

RECEIVED

OCT 19 2020

SC Court of Appeals

PATRICIA FORD

Plaintiff

v

Tar heel Capital/Wendy's

Respondent

CASE NO. 2020-0011187

STATE OF SOUTH CAROLINA)
 COUNTY OF RICHLAND)
)
 Patricia Ford and Cleveland Ford)
)
 Plaintiffs)
 v.)
)
 Tar Heel Capital Corporation)
 d/b/a Wendy's)
 Defendants)

IN THE COURT OF APPEAL
 FIFTH JUDICIAL CIRCUIT

Appellate Case No. 2020-0011187

Appellate Court

RECEIVED
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PETITION FOR REHEARING

Now come Plaintiffs Patricia Ford and Cleveland Ford asking the court to grant a rehearing in the above styled case. Plaintiffs feel they were deprived of their day in court and assert the following facts in support of this position: Also as the court to get the work order on the outside light for 2017.

1. Incident occurred on November 11, 2017 at Wendy's Restaurant #74 Garners Ferry Road Columbia; South Carolina county of Richland time Approximate 6:33 PM
2. Attorneys were negligent in investigating statement of "poor lighting" and failed to request work orders made by Wendy's Manager Maria Shannon who wrote the accident report.
3. Plaintiff Patricia Ford's left hand was broken, impeding her ability to write. Manager completed an incident report on Mrs. Ford's behalf and listed poor lighting as a primary reason for the incident and subsequent injuries Mrs. Ford suffered.
4. Attorney has mandated that plaintiff no longer contact their office and has refused to represent her further in taking the matter to trial
5. Attorneys, per the court, have not filed proper documentation to withdraw from representation
6. Attorneys have failed to provide plaintiffs with all legal documents to include mediation transcript between John Michael Montgomery, Esq., plaintiffs, and plaintiff's former counsel
7. During mediation, attorney made unprofessional comments such as: "We know where this is going." Implying that plaintiff was engaged in misuse of the court's resources or some other frivolity
8. Attorneys continued with mediation against plaintiff's wishes. Plaintiff was offered settlement as an ultimatum. Plaintiff stated that she was on medication and not well. Plaintiff feels she was coerced into accepting the settlement offer as the attorney characterized the offer as "the best [plaintiff was] going to get."

FACTS

1. 1, While walking toward the entrance, and while on the Defendant's property, Plaintiff could not see because there was poor lighting, and Plaintiff stepped where she thought there was pavement, but there was only ground. Exhibit: 1 Picture, Exhibit: 1a, Exhibit: 2a Picture. Exhibit: 3 Picture, Exhibit 3a These lights was not on in the parking area nor on the side where the sidewalk begins, where the Plaintiff fell, as result, Plaintiff fell, suffering severe damages to her neck arm, shoulder, and hip, wrist, as well as emotional and other injuries.
Exhibit 3 Receipt (PAT) Wendy's Accident Report by Wendy's Page 1, and 1a.
Medical Report MedCare: page 3,4,5.
2. Upon report of the accident, the manager Maria Shannon at Wendy's indicated she had reported the non-working lighting to corporate and *warning* her other employees not to walk on that side of the building because it was too dark.
3. Exhibit 3 Receipt (PAT) Wendy's Accident Report by Wendy's Page 1, and 1a.
4. Exhibit 2 Exhibit 1: Lux Light Exhibit 2, Exhibit 3 Exhibit 4 Exhibit:5
5. Recommended Light Levels Pages, 1,2,3,4,5
6. Affidavit's Page 1, and 2.
7. Medica Expense Exhibit total \$ 111,778.35
Page 1 Palmetto Health Baptist
Page 2 Moore Ortho Clinic / Dr. Lawson /Fulton / Dr Jones



Patricia Ford

1216 Congaree Road

Hopkins SC 29061

803 414-4960

patroberts1216@gmail.com

cc:

Mr. John Michael Montgomery, Esq
PO Box 114499
Columbia SC 29211

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Mr. Vordman Carlisle Traywick, III, Esquire
PO Box 114499
Columbia SC 29211

Subject: Light Lux

Taken on October 16, 2020 after 7:00 PM Eastern Standard Time at Wendy's, 6892 Garners Ferry Road, Columbia SC 29209

The Meter read 0.6 Lux. By Engineering Standards, a minimum of 200 LUX is needed for entrances for safe access.

Attachments

- Exhibit 1**
- Exhibit 2**
- Exhibit 3**
- Exhibit 4**
- Exhibit 5**

ATTACHMENTS

Recommended Light Levels

- Page 1
- Page 2
- Page 3
- Page 4

EXHIBIT 1

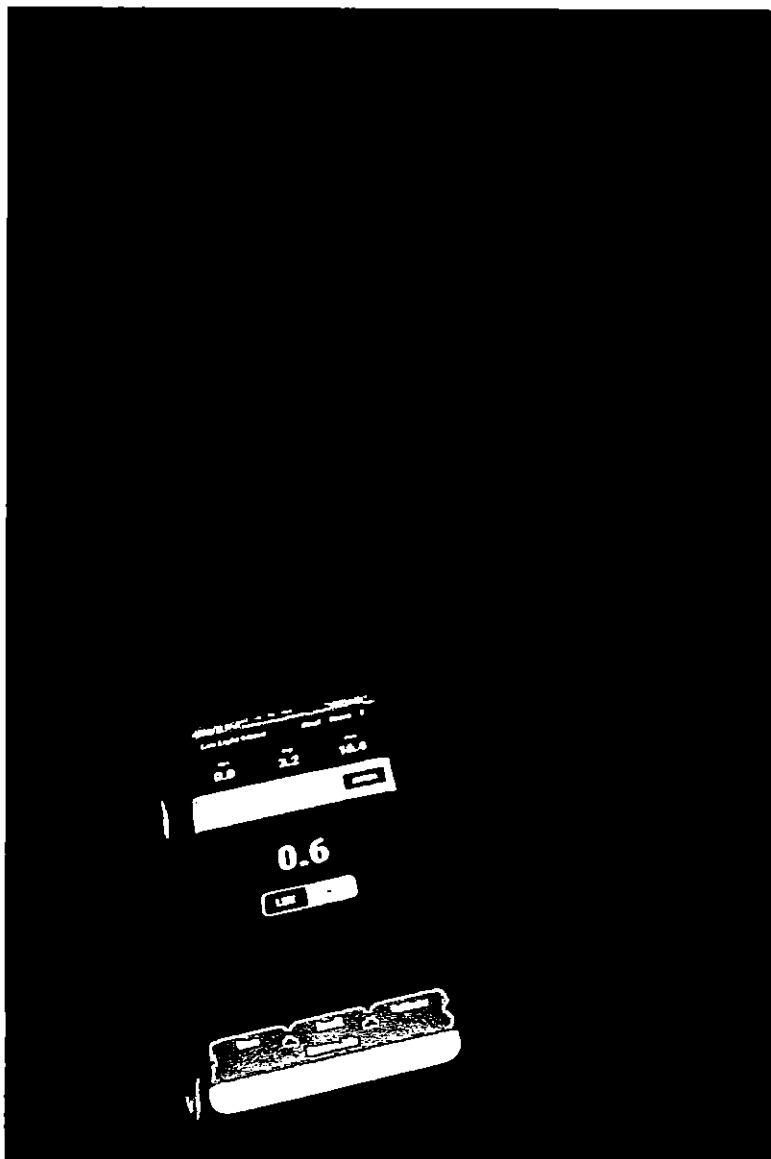


Exhibit 2

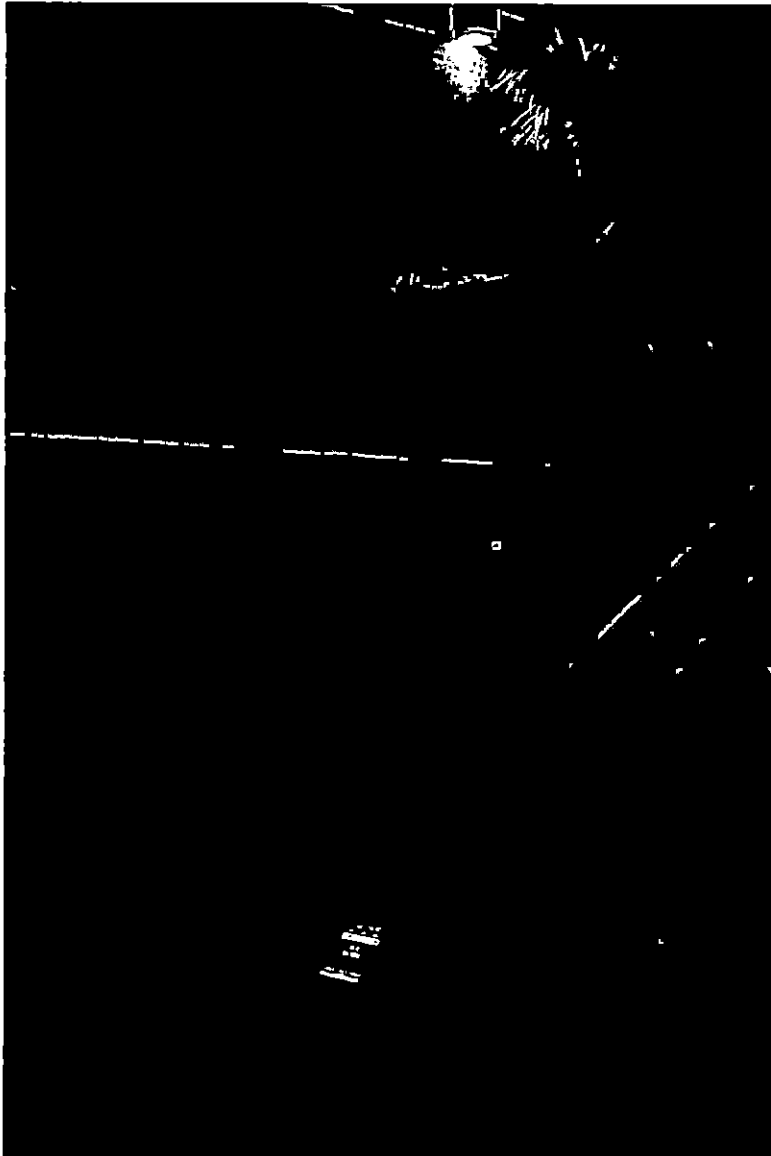


EXHIBIT 2

ighting LUX

Inbox

Lux is a unit used to measure the intensity of light hitting a surface, typically a wall or floor in a lighting design. One lux is equivalent to one lumen per square meter. They differ from lumens, which measure the brightness of the light source.

$$1 \text{ LUX} = 1 \text{ Lumen} / \text{m}^2$$

What does this actually mean for you? Well imagine you buy a 400 lumen bulb and put it in a room with 10m² of surface area inside. A little toilet or store room for example. Putting that into our equation, the room is therefore on average getting a light intensity of 40 lux. Put that same bulb into a larger room with say, 20m² of surface area, and all of a sudden the lux level will drop to 20 lux. This kind of demonstrates the obvious in that the bigger the room, the more you will need to create the right light levels. That much is obvious, but when you factor in natural light, the dimensions of the room, the required use of the room and other factors useful.

