

No. 1

Writ of Summons (0.6, r.1)



IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: GC 40 OF 2019

BETWEEN: Party: Baldwin Troy Martin Day

PLAINTIFF

AND:

Henry Merren

1ST DEFENDANT

Insurer Elisha Hydes

2ND DEFENDANT

Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES

3RD DEFENDANT

4TH DEFENDANT



WRIT OF SUMMONS

- TO:
- 1) Henry Merren, Grand Cayman
 - 2)Elisha Hydes 15 Simmons Way, George Town, Cayman Islands.
 - 3) Guardian Group, Guardian General Limited 30-34 Marvel Rd. Port of Spain Trinidad & Tobago.
 - 4) Balderamos Insurance Services, P.O. Box 30619, Crighton Bldg, G.T. Grand Cayman

THIS WRIT OF SUMMONS has been issued against you by the above-named Plaintiff in respect of the claim set out on the next page.

Within [14 days] after the service of this Writ on you, counting the day of service, you must either satisfy the claim or return to the Court Office, P.O. Box 495G, George Town, Grand Cayman, the accompanying Acknowledgment of Service stating therein whether you intend to contest these proceedings.

If you fail to satisfy the claim or to return the Acknowledgment within the time stated, or if you return the Acknowledgment without stating therein an intention to contest the proceedings, the Plaintiff may proceed with the action and judgment may be entered against you forthwith without further notice.

14 March
Issued this day of 2019 -

NOTE - This Writ may not be served later than 4 calendar months (or, if leave is required to effect service out of the jurisdiction, 6 months) beginning with the date of issue unless renewed by order of the Court.

IMPORTANT

Directions for Acknowledgment of Service are given with the accompanying form.

GCR 1995 (Revised)

STATEMENT OF CLAIM

- 1) On or around 24th day of March of 2016 I, Troy Martin Baldwin was Driving my #1 silver Mitsubishi Lancer registration 155346 insured by BritCay Policy No: 61141. As I was exiting Goring Avenue turning left onto Walkers Road. A#2 silver A4 registration # 165804 at the time being driven by Mr. Henry Merren, was traveling behind my vehicle when he collided into the right side of my Mitsubishi Lancer.
- 2) Due to the unfortunate set of circumstance I have been suffering from a series of Serious back injury from the accident caused by Mr. Henry Merren due to his negligence. The Royal Cayman Islands police Services, Inspector Barnett has ruled Mr. Henry Merren at fault Clause NFA 04-04- 16 Please find Attachment Marked **Exhibit BTMD -(1)**
- 3) Due to my deformed Clavicle and other extenuating issues of pain to my neck, back, shoulder and other extenuating issues of pain and my constant pain management, I am unable to sustain myself in which my mother is bearing the strain of my personal living substance, and so my situation is quite unbearable at this stage in life.
- 4) Repairs and Paint Job has been done to my vehicle. However due to the incident I am unable to seek employment, and therefore have had to subsidize and minimize my work load. Based on these life altering circumstances, I have had to leave my full time job at the Academy Football Club as a matter of the incident and can hardly sustain myself.
- 5) I have written to the Secretary of The Office of the Honorable Justice dated 25 October 2018 for assistance in obtaining Legal Representation in order for me to seek compensation from the Insurance company for my injuries but were turned down. Please find Exhibit **Mark BTMD – (2)**
- 6) Since then I have seek a Makenzie/ Makenzie friend to assist me with the initial letter in regards for me to be compensated January 10th 2019. **Exhibit BTMD – (3)** with their reply marked **Exhibit BTMD (4)** Dated 15th January 2019.
- 7) Our letter in reply were sent January 25, 2019 Marked **BTMD Exhibit (5)**
- 8) Please find attached medical reports Bundle Marked **BTMD Exhibit (6)** of Emergency Physician Notes Transfer Document, by attending Dr. Richards, Howard dated, 14/ Jan/ 2019, Return to work/Return to School, Sick Notes dated 24/Mar/2016, by Attending Dr. Bernard, Brandon, Statement number 8121611 and 8121612 by the C.I. Health Services Authority. Emergency Physician Notes P/E MRN: 00101909 Fin# 0003896163, Transfer Document, Emergency Physician Notes A& E Consultation by Dr. Bernard, Brandon 24/Mar/ 2016, Motor Vehicle Accident Report Accident Number 2016007881, dated 03/24/2016, Superior Auto Estimate # 083949 for Services.
- 9) Exhibit Bundle Mark **BTMD Exhibit (7)** of Transfer Documents dated 14/Jan/2016 A&E Consultation Reason For Visit Report by Dr. Wedderburn, Chris-Lobain, Emergency Physician Notes Mrn; # 00101909 Fin# n/a A&E Consultation Cc: MVA report, Emergency Physician Notes, Panadol dated Printed date 02/Aug/ 2018, Emergency Physician Notes, Plan, MRN 00101909, General Diagnostic report pages 4 of 5

report printed 02/Aug/ 2018, General Diagnostic Report, Accession Number XR-16-0004066, XR Cervical Spine 1 View dated 24/ March 2016.

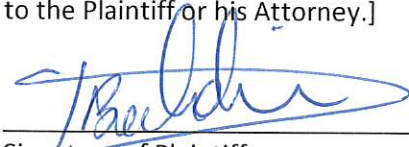
10) Therefore I am asking this Honorable Court to make such an order relating to the abovementioned matter and that they be further addressed and/or other relief as this Honorable Court deems Just and Fair.

11) The Plaintiff further claims interest on the said sum pursuant to Section 34(1) of the Judicature Law and Judgment Debts Rate (Rates of Interest) Rules, 1995.

AND THE PLAINTIFF claims:

1. KYD\$350,000.00
2. As the Court sees Fit
3. Claim for cost of KYD350.00

[Or where the Plaintiff's claim is for a debt or liquidated demand only: If, within the time for returning the Acknowledgment of Service, the Defendant pays the total amount claimed of [\$350,000.00] (including interest and costs) further proceedings will be stayed. The money must be paid to the Plaintiff or his Attorney.]



Signature of Plaintiff

THIS WRIT was issued by Mr. Martin , Baldwin Troy. DOB 07/07/1976
Whose address for service is at 156 Fairbanks Road George Town Grand Cayman, Cayman Islands.

GCR 1995 (Revised)

Page Break

No. 8

Acknowledgement of service of writ of summons (0.12, r.3)
DIRECTIONS FOR ACKNOWLEDGMENT OF SERVICE
OF WRIT OF SUMMONS

1. The accompanying form of Acknowledgment of Service should be completed by an Attorney acting on behalf of the Defendant or by the Defendant if acting in person. After completion it must be delivered or sent by post to the Law Courts, P.O. Box 495G, George Town, Grand Cayman.
2. A Defendant who states in his Acknowledgment of Service that he intends to contest the Proceedings must also serve a defense on the Attorney for the Plaintiff (or on the Plaintiff If acting in person).

