury Type: Sprain/Strain
 Duration: 4 to 6 months
 Prognosis: Complaints/treatment recommended
 Physician: Andrew Mitchell
 Last Date Noted: 3/6/2018

<u>History of Complaints</u>	<u>Physician</u>	<u>Last Date Noted</u>
Range of Motion	Andrew Mitchell	3/6/2018
Spasms	Andrew Mitchell	3/6/2018
Headaches	Andrew Mitchell	3/6/2018
Dizziness	Andrew Mitchell	3/6/2018
Sleep Disturbance	Andrew Mitchell	3/6/2018
Anxiety/Depression	Andrew Mitchell	3/6/2018

<u>Treatments</u>	<u>Physician</u>	<u>Last Date Noted</u>
Chiropractic Manipulation	Andrew Mitchell	3/6/2018
Elec. Stimulation (unattended)	Andrew Mitchell	3/6/2018
Hot or Cold packs	Andrew Mitchell	3/6/2018
Mechanical Traction	Andrew Mitchell	3/6/2018
Myofacial Release	Andrew Mitchell	3/6/2018
Neuromuscular reeducation	Andrew Mitchell	3/6/2018
Therapeutic Exercises	Andrew Mitchell	3/6/2018
Ultrasound	Andrew Mitchell	3/6/2018

<u>Therapies</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Duration</u>
Exercise Rehabilitation	Andrew Mitchell	3/6/2018	Prolonged
Bed Rest	Andrew Mitchell	3/6/2018	Short-Term

<u>Testings</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Test Result</u>
X-Ray	Andrew Mitchell	1/4/2018	Positive

Sprains and strains of Cervical

Injury Type: Sprain/Strain
Duration: 4 to 6 months
Prognosis: Complaints/treatment recommended
Physician: Andrew Mitchell
Last Date Noted: 3/6/2018

<u>History of Complaints</u>	<u>Physician</u>	<u>Last Date Noted</u>
Range of Motion	Andrew Mitchell	3/6/2018
Spasms	Andrew Mitchell	3/6/2018
Headaches	Andrew Mitchell	3/6/2018
Dizziness	Andrew Mitchell	3/6/2018
Sleep Disturbance	Andrew Mitchell	3/6/2018
Anxiety/Depression	Andrew Mitchell	3/6/2018

<u>Treatments</u>	<u>Physician</u>	<u>Last Date Noted</u>
Chiropractic Manipulation	Andrew Mitchell	3/6/2018
Elec. Stimulation (unattended)	Andrew Mitchell	3/6/2018
Hot or Cold packs	Andrew Mitchell	3/6/2018
Mechanical Traction	Andrew Mitchell	3/6/2018
Myofacial Release	Andrew Mitchell	3/6/2018
Neuromuscular reeducation	Andrew Mitchell	3/6/2018
Therapeutic Exercises	Andrew Mitchell	3/6/2018
Ultrasound	Andrew Mitchell	3/6/2018

<u>Therapies</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Duration</u>
Exercise Rehabilitation	Andrew Mitchell	3/6/2018	Prolonged
Bed Rest	Andrew Mitchell	3/6/2018	Short-Term

<u>Testings</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Test Result</u>
X-Ray	Andrew Mitchell	1/4/2018	Positive

Sprains and strains of Thoracic

Injury Type: Sprain/Strain
Duration: 4 to 6 months
Prognosis: Complaints/treatment recommended
Physician: Andrew Mitchell
Last Date Noted: 3/6/2018

<u>History of Complaints</u>	<u>Physician</u>	<u>Last Date Noted</u>
Range of Motion	Andrew Mitchell	3/6/2018
Spasms	Andrew Mitchell	3/6/2018
Headaches	Andrew Mitchell	3/6/2018
Dizziness	Andrew Mitchell	3/6/2018
Sleep Disturbance	Andrew Mitchell	3/6/2018
Anxiety/Depression	Andrew Mitchell	3/6/2018

<u>Treatments</u>	<u>Physician</u>	<u>Last Date Noted</u>
Chiropractic Manipulation	Andrew Mitchell	3/6/2018
Elec. Stimulation (unattended)	Andrew Mitchell	3/6/2018
Hot or Cold packs	Andrew Mitchell	3/6/2018
Mechanical Traction	Andrew Mitchell	3/6/2018
Myofacial Release	Andrew Mitchell	3/6/2018
Neuromuscular reeducation	Andrew Mitchell	3/6/2018
Therapeutic Exercises	Andrew Mitchell	3/6/2018
Ultrasound	Andrew Mitchell	3/6/2018

<u>Therapies</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Duration</u>
Exercise Rehabilitation	Andrew Mitchell	3/6/2018	Prolonged
Bed Rest	Andrew Mitchell	3/6/2018	Short-Term

<u>Testings</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Test Result</u>
X-Ray	Andrew Mitchell	1/4/2018	Positive

Cervicalgia

Injury Type: Sprain/Strain
Duration: 4 to 6 months
Prognosis: Complaints/treatment recommended
Physician: Andrew Mitchell
Last Date Noted: 3/6/2018

<u>History of Complaints</u>	<u>Physician</u>	<u>Last Date Noted</u>
Range of Motion	Andrew Mitchell	3/6/2018
Spasms	Andrew Mitchell	3/6/2018
Headaches	Andrew Mitchell	3/6/2018
Dizziness	Andrew Mitchell	3/6/2018
Sleep Disturbance	Andrew Mitchell	3/6/2018
Anxiety/Depression	Andrew Mitchell	3/6/2018

<u>Treatments</u>	<u>Physician</u>	<u>Last Date Noted</u>
Chiropractic Manipulation	Andrew Mitchell	3/6/2018
Elec. Stimulation (unattended)	Andrew Mitchell	3/6/2018
Hot or Cold packs	Andrew Mitchell	3/6/2018
Mechanical Traction	Andrew Mitchell	3/6/2018
Myofacial Release	Andrew Mitchell	3/6/2018
Neuromuscular reeducation	Andrew Mitchell	3/6/2018
Therapeutic Exercises	Andrew Mitchell	3/6/2018
Ultrasound	Andrew Mitchell	3/6/2018

<u>Therapies</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Duration</u>
Exercise Rehabilitation	Andrew Mitchell	3/6/2018	Prolonged
Bed Rest	Andrew Mitchell	3/6/2018	Short-Term

<u>Testings</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Test Result</u>
X-Ray	Andrew Mitchell	1/4/2018	Positive

Thoracicalgia

Injury Type: Sprain/Strain
Duration: 4 to 6 months
Prognosis: Complaints/treatment recommended
Physician: Andrew Mitchell

Last Date Noted: 3/6/2018

<u>History of Complaints</u>	<u>Physician</u>	<u>Last Date Noted</u>
Range of Motion	Andrew Mitchell	3/6/2018
Spasms	Andrew Mitchell	3/6/2018
Headaches	Andrew Mitchell	3/6/2018
Dizziness	Andrew Mitchell	3/6/2018
Sleep Disturbance	Andrew Mitchell	3/6/2018
Anxiety/Depression	Andrew Mitchell	3/6/2018

<u>Treatments</u>	<u>Physician</u>	<u>Last Date Noted</u>
Chiropractic Manipulation	Andrew Mitchell	3/6/2018
Elec. Stimulation (unattended)	Andrew Mitchell	3/6/2018
Hot or Cold packs	Andrew Mitchell	3/6/2018
Mechanical Traction	Andrew Mitchell	3/6/2018
Myofacial Release	Andrew Mitchell	3/6/2018
Neuromuscular reeducation	Andrew Mitchell	3/6/2018
Therapeutic Exercises	Andrew Mitchell	3/6/2018
Ultrasound	Andrew Mitchell	3/6/2018

<u>Therapies</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Duration</u>
Exercise Rehabilitation	Andrew Mitchell	3/6/2018	Prolonged
Bed Rest	Andrew Mitchell	3/6/2018	Short-Term

<u>Testings</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Test Result</u>
X-Ray	Andrew Mitchell	1/4/2018	Positive

Driver

Injury Type:

Duration:

Prognosis:

Physician: Andrew Mitchell

Last Date Noted: 3/6/2018

<u>History of Complaints</u>	<u>Physician</u>	<u>Last Date Noted</u>
Range of Motion	Andrew Mitchell	3/6/2018
Spasms	Andrew Mitchell	3/6/2018
Headaches	Andrew Mitchell	3/6/2018
Dizziness	Andrew Mitchell	3/6/2018
Sleep Disturbance	Andrew Mitchell	3/6/2018
Anxiety/Depression	Andrew Mitchell	3/6/2018

<u>Treatments</u>	<u>Physician</u>	<u>Last Date Noted</u>
Chiropractic Manipulation	Andrew Mitchell	3/6/2018
Elec. Stimulation (unattended)	Andrew Mitchell	3/6/2018
Hot or Cold packs	Andrew Mitchell	3/6/2018
Mechanical Traction	Andrew Mitchell	3/6/2018
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Neuromuscular reeducation	Andrew Mitchell	3/6/2018
Therapeutic Exercises	Andrew Mitchell	3/6/2018
Ultrasound	Andrew Mitchell	3/6/2018

<u>Therapies</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Duration</u>
Exercise Rehabilitation	Andrew Mitchell	3/6/2018	Prolonged
Bed Rest	Andrew Mitchell	3/6/2018	Short-Term

<u>Testings</u>	<u>Physician</u>	<u>Last Date Noted</u>	<u>Test Result</u>
X-Ray	Andrew Mitchell	3/6/2018	Positive

CURRENT MEDICAL EXPENSES

<u>Name</u>	<u>Amount</u>	<u>Type</u>
Andrew Mitchell, DC	\$4,515.00	Physician
Jason Chong, DC		Physician
Total Physician Expenses	\$4,515.00	

<u>Name</u>	<u>Amount</u>	<u>Type</u>
Ice Pack		Medical Supply
Total Medical Supplies Expenses		

EXPENSE SUMMARY

Physician Expenses	\$4,515.00
Medical Supplies	\$0.00
Travel Expenses	\$0.00
Income Loss	\$0.00
Future Medical	\$0.00
Future Income Loss	\$0.00
Total Expenses	\$4,515.00

REFERRAL

- | | |
|-----------------|-----------------|
| 1. Dr. Strehlow | x-ray review |
| 2. Dr. Coppel | Pain Management |

THERAPIES

Croft Guidelines for the Treatment of CAD Injuries was used to determine the frequency and duration as well as future therapy for this patient.

<u>Grade</u>	<u>daily</u>	<u>3x/wk</u>	<u>2x/wk</u>	<u>1x/wk</u>	<u>1x/mo</u>
I	1wk	1-2wk	2-3wk	<4wk	a
II	1wk	<4wk	<4wk	<4wk	<4wk
III	1-2wk	<10wk	<10wk	<10wk	<6mo
IV	2-3wk	<16wk	<12wk	<20wk	b
V	Surgical stabilization necessary; chiropractic care is post-surgical				

a – possible follow up at 1 month
b – may require permanent monthly treatment

<u>Grade</u>	<u>Clinical Presentation</u>
I	Minimal: no limitation of motion, ligamentous injury or neurological findings
II	Slight: limitation of motion; no ligamentous or neurological findings
III	Moderate: limitation of motion; some ligamentous injury; neurological findings may be present
IV	Moderate to severe: limitation of motion; ligamentous instability; neurological findings present; fracture of disc derangement
V	Severe: requires surgical management

This patient has been co-managed by both Dr. Mitchell and Dr. Chong for the injuries that resulted from the said accident. If you have any questions regarding this patient, please do not hesitate to contact us.

Sincerely,

Andrew Mitchell, D.C. & Jason Chong, D.C.



January 18, 2018

RE: Armando Pons-Diaz
DOI: December 15, 2017

INITIAL NARRATIVE REPORT

Armando Pons-Diaz presented himself to Meadows Chiropractic for examination on December 18, 2017. The following is an initial report of this case.

HISTORY

The patient states that on the above cited date he was involved in a motor vehicle accident.

PHYSICAL EXAMINATION

The usual orthopedic, neurological, and chiropractic tests were performed to determine his diagnosis (see initial exam form).

INITIAL DIAGNOSIS

- 1. Cervical s/s S13.4xxA
- 2. Thoracic s/s S23.3xxA

TREATMENT

Croft Guidelines for the Treatment of CAD Injuries was used to determine the frequency and duration as well as future therapy for this patient.