You can use lux to create a standard that can be employed across different buildings and usages, suddenly allowing you to compare the quality of the lighting in one building to another, or assessing whether the light is sufficient for the purpose it was designed for. If you get a lighting design carried out by an expert company like TheGreenAge, we can show you the brightest spots in a room and areas where you need more lighting, making sure that each area of the property is sufficiently and correctly lighted.

How many lux do you need?

If you look at the various recommendations when it comes to lighting levels, there are different recommended

EXHIBIT 4

intensity levels depending on the room and the purpose of the space. A room which is used for storage, for example, needs relatively low light levels; whilst a workshop where fine detail is required will need much brighter light levels. As such, the Chartered Institute of Building Service Engineers gives the various light levels that each part of a property – domestic or commercial- requires to give adequate lighting. This is purely guidance, but it should give you a good idea of the appropriate levels for each type of space.

- 100 lux – This level of light is sufficient for lifts, corridors and stairs. Areas that are transitory for occupants and don't require any detailed work. Warehouse areas and bulk stores will also require this minimal light level. You wouldn't want to read a book in this sort of light, but it is good enough to get around without injuring yourself.
- 150 lux – Restrooms and plant rooms require this level of light. Again this is not particularly bright but good enough for simple tasks.

* 200 lux – Entrance areas and lobbies require this level of light, and it is also the minimum for a restaurant dining area.

- 300 lux – Assembly Areas, like village halls require at least 300 lux
- 500 lux – Retail spaces should have this as a minimum light level, as should general office spaces.

This level should be suitable for prolonged work on computers, machinery and reading.

- More than 500 lux – If you have an area where intricate work is being carried out, then very high lux values may be needed. Where fine detailed work is being carried out, anything up to 2,000 lux can be used – this is usually only necessary in fairly unusual circumstances. For most purposes, 500 lux will be ample.

Exhibit 5

Recommended Light Levels

Recommended Light Levels (Illuminance) for Outdoor and Indoor Venues

This is an instructor resource with information to be provided to students as the instructor sees fit. Light Level or Illuminance, is the amount of light measured in a plane surface (or the total luminous flux incident on a surface, per unit area). The work plane is where the most important tasks in the room or space are performed.

Measuring Units of Light Level - Illuminance

Illuminance is measured in foot candles (*ftcd, fc, fcd*) or lux (in the metric SI system). A *foot candle* is actually *one lumen of light density per square foot*; *one lux* is *one lumen per square meter*.

- $1 \text{ lux} = 1 \text{ lumen} / \text{sq meter} = 0.0001 \text{ phot} = 0.0929 \text{ foot candle (ftcd, fcd)}$
- $1 \text{ phot} = 1 \text{ lumen} / \text{sq centimeter} = 10000 \text{ lumens} / \text{sq meter} = 10000 \text{ lux}$
- $1 \text{ foot candle (ftcd, fcd)} = 1 \text{ lumen} / \text{sq ft} = 10.752 \text{ lux}$

Common Light Levels Outdoors from Natural Sources

Common light levels outdoor at day and night can be found in the table below:

Condition	Illumination	
	(ftcd)	(lux)
Sunlight	10,000	107,527
Full Daylight	1,000	10,752
Overcast Day	100	1,075
Very Dark Day	10	107
Twilight	1	10.8
Deep Twilight	.1	1.08
Full Moon	.01	.108
Quarter Moon	.001	.0108
Starlight	.0001	.0011
Overcast Night	.00001	.0001

Common Light Levels Outdoors from Manufactured Sources

The nomenclature for most of the types of areas listed in the table below can be found in the City of Los Angeles, Department of Public Works, Bureau of Street Lighting's "DESIGN STANDARDS AND GUIDELINES" at the URL address under **References** at the end of this document.



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Recommended Light Levels

A. RECOMMENDATIONS FOR LIGHTING LEVELS FOR ROADWAYS AND SIDEWALKS IN LUX (FC)

The illumination standards for roadway lighting will be adhered to by all engineers.

Illuminance Method – Recommended Values

Road and Pedestrian Conflict Are		Pavement Classification (Minimum maintained Average Values)			Uniformity Ratio E_{av} / E_{min}	Veiling Luminance Ratio L_{vma} / L_{ev}
Road	Pedestrian Conflict	R1 lux/ftc	R2 & lux/ftc	R4 lux/ftc		
Freeway Class A		6.0/0.6	9.0/0.9	8.0/0.8	3.0	0.3
Freeway Class		4.0/0.4	6.0/0.6	5.0/0.5	3.0	0.3
Expressway	High	10.0/1.0	14.0/1.4	13.0/1.3	3.0	0.3
	Medium	8.0/0.8	12.0/1.2	10.0/1.0	3.0	0.3
	Low	6.0/0.6	9.0/0.9	8.0/0.8	3.0	0.3
Major	High	12.0/1.2	17.0/1.7	15.0/1.5	3.0	0.3
	Medium	9.0/0.9	13.0/1.3	11.0/1.1	3.0	0.3
	Low	6.0/0.6	9.0/0.9	8.0/0.8	3.0	0.3
Collector	High	8.0/0.8	12.0/1.2	10.0/1.0	4.0	0.4
	Medium	6.0/0.6	9.0/0.9	8.0/0.8	4.0	0.4
	Low	4.0/0.4	6.0/0.6	5.0/0.5	4.0	0.4
Local	High	6.0/0.6	9.0/0.9	8.0/0.8	6.0	0.4
	Medium	5.0/0.5	7.0/0.7	6.0/0.6	6.0	0.4
	Low	3.0/0.3	4.0/0.4	4.0/0.4	6.0	0.4

Recommended Illuminance for the Intersection of Continuously Lighted Urban Streets
(Based on the values in Table 2 for R2 and R3 pavement classifications)

Functional Classification	Illuminance for intersections			E_{avg} / E_{min}
	Average Maintained Illumination at Pavement by Pedestrian Area Classification lux/ftc			
	High	Medium	Low	
Major/Major	34.0/3.4	26.0/2.6	18.0/1.8	3.0
Major/Collector	29.0/2.9	22.0/2.2	15.0/1.5	3.0
Major/Local	26.0/2.6	20.0/2.0	13.0/1.3	3.0
Collector/Collector	24.0/2.4	18.0/1.8	12.0/1.2	4.0
Collector/Local	21.0/2.1	16.0/1.6	10.0/1.0	4.0
Local/Local	18.0/1.8	14.0/1.4	8.0/0.8	6.0

Recommended Light Levels

Common and Recommended Light Levels Indoors

The outdoor light level is approximately *10,000 lux* on a clear day. In the building, in the area closest to windows, the light level may be reduced to approximately *1,000 lux*. In the middle area its may be as low as *25 - 50 lux*. Additional lighting equipment is often necessary to compensate the low levels.

Earlier it was common with light levels in the range *100 - 300 lux* for normal activities. Today the light level is more common in the range *500 - 1000 lux* - depending on activity. For precision and detailed works, the light level may even approach *1500 - 2000 lux*.

The table below is a guide for recommended light level in different workspaces:

Activity	Illumination (lux, lumen/m ²)
Public areas with dark surroundings	20 - 50
Simple orientation for short visits	50 - 100
Working areas where visual tasks are only occasionally performed	100 - 150
Warehouses, Homes, Theaters, Archives	150
Easy Office Work, Classes	250
Normal Office Work, PC Work, Study Library, Groceries, Show Rooms, Laboratories	500
Supermarkets, Mechanical Workshops, Office Landscapes	750
Normal Drawing Work, Detailed Mechanical Workshops, Operation Theatres	1,000
Detailed Drawing Work, Very Detailed Mechanical Works	1500 - 2000
Performance of visual tasks of low contrast and very small size for prolonged periods of time	2000 - 5000
Performance of very prolonged and exacting visual tasks	5000 - 10000
Performance of very special visual tasks of extremely low contrast and small size	10000 - 20000

Generally, factors that affect the effectiveness of illumination are quantity and quality of light, amount of flicker, amount of glare, contrast and shadows. Each factor must be adjusted differently to optimize illumination in emergency, safety, operations, and security situations, for instance. Lighting Standards also serve to address the plethora of other concerns associated with the design, placement, installation, and minimum energy requirements and efficient allocation of illumination in different locations with different purposes, as well as the efficiency, durability, cost, and maintainability.



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Recommended Light Levels

Additional Recommended Light Levels Indoors

Office Space	
Normal work station space, open or closed offices ¹	500
ADP Areas	500
Conference Rooms	300
Training Rooms	500
Internal Corridors	200
Auditoria	150-200
Public Areas	
Entrance Lobbies, Atria	200
Elevator Lobbies, Public Corridors	200
Ped. Tunnels and Bridges	200
Stairwells	200
Support Spaces	
Toilets	200
Staff Locker Rooms	200
Storage Rooms, Janitors' Closets	200
Electrical Rooms, Generator Rooms	200
Mechanical Rooms	200
Communications Rooms	200
Maintenance Shops	200
Loading Docks	200
Trash Rooms	200
Specialty Areas	
Dining Areas	150-200
Kitchens	500
Outleased Space	500
Physical Fitness Space	500
Child Care Centers	500
Structured Parking, General Space	50
Structured Parking, Intersections	100
Structured Parking, Entrances	500



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Recommended Light Levels

Calculating Illumination

Illumination can be calculated as

$$I = L_l C_u L_{LF} / A_l \quad (1)$$

where

I = illumination (lux, lumen/m²)

L_l = lumens per lamp (lumen)

C_u = coefficient of utilization

L_{LF} = light loss factor

A_l = area per lamp (m²)

Example - Illumination

10 incandecent lamps of 500 W (10600 lumens per lamp) are used in an area of 50 m². With $C_u = 0.6$ and $L_{LF} = 0.8$ illumination can be calculated as

$$\begin{aligned} I &= 10 (10600 \text{ lumens}) (0.6) (0.8) / (50 \text{ m}^2) \\ &= 1018 \text{ lux} \end{aligned}$$

References

- 1) http://www.engineeringtoolbox.com/light-level-rooms-d_708.html
- 2) <http://www.illuminate.com/lightlevels.htm>
- 3) <http://bsl.lacity.org/downloads/business/BSLDesignStandardsAndGuidelines0507Web.pdf>
- 4) <http://www.gsa.gov/portal/content/101308>
- 5) <http://www.ncef.org/pubs/lighting.pdf>

The last reference was not quoted above but is very worth reviewing. It specifies lighting sources for schools, which in most cases is where students will take their measurements for the Safety activity. The table on its page 3 is a guide for choosing electric lighting systems for school applications. Note that mean lumens per watt is the measure of the energy efficiency of the lamp system, much the way miles per gallon measures the energy efficiency of an automobile. And a luminaire is the proper term for a lighting fixture.

AFFIDAVIT

I, Patrick Anderson, Son of (Patricia Ford) I am a resident 1033 Crossing Creek Rd of Hopkins, South Carolina, and do hereby certify, swear or affirm under the penalty of perjury that I am competent to give the following declaration based on my personal knowledge, and that the following statement is true and correct to the best of my knowledge: November 12, 2017 I took pictures with My iPhone 7 with the Flash on because it was too dark and I could not see the area where she had fell, without the flash on. Stated this to her Lawyer Johns Mobley.