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: GC _____ OF 2019

BETWEEN: Third Party: Baldwin Troy Martin Day

PLAINTIFF

AND: Henry Merren
B.P. Insurer Elisha Hydes
Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES

1st DEFENDANT
2ND DEFENDANT
3rd DEFENDANT
4th DEFENDANT

This is Exhibit marked and referred to my Writ as:-

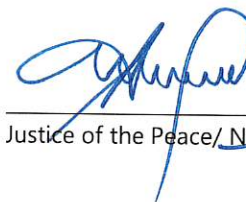
EXHIBIT BTMD – 1

Sworn by the said Baldwin Troy Martin Day)

At George Town, Grand Cayman)

This 12th day of Mar, 2019


Baldwin Troy Martin Day


Justice of the Peace/Notary Public



DEVON GOW
Justice of the Peace

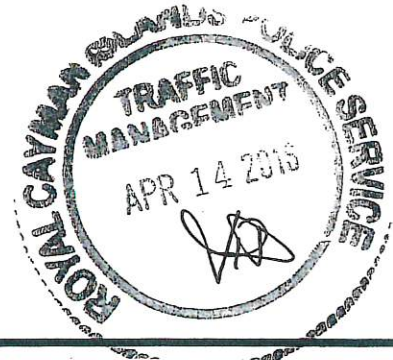
ID# DG230211

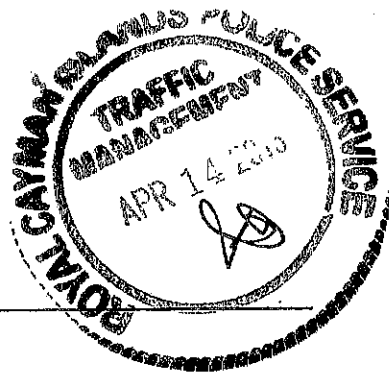
at occurred as vehicle #1 a silver Mitsubishi Lancer registration 155346 at the
 s driven by Baldwin Martin, was exiting Goring Avenue turning left onto Walkers
 hicle #2 a silver Audi A4 registration 165804 at the time being driven by Henry
 was travelling close behind. Vehicle #1 was caused stop due to traffic on Walkers
 and this resulted in the driver of vehicle #2 colliding into the right side of the
 bumper of vehcile #1.
 or damage was observed on the right side of the rear bumper of vehicle #1, as well as
 nor damage to the left side of the front bumper on vehicle #2.
 Insp Barnett ruled Henry Merren at fault close NFA 04-04-16. [04/08/2016 13:50, JULIETT,
 RCIPI]

YST (P)

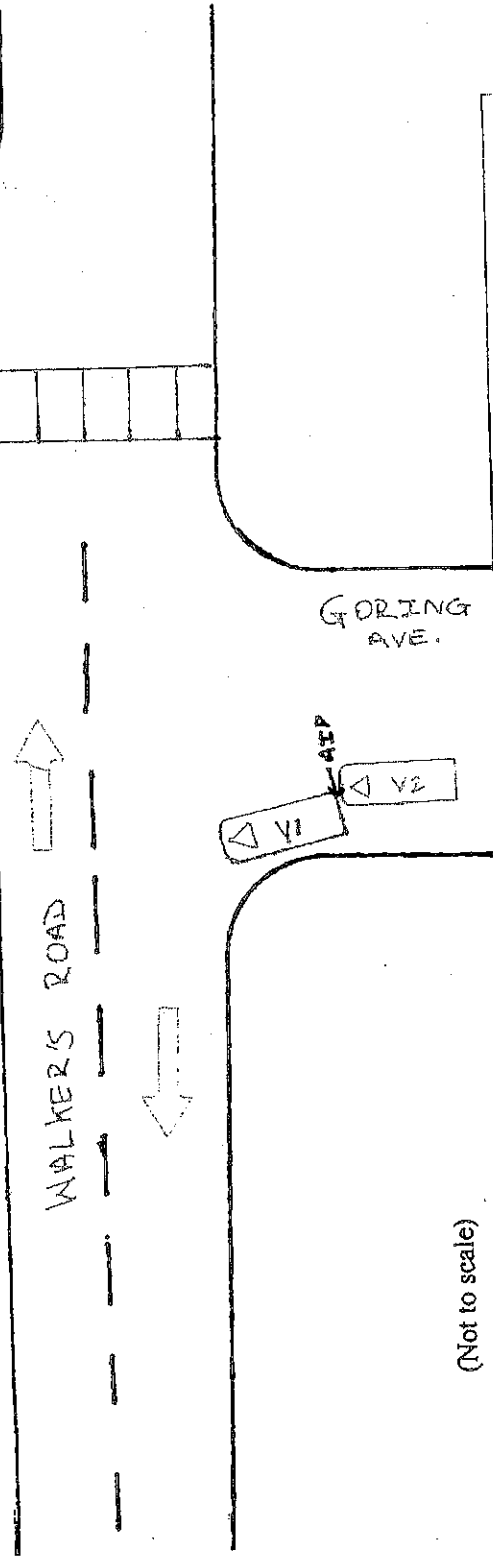
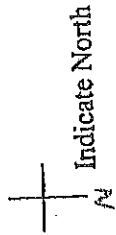
INDICATE ON THIS DIAGRAM WHAT HAPPENED

SEE ATTACH
 1 PAGE.





Sketch Plan Drawn By: PC 491 Barnett



(Not to scale)

How The Accident Happened:

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: GC _____ OF 2019

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PLAINTIFF

AND: Henry Merren
BD. Insurer Elisha Hydes
Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES

1st DEFENDANT
2ND DEFENDANT
3rd DEFENDANT
4th DEFENDANT

This is Exhibit marked and referred to my Writ as:-



EXHIBIT BTMD – 2

Sworn by the said Baldwin Troy Martin Day)

At George Town, Grand Cayman)

This 12th day of May, 2019


Baldwin Troy Martin Day


Justice of the Peace/ ~~Notary Public~~


DEVON GOW
Justice of the Peace

ID# DG230211

Baldwin Troy Martin Day

156 Fairbanks Road, GT

Grand Cayman

Cayman Islands

Phone: (345) 329-0181

25 October 2018

The Secretary
The Office of The Honorable Courts of Justice
Grand Cayman
Cayman Islands

To whom it may concern,

Re: Mr. Baldwin Troy Martin Day – Passport No: A3409353

I am hereby addressing the Honorable Courts of the Cayman Islands for assistance in the following matter. I have been suffering from a serious back injury which was sustained in March 2016 due to an accident caused by a Negligent Driver (no fault of my own) for many years now. I have been on and off of Jobs as a result of stated injury. Thus I am currently unable to realize any stable financial situation. I am kindly asking for the Courts Assistance in obtaining legal representation in order for me to seek compensation from the Insurance Company that has laid claims for my injuries. I have little funds and I am unable to obtain legal representation at this time. My family and I hope for your favorable response in this matter

If any further information is needed please feel free to contact me at the number stated above.