Grade	daily	3x/wk	2x/wk	1x/wk	1x/mo
I	1wk	1-2wk	2-3wk	<4wk	a
II	1wk	<4wk	<4wk	<4wk	<4wk
III	1-2wk	<10wk	<10wk	<10wk	<6mo
IV	2-3wk	<16wk	<12wk	<20wk	b
V	Surgical stabilization necessary; chiropractic care is post-surgical				

a – possible follow up at 1 month
b – may require permanent monthly treatment

Grade	Clinical Presentation
I	Minimal: no limitation of motion, ligamentous injury or neurological findings
II	Slight: limitation of motion; no ligamentous or neurological findings
III	Moderate: limitation of motion; some ligamentous injury; neurological findings may be present
IV	Moderate to severe: limitation of motion; ligamentous instability; neurological findings present; fracture of disc derangement
V	Severe: requires surgical management

Initial Report
RE: Pons-Diaz, Armando

If you have any questions, please feel free to contact this office

Sincerely,

Andrew Mitchell, D.C.
JSC

Meadows Chiropractic
3441 W Sahara Ave Suite C7
Las Vegas, NV 89102
702-220-9191
ID#: 88-0457811
Andrew Mitchell D C NPI#: 1174737480
Monday March 26, 2018

Patient : Armando Pons-Diaz #99945377
 Itemized Statement: 12/18/2017 - 03/26/2018
 DOB : 11/10/1976
 Onset date : 12/15/2017

Mail to:
Armando Pons-Diaz
4600 Sirius Ave #J151
Las Vegas, NV 89102

Attorney

Eric Blank
 7860 W Sahara Ave
 Suite 110
 Las Vegas NV 89117

Employer

Current Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounte
 S23.3XXA Sprain of ligaments of thoracic spine, initial encounte
 M99.01 Segmental and somatic dysfunction of cervical region
 M99.02 Segmental and somatic dysfunction of thoracic region
 M54.2 Cervicalgia
 M54.6 Pain in thoracic spine

Date	Description	Amount
12/18/17	97010 Cryotherapy/Hydroculator	\$ 25.00
12/18/17	97014 Muscle Stim	\$ 35.00
12/18/17	97140 59 MFR/STM	\$ 40.00
12/18/17	E0230 Ice Pack	\$ 25.00
12/18/17	99203 N P Intermediate Exam	\$ 175.00
12/19/17	97010 Cryotherapy/Hydroculator	\$ 25.00
12/19/17	97014 Muscle Stim	\$ 35.00
12/19/17	97140 59 MFR/STM	\$ 40.00
12/20/17	97010 Cryotherapy/Hydroculator	\$ 25.00
12/20/17	97014 Muscle Stim	\$ 35.00
12/20/17	97140 59 MFR/STM	\$ 40.00
12/22/17	97010 Cryotherapy/Hydroculator	\$ 25.00
12/22/17	97014 Muscle Stim	\$ 35.00
12/22/17	97140 59 MFR/STM	\$ 40.00
12/22/17	97012 Intersegmental Traction	\$ 35.00
01/04/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/04/18	97014 Muscle Stim	\$ 35.00
01/04/18	97140 59 MFR/STM	\$ 40.00
01/04/18	97012 Intersegmental Traction	\$ 35.00
01/04/18	72052 Cervical 5 View	\$ 155.00
01/08/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/08/18	97014 Muscle Stim	\$ 35.00
01/08/18	97012 Intersegmental Traction	\$ 35.00
01/08/18	98940 Adjustment 1-2 Regions	\$ 50.00
01/09/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/09/18	97014 Muscle Stim	\$ 35.00
01/09/18	97012 Intersegmental Traction	\$ 35.00
01/09/18	98940 Adjustment 1-2 Regions	\$ 50.00
01/12/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/12/18	97014 Muscle Stim	\$ 35.00
01/12/18	97012 Intersegmental Traction	\$ 35.00
01/12/18	98940 Adjustment 1-2 Regions	\$ 50.00
01/18/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/18/18	97014 Muscle Stim	\$ 35.00
01/18/18	97012 Intersegmental Traction	\$ 35.00
01/18/18	98940 Adjustment 1-2 Regions	\$ 50.00
01/18/18	99213 25 E P Intermediate Exam	\$ 115.00
01/18/18	99080 Initial Narrative Report	\$ 250.00

APP000955

Date	Description	Amount
01/19/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/19/18	97014 Muscle Stim	\$ 35.00
01/19/18	97012 Intersegmental Traction	\$ 35.00
01/19/18	98940 Adjustment 1-2 Regions	\$ 50.00
01/24/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/24/18	97014 Muscle Stim	\$ 35.00
01/24/18	97012 Intersegmental Traction	\$ 35.00
01/24/18	98940 Adjustment 1-2 Regions	\$ 50.00
01/29/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/29/18	97014 Muscle Stim	\$ 35.00
01/29/18	97012 Intersegmental Traction	\$ 35.00
01/29/18	98940 Adjustment 1-2 Regions	\$ 50.00
01/30/18	97010 Cryotherapy/Hydroculator	\$ 25.00
01/30/18	97014 Muscle Stim	\$ 35.00
01/30/18	97012 Intersegmental Traction	\$ 35.00
01/30/18	98940 Adjustment 1-2 Regions	\$ 50.00
02/01/18	97010 Cryotherapy/Hydroculator	\$ 25.00
02/01/18	97014 Muscle Stim	\$ 35.00
02/01/18	97012 Intersegmental Traction	\$ 35.00
02/01/18	98940 Adjustment 1-2 Regions	\$ 50.00
02/07/18	97010 Cryotherapy/Hydroculator	\$ 25.00
02/07/18	97014 Muscle Stim	\$ 35.00
02/07/18	97012 Intersegmental Traction	\$ 35.00
02/07/18	98940 Adjustment 1-2 Regions	\$ 50.00
02/09/18	97010 Cryotherapy/Hydroculator	\$ 25.00
02/09/18	97014 Muscle Stim	\$ 35.00
02/09/18	97012 Intersegmental Traction	\$ 35.00
02/09/18	98940 Adjustment 1-2 Regions	\$ 50.00
02/13/18	97010 Cryotherapy/Hydroculator	\$ 25.00
02/13/18	97014 Muscle Stim	\$ 35.00
02/13/18	97012 Intersegmental Traction	\$ 35.00
02/13/18	98940 Adjustment 1-2 Regions	\$ 50.00
02/14/18	97010 Cryotherapy/Hydroculator	\$ 25.00
02/14/18	97014 Muscle Stim	\$ 35.00
02/14/18	97012 Intersegmental Traction	\$ 35.00
02/14/18	98940 Adjustment 1-2 Regions	\$ 50.00
02/21/18	97010 Cryotherapy/Hydroculator	\$ 25.00
02/21/18	97014 Muscle Stim	\$ 35.00
02/21/18	97012 Intersegmental Traction	\$ 35.00
02/21/18	98940 Adjustment 1-2 Regions	\$ 50.00
02/21/18	99213 25 E P Intermediate Exam	\$ 115.00
02/22/18	97010 Cryotherapy/Hydroculator	\$ 25.00
02/22/18	97014 Muscle Stim	\$ 35.00
02/22/18	97012 Intersegmental Traction	\$ 35.00
02/22/18	98940 Adjustment 1-2 Regions	\$ 50.00
03/01/18	97010 Cryotherapy/Hydroculator	\$ 25.00
03/01/18	97014 Muscle Stim	\$ 35.00
03/01/18	97012 Intersegmental Traction	\$ 35.00
03/01/18	98940 Adjustment 1-2 Regions	\$ 50.00
03/05/18	97010 Cryotherapy/Hydroculator	\$ 25.00
03/05/18	97014 Muscle Stim	\$ 35.00
03/05/18	97012 Intersegmental Traction	\$ 35.00
03/05/18	98940 Adjustment 1-2 Regions	\$ 50.00
03/06/18	97010 Cryotherapy/Hydroculator	\$ 25.00
03/06/18	97014 Muscle Stim	\$ 35.00
03/06/18	97012 Intersegmental Traction	\$ 35.00
03/06/18	98940 Adjustment 1-2 Regions	\$ 50.00
03/06/18	99080 Narrative Report	\$ 500.00

Total Sales Tax	:	\$ 0.00
Total Late Charges	:	\$ 0.00
Total Interest Charges	:	\$ 0.00
Patients-Cash Rcvd	:	\$ 0.00
Patients-Chks Rcvd	:	\$ 0.00
Patients-Crdt Crd	:	\$ 0.00
Payer Payments	:	\$ 0.00
Total Charges	:	\$ 4515.00
Total Received	:	\$ 0.00
Total Adjustment	:	\$ 0.00
Balance (based on search)	:	\$ 4515.00



MEDICAL LIEN

I, the undersigned patient (or legal guardian of a minor), grant to Meadows Chiropractic (hereafter "medical facility") a lien upon the recovery of any and all proceeds from any source obtained through settlement, judgment, for any medical services rendered to me or the minor, for treatment of injuries sustained or the exacerbation of any medical condition(s) (hereafter "treatment") that I or the minor have indicated, believe or did in fact arise out of an incident that occurred on or about the date set forth below (hereafter "incident"). I further authorize the medical facility to furnish my attorney with a full report of the examinations, diagnoses, treatments, prognoses, as well as billings for treatment from this incident. I hereby notify and authorize you, my attorney, to pay directly to the medical facility the unpaid amount due for services rendered.

I understand that apart from this lien, I am directly and fully responsible to the medical facility for all medical bills submitted by it for services rendered, even for bills incurred for the minor (as indicated below) who may reach the age of majority, for which I may be required to make a lump sum or periodic payments, at the election of the medical facility. This lien is made solely for said medical facility's additional protection, and in consideration of its awaiting payment. Except as otherwise provided below, I intend for this lien to continue until all charges have been satisfied. I agree that the statute of limitations of my obligation to pay is tolled and does not begin to run while the medical facility is awaiting payment by way of this lien. I further understand that the payment of services is not contingent upon any settlement, judgment, or verdict that the minor or I may eventually recover.

Except as provided below, I agree never to rescind this lien, and I do not grant any attorney that may represent the minor or me the right to rescind it. However, if my first attorney does not promptly sign, acknowledge and return this lien to the medical facility within 10 (ten) days of receipt of this lien, without alterations, or if the first attorney for any reason (e.g., withdraws, resigns, is released by me, or substituted by another attorney) no longer represents me or the minor child for injuries arising from this incident, then the Irrevocable Assignment of Proceeds that I have signed with this medical facility supersedes this lien and takes immediate effect. Alternatively, if an attorney modifies this lien in any way, then the Assignment of Proceeds supersedes this lien and takes immediate effect when the modification occurs. I agree to promptly notify medical facility of any change of my address or change or addition of attorney(s).

To my attorney: Please acknowledge this medical lien by signing below and returning it to the medical facility's office.

Date of Incident: 12-15-17

Armando Potts
Print Name

Date: 12-18-17

[Signature]
Signature of Patient or Legal Guardian of Minor

I, the undersigned attorney, state that I am the attorney of record for this patient; I acknowledge that I am in receipt of this lien; and I agree to observe its terms by withholding the sums from any settlement, judgment or verdict that are owed to the medical facility, for their compensation or benefit. I also agree to promptly (1) notify the medical facility if I discontinue representation of this patient/client, and to (2) provide any subsequent attorney of the patient for this incident a copy of this lien, along with all of the medical facility's records and billings in my or my law firm's possession. In the event this lien is litigated, the prevailing party will be awarded attorney's fees and costs.

Law Offices Of Eric Blank
7860 W. Sahara Ave., Ste. 110
Las Vegas, NV 89117
P: (702)222-2115 / F: (702)227-0615

Attorney Signature

Attorney Address

Please sign, date and return one copy to medical facility's office within 10 days after receipt. Also keep one for your records

Send Result Report



MFP

TASKalfa 406ci

Firmware Version 2R6_2000.004.113 2017.07.24

12/18/2017 09:34
[2R6_1000.003.004] [2R6_1100.001.007] [2R6_7000.004.101]

Job No.: 032250

Total Time: 0°00'43"

Page: 001

Complete

Document: doc20171218093302



Meadows Chiropractic

3441 W. Sahara, Suite C-7 Las Vegas, Nevada 89102 Phone: 702.220.9391 Facsimile: 702.770.9292

MEDICAL LIEN

I, the undersigned patient (or legal guardian of a minor), grant to Meadows Chiropractic (hereafter "medical facility") a lien upon the recovery of any and all proceeds from any source obtained through settlement, judgment, for any medical services rendered to me or the minor, for treatment of injuries sustained or the exacerbation of any medical condition(s) (hereafter "treatment") that I or the minor have indicated, believe or did in fact arise out of an incident that occurred on or about the date set forth below (hereafter "incident"). I further authorize the medical facility to furnish my attorney with a full report of the examinations, diagnoses, treatments, prognoses, as well as billings for treatment from this incident. I hereby notify and authorize you, my attorney, to pay directly to the medical facility the unpaid amount due for services rendered.

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To my attorney: Please acknowledge this medical lien by signing below and returning it to the medical facility's office.

Date of Incident: 12-15-17

Quinnelle Potts
Print Name

Date: 12-18-17

[Signature]
Signature of Patient or Legal Guardian of Minor

I, the undersigned attorney, state that I am the attorney of record for this patient; I acknowledge that I am in receipt of this lien; and I agree to observe its terms by withholding the sums from any settlement, judgment or verdict that are owed to the medical facility, for their compensation or benefit. I also agree to promptly (1) notify the medical facility if I discontinue representation of this patient/client, and to (2) provide any subsequent attorney of the patient for this incident a copy of this lien, along with all of the medical facility's records and billings in my or my law firm's possession. In the event this lien is litigated, the prevailing party will be awarded attorney's fees and costs.