Patrick Anderson

A handwritten signature in black ink, appearing to read 'Patrick Anderson', written in a cursive style.

AFFIDAVIT

I, Cyniyah Anderson, I am competent to give the following declaration based on my personal knowledge, and that the following statement is true and correct to the best of my knowledge: I Was with my Great Grandmother Patricia Ford when we had went out to get coat for the church. My sister and I ask her to Stop at Wendy's to get 4 for 4. she pull up and I got while the car light was shine but when she got out the light went out , I heard when she fell so I went over to help her up it was dark. She sit up and was spitting dirt out of her mouth, after getting up she sit back in the car for a few minute was pushing the dirt out of hair and face. However, we went into Wendy's' she gave me the card to pay for the food and she went to the bathroom to washer hand and face because she had lots dirt from falling . Sometimes I wish that we had not stop at Wendy's because my Grandmother is not the same, we Can go swimming or do anything with her because she hurt herself. We still go over to help her sometime, because her head, back and hand be hurting her. I HOPE GOD MAKE GRANNY WELL AGAIN.

Cyniyah Anderson





Ford, Patricia

67 Y old Female, DOB: 02/26/1950

Account Number: 114449

1216 CONGAREE RD, HOPKINS, SC-29061-9705

Home: 803-608-8035

Guarantor: Ford, Patricia Insurance: Medicare of South Carolina J11 Payer ID: SCMCR

Appointment Facility: Medicare UC Center Garners Ferry Llc

11/12/2017

Progress Notes: Madhuri V Juvekar, MD

Current Medications

None

Past Medical History

Breast cancer

Surgical History

Denies Past Surgical History

Family History

Non-Contributory

Allergies

Penicillin/G Benzathine

Codeine Phosphate

Ibuprofen.

Contrast Allergy PreMed Pack

Toradol: vomiting: Side Effects

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization

Review of SystemsGeneral/Constitutional:

Chills denies. Fatigue denies.

Fever denies.

Ophthalmologic:

Vision changes denies.

Discharge denies. Eye Pain denies.

ENT:

Nasal Congestion denies. Ear

discharge denies. Ear pain denies. Sore

throat denies.

Respiratory:

Cough denies. Shortness of

breath denies. Wheezing denies.

Cardiovascular:

/ Chest pain denies.

Palpitations denies.

Gastrointestinal:

Abdominal pain denies.

Diarrhea denies. Nausea denies.

Vomiting denies.

Reason for Appointment

1. Pain in wrist and hand 11/12/2017

History of Present IllnessGeneral:

Onset 11/12/2017. Location Neck, back, shoulders wrist. Quality Soreness. Context 67 year old female presents for evaluation s/p fall. Pt states onset last night while at Wedney's. States she tried to brace herself on the hands. She endorses right shoulder, right neck, right side back and left hand and wrist. Pt states she was still able to go to church this morning.. Severity 8/10. Timing Constant. Modifying Factors no relief with, OTC Ibuprofen. Associated Symptoms Admits neck pain, back pain, .

Vital Signs

Ht 69 in, Wt 279 lbs, BMI 41.20 Index, Pain scale 8-10, Temp 98.5 F, HR 76 /min, BP 105/69 mm Hg, RR 16 /min, Oxygen sat 100 %.

ExaminationGeneral Examination:

GENERAL APPEARANCE: alert, pleasant, well nourished, in no acute distress. HEAD normocephalic, atraumatic. EYES: extraocular movement intact, pupils equal, round, reactive to light and accommodation. EARS: auditory canal clear bilaterally, tympanic membrane intact and clear bilaterally. NOSE: nares patent. ORAL CAVITY: mucosa moist. THROAT: pharynx normal, no erythema. LYMPH NODES: no lymphadenopathy. SKIN: contusion to palm of her hand. HEART: regular rate and rhythm, no murmurs, rubs, gallops. LUNGS: clear to auscultation bilaterally, no wheezes, rales, rhonchi. ABDOMEN: bowel sounds present, soft, nontender, nondistended, no organomegaly. BACK: Spine no tender, paraspinous muscle spasm on the LEFT. MUSCULOSKELETAL: TTP at lower cervical area, right trapezius area. Decreased ROM off right shoulder due to pain. Negative rotator cuff signs. Swelling over dorsal of left hand. Left forearm tenderness. EXTREMITIES: normal gait. PERIPHERAL PULSES: normal. NEUROLOGIC: alert and oriented to person, place, and time, cooperative with exam, cranial nerves 2-12 grossly intact, motor strength normal upper and lower extremities, cognitive exam grossly normal. PSYCH: judgement and insight appropriate for age, mood/affect full range.

Patient: Ford, Patricia DOB: 02/26/1950 Progress Note: Madhuri V Juvekar, MD 11/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Hematology:

Cervical Lymphadenopathy denies.

Genitourinary:

Difficulty urinating denies. Painful urination denies.

Musculoskeletal:

Neck pain admits. Back pain denies. Hand pain Admits, Left. Patient complaining of Left wrist pain. Muscle aches denies. Painful joints denies.

Skin:

Itching denies. Rash denies.

Neurologic:

Dizziness denies. Headache denies. All non documented systems reviewed and considered negative.

Assessments

1. Fracture of fifth metacarpal bone - S62.308A (Primary)
2. Wrist pain, left - M25.532
3. Contusion of left hand - S60.222A
4. Right shoulder pain - M25.511
5. Neck pain - M54.2

Treatment**1. Fracture of fifth metacarpal bone**

Start Ultracet Tablet, 37.5-325 MG, 1 tablet as needed, Orally, every 12 hrs PRN pain, 5 days, 10, Refills 0

PROCEDURE: MCU: (ORTHO GLASS) FOREARM SPLINT

Positive/Internal QC Passed

weber,sarah 11/12/2017 4:43:26 PM > done

2. Wrist pain, leftIMAGING: X ray : Hand, min 3 views, left complete

weber,sarah 11/12/2017 2:49:28 PM > complete

IMAGING: X ray : Wrist, Left 3v min complete

weber,sarah 11/12/2017 2:49:42 PM > complete

PROCEDURE: MCU: (MISC) Send to VRAD complete

weber,sarah 11/12/2017 2:50:11 PM > complete

3. Right shoulder painIMAGING: X ray : Shoulder 3 view min, right complete

weber,sarah 11/12/2017 3:47:53 PM > complete

4. Neck painIMAGING: X ray : Spines, cervical 2-3 views complete

weber,sarah 11/12/2017 3:48:09 PM > complete

Procedures*MCU: Imaging:

Risks The risks and benefits were explained. The patient, or the individual acting on behalf of the patient, appears to understand and granted permission to perform the procedure.. Consent Verbal consent obtained. . Hand Left: base of fifth metacarpal possible fracture . Wrist Left: no acute findings .

MCU: Splint/Casts:

Type of splint Ortho-glass left wrist. Applied by Medtech. Examined post-splinting neurovascular signs intact, alignment good.

Preventive Medicine

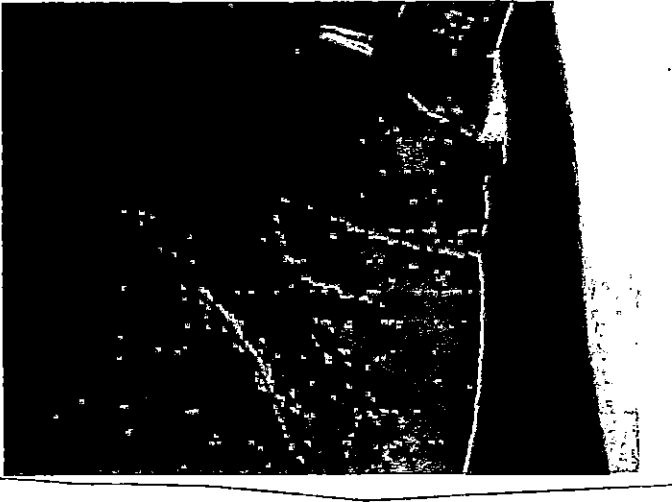
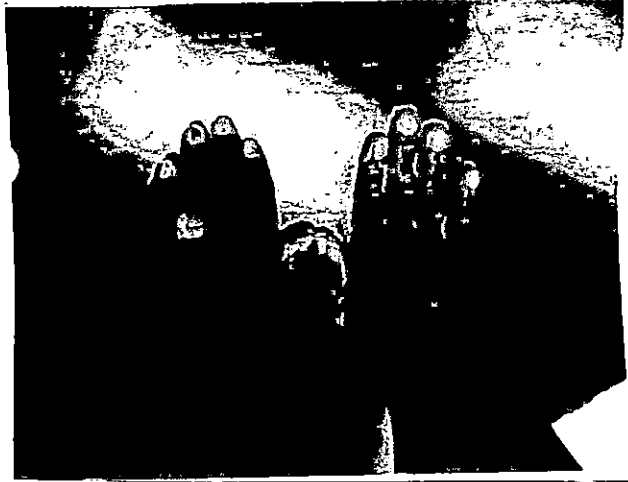
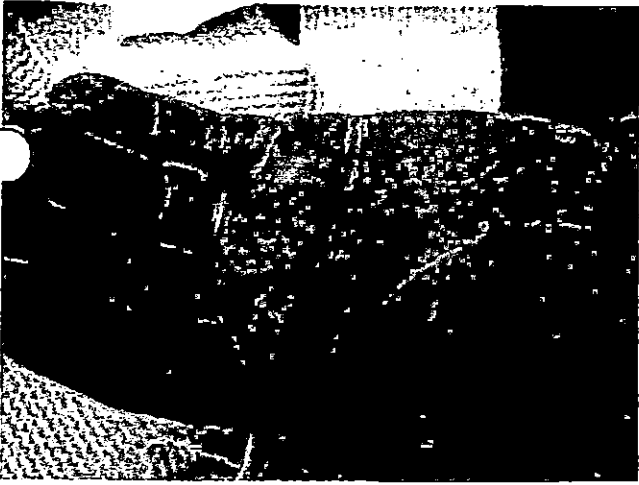
Scribe sign-off: SCRIBED BY: Raven Waymyers for Dr. Juvekar as per her dictation.

FOLLOWUP: Follow up in 2-5 days with PCP .

GENERAL ADVICE: Drink plenty of fluids . Get plenty of rest . Take all medications as prescribed .

Patient: Ford, Patricia DOB: 02/26/1950 Progress Note: Madhuri Y Juvekar, MD 11/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Page 6

FREE OFFER ON BACK!
Wendy's Restaurant #00009130
7846 Garners Ferry Rd
(803) 695-9300

PAT

Host: Marc
PAT
11/11/2017
6:33 PM
10100

Order Type: TAKE OUT
Area: DINING ROOM

MEAL DEAL	4.00
JBC	
Small Fries	
CMB SM FREESTYLE	
4 Piece Nuggets	
Sweet & Sour	
MEAL DEAL	4.00
JBC	
Small Fries	
CMB SM FREESTYLE	
4 Piece Nuggets	
Sweet & Sour	
MEAL DEAL	4.00
BLT Crispy Chicken	
Small Fries	
CMB SM FREESTYLE	
4 Piece Nuggets	
Sweet & Sour	
MEDIUM-COMBO	7.78
Double Cheese	
Medium Fries	
CMB MD FREESTYLE	

Total Items 15 19.78
Tax 1.98

TAKE OUT Total 21.76

Visa #XXXXXXXXXXXXXXXX 21.76
Exhibit 3

NOTE: This form must be completed by the general manager or operations leader immediately and faxed or emailed into the office (828) 264-2391 Attn: Peni Grubb or pgrubb@tarheelcapital.com.