Respectfully Yours,



Baldwin Troy Martin Day

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: GC _____ OF 2019

BETWEEN: Third Party: Baldwin Troy Martin Day

PLAINTIFF

AND: Henry Merren
B D ~~Insurer~~ Elisha Hydes
Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES

1st DEFENDANT
2ND DEFENDANT
3rd DEFENDANT
4th DEFENDANT

This is Exhibit marked and referred to my Writ as:-


EXHIBIT BTMD – 3

Sworn by the said Baldwin Troy Martin Day)

At George Town, Grand Cayman)

This 12th day of March, 2019


Baldwin Troy Martin Day


Justice of the Peace/ Notary Public



DEVON GOW
Justice of the Peace

ID# DG230211

Makenzie/ Makenzie

P.O. Box 1169
George Town
Grand Cayman
Ph: 923-2570
ciadvisoryservices@hotmail.com

*Balderamas Insurance Services
P.O. Box 30619
Crichton Blg George Town
Grand Cayman*

January 10, 2019

Re: Mr. Baldwin Troy Martin Day

Dear Mr. Balderamas,

I am a friend of the Court and a McKenzie/Makenzie friend for Mr. Baldwin Troy Martin Day a former employer of Academy Football Club, I advise and write this letter on his behalf.

Mr. Baldwin advised me that due to an unfortunate set of circumstances he have been suffering from a serious back injury which was sustained in March of 2016 due to an accident cause by a negligent driver insured by your agency over two years, the Royal Cayman Islands Police Services has ruled out that any fault from Mr. Baldwin, even though repairs and Paint was done to his right Rear Quarter panel Mr. Baldwin is unable to seek employment, therefore he has to subsidize to minimize his work efforts, and had to leave his full time Job at the Academy Football Club as a matter of the incident and can hardly sustain himself.

The above noted claim in the amount of CI\$350,000.00 Cayman Islands dollars now has been turned over to our office for immediate collection which all will be filed in Court along with other exhibit's.

In light of the foregoing matter, Mr. Baldwin considers compensation of the same (350,000.00 for injuries sustained in the above matter plus any other cost adequate to reflect the circumstances, he has also instructed me to advise on his Civil legal position, as a friend of the Court regarding these facts and write to you as an initial step before litigations' commenced through Grand Court.

We invite you to make this draft on the basis, among others, that it is moral thing to do under the circumstances.

We trust that your administrators' and Finance department will act In good conscience in this matter and look forward to your response within 7 days of the date hereof.

I want to let you know that I, intends to pursue this claim and reserve the right to report this matter, as well as pursue other remedies.

RECEIVED ON JAN. 10, 2019

@ 10:05 AM

Makenzie/ Makenzie

P.O. Box 1169
George Town
Grand Cayman
Ph: 923-2570
ciadvisoryservices@hotmail.com

Should it be economically feasible, that would include litigation.

The process of litigation has not yet been instituted. If it happens, it will be pursued through our office in accordance with Cayman Statutes.

Should a Judgment be issued against you as of this process, you may also be charged with court cost.

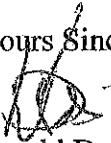
I fully realize that you may contest the merits of this claim. Certainly, it is not my intent to threaten or alarm you about this matter. I would hope that you take a moment and seriously consider the consequences of your actions.

Contacting I, to remedy the situation may prove to be a wise move.

To close our file and dispose of this matter, please mail a check for the total due to the address noted below by January 18th 2019.

If you have any problems doing so please call our office at (345) 923-2570 during normal business hours.

Yours Sincerely,



Harold Davis
Senior Collector
Makenzie/ Makenzie

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: GC _____ OF 2019

BETWEEN: Third Party: Baldwin Troy Martin Day

PLAINTIFF

AND: Henry Merren
30 ~~Insurer~~ Elisha Hydes
Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES

1st DEFENDANT
2ND DEFENDANT
3rd DEFENDANT
4th DEFENDANT

This is Exhibit marked and referred to my Writ as:-

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EXHIBIT BTMD – 4

Sworn by the said Baldwin Troy Martin Day)

At George Town, Grand Cayman)

This 12th day of Mar, 2019


Baldwin Troy Martin Day


Justice of the Peace/ Notary Public


DEVON GOW
Justice of the Peace

ID# DG230211

15 January, 2019

Mr. Harold Davis
Senior Collector
Makenzie/Mackenzie
P.O. Box ~~1165~~ 1116
George Town
Grand Cayman

"Without Prejudice"

Dear Mr. Davis,

Re: Our Reference: 1453529
 Our Insured: Elisha Hydes
 Third Party: Baldwin Troy Martin Day
 Date of Loss: 3/24/16

We refer to the above captioned matter and acknowledge receipt of your letter dated 10 January, 2019.

Please be advised that we are willing to negotiate an amicable settlement of this matter without recourse to the process of litigation. However, we are unable at this time, to fairly assess your client's claim as we are not in receipt of an updated medical report or a job letter from your client in support of his claim.

~~*~~ We are therefore requesting the aforementioned documents, along with your client's full claim, inclusive of all other medical documents, relevant bills, and you're supporting authorities for General Damages for us to fairly and efficiently assess and settle your client's claim.

We look forward to your urgent response so that we may be able to conclude this matter without undue delay.

Yours faithfully,

Malika Sandy-Roper

Malika Sandy-Roper

Legal Risk Solutions

Direct Line: 226-3850

Email: Malika.Sandy@myguardiangroup.com

Newtown Centre

30-34 Maraval Road, Newtown 190133, Port of Spain, Trinidad & Tobago

t: 868 226 myGG (6944) f: 868 622 9994

myguardiangroup.com

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: GC _____ OF 2019

BETWEEN: Third Party: Baldwin Troy Martin Day

PLAINTIFF

AND: Henry Merren
BD Insurer Elisha Hydes
Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES

1st DEFENDANT
2ND DEFENDANT
3rd DEFENDANT
4th DEFENDANT

This is Exhibit marked and referred to my Writ as:-


This is Exhibit marked and referred to my Writ as:-


EXHIBIT BTMD – 5

Sworn by the said Baldwin Troy Martin Day)

At George Town, Grand Cayman)

This 12th day of May, 2019


Baldwin Troy Martin Day


Justice of the Peace/ Notary Public
CAYMAN ISLANDS

DEVON GOW
Justice of the Peace

ID# DG230211

Harold Davis
McKenzie/ McKenzie
P.O. Box 1116
George Town Grand Cayman
ciadvisoryservices@hotmail.com
(345)923-2570

January 25, 2019

Guardian Group
Guardian General Limited
Newtown Centre
30-34 Maraval Road, Newtown 190133, Port of Spain,
Trinidad & Tobago
Malika Sandy-Roper
Legal Risk Solutions
C/O Balderama's insurance
George Town, Grand Cayman

Re: Reference 1453529
Your Insurer: Elisha Hydes
Third Party: Baldwin Troy Martin Day
Date of Loss: 3/24/16

Dear Sirs,

Please find attached Medical Report from Attending Dr, Mr. Richards, Howard dated, 21st January 2019, of Chief Complaint of Lower back pain PMH: Chronic back Pain and History of Present illness, Lower back pain after lifting something at work, A & C Consultation report from Dr, Bernard Brandon dated 21/Jan/2019, a P/E report from MRN: 00101909 FIN# 0003896163 Musculoskeletal Report dated 21/Jan/ 2019, a and a General Diagnostic Report XR-16-0004066 report, relating to your letter dated January 15th 2019; requesting submission of said documents.

As such based on the letter received, we would like to settle this matter without recourse to the process of litigation that will be able to sustain the Plaintiff for his pain and suffering.

Damages:-

Mr. Baldwin is unable to sustain himself, and his mother is bearing the strain of his personal and living sustenance, and so this situation is quite unboreable at this stage in life.

