



MARY COURT AT GEORGE TOWN

CAUSE NO. S2026-0031

BETWEEN: **KIRK PATRICK PALMER** **PLAINTIFF**
 T/A WHITE RAIN CAR RENTAL

AND: **GIOVANNE CURTIS WATLER** **DEFENDANTS**
 ~~**CHAD MARCINO HOOKER**~~

AND: **CHAD MARCINO HOOKER** **DEFENDANTS**
 ~~**GIOVANNE CURTIS WATLER**~~

AMENDED PLAINT

To: **Chad Marcino Hooker**
 George Town
 Tel

~~Giovanne Curtis Watler~~
~~Bodden Town~~
~~Tel~~

And To: **Giovanne Curtis Watler**
 Bodden Town
 Tel

~~Chad Marcino Hooker~~
~~George Town~~
~~Tel~~

THIS PLAINT 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 service on this Complaint on you, counting the day of service, you must either satisfy the claim or return to the **Court Office, P.O. Box 495, George Town, Grand Cayman**, the accompanying **Acknowledgment of Service** form stating therein whether you intended to contest this action. If you intend to defend that action, in whole or in part, you must set out **full** particulars of your **defence** in the space provided in the Acknowledgment of Service form.

If you fail to satisfy the claim or fail to return the Acknowledgment of Service form containing full particulars of your defence, the Plaintiff may apply for a **default judgment** without any further notice to you.

Issued this 11 9 day of March 2026.

See overleaf for particulars of the Plaintiff's claim.

PARTICULARS STATEMENT OF CLAIM

1. On 21st December 2025 I rented a Honda Fit Registration Number [] to **Chad Marcino Hooker** ~~Giovanne Curtis Walter~~. The agreement was that he would be the only driver of the vehicle. The rental was on a week-to-week basis, and he would make the rental payments weekly. **I received a deposit of C\$200.00. No deposit was taken.**
2. On the 9th January 2026 the Honda Fit Registration Number [] was in a motor vehicle accident. A police officer was on the scene of the accident. I was told that **Chad Marcino Hooker** ~~Giovanne Curtis Walter~~ had given the car to **Chad Marcino Hooker** ~~Giovanne Curtis Watler~~ to drive. **Mr. Watler** ~~Mr. Hooker~~ and his partner was having a fight in the car whilst driving which caused the accident.
3. I had not rent the Honda Fit Registration Number [] to **Chad Marcino Hooker** ~~Giovanne Curtis Watler~~. **Mr. Watler** ~~Mr. Hooker~~ at the time did not possess a valid drivers' license.
4. Before the accident the vehicle was valued at C\$7000.00. The estimate to repair the vehicle is estimated at **C\$3000.00** ~~C\$3500.00~~.
5. Although **Mr. Hooker** ~~Mr. Walter~~ was the person I rented the car to, and **Mr. Watler** ~~Mr. Hooker~~, the person who was driving the car when the accident occurred, neither of them reached out to me to pay for the repairs of the vehicle.
6. I have attached a copy of the car repair agreement which was signed on 14th January 2026 by **Mr. Watler** ~~Mr. Hooker~~. Although he signed this agreement, he has not made one payment.
7. I have attached the estimate to fix the car.
8. I have also attached pictures of the vehicle after the accident.

9. I have also attached a copy of the Police Report to verify that ~~Mr. Watler~~ Mr. Hooker was the driver of the vehicle at the time of the accident.

The Plaintiff now claims:

1. The sum of ~~\$3,000.00~~ \$3,500.00 for car repairs.
2. Filing fee of \$25.00
3. Process server fee \$30.00
4. Cost for the police report \$100
5. Fixed cost of \$150.00
6. Interest as the rate to be assessed.
7. Such further and other relief as this Court may deem just.