Management Incident Investigation – CUSTOMER INCIDENT – page 1/2



RESTAURANT INFORMATION FOR ALL CLAIMS INVOLVING A CUSTOMER

Restaurant name and #: 74 Hallbrook
Restaurant Phone #: 803-695-9300
Manager on Duty: Maria Shannon
General Mgr's Name: Lawrence Labrew
Date of Incident: 11/11/17 Time of Incident: 6:45 am/pm
Date Reported to Manager: 11/12/17 Date this report completed: 11/12/17
Faxed in on: _____ By: Anza Mitchell
Fax to office (828) 264-2391
Attn: Peni

CUSTOMER INCIDENT INFORMATION

Name of Claimant: Patricia Ford Male/Female Male/ Female DOB/Age: 07/26/50
Address: 1216 Congaree Rd.
Street City/State/Zip

Home Phone#: 803-608-8035 Work Phone #: 803-542-7722

Name of Guardian (Claimant under 18): _____ Male/Female DOB/Age: _____

How did incident happen? Falling in restaurant fell overside walk

Where did incident happen? Drive-thru/Dine in/ Carry out/Parking lot/Other _____

Description of injury fracture hand

Part of body injured: hand

Was medical care necessary/going to be sought? YES/ NO

Hospital/Doctor: MedCare / Dr. Madhuri V. Juvekar

What type of footwear was the injured party wearing? shoes

Injury scene conditions (i.e. wet/dry, ice/salt, broken floor tile, pot hole, crack cement, poor lighting, etc.)
poor lighting

Was the scene inspected immediately following the incident? YES NO

Defects or obstructions present at the incident scene? YES NO

If yes, please explain: _____

Weather conditions: Clear Rain Snow Icy fog Temp: _____

Witness(es): Cynthia Anderson (minor - 8) great grandmother

Phone #'s: 803-446-4994

(Did the witness(es) accompany injured party?) YES/ NO

Did party provide any evidence (object found in food, point out any spill or icy sidewalk, etc.)? YES NO

If yes, please explain: _____

Product involved: _____ Use by /Expire Date: _____

Box Code: _____ Distributor: _____

Have you obtained & secured the foreign object / product? YES NO Where is it? _____

Pictures taken of the incident scene? YES NO

NOTE: This form must be completed by the general manager or operations leader immediately and faxed into the office (828) 264-2391 Attn: Peni Grubb.



Management Incident Investigation – CUSTOMER INCIDENT – page 2/2

RESTAURANT INFORMATION FOR ALL CLAIMS INVOLVING A CUSTOMER

Restaurant name and # _____
Restaurant Phone #: _____
Manager on Duty: _____
General Mgr's Name: _____

Fax to office (828) 264-2391
Attn: Peni

Date of Incident: _____ Time of Incident: _____ am/pm

Date Reported to Manager: _____ Date this report completed: _____

Faxed in on: _____ By: _____

Comments by OPS. LEADER on Accident:

Injured party came into store next day and explained what happened to me.

STATEMENT

Injured Person:

Patricia Ford

Rest Name and #:

Ms. Ford said as she was entering restaurant and could not see where ground and pavement met and she went to step and miss the pavement and step on the ground and could not see how to plant her foot securely. She fell face forward and try to break her fall with her left hand. Hand started swelling last night and she put ice on her hand but woke up this morning still (still) swelling of hand and decided to go to med care. Right side of face hit the dirt and had a mouth full of dirt and hand covered in dirt.

1 a

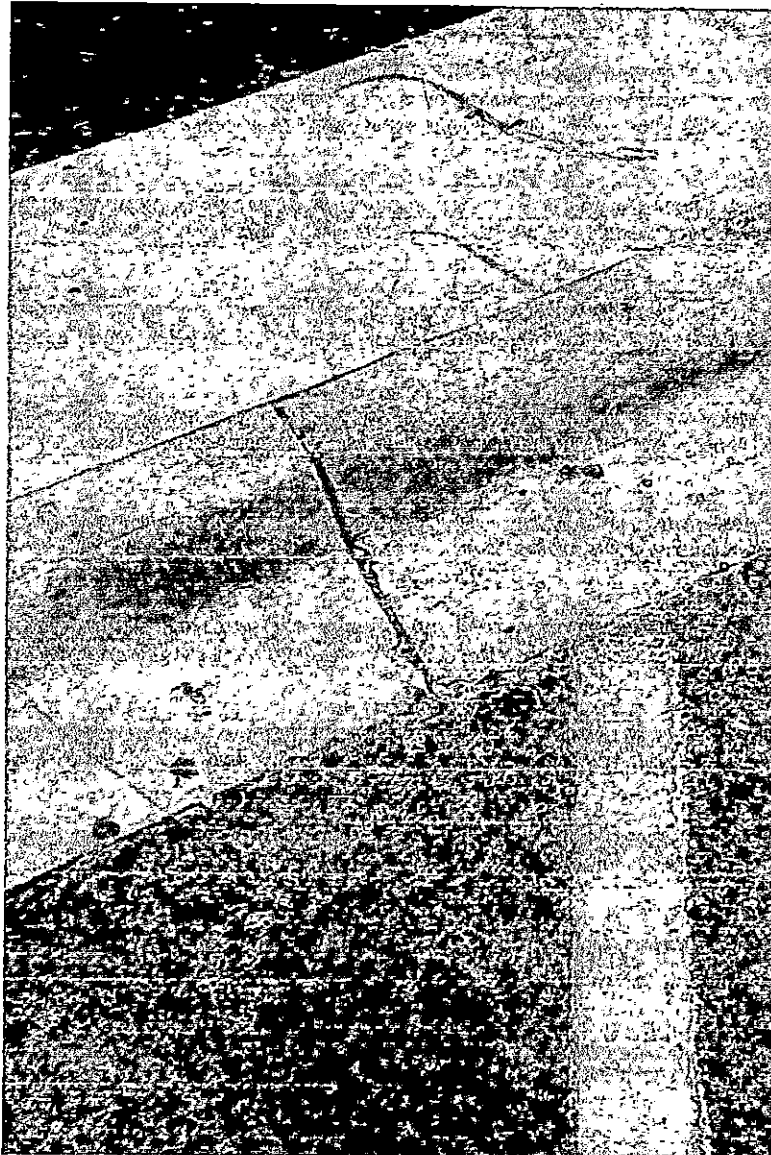


Exhibit 1 Picture

November 11, 2017

Cyniyah Anderson took picture after we came out,
of Wendy's where Ms. Ford fell

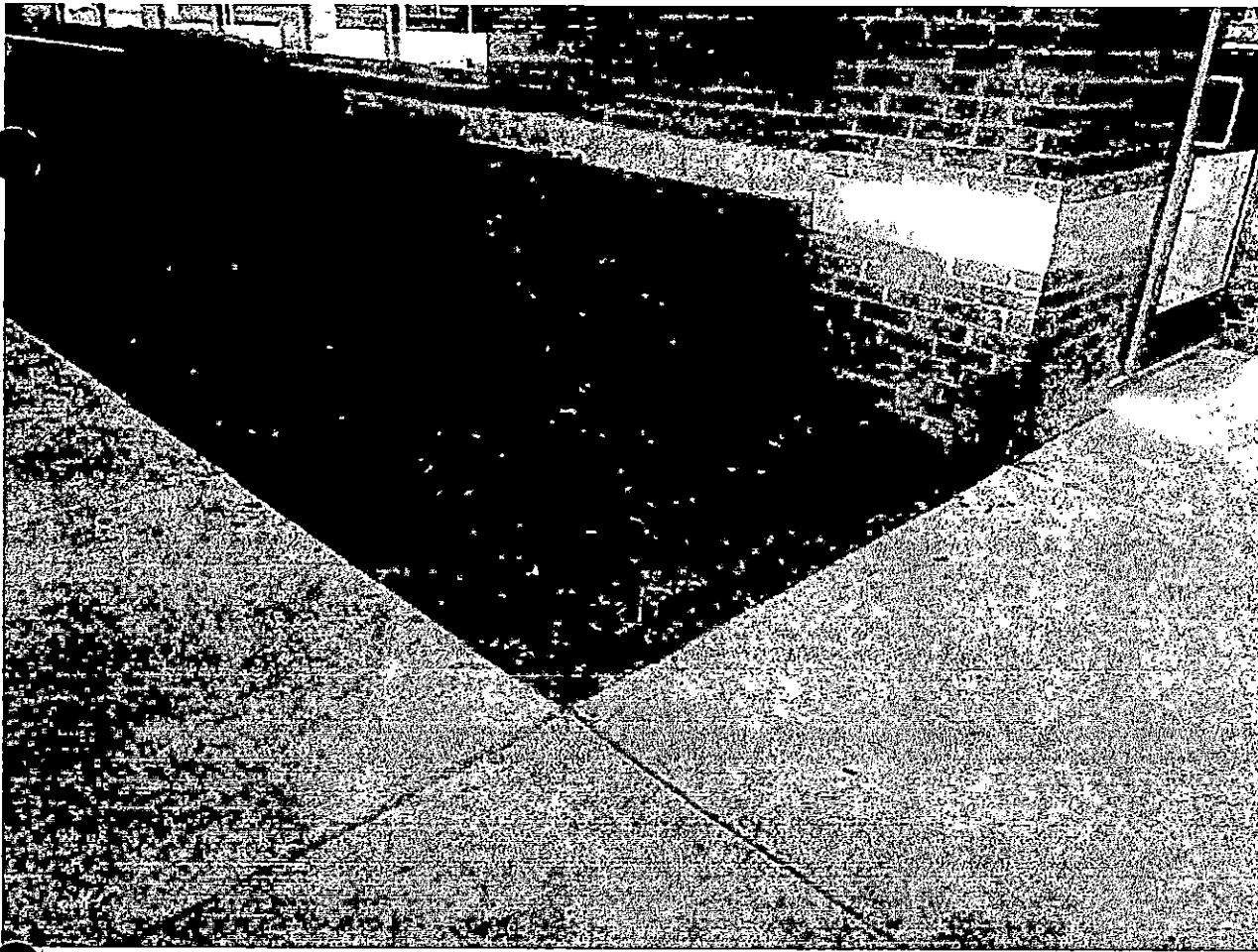


Exhibit 1a Picture

Ms. Ford land near the bushes after falling over the side walk because of poor lighting, was not able to see, because it was too dark.



Exhibit 2 Picture next day

November 12, 2017 Black and white
No lights the parking lot that made it much darker.
The light was also out on the building, where Ms.
Ford fell.