RECEIVED ON

JAN. 25, 2019.



However, we would like as well undue delay of the said matter within 14 days of the above date.

We would also like to address that the P.O. Box detailed on our letter dated 10th January 2019 is incorrect and the correct address is P.O. Box 1116, GT, KY1-1101 is captioned above.

Due to the deformed Clavicle and other extenuating issues of pain to his neck, back, Shoulder other extenuating issues of pain, and his need for constant pain management, we are seeking a negotiable settlement of KYD\$350,000.00.

I await your appointment for a timely settlement of this situation, based on Mr. Baldwin's circumstances and time frame of Litigation without the use of our Judicial System.

Yours Sincerely,



Harold Davis
Senior Collector/Advisor
McKenzie/McKenzie

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: GC _____ OF 2019

BETWEEN: Third Party: Baldwin Troy Martin Day

PLAINTIFF

AND: Henry Merren
BD Insurer Elisha Hydes
Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES

1st DEFENDANT
2ND DEFENDANT
3rd DEFENDANT
4th DEFENDANT

This is Exhibit marked and referred to my Writ as:-



EXHIBIT BTMD – 6

Sworn by the said Baldwin Troy Martin Day)

At George Town, Grand Cayman)

This 12th day of Mar, 2019


Baldwin Troy Martin Day


Justice of the Peace / Notary Public


DEVON GOW
Justice of the Peace

ID# DG230211

Island Hospital
Hospital Road
Box 915
Grand Cayman, KY1-1103



HEALTH SERVICES AUTHORITY
CAYMAN ISLANDS
Caring People. Quality Service.



Transfer Document

Patient Name: **DAY, BALDWIN TROY MARTIN**

DOB/Age/Sex: 07/Jul/1976 · 42 years Male

Consulting Dr:

MRN: 00101909

FIN #: 0005004158

Attending Dr: **RICHARDS ,HOWARD**

Admit Date: 14/Jan/2019

Disch Date: 14/Jan/2019

Emergency Physician Notes

Signed By:
RICHARDS ,HOWARD (14/Jan/2019 22:44)

Chief Complaint

lower back pain PMH: Chronic back pain

History of Present Illness

Lower back pain after lifting something at work
no urinary symptoms no fever no chills no weight loss

Physical Exam

Vitals & Measurements

T: 36.3 °C (Oral) RR: 15 BP: 133/92

General: Alert and oriented, No acute distress.

Neck: Supple, No lymphadenopathy.

Respiratory: Lungs are clear to auscultation, Respirations are non-laboured, Breath sounds are equal, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop.

Musculoskeletal: Full ROM, tenderness in the lumbar area

Assessment/Plan

chronic back pain

Plan

diclofenac norflex sick note

Allergies

penicillin

Problem List/Past Medical History

Ongoing

No qualifying data

Historical

No qualifying data

Current Medications

Home

No active home medications

Cayman Island Hospital
967 Hospital Road
P.O. Box 915
Grand Cayman, KY1-1103



HEALTH SERVICES AUTHORITY
CAYMAN ISLANDS
Caring People. Quality Service.



Transfer Document

Patient Name: **DAY, BALDWIN TROY MARTIN**
DOB/Age/Sex: 07/Jul/1976 42 years Male
MRN: 00101909
FIN #: 0003896163
Admit Date: 24/Mar/2016
Disch Date: 24/Mar/2016

Consulting Dr:

Attending Dr: **BERNARD, BRANDON**

Emergency Physician Notes

Signed By:
BERNARD, BRANDON (24/Mar/2016 18:13)

A & E Consultation

Cc: MVA

HPI: This 39 y/o man reports that he was involved in a MVA earlier today between 12:30-1:30PM. He was a restrained driver in a right hand drive vehicle. He was rear ended by another passenger vehicle-- Audi A4. Doesn't recall any head trauma, denies LOC. No immediate pains, wasn't ejected, exited the vehicle unassisted. Now having delayed onset pain to the right arm and right side of neck. Pain is described as burning, with 8-9/10 severity. Pain is worse with movements. Describes tingling in the right shoulder and hand. Ibuprofen given at triage. Denies EtOH ingestion today.

PMH: Chronic back pain after previous MVA. H/o clavicular fracture.

PSH: Nil

ALLERGIES: ALLERGIES
penicillin-- uncertain of reaction as it occurred as a child.

MEDICATION:
Panadol

VITALS IN LAST 24 HOURS
24/MAR/16 14:21 Pain Symptoms Yes
Temperature Oral 36.5
Systolic Blood Pressure 138
Diastolic Blood Pressure* H 99
Pulse Rate 85
Respiratory Rate 20
Oxygen Saturation 100

GLUCOMETER BEDSIDE, LAST 5 RESULTS

Emergency Physician Notes

No details to display"

P/E:

General: Alert and cooperative, appears to be in considerable pain. Holding right shoulder in adducted position. Does not appear intoxicated.

HEENT

Head: Normocephalic, atraumatic.

Eyes: Vision grossly intact, sclera white, pupils round, reactive, symmetrical.

Ears: Acuity adequate to spoken voice. No discharge or bleeding from the ears. No battle's sign.

Nose: Nasal passages patent bilaterally, membranes pink and moist.

Mouth: Oral mucosa pink, dentition good, salivary pool normal.

Lymph Nodes: No cervical, tonsillar or submandibular lymphadenopathy.

Neck: No posterior midline tenderness, right sided paraspinal neck pain present.

Lungs: Thorax is symmetric with good expansion. Resonant percussion note, breath sounds vesicular; no rales, wheezes, or rhonchi. Expiratory phase not prolonged.

Cardiac: Normal S1, S2, no S3, no S4. Pulse regular, synchronous, symmetrical, with normal volume. Capillary refill <2s.

Abd: No visible scars, hernias, peristaltic waves, or pulsations. Abdomen non-distended. Bowel sounds present with normal activity, no bruits heard. Abdomen soft, nontender.

Ext: Tenderness present over anterior deltoid, posterior deltoid, supraspinatus, and infraspinatus. Painful arc present on the right side. Clavicle is deformed on the right side, with prominent sigmoid curvature.

Skin: Skin has color appropriate for race, warm to touch, normal texture and turgor with no lesions or eruptions. No onycholysis, clubbing, leukonychia or paronychia.

Neuro: A&O x 3. GCS 15/15. No acute focal neurological deficits.

X-ray: Deformed clavicle seen-- no new fracture or displacement. ? old fracture as cause of deformity. Head of the humerus not displaced from glenoid fossa.

C-spine-- no fracture seen.

Assessment: Musculoskeletal pain after MVA.

Plan:

1. Toradol 30mg IM stat
2. Co-dydramol 2 pills PO to take home, then 2 pills PO TDS x 1/52
3. Naproxen 250mg PO TDS x 1/52 PRN.
4. Tramadol 50mg PO TDS x2/7 PRN.
5. Gravol 30mg PO TDS x 3/7 PRN.
6. Lansoprazole 30mg PO OD x 1/52
7. Advised follow up with GP. Re-assessment needed after acute pain phase for re-examination of his right shoulder. R/o rotator cuff injury.
8. Sick leave given.
9. Discharge summary given.
10. Allow home.