Kirk Patrick Palmer
Plaintiff

Accident Number 2026000792		Agency NCIC No. CI		MOTOR VEHICLE ACCIDENT REPORT				County GRAND CAYMAN		Date Rec. By DMVS	
Date 01/09/2026		Day Of Week ☐ Sun ☐ M ☐ T ☐ W ☒ Th ☐ F ☐ S		Time 00:54		Off. Arrived		Total Number Of: Vehicles 1 Injuries 0 Fatalities 0		Inside City Of: GEORGE TOWN	
Road of Occurrence BODDEN TOWN RD 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St				At Its Intersection With 342 BODDEN TOWN RD 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St				Corrected Report? Yes ☐			
Not At Its Intersection But _____ ☐ Miles 1 ☐ North 3 ☐ East ☐ Feet 2 ☐ South 4 ☐ West				Of: _____ 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St 5 ☐ Co. Line				Suppl. To Original? Yes ☐			
And continuing in the direction checked above, the Next Reference Point is BODDEN TOWN POLICE STATION 1 ☐ Interstate 2 ☐ Lowest St. Rt. 3 ☐ Co. Road 4 ☐ City St 5 ☐ Co. Line								Hit and Run? Yes ☐			
Driver # 1 LAST NAME FIRST MIDDLE WATLER, GIOVANNE CURTIS Ped ☐ Address _____ City BODDEN TOWN State CI Zip _____ DOB _____ Driver's License No. _____ Class _____ State CI ☒ Male ☐ Female Posted Speed _____ Insurance Co. INDIGO Policy No. _____ Year 0 Make HOND Model _____ Telephone No. _____ VIN _____ Vehicle Color PLE Tag # _____ State CI County _____ Year _____ Trailer Tag # _____ State _____ County _____ Year _____ ☐ Same as Driver Owner's Last Name First Middle PALMER, KIRK PATRICK Address _____ City WEST BAY State CI Zip _____ Removed By OWNER ☐ Request ☐ List						Driver # _____ LAST NAME FIRST MIDDLE Ped ☐ Address _____ City _____ State _____ Zip _____ DOB _____ Driver's License No. _____ Class _____ State _____ ☐ Male ☐ Female Posted Speed _____ Insurance Co. _____ Policy No. _____ Year _____ Make _____ Model _____ Telephone No. _____ VIN _____ Vehicle Color _____ Tag # _____ State _____ County _____ Year _____ Trailer Tag # _____ State _____ County _____ Year _____ ☐ Same as Driver Owner's Last Name First Middle Address _____ City _____ State _____ Zip _____ Removed By _____ ☐ Request ☐ List					
Alcohol Test		Type	Results	Drug Test		Type	Results	Alcohol Test		Type	Results
Driver Cond		Direction Of Travel		Vision Obscured		Contributing Factors		Driver Cond		Direction Of Travel	
Veh Cond		Veh Maneuver		Ped. Maneuver				Veh Cond		Veh Maneuver	
Most Harmful Event		Veh Class:		Veh Type:				Most Harmful Event		Veh Class:	
Traffic Ctrl		Device Inoperative? ☐ Yes ☒ No						Traffic Ctrl		Device Inoperative? ☐ Yes ☐ No	
Injured Taken To: _____ By: _____											
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: ☐ Yes ☒ No		By: _____			
Report By: 182 - MC LAUGHLIN, R. ROYAL CAYMAN ISLANDS		Department		Report Date 01/09/2026		Checked By: 244 - JAMESON, B. G.		Date Checked 03/06/2026			
Witness(es): Name		Address		City		State		Zip Code		Telephone No.	
DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle # Address _____ State _____ Zip _____						Carrier Name Vehicle # Address _____ State _____ Zip _____					
No. of Axles		G.V.W.R.		Fed. Reportable 1 ☐ Yes 2 ☐ No		Cargo Body Type		No. of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate ☐ Intrastate ☐		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? 1 ☐ Yes 2 ☐ No		C.D.L. Suspended? 1 ☐ Yes 2 ☐ No		Vehicle Placarded? 1 ☐ Yes 2 ☐ No		Hazardous Materials? 1 ☐ Yes 2 ☐ No		C.D.L.? 1 ☐ Yes 2 ☐ No		C.D.L. Suspended? 1 ☐ Yes 2 ☐ No	
Released? 1 ☐ Yes 2 ☐ No								Released? 1 ☐ Yes 2 ☐ No			
If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____						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						___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units					

The concrete column at residence 342 received minor damages.