Law Offices Of Eric Blank
7860 W. Sahara Ave., Ste. 110
Las Vegas, NV 89117
P: (702)222-2115 / F: (702)227-0615

Attorney Signature

Attorney Address

Please sign, date and return one copy to medical facility's office within 10 days after receipt. Also keep one for your records

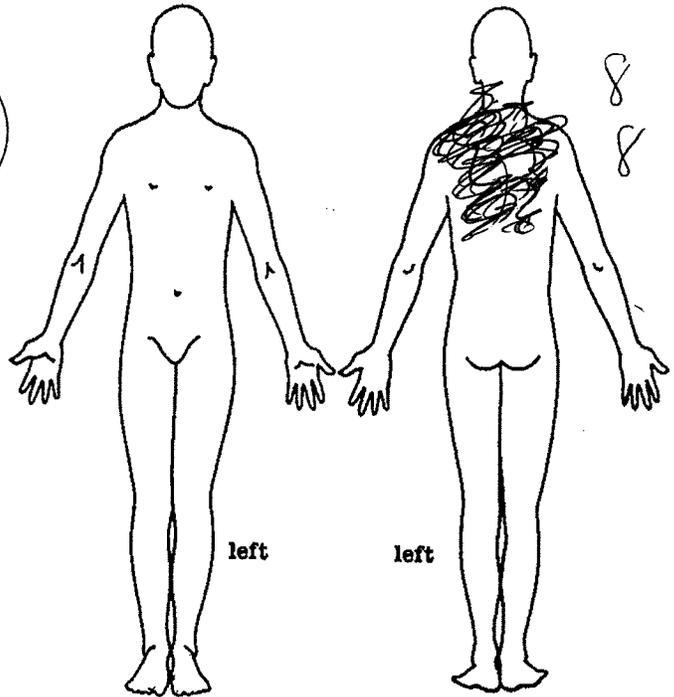
No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	12/18/17 09:33	Eric Blank	0°00'43"	FAX	OK	200x100 Normal/Off

DOI: 12/15/17

157
Accident

OTHER SYMPTOMS

- Range of Motion
- Muscle spasm
- headache
- Dizziness
- Tinnitus (L / R)
- Sleep difficulty/disturbance
- Fatigue/Malaise
- Blurred vision
- Anxiety/nervousness
- Depression
- Vomiting / nausea
- Jaw pain (TMJ)
- LOC



All complaints due to stated injury: Y N

If no: _____

X-ray: C/S: 3v, F/E, Obl. PMZ

L/S: 2v, 3v, F/E, Obl. _____

1/4/18

T/S: 2v Other: _____

Home therapy: Ice: 12/18/17 daily : _____ / wk for 2-4 wks
 Stretch: _____ daily : _____ / wk for _____ wks
~~Increase activity/exercise~~ _____ wks
 Bed rest (at least 2 more hours of sleep) 4 wks
 Theraband _____
 Other supports: _____

REFERRALS/REPORTS

	<u>Provider</u>	<u>Date referred</u>	<u>Date seen</u>	<u>Notes</u>
GP	<u>Coppel</u>	<u>(12/15/17)</u>	<u>meds as nec</u>	
Imaging	<u>MRI C/S</u>	<u>(1.8.18)</u>		
Orthopedist				
Pain Mgmt				
Neurology				
Other	<u>Mechner</u>			

PATIENT: Pons-Diaz, Armando

DATE: DEC 18 2017

D.C. A

NECK AND BACK

Height _____ Weight _____ Age 41 (M) F Ethnicity _____
Blood Pressure _____ / _____ Pulse _____ bpm Dom. Hand R / L

RANGE OF MOTION

CERVICAL		LUMBAR		DTR (Wexler)	
Flexion	___/65 Pain [0 1 2 3 4]	___/90 Pain [0 1 2 3 4]		Biceps (C5)	[R / L]
Extension:	___/50 Pain [0 1 2 3 4]	___/35 Pain [0 1 2 3 4]		Brachioradialis(C6)	[R / L]
Rt. Lat. Flex:	___/40 Pain [0 1 2 3 4]	___/40 Pain [0 1 2 3 4]		Triceps (C7)	[R / L]
Lt. Lat. Flex:	___/40 Pain [0 1 2 3 4]	___/40 Pain [0 1 2 3 4]		Patellar (L2,3,4)	[R / L]
Rt. Rotation:	___/80 Pain [0 1 2 3 4]	___/20 Pain [0 1 2 3 4]		Achilles (S1)	[R / L]
Lt. Rotation:	___/80 Pain [0 1 2 3 4]	___/20 Pain [0 1 2 3 4]			

PATIENT SEATED

O'Donohues': +/-
Distraction: +/-
Shoulder Dep.: (-) R/L, Rad R/L
Foraminal Comp.: (-) R/L, Rad R/L

PATIENT SUPINE

Soto Hall's: + / - [Cer, Thor, Lum]
Laseque's: (-) R/L, Rad R/L
Braggard's: (-) R/L
Patrick's: (-) R/L

OTHER

George's: + / -
Valsalva: + / - / NI
Dejerines Triad: + / - / NI

PATIENT PRONE

Nachlas: (-) R/L
Hibb's: (-) R/L
Yeoman's: (-) R/L

PATIENT STANDING

Kemp's: (-) R/L (local), Rad R/L
Minor's Sign: + / -

Gait: Even : Irregular : Favoring [R / L]
Posture: Good : Fair : Antalgic _____

Pain on (P)alpation: Muscle (S)pasm:

Cervical	(P : S)	Lumbar	(P : S)
Upper-Thoracic	(P : S)	Lumbosacral	(P : S)
Mid-Thoracic	(P : S)	Sacroiliac	(P : S)
Lower-Thoracic	(P : S)		

Malingering:

Burns' Bench + / -
Hoover's + / -

MUSCLE TEST (Van Allen's)

[NI]	[R / L]	[NI]	[R / L]
Deltoid (C5)	[S / S]	Quads (L2-L4)	[/ /]
Wrist Ext. (C6)	[S / S]	Tib. Ant. (L3-L4)	[/ /]
Wrist Flex. (C7)	[S / S]	Ext. Big Toe (L4-L5)	[/ /]
Interosius (C8/T1)	[S / S]	Foot Eversion (L5-S1)	[/ /]

DERMATOMES

[NI]	[R / L]	[NI]	[R / L]
C5	[/ /]	L2	[/ /]
C6	[/ /]	L3	[/ /]
C7	[/ /]	L4	[/ /]
C8	[/ /]	L5	[/ /]
T1	[/ /]	S1	[/ /]

When did pain begin? Day of / Next day _____

Any pain prior to the accident? Y / N _____

Remarks: _____

PATIENT: Pons-Diaz, Armando DATE: DEC 18 2017 D.C. [Signature]

MECHANISM OF INJURY

Driver/ Passenger

SB: Y / N

AB: Y / N

H/T: L / R

B/T: L / R

SW: L / R

PR: Y / N

Tx: Y / N

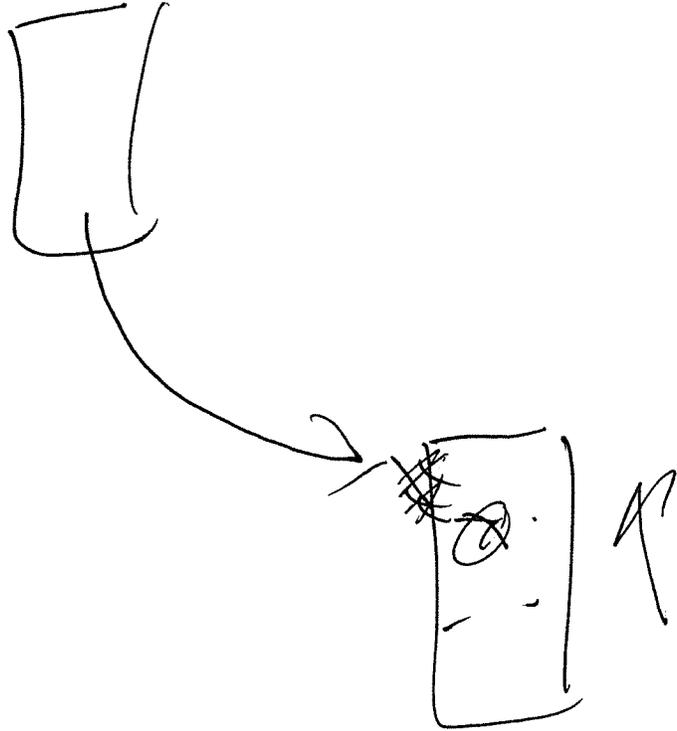
ER: Y / N

Where: _____

Ambulance/private vehicle: _____

x-ray, CT/MRI, meds, other

Did you expect the collision: Y / N



DEC 18 2017

PATIENT: Pons-Diaz, Armando

D.C.: A

Diagnosis

Cervical	FIRST DATE	LAST DATE	PROGNOSIS
<input checked="" type="checkbox"/> 723.1 Cervicalgia	12/18/17		
<input checked="" type="checkbox"/> 739.1 Nonallopathic lesion			
<input checked="" type="checkbox"/> 847.0 Cervical S/S [1]			
<input type="checkbox"/> 728.4 Ligament laxity			
<input type="checkbox"/> 723.4 Radiculitis c/s [2]			
<input type="checkbox"/> 722.0 Disc displacement			
<input type="checkbox"/> Levels:			

Thoracic
<input checked="" type="checkbox"/> 724.1 Thoracicalgia
<input checked="" type="checkbox"/> 739.2 Nonallopathic lesion
<input checked="" type="checkbox"/> 847.1 Thoracic S/S [1]
<input type="checkbox"/> 722.11 Disc displacement
<input type="checkbox"/> Levels:

Lumbar
<input type="checkbox"/> 724.2 Lumbago
<input type="checkbox"/> 739.3 Nonallopathic lesion
<input type="checkbox"/> 847.2 Lumbar S/S [1]
<input type="checkbox"/> 846.0 Lumbosacral S/S [1]
<input type="checkbox"/> 724.4 Radiculitis L/S [2]
<input type="checkbox"/> 728.4 Ligament laxity
<input type="checkbox"/> 722.10 Disc displacement
<input type="checkbox"/> Levels:

Sacroiliac
<input type="checkbox"/> 739.4 Nonallopathic lesion
<input type="checkbox"/> 846.9 Sacroiliac S/S [1]

Extremity S/S
<input type="checkbox"/> 840.9 Shoulder [1]
<input type="checkbox"/> 719.41 Arthralgia (shoulder)
<input type="checkbox"/> 841.9 Elbow [1]
<input type="checkbox"/> 719.43 Arthralgia (elbow)
<input type="checkbox"/> 842.00 Wrist [1]
<input type="checkbox"/> 719.44 Arthralgia (wrist)
<input type="checkbox"/> 842.10 Hand [1]
<input type="checkbox"/> 843.9 Hip [1]
<input type="checkbox"/> 719.45 Arthralgia (hip)
<input type="checkbox"/> 844.9 Knee [1]
<input type="checkbox"/> 719.46 Arthralgia (knee)
<input type="checkbox"/> 845.00 Ankle [1]
<input type="checkbox"/> 719.47 Arthralgia (ankle)
<input type="checkbox"/> 845.10 Foot [1]
<input type="checkbox"/> 739.7 Nonallopathic lesions (upper)
<input type="checkbox"/> 739.6 Nonallopathic lesions (lower)

DEC 18 2017

Patient: Pons-Diaz, Armando

APP000962

General Complaints

<input checked="" type="checkbox"/>	<i>Range of Motion</i>
<input checked="" type="checkbox"/>	728.85 <i>Spasm of muscle</i>
<input checked="" type="checkbox"/>	784.0 <i>Headache</i>
<input checked="" type="checkbox"/>	780.4 <i>Dizziness and giddiness</i>
<input checked="" type="checkbox"/>	780.5 <i>Sleep disturbance</i>
<input checked="" type="checkbox"/>	780.7 <i>Fatigue and malaise</i>
<input type="checkbox"/>	368 <i>Visual Disturbance</i>
<input type="checkbox"/>	388.30 <i>Tinnitus (unspecified)</i>
<input type="checkbox"/>	307.81 <i>Tension headache</i>
<input type="checkbox"/>	728.87 <i>Muscle weakness</i>
<input checked="" type="checkbox"/>	308.0 <i>Anxiety and panic</i>
<input type="checkbox"/>	848.1 <i>Jaw</i>
<input type="checkbox"/>	850 <i>Concussion</i>

Chest/Ribs

<input type="checkbox"/>	786.50 <i>Chest pain</i>
<input type="checkbox"/>	848.3 <i>Rib S/S</i>
<input type="checkbox"/>	922.1 <i>Chest contusion</i>
<input type="checkbox"/>	922.2 <i>Abdominal contusion</i>

Contusion

<input type="checkbox"/>	922.1 <i>Chest</i>
<input type="checkbox"/>	922.2 <i>Abdomen</i>
<input type="checkbox"/>	922.31 <i>Back</i>
<input type="checkbox"/>	923.0 <i>Shoulder and upper arm</i>
<input type="checkbox"/>	923.1 <i>Elbow and forearm</i>
<input type="checkbox"/>	923.2 <i>Wrist and hand</i>
<input type="checkbox"/>	924.0 <i>Hip and thigh</i>
<input type="checkbox"/>	924.1 <i>Knee and lower leg</i>
<input type="checkbox"/>	924.2 <i>Ankle and foot</i>

<input checked="" type="checkbox"/>	E812.0 <i>Driver</i>
<input type="checkbox"/>	E812.1 <i>Passenger</i>
<input type="checkbox"/>	E814.7 <i>Pedestrian</i>

Other

DEC 18 2017

Patient: Pons-Diaz, Armando —

APP000963

RISK FACTORS FOR ACUTE INJURY

- Driver
- Female
- Increased age
- Rear impacts
- Head rotated at impact
- Non-awareness of impact
- Thin or weak neck
- Use of seat belts/shoulder harness
- Tall patients
- Female weighing less than 130 lbs.
- History of neck injury
- History of CAD injury
- Leaning forward/slumped body position
- Other car had more mass

RISK FACTOR FOR CHRONIC INJURY

- Driver
- Female
- Increased age
- Rear impact
- Head rotated at impact
- Non-awareness of impact
- Thin or weak neck
- High initial pain intensity
- More area of initial symptoms
- Headache
- Muscle pain
- Immediate/early onset of symptoms
- Initial findings of limited ROM
- Initial upper back pain
- Initial back pain
- Initial sleep disturbance or fatigue
- Disturbed vision
- Radiating symptoms to extremities
- Loss or reversal of cervical lordosis
- Foraminal stenosis
- Ligamentous instability

Note:

Patient: _ Pons-Diaz, Armando -

DEC 18 2017

APP000964

SUB: N/C

DATE:

MAR 13 2018

D.C.