Picture by Cell phone Patrick Anderson

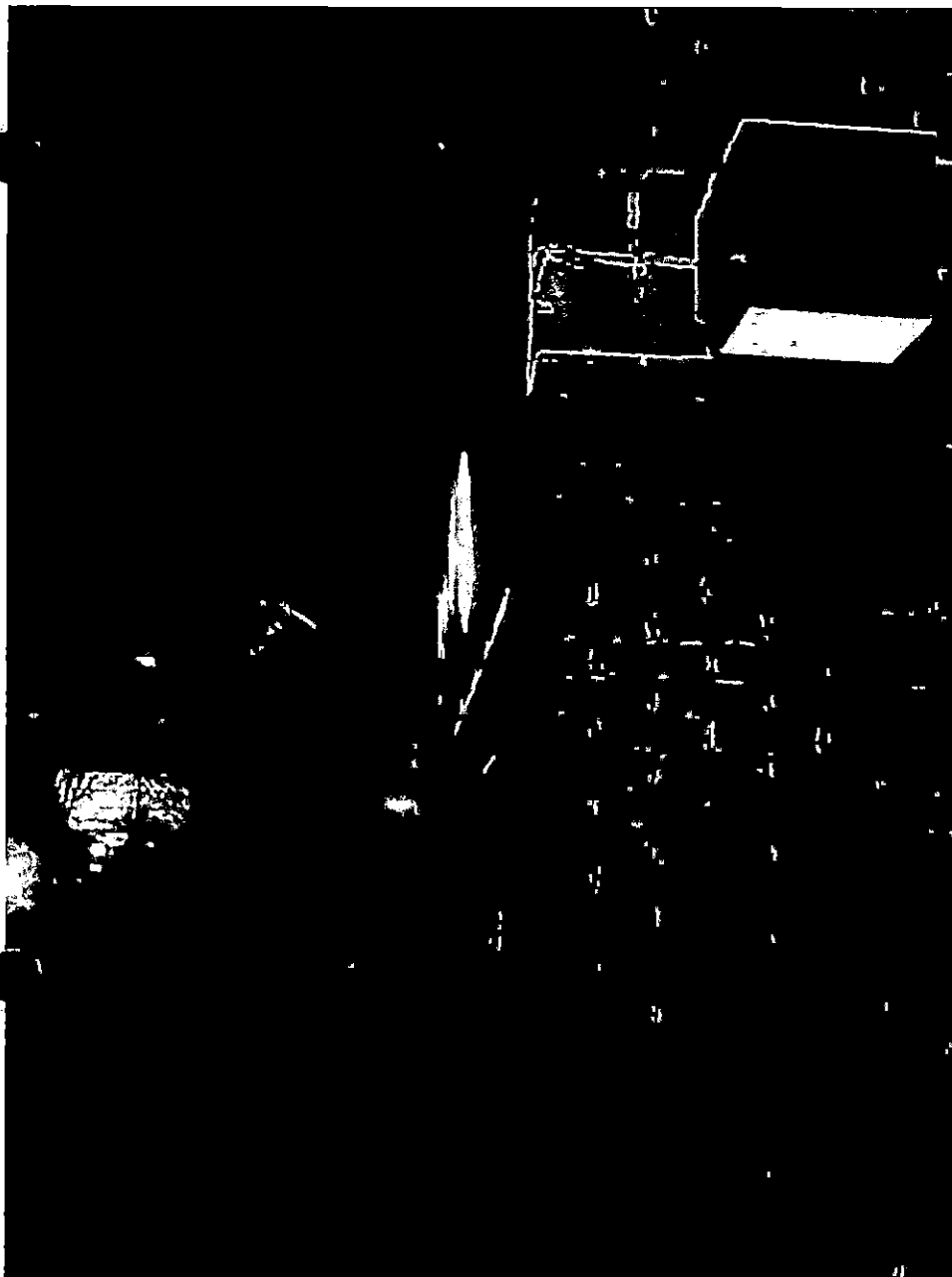


Exhibit 2a Picture

November 12, 2017

In color light out. Use the camera flash on at this picture that made the place look as if it was light up but it was not



Exhibit 3 Picture

Approximate a few week later light on. still dark where Ms. Ford fell



Exhibit 3a Picture

This is because the car light are on the Building, Still dark had my flash on at the time of the picture gave me more lightly to show what happen doing Ms. Ford fall. they had fix the light on the side but it didn't give light at the side walk where she fell over the side walk because of poor lighting also no light was in the parking area.
Patrick Anderson



Dear Patricia A Ford

This is our second notice. Your applicable insurance carriers have paid and the balance is your responsibility and due in full. Please pay this immediately using the enclosed envelope or on-line at www.PalmettoHealth.org.

For your convenience we accept MasterCard, Visa, Discover, and American Express. You may pay with a credit card by using the form below. To ensure proper crediting of your account, please include your patient account number on all payments. Your prompt payment is appreciated.

If you are unable to pay your entire balance at once, please contact our Patient Accounts Department at (803) 296-6100.

Palmetto Health offers financial assistance for the uninsured. If you need assistance, please contact our Financial Assistance team at (803) 296-5098 or visit our website at www.palmettohealth.org/FinancialAssistance.

Thank you for choosing Palmetto Health for your healthcare needs.

Patient Representative
Palmetto Health
(803) 296-6100

▶ ACCOUNT SUMMARY

Statement Date: 12/07/18
Service Date(s): 02/23/18
Account Number: B1804701639
Account Balance: \$26,388.00

▶ INSURANCE INFORMATION

Contact us if any of this information is incorrect. Please note only primary and secondary insurances are listed on this statement.

PRIMARY

Insurance: Medicare Part A
Name of Insured: Patricia A Ford
ID Number: 250907133A

SECONDARY

Insurance: 1500 Medicare
Name of Insured: Patricia A Ford
ID Number: 250907133A

Para Asistencia en Español llamar a 800-499-5962

606GNAMS011253



293 Greystone Blvd
First Floor
Columbia SC 29210

ADDRESS SERVICE REQUESTED

STATEMENT DATE: 12/07/18

ADDRESSEE

1253 141621860



Patricia A Ford
1216 Congaree Rd
Hopkins SC 29061-9705

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

<input type="checkbox"/> VISA	<input type="checkbox"/>	<input type="checkbox"/> DISCOVER	<input type="checkbox"/>
CARD NUMBER		EXP DATE	
FULL NAME (Please Print)		CCV CODE	
SIGNATURE			
PATIENT NAME AND ACCOUNT NUMBER Patricia A Ford - B1804701639		DATES OF SERVICE 02/23/18	
ACCOUNT BALANCE \$26,388.00	TOTAL CHARGES \$26,388.00	AMOUNT PAID \$	

REMITTO

PALMETTO HEALTH BAPTIST
C/O PAYMENT PROCESSING
P.O. BOX 402130
Atlanta, GA 30384-2130



B12072018B180470163900026388002

TOS	ICN	Line #	Processing Contractor	Provider Name/NPI#	ICD Ind	***DX Codes	**HCPCS / DRG	From Date	To Date	Total Charges	Reimbursed Amount	Conditional Payment
71	830220198183980	002	11202	LAWSON, ERIN F / 1063617900	ICD-10	M533	H: J0702	07/09/2020	07/09/2020	\$34.00	\$11.86	\$11.86
71	830220204154840	001	11202	LAWSON, ERIN F / 1063617900	ICD-10	M7912	H: 20553	07/16/2020	07/16/2020	\$170.00	\$49.72	\$49.72
71	830220207008290	001	11202	FULTON, DAVID / 1619945540	ICD-10	G5622, G5602	H: 64718	07/23/2020	07/23/2020	\$1,145.00	\$464.40	\$464.40
71	830220207008290	002	11202	FULTON, DAVID / 1619945540	ICD-10	G5622, G5602	H: 64721	07/23/2020	07/23/2020	\$829.00	\$167.49	\$167.49
71	830220211412200	001	11202	MOORE ORTHO CLINIC / 1457551533	ICD-10	G5602, G5622	H: 64721	07/23/2020	07/23/2020	\$2,554.00	\$588.82	\$588.82
71	830220211412200	002	11202	MOORE ORTHO CLINIC / 1457551533	ICD-10	G5602, G5622	H: 64718	07/23/2020	07/23/2020	\$3,405.00	\$294.42	\$294.42
71	830220230026190	001	11202	JONES, C / 1811967458	ICD-10	M545, E7849, G8190, L089, M25559, M533, M549, M79609, R209	H: 99214	08/11/2020	08/11/2020	\$130.00	\$84.08	\$84.08
71	830220230026190	002	11202	JONES, C / 1811967458	ICD-10	M545, E7849, G8190, L089, M25559, M533, M549, M79609, R209	H: 82947	08/11/2020	08/11/2020	\$15.00	\$3.93	\$3.93

**H - HCPCS Code, D - DRG Code

***Part-A Claim Primary Diagnosis Code is denoted in bold font

Sum of Total Charges	\$74,783.76
Total Reimbursed Amount	\$15,432.84
Total Conditional Payments	\$15,432.84

Page 2

BARRY D. OLIVER, MD, PA

PRACTICE LIMITED TO SPORTS MEDICINE
AND GENERAL ORTHOPAEDIC SURGERY

1416 CALHOUN STREET
COLUMBIA, SOUTH CAROLINA 29201

TELEPHONE (803) 252-5791
FAX (803) 254-7215

June 18, 2018

Patricia Ford
1216 Congaree Road
Hopkins, SC 29061

Re: Dates of Service 12/14/2017-05/07/2018

Dear Ms. Ford:

I have tried to reach you via telephone, but have been unsuccessful. I am reaching out to you to request information regarding your liability case on file for your visits with Dr. Oliver. At this time, Medicare is requesting refunds for the payments they have made on your account. Your current balance that we have released to your responsibility is \$327.58 pending updated insurance information. This amount will increase as Medicare continues to request refunds. The maximum amount that could possibly be released to your responsibility is \$ 7,735.00.

It is imperative that you give me a call so that we can get the necessary information/bills to the person responsible for your injury. Please enjoy the rest of your day and I look forward to hearing from you to get this issue received immediately.

Sincerely,



Jessica Huffstetler
Office Manager



PATRICIA A. FORD
 1216 CONGAREE RD
 HOPKINS SC 29061-9705

TRICARE EXPLANATION OF BENEFITS

Administered by: WPS Military and Veterans Health
 This is a statement of the action taken on your TRICARE claim. Keep this notice for your records.