Name: DAY, BALDWIN TROY MARTIN

00101909

0003896163

General Diagnostic

Accession Number
XR-16-0004066

Exam
XR Scapula Complete RT

Exam Date/Time
24/Mar/2016 14:38

Ordering Dr.
TEELING, SEAN

Reason For Exam

(XR Scapula Complete RT) MVA with resulting pain to neck/back/shoulder

Report

No fracture or dislocation is shown

*** Final Report ***

Interpereted By:

Signed By (Electronic Signature): BOGLE-TAYLOR, ELAINE JOY

Signed Date: 31-MAR-2016 10:54

Transcribed By: EJB

Radiographer: Belvet, Keisha

Accession Number
XR-16-0004066

Exam
XR Cervical Spine 1 View

Exam Date/Time
24/Mar/2016 14:38

Ordering Dr.
TEELING, SEAN

Reason For Exam

(XR Cervical Spine 1 View) MVA with resulting pain to neck/back/shoulder

Report

History:

MVA.

Findings:

No fracture or dislocation is shown.

*** Final Report ***

Interpereted By:

Signed By (Electronic Signature): BOGLE-TAYLOR, ELAINE JOY

Signed Date: 31-MAR-2016 10:54

Transcribed By: EJB

Radiographer: Belvet, Keisha

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: _____ OF 2019

BETWEEN: Third Party: Baldwin Troy Martin Day

PLAINTIFF

AND:  Insurer Elisha Hydes
Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES



1st DEFENDER
2nd DEFENDER
3rd DEFENDER

This is Exhibit marked and referred to my Writ as:-



EXHIBIT BTMD - 6

Sworn by the said Baldwin Troy Martin Day)

At George Town, Grand Cayman)

This  day of  2019


Baldwin Troy Martin Day


Justice of the peace/  Notary Public

DEVON GOW
Justice of the Peace

ID# DG230211



Patient Name: **DAY, BALDWIN TROY MARTIN**

DOB/Age/Sex: 07/Jul/1976- 42 years Male

MRN: 00101909

FIN #: 0005004158

Admit Date: 14/Jan/2019

Disch Date: 14/Jan/2019

Consulting Dr:

Attending Dr: RICHARDS ,HOWARD

Emergency Physician Notes

Signed By:
RICHARDS ,HOWARD (14/Jan/2019 22:44)

Chief Complaint

lower back pain PMH: Chronic back pain

History of Present Illness

Lower back pain after lifting something at work
no urinary symptoms no fever no chills no weight loss

Physical Exam

Vitals & Measurements

T: 36.3 °C (Oral) RR: 15 BP: 133/92

General: Alert and oriented, No acute distress.

Neck: Supple, No lymphadenopathy.

Respiratory: Lungs are clear to auscultation, Respirations are non-laboured, Breath sounds are equal, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop.

Musculoskeletal: Full ROM, tenderness in the lumbar area

Assessment/Plan

chronic back pain

Plan

diclofenac norflex sick note

Allergies

penicillin

Problem List/Past Medical History

Ongoing

No qualifying data

Historical

No qualifying data

Current Medications

Home

No active home medications

nd Hospital
Road
015
ayman, KY1-1103



HEALTH SERVICES AUTHORITY
CAYMAN ISLANDS
Caring People. Quality Service.

Return to Work / Return to School


Patient Name: **DAY, BALDWIN TROY MARTIN**
DOB/Age/Sex: **07/Jul/1976** 39 years Male Attending Dr: **BERNARD ,BRANDON**
Admit Date: **24/Mar/2016**
Disch Date:

Sick Notes

Return to Work Status Entered On: 24/Mar/2016 16:36
Performed On: 24/Mar/2016 16:34 by BERNARD , BRANDON

Return to Work Status
Employer : Academy Football Club
Date/Time of Injury : 24/Mar/2016 16:35
Work Injury : No
Work Status : No work
Return to Work Start Date : 28/Mar/2016
Special Work Instructions : Heat application
Follow Up Appointment Needed : Yes
Follow Up Physician Name : General Practice

BERNARD , BRANDON - 24/Mar/2016 16:34


B. Bernard. M.D., M.B.A., B.S.

Statement #: 8121611

Amount Due:	360.42	Amount Paid:		<input type="checkbox"/> Check	<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Date:	08-09-2018	Credit Card Number:		Exp. Date:			
		Signature:	X				

Make Checks Payable and Mail to:

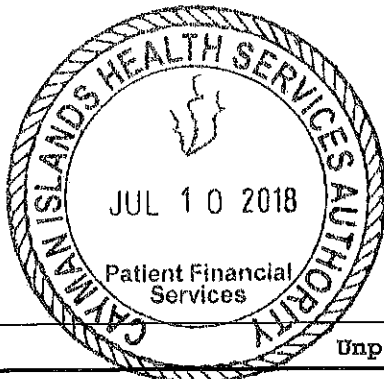
BALDWIN TROY MARTIN DAY
 PO BOX 2780
 Grand Cayman KY1-1112
 George Town,

C.I. Health Services Authority
 P.O. Box 915
 Grand Cayman KY1-1103
 GRAND CAYMAN,

Please detach and return this portion with your payment.
 Please indicate any name and/or address changes on this form.

Inquiries call (345) 623-8600	Account #: 101909	Statement #: 8121611
-------------------------------	----------------------	-------------------------

Provider of Service	Date of Service	Service Provided/ Account Activity	Charges, Payments, Adjustments	Insurance Pending	Patient Balance	*R
Patient Name: BALDWIN TROY MARTIN DAY						
Date of Service: 03-24-2016 Financial#: 3896163 Grand Cayman						
	03-24-2016	co-dydramol Tab (500mg-10mg)	9.50		9.50	
	03-24-2016	ibuprofen 400 mg Tab	4.50		4.50	
	03-24-2016	ketorolac 30 mg/mL injection (1ml)	4.92		4.92	
	03-24-2016	Basic A&E Bed Supplies	6.00		6.00	
	03-24-2016	XR Cervical Spine 1 View	81.12		81.12	
	03-24-2016	XR Scapula Complete RT	98.83		98.83	
	03-24-2016	ER Level 2 Fee - 99282	120.82		120.82	
	03-24-2016	IM/Subcut Injection	34.73		34.73	
		Visit Total:	360.42	0.00	360.42	
		Unpaid Balance:		0.00	360.42	



Total patient payments and or co-payments applied since last statement: \$0.00

*R - Description of Remarks

Emergency Physician Notes

details to display"

P/E:

General: Alert and cooperative, appears to be in considerable pain. Holding right shoulder in adducted position. Does not appear intoxicated.

HEENT

Head: Normocephalic, atraumatic.

Eyes: Vision grossly intact, sclera white, pupils round, reactive, symmetrical.

Ears: Acuity adequate to spoken voice. No discharge or bleeding from the ears. No battle's sign.

Nose: Nasal passages patent bilaterally, membranes pink and moist.

Mouth: Oral mucosa pink, dentition good, salivary pool normal.

Lymph Nodes: No cervical, tonsillar or submandibular lymphadenopathy.

Neck: No posterior midline tenderness, right sided paraspinal neck pain present.