A

NOTE: Pt came in today
w New MMA 3/11/18. Pt has
New SX of D. ∴ we
are closing this chart.

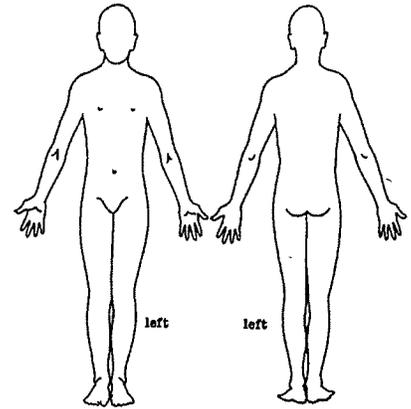
TX: ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C



SUB: N/C

DATE:

D.C.

OBJ: N/C

TX: ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

SUB: N/C

DATE:

D.C.

OBJ: N/C

TX: ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

PATIENT: _____ Pons-Diaz, Armando _____

SUB: N/C

Lab

DATE:

MAR 0 1 2018

D.C.

(20)

OBJ: N/C

Foot

TX:

ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

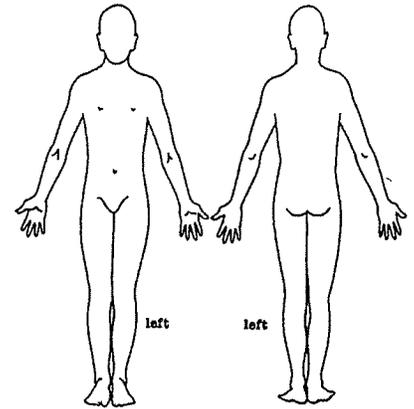
Exercises:

Stretch _____ W1 : W2 : W3 T N

Wheel _____ Theraband _____

Plan:

5X : 4X : 3X : 2X : 1X / wk N/C



SUB: N/C

@ Spic N/A @ J

DATE:

MAR 0 5 2018

D.C.

d

OBJ: N/C

Bpp @ i ↓ ser

TX:

ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises:

Stretch _____ W1 : W2 : W3 T N

Wheel _____ Theraband _____

Plan:

5X : 4X : 3X : 2X : 1X / wk N/C

SUB: N/C

(C)

DATE:

MAR 0 6 2018

D.C.

A

OBJ: N/C

(N/C)

TX:

ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises:

Stretch _____ W1 : W2 : W3 T N

Wheel _____ Theraband _____

Plan:

5X : 4X : 3X : 2X : 1X / wk N/C

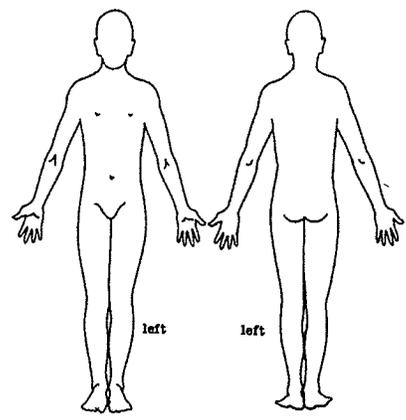
PATIENT:

Pons-Diaz, Armando

SUB: N/C CNP, MPT DATE: FEB 07 2018 D.C. 50

OBJ: N/C Joint

TX: ADJ: C: T L : LS : SI Other: _____
MFR MS Ice US _____
NMRE MS Heat IST (T : Ch) Paraffin
Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____
Plan: 5X : 4X : 3X : 2X : 1X / wk N/C



SUB: N/C Joint DATE: FEB 09 2018 D.C. 50

OBJ: N/C Joint, Feet

TX: ADJ: C: T L : LS : SI Other: _____
MFR MS Ice US _____
NMRE MS Heat IST (T : Ch) Paraffin
Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____
Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

SUB: N/C CNP, MPT in DATE: FEB 13 2018 D.C. A
major changes

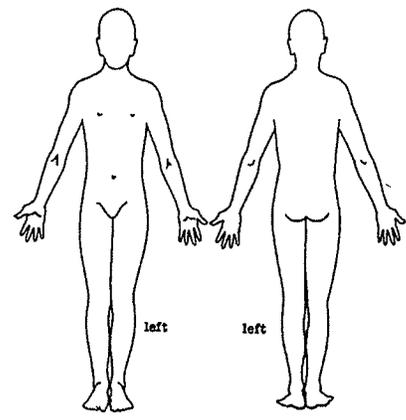
OBJ: N/C CNP, MPT in

TX: ADJ: C: T L : LS : SI Other: _____
MFR MS Ice US _____
NMRE MS Heat IST (T : Ch) Paraffin
Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____
Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

PATIENT: Pons-Diaz, Armando

SUB: N/C ① Serv DATE: JAN 19 2018 D.C. ②

OBJ: N/C Juan P



TX: ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

SUB: N/C NP A T U P V C DATE: JAN 24 2018 D.C. ③

OBJ: N/C ang Juan P

TX: ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

~~SUB: N/C _____ DATE: JAN 26 2018 D.C. _____~~

~~OBJ: N/C _____~~

~~TX: ADJ: C : T : L : LS : SI Other: _____~~

~~MFR MS Ice US _____~~

~~NMRE MS Heat IST (T : Ch) Paraffin~~

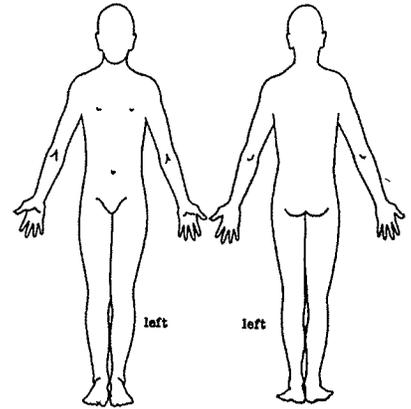
~~Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____~~

~~Plan: 5X : 4X : 3X : 2X : 1X / wk N/C~~

PATIENT: Pons-Diaz, Armando

SUB: N/C DATE: JAN 09 2018 D.C. [Signature]

OBJ: N/C



TX: ADJ: C: T L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

SUB: N/C WPT. T. [Signature] DATE: JAN 12 2018 D.C. [Signature]

OBJ: N/C [Signature]

TX: ADJ: C: T L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk (N/C)

SUB: N/C DATE: JAN 18 2018 D.C. [Signature]

OBJ: N/C Re-Exer

[Signature]

TX: ADJ: C: T L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

PATIENT: Pons-Diaz, Armando

SUB: N/C

OSer

DATE:

DEC 22 2017

D.C.

3

OBJ: N/C

CPD, CupD

TX:

ADJ: C : T : L : LS : SI Other: _____

~~MFR~~ MS Ice US _____

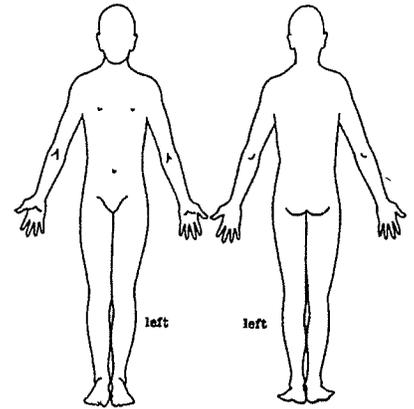
NMRE MS Heat IST (T : Ch) Paraffin

Exercises:

Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan:

5X : 4X : 3X : 2X : 1X / wk (N/C)



SUB: N/C

OSer / BTP - Mudd

DATE:

JAN 04 2018

D.C.

A

OBJ: N/C

CPD

X SC

TX:

ADJ: C : T : L : LS : SI Other: _____

~~MFR~~ MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises:

Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan:

5X : 4X : 3X : 2X : 1X / wk N/C

SUB: N/C

BTP Consult

DATE:

JAN 08 2018

D.C.

A

OBJ: N/C

CPD Light @ CMT

TX:

ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises:

Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan:

5X : 4X : 3X : 2X : 1X / wk N/C

PATIENT:

Pons-Diaz, Armando

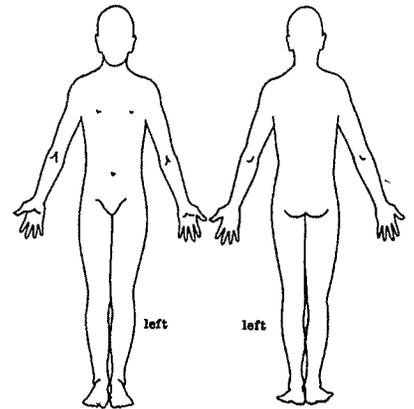
SUB: N/C

DATE: DEC 18 2017 D.C. A

J E C 7

OBJ: N/C

J.P.



TX: ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

SUB: N/C

DATE: DEC 19 2017 D.C. d

OBJ: N/C

TX: ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

SUB: N/C

@ 5p

DATE: DEC 20 2017 D.C. A

OBJ: N/C

@ P P

TX: ADJ: C : T : L : LS : SI Other: _____

MFR MS Ice US _____

NMRE MS Heat IST (T : Ch) Paraffin

Exercises: Stretch _____ W1 : W2 : W3 T N
Wheel _____ Theraband _____

Plan: 5X : 4X : 3X : 2X : 1X / wk N/C

PATIENT: - Pons-Diaz, Armando

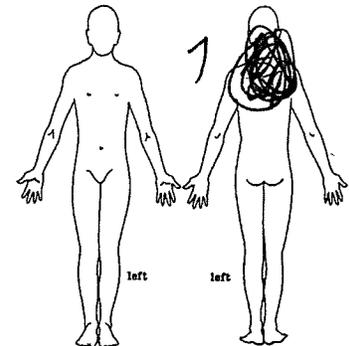
RE-EVALUATION

[ROM]	CERVICAL	LUMBAR
Flexion	___/65 [0 1 2 3 4]	___/90 [0 1 2 3 4]
Extension:	___/50 [0 1 2 3 4]	___/35 [0 1 2 3 4]
Rt. Lat. Flex.:	___/40 [0 1 2 3 4]	___/40 [0 1 2 3 4]
Lt. Lat. Flex.:	___/40 [0 1 2 3 4]	___/40 [0 1 2 3 4]
Rt. Rotation:	___/80 [0 1 2 3 4]	___/20 [0 1 2 3 4]
Lt. Rotation:	___/80 [0 1 2 3 4]	___/20 [0 1 2 3 4]

D.C.: 20

DATE: 1.18.18

Palpation elicited tenderness: Muscle Spasms were present:
 Cervical (P: S) Lumbar (P: S)
 Upper-Thoracic (P: S) Lumbosacral (P: S)
 Mid-Thoracic (P: S) Sacroiliac (P: S)
 Lower-Thoracic (P: S)



PATIENT SEATED

O'Donohues': +
 Distraction: +
 Shoulder Dep.: (-) R/L, Rad R/L
 Foraminal Comp.: (-) R/L, Rad R/L

PATIENT SUPINE

Soto Hall's: + / - [Cer, Thor, Lum]
 Laseque's: (-) R/L, Rad R/L
 Braggard's: (-) R/L
 Patrick's: (-) R/L