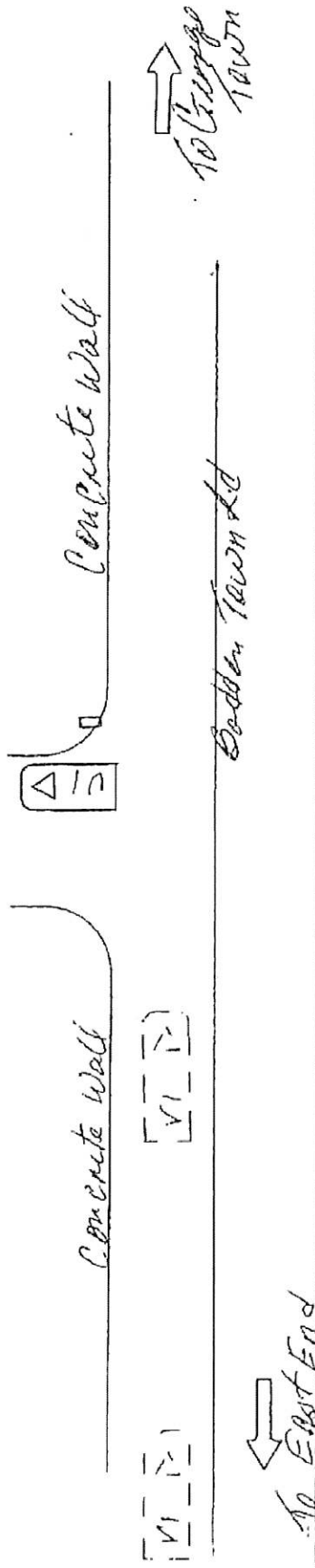
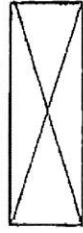
INDICATE ON THIS DIAGRAM WHAT HAPPENED

2026-03-11

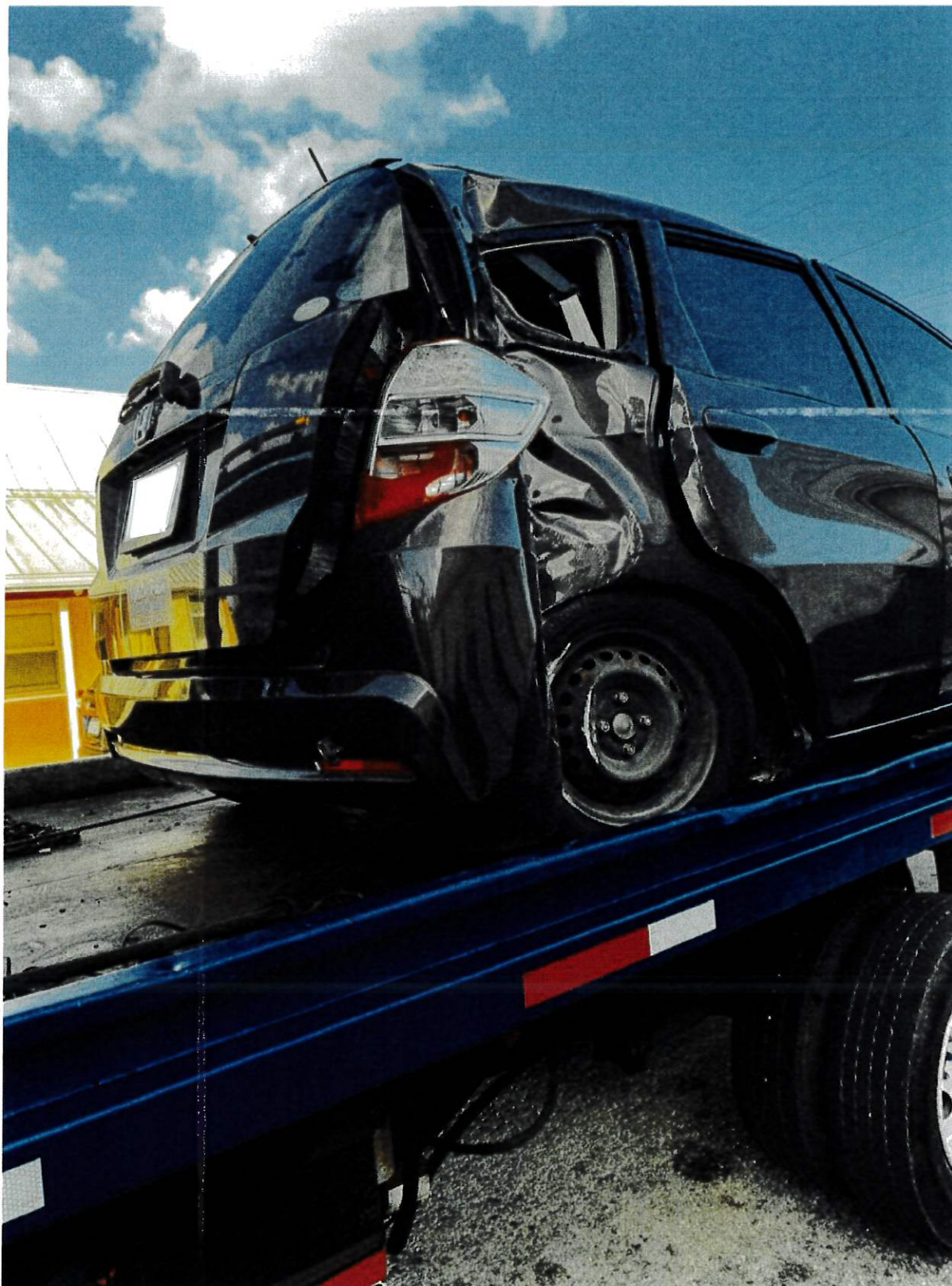
Accident Number 2026000792		Agency NCIC CI	Accident Date 01/09/2026		Motor Vehicle Report Continuation									
OCCUPANTS:					AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC	AIRBAG
LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP									
Injured Taken To:					By:									
Witness														
Name		Address		City		State		Zip Code		Telephone No.				
Additional Remarks:														
Vehicle 1 received damages to the right front end and right rear side.														
[03/06/2026 13:45, BRIANJ, 198, RCIP]														
														