Lungs: Thorax is symmetric with good expansion. Resonant percussion note, breath sounds vesicular; no rales, wheezes, or rhonchi. Expiratory phase not prolonged.

Cardiac: Normal S1, S2, no S3, no S4. Pulse regular, synchronous, symmetrical, with normal volume. Capillary refill <2s.

Abd: No visible scars, hernias, peristaltic waves, or pulsations. Abdomen non-distended. Bowel sounds present with normal activity, no bruits heard. Abdomen soft, nontender.

Ext: Tenderness present over anterior deltoid, posterior deltoid, supraspinatus, and infraspinatus. Painful arc present on the right side. Clavicle is deformed on the right side, with prominent sigmoid curvature.

Skin: Skin has color appropriate for race, warm to touch, normal texture and turgor with no lesions or eruptions. No onycholysis, clubbing, leukonychia or paronychia.

Neuro: A&O x 3. GCS 15/15. No acute focal neurological deficits.

X-ray: Deformed clavicle seen-- no new fracture or displacement. ? old fracture as cause of deformity. Head of the humerus not displaced from glenoid fossa.

C-spine-- no fracture seen.

Assessment: Musculoskeletal pain after MVA.

Plan:

1. Toradol 30mg IM stat
2. Co-dydramol 2 pills PO to take home, then 2 pills PO TDS x 1/52
3. Naproxen 250mg PO TDS x 1/52 PRN.
4. Tramadol 50mg PO TDS x2/7 PRN.
5. Gravol 50mg PO TDS x 3/7 PRN.
6. Lansoprazole 30mg PO OD x 1/52
7. Advised follow up with GP. Re-assessment needed after acute pain phase for re-examination of his right shoulder. R/o rotator cuff injury.
8. Sick leave given.
9. Discharge summary given.
10. Allow home.

St. John's Hospital
Hospital Road
Box 915
Grand Cayman, KY1-1103



HEALTH SERVICES AUTHORITY
CAYMAN ISLANDS
Caring People. Quality Service.



Transfer Document

Patient Name: **DAY, BALDWIN TROY MARTIN**
DOB/Age/Sex: 07/Jul/1976 42 years Male
MRN: 00101909
FIN #: 0003896163
Admit Date: 24/Mar/2016
Disch Date: 24/Mar/2016

Consulting Dr:

Attending Dr: **BERNARD, BRANDON**

Emergency Physician Notes

Signed By:
BERNARD, BRANDON (24/Mar/2016 18:13)

A & E Consultation

Cc: MVA

HPI: This 39 y/o man reports that he was involved in a MVA earlier today between 12:30-1:30PM. He was a restrained driver in a right hand drive vehicle. He was rear ended by another passenger vehicle-- Audi A4. Doesn't recall any head trauma, denies LOC. No immediate pains, wasn't ejected, exited the vehicle unassisted. Now having delayed onset pain to the right arm and right side of neck. Pain is described as burning, with 8-9/10 severity. Pain is worse with movements. Describes tingling in the right shoulder and hand. Ibuprofen given at triage. Denies EtOH ingestion today.

PMH: Chronic back pain after previous MVA. H/o clavicular fracture.

PSH: Nil

ALLERGIES: ALLERGIES
penicillin-- uncertain of reaction as it occurred as a child.

MEDICATION:

Panadol

VITALS IN LAST 24 HOURS

24/MAR/16 14:21 Pain Symptoms Yes
Temperature Oral 36.5
Systolic Blood Pressure 138
Diastolic Blood Pressure* H 99
Pulse Rate 85
Respiratory Rate 20
Oxygen Saturation 100

GLUCOMETER BEDSIDE, LAST 5 RESULTS

SUPERIOR AUTO

14 Sherwood Drive PO BOX 11389 APO
George Town, Grand Cayman. KY1-1008
Phone: 345-949-9570 Fax: 946-130-0____
WE KEEP YOUR CAR IN TUNE

ESTIMATE #

083949

Estimate Date : 4/6/2016

Estimate for Services

DAY, BALWIN
156 FAIRBANKS ROAD

Home: 329-920-2____

2005 Mitsubishi - Lancer ES - 1.5L In-Line4 (122CI) VIN(E)
Lic # : 155346 - Grand Cayman Odom. In: 0

VIN # : JMYSTCS3A 5U001055

Part Description / Number	Qty	Sale	Ext	Labor Description	Extended
				REPAIR AND PAINT RIGHT REAR QUATER PANEL to include materials	475.00

Parts/Supplies: 0.00

Labor: 475.00

Total : \$ 475.00

MACHINE SHOP/BODYWORK & PAINT SHOP/ AUTO REPAIRS

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within ____ days of the date shown above if I choose not to authorize the recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts____. SUPERIOR AUTO IS NOT RESPONSIBLE FOR OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

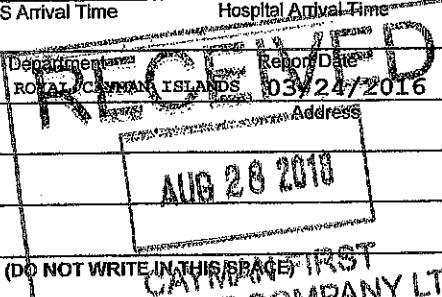
Signature _____ Date _____ Time _____

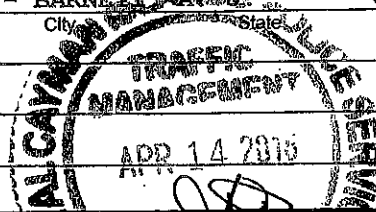
Agency NCIC No. CI		MOTOR VEHICLE ACCIDENT REPORT				County GRAND CAYMAN	Date Rec. By DMVS
Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S		Time 12:06	Off. Arrived	Vehicles 2	Total Number Of Injuries 0	Fatalities 0	Inside City Of: GEORGE TOWN
Address 1 CORING AVE		At Its Intersection With WALKERS RD		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St		Corrected Report? Yes <input type="checkbox"/>	
1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St		Of:		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line		Suppl. To Original? Yes <input type="checkbox"/>	
And continuing in the direction checked above, the Next Reference Point is		1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line				Hit and Run? Yes <input type="checkbox"/>	

Driver # 1	LAST NAME MARTIN, BALDWIN TROY	FIRST TROY	MIDDLE
Ped <input type="checkbox"/>	Address 156 FAIRBANKS RD		
City GEORGE TOWN	State CI	Zip	DOB 07/07/1976
Driver's License No.	Class	State	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Posted Speed	Insurance Co. BRITCAY	Policy No. 61141	
Year 0	Make MIITS	Model LANSER	Telephone No.
VIN	Vehicle Color SIL		
Tag # 155346	State CI	County CAYMAN	Year
Trailer Tag #	State	County	Year
<input type="checkbox"/> Same as Driver Owner's Last Name First Middle			
Address			
City State Zip			
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test	Type	Results	Drug Test Type Results
Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors
Veh Cond 1	Veh Maneuver 5	Ped. Maneuver	1
Most Harmful Event 11	Veh Class: 1	Veh Type: 1	
Traffic Ctrl	Device Inoperative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Driver # 2	LAST NAME MERREN, HENRY	FIRST HENRY	MIDDLE
Ped <input type="checkbox"/>	Address 15 SIMMONS WAY		
City GEORGE TOWN	State CI	Zip	DOB 11/02/1983
Driver's License No.	Class	State	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Posted Speed	Insurance Co. BAIDERAMOS	Policy No. CAY1-32684	
Year 0	Make AUDI	Model A4	Telephone No. (345) -
VIN	Vehicle Color		
Tag # 165804	State CI	County CAYMAN	Year
Trailer Tag #	State	County	Year
<input type="checkbox"/> Same as Driver Owner's Last Name First Middle			
Address			
City State Zip			
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test	Type	Results	Drug Test Type Results
Driver Cond	Direction Of Travel	Vision Obscured	Contributing Factors
Veh Cond 1	Veh Maneuver 5	Ped. Maneuver	28
Most Harmful Event 11	Veh Class: 1	Veh Type: 1	
Traffic Ctrl	Device Inoperative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Injured Taken To: _____ By: _____

EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By: _____
Report By: 491 - BARNETT, D.	Department ROYAL CAYMAN ISLANDS	Region/Date 03/24/2016	Checked By: A31 - BARNETT, D.	Date Checked 04/04/2016
Witness(es): Name	Address			
				
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)				

City GEORGE TOWN	State CI	Zip Code	Telephone No.
			

COMMERCIAL VEHICLES ONLY			
Carrier Name	Vehicle #	State	Zip
Address			
No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box: _____			
1 Digit Number from Bottom of Diamond: _____			
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units			

Carrier Name	Vehicle #	State	Zip
Address			
No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
If YES, Name or 4 Digit Number from Diamond or Box: _____			
1 Digit Number from Bottom of Diamond: _____			
___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units			

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO: GC _____ OF 2019

BETWEEN: Third Party: Baldwin Troy Martin Day

PLAINTIFF

AND: Henry Merren
B.D. ~~Insurer~~ Elisha Hydes
Guardian Group, Guardian General Limited
BALDERAMOUS INSURANCE SERVICES

1st DEFENDANT
2ND DEFENDANT
3rd DEFENDANT
4th DEFENDANT

This is Exhibit marked and referred to my Writ as:-

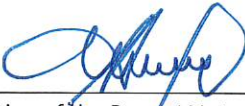

EXHIBIT BTMD - 7

Sworn by the said Baldwin Troy Martin Day)

At George Town, Grand Cayman)

This 12th day of May, 2019


Baldwin Troy Martin Day


Justice of the Peace/ Notary Public

CAYMAN ISLANDS

DEVON GOW
Justice of the Peace

ID# DG230211



HEALTH SERVICES AUTHORITY
CAYMAN ISLANDS
Caring People. Quality Service.



Dependable. Professional.
Dedicated. Committed.

Transfer Document

Patient Name: **DAY, BALDWIN TROY MARTIN**
DOB/Age/Sex: 07/Jul/1976 42 years Male Consulting Dr: n/a
MRN: 00101909
FIN #: n/a Attending Dr: n/a
Admit Date: n/a
Disch Date: n/a

Emergency Physician Notes

Signed By:
WEDDERBURN ,CHRIS-LOBAIN (14/Jun/2016 16:21)

A & E Consultation

REASON FOR VISIT: Right mid to lower pains radiating to buttocks
Since MVA on 24th March

PMH:

ALLERGIES: Penicillin

MEDICATION:

MSK: Tender in mid right to lower back

HEENT:

Head/Face: No Injuries or contusions

Eyes: PEARL

Ears: Tympanic membranes and canals are clear.

Nose: Turbinates non edematous or erythematous.

Mouth: Tonsils normal appearance.

Neck: Supple, no central bony tenderness.

Thyroid: Soft, no swelling, tenderness or enlargement.

Adenopathy: No Cervical, No Axillary, No Inguinal

LUNGS:

Respirations: Calm, no distress, no retraction, no nasal flaring, no stridor.

Chest: Clear to auscultation in all fields, air entry bilaterally, no expiratory or inspiratory wheeze.

Trachea: Central

CARDIAC:

Heart: Rate regular and rhythmic. Normal S1 and S2. No murmurs, rubs or gallops.

Name: DAY, BALDWIN TROY MARTIN
00101909
n/a

Emergency Physician Notes

Circulation: Warm
Pulses: All Pulses present

GASTROINTESTINAL/GENITOURINARY:

Abdomen: Soft and non-tender without guarding, rigidity or rebound. Normal active bowel sounds.
Liver: Not enlarged, non tender.
Spleen: Not enlarged, non tender.

EXTREMITIES:

No obvious deformity.

NEUROLOGIC:

Alert and oriented x 3.

IMPRESSION: Right back spasm

DISCHARGE PLAN: For home, F/U Ortho Clinic, Physotx

TTO MEDICATION: Norflex, Voltaren, ranitidine

Signed By:
BERNARD ,BRANDON (24/Mar/2016 18:13)

A & E Consultation

Cc: MVA

HPI: This 39 y/o man reports that he was involved in a MVA earlier today between 12:30-1:30PM. He was a restrained driver in a right hand drive vehicle. He was rear ended by another passenger vehicle-- Audi A4. Doesn't recall any head trauma, denies LOC. No immediate pains, wasn't ejected, exited the vehicle unassisted. Now having delayed onset pain to the right arm and right side of neck. Pain is described as burning, with 8-9/10 severity. Pain is worse with movements. Describes tingling in the right shoulder and hand. Ibuprofen given at triage. Denies EtOH ingestion today.

PMH: Chronic back pain after previous MVA. H/o clavicular fracture.

PSH: Nil

ALLERGIES: ALLERGIES

penicillin-- uncertain of reaction as it occurred as a child.

MEDICATION:

me: DAY, BALDWIN TROY MARTIN
00101909
n/a

Emergency Physician Notes

Panadol

VITALS IN LAST 24 HOURS

24/MAR/16 14:21 Pain Symptoms Yes
Temperature Oral 36.5
Systolic Blood Pressure 138
Diastolic Blood Pressure* H 99
Pulse Rate 85
Respiratory Rate 20
Oxygen Saturation 100

GLUCOMETER BEDSIDE, LAST 5 RESULTS

"No details to display"

P/E:

General: Alert and cooperative, appears to be in considerable pain. Holding right shoulder in adducted position. Does not appear intoxicated.

HEENT

Head: Normocephalic, atraumatic.

Eyes: Vision grossly intact, sclera white, pupils round, reactive, symmetrical.

Ears: Acuity adequate to spoken voice. No discharge or bleeding from the ears. No battle's sign.

Nose: Nasal passages patent bilaterally, membranes pink and moist.

Mouth: Oral mucosa pink, dentition good, salivary pool normal.

Lymph Nodes: No cervical, tonsillar or submandibular lymphadenopathy.

Neck: No posterior midline tenderness, right sided paraspinal neck pain present.

Lungs: Thorax is symmetric with good expansion. Resonant percussion note, breath sounds vesicular; no rales, wheezes, or rhonchi. Expiratory phase not prolonged.

Cardiac: Normal S1, S2, no S3, no S4. Pulse regular, synchronous, symmetrical, with normal volume. Capillary refill <2s.

Abd: No visible scars, hernias, peristaltic waves, or pulsations. Abdomen non-distended. Bowel sounds present with normal activity, no bruits heard. Abdomen soft, nontender.