If you have questions about this notice, please call toll free at 1-866-773-0404. You can also visit us online at www.tricare4u.com

Date of Notice	09/09/2020
Summary of Claims Processed	FROM: 08/11/2020 TO: 08/19/2020
Sponsor SSN	XXX-XX-7133
Sponsor Name	Patricia A Ford
Patient Name	Patricia A Ford

THIS IS NOT A BILL

Claim Number: 2020224 8103076
 Provider #: 471345819
 Provider Name: Phuscmg Orthopedics

Process Date: 08/11/2020

SERVICES PROVIDED BY	DATE OF SERVICE	AMOUNT BILLED	TRICARE ALLOWED	REMARKS
Phuscmg Orthopedics 64718 - 1 SURGERY	07/23/20 - 07/23/20	\$1,145.00	\$578.58	106
Phuscmg Orthopedics 64721 - 1 SURGERY	07/23/20 - 07/23/20	\$829.00	\$208.67	106
Total		\$1,974.00	\$787.25	

CLAIM SUMMARY

BENEFICIARY SHARE

Amount Billed	\$1,974.00	Cost Share/Copay	\$0.00
Other Ins. Paid	\$631.89	Deductible	\$0.00
TRICARE Allowed	\$787.25		
TRICARE Paid	\$155.36		
Amount you owe	\$0.00		

Out of Pocket Expenses met to date:

Year	Catastrophic Cap Met to Date	Deductible - Individual	Deductible - Family
2020	\$69.67 out of \$3,000.00	\$0.00 out of \$150.00	\$0.00

THIS IS NOT A BILL

Claim Number: 2020226 8074465
 Provider #: 201481740
 Provider Name: Moore Ortho Clinic Outpt Surgery Ctr

Process Date: 08/15/2020

SERVICES PROVIDED BY	DATE OF SERVICE	AMOUNT BILLED	TRICARE ALLOWED	REMARKS
Moore Ortho Clinic Outpt 64721 - 1 SURGERY	07/23/20 - 07/23/20	\$2,554.00	\$736.03	106

Page 4

RECEIVED
OCT 19 2020
SC Court of Appeals

MOTION FOR DISMISS

Index _____ 1
Orders _____ 2
Documents _____ 3
The Mobley Law Firm _____ 1

Wendy's Accident Report by Manger— 1. and 2.

Medical Report Med Care _____ 3,4,5, 5A

Exhibits

Exhibits1 _____ 6
Exhibit 2. _____ 7
Exhibit 2a _____ 8
Exhibit 2 _____ 9
Exhibit 2G _____ 10
Exhibit 2A _____ 11
Exhibit 2C _____ 12
Exhibit 2D _____ 13
Exhibit 2F _____ 14

STATE OF SOUTH CAROLINA)	IN THE COURT OF APPEALS
)	
COUNTY OF RICHLAND)	
)	
IN THE MATTER OF :)	CASE NUMBER 2020-001187
)	
John Terrence Mobley, Esquire)	
)	
David J. Miller , Esquire)	MOTION TO DISMISS ATTORNEYS

MOVANT: Patricia Ford the undersigned request that the court order that attorneys be dismiss as attorney for Patricia Ford v Tar Heel Capital . and the lawsuit continues that the attorneys file.

MOVANT makes this Motion for the following reasons:

1. Attorneys were negligent in investigating statement of “poor lighting “ and requesting workorders may by Wendy’s Manager who wrote the accident report because plaintiff left hand was broken could not write. Manger stated on the report poor lighting.
2. Attorneys mandated that plaintiff no contact their office and refused to represent her further with taking Wendy’s Tar hell Capital to court.
3. Attorneys, per the court. Have not filed correct documentation.
4. Attorneys have not provided plaintiff with all legal documents to include mediation transcript that I did with Wendy’s John Michael Montgomery Esquire.
5. During mediation, attorneys made unprofessional comments. ie. “We know where this is going”.
6. Attorneys continued with mediation, putting plaintiff under duress after she state that she was on medication and not well.

October 10, 2020


 Patricia Ford
 1216 Congaree Road
 Hopkins, SC 29061
 803 414-4940

cc:

Mr. John Michael Montgomery, Esq
 PO Box 114499
 Columbia SC 29211

Ms. Rachel Moore Hutchens, Esquire

PO Box 114499
Columbia SC 29211

Ms. Rebecca Laffitte, Esquire
PO Box 114499
Columbia SC 29211

Mr. Vordman Carlisle Traywick, III, Esquire
PO Box 114499
Columbia SC 29211

NOTE: This form must be completed by the general manager or operations leader immediately and faxed or emailed into the office (828) 264-2391 Attn: Peni Grubb or pgrubb@tarheelcapital.com.

Management Incident Investigation - CUSTOMER INCIDENT - page 1/2



RESTAURANT INFORMATION FOR ALL CLAIMS INVOLVING A CUSTOMER

Restaurant name and # 74 Hallbrook
Restaurant Phone #: 803-695-9300
Manager on Duty: Maria Shannon
General Mgr's Name: Lawrence Labrew
Time of incident: 10:45 am/pm

Fax to office (828) 264-2391
Attn: Peni

Date of incident: 11/11/17
Date Reported to Manager: 11/12/17
Faxed in on: _____
Date this report completed: 11/12/17
By: Peni Mitchell

CUSTOMER INCIDENT INFORMATION

Name of Claimant: Patricia Ford Male/Female Male Female DOB/Age: 02/20/50
Address: 1210 Congaree Rd. City/State/Zip _____

Home Phone #: 803-605-8035 Work Phone #: 803-542-7722

Name of Guardian (Claimant under 18): _____ Male/Female DOB/Age: _____

How did incident happen? Coming in restaurant fell overside walk

Where did incident happen? Drive thru/Dine in/Carry out/Parking lot/Other _____

Description of injury fracture hand

Part of body injured: hand

Was medical care necessary/going to be sought? YES NO

Hospital/Doctor: MedCare / Dr. Madhuri V. Juvekar

What type of footwear was the injured party wearing? shoes

Injury scene conditions (i.e. wet/dry, ice/salt, broken floor tile, pot hole, crack cement, poor lighting, etc.) poor lighting

Was the scene inspected immediately following the incident? YES NO

Defects or obstructions present at the incident scene? YES NO

If yes, please explain: _____

Weather conditions: Clear Rain Snow Icy fog Temp: _____

Witness(es): Sybilah Anderson (minor - 8) great grandmother

Phone #'s: 803-440-4994

(Did the witness(es) accompany injured party?) YES NO

Did party provide any evidence (object found in food, point out any spill or icy sidewalk, etc.)? YES NO

If yes, please explain: _____

Product involved: _____ Use by /Expire Date: _____

Box Code: _____ Distributor: _____

Have you obtained & secured the foreign object / product? YES NO Where is it? _____

Pictures taken of the incident scene? YES NO

NOTE: This form must be completed by the general manager or operations leader immediately and filed into the office (828) 264-2391 Attn: Peni Grubb.



Management Incident Investigation - CUSTOMER INCIDENT - page 2/2

RESTAURANT INFORMATION FOR ALL CLAIMS INVOLVING A CUSTOMER

Restaurant name and #: _____
Restaurant Phone #: _____
Manager on Duty: _____
General Mgr's Name: _____

Fax to office (828) 264-2391
Attn: Peni

Date of Incident: _____
Date Reported to Manager: _____ Time of Incident: _____ am/pm

Faxed in on: _____ Date this report completed: _____
By: _____

Comments by OPS. LEADER on Accident:

Injured party came into store next day and explained what happen to me.

STATEMENT

Injured Person: Patricia Ford

Rest Name and #:

Ms. Ford said as she was entering restaurant and could not see, where, ground and movement met and she went to step and miss the movement and step on the ground and could not see, how to plant her foot securely. She fell face forward and try to break her fall with her left hand. Hand started swelling, lost right and she put ice on her hand but woke up this morning. Still (swelling) of hand and decided to go to meet case. Right side of face hit the dirt and had a mouth full of dirt and hand covered in dirt.



Ford, Patricia

67 Y old Female, DOB: 02/26/1950

Account Number: 114449

1216 CONGAREE RD, HOPKINS, SC 29061-9705

Home: 803-608-8035

Guarantor: Ford, Patricia Insurance: Medicare of South

Carolina J11 Payer ID: SCMCR

Appointment Facility: Medicare UC Center Garners Ferry Llc

11/12/2017

Progress Notes: Madhuri V Juvekar, MD

Current Medications

None

Past Medical History

Breast cancer

Surgical History

Denies Past Surgical History

Family History

Non-Contributory

Allergies

Penicillin G Benzathine

Codeine Phosphate

Ibuprofen

Contrast Allergy PreMed Pack

Toradol: vomiting: Side Effects

Hospitalization/Major

Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

General/Constitutional:

Chills denies. Fatigue denies.

Fever denies.

Ophthalmologic:

Vision changes denies.

Discharge denies. Eye Pain denies.

ENT:

Nasal Congestion denies. Ear

discharge denies. Ear pain denies. Sore

throat denies.

Respiratory:

Cough denies. Shortness of

breath denies. Wheezing denies.

Cardiovascular:

Chest pain denies.

Palpitations denies.

Gastrointestinal:

Abdominal pain denies.

Diarrhea denies. Nausea denies.

Vomiting denies.

Reason for Appointment

1. Pain in wrist and hand 11/12/2017

History of Present Illness

General:

Onset 11/12/2017. Location Neck, back, shoulders wrist. Quality Soreness. Context 67 year old female presents for evaluation s/p fall. Pt states onset last night while at Wedney's. States she tried to brace herself on the hands. She endorses right shoulder, right neck, right side back and left hand and wrist. Pt states she was still able to go to church this morning. Severity 8/10. Timing Constant. Modifying Factors no relief with, OTC Ibuprofen. Associated Symptoms Admits neck pain, back pain.

Vital Signs

Ht 69 in, Wt 279 lbs, BMI 41.20 Index, Pain scale 8-10, Temp 98.5 F, HR 76 /min, BP 105/69 mm Hg, RR 16 /min, Oxygen sat 100 %.

Examination

General Examination:

GENERAL APPEARANCE: alert, pleasant, well nourished, in no acute distress. HEAD normocephalic, atraumatic. EYES: extraocular movement intact, pupils equal, round, reactive to light and accommodation. EARS: auditory canal clear bilaterally, tympanic membrane intact and clear bilaterally. NOSE: nares patent. ORAL CAVITY: mucosa moist. THROAT: pharynx normal, no erythema. LYMPH NODES: no lymphadenopathy. SKIN: contusion to palm of her hand. HEART: regular rate and rhythm, no murmurs, rubs, gallops. LUNGS: clear to auscultation bilaterally, no wheezes, rales, rhonchi. ABDOMEN: bowel sounds present, soft, nontender, nondistended, no organomegaly. BACK: Spine no tender, paraspinal muscle spasm on the LEFT. MUSCULOSKELETAL: TTP at lower cervical area, right trapezius area. Decreased ROM off right shoulder due to pain. Negative rotator cuff signs. Swelling over dorsal of left hand. Left forearm tenderness. EXTREMITIES: normal gait. PERIPHERAL PULSES: normal. NEUROLOGIC: alert and oriented to person, place, and time, cooperative with exam, cranial nerves 2-12 grossly intact, motor strength normal upper and lower extremities, cognitive exam grossly normal. PSYCH: judgement and insight appropriate for age, mood/affect full range.

Patient: Ford, Patricia DOB: 02/26/1950 Progress Note: Madhuri V Juvekar, MD 11/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Hematology:

Cervical Lymphadenopathy denies.

Genitourinary:

Difficulty urinating denies. Painful urination denies.

Musculoskeletal:

Neck pain admits. Back pain denies. Hand pain Admits, Left. Patient complaining of Left wrist pain. Muscle aches denies. Painful joints denies.

Skin:

Itching denies. Rash denies.

Neurologic:

Dizziness denies. Headache denies. All non documented systems reviewed and considered negative.