* * E N D * *														
Reported By: 182 - MCLAUGHLIN, R.														
PAGE 3 of 3														



Sketch Plan Drawn By: SPC 182 McLaughlin



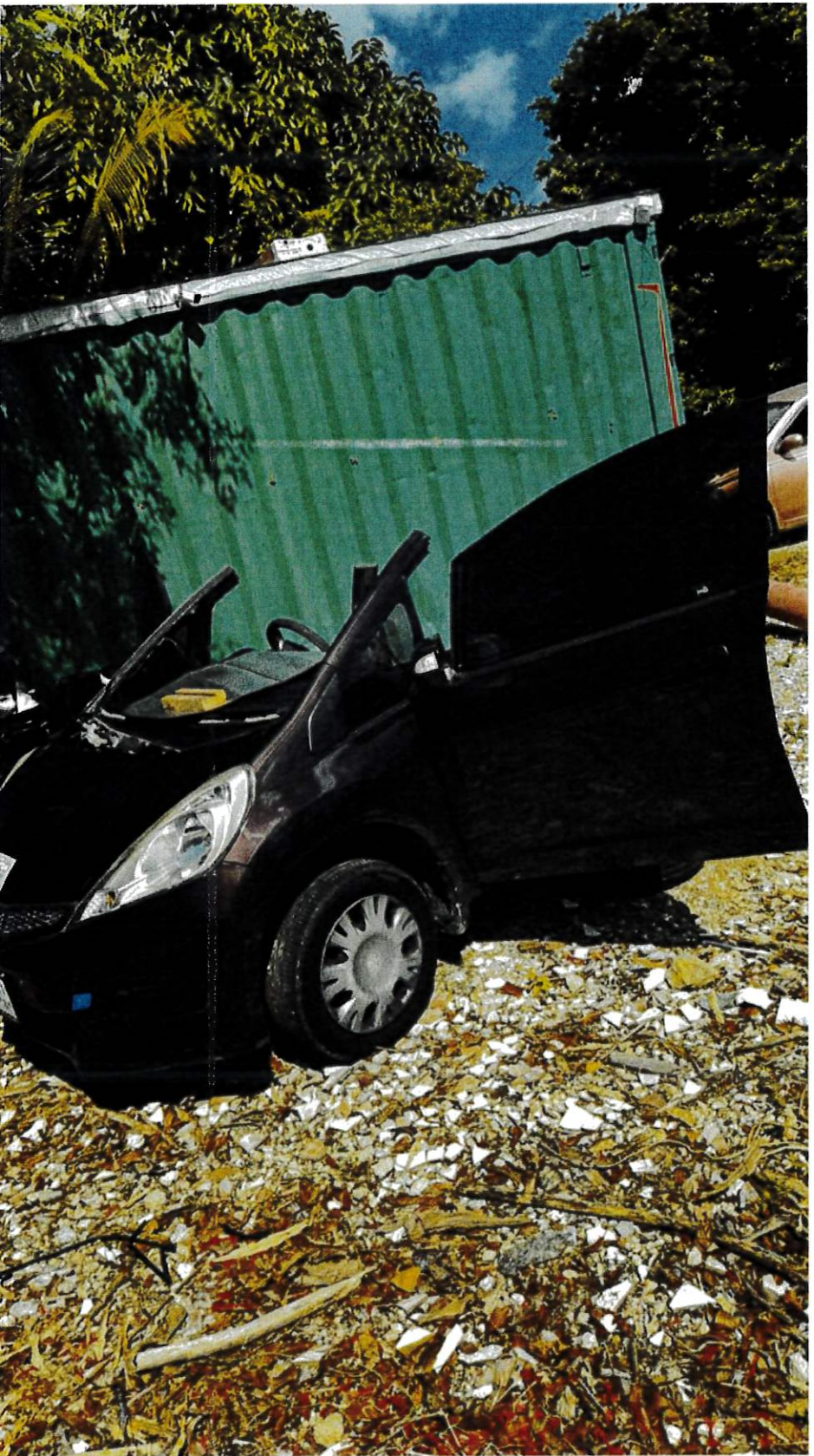
(Not to scale)