PATIENT PRONE

Nachlas: (-) R/L
 Hibb's: (-) R/L
 Yeoman's: (-) R/L

PATIENT STANDING

Kemp's: (-) R/L (local), Rad R/L
 Minor's Sign: + / -

OTHER

George's: + / -
 Valsalva: + / - / NI
 Dejerines Triad: + / - / NI

Remarks:

WPTND 2/10 @ (2) EXT. @ MSA, MRI YS.
@ JAX ASIS (3X)

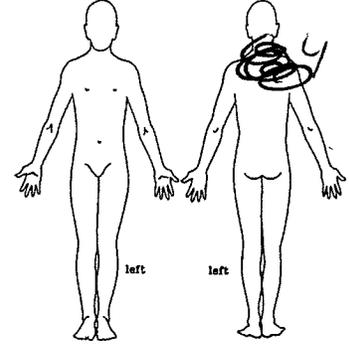
RE-EVALUATION

[ROM]	CERVICAL	LUMBAR
Flexion	___/65 [0 1 2 3 4]	___/90 [0 1 2 3 4]
Extension:	___/50 [0 1 2 3 4]	___/35 [0 1 2 3 4]
Rt. Lat. Flex.:	___/40 [0 1 2 3 4]	___/40 [0 1 2 3 4]
Lt. Lat. Flex.:	___/40 [0 1 2 3 4]	___/40 [0 1 2 3 4]
Rt. Rotation:	___/80 [0 1 2 3 4]	___/20 [0 1 2 3 4]
Lt. Rotation:	___/80 [0 1 2 3 4]	___/20 [0 1 2 3 4]

D.C.: 10

DATE: 2/21/18

Palpation elicited tenderness: Muscle Spasms were present:
 Cervical (P: S) Lumbar (P: S)
 Upper-Thoracic (P: S) Lumbosacral (P: S)
 Mid-Thoracic (P: S) Sacroiliac (P: S)
 Lower-Thoracic (P: S)



PATIENT SEATED

O'Donohues': +
 Distraction: +
 Shoulder Dep.: (-) R/L, Rad R/L
 Foraminal Comp.: (-) R/L, Rad R/L

PATIENT SUPINE

Soto Hall's: + / - [Cer, Thor, Lum]
 Laseque's: (-) R/L, Rad R/L
 Braggard's: (-) R/L
 Patrick's: (-) R/L

PATIENT PRONE

Nachlas: (-) R/L
 Hibb's: (-) R/L
 Yeoman's: (-) R/L

PATIENT STANDING

Kemp's: (-) R/L (local), Rad R/L
 Minor's Sign: + / -

OTHER

George's: + / -
 Valsalva: + / - / NI
 Dejerines Triad: + / - / NI

Remarks:

e so / O P @ O / su @ neg local

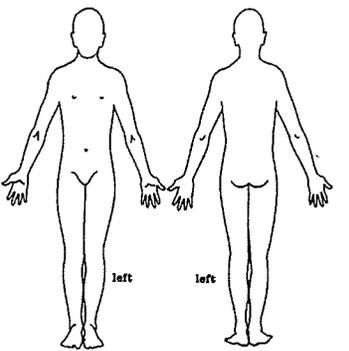
FINAL EVALUATION

[ROM]	CERVICAL	LUMBAR
Flexion	___/65 [0 1 2 3 4]	___/90 [0 1 2 3 4]
Extension:	___/50 [0 1 2 3 4]	___/35 [0 1 2 3 4]
Rt. Lat. Flex.:	___/40 [0 1 2 3 4]	___/40 [0 1 2 3 4]
Lt. Lat. Flex.:	___/40 [0 1 2 3 4]	___/40 [0 1 2 3 4]
Rt. Rotation:	___/80 [0 1 2 3 4]	___/20 [0 1 2 3 4]
Lt. Rotation:	___/80 [0 1 2 3 4]	___/20 [0 1 2 3 4]

D.C.:

DATE:

Palpation elicited tenderness: Muscle Spasms were present:
 Cervical (P: S) Lumbar (P: S)
 Upper-Thoracic (P: S) Lumbosacral (P: S)
 Mid-Thoracic (P: S) Sacroiliac (P: S)
 Lower-Thoracic (P: S)



PATIENT SEATED

O'Donohues': + / -
 Distraction: + / -
 Shoulder Dep.: (-) R/L, Rad R/L
 Foraminal Comp.: (-) R/L, Rad R/L

PATIENT SUPINE

Soto Hall's: + / - [Cer, Thor, Lum]
 Laseque's: (-) R/L, Rad R/L
 Braggard's: (-) R/L
 Patrick's: (-) R/L

PATIENT PRONE

Nachlas: (-) R/L
 Hibb's: (-) R/L
 Yeoman's: (-) R/L

PATIENT STANDING

Kemp's: (-) R/L (local), Rad R/L
 Minor's Sign: + / -

OTHER

Valsalva: + / - / NI
 Dejerines Triad: + / - / NI

Remarks:

PROGNOSIS:

FUTURE THERAPY:

PATIENT: Pons-Diaz, Armando

DEC 18 2017

APP000974

PATIENT NAME : Pons-Diaz, Armando
AGE / DOB / SEX : 11-10-1976 Male
REPORT NUMBER : PO-0118-5227

DATE OF EXAM : 01-04-2018
DATE OF REPORT : 01-12-2018

REFERRING OFFICE : The Physicians @ Meadows Chiropractic
3441 W. Sahara Ave., Suite C7 Las Vegas, NV 89102

INDICATIONS: A patient history of "Motor Vehicle Accident" was submitted.
Digital images are submitted for evaluation.

TECHNIQUE: (5) CERVICAL SPINE: APOM, APLC, LAT NEUTRAL, LAT FLEXION & EXTENSION VIEWS.
The 'Penning Method' demonstrates grossly unremarkable intersegmental mobility. The cervical vertebral body heights are maintained. The dens & atlantoaxial joint spaces are intact. There are bony proliferative changes & intercalary bones noted along the vertebral body margins of the mid and lower cervical spine. As visualized, the regional soft tissues are radiographically unremarkable.

IMPRESSIONS :

1. Mild spondylosis deformans of the mid and lower cervical spine.

POSTURAL / BIOMECHANICAL ADAPTATION :

- A. The Angle of the Cervical Curve indicates a decrease in the normally anticipated cervical lordosis.
- B. The Cervical Gravity Line indicates anterior weight bearing of the head and cervical spine.
- C. There is a right lateral listing of the cervical spine.

RECOMMENDATIONS / COMMENTS :

- 1. The impressions in this report are based upon the radiographic findings, as visualized; conservative care should be correlated with the patient's current clinical status, with follow-up diagnostic imaging as warranted.
- 2. The postural / biomechanical adaptations as noted above may be the result of a recent traumatic event; correlation is recommended between these adaptations and the clinical evaluation of ligamentous stability and muscle tonicity.

Ammon Strehlow, DC, DACBR

Ammon Strehlow, DC, DACBR
Diplomate, American Chiropractic Board of Radiology



JAN 17 2018

PATIENT INFORMATION & MEDICAL HISTORY

MVA Acute Injury Insidious Onset Other
 Malignancies Surgeries Congenital Anomalies

Armando Pons

Patient Name (please print clearly) Female Male

4600 Sirius ave apt J-151

Patient's Home Address

Las Vegas NV 89102

City, State, Zip Code

680-25-0647

Social Security Number

702-542-6449

Home Phone Number

11-10-197

Patient Date of Birth

12-15-17

Date of Injury

BILLING INFORMATION

Attorney Insurance Patient Referring Physician
 See Attached Paperwork Past Medical History Billing

Law Offices Of Eric Blank
7860 W. Sahara Ave., Ste. 110
Las Vegas, NV 89117
P: (702)222-2115 / F: (702)227-0615

City, State, Zip Code

Insurance Policy Number

Accident Claim Number

Name of Adjuster

Adjuster's Phone Number

INFORMED CONSENT: I understand and agree that the services of Strehlow Radiology Consulting, LLC, dba Shield Radiology Consulting ("SRC"), are being used to provide a secondary review and interpretation of my x-rays or other advanced imaging study for the purpose of determining the extent of any damage, diagnose and/or to determine the best course of treatment. I understand that there is a separate fee for this service and that all costs for services may be billed by SRC. In accordance with the Medicare Act, this is to advise you that this is a non-covered service.

RELEASE OF INFORMATION: I hereby authorize the SRC to obtain from, and to furnish to, my physician, attorney, and/or insurance carrier a full report of my case history, medical records, examination results, diagnosis, and prognosis as they relate to my accident, claim, treatment or illness.

DOCTORS LIEN: I hereby expressly grant to SRC a lien on any settlement, claims, judgments, verdicts or proceeds whatsoever arising from my accident or illness. I further expressly instruct, authorize and direct my attorney and insurance carrier to pay directly SRC at Shield Radiology Consulting, LLC, 144 W. Brigham Rd., Suite 8B-5 - St. George, UT 84790 all sums due and owing SRC for the services rendered to me or on my behalf, and to withhold such sums from any settlement, claim, judgment, verdict as are necessary to pay the same. I UNDERSTAND THAT I AM DIRECTLY RESPONSIBLE TO SRC FOR ALL CHIROPRACTIC OR RADIOLOGY BILLS SUBMITTED BY SRC FOR SERVICES RENDERED TO ME OR ON MY BEHALF, and that this agreement is made solely for SRC's protection and to insure payment. I expressly acknowledge and agree that payments for services to SRC are not contingent on any recovery, settlement, claim, judgment, or verdict being recovered by me. I understand and agree that this agreement shall be binding upon any substitute counsel retained by me and that I will promptly notify SRC of any change in counsel/attorney or changes in my home address.

SIGNATURES & COPIES: I hereby authorize SRC as my attorney-in-fact for the purposes of signing any two-party checks received by SRC any time payment is made in the form of a two-party check or when dual signatures are required for payment of services from an insurance company or third party payer. I do hereby warrant and agree that a photocopy or facsimile of this document will be as valid & binding on all parties involved as the original document.



 Patient Signature or Guardian Signature Date

Meadows Chiropractic (702) 220-9191

Referring Physician or Office

Being the Attorney of record or an authorized representative for the above named patient does hereby acknowledge this lien and does agree to honor the same to protect adequately Shield Radiology.

 Attorney Signature or Authorized Representative



NEVADA COMPREHENSIVE PAIN CENTER

INSURANCE • WORKER'S COMP • PERSONAL INJURY

Phone: 702.476.9999 | Fax: 702.946.1343 | WWW.NVCPC.COM

English/Español/Portuguese

NORTHWEST LOCATION
7730 W. Cheyenne Ave. #107
Las Vegas, NV 89129

CENTRAL LOCATION
2809 W. Charleston Blvd. #150
Las Vegas, NV 89102

EAST FLAMINGO LOCATION
1569 E. Flamingo Rd.
Las Vegas, NV 89119

SOUTHWEST LOCATION
9327 W. Sunset Rd.
Las Vegas, NV 89148

HENDERSON LOCATION
1655 W. Horizon Ridge Pkwy.
Henderson, NV 89012

REFERRAL INFORMATION

REASON FOR VISIT: post mva pain

REFERRAL TYPE: NEW PATIENT CONSULT AND TREAT

SPECIFIC TREATMENT (ie INJECTIONS / ADDICTION) _____

RADIOLOGICAL STUDIES (FACILITY TEST PERFORMED) _____

INSURANCE TYPE:

HEALTH INSURANCE _____ ID # _____

ATTORNEY LIEN ATTY NAME Eric Blank D.O.I 12/15/17

WORKER'S COMPENSATION _____ CLAIM# _____

PATIENT INFORMATION

PATIENT NAME: Armando Pons-Diaz DOB: Nov. 10, 1970

PHONE #: 702) 542-6449 ALT PH: n/a

SPECIAL NOTE: _____

LANGUAGE PATIENT SPEAKS (IF OTHER THAN ENGLISH) Spanish

DOCTOR OFFICE INFORMATION

REFERRING DR: _____ Andrew J. Mitchell, DC

CONTACT: Eudyn PHONE NUMBER: _____ Meadows Chiropractic
Phone: (702) 220-9191

FAX# FOR REPORT: _____ TODAY'S DATE: DEC 18 2017
Fax: (702) 220-9292

THANK YOU FOR YOUR REFERRAL

SEE REVERSE SIDE FOR INSURANCE AND LOCATION INFORMATION

WWW.NVCPC.COM

APP000977

Send Result Report



MFP

TASKalfa 406ci

Firmware Version 2R6_2000.004.113 2017.07.24

12/18/2017 09:31
[2R6_1000.003.004] [2R6_1100.001.007] [2R6_7000.004.101]

Job No.: 032249

Total Time: 0°00'33"

Page: 001

Complete

Document: doc20171218093041



NEVADA COMPREHENSIVE
PAIN CENTER

INSURANCE • WORKER'S COMP • PERSONAL INJURY

Phone: 702.476.9999 | Fax: 702.946.1343 | WWW.NVCPC.COM

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NORTHWEST LOCATION 7730 W. Cheyenne Ave. #107 Las Vegas, NV 89129	CENTRAL LOCATION 2809 W. Charleston Blvd. #100 Las Vegas, NV 89102	EAST FLAMINGO LOCATION 1569 E. Flamingo Rd. Las Vegas, NV 89119	SOUTHWEST LOCATION 9327 W. Sunset Rd. Las Vegas, NV 89148	HENDERSON LOCATION 1865 W. Horizon Ridge Pkwy. Henderson, NV 89012
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REFERRAL INFORMATION

REASON FOR VISIT: post mva pain

REFERRAL TYPE: NEW PATIENT CONSULT AND TREAT

SPECIFIC TREATMENT (ie INJECTIONS / ADDICTION)

RADIOLOGICAL STUDIES (FACILITY TEST PERFORMED)

INSURANCE TYPE:

HEALTH INSURANCE ID #

ATTORNEY LIEN ATTY NAME Eric Blank D.O.I 12/15/17

WORKER'S COMPENSATION CLAIM#

PATIENT INFORMATION

PATIENT NAME: Armando Oros Diaz DOB: Nov. 10, 1970

PHONE #: 702) 542-1044 ALT PH: n/a

SPECIAL NOTE:

LANGUAGE PATIENT SPEAKS (IF OTHER THAN ENGLISH) Spanish

DOCTOR OFFICE INFORMATION

REFERRING DR: Andrew J. Mitchell, DC

CONTACT: Endy PHONE NUMBER: Andrew J. Mitchell, DC

FAX# FOR REPORT: TODAY'S DATE: DEC 18 2017

THANK YOU FOR YOUR REFERRAL

SEE REVERSE SIDE FOR INSURANCE AND LOCATION INFORMATION

WWW.NVCPC.COM

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	12/18/17 09:31	Dr. Alain Coppel	0°00'33"	FAX	OK	200x100 Normal/Off



NEVADA COMPREHENSIVE PAIN CENTER

2809 W. Charleston blvd #150, Las Vegas, NV 89102

Office#: (702) 476-9999 Fax#: (702) 946-5067

Referral status update!

