IN THE GRAND COURT OF THE CAYMAN ISLANDS **CAUSE NO 170 OF 2019**

(CIVIL DIVISION)

BETWEEN:

STACEY- ANN KAMELIA MCLEISH **Plaintiff**

AND

KIM RAMOON **First Defendant**

THE ATTORNEY GENERAL OF THE CAYMAN ISLANDS

Second Defendant

WRIT OF SUMMONS

TO: **KIM RAMOON**
C/O Campbells, Attorneys-at Law
Floor 4, Willow House, Cricket Square, Grand Cayman

AND TO: **THE ATTORNEY GENERAL OF THE CAYMAN ISLANDS**
C/O Campbells, Attorneys-at-Law
Floor 4, Willow House, Cricket Square, Grand Cayman

This claim arises out of the use of a motor vehicle on a road, and the named Defendants benefits from a motor vehicle insurance policy with the following insurance company:

ROYALSTAR ASSURANCE LTD
Fidelity Insurance (Cayman) Limited
PO Box 2174
Cayman Financial Centre
36A Dr. Roy's Drive,
Grand Cayman
KY1-1108

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

THIS WRIT OF SUMMONS & STATEMENT OF CLAIM is filed by Stenning & Associates, attorneys for the Plaintiff, whose address for service is that of their attorneys, at Cayman Technology Centre, 115 Printer Way, George Town, Grand Cayman, Cayman Islands.

Within 14 days after 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 495GT, George Town, Grand Cayman, the accompanying Acknowledgement of Service stating therein whether you intend to contest these proceedings.

If you fail to satisfy the claim or to return the Acknowledgement within the time stated, or if you return the Acknowledgement 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.

Issued this 10th day of October 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.

ENDORSEMENT OF INSURER

The Plaintiff's claim arises out of the use of a motor vehicle on a public road. The insurer of the FIRST & SECOND DEFENDANTS named herein is ROYALSTAR ASSURANCE LTD C/O Fidelity Insurance (Cayman) Limited as their registered office and agent in the Cayman Islands.

THIS WRIT OF SUMMONS & STATEMENT OF CLAIM is filed by Stenning & Associates, attorneys for the Plaintiff, whose address for service is that of their attorneys, at Cayman Technology Centre, 115 Printer Way, George Town, Grand Cayman, Cayman Islands.

IN THE GRAND COURT OF THE CAYMAN ISLANDS **CAUSE NO OF 2019**

(CIVIL DIVISION)

BETWEEN:

STACEY- ANN KAMELIA MCLEISH

Plaintiff

AND

KIM RAMOON

First Defendant

THE ATTORNEY GENERAL OF THE CAYMAN ISLANDS

Second Defendant

STATEMENT OF CLAIM

1. At all material times, the Plaintiff was the owner of a Nissan Sunny B15, vehicle licence number 112 954, and the First Defendant was in possession and control of a KIA Caren motor vehicle licence number 163 636 (the "**Vehicle**") with the consent of the controller and/or owner of the same.

2. On or around the morning of 26 October 2016, the Plaintiff was driving her motor vehicle along Northsound Road towards the roundabout. While approaching the roundabout, just after the Humane Society and at the entrance to the road leading to AL Thompson's hardware store (still on Northsound Road) she came to a standstill in traffic. The First Defendant negligently drove or controlled the Vehicle and caused the same to collide with the rear of the Plaintiff's motor vehicle, which was stationary in front, as a result of which the Plaintiff suffered injury, loss and damage (the "**Accident**").

3. At all material times the First Defendant was an employee of the, Public Transport Unit, which is part of the Ministry of Tourism and Transport, which is an organ of the Cayman Islands Government and hereinafter referred to as the "**Government**".

4. At all material times the owners of the Vehicle driven by the First Defendant was the **Government**.

5. At all material times the driver (the First Defendant) of the **Vehicle** was in the employment, command and control of the **Government** and/or he drove the **Vehicle** with the consent of the **Government.**

6. The First Defendant and the **Government** benefit from an insurance policy provided by RoyalStar Assurance Limited, whose registered office and agent is Fidelity Insurance (Cayman) Limited, Cayman Financial Centre, 36A Dr. Roy's Drive, Grand Cayman.