CAR RENTAL AGREEMENT
This agreement is made between the undersigned and the
renter.
Name: Kirk P. Miller
Address: 1000 N. 1st St. Apt. 101
City: Albuquerque, NM 87102
State: NM Zip: 87102
Telephone: 505-243-1234
Signature: Kirk P. Miller
Date: 03/11/2026
Vehicle Details:
Make & Model: Honda Fit
Year: 2011
Registration Number: [REDACTED]
VIN: [REDACTED]
A. TOTAL COST
The total cost of the rental is \$65.25.

INVOICE #

DATE:



GEARWRENCH AUTOCARE
14 REVEREND BLACKMAN RD WEST BAY
GRAND CAYMAN, CAYMAN ISLANDS
P.O. BOX 379, KY1-1302
345-917-2489
Selvinwhyte1@gmail.com

CUSTOMER DETAILS:

NAME :

CELL NUMBER:

MAKE	MODEL	YEAR	VIN	COLOR
Honda	Fit	2011		Brown

DESCRIPTION	TOTAL
Remove & Replace Rear Right Panel	
Replace Left Rear panel	
Replace ReaLight. Replace 2 Rear Strut	
Replace Rear Arm & Tier. Repaint	
Complete car	

PARTS

LABOUR

TOTAL \$3000 C.I.

2026-03-11

IN THE SUMMARY COURT AT GEORGE TOWN

CAUSE NO. S2026-0031

BETWEEN: **KIRK PATRICK PALMER** **PLAINTIFF**
 T/A WHITE RAIN CAR RENTAL

AND: **GIOVANNE CURTIS WATLER** **DEFENDANTS**
 ~~**CHAD MARCINO HOOKER**~~

AND: **CHAD MARCINO HOOKER** **DEFENDANTS**
 GIOVANNE CURTIS WATLER

ACKNOWLEDGMENT OF SERVICE

1. State Defendant's name and address –

2. State whether the Defendant intends to contest the action.

☐ Yes

☐ No

3. If you do not intend to contest the action, do you want time in which to pay the claim?

☐ Yes

☐ No

3. If you do intend to contest the action, in whole or part, you must set out full particulars of your defence overleaf.

Service of the Plaint is acknowledged accordingly.

Defendant's Signature

Dated this _____ day of _____ 2026

See Overleaf

PARTICULARS OF DEFENCE

(Here set out in numbered paragraphs the grounds upon which the Defendant says that he is not liable to the Plaintiff, or is not liable for the full amount claimed)

Defendant's Signature

REMINDER - This form must be taken or send to the Court Office, P.O. Box 495 GT, George Town, Grand Cayman within 14 days of receipt otherwise a default judgment may be entered against you.