To: Meadows Chiropractic

Fax: (702) 220-9292

From: Claudia

Date: 01/03/18

Regarding PT: Armando Pons Diaz DOB: 11/10/76 Phone#: (702) 542-6449

*On Behalf of Nevada Comprehensive Pain Center, we thank you for referring this patient to our office.
The following as listed below was the outcome:*

The Patient is scheduled for:

Could not be reached after: 3 or more attempts to schedule.

Did not show up for their appointment on:

Tried contacting the patient again to reschedule appointment on:

Insurance problems/ other:

Patient does not want pain management doctor:

Phone number is not in service/ Wrong phone number/ Phone line was busy

Left message on voicemail

Other:

Please advise if you need further information contact our scheduling department at (702) 476-9999.

IMPORTANT: This facsimile transmission contains confidential information, Some or all of which may be protected health information as defined by the Health Information Portability & Accountability Act (HIPPA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited any may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

APP000979



PHONE: 702.254.5004

FAX: 702.432.4005

PATIENT INFORMATION

PATIENT NAME: Armando Pons-Diaz DOB: 11.10.76 AGE: 41 GENDER: M F
HOME PHONE: _____ CELL PHONE: 702.542.6449 WORK PHONE: _____
 LIEN/PERSONAL INJURY ATTORNEY: Law Offices of Eric Blank DOI: 12.15.17
 INSURANCE: _____ ID/CLAIM #: _____ WORK COMP: _____
DX/SYMPTOMS: Post MVA Pain ALLERGIES: _____

EXAM REQUEST

- MRI: _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION ARTHROGRAM
- MRA: _____
- UPRIGHT/OPEN MRI: Cervical FLEXION EXTENSION
(MARYLAND PKWY)
- P.E.T. SCAN: _____ ONCOLOGY BRAIN CARDIAC VIABILITY RUBIDIUM STRESS TEST
(SMOKE RANCH) (WHOLE BODY) (DEMENTIA)
- CT SCAN: _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION
- LOW DOSE CHEST CT LUNG CA SCREENING: _____
- CTA: _____ CORONARY CAROTID RUN-OFF
- MAMMOGRAPHY: _____ EXAM: ANNUAL SCREENING DIAGNOSTIC
- DEXA: _____
- EKG: _____
- X-RAY: _____
- FLUOROSCOPY: _____
- NUCLEAR MEDICINE: _____ LYMPHOCYSTOGRAM MUGA SCAN 3 PHASE BONE SCAN
- STRESS TEST: _____ TREADMILL LEXISCAN DOBUTAMINE TREADMILL ONLY
(W/MYOVIEW) (NO MYOVIEW)
- ECHOCARDIOGRAM: _____
- ULTRASOUND: _____
- LOWER EXTREMITY U/S: _____ ARTERIAL TO R/O PAD VENOUS TO R/O VENOUS INSUFFICIENCY R/O DVT
- CAROTID ULTRASOUND: _____
- ABDOMINAL AORTA U/S: _____ (FASTING 6 HOURS)
- CALCIUM SCORING (CASH \$100): _____
- OTHER: _____

Consent to Represent Ordering Provider During Prior Authorization Process

PRIOR AUTHORIZATION REQUESTED

By providing the following information, I authorize Las Vegas Radiology to represent my office during the prior-authorization process for the exams ordered on this referral.

Ordering Provider's NPI #: _____

Company Tax ID #: _____

Please fax clinical information needed for authorization.

REFERRING PHYSICIAN: Andrew J. Mitchell, DC CONTACT NAME: Iliana
Meadows Chiropractic

PHONE: Phone: (702) 220-9191 FAX REPORT TO: _____ TODAY'S DATE: 1.22.18
Fax: (702) 220-9292

FAX REPORT SEND CD PT TO CARRY CD STAT CALL (PHONE # _____)

APPOINTMENT DATE: _____ ARRIVAL TIME: _____ SCAN TIME: _____

*Patient must present government issued ID and insurance card (If Applicable) at the time of service.

Send Result Report



MFP

TASKalfa 406ci

Firmware Version 2R6_2000.004.113 2017.07.24

01/22/2018 14:30
[2R6_1000.003.004] [2R6_1100.001.007] [2R6_7000.004.101]

Job No.: 034130

Total Time: 0°00'28"

Page: 001

Complete

Document: doc20180122142338

7295 Strake Ranch Road, Suite 700
Las Vegas, NV 89128

3201 S Maryland Parkway, Suite 102
Las Vegas, NV 89106
(Upright MRI & XRAY only)

401 N Buffalo Drive, Suite 100
Las Vegas, NV 89145
(Ultrasound & DEXA only)

LAS VEGAS RADIOLOGY
COMPREHENSIVE RADIOLOGY SERVICES - TODAY

Bhuvana Kittureamy, MD
Medical Director

PHONE: 702.264.6004 FAX: 702.432.4005

PATIENT INFORMATION

PATIENT NAME: Amanda Pons-Diaz DOB: 11-10-76 AGE: 41 GENDER: M F
 HOME PHONE: _____ CELL PHONE: 702-549-6449 WORK PHONE: _____
 LIEN/PERSONAL INJURY ATTORNEY: Law Offices of Eric Blank DOI: 12-15-17
 INSURANCE: _____ ID/CLAIM#: _____ WORK COMP: _____
 DX/SYMPOMS: Post MVA Pain ALLERGIES: _____

EXAM REQUEST

MRI: _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION ARTHROGRAM
 MRA: _____
 UPRIGHT/OPEN MRI: Cervical FLEXION EXTENSION
 P.E.T. SCAN: _____ CYCLODEX BRAM CARDIAC VIABILITY KUBIUM STRESS TEST
(BIVOLKE RANGE) (PHASE ONLY)
 CT SCAN: _____ CONTRAST: WITH W/O BOTH RADIOLOGIST DISCRETION
 LOW DOSE CHEST CT LUNG CA SCREENING: _____
 CTA: _____ CUNUARY CAROTID RUN-OFF
 MAMMOGRAPHY: _____ EXAM: ANNUAL SCREENING DIAGNOSTIC
 DEXA: _____
 EKG: _____
 X-RAY: _____
 FLUOROSCOPY: _____
 NUCLEAR MEDICINE: _____ LYMPCYTOGRAM MUGA SCAN 99MTC DTPA SCAN
 STRESS TEST: _____ TREADMILL LEXISCAN DOB-TAMINE TREADMILL ONLY
(with review) (NO REVIEW)
 ECHOCARDIOGRAM: _____
 ULTRASOUND: _____
 LOWER EXTREMITY U/S: _____ ARTERIAL TO RIO PAD VENOUS TO RIO VENOUS INSUFFICIENCY RIODYT
 CAROTID ULTRASOUND: _____
 ABDOMINAL AORTA U/S: _____ (FASTING 6 HOURS)
 CALCIUM SCORING (CASH \$100): _____
 OTHER: _____

Consent to Represent Ordering Provider During Prior Authorization Process

PRIOR AUTHORIZATION REQUESTED
 By providing the following information, I authorize Las Vegas Radiology to represent my office during the prior-authorization process for the exams ordered on this referral.
 Ordering Provider's NPI #: _____
 Company Tax ID #: _____
 Please fax clinical information needed for authorization.

REFERRING PHYSICIAN: Andrew J. Mitchell, DC CONTACT NAME: Iliana
Meadows Chiropractic
 PHONE: _____ PHONE: (702) 220-9292 TODAY'S DATE: 1-22-18
 Fax: (702) 220-9292
 FAX REPORT SEND CD PT TO CARRY CD STAT CALL (PHONE # _____)
 APPOINTMENT DATE: _____ ARRIVAL TIME: _____ SCAN TIME: _____
 *Patient must present government Issued ID and Insurance card (if applicable) at the time of service.

www.lvradiology.com Rev. 11/21/2016

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	01/22/18 14:30	LV Rad.	0°00'28"	FAX	OK	200x100 Normal/On

¿En Que A Cambiado Su Vida Diaria?

Para que podamos entender de mejor manera sus necesidades para recuperarse, por favor indique cualquier dificultad que tenga en su vida diaria a causa de sus lesiones.

Hogar

- Limpieza
- Cocinar
- Jardineria
- Lavar Dientes
- Peinarse
- Bañarse
- Subir Escaleras
- Bajar Escaleras
- Otros:

Trabajo

- Sentarse (15 min)
- Pararse (15 min)
- Alzar, Levantar (10 lbs.)
- Empujar (25 lbs.)

Dificultades en general (Explicar) Dolor en el cuello cuando lo giro a la izquierda

Otros:

Familia

- Jugar con niños
- Salida Familiar

JAN 12 2018

(CONTINÚA EN LA PÁGINA POSTERIOR) 

- Relaciones Sexuales
- Otros: _____

Pasatiempos

- Ejercicios
- Golf
- Bicicleta
- Boliche
- Bailar
- Compras
- Soccer
- Otros: Yo no juego nada de eso

Otros

- Miedo cuando Maneja
- Concentrarse
- Recordar
- Conversar
- Resolver Problemas
- Anormalidad Emocional (explicar) _____

- Otros: _____

Esta lista es solo un ejemplo, porfavor anote cualquier otra actividad afectada por sus lesiones.

INSTITUTO



INFORMACION DEL PACIENTE

Fecha: 12-18-17

Favor de marcar el tipo de servicio deseado:

Alivio de dolor solamente Correccion duradera y prevencion

Nombre Armando Pons

Tel de casa () celular (702) 542-6449

Domicilio 4600 SIVUS Apt. I-151 Ciudad Las Vegas Estado NV

Zona postal 89102 Edad 41 Fecha de nacimiento 11-10-1976

Numero de Seguro Social: 680-25-0647 Estado civil C S V D

Ocupación Driver Truck Compañía Velazco and Pons trucking

Dirección del Empleo 4600 SIVUS ave apt I-151 89102 Las Vegas NV

Numero de Teléfono de su Trabajo 702-542-6449

En caso de emergencia llamar a: Nombre Cristhian Tel 702-542-7519

Ha recibido alguna vez cuidado de quiropractico? Si No

Fecha que síntomas aparecieron _____

Circule todos los síntomas que a notado relacionado con este problema o accidente:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Dolor de Cuello | <input type="checkbox"/> Dolor abajo de las Piernas | <input type="checkbox"/> Mareos | <input type="checkbox"/> Respiracion Corta |
| <input type="checkbox"/> Tension de Cuello | <input type="checkbox"/> Dolor Entre los Hombros | <input type="checkbox"/> Cabeza Pesada | <input type="checkbox"/> Perdida de equilibrio |
| <input type="checkbox"/> Dolor de Espalda | <input type="checkbox"/> Dedo(s) entumecidos | <input type="checkbox"/> Cabeza Lijera | <input type="checkbox"/> Sonido de Oidos |
| <input type="checkbox"/> Tension de Espalda | <input type="checkbox"/> Dedo(s) del(os) pie(s) entumecidos | <input type="checkbox"/> Nerviosismo | <input type="checkbox"/> Tension |
| <input type="checkbox"/> Dolor de Espalda Inferior | <input type="checkbox"/> Hormiguero de Pie(s) | <input type="checkbox"/> Confusion | <input type="checkbox"/> Depresión |
| <input type="checkbox"/> Tension de Espalda Inferior | <input type="checkbox"/> Hormiguero de Braso(s) | <input type="checkbox"/> Sudor Frio | <input type="checkbox"/> Desmayos |
| <input type="checkbox"/> Dolor abajo de los Brasos | <input type="checkbox"/> Arrebato Muscular | <input type="checkbox"/> Desorientado | <input type="checkbox"/> Fatiga |
| | <input type="checkbox"/> Dolor de Cabeza | <input type="checkbox"/> Dolor de Pecho | <input type="checkbox"/> Molestia de Ojos |
| | | | <input type="checkbox"/> Vision Borrosa |

Otro:

Fecha de su último chequeo fisico _____

A tenido sirugias? Si No (incluir fechas de Enfermedades Serias) _____

Dislocación y/o Fracturas (incluir fechas) _____

Actualmente tiene usted alguna condición o enfermedad seria? Si No

Si es asi, Describa _____

Que medicamento o drogas esta tomando? Advil

Tiene algun tipo de Alergias? No

Fuma? Si No

Tiene Seguro Medico? ___ Si ___ No

Si es asi, nombre de compañía de aseguranza primaria: _____

Nombre de aseguranza secundaria, si alguna: _____

Si relacionado con un accidente automovilístico, anote el nombre de la compañía de seguro de su auto: State Farm

Ha hecho un reclamo con su compañía de seguro de auto? Si hecho, anote el número del reclamo: NO

Nombre de Agencia de su seguro de auto o liquidador y numero de telefono: _____

¿Su seguro de automóvil cubre gastos medicos? Si ___ No

Nombre de abogado: Eric Blank

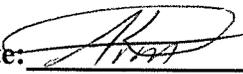
AUTORIZACIÓN Y LANZAMIENTO DE EXPEDIENTES: Entiendo que es politica de la oficina colectar cargos mientras que se rinden a menos que otras medidas se tomen por adelantado.