Assessments

1. Fracture of fifth metacarpal bone - S62.308A (Primary)
2. Wrist pain, left - M25.532
3. Contusion of left hand - S60.222A
4. Right shoulder pain - M25.511
5. Neck pain - M54.2

Treatment

1. Fracture of fifth metacarpal bone
Start Ultracet Tablet, 375-325 MG, 1 tablet as needed, Orally, every 12 hrs PRN pain, 5 days, 10, Refills 0

PROCEDURE: MCU: (ORTHO GLASS) FOREARM SPLINT

Positive/Internal QC Passed

weber,sarah 11/12/2017 4:43:26 PM > done

2. Wrist pain, left

IMAGING: X ray : Hand, min 3 views, left complete

weber,sarah 11/12/2017 2:49:28 PM > complete

IMAGING: X ray : Wrist, Left 3v min complete

weber,sarah 11/12/2017 2:49:42 PM > complete

PROCEDURE: MCU: (MISC) Send to VRAD complete

weber,sarah 11/12/2017 2:50:11 PM > complete

3. Right shoulder pain

IMAGING: X ray : Shoulder 3 view min, right complete

weber,sarah 11/12/2017 3:47:53 PM > complete

4. Neck pain

IMAGING: X ray : Spines, cervical 2-3 views complete

weber,sarah 11/12/2017 3:48:09 PM > complete

Procedures

*MCU: Imaging:

Risks The risks and benefits were explained. The patient, or the individual acting on behalf of the patient, appears to understand and granted permission to perform the procedure.. Consent Verbal consent obtained. . Hand Left: base of fifth metacarpal possible fracture . Wrist Left: no acute findings .

MCU: Splint/Casts:

Type of splint Ortho-glass left wrist. Applied by Medtech. Examined post-splinting neurovascular signs intact, alignment good.

Preventive Medicine

Scribe sign-off: **SCRIBED BY:** Raven Waymyers for Dr. Juvekar as per her dictation.

FOLLOWUP: Follow up in 2-5 days with PCP .

GENERAL ADVICE: Drink plenty of fluids . Get plenty of rest . Take all medications as prescribed .

INJURY/PAIN ADVICE: Rest, ice and elevate the affected area. Apply ice pack for 20 minutes every 2-4 hours for the first 1-2 days .

MEDICATION ADVICE: Do not use alcohol, drive or operate heavy equipment while on narcotic pain killers, muscle relaxants and/or cough syrup .

Repeat XRAY in three days.

Procedure Codes

73110 X-RAY EXAM OF WRIST

73130 X-RAY EXAM OF HAND

73030 X-RAY EXAM OF SHOULDER

72040 X-RAY EXAM OF NECK SPINE

29125 FOREARM SPLINT

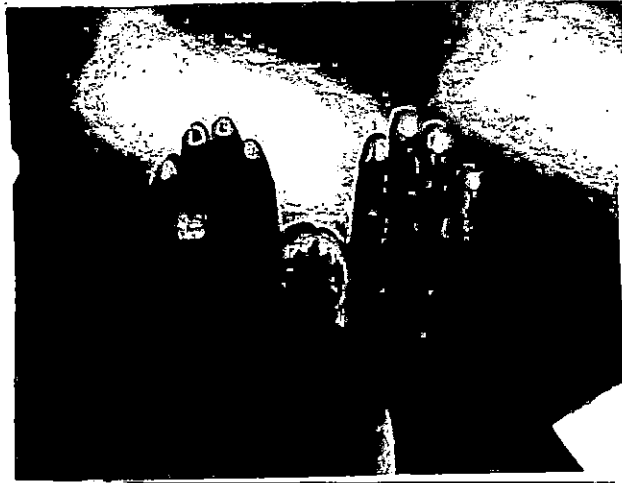
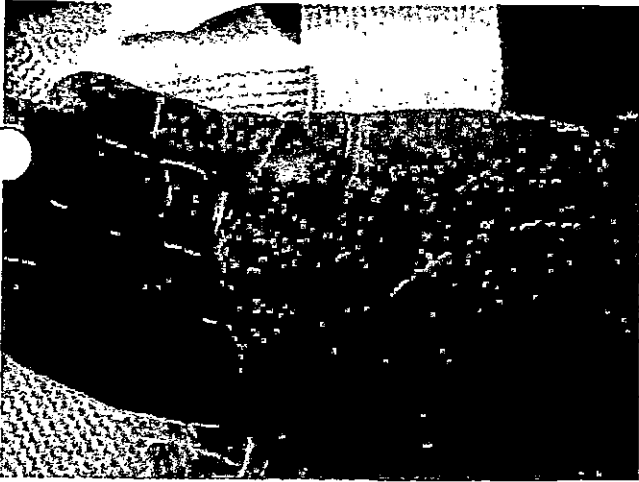
Electronically signed by Madhuri Juvekar, MD on 11/13/2017 at 03:28 PM EST

Sign off status: Completed

Medicare UC Center Garners Ferry Llc
7418 GARNERS FERRY ROAD
COLUMBIA, SC 292092601
Tel: 803-509-6310
Fax: 803-509-6307

Patient: Ford, Patricia DOB: 02/26/1950 Progress Note: Madhuri V Juvekar, MD 11/12/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



5 A

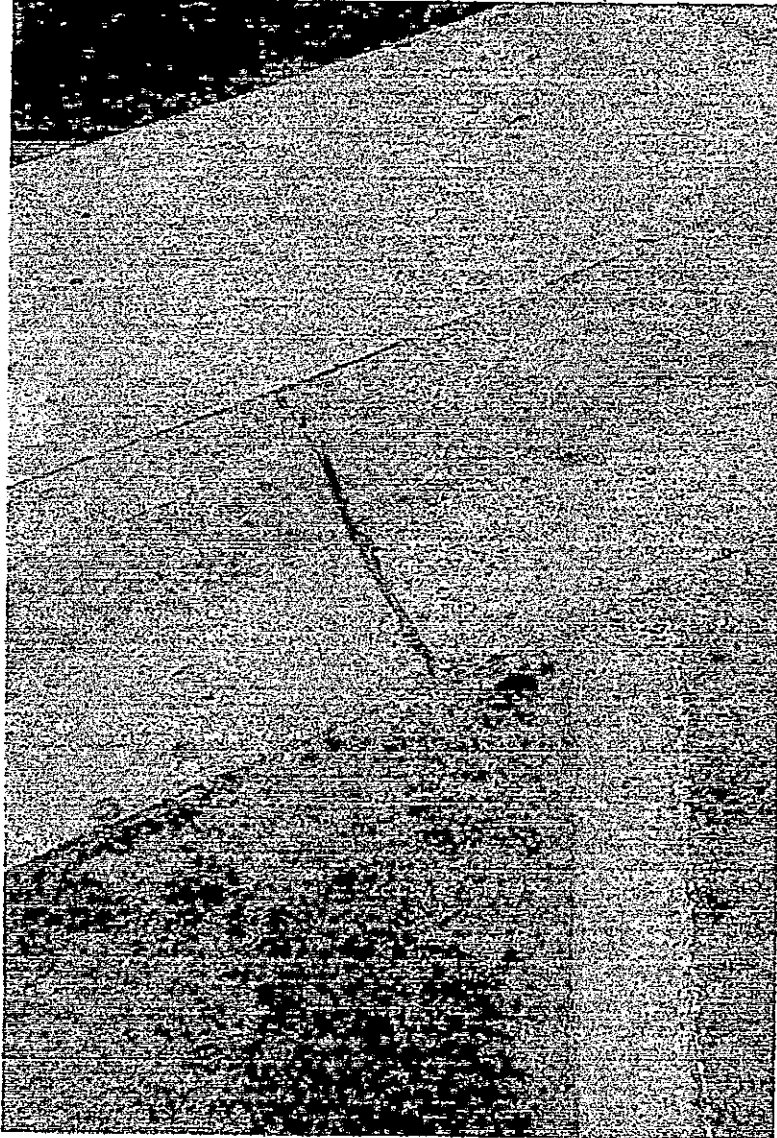


Exhibit 1 Picture

November 11, 2017

Cyniyah Anderson took picture after we came out,
of Wendy's where Ms. Ford fell

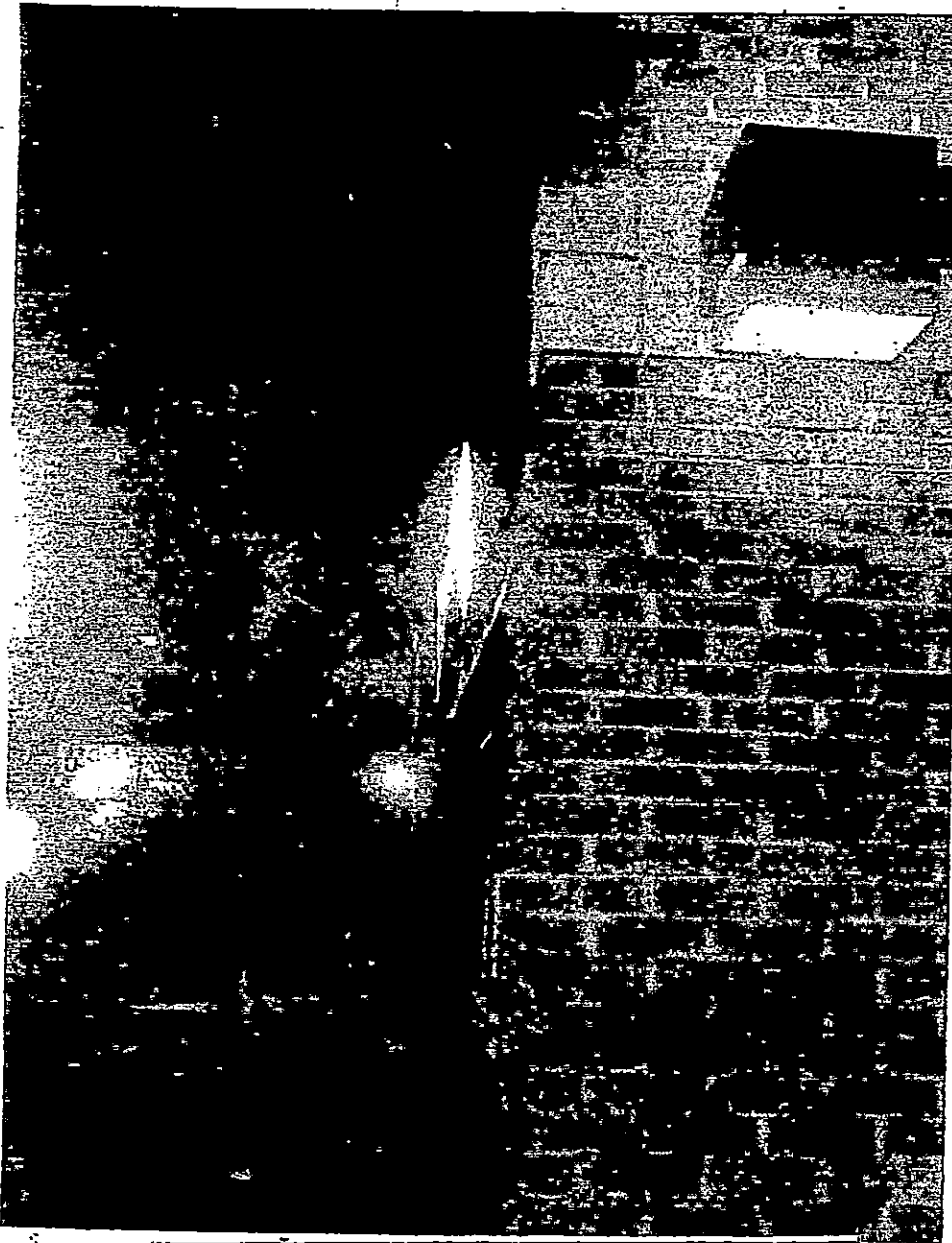


Exhibit 2 Picture next day

November 12, 2017 Black and white
No lights the parking lot that made it much darker.
The light was also out on the building, where Ms.
Ford fell.