Ext: Tenderness present over anterior deltoid, posterior deltoid, supraspinatus, and infraspinatus. Painful arc present on the right side. Clavicle is deformed on the right side, with prominent sigmoid curvature.

Skin: Skin has color appropriate for race, warm to touch, normal texture and turgor with no lesions or eruptions. No onycholysis, clubbing, leukonychia or paronychia.

Neuro: A&O x 3. GCS 15/15. No acute focal neurological deficits.

X-ray: Deformed clavicle seen-- no new fracture or displacement. ? old fracture as cause of deformity. Head of the humerus not displaced from glenoid fossa.

C-spine: no fracture seen.

Assessment: Musculoskeletal pain after MVA.

Name: DAY, BALDWIN TROY MARTIN
00101909
n/a

Emergency Physician Notes

- Plan:**
1. Toradol 30mg IM stat
 2. Co-dydramol 2 pills PO to take home, then 2 pills PO TDS x 1/52
 3. Naproxen 250mg PO TDS x 1/52 PRN.
 4. Tramadol 50mg PO TDS x2/7 PRN.
 5. Gravol 50mg PO TDS x 3/7 PRN.
 6. Lansoprazole 30mg PO OD x 1/52
 7. Advised follow up with GP. Re-assessment needed after acute pain phase for re-examination of his right shoulder. R/o rotator cuff injury.
 8. Sick leave given.
 9. Discharge summary given.
 10. Allow home.

General Diagnostic

Accession Number	Exam	Exam Date/Time	Ordering Dr.
XR-16-0004066	XR Scapula Complete RT	24/Mar/2016 14:38	TEELING, SEAN

Reason For Exam
(XR Scapula Complete RT) MVA with resulting pain to neck/back/shoulder

Report
_No fracture or dislocation is shown

*** Final Report ***

Interpereted By:
Signed By (Electronic Signature): BOGLE-TAYLOR, ELAINE JOY
Signed Date: 31-MAR-2016 10:54

Transcribed By: EJB
Radiographer: Belvet, Keisha

Accession Number	Exam	Exam Date/Time	Ordering Dr.
XR-16-0004066	XR Cervical Spine 1 View	24/Mar/2016 14:38	TEELING, SEAN

Reason For Exam
(XR Cervical Spine 1 View) MVA with resulting pain to neck/back/shoulder

name: DAY, BALDWIN TROY MARTIN
00101909
n/a

General Diagnostic

Accession Number XR-16-0004066	Exam XR Cervical Spine 1 View	Exam Date/Time 24/Mar/2016 14:38	Ordering Dr. TEELING, SEAN
-----------------------------------	----------------------------------	-------------------------------------	-------------------------------

Report

History:

MVA.

Findings:

No fracture or dislocation is shown.

*** Final Report ***

Interpereted By:

Signed By (Electronic Signature): BOGLE-TAYLOR, ELAINE JOY

Signed Date: 31-MAR-2016 10:54

Transcribed By: EJB

Radlographer: Belvet, Keisha

If the Statement of Claim is not indorsed on the Writ, the Defence need not be served until 14 days after a Statement of Claim has been served on the Defendant.

If the Defendant fails to serve his defence within the appropriate time, the Plaintiff may enter judgment against him without further notice.

3. A Stay of Execution against the Defendant's goods may be applied for where the Defendant is unable to pay the money for which any judgment is entered. If a Defendant to an action for a debt or liquidated demand (i.e. a fixed sum) who does not intend to

contest the proceedings states, in answer to Question 3 in the Acknowledgment of Service, that he intends to apply for a stay, execution will be stayed for 14 days after his Acknowledgment, but he must, within that time, issue a Summons for a stay of execution, supported by an affidavit of his means. The affidavit should state any offer which the Defendant desires to make for payment of the money by instalments or otherwise.

See over for notes for guidance

Please complete overleaf

Notes for Guidance

GCR 1995 (Revised)

1. Each Defendant (if there are more than one) is required to complete an Acknowledgment of Service and return it to the Courts Office.

2. For the purpose of calculating the period of 14 days for acknowledging service, a writ served on the Defendant personally is treated as having been served on the day it was delivered to him.

3. Where the Defendant is sued in a name different from his own, the form must be completed by him with the addition in paragraph 1 of the words "sued as (the name stated on the Writ of Summons)".

4. Where the Defendant is a FIRM and an attorney is not instructed, the form must be completed by a PARTNER by name, with the addition in paragraph 1 of the description "Partner in the firm of (.....)" after his name.

5. Where the Defendant is sued as an individual **TRADING IN A NAME OTHER THAN HIS OWN**, the form must be completed by him with the addition in paragraph 1 of the description "trading as (.....)" after his name.

6. Where the Defendant is a **LIMITED COMPANY** the form must be completed by an Attorney or by someone authorised to act on behalf of the Company, but the

Company can take no further step in the proceedings without an Attorney acting on its behalf.

7. Where the Defendant is a **MINOR** or a **MENTAL PATIENT**, the form must be completed by an Attorney acting for a guardian ad litem.

8. A Defendant acting in person may obtain help in completing the form at the Courts Office.

GCR 1995 (Revised)

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO GC: _____ OF 2019

BETWEEN: Party: Baldwin Troy Martin Day

PLAINTIFF

AND:

Henry Merren

1ST DEFENDANT

BS ~~Insurance~~ Elisha Hydes

2ND DEFENDANT

Guardian Group, Guardian General Limited

3RD DEFENDANT

BALDERAMOUS INSURANCE SERVICES

4TH DEFENDANT

ACKNOWLEDGMENT OF SERVICE
OF WRIT OF SUMMONS

If you intend to instruct an Attorney to act for you, give him this form IMMEDIATELY.

Important. Read the accompanying directions and notes for guidance carefully before completing this form. If any information required is omitted or given wrongly, THIS FORM MAY HAVE TO BE RETURNED.

Delay may result in judgment being entered against a Defendant whereby he may have to pay the costs of applying to set it aside.

1. State the full name of the Defendant by whom or on whose behalf the service of the Writ is being acknowledged.

2. State whether the Defendant intends to contest the proceedings (tick appropriate box)

yes

no

3. If the claim against the Defendant is for a debt or liquidated demand, AND he does not intend to contest the proceedings, state if the Defendant intends to apply for a stay of execution against any judgment entered by the Plaintiff (tick box)

Yes

No

Service of the Writ is acknowledged accordingly

(Signed).....
Attorney for

Please complete overleaf



Notes on address for service

Attorney: where the Defendant is represented by an attorney, state the attorney's place of business in the Cayman Islands. A Defendant may not act by a foreign attorney.

Defendant in person: where the Defendant is acting in person, he must give his post office box

number and the physical address of his residence or, if he does not reside in the Cayman Islands, he must give an address in Grand Cayman where communications for him should be sent. In the case of a limited company, "residence" means its registered or principal office.

Indorsement by plaintiff's Attorney (or by plaintiff if suing in person) of his name, address and reference, if any, in the box below.

Baldwin Day
156 Fairbanks
George Town P.O.
Grand Cayman

Indorsement by defendant's Attorney (or by defendant if suing in person) of his name, address and reference, if any, in the box below.