7. This cause is brought against the Second Defendant for the aforesaid reasons as the representative of the **Government** and its employees pursuant to section 11(2) of the Crown Proceedings Law (1997 Revision).

8. By reason of matters aforesaid, the Plaintiff has sustained personal injury, loss and damage through the First Defendant's negligence for which the **Government**, and thereby the Second Defendant, is vicariously liable:

DETAILED ALLEGATIONS OF NEGLIGENCE

Brief particulars of the First Defendant's negligence (nothing more being necessary in circumstances where liability has been admitted on behalf of the First and Second Defendants: see below) are:

a) Failing to keep any or any proper look out or to have any or any sufficient regard for the other traffic in the road;

b) Failing to observe or heed in time adequately or at all the motor vehicle in front, licence number 112 954;

c) Misjudging the distance between their motor vehicle and the motor vehicle in front;

d) Negligently colliding with the motor vehicle in front;

e) Failing to heed the traffic conditions;

f) Failing to stop, to slow down, to swerve, or so to manage or control her motor vehicle so as to avoid the accident;

g) Approaching the roundabout at too fast a speed;

h) In the circumstances, the First Defendant failed to take any or any proper care and failed to drive the Vehicle with proper skill and judgment;

i) The Plaintiff will further rely on the happening of the Accident as evidence in itself of the negligence of the First Defendant and for which the Second Defendant is vicariously liable.

Admission:

9. The Plaintiff relies upon the open admission by the First Defendant's, and the Government's subrogating insurance agent's email, dated 12th October 2017, which states, *"...The claim will be settled on a full and final basis once Stacey and you are ready to discuss final settlement and all the needed support documents have been received by me...".*

10. As a result of the First Defendant's negligence the Plaintiff has suffered injury, loss and damage.

DETAILS OF INJURIES TO THE PLAINTIFF

11. As a result of the Accident, the Plaintiff was violently thrown about in her vehicle and was restrained by her seat belt.

12. On the day of the Accident, the Plaintiff developed symptoms in her neck and shoulder. These symptoms increased and the following day she was unable to twist her neck to the right.

13. As a result of the accident, the Plaintiff has suffered a whiplash injury and inflammation at the C4/C5 level of her cervical spine and muscle spasm of her neck. She has also suffered a partial thickness tear of her supraspinatus muscle and has disc bulges at C4/5 and C7 through T1.

14. The Plaintiff has required considerable time off work and remains unable to return to her full duties. She has also required considerable household assistance.

15. The Plaintiff's symptoms are continuing and the prognosis is unclear. She continues to suffer from pain and limitation in movement, as well as disturbance to her sleep. Further investigations will be undertaken in relation to the same. She has undertaken considerable medical intervervention but is suffering from chronic pain which is resistant to treatment.

16. Further and better particulars of the Plaintiff's injuries are contained in the medical report of Mr Frank Smith, Consultant Orthopaedic Surgeon, dated 6th August 2018 which is attached to these particulars of the claim.

PARTICULARS OF SPECIAL DAMAGE

17. A Schedule of Past and Future Losses will be provided in due course.

CLAIM FOR INTEREST

18. The Plaintiff pleads and relies upon section 34 of the Judicature Law (2017 Revision) and the Judgement Debts (Rates of Interest) Rules 2012 as amended and claims interest on her general and special damages and costs as follows:

    a) Prejudgement (simple) interest on his general and special damages awarded from 26th October 2016 (the date the Plaintiff's cause of action arose) to judgement at a rate of 2.38%

    b) Post-judgment interest upon the principal amount of the judgement with the effect from the date of service of the judgement at a rate 2.38%; and

    c) Interest on all fixed and/or assessed costs and orders running from the date of service of the orders or certificates of taxation respectively and at a rate of 2.38%

AND the Plaintiff claims:

1. General damages for pain and suffering and loss of amenities to be assessed;

2. Special damages including loss of income to be assessed;

3. Pre-judgment and post-judgment interest pursuant to section 34 of the Judicature Law (2017 Revision) and Judgement Debts (Rates of Interest) Rules 2007 as amended, and more particularly pleaded above;

4. Costs; and

5. Such further and other relief as the Court may deem just.

DATED this 10th day of October 2019

Stenning & Associates
Attorneys for the Plaintiff

THIS WRIT OF SUMMONS & STATEMENT OF CLAIM is filed by Stenning & Associates, attorneys for the Plaintiff, whose address for service is that of their attorneys, at Cayman Technology Centre, 115 Printer Way, George Town, Grand Cayman, Cayman Islands.

Cayman Orthopaedic GROUP

MEDICAL LEGAL REPORT

Stacey-Ann McLeish

STENNING & ASSOCIATES
ATTORNEYS-At-LAW

Dr Frank C Smith, Cayman Orthopaedic Group
Sportmedcandw.ky

The Cayman Orthopaedic Group

Box 11698 Airport P.O., Grand Cayman, KY1 – 1009, Cayman Islands, Phone: (345) 945-8380 Fax: (345) 945-8405,
Email sportmed@candw.ky

Dr. Pervez Ali
MD, FRCSC
Orthopædic Surgeon
Adult Hip & Knee Joint Reconstruction

Dr. Olufemi Ayeni
MD, FRCSC
Hip, Shoulder, Knee Arthroscopy, Trauma & Sports Medicine

Dr. Timothy Carey
MD, FRCSC
Paediatric Spine, Trauma, Foot & Ankle Surgery

Dr. Rick Ogilvie
MD, FRCSC
Sports Medicine & Knee Reconstructive Arthroscopic Surgery

Dr. Krishan Rajaratnam
MD, FRCSC
Upper Extremity, Trauma and Joint Arthroplasty

Dr. Vir Sennik
MD, FRCSC
Orthopædic Surgeon
Knee, Hand & Upper Limb Surgery

Dr. Frank Smith
MB, ChB FRCSC
Orthopædic Surgeon
Reconstructive Surgery

Dr Franklin Tran
MD, FRCSC
Arthroscopic Knee & Reconstructive Surgery, Sports Medicine

Dr Ivan Wong
MD, FRCSC
Arthroscopic Reconstructive Surgery Shoulder, Hip, Knee & Ankle, Sports Medicine

Fay A Frederick
RN, Dip HSM
Practice Manager

Ref: MCLE-S

August 6, 2018

Stenning & Associates
Attorneys-At-Law
P.O. Box 901
Grand Cayman KY1-1103

Dear Mr. Stenning:

Medical Legal Report
Re: Stacey-Ann McLeish
DOB: May 18, 1976

Credentials

I am a graduate of Bristol University School of Medicine in the UK, in 1969, when I was awarded Bachelor of Medicine and Bachelor of Surgery Degrees. I, then spent time in the house jobs to become fully registered with the General Medical Council and went into six months as a senior house officer in orthopaedic surgery in trauma and six months as a casualty officer of the Bristol Royal Infirmary. Following that, I spent a year at the university in the Department of Anatomy as an anatomy demonstrator teaching anatomy to medical students and Royal College surgery candidates preparing for their fellowship primary exams.

I, then was offered an opportunity to study orthopaedic surgery in Canada at McMaster University and I did a full residency program there graduating with a fellowship of the Royal College of Surgeons in Surgery Subdivision Orthopaedics in 1977. Between 1976 and 1977, I spent a year as a post-grad fellow at Rancho Los Amigos in Downey, California where I worked on the spinal injury service and on the arthritis surgical service. After that, I returned to McMaster and was given a consultant position in the Department of Orthopaedic Surgery dealing with orthopaedic elective and emergency services including multiple trauma. For the first 17 years of that time, I was doing the majority of the spinal injury surgery and a large amount of multiple trauma plus becoming Director of Reconstructive Surgery at Chedoke Hospital division of the University Teaching Network in Hamilton for McMaster University. Subsequently I moved to the Medical Centre in Othopaedic and Reconstructive Surgery until that division was closed. I was moved to the Juravinski Hospital, where the principal accent was upon hip and knee arthroplasty, including revision surgery and surgery for tumours together with lower limb trauma including pathological fractures and hip fractures.