Entiendo que si los cargos para los servicios son cubiertos por el seguro, esta oficina mandará la cuenta a mi compañía de seguro y acordará aguardar pago y aceptara la asignación de pago mientras la poliza este en efecto o hasta que esta oficina eliga. Autorizo por este medio el pago de beneficios de seguro ser pagado directamente al quiropractico o a la oficina del quiropractico. **ENTIENDO Y CONVENDO QUE LAS POLIZAS DE SEGURO DE SALUD Y DE ACCIDENTE DE AUTOMÓVIL SON UN ARREGLO ENTRE MI PORTADOR DE SEGURO Y DE MI MISMO Y QUE SOY RESPONSABLE DE CUALESQUIERA Y DE TODAS LAS CARGOS RENDIDOS EN MI FAVOR.** Esta oficina preparará cualquier informe necesario o formas para asistirme en la fabricación de colecciones de la compañía de seguros y cualquier cantidad autorizada para ser pagada directamente a esta oficina será acreditada a mi cuenta sobre recibo. Sin embargo, esta oficina no entrara en un conflicto con su compañía de seguros sobre su demanda. También entiendo que si suspendo o termino mi cuidado en esta oficina, cualquier balance sin pagar de servicios rendidos será inmediatamente debido y pagadero.

Permito que esta oficina endorse cualquier remesa co-publicada para el transporte del crédito a mi cuenta.

Si esta cuenta es asignada a colección y/o demanda, los gastos e interés de la colección, y/o los honorarios del abogado, y/o los gastos de la corte es agregada a la cantidad total debida.

Aviso: No todos los pacientes requieren radiografías para determinar o verificar el diagnostico, tipo de tratamiento y longitud del tratamiento; si su examinación requiere análisis radiografico, la siguiente poliza prevalece: El honorario pagado para radiografías es para el análisis solamente. Las radiografías son la propiedad de esta oficina.

Firma de Paciente:  Fecha: 12-18-17

Nombre Escrito: Armando Pous

Firma de Guardian o Tutor: _____ Fecha: _____

Nombre Escrito: _____

QUESTIONARIO PERSONAL DE LESIONES

Nombre del Paciente: Armando Pons Fecha: 12-18-17

Fecha del accidente: 12-15-17 Hora del accidente: _____ am / pm

Marca de su vehiculo: ~~Acura~~ Toyota Año: 2014 Modelo: XL Camry

Marca del otro vehiculo: Acura Año: 2003 Modelo: _____

Al tiempo del accidente, su vehiculo estaba: Moviendo/Parado

¿Se dio cuenta cuando se aproximaba el accidente? SI/NO

¿El accidente fue de sorpresa? SI/NO

¿En donde estaba sentado en el vehiculo? Manejador/Pasajero:

En frente/Atras (Derecho/En medio/ Izquierda)

Numero de personas en su vehiculo: 1

¿En que calle estaba? Arville

¿La policia fue notificada? SI/NO ¿Vinieron al lugar del accidente? SI/NO

¿Hay reporte de policia? SI/NO

Desde que ocurrio el accidente, sus sintomas han: Mejorado/Peor/Igual

Estuvo Inconciente? SI/NO ¿Por cuanto tiempo? _____

¿Fue al hospital? SI/NO

Si fue, nombre del hospital? _____

¿Como llego al hospital? Ambulancia/Vehiculo Privado

Le tomaron radiografias en el hospital? SI/NO

¿Ha sido tratado por otro doctor desde que paso el accidente? SI/NO

Nombre del doctor, direccion y numero de telefono: _____

¿Al tiempo del accidente, su cuerpo estaba mirando para enfrente? SI/NO

Si no, como esta voltiado su cuerpo? _____

¿Su cabeza estaba para enfrente? SI/NO

Si no, como estaba voltiada su cabeza? _____

¿Tenia puesto el cinturón de seguridad? SI/NO

Acual cinturón? De cintura _____ el de los hombros _____, o de los dos X

¿Salio la bolsa de aire? SI/NO

¿Su asiento tiene respaldo para la cabeza? SI/NO Que tan alto:Arriba/En medio/Abajo de la cabeza

¿Alguna parte de su cuerpo pego contra el vehiculo? SI/NO

Describe en donde: techo del auto

¿Esta recibiendo otro tipo de tratamiento para otras heridas o enfermedades? SI/NO

Por favor describa en detalle: _____

Ha tenido otro accidente antes de este? SI/NO

Si asi fue, por favor describa, fecha, tipo de accidente, y otras heridas sostenidas:

Por favor mencione alguna otra informacion : _____

*Firma del Paciente:  Fecha: 12-18-17

Nombre Escrito: Armando Pons

Firma del padre o guardian: _____ Fecha: _____

Nombre Escrito: _____

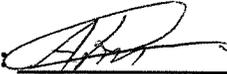
Inicial del doctor: 

**CONSENTIMIENTO PARA TRATAMIENTO Y
LIBERACION DE EXPEDIENTES**

Solicito y consiento por este medio al funcionamiento de ajustes chiropracticos y de otros procedimientos, incluyendo; exámenes, varios modos de terapia física, y radiografías por Meadows Chiropractic, Dr. Andrew J. Mitchell, Dr. Jason Chong y quienquiera pueden señalar como sus ayudantes. Destino esta forma de consentimiento para cubrir el curso de tratamiento entero para mi actual condicion(es) y para cualquier condicion(es) futuras para la cual busque tratamiento.

También consiento la liberacion de cualquier expediente médico que Meadows Chiropractic, Dr. Andrew J. Mitchell, Dr. Jason Chong, juzgue necesario para la ayuda en el tratamiento de mi condicion(es).

Autorizo por este medio a mi doctor(s) liberar cualquier información o copia de lo mismo, adquirida en el curso de mi(s) examen(es) y/o tratamientos por lesión(es) incurrida(s), con el fin de reembolso de seguro de auto, seguro médico, de embargos preventivos del abogado o de compañía de colección.

Firma:  SSN: 680-25-0647 Fecha: 12-18-17

Nombre: Armando Pons Fecha de Nacimiento: 11-10-1976

**CONSENTIMIENTO PARA TRATAMIENTO
DE UN MENOR DE EDAD**

Autorizo por este medio a Meadows Chiropractic, Dr. Andrew Mitchell, Dr. Jason Chong y quienquiera pueden señalar como sus ayudantes para administrar el tratamiento que juzgan necesario para mi hijo/a conocido como:

Nobre del Menor: _____ Fecha de Nacimiento: _____

Nombre del Padre/Guardian: _____ Fecha: _____

Firma Del Padre/Guardian: _____



NEVADA



USA
NV

COMMERCIAL DRIVER LICENSE



1 PONS-DIAZ
2 ARMANDO
8 4600 SIRIUS AVE APT J151
LAS VEGAS, NV 89102-7173

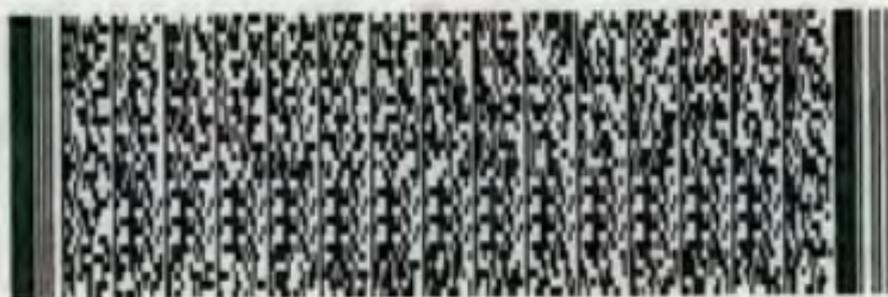
15 Sex M 16 Hgt 5'07" 17 Wgt 200 18 Eyes BRO
9 Class A 9a End NONE 19 Hair BRO 4a Iss 08/31/2015
12 Restr J 5 DD 000148477600506271311

4d DL NO 1403899973
3 **APP000989**
4b Exp 08/31/2023



DOB: 11/10/1976

ISS: 08/31/2015



CLASS: A - Comb vehs GCWR > 26,000 lbs; trailer > 10,000 lbs

ENDORSEMENTS: NONE

RESTRICTIONS: J - Phys exam

APP000990

"BATTLE BORN"



EXHIBIT 11

EXHIBIT 11



MACHUCA MEDICINE DISPENSARY

ROGELIO MACHUCA MD
 1501 S. Eastern Ave.
 Las Vegas, NV 89104

Statement Date
 1/12/2018

Pharmacy Bill

PATIENT ARMANDO PONS
DOB 11/10/1976

ACCT #
 PA846664

Date		Amount
12/20/2017	IBUPROFEN 800MG QTY 90	\$180.00
12/20/2017	CYCLOBENZAPHINE HCL 10 ML QTY 90	\$155.00
TAX AMOUNT		\$0.00
TOTAL DUE		\$0.00
Balance Due		\$335.00

Tax ID:45-2550366
 P:(702)788-0584

Rogelio Machuca M.D. Family Medicine
 F:(702)875:4165

EXHIBIT 12

EXHIBIT 12

FAX

Date: 04/04/2018

Pages including cover sheet: 10

To:	7022270615@rcfax.com
Phone	
Fax Number	(702) 227-0615

From:	Machuca Legal
Phone	(702) 628-9889 * 105
Fax Number	(702) 628-9889

NOTE:

MR

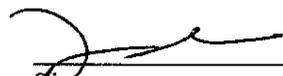
APP000994

DECLARATION OF CUSTODIAN OF RECORDS PURSUANT TO NRS 53.045

I Martha Lopez declare under penalty of perjury that the foregoing is true and correct:

1. I am an employee of the medical offices of **Machuca Family Medicine**, and am the duly authorized custodian of medical records for the office, and have the authority to certify the records.
2. I examined the original records on file regarding **Armando Pons-Diaz, DOB 11/10/1976; XXX-XX-0647.**
3. The records attached hereto, provided to the Law Offices of Eric R. Blank, P.C., are true and complete copies of all records requested. No documents have been withheld to avoid their being copied.
4. To the best of my knowledge, all such records were prepared or compiled by personnel of this office and in the ordinary course of business at or near the time of the acts, conditions, or events recorded.

Executed on: 04/04/18


Signature

Martha Lopez
Printed Name

PATIENT
ARMANDO PONS
DOB 11/10/1976
AGE 41 yrs
SEX Male
PRN PA846664

FACILITY
MACHUCA FAMILY MEDICINE AT JONES
T (702) 906-2976
F (702) 906-2977
6110 Elton Ave
Las Vegas, NV 89107

ENCOUNTER
Office Visit
NOTE TYPE SOAP Note
SEEN BY Maria Machuca APRN
DATE 12/20/2017
AGE AT DOS 41 yrs
Not signed

Chief complaint

atty; eric blank
chiro; meadows chiro
doi: 12/15/17 (Appt time: 2:15 PM) (Arrival time: 2:02 PM)

new auto

Vitals for this encounter	
	12/20/17 2:21 PM
Height	67 in
Weight	231 lb
Temperature	96.90 °F
Pulse	81 bpm
Respiratory rate	16 bpm
O2 Saturation	93 %
BMI	36.18
Blood pressure	134/80 mmHg

SUBJECTIVE

41 year old male with no significant past medical history presents as a restrained driver of a vehicle status post motor vehicle accident. Patient states the vehicle he was riding in was T-boned. He is currently complaining of neck pain, bilateral trapezius pain, upper back pain. He states that the pain has been stable and constant, 8/10. Date of accident was 12/15/17..