Picture by Cell phone Patrick Anderson

7



Exhibit 2a Picture

November 12, 2017

In color light out. Use the camera flash on at this picture that made the place look as if it was light up but it was not

Patrick Anderson .

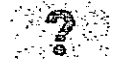
8



9

Mediation Settlement Agreement

Inbox



John Mobley <johnmobley@johnmobley.com>

Mon, Aug 17,
11:49 AM

to me, Cyndi, David

Good Morning Mrs. Ford,

Your settlement check for \$25,000 arrived in the mail today however I received your message that you have changed your mind and no longer wish to abide by the settlement agreement reached in this case.

I was somewhat surprised about what you said about being in no condition to understand what was going on since I met with you a couple of days before the mediation and told you not only about all the problems in your case but that I doubted you would be offered more than \$30,000 to settle your case. I also advised you to either accept the settlement or be prepared to find another attorney to continue to represent you.

At no point during the mediation which you attended with your husband present did you ever state you didn't understand what was going on and to the contrary repeated the same things you have said multiple times throughout this case.

At the mediation also I made it clear that you did not have to accept their final offer and if you wanted to have "your day in court" that was still your right and you could proceed with a different attorney. At that time you indicated with your husband present that you wanted to accept the settlement.

I have already talked to you at length about the legal and evidentiary problems with taking your case to trial due to lack of any photos regarding the poor lighting you described so I will not go into that further.

The purpose of this email is not an attempt to persuade you to change your mind on your decision only to advise you of your rights, how you should proceed and what may happen next.

2

10

First, under the rules this settlement is binding and it is likely that they attorneys for Wendy's will file a motion with the court to enforce the settlement. If they file such a motion it would be a conflict for me to represent you in that matter so you would need to either hire another attorney to represent you on that issue or represent yourself.

Next, I highly advise that you attempt to find another attorney immediately. I suggest you advise that attorney that at mediation you are advised that \$25,000 was the most money Wendy's was willing to pay for your claim at mediation and they should be prepared to take the case to trial.

I will have Cyndi email you all of your medical records, photos, and witness statements by the end of the day so you can print them out and or email them to whomever you prefer.

If you have any questions or would like to speak to me directly I am as always at your service either by telephone, video conference or in person.

I will hold on to the check until we have a definitive outcome and thank you for allowing me to represent you in this matter.

With Warm Regards,



MIDLANDS
925 Calhoun Street
Columbia, SC 29201

UPSTATE
330 East Coffee Street
Greenville, SC 29601

20+ Year's Experience Providing Aggressive Representation for Auto Accidents, Workers Compensation and Criminal Defense across the state of South Carolina

John Mobley, Esq.

Email: johnmobley@johnmobley.com

1-833-JOHN CAN
Fax 803-931-3044



JohnCanHelpYou.com

2A

11



pat roberts <patroberts1216@gmail.com>

transctip

4 messages

pat roberts <patroberts1216@gmail.com>
To: John Mobley <johnmobley@johnmobley.com>

Mon, Sep 21, 2020 at 1:48 PM

The first time I met Wendy's attorney the person took down what I said, what was that and how can I get a copy. Mr. Mobley what is the reason you don't want to continue with the case if the lawsuit is in. I don't care what I have to pay Wendy's was at fault and it was dark. I Would like for you to help me if you can and if you can not I understand. The law is not always fair.

Thanks

Pat

John Mobley <johnmobley@johnmobley.com>
To: pat roberts <patroberts1216@gmail.com>

Mon, Sep 21, 2020 at 2:58 PM

Good Afternoon Mam,

I don't have the transcript of that conversation. Regarding your other question I have discussed my concerns about your case with you at length before, during and after the mediation.

If you ever decided to accept the money and move on please let me know.

Best of luck Mrs. Ford.



JOHN MOBLEY
LAW FIRM

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[Quoted text hidden]

2c
12

our Case

Inbox



John Mobley <johnmobley@johnmobley.com>

Thu, Aug 20,
10:34 AM

to me, Cyndi

Ms. Ford,

I have been advised of your continued calls and emails to my legal assistant Cyndi. As I said in our last meeting at the point you are just saying the same thing over and over. As I have said on numerous occasions you have signed an enforceable settlement agreement at mediation, we have received the settlement check and your case is officially legally finished.

Going forward please stop contacting my legal assistant Cyndi to continue to discuss your case. I have instructed her to no longer respond to your emails on this matter or discuss this matter with you. You need to direct all of your communications to me. In that scope please do not send me emails or call me to continue to discuss your opinion of the photographs or how dark it was the night you fell- as I said your case is settled and over.

I will say this again at this point you have two options 1) find another attorney that will try to get you out of the settlement and take your case to trial or 2) accept the settlement.

As much as I respect you and appreciate the opportunity to have represented you in this matter you and I have had extensive discussion about this and further discussion will not benefit either of us.

Accordingly the next time communication I receive about this case needs to be from either your new attorney or from you indicating you will accept the settlement you agreed to during mediation.

With Warmest Regards,

20

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looking for a new lawyer

Inbox

pat roberts <patroberts1216@gmail.com>

Aug 20, 2020,
10:43 AM

to John

I didn't have your email, will do the lawsuit, I lost anyway, just look at the picture in black and white. Have a bless day

Thanks

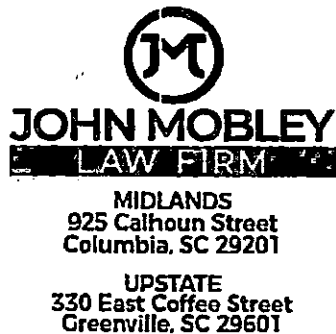
Pat Ford

John Mobley <johnmobley@johnmobley.com>

Aug 20, 2020,
10:47 AM

to me

Ok! Best of luck Mrs. Ford!



John Mobley, Esq.

Email: johnmobley@johnmobley.com

1-833-JOHN CAN

Fax 803-931-3044



JohnCanHelpYou.com

2 F

14



in:sent

Compose

Inbox 320

Starred

Snoozed

Sent

Meet

Start a meeting

Join a meeting

Hangouts

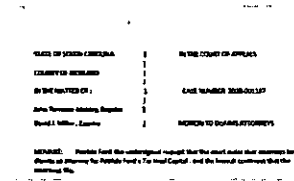


+

Make a phone call

motion of Dismiss

pat roberts <patroberts1216@gmail.com>
to John



W Dismiss attorneys ...

Reply

Forward

*This was mail also Monday 12, 2020
US mail motion to Dismiss*

FORM 1
NOTICE OF APPEAL IN A CIVIL CASE

RECEIVED

OCT 19 2020

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

SC Court of Appeals

APPEAL FROM RICHLAND COUNTY

Court of Common Pleas

Case No. 2020-CP-40-03848

Patricia Ford,
Plaintiff,

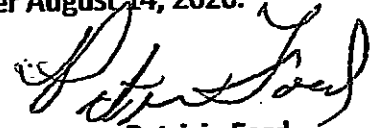
v.

Tarheel Capital/Wendy's
Defendant,

NOTICE OF APPEAL

Patricia Ford appeals the order of H. Ronald Stanley at 1415 Park Street dated August 14, 2020. Appellant received written notice of entry of this order August 14, 2020.

August 25, 2020



Patricia Ford

1216 Congaree Road
Hopkins SC 29061
Plaintiff

STATE OF SOUTH CAROLINA

COUNTY OF Richland

PATRICIA FORD,
Plaintiff,

vs.

TARHEEL CAPITAL/WENDY'S
Defendant.

IN THE COURT OF COMMON PLEAS

Docket # 2020 CP4003848

SETTLEMENT AGREEMENT

RECEIVED

OCT 19 2020

SC Court of Appeals

1. A mediated settlement conference was held on August 14, 2020.
2. As a result of this conference, this case is settled. The terms and conditions of the Settlement are as follows:
 - (a) The Defendant or the carrier for the Defendant has agreed to pay unto the Plaintiff the sum of \$25,000.00 as settlement of a disputed claim, payment to be made within 10 days from receipt of the completed Medicare form and a completed W-9 from plaintiff's counsel. the date of mediation.
 - (b) The case shall be dismissed with prejudice and each party shall pay their own costs and expenses.
 - (c) Settlement shall reflect a non-fault settlement without admission of any fault. Settlement documents to be in a form and content satisfactory to the attorneys for both parties. The Settlement Agreement will be drafted by counsel for the Defendant.
 - (d) Any and all subrogation liens shall be the sole responsibility of the Plaintiff and Plaintiff shall covenant and agree to hold the Defendant and their agents, carriers, attorneys and assigns harmless therefrom.

DATE: August 14, 2020

(e) The insurance carrier for the defendant will pay all cost of mediation.

Patricia Ford
Plaintiff

[Signature]
Attorney for the Plaintiff

Attorney for the Defendants



CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

Pay to *Court appeals SC*

Address *Columbia Sp*

Patricia Jones

KEI
RECI
YOUR

**NOT
NEGOTIABLE**

Serial Number

26594338814

Year, Month, Day

2020-08-26

Post Office

292000

Amount

\$280.00

FORM 7
NOTICE OF APPEAL IN A CIVIL CASE

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY

Court of Common Pleas

Case No. 2020-CP-40-03848

Patricia Ford,
Plaintiff,

v.

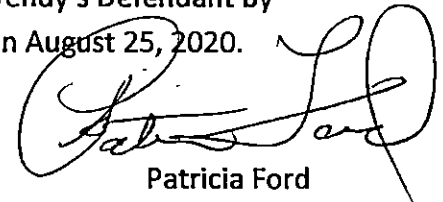
Tarheel Capital/Wendy's
Defendant,

Proof of Service

I certify that I have served the Notice of Appeal on Tarheel Capital/ Wendy's Defendant by depositing a copy of it in the United States mail, postage prepaid, on August 25, 2020.

August 25, 2020

RECEIVED
OCT 19 2020
SC Court of Appeals



Patricia Ford
1216 Congaree Road
Hopkins SC 29061
Plaintiff

Patricia Ford
1216 Congaree Rd
Hicksville SC 29061

RECEIVED
OCT 19 2020
SC. Court of Appeals

The South Carolina Court
of Appeals / Appellate
Jenny Abbott Ketchum, Clerk
P.O. Box 11629
Columbia, SC ~~29206~~ 29211