All that time, I have also been a teaching Associate Professor of Surgery at McMaster University. This job has included multiple lectures around the world, multiple randomized short studies in various aspects of orthopaedic surgery and management thereof. I was the founder member of the Cayman Orthopaedic Group, which is a collection presently of nine orthopaedic surgeons from Canada. We rotate on a regular

basis to provide a full blend of subspecialties within orthopaedic surgery to the residents of the Cayman Islands. We are able, therefore, to afford them of the highest level of service at the Major Referral Centre University level.

Introduction

Stacey-Ann McLeish was seen on the request of Mr. James Stenning in order to take a history, examine her and analyze the injuries that were sustained in the motor vehicle accident on the 26th of October 2016.

Stacey-Ann was on her way to work at Wendy's in the morning when it was raining heavily. There were cars in front of her near A.L. Thompson's at the roundabout and she was stopped behind the other vehicles at an appropriate distance from them. She was driving a Nissan 2000 B15. She was violently struck from behind by another vehicle. The rear end of her vehicle was significantly damaged and the car was written-off as a result of the collision. The driver of the other car was in a larger size vehicle. She believes that it was an SUV type vehicle.

On the first day of the accident, she had minor symptoms in her neck and shoulder only, but the following day was unable to twist her neck to the right at all, had pain in her neck and had difficulty using her right hand to do her hair. She was unable to lift her shoulder above shoulder-level. She had to take time off of work but she tried to go back as quickly as possible. She was sent to physiotherapy at a West Bay Road clinic. She had six or seven sessions there, about a week apart. Unfortunately, this made her feel even worse and she gave it up and went to see Dr. Addleson, her family doctor, for the first time.

She tried to continue working and was on and off there, depending on her symptoms, which created difficulty with her employer. Dr. Addleson was very supportive in helping out with anti-inflammatory medication and analgesic medication. She appeared to have lost about four months of work exhausting her sick time and therefore experiencing a massive loss in income.

Dr. Addleson referred her to Heath City for assessment and management of the shoulder injury and she was diagnosed with whiplash injury with resulting neck muscle spasm and inflammation. She tried a variety of anti-inflammatory medications including Meloxicam.

At Health City, at Dr. Addleson's request, she was seen by a consultant neuro-interventionalist and an orthopaedic surgeon. She was diagnosed with impingement syndrome with supraspinatus tendinitis of the right shoulder and she was told that she would require physiotherapy twice a week for four weeks. This would consist of IFT/ultrasound therapy shoulder, range of motion exercises, scapulothoracic stabilization exercises, shoulder isometrics and rotator cuff strengthening. The interventional neurologist advised that she should be doing only light work for two months. She had an injection in the shoulder, which she found extremely painful, but it gave her some relief taking her pain from 7/10 to 3/10 for a short period of time.

She went back to work and this re-aggravated her symptoms, such that she then visited the Cayman Orthopaedic Group to see Dr. Rajaratnam, one of the shoulder experts. He saw her, took history, examined her and reviewed the MRI examination. He also noted that she had tried numerous anti-inflammatories and said that over-the-counter Advil seemed to work best for her with the least side effects. He noted also that she had been given Flupirtine at Health City, but it had not been exceptionally helpful.

His examination of the shoulder showed that she had hesitation in forward elevation at 110°, but passively it could be taken to 160°, this meaning that the muscle was being inhibited but there were no adhesions in the shoulder to prevent it going up to 160°. At that point, however she did come to a stop, whereas the contralateral side could be taken easily to 180°. This of course, presents a 20° loss of range of motion in forward elevation. Abduction was at 90° satisfactorily, then up to 100° as a maximum limit was painful. External rotation was symmetrical with 45° internal rotation to get her hand to the L1 or 2 level behind her

back. Dr. Rajaratnam felt she had reasonably preserved cuff strength grade 5/5 of her supra and infraspinatus muscles. She had markedly positive Neer's and Hawkins' signs of impingement, positive Speed's and Yergason's signs indicative of biceps root irritation. He was not able to get her to the apprehension position because of shoulder pain.