REVIEW OF SYSTEMS: General: No fever or chills. Head: No headaches, no vertigo. Eyes: Normal vision, no diplopia, no tearing, no pain. Chest: No dyspnea, no wheezing, no hemoptysis, no cough. Heart: No chest pains, no palpitations, no syncope, no orthopnea. Abdomen: No change in appetite, no dysphagia, no abdominal pains, no bowel habit changes, no emesis, no melena. Neurologic: no tremor, no seizures, no changes in mentation, no ataxia.

OBJECTIVE

GENERAL: Normotensive, well nourished male sitting on exam table.

HEENT: NC AT EOMI Tenderness with palpation along the cervical area which radiates down into the bilateral trapezius muscle. No erythema in the pharynx.

LUNGS: CTAB No wheezes or crackles no pain with respirations.

CHEST: No pain with palpation.

HEART: S1 S2 No murmurs, rubs or gallops.

ABDOMEN: Soft non tender non distended with positive bowel sounds.

MUSCULOSKELETAL: Hyper-tonicity along the thoracic area. Para-spinous pain along the thoracic area. Patient is complaining of thoracic pain and stiffness with flexion and extension..

APP000996

ASSESSMENT

CERVICAL SPRAIN/STRAIN. (S13.4XX) CERVICAL PAIN. (M54.2). BILATERAL TRAPEZIUS SPRAIN/STRAIN.(S46.819X). THORACIC SPRAIN/STRAIN. (S23.3XX) THORACIC PAIN. (M54.6). ENCOUNTER FOR EXAMINATION AND OBSERVATION FOLLOWING MOTOR VEHICLE ACCIDENT. (Z04.1).

PLAN

- 1.- Follow-up and evaluate progress in 2 weeks.
- 2.- Conservative rehabilitation for 12-15 weeks to include passive and active therapy, along with Physiotherapy and chiropractic modalities.
- 3.- May be a candidate for trigger point injections if not responsive to a course of conservative therapy.
- 4.- May need orthopedic evaluation if not responding to above.
- 5.- May need pain management consultation if pain is not controlled as outlined above.
- 6.- Medications: I have prescribed the patient a muscle relaxer Flexeril 10 mg 1 tab PO TID as needed for spasms #100 and an anti-inflammatory Ibuprofen 800 mg 1 tab PO TID as needed for pain #100.

It is in my opinion to a reasonable degree of medical probability the injuries that I diagnosed and treated the patient for were caused by the accident of 12/15/17.

Maria Machuca, DNP, APRN-BC.

Medications attached to this encounter:

Cyclobenzaprine HCl 10 MG Oral Tablet Sig: Take 1 tablet (10 mg) by mouth 3 times per day as needed

Ibuprofen 800 MG Oral Tablet Sig: Take 1 tablet (800 mg) by mouth 3 times per day with food or milk



PATIENT ARMANDO PONS	FACILITY MACHUCA FAMILY MEDICINE AT JONES	ENCOUNTER Office Visit
DOB 11/10/1976	T (702) 906-2976	NOTE TYPE SOAP Note
AGE 41 yrs	F (702) 906-2977	SEEN BY Maria Machuca APRN
SEX Male	6110 Elton Ave	DATE 02/14/2018
PRN PA846664	Las Vegas, NV 89107	AGE AT DOS 41 yrs
		Not signed

Chief complaint

(Appt time: 1:15 PM) (Arrival time: 12:40 PM)

auto f/u

Vitals for this encounter	
	02/14/18 1:07 PM
Height	67 in
Weight	237 lb
Temperature	98.30 °F
Pulse	82 bpm
Respiratory rate	18 bpm
O2 Saturation	97 %
BMI	37.12
Blood pressure	118/74 mmHg

SUBJECTIVE

41 year old male is here for follow up status post motor vehicle accident. He reports decreased pain in his neck and back. He states that pain is about 5-6/10. He states that pain medication does help alleviate the pain. He continues with chiropractor for therapy which does help.

REVIEW OF SYSTEMS: General: No fever or chills. Head: No headaches, no vertigo. Eyes: Normal vision, no diplopia, no tearing, no pain. Chest: No dyspnea, no wheezing, no hemoptysis, no cough. Heart: No chest pains, no palpitations, no syncope, no orthopnea. Abdomen: No change in appetite, no dysphagia, no abdominal pains, no bowel habit changes, no emesis, no melena. Neurologic: no tremor, no seizures, no changes in mentation, no ataxia.

OBJECTIVE

GENERAL: Normotensive, well nourished male sitting on exam table.
 HEENT: NC AT EOMI Tenderness with palpation along the cervical area which radiates down into the bilateral trapezius muscle. No erythema in the pharynx.
 LUNGS: CTAB No wheezes or crackles no pain with respirations.
 CHEST: No pain with palpation.
 HEART: S1 S2 No murmurs, rubs or gallops.
 ABDOMEN: Soft non tender non distended with positive bowel sounds.
 MUSCULOSKELETAL: Hyper-tonicity along the thoracic area. Para-spinous tenderness along the thoracic area.

ASSESSMENT

CERVICAL SPRAIN/STRAIN. (S13.4XX) CERVICAL PAIN. (M54.2). BILATERAL TRAPEZIUS SPRAIN/STRAIN.(S46.819X). THORACIC SPRAIN/STRAIN. (S23.3XX) THORACIC PAIN. (M54.6). ENCOUNTER FOR EXAMINATION AND OBSERVATION FOLLOWING MOTOR VEHICLE ACCIDENT. (Z04.1).

PLAN

APP000998

4/4/2018

Patient chart - Patient: ARMANDO PONS DOB: 11/10/1976 PRN: PA846664

Patient to continue pain medication as needed for pain.

Patient to continue therapy with chiropractor.

Patient to follow up for evaluation in 4 weeks.

Maria Machuca, DNP, APRN



MACHUCA MEDICINE		Statement Date	Page
1501 S. EASTERN AVE, LV NV 89104		4/3/2018	1
ROGELIO MACHUCA, M.D.			
702-778-7614 FAX 778 7615		ACCT#	
	ARMANDO PONS	PA846664	
DOB	11/10/76	TAX ID # 452550366	
Case Description: PI			
12/20/2017	COMPREHENSIVE CONSULT 99244	\$500.00	
2/14/2018	OFFICE/PATIENT VISIT 99214	\$250.00	
 FINAL BILLS AND RECORDS 			
<p>Z04.1 INJURIES SUSTAINED IN PI INITIAL/LIEN SENT AT START OF TX PLEASE REQUEST FINAL BILLS AND RECORDS WHEN READY FOR DEMAND</p>			
Total Charges		Total Payments	
Total Adjustments		Balance Due	
\$750.00		\$0.00	
\$0.00		\$750.00	



MACHUCA MEDICINE DISPENSARY

ROGELIO MACHUCA MD
1501 S. Eastern Ave.
Las Vegas, NV 89104

4/3/2018

Pharmacy Bill

PATIENT ARMANDO PONS
DOB 11/10/1976

ACCT #
PA846664

Date		Amount
12/20/2017	CYCLOBENZAPHINE HCL 10 ML QTY 90	\$155.00
12/20/2017	IBUPROFEN 800MG QTY 90	\$180.00

FINAL BALANCE

\$0.00	\$0.00	\$335.00
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Tax ID:45-2550366
P:(702)788-0584

Rogelio Machuca M.D. Family Medicine
F:(702)875:4165

EXHIBIT 13

EXHIBIT 13



PATIENT INFORMATION & MEDICAL HISTORY

- MVA Acute Injury Insidious Onset Other
 Malignancies Surgeries Congenital Anomalies

Armando Pons
Patient Name (please print clearly) Female Male

4600 Sirius ave apt J-151
Patient's Home Address

Las Vegas NV 89102
City, State, Zip Code

680-25-0647 702-542-6449
Social Security Number Home Phone Number

11-10-197 12-15-17
Patient Date of Birth Date of Injury

BILLING INFORMATION

- Attorney Insurance Patient Referring Physician
See Attached Paperwork Past Medical History Billing

Law Offices Of Eric Blank
7860 W. Sahara Ave., Ste. 110

Las Vegas, NV 89117

P: (702)222-2115 / F: (702)227-0615

City, State, Zip Code

Insurance Policy Number Accident Claim Number

Name of Adjuster Adjuster's Phone Number

INFORMED CONSENT: I understand and agree that the services of Strehlow Radiology Consulting, LLC, dba Shield Radiology Consulting ("SRC"), are being used to provide a secondary review and interpretation of my x-rays or other advanced imaging study for the purpose of determining the extent of any damage, diagnose and/or to determine the best course of treatment. I understand that there is a separate fee for this service and that all costs for services may be billed by SRC. In accordance with the Medicare Act, this is to advise you that this is a non-covered service.

RELEASE OF INFORMATION: I hereby authorize the SRC to obtain from, and to furnish to, my physician, attorney, and/or insurance carrier a full report of my case history, medical records, examination results, diagnosis, and prognosis as they relate to my accident, claim, treatment or illness.

DOCTORS LIEN: I hereby expressly grant to SRC a lien on any settlement, claims, judgments, verdicts or proceeds whatsoever arising from my accident or illness. I further expressly instruct, authorize and direct my attorney and insurance carrier to pay directly SRC at Shield Radiology Consulting, LLC, 144 W. Brigham Rd., Suite 8B-5 - St. George, UT 84790 all sums due and owing SRC for the services rendered to me or on my behalf, and to withhold such sums from any settlement, claim, judgment, verdict as are necessary to pay the same. I UNDERSTAND THAT I AM DIRECTLY RESPONSIBLE TO SRC FOR ALL CHIROPRACTIC OR RADIOLOGY BILLS SUBMITTED BY SRC FOR SERVICES RENDERED TO ME OR ON MY BEHALF, and that this agreement is made solely for SRC's protection and to insure payment. I expressly acknowledge and agree that payments for services to SRC are not contingent on any recovery, settlement, claim, judgment, or verdict being recovered by me. I understand and agree that this agreement shall be binding upon any substitute counsel retained by me and that I will promptly notify SRC of any change in counsel/attorney or changes in my home address.

SIGNATURES & COPIES: I hereby authorize SRC as my attorney-in-fact for the purposes of signing any two-party checks received by SRC any time payment is made in the form of a two-party check or when dual signatures are required for payment of services from an insurance company or third party payer. I do hereby warrant and agree that a photocopy or facsimile of this document will be as valid & binding on all parties involved as the original document.

Patient Signature or Guardian Signature Date

Meadows Chiropractic (702) 220-9191
Referring Physician or Office

Being the Attorney of record or an authorized representative for the above named patient does hereby acknowledge this lien and does agree to honor the same to protect adequately Shield Radiology.

Attorney Signature or Authorized Representative

PATIENT NAME : Pons-Diaz, Armando
AGE / DOB / SEX : 11-10-1976 Male
REPORT NUMBER : PO-0118-5227DATE OF EXAM : 01-04-2018
DATE OF REPORT : 01-12-2018REFERRING OFFICE : The Physicians @ Meadows Chiropractic
3441 W. Sahara Ave., Suite C7 Las Vegas, NV 89102INDICATIONS: A patient history of "Motor Vehicle Accident" was submitted.
Digital images are submitted for evaluation.TECHNIQUE: (5) CERVICAL SPINE: APOM, APLC, LAT NEUTRAL, LAT FLEXION & EXTENSION VIEWS.
The 'Penning Method' demonstrates grossly unremarkable intersegmental mobility. The cervical vertebral body heights are maintained. The dens & atlantoaxial joint spaces are intact. There are bony proliferative changes & intercalary bones noted along the vertebral body margins of the mid and lower cervical spine. As visualized, the regional soft tissues are radiographically unremarkable.

IMPRESSIONS :

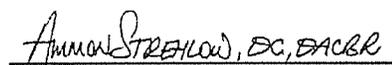
1. Mild spondylosis deformans of the mid and lower cervical spine.

POSTURAL / BIOMECHANICAL ADAPTATION :

- A. The Angle of the Cervical Curve indicates a decrease in the normally anticipated cervical lordosis.
- B. The Cervical Gravity Line indicates anterior weight bearing of the head and cervical spine.
- C. There is a right lateral listing of the cervical spine.

RECOMMENDATIONS / COMMENTS :

1. The impressions in this report are based upon the radiographic findings, as visualized; conservative care should be correlated with the patient's current clinical status, with follow-up diagnostic imaging as warranted.
2. The postural / biomechanical adaptations as noted above may be the result of a recent traumatic event; correlation is recommended between these adaptations and the clinical evaluation of ligamentous stability and muscle tonicity.

Ammon Strehlow, DC, DACBR
Diplomate, American Chiropractic Board of Radiology