He inspected the MRI examination, which has been seen previously and reported as showing impingement and a supraspinatus muscle strain. He reviewed the films and felt that this in fact showed a partial thickness tear of her supraspinatus muscle.

I have reviewed the MRI and I agree with Dr. Rajaratnam that this looks very much like a partial thickness tear and the velocity of the injury is such to be compatible with that diagnosis.

He felt that she should be on oral anti-inflammatory agents for at least four weeks to give her symptomatic relief. If this did not work then he would re-administer a subacromial Cortisone injection to be done in the Cayman Orthopaedic Group clinic. If she continued to have weakness and pain after that then he felt she would be a candidate for arthroscopic subacromial decompression and potential rotator cuff repair, but he did not feel that was appropriate at the time he saw her. He also felt that the injury that she had suffered and the mechanism described by her for the vehicle accident were compatible and that no other cause had been identified.

Subsequently, he did do a subacromial injection of Cortisone and local anaesthetic, which did give her some temporary relief. She was able to return to work partially but could not get back to the full activities of her occupation, which required a lot of lifting, cleaning tables and washing dishes as well as being courteous to the clients and attending to their needs as well as the order centre.

This led to some resentment of the other employees and some difficulties with her employer, which is understandable and extremely difficult for her to bear with.

Despite these treatments, she has not made significant recovery to the point where she can get back to full-time work doing her full-time previous occupation and her job and therefore, her work permit is now at great risk of being terminated.

I interviewed Stacey-Ann and examined her on the 6th of August 2018 on the premises of Cayman Orthopaedic Group. She gave a history that she had been off of work from May 17th until August of 2017. She has had all episodes now as certified absence from work and is currently not working but expected to return to part-time activity on the 15th of August 2018. This recent absence from work was in relation to a death of someone dear to her in her family for which she returned to Jamaica to attend the funeral.

Her current symptoms are that she cannot sleep on her right side. The pain radiates down the midline of her neck, is aggravated when she is in flexion, aggravated by prolonged standing and finds that the bra strap is very uncomfortable on her right shoulder. Her work tolerance is now severely limited whereas prior to the injury, she would work long shifts ending at, very frequently, 11:30 to midnight at night. She now is limited to about six hours a day, starting at 10:00 a.m. and finishing at 4:00 p.m. because of recurrence of her symptoms.

The details of the accident clearly account for the injury that she sustained. The force applied to her neck and shoulder when she was hit at, it was estimated at 25 miles per hour, by a larger vehicle than hers, is significant. The striking vehicle was driving at the speed limit of 25 miles per hour when it struck her with the force of 17 tons. Certainly, there is a significant enough force to have caused the symptoms of which she complains in the cervical spine with a so-called whiplash injury. That implies that the head is thrown backwards first by the vehicle being moved underneath her and the inertia of the skull and the weight of the head delays the forward movement of the head. Then, the head is thrown forwards causing a forced

flexion injury often associated with a degree of rotation. The shoulder was forced against the safety strap pulling down on the shoulder against the shoulder blade and causing impingement of the supraspinatus tendon and then thus rendering it partially injured with about a 25% tear. This has left her with chronic pain and is resistant to treatment. It is tiring for her and mentally distressing. She is not able to work as she did before, having previously been Employee of the Year.

Physical Examination:

On examination, she shows marked tenderness at the C5-6 level and partially down to the T4 level of her spine, when examined posteriorly. Her extension is 25° of the cervical spine. She is able to rotate 40° to the right and 70° to the left; a significant difference. The trapezius muscle at its insertion at the base of the skull is markedly tender on the right, less-so on the left, virtually zero. Her right shoulder shows abduction to 90° and with resistance has marked pain at the acromion and she cannot push my hand up at all. She can just get her right hand to her buttock now, which is very much worse than when she saw Dr. Rajaratnam.

She has a full range of motion in her left shoulder. Right shoulder flexion hurts at the shoulder itself and radiates into the elbow in the distribution of the biceps muscle. This is the area where she experiences a cramp when she is working with any degree of lifting. When I examined the circumference of her biceps, she measures 34.5 cm on the right at the midsection and 35.5 on the left, which is her non-dominant arm and therefore would normally be slightly smaller. This is indicative of wasting of the muscle due to inhibition because of the pain. Her grip strength is also decreased on the right because of the involvement of the biceps tendon and its reduction and radiation of the radius and referred pain into the cubital fossa.

She has tenderness at the base of the skull and this is where she experiences her headaches, especially when she is in a tense environment, such as the antagonism she is receiving from her work associates. Enquiring into her domestic activities, she has very limited use of the right hand, is not able to clean her house as she would wish and even has difficulty pushing a shopping cart and is quite unable to do that with her right hand when it is loaded.

She has some difficulty moving her head and neck. She has tenderness at C5-6 down to T4 posteriorly. She has 50° of cervical extension, 25° of flexion, 40° of rotation to the right, 70° to the left. The proximal heads of the trapezius muscles are sore, both on the right and the left.

The right shoulder abducts to 90° and is resisted with pain at the acromion. She can just get her right hand to her buttock with help. The left shoulder has full range of motion. Flexion of the right elbow gives her pain both at the shoulder and the elbow and the biceps muscle on that arm is markedly tender. While she was doing this exercise, she had a cramp in the shoulder, which was quite uncomfortable for her.

She is right-hand dominant. Her biceps circumference at the midpoint is 34.5 cm and 35.5 cm in the left arm, which is her non-dominant arm. Her group strength on the left is normal, but on the right, it is reduced to 2/5 causing pain in the cubital fossa and the insertion of the biceps at the radial tuberosity. Spurling's spine test pressing down on the head with the chin rotated to the right gives her shooting pain into the arm and the region of the radial tuberosity. To the left, she has no ill effects.

With regard to the right shoulder, it is worth noting that she has had an injection carried out at Health City Hospital around May or June of 2017, which did not help her and was extremely painful. She had an injection carried out at the Cayman Orthopaedic Group by Dr. Rajaratnam in April of this year, which did give her about 50% of relief of her shoulder symptoms.

Under the Quebec Classification of Whiplash Associated Disorders, given that she has muscular injury persisting and neurological irritation from the C4-5 neural disc bulge, it is classified as a WAD III.

Her investigations demonstrate a partial tear of the supraspinatus tendon in the right shoulder and the scan also shows that she has disc bulges at C4-5 and C7 through T1.

Given that she has both, muscular problems in the right upper limb and neck and has paraesthesia intermittently in the right arm, she would qualify as a WAD III classification of whiplash injury under the Quebec grading system. That finding is compatible with the definition that she gave of the injury. Rear-end collisions cause a greater degree of cervical discomfort than front-end collisions as this is well-established in the literature. The damage was sufficiently serious to have the trunk of the car damaged to the point of being written-off, so that means that the forces were in excess of 10 G and as noted in the publication by Krafft M, Kullgren A, Lie A et al, Journal of Traffic Medicine 1997 25 (3-4: pages 89-96). This is in the category where the impacted person will sustain a long-term neck-related disability with a much poorer prognosis than those below 10 G.

In the long-term, this makes it very difficult for her to return to her occupation at Wendy's in full capacity and she is currently working part-time in the region of six hours a day. Prior to the accident, as noted she worked, on average, 12 hours a day, which involved a lot of lifting, cleaning tables, washing dishes, bending over and lifting, all of which would be expected to aggravate her symptoms dramatically now and not be repeatable on a daily basis.

At the end of the day, which is now 4 o'clock for her rather than midnight, she leaves work with a stiff neck and finds moving very painful.

I examined the MRI examination of the cervical spine and right shoulder and find that she has a disc bulging lesion at C4-5 level and there is indication of a small degree of irregularity at the C7-T1 level, in addition. The MRI of the shoulder indicates that she has a lesion in the supraspinatus tendon, which is compatible with a partial tear.

None of these symptoms were present prior to her motor vehicle accident. Her symptoms have been present ever since that had occurred. She has made every effort to rehabilitate as best she can without success and this is, indeed due to the fact that she now has permanent lesions compatible with her symptoms, both in the cervical spine and the supraspinatus tendon.

With regard to the shoulder, it is possible that she would obtain some relief from arthroscopic surgery of that, which would involve some decompression of the subacromial gutter to prevent the damage done from impinging this significantly. Closer inspection arthroscopically may reveal that this can be to some degree repaired, which is a procedure that Dr. Rajaratnam is a leading expert as are Dr. Wong and Dr. Ayeni, other members of the Cayman orthopaedic staff. She has no means of being able to cover the cost of such a procedure, given the very low rate of pay and very limited hours that she has been able to work.

With regard to the cervical spine, this is not an operable lesion at the present time and would probably be somewhat amenable to a proper course of physiotherapy including stretching exercises done gently by a very experienced cervical physiotherapist. That again would be a significant expense, which is beyond her capabilities at this present time.

Her long-term prognosis, untreated, is not good for this patient. She is already getting into the realm of being chronically afflicted and the causation of this, based on the history prior to the accident and since, lays the causation entirely at the responsibility of the driver of the vehicle that has impacted her and financial responsibility with his insurance company.

Yours sincerely,

F. Smith, MB, ChB, FRCSC

FS/jf

IN THE GRAND COURT OF THE CAYMAN ISLANDS
CAUSE NO OF 2019
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BETWEEN:

STACEY- ANN KAMELIA MCLEISH

Plaintiff

AND

KIM RAMOON

First Defendant

THE ATTORNEY GENERAL OF THE CAYMAN ISLANDS

Second Defendant

STATEMENT OF CLAIM

Stennings & Associates
Cayman Technology Centre,
115 Printer Way,
George Town,
Grand Cayman.

Tel: +1 345-945-0220
Attorneys for the Plaintiff

THIS WRIT OF SUMMONS & STATEMENT OF CLAIM is filed by Stenning & Associates, attorneys for the Plaintiff, whose address for service is that of their attorneys, at Cayman Technology Centre, 115 Printer Way, George Town, Grand Cayman, Cayman Islands.

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 defence on the Attorney for the Plaintiff (or on the Plaintiff if acting in person).

   If a Statement of Claim is indorsed on the Writ (i.e. the words "Statement of Claim" appear on the top of page 2), the Defence must be served within 14 days after the time for acknowledging service of the Writ, unless in the meantime a summons for judgment is served on the Defendant.

   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

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.

IN THE GRAND COURT OF THE CAYMAN ISLANDS **CAUSE NO OF 2019**

(CIVIL DIVISION)

BETWEEN:

STACEY- ANN KAMELIA MCLEISH

Plaintiff

AND

KIM RAMOON

First Defendant

THE ATTORNEY GENERAL OF THE CAYMAN ISLANDS

Second 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

THIS WRIT OF SUMMONS & STATEMENT OF CLAIM is filed by Stenning & Associates, attorneys for the Plaintiff, whose address for service is that of their attorneys, at Cayman Technology Centre, 115 Printer Way, George Town, Grand Cayman, Cayman Islands.

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.

STENNING & ASSOCIATES
Cayman Technology Centre,
115 Printer Way,
George Town,
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.

CAMPBELLS
Attorneys-at-Law
Floor 4,
Willow House,
Cricket Square,
Grand Cayman,
Cayman Islands

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THIS WRIT OF SUMMONS & STATEMENT OF CLAIM is filed by Stenning & Associates, attorneys for the Plaintiff, whose address for service is that of their attorneys, at Cayman Technology Centre, 115 Printer Way, PO Box 901, George Town, Grand Cayman, KY1-1103, Cayman